Measurement of mental health among adolescents at the population level (mmap)

SUSTAINABLE DEVELOPMENT GOALS

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## Health – adolescent mental health

PROBLEM

Mental disorders are a leading burden of disease for adolescents. Self-harm is among the top three causes of death among adolescent boys and girls 15-19 years of age.
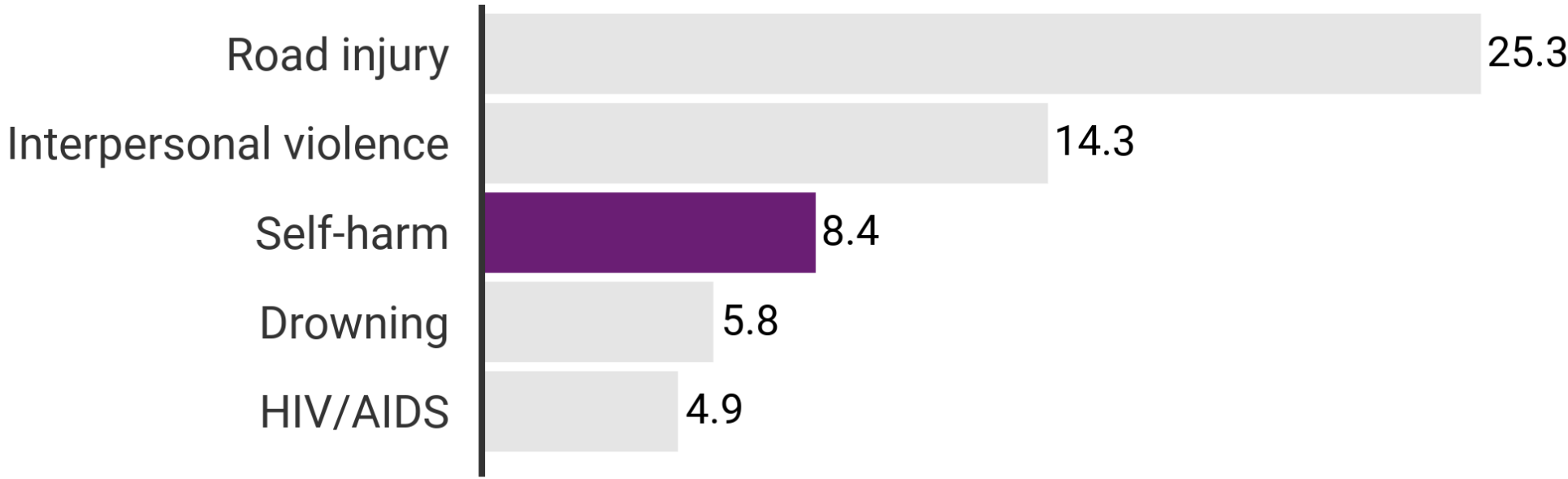
SDG Target 3.4 calls for the reduction of premature mortality from non-communicable diseases by one-third by 2030 through prevention, treatment and the **promotion of mental health and well-being.** Mental health services are among the essential health services that should be included as part of **universal health coverage (SDG 3.8)**

However, data on prevalence of adolescent mental health conditions remain sparse, especially in low- and middle-income countries (LMICs). These data are urgently needed to guide strategic actions to address the burden of mental health problems among adolescents through effective policies and programmes.

Death rate per 100,000 population, *girls aged 15-19 years*

Maternal conditions	9.9
Self-harm	9.4
Road injury	8.3
Diarrhoeal diseases	5.5
Tuberculosis	4.8
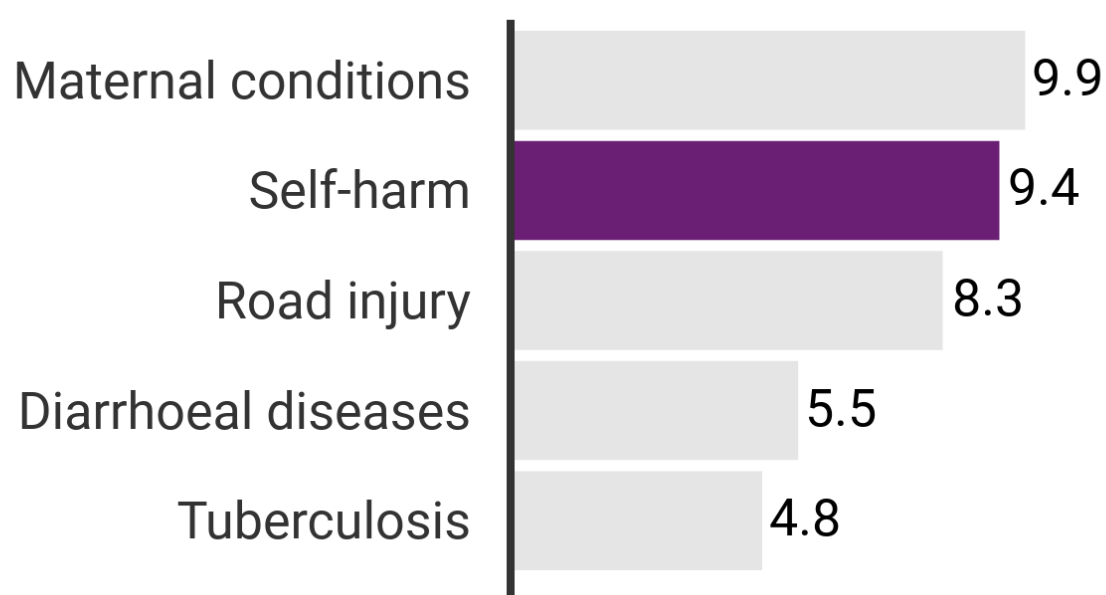
Death rate per 100,000 population, *boys aged 15-19 years*

Road injury	25.3
Interpersonal violence	14.3
Self-harm	8.4
Drowning	5.8
HIV/AIDS	4.9

Source: World Health Organization 2016 - Update from the Global health estimates. Geneva; 2016.

SOLUTION

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, functional limitation, suicidality and mental health and psychosocial support.**

The result of this effort will be a validated* data collection tool to measure the prevalence and burden of adolescent mental ill-health: (1) at the population level; (2) for implementation in national survey; and (3) for monitoring and evaluation of adolescent mental health programmes.

✓ Adolescent respondents (10-19) for self-report and proxy (caregiver) report
✓ Face-to-face administration using electronic devices (CAPI)
✓ Short administration time: <15 minutes
✓ Development and pilot-tested in countries
✓ Using clinical diagnostic interview for 'gold standard' validation

Validation work is ongoing in Belize, South Africa. Other countries may include Colombia, Kazakhstan and Kenya.

Process for mmap tool development

1. **Desk review of existing instruments and of prevalence**
2. **Development of a conceptual framework**
3. **Technical consultation with key partners and experts**
4. **Creation of a Technical Advisory Group (TAG) on mental health measurement among adolescents**
5. **Development of indicators on adolescent mental health**
6. **Selection of instrument**
7. **Translation, validation and piloting of the instrument**
8. **Finalization of a tool to measure adolescent mental health in national-level surveys**