Canadian Task Force
on Preventive Health Care

Recommendations on screening adults for depression with a screening tool

Update to the 2013 recommendations

Putting Prevention into Practice

Important confidentiality notice

By staying on this call, you agree to **keep all information from the presentation and question and answer period confidential** until the recommendations are publicly released

Release date: October 20, 2025

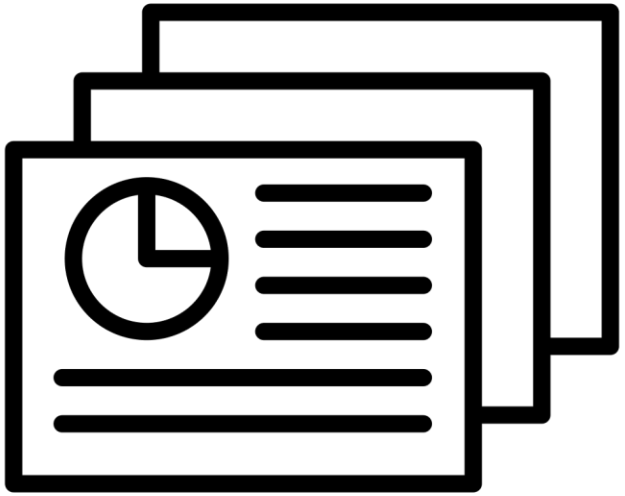
Slide deck

- Slides like these will be made public after guideline release to help with dissemination, uptake and implementation into practice

- The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada

Overview of webinar

- **Presentation**
  - Methods
  - Background
  - Recommendation
  - Evidence
  - Rationale
  - Knowledge translation tools
  - Conclusion



- **Questions and answers**

Methods

Canadian Task Force on Preventive Health Care (CTFPHC): Who are we and what do we do?

- Independent panel of volunteer clinicians and methodologists
  - 6 family physicians, 4 specialists, 2 nurse practitioners

Mandate:

- Develop evidence-based clinical practice guidelines to support primary care providers in delivering preventive healthcare

Goal:

- To improve the health of Canadians with evidence-based clinical practice guidelines for primary care

Who worked on this guideline?

Eddy Lang
Working Group Chair

Heather Colquhoun

John Leblanc

Science team: PHAC (non-voting)

- **Greg Traversy**
- **Casey Gray**

Content experts on depression screening – non-voting

Bianca Lauria-Horner, MD
Associate professor, Department of Psychiatry Dalhousie University

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Professor, Cumming School of Medicine, University of Calgary
Cuthbertson & Fischer Chair in Pediatric Mental Health, Alberta Children's Hospital Research Institute

Brett Thombs, PhD
Canada Research Chair
Professor, Department of Psychiatry, McGill University
Senior Investigator, Lady Davis Institute for Medical Research, Jewish General Hospital

Patients/Public

Phase 1

- 16 adult citizens rated importance of harms and benefits of screening
- 2 focus groups (14 adults) and 2 interviews about outcomes

Phase 2

- 18 adults given data from systematic review on outcomes
- 18 adults (4 focus groups) on values and preferences
- Public and clinician feedback on guideline tools

Interest holder engagement

- 72 different interest holder groups (generalist and disease specific- organizations, federal/provincial/territorial reviewers) were invited to comment on the draft guideline
- 12 interest holders provided feedback
- All comments and responses will be available on our website
- Peer review and input from the *Canadian Medical Association Journal*

Conflicts of interest

- **Scott Klarenbach**, who was a task force member but not a member of the topic working group, is the director of the Real World Evidence Unit, University of Alberta, and director and co-chair of the Real World Evidence Consortium (with University of Calgary and Institute of Health Economics). He did not vote on the draft guideline for submission, nor any changes made to the guideline in response to peer review, or approve resubmission, and as such is not listed as a contributing author.
- No other working group or task force members declared interests relevant to this guideline.
- **Brett D. Thombs** was a member at the start of the guideline and declared an intellectual interest related to his funded research program and publications on the subject of depression screening. He acted as a content expert for this guideline; he did not participate in discussions on the recommendation nor provide input on the direction or strength or vote on the recommendation.

Conflicts of interest

Disclosures for experts

- No relevant interests were declared by **Dr. Patten**
- **Dr. Lauria-Horner** disclosed receiving payment for an advisory role at the Mental Health Commission of Canada. The task force determined that this disclosure did not represent a conflict of interest that would preclude participation as a clinical or content expert.
- **Dr. Thombs** retired from the task force during the guideline development process but acted as a content expert for this guideline as described in the previous slide.

