



Measurement of Mental Health Among Adolescents at the Population Level (MMAP)

An overview

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August 2019

Purpose

The field of mental health measurement has a long history of screening and diagnosing symptoms using a variety of validated tools in clinical and school settings. However, there is a gap of validated tools and prevalence data for measurement of adolescent mental health conditions at the population level. Available data on common mental disorders is representative of a small portion of the young population globally. UNICEF, with the support of experts, is working towards filling this gap by developing a tool for use in household surveys to assess the prevalence of mental ill-health among adolescents age 10-19. Specifically, the tool will provide robust, standardized data at the population level for anxiety and depression, functional impairment due to mental health conditions, and suicide ideation and attempt.

MMAP Instrument Development

Overview

The proposed module to measure adolescents' mental health at the population level (MMAP) consists of three separate components, which are recommended to be used as a set:

- 1 Adolescent anxiety and depression scale (AD):** This component is based on the Revised Child Anxiety and Depression Scale (RCADS), a scale that measures both anxiety and depressive symptoms. The development of this validated scale was led by researchers at UCLA and to date it has been used either in its full or revised form in more than 30 countries and has been translated into 25 languages.
- 2 Functional impairment (FX):** These questions have been adapted for the MMAP scale - Similar item approaches have been used widely in measures by Goodman (the SDQ) and Sheehan (in the Sheehan Disability Scale).
- 3 Suicide ideation and attempt (SU):** Development of these questions was based on validated instruments used in school-based and population-based surveys. Development is done in consultation with suicide measurement experts and mental health professionals.

There will be two versions of the module: a tool to ask questions directly of respondents age 15-19 and a proxy reporting tool for the mother/primary caretaker of adolescents age 10-14. Note that according to current plans, the suicide module will not be included in the proxy reporting tool for younger adolescents. A 10-14 year old adolescent-report module is also being tested that will contribute to the evidence base for the comparability between direct and proxy report.

Key steps in instrument development

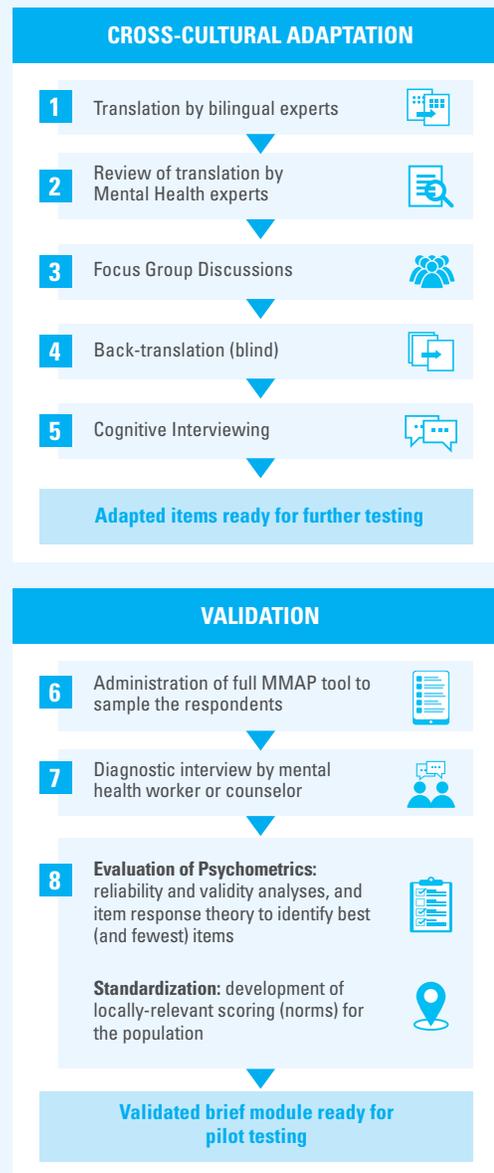
- A desk review of peer-reviewed studies of prevalence of adolescent mental health conditions was conducted during 2017.
- Based on the desk review, which also included an assessment of the current level of evidence, and a survey of commonly used instruments, a conceptual framework was constructed to guide development.
- Expert consultations have been held, beginning with a first Technical Experts Group meeting in March 2018, followed by creation of a Technical Advisory Group (TAG) to provide guidance throughout the process.
- A set of existing instruments was selected to form the basis of the modules and questions were refined in conjunction with development of indicators.
- To better understand the questions and how they are interpreted, a cross-cultural adaptation process started in June 2019. Formative qualitative field work was initiated in June 2019 in Belize. The cross-cultural adaptation process included consultations with local adolescent mental health experts, followed by focus groups discussions and cognitive interviews with adolescents and parents.

Components of MMAP package

The Measurement of Mental Health Among Adolescents at the Population Level (MMAP) package will consist of a set of tools and reference documents to guide survey implementation, data analysis and dissemination.

- Modules for adolescents age 10-14 (proxy reporting) and for adolescents age 15-19 (direct reporting)
- Guidance for survey implementers
- Interviewers' manual insert and supervisors' manual insert
- Training materials (guide for trainers and accompanying PowerPoint presentation)
- Data processing tools, including computer assisted personal interviewing (CAPI) application and manual and data editing guidelines
- Tabulation plan with sample background text for tables; statistical software syntax file for analyses
- Template for dissemination brochure

8 step process for cross-cultural adaptation and validation of the MMAP tool



Planned future innovations

- As data become available, further analysis will provide insight into the prevalence and burden of adolescent mental health conditions and functional impairment, risk factors, and protective factors
- Development of additional tools to translate country data into actionable insight for policy makers and program managers

For more information, visit:

<https://data.unicef.org/topic/adolescents/mental-health/>
Email: data@unicef.org



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