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Feelings are as important as grades to teenagers. Can schools help?



Teens need help not only with school work, but with their emotions as well. A recent [World Health Organization report](#) points to depression as the leading cause of illness and disability worldwide in 10- to 19-year-olds. Suicide by teens is ranked as the third leading cause of death in this age group. A question that comes up time and again is whether [schools](#) should be involved in screening adolescents. But many parents and students find schools' involvement in mental health to be a violation of their privacy. As a University of Texas Arlington professor and a pediatric nurse practitioner in private practice, I have found that teens do not consider "prying" questions to be a violation of their privacy. In fact, they want us to ask about their mental health. Teens believe their feelings and emotions are just as important as their grades, diet or physical activity.

Ask questions

The fact is that these teens could easily be helped if signs of depression were identified early enough. Most times, symptoms of depression in teens are overlooked by parents and health care providers as "[just a phase](#)" or dismissed as a normal part of puberty. Almost all of these teens have been seen by a healthcare provider who could have easily identified symptoms of depression. But most teens are never asked about how they are feeling - whether they are [happy or sad](#), tearful or angry and irritable. In the rushed 10- to 15-minute standard office visit, there's hardly enough time to handle mental health concerns. Most providers do want to ask, but they are afraid the teen may reveal something they do not know how to handle.

The school environment seems to be a great place to pick up those teens at risk; however, parents and students may feel it is a [violation of their privacy](#). [Mental health](#) officials support widespread [screenings in school](#) as a way to identify at-risk teens. The goal of screening in schools is to provide early identification and early treatment to help decrease the number of teen suicides. [But some](#) argue that school is no place to discuss mental health; and that in fact, screening may lead to an incorrect conclusion or diagnosis and a "labeling" of the teen in question.

[Attorneys](#) have also argued that screenings in schools violate the constitutional rights of the parents, especially when screenings are conducted without parental consent. Because of the backlash from parents and teens, the [US Preventive Services Task Force \(USPSTF\)](#) released an update this year, stating screenings should take place in the healthcare provider's office and not schools.

Teens want to share



So, screening for depression and other mental health problems is slowly being implemented in emergency rooms and doctors' offices. In 2009, the [USPSTF](#) recommended screening adolescents for depression when services for confirmation of the diagnosis are available as well as treatment options. Teenagers do not view questions as invasion of their privacy.

In my descriptive study conducted in a private practice setting in a suburb of the Dallas-Fort Worth metroplex in 2011, I screened teens (12 to 18 years of age) for depression, using a simple 15-item [screening tool](#), and found that not only could teens at risk be identified easily, but that they also wanted to share their concerns. Teens may not want to respond if they are directly asked but may feel more comfortable completing a paper-and-pencil questionnaire privately. I found teens' symptoms of depression can be identified much sooner with this scientific screening tool. Positive results mean further evaluation of these symptoms is warranted. More often than not, teens want someone to ask about their feelings. Teens did not consider asking these questions an invasion of their [privacy](#). Often, parents tend to overlook the symptoms of their teens.

In my practice working with teens, I have discovered teens want their opinions to be heard and their feelings to be validated. For example, a young male patient was angry over his parents' divorce. He was hiding his feelings because he did not think he was supposed to be angry with his parents. Once this was discovered and he was told it was ok to feel this way, his symptoms of depression began to go away. With a few counseling sessions, he was able to work through his anger and be a happy 12-year-old boy again. There were similar other such cases.

Early detection is important

Are teens more at risk because of puberty and [changes in the brain](#)? Is there something about starting high school, or do they realize as they grow up they have more responsibilities? Is there [societal pressure](#) to grow up too fast? Are teens wondering if they can handle the pressures of adult life? These questions are yet to be answered, but they do stress the importance of using a screening tool to look for depression or other mental health illnesses.

The key to successful treatment of mental health illness is to identify symptoms early and start treatment. Many times, counseling may be all that is needed, but if a problem is not identified early enough, longer, more extensive counseling, medication, or even hospitalization may be needed.

But before beginning this process, [appropriate services](#) for counseling, inpatient or outpatient care, and follow-up services must be in place. If screening is completed in the school setting, resources must be made available for appropriate evaluation and follow-up. Many [screening tools](#) are available online, free of charge, and simple to administer and score. If mental health issues can be detected early, treatment can be started much sooner. With earlier identification and treatment, we hope to lessen the burden of long term mental health issues.

Ask your teens about their mental health today!