

Unheard, Unseen, Underserved: Addressing Adolescent Health in Primary Care

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The World Health Organization (WHO) defines Adolescence as the age range of 10-19 years, a period of transition from childhood to adulthood marked by rapid physical, psychological, and social change [1]. Adolescents make up one-sixth of the global population [2]. During this stage, they have strong concerns about their bodies and physical changes, often exacerbated by comparisons with peers who may be developing at a different pace.

Consultations with adolescents are most focused on acute problems, overlooking deeper issues related to sexual, mental, and psychosocial health. These aspects can be effectively addressed in primary care settings through structured screening, sensitive history-taking, and skill-building. Adolescent consultations require attentive time from healthcare providers and ensure privacy. Psychosocial screening tools such as HEADSS (Home, Education, Activities, Drugs, Sexuality, Suicide/Mental health) and SSHHADES (Strengths, School, Home, Activities, Drugs, Emotions, Sexuality, Safety) can help clinicians identify psychosocial concerns and sensitive issues, including eating disorders and risky behaviors. These tools are widely implemented in Western healthcare settings to enhance adolescent assessments [3]. However, these critical issues are commonly missed during clinical encounters due to a lack of expertise and a symptom-driven approach [4]. Worldwide, adolescents feel reluctant to discuss their problems; adolescent care is an underexplored area that demands urgent attention [2]. Adolescents avoid seeking help for fear of judgment as they seem old in pediatrics and too young in adult clinics, leaving their health needs unmet in our country [5]. In low-income countries, discussions on mental health and sexuality remain taboo. Many parents and clinicians avoid these topics due to discomfort and limited training, leading to their being overlooked in adolescent care.

A comprehensive assessment for adolescent health from a primary care perspective is vital [4]. Training programs and skill-building for family physicians who care for adolescents should be incorporated into primary care [1]. The health policy reforms should be youth-friendly,

ensuring privacy and sustainability in the provision of healthcare facilities for adolescents. The clinicians should provide care that is nonjudgmental, private, and courteous to leave a positive impact on their health. Primary care should take initial steps to help clinicians recognize and address adolescents' psychosocial needs by training practitioners, thereby creating safe places for adolescents' healthcare needs in our communities [6].

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Received: August 25, 2025; Revised: October 22, 2025; Accepted: November 14, 2025

DOI: <https://doi.org/10.37184/lnjpc.2707-3521.8.17>