What did we try to answer?

Is screening adults for depression in primary care effective?

- What are the benefits and harms of screening?

Who are the recommendations for?

- Primary care providers
- Other health professionals in non-mental health care settings who are first point of contact for mental health

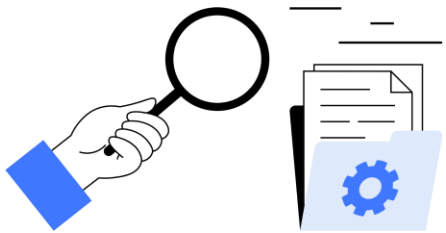
- Policy-makers
- Patients

What did we look for?

Studies

- that directly assess the impacts of depression screening using instruments with cut-off scores to determine next steps vs. not screening, on patient-important outcomes = what matters to Canadians

- need to make the same care and treatment options available to both screening and non-screening participants to draw conclusions
  - Otherwise, impossible to determine if any accrued benefits or harms were due to the screening intervention or to added care options for only the intervention arm



We looked for these benefits and harms

Potential benefits

- **CRITICAL**
  - Reduced symptoms of depression or diagnosis of major depressive disorder
  - Improved health-related quality of life, and lower suicidality (i.e., suicidal ideation, attempt, or completion)
- **IMPORTANT**
  - Improved day-to-day functionality
  - Less time lost at work or school
  - Less impact on lifestyle behaviour (e.g., alcohol abuse, smoking, drugs, gambling)

We looked for these benefits and harms

Potential harms

- **IMPORTANT**
  - Increased false-positive results (i.e., positive screen in absence of a depressive disorder)
  - Increased overdiagnosis or overtreatment
  - Increased harms of being labelled or stigma
  - Increased harms of treatment.

How did we do it?

GRADE

ORGANIZATIONS

More than 120 organizations from 19 countries around the world have endorsed or are using GRADE.

World Health Organization

CADTH
ACMTS

AHRQ

NHS

Facts about depression

Depression facts

- Major depressive disorder: 10% lifetime prevalence in people without bipolar disorders
- Depressive episodes: increased in Canadians aged 15 + since 2012
- 12-month prevalence of major depressive episodes from 4.7% in 2012 to 7.6% in 2022
- Depression has a negative effect on people's emotions, thoughts and well-being
- Is often diagnosed, managed, and treated in primary care

Antidepressant use

- In 2022, about 1 in 6 Canadians (17%) prescribed an antidepressant
  - Women and older adults tend to use them more often than others
  - In Canadians aged 71+, 1 in 3 women and 1 in 5 men prescribed an antidepressant per year
- Study of 30 OECD countries found a significant increase in antidepressant use
  - The mean Defined Daily Dose value rose from 52.42 in 2010 to 69.5 in 2020
  - Steep increase in Canada, Estonia, Finland, Greece, Italy, Latvia, and Portugal

IQVIA [Internet]. 2024 [cited 2024 Apr 10]. Tendances de l'utilisation des antidépresseurs et des anxiolytiques au Canada, 2019-2022https://www.iqvia.com/fr-ca/
International Trends in Antidepressant Consumption: a 10-year Comparative Analysis (2010–2020)

People/groups at higher risk of depression

- Childhood trauma
- Chronic medical conditions
- Indigenous
- LGBTQ2+
- Substance use disorders
- Higher in women than men (4.9% vs 2.8%)

Recommendations

Who does the guideline apply to?

The guideline does NOT apply to adults with:

- A history of depression
- Current depression
- Symptoms of depression
- Symptoms of other mental health disorders

This guideline applies to adults with:

- Normal risk of depression
- Higher risk of depression (e.g., due to childhood trauma, family history)

Screening vs. usual care

Screening

- Uses a medical test or tool (e.g., questionnaire with cut off score) to find people at risk of a disease or health problem
- Done with every adult
- For people without symptoms

Usual care

- Asks about mental health and well-being regularly
- Conversation-based
- Questions asked in usual care are not screening

Strong recommendation

The Canadian Task Force on Preventive Health Care recommends against routine instrument-based depression screening (using a questionnaire with a cut-off score to distinguish “screen positive” and “screen negative” status) with all adults aged 18+

(*strong recommendation, very low-certainty evidence*)

