

# Creating a Global Standard for Child and Adolescent Mental Health

## Problem Statement

Globally, 10% of children and adolescents experience a mental health condition. These estimates are only capturing what current assessment tools allow for and are likely very conservative. There is a pressing need for high quality efficient tools, that are multidimensional, culturally sensitive and open access, to assess and estimate the true prevalence of these conditions in children and adolescents. The Stavros Niarchos Foundation (SNF) Global Center for Child and Adolescent Mental Health at the Child Mind Institute is initiating a consortium of world mental health experts, by profession or lived experience, who will contribute to the creation of a universal standard for child and adolescent mental health assessment.

Free, open, multinational, multilingual, and multidimensional tools that accurately assess mental health conditions in children and adolescents are not only crucial for epidemiological purposes but also for providing evidence-based care to young individuals worldwide.

The tools need to be also reliable, valid, short, and automated. Combining the use of new technologies, expert input, and methodological rigor can bring these tools to life.

### **Objectives**

Reshape mental health epidemiology in children and adolescents globally.

We plan to develop a reproducible and scalable method with contributions from international professionals and those with lived experience, creating a multicultural instrument from the outset.

Create a public good that will assess multiple child and adolescent mental health problems. The instrument will be free and available in multiple languages. It can be adapted to create specific forms for estimation, screening, and treatment response.







### Item Bank: A Multicultural Approach

Our plan is to assess 17 common mental health conditions, plus suicide and functioning, in individuals aged 3 to 24. The conditions will be separation anxiety, specific phobia, social anxiety, panic, obsessive-compulsive, post-traumatic stress, eating, generalized anxiety, major depression, mania, psychosis, attention-deficit hyperactivity, disruptive mood dysregulation, oppositional defiant, conduct, and alcohol and substance use disorders, as well as suicide and functionality.

First, we generated self-report items for 17 mental health conditions among young people aged 18-24 and had these items reviewed by a core team of 25 international experts.

Second, we expanded the self-reports to adolescents (aged 12-17) and parent reports (aged 2-17), with later expert revisions.

Third, the full version will be rigorously tested and refined through the following several steps:

- More than 200 international expert evaluations to assess items' appropriateness for distinct cultures.
- A translatability assessment will be conducted for a diverse set of languages by a team of linguists to establish cultural relevance.
- An initial survey with more than 10.000 people from multiple countries will be conducted. Psychometric analysis will be carried on these data to assess the measurement properties of the full version across countries.

#### **Next Steps**



**Translation and cultural adaptations.** Items will be translated and adapted in up to 20 languages/countries, involving young individuals and local experts to ensure linguistic appropriateness and relevance.



**Full psychometric assessments.** A global survey will be conducted to collect further data for additional psychometric assessments in other languages.



**Crosswalks with dimensional instruments.** The assessment tool will be integrated with validated questionnaires, creating bridges for comparisons and score translation.



**Clinical validation.** The tool will also be clinically validated by conducting standardized psychiatric assessments for children, adolescents, and young adults in various countries by multiple psychiatrists to ensure assessment reliability and consensus in the event of differing evaluations.





