Measurement of Mental Health Among Adolescents at the Population Level mmap

Authors: Liliana Carvajal-Aguirre¹, Jill Ahs^{2,3}, Jennifer Harris Requejo¹ with support from MMAP Technical Advisory Group.

¹UNICEF, Data and Analytics Section, Division of Analysis, Planning and Monitoring, New York, USA.

²The Red Cross University College, Huddinge, Sweden

³Karolinska Institutet, Department of Neurobiology, Care Sciences and Society, Huddinge, Sweden

UNICEF is leading an effort to develop a data collection tool to capture information on adolescent mental health at a population level in low and middle income countries. Validation and adaptation of the tool in different contexts will involve a mix of qualitative and quantitative approaches, including clinical validation of **depression, anxiety and suicidality**.

Our goal is to develop a set of questions for the age-groups 10-14 and 15-19 that can be used in population-based surveys to generate data on the prevalence and burden of mental health conditions among adolescents.

CROSS-CULTURAL ADAPTATION

PRE-TESTING PHASE RECRUITMENT

Use purposeful sampling to select participants for focus group discussions and cognitive interviews, to ensure participation of individuals of different ages, from different localities, and varying levels of education or literacy.

VALIDATION PHASE RECRUITMENT

Mixed recruitment approach including participants identified from health information systems and schools. The sample will include a range of healthy individuals (controls) as well as a sufficient number of adolescents with meeting a significant level of symptoms of anxiety, depression, and suicidality (cases).

The recruitment strategy at schools will include the use of a teacher referral screening called the Community Informant Detection Tool (CIDT). The CIDT consists of vignettes developed in Nepal as a community informant referral tool for encouraging individuals with common mental disorders to engage with mental health services.

VALIDATION

SURVEY PROCEDURES

Survey questionnaires will be administered to 300-350 adolescents and 100 parents of younger adolescents. Surveys may be administered within the school context or at home, depending on school-year and feasibility assessment of the setting. The questionnaire will be administered by enumerators using computer-assisted personal interviewing (CAPI) and is anticipated to take 30 minutes or less to administer.

DIAGNOSTIC INTERVIEW 'GOLD STANDARD' VALIDATION

A selection of healthy adolescents, and adolescents with symptoms of anxiety, depression, and suicidal thoughts or behaviors will participate in a diagnostic interview. This interview will be conducted by a trained mental health worker who will utilize the Kiddie Schedule for Affective Disorders and Schizophrenia for School-age Children-Present and Lifetime version (K-SADS-PL) (Kaufman et al, 1997). Approximately 30 minutes to 1 hour will be allocated for each administration of the relevant sections of the K-SADS diagnostic tool and the interviews will be conducted at a study office, or other location that affords privacy and is convenient to the participant.

FINAL OUTCOME

Data collection tools and a set of indicators that capture population-level information about adolescent **depression, anxiety and suicidality**. Additional features:

- Data can be disaggregated by demographic, socio-economic characteristics, and subnational geographic areas to capture equity patterns
- Questions can be included in national surveys

CROSS-CULTURAL ADAPTATION

VALIDATION