Strong recommendations with low certainty

- **GRADE guidance:**
  - When low quality evidence suggests benefit and high-quality evidence suggests harm or a very high cost
- **Task Force implementation of GRADE guidance:**
  - When resource implications are certain to be important and benefits have not been shown or require substantial speculation about chains of events that might lead to benefits, the task force will make a strong recommendation against a new service in the context of low certainty in the evidence, suggesting that it should not be offered

Strong recommendations with low certainty

- **How does this relate to this guideline?**
  - Routine screening of adults not widely implemented
  - Evidence of either no impact of screening on key patient-important health outcomes, or very uncertain impact
  - Certainty that routine screening would lead to false positives and increased resource use

Overall approach

- ✓ In recommending against routine screening among adults, the task force emphasizes the importance of good clinical practice whereby clinicians
  - **ask about their patients' well-being and remain alert to patients with risk factors for depression or expressing symptoms of depression**
  - and provide further assessment as clinically indicated

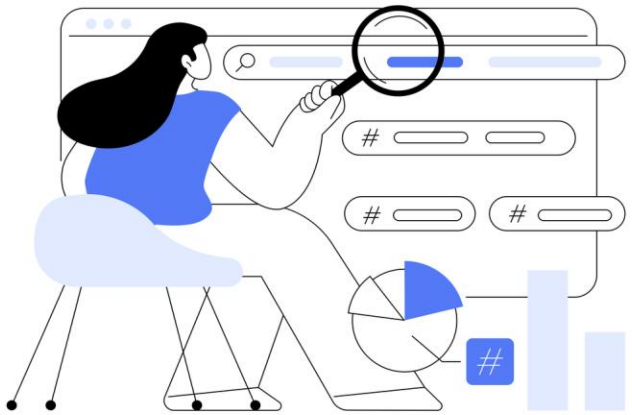
What does this mean for clinicians?

- **Ask** patients about their mental health and well-being as part of usual care
- **Practice** good clinical judgement to detect potential depression
- **Don't** use a standardized tool with a cut-off score to screen every patient
- **Be** vigilant for depression
- **Use** clinical judgment to decide on further steps rather than screening instrument scores

Evidence

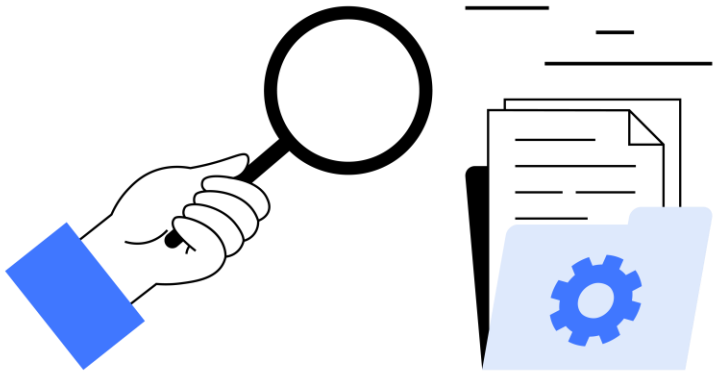
How did we do it?

1. ***Systematic review*** – on benefits and harms of screening for depression in adults aged 18+
   - Includes pregnant and postpartum people
   - Primary care and non-mental health settings



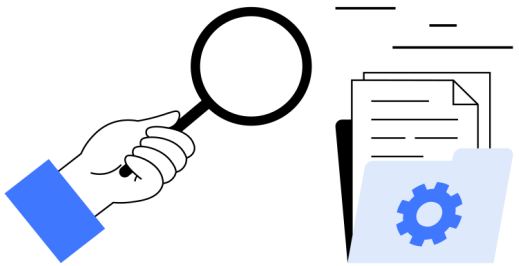
Evidence

- 3 randomized controlled trials (RCTs) that isolated the effects of screening for depression in primary care settings
  - **US**: adults recently diagnosed with acute coronary artery syndrome (ACS)
  - **UK**: adults consulting for osteoarthrits symptoms (OSA)
  - **Hong Kong**: mothers at 2 months postpartum



