



Core Faculty Member and Adolescent Medicine Specialist, [Ana Radovic, MD, MSc](#), wants to increase adolescent and parent participation in mental health treatment. She is especially interested in using social media as a platform for creating connections between adolescents and young adult peers who are coping with mental illness.



The [Center's](#) Julia Holber had the opportunity to ask Dr. Radovic about her interest in Adolescent Medicine, the barriers teenagers encounter when seeking depression treatment, and advice for adults working with depressed teens.

Julia: Can you tell us a bit about your background and training?

Ana: I grew up in the Cleveland area and attended undergrad and medical school at Case Western Reserve. My husband and I ended up in Pittsburgh for my residency, which we were happy about, because, as I say, it's an upgraded version of Cleveland!

Julia: How did you start working with adolescents and doing adolescent research?

Ana: During medical school, I became interested in prevention because I was often frustrated with where adults end up with their health. I think adolescents are really inspiring and fun to work with because they're at an age where you can communicate with them and provide interventions that can change their life course. Originally, I was leaning toward getting a Masters in Public Health, since I was interested in prevention and advocacy. An opportunity arose for me to do a T32 research fellowship, and I was advised that this would be better specific training for someone with an MD. At that time, my boss [Liz Miller](#) came to Pittsburgh and became the Division Head of [Adolescent Medicine](#). It was the first time I met a researcher who was specifically using her research for advocacy. I was inspired by her work. I realized research was an avenue for advocacy and for promoting health in adolescence in a very impactful way.

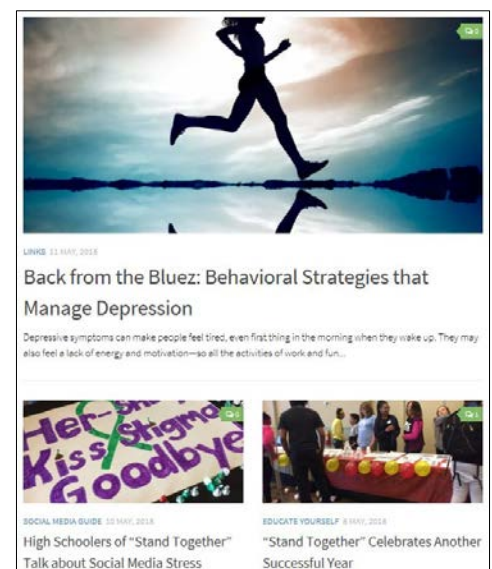
Julia: Tell us about your research and the role of digital health in your work.



Ana: I am interested in how we can get more teens into treatment for depression. Only a third of depressed teens receive treatment, and that's a major issue. I started thinking, okay, social media is popular among teens. Is there a way to use that to promote the use of mental health services? I met [Bruce Rollman](#), who is excellent at connecting people with resources and with other people. He encouraged me to go to the [ISRI](#) conference, The International Society for Research on Internet Interventions. Going to the conference got me thinking about human computer interaction, and I began researching how teens and parents use social media.

Julia: What did you find?

Ana: I found that depressed teens tried to connect with each other on social media to help each other. They had this special, personal knowledge about mental illness, and they had very altruistic intentions. They were having genuine conversations with each other. One young girl even talked her peer, a stranger, down from suicide. I feel like the online space for mental health offers a unique opportunity to share really personal information about the experience of having a mental illness, which previously may have only been available through poetry, literature, or having a very close friend. Now, because of anonymity, because everything is being shared, I think people are realizing that everything that's going on, everything that's in their head is not unique to them. Social media provides a space to share, to become vulnerable, to realize they are not alone in this experience. These experiences informed my research intervention, [SOVA](#) (Supporting Our Valued Adolescents), where people can share their experiences with mental illnesses in a moderated space.



Julia: It seems like there would be a huge advantage of using technology, a forum like SOVA, for interventions with young people.



Ana: Exactly. I think the advantage of technology is that it allows us to meet our patients where they are. We need to use how technology and how teenagers' lives are changing to our advantage in healthcare. Another advantage is, again, the sharing of life experiences. As a physician I get hear so many human experiences. It's amazing. I feel like I could never go back to only knowing my own story. I thought, oh I'm alone, I'm strange. Then you hear over and over what people go through. People come and tell you their most personal information, even though they've never met you. They trust you. It's an honor. I think social media and technology allow everyone to learn about many human experiences and feel less alone.

Julia: Let's go back to the statistic you mentioned earlier, that only one third of depressed teens receive treatment. Why? What are some of the barriers?

Ana: One major issue is that we have difficulty recognizing symptoms of a mental illness in others. They're often an abstract concept because they're experienced internally. Most people can presume what happened to somebody that's in a wheelchair. It's more concrete. They somehow lost some function in their lower extremities, so they're in a wheelchair. It's harder to see mental health on the "outside" of a person.

This could be partially addressed by screening. Routine depression screening is recommended to identify depression among teens earlier on and prevent negative outcomes. On average, though, the time between someone experiencing their first depression symptoms in childhood and being diagnosed is ten years, so there's clearly a gap in the screening process.

Of course, screening doesn't solve the whole problem. When you're screening routinely at a primary care practice, you might be telling people they're depressed when they weren't asking or expecting to be told that. Maybe they were just coming in for a sports physical! There's a theory in health services research that says the perceived need for treatment affects whether or not you get it. The PCP is evaluating the need for treatment through a depression screen, but your perceived need is whether you recognize that depression is a problem for you. What's the perceived severity? Are you feeling symptoms? Is your normal functioning impaired? What are your attitudes and assumptions about that diagnosis?

Those attitudes and assumptions are an important barrier, too. Many people's negative attitudes cause them to be in denial about a mental illness diagnosis, especially if they were not coming in expecting to receive that news. I'm hoping SOVA will help to normalize people's experiences with mental illness and break down the stigma surrounding a diagnosis.

Julia: What do you wish more people understood about the adolescents you work with?

Ana: That question makes me think about [Parkland](#), about all these young people who are speaking out. We need to listen to them. Their brains are awesome. They're more plastic. We adults are more likely to be stuck in our ways because we don't break and make new connections as often as they do. Adolescents are innovative and creative. We need to offer them opportunities to use these "superpowers" in a productive way and allow them to take positive risk-taking behaviors, like advocacy and innovation.



Julia: Finally, do you have advice for parents or adults working with depressed or anxious teens? What can they do to help?

Ana: The toughest part is communicating with teens about their symptoms. It's hard for adolescents to open up to you unless you've already developed a lot of rapport with them. Even if you have the best intentions about being communicative, non-judgmental, and approachable, teens might still feel hesitant to talk with you because they're afraid of hurting or disappointing you. Ask for help. Reach out to other supportive adults, whether that's a PCP or a school counselor or someone else, so that there's a team around these teens. Depressed and anxious teens need a team of people around them. You yourself also need support- no one should have to deal with mental illness alone.

Want to read more about Dr. Radovic's work? Read her recent [interview with the Washington Post](#) about depression screening and treatment for teens and her [latest publication](#) on the usability of SOVA in JMIR.

