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PARENTAL BELIEFS AND SUPPORT FOR IMPLEMENTATION OF SCHOOL-BASED ADOLESCENT DEPRESSION SCREENING

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BACKGROUND

School-based depression screening has a significant potential to increase rates of early detection and treatment of major depression in adolescents.

Barriers to widespread implementation include concerns regarding privacy and confidentiality, the additional burden on school personnel and resources, and lack of institutionalized mechanisms for connecting screening with mental health services in the community.

There is also a question regarding the feasibility of obtaining parental consent for screening (about one-third of parents do not provide consent to screening).

METHODS

A nationally representative sample (N=1,207) of U.S. parents of adolescents ages 12-18 were recruited from Social Science Research Solutions (SSRS)'s Probability Opinion Panel.

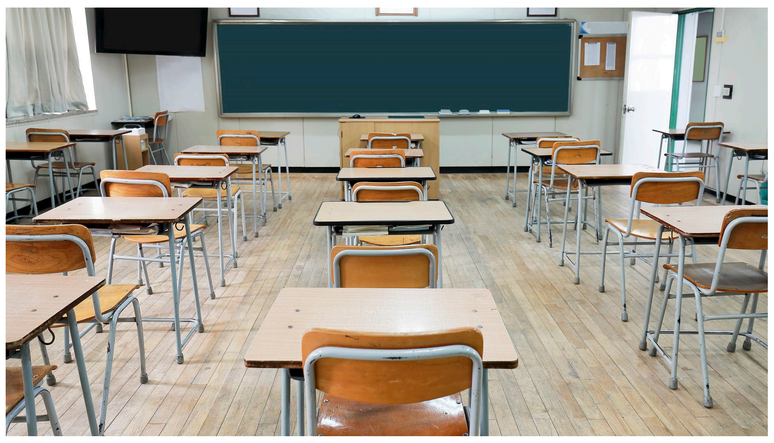
To improve the representation of Black and Hispanic parents in the sample, 1,007 interviews were conducted with a general population sample of parents and 200 additional interviews with oversamples of Black and Hispanic parents.

Key Variables:

- Degree of concern regarding teen depression.
- Perceived self-efficacy to (a) identify depression symptoms and (b) seek help when symptoms are detected.
- Beliefs regarding the applicability and desirability of school-based depression screening.
- Specific concerns regarding screening administration procedure in school and follow-up on screening results.
- Beliefs regarding the acceptability of depression screening to other parents in child's school.
- Likelihood of consenting to depression screening of child in school (active consent).

Covariates:

- Parent gender, age, race/ethnicity, level of education, employment status, marital status, and political identification.
- Household income and health insurance status.
- Child gender, current grade in school, and type of school.



FINDINGS

Weighted Sample Characteristics of Respondents to a National Survey of Parents of Middle and High School Students, United States, 2025 (N = 1,207).

Parent Characteristics	Percent	Child and Household Characteristics	Percent
Gender		Child Gender	
Male	42.8	Male	48.9
Female	56.4	Female	49.8
		Transgender or non-binary	1.3
Race/Ethnicity			
Non-Hispanic White	51.5	Child Grade in School	
Non-Hispanic Black	15.8	6th or 7th grade	32.0
Hispanic	23.7	8th or 9th grade	29.4
Other race*	4.6	10th or 11th grade	25.6
		12th grade	13.0
Age Category			
18-29	4.5	Child Type of School	
30-49	70.6	Public	79.0
50-64	23.1	Private	7.1
65+	1.2	Charter	4.8
		Homeschool	6.6
Level of Education		Other	2.5
Less than high school	9.8		
High school	24.9		
Associate degree or Some college	29.8		
Bachelor's degree	19.3		
Graduate degree	15.4		
Employment Status			
Full-time	61.7	Household Income	
Part-time	14.6	Less than $15,000	8.6
Homemaker	9.3	$15,000 to < $30,000	14.3
Unemployed	11.2	$30,000 to < $50,000	16.3
		$50,000 to < $75,000	17.2
Marital Status		$75,000 to < $100,000	16.7
Single parent	8.1	$100,000 to < $150,000	14.1
Married	73.4	$150,000 or more	13.0
Unmarried, living with partner	8.0		
Divorced or separated	8.6	Health Insurance Coverage	
		Private	8.3
Political Leaning		Employer-sponsored	61.2
Republican	24.9	Medicaid	19.0
Democrat	32.7	Medicare	4.9
Independent	34.1	Military or VA	5.4
Other	8.4	No insurance	6.6

Note. Data were weighted to produce nationally representative estimates. The margin of sampling error for the complete set of weighted data is ±3.8 percentage points. *American Indian or Alaska Native, Asian or Pacific Islander, mixed race, or other.