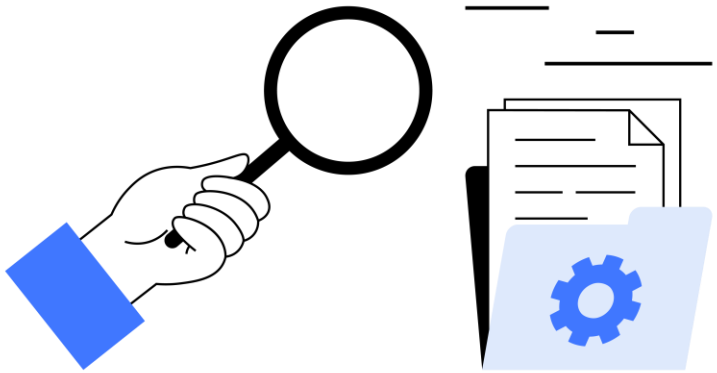
Evidence

- **Symptoms of depression**
  - 1 trial (ACS): Probably little to no difference in depressive symptoms with screening (moderate certainty)
  - 2 trials: Very uncertain evidence whether screening impacts depressive symptoms
- **Health-related quality of life**
  - 1 trial (ACS): Little to no impact from screening
  - 1 trial (OSA): Very uncertain impact of screening



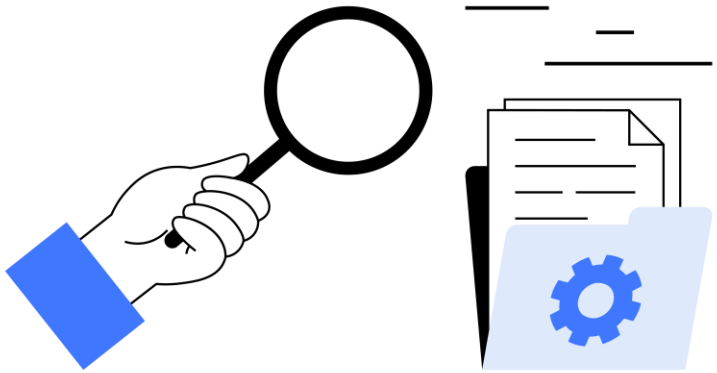
Evidence

- Harms from antidepressant treatment not different between arms (1 trial)
- Other benefits and harms of screening (e.g., false positives) were not directly measured



Evidence

- Using accuracy data to estimate potential screening harms (i.e., false positives):
  - Individual patient data meta-analysis on accuracy of the PHQ-9 tool using the common cut-off score of 10:
    - Would result in 9 true positives, 2 false negatives, 13 false positives, and 76 true negatives



How do we compare to other national guidelines?

2013 Canadian Task Force on Preventive Health Care

- Recommends against routine instrument-based screening in all adults

CTFPHC GECSSP

National Institute for Health and Care Excellence (England)

NICE National Institute for Health and Care Excellence

- Does not include a recommendation on screening all adults.
- Recommends that health and social care professionals be alert to depression and consider asking patients depression identification questions if depression is suspected (especially for people with a history of depression or a chronic health problem associated with functional impairment).

UK National Screening Committee

- Screening not currently recommended

UK National Screening Committee

US Preventive Services Task Force

- Recommends screening for depression in the adult population, including pregnant and postpartum people, as well as older adults.

U.S. Preventive Services TASK FORCE

Rationale

Benefits and harms

Rationale

The recommendation against screening all adults aged 18+ for depression using a questionnaire is strong.

- Based on moderate-certainty evidence that screening probably has little to no impact on symptoms of depression or health-related quality of life from 1 trial
- Very uncertain evidence on the impact of screening from 2 other trials

Rationale

False positives

- Can occur when a patient meets cut-off score and is referred for psychiatric evaluation when they do not meet diagnostic criteria for depression
- In a meta-analysis of the screening tool PHQ-9 used in the included RCTs:
  - 22% of patients screened would be referred or have additional assessments (with 9% being true positives)

Rationale

Overdiagnosis

- Over detection in patients with mild, temporary symptoms who might meet a screening cut-off score
  - leads to further evaluation and possible referral to specialty mental health services
  - would not benefit as symptoms would subside on their own, or who do not experience functional impairment (e.g., in social or occupational roles) or distress from their symptoms

Rationale

Overdiagnosis

- No trials estimated overdiagnosis and therefore the magnitude is unknown and can only be hypothesized
- Given the high rate of false positives, it is likely to occur to some extent

Rationale

Feasibility

- The Task Force considers a recommendation against screening all adults feasible as most provinces and territories do not have screening recommendations (March 2025)

Acceptability

- Physicians not currently screening are expected to find this acceptable
- This would be a change in practice for physicians who are screening (e.g. task reduction)

Rationale

Equity

- Universal screening could affect equity if resources are directed away from people with known mental health issues to screen all adults and further investigate screen positives

Resource use

- Most provinces and territories do not have recommendations on screening all adults for depression
- BC refers to screening in its primary care guideline, for people presenting with symptoms of major depressive disorder

The Task Force considers screening to be a process to identify cases in people *without* symptoms

Resource use

- There would be costs to implementing screening programs for all adults without symptoms for:
  - Administering screening tools
  - Additional clinician time to screen, triage and assess patients who screen positive

Resource use

- Because screening for depression has not been shown to be of more benefit than usual care, the additional resources do not appear to be justified
- Resource needs for a recommendation against screening are uncertain but would be expected to be none to minimal

Rationale

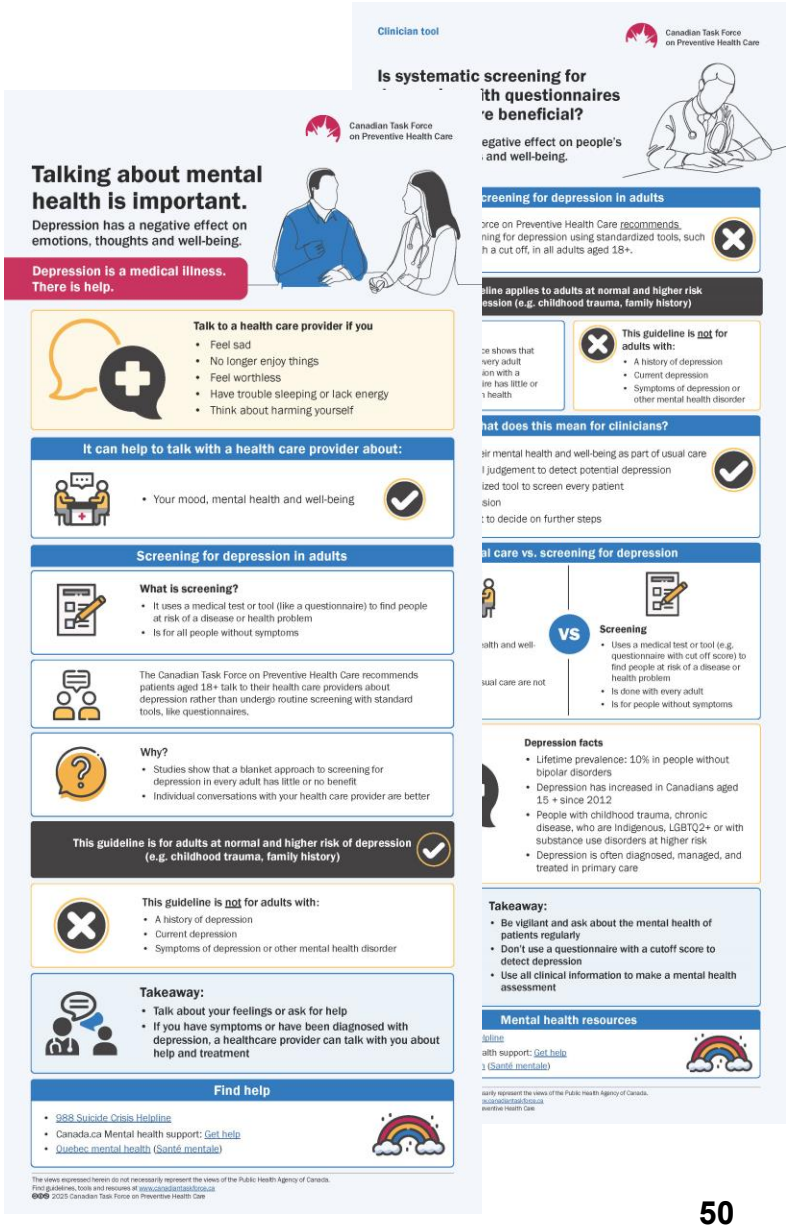
The Task Force considered:

- Resource constraints affecting primary care in Canada
- Burden of engaging in activities that use scarce resources or limit access to primary care, with unproven benefit
- Screening all adults can lead to false positives, unnecessary referrals and treatment
    - May prevent people with mental health issues accessing care