- About 17% of all parents (N = 1,207) said they are very concerned and 22.1% said they are moderately concerned about their child's risk for depression. Hispanic parents (48%) and Black parents (41%) were significantly more likely to say they are very or moderately concerned compared to parents from other racial backgrounds.
- Most parents said they are very confident (31.8%) or moderately confident (42.4%) that they can detect symptoms of depression in their child. A majority also said they are very confident (54.1%) or moderately confident (25%) that they know where to turn to for professional help if their child is showing symptoms of depression. A significantly greater percentage of Hispanic parents (31%) and Black parents (30%) said they are not at all or only slightly confident in their ability to detect symptoms of depression in their adolescent child and to seek professional help.

- Most parents agree or strongly agree that screening and early detection of adolescent depression can help prevent students from developing mental health problems as adults (76.6%), prevent alcohol or drug abuse (78.6%), and help students avoid falling behind academically (82%). However, only 38.5% of parents believe it is necessary to screen *all* students for depression.
- Some parents believe that screening may results in students falsely believing that something is wrong with them (43%), and that screening may potentially have too many students being prescribed antidepressant medications (35%). Only a minority of parents are concerned about this placing additional financial burden on schools (27%) taking up valuable class time (29%).

PARENTAL CONSENT TO SCREENING

- Two-thirds of parents said they intend to consent to child depression screening in school, 20% won't, and 13% are unsure. Asked to estimate how many other parents in their child's school are likely to consent, 6.7% said almost all, 21.5% said more than half, 31.1% said half, 20.9% said less than half, and 19.5% said only a few parents would consent.
- Black and Hispanic parents were significantly more likely than other parents to express moderate-high levels of concern regarding their child misunderstanding the questions used for screening, their child being stigmatized following detection of depression, and about the school failing to keep screening results confidential.
- Non-White parents were also more likely to express concerns about not knowing what to do if screening results suggest their child may be at-risk, as well as about their ability to cover the cost of additional mental health evaluation for their child.
- Results of a multinomial regression analysis revealed that a parent's likelihood of *not* consenting to child depression screening in school increases with stronger beliefs regarding the undesirable effects of screening and concerns regarding the screening procedure. The same was true for parental indecision.

Multinomial Logistic Regression Analysis of Parents of Middle and High School Students' Intention to Consent to School-Based Depression Screening, United States, 2022 (N = 1,125)

	Unlikely to consent (n = 229)		Undecided (n = 147)	
	OR	95% CI	OR	95% CI
Perceived usefulness of screening	0.23	(0.16—0.31)	0.39	(0.28—0.57)
Perceived undesirable effects of screening	5.19	(3.72—7.25)	3.91	(2.82—5.43)
Concerns regarding screening procedure	2.14	(1.53—2.99)	1.23	(0.87—1.75)
Concerns regarding post-screening follow up	0.65	(0.48—0.88)	0.93	(0.69—1.25)
Belief that other parents will consent to screening	0.57	(0.40—0.90)	0.64	(0.46—0.99)

Note. CI = confidence interval; OR = odds ratio. Estimates of odds ratios for each group of respondents are relative to the reference group (parents likely to consent to school-based depression screening) and are adjusted for parent gender, race/ethnicity, age, marital status, education, employment status, health insurance status, and political leaning. Data were weighted to produce nationally representative estimates.

IMPLICATIONS

- The great majority of parents recognize the importance and usefulness of adolescent depression screening, and most are also likely to consent to school-based screening, but have several concerns regarding the applicability, feasibility and desirability of depression screening in this setting. To be effective, parent education efforts should both address existing concerns and reemphasize the benefits of screening.
- The findings demonstrate critical knowledge and efficacy gaps among parents of students from underrepresented groups (specifically, Black and Hispanic). Providing this group of parents with information regarding what to do following a positive screening result and where they can turn to for help with follow-up services in the community may be a particularly effective communication strategy.

POTENTIAL LIMITATIONS

- It is possible that the inclusion of additional variables beyond those measured in this study, such as a parent's prior experience with depression, may improve the explanatory power of the analysis. In addition, all measures were based on self-reports that are subject to recall bias and social desirability bias.
- Given the cross-sectional design and the limited size of the sample, it is not possible to estimate causal relationships or test for the effect of complex subgroup interactions on key variables.