Knowledge translation tools

Tools

- Patient infographic
- Clinician infographic
- Public web page



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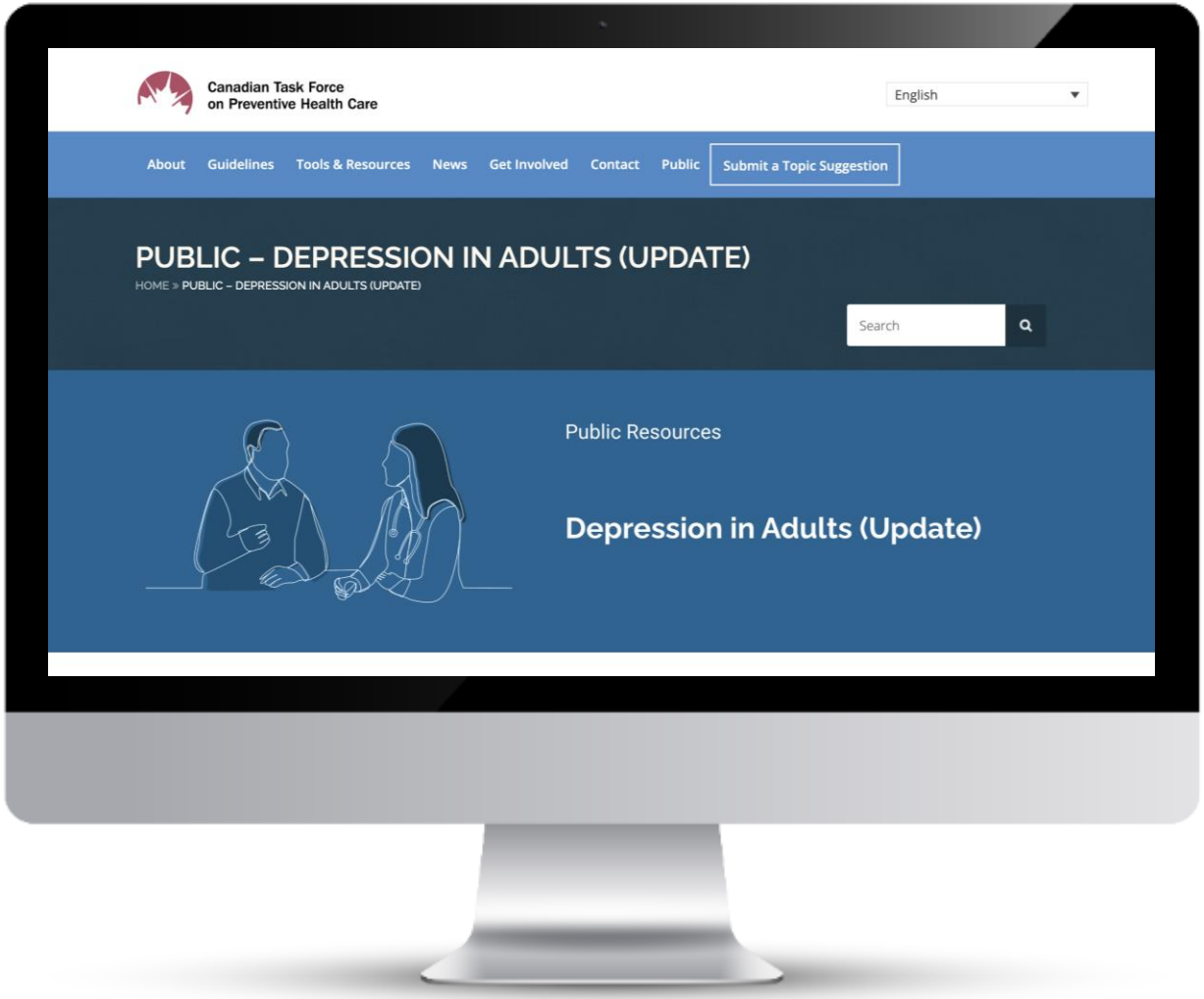
Tools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Conclusions

Strong recommendation

- The recommendation against screening all adults with a tool, such as a questionnaire, emphasizes the importance of good clinical care and vigilance about patient well-being

Takeaway

- **Be vigilant and ask** about the mental health of patients regularly
- **Don’t use** a questionnaire with a cutoff score to detect depression
- **Use all clinical information** to make a mental health assessment

The Task Force has created infographics for patients and clinicians that summarize the guideline

Thank you!

Depression can significantly affect people's health and well-being and sadly, is becoming more common. However, evidence shows that a blanket approach to screening every adult with a questionnaire has little or no effect on health. Given the substantial challenges people in Canada face accessing mental health care, we do not recommend interventions unless they show benefit. Instead, be vigilant and ask about patients' mental health as part of usual care.

– Dr. Eddy Lang, Chair,
Adult Depression Working Group

More information

For the guideline, clinician and public infographics and links to systematic reviews, visit

- http://canadiantaskforce.ca

Questions ?