Rationale
It’s time to prioritize the mental health of our young people. With mental health conditions contributing significantly to the global burden of disease for adolescents and young people, we cannot ignore this critical issue any longer. Over the years, a significant challenge has been the lack of data and data collection tools validated in low and middle-income countries to estimate population-level burden of mental health conditions. Without reliable data, it is difficult to develop effective policies and programs to address the mental health needs of our youth. UNICEF has made this a priority by investing in the development of measurement tools and working with partners on the population-level measurement and programming for mental health of adolescents and young people.

The Measuring Mental Health Among Adolescents and Young People at the Population Level (MMAPP) initiative was developed by UNICEF with technical support from academic partners at George Washington University in the USA and Karolinska Institutet in Sweden. Interdisciplinary expertise was contributed from Australia, Belize, Brazil, India, Kenya, Nepal, Nigeria, and South Africa. MMAPP is a comprehensive effort to address the lack of reliable data and tools on adolescent and young people’s mental health.

The MMAPP initiative is a crucial step towards improving our understanding of adolescent and young people’s mental health needs and developing evidence-based policies and programs to support their well-being.
Mental health domains included in MMAPP

The MMAPP initiative, as part of which the data collection tool was developed, focuses on the following key mental health domains for adolescents and young people:

1. **Symptoms of anxiety and depression**: Based on symptoms in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision (DSM-5-TR), and the International Classification of Diseases, 11th edition (ICD-11), the module assesses the presence of symptoms of anxiety and depression and identifies the need for additional follow up.

2. **Functional Limitations**: This section ascertains if mental health problems result in limitations for the young person in carrying out activities or maintaining relationships at home, at school or work, or with peers.

3. **Suicidal Thoughts and Behaviors**: This section asks questions about current and prior thoughts and behaviors related to self-harm. Administration of this module is seen as an opportunity to provide a suitable pathway to referral for those at risk.

4. **Care Seeking and Connectedness**: This section includes questions to understand the opportunities to speak to others about their mental health needs, and the extent to which they feel understood by parents or guardians.

In addition, the MMAPP initiative is developing a module on adolescent and young people’s risk factors for health, primarily focusing on physical activity and substance use. This section consists of two modules on physical activity and substance use and encapsulates health related risk factors that can affect the mental health and well-being of adolescents and young people. Further information will follow as the module is refined.

### FIGURE 2
Mental health domains captured in the data collection tool on mental health among adolescents and young people

**1. Symptoms of Depression and Anxiety**
- Depression (feeling sad or hopeless):
  - 4 questions for screening
  - 11 more questions for full sub-module
- Anxiety (feeling nervous or restless):
  - 6 questions for screening
  - 4-7 more questions for full sub-module

**2. Functional Limitations**
- 3 questions about the impact of emotions on daily life (e.g., at home, with peers)

**3. Suicidality**
- 3 questions on suicide-related thoughts and behaviors

**4. Care seeking & Connectedness**
- 4 questions on speaking with others and feeling understood (by parents, friends, counsellors)
Launching the new MICS module on mental health among adolescents and young people

The mental health data collection module developed through the MMAPP initiative will be first launched as part of the 7th round of UNICEF’s Multiple Indicator Cluster Surveys (MICS), starting in 2023. MICS are multi-topic household surveys that collect data on a wide range of indicators related to adolescents’ and young people’s wellbeing such as educational achievement and health outcomes. They also collect data on their living conditions like their household characteristics, their access to clean water and sanitation or the types of work activities they engage in. Integrating the mental health module into MICS will make it possible to analyze mental health outcomes alongside nearly 200 socio-demographic, education, health and child protection indicators, helping expand the understanding of the environment in which adolescents and young people live and how these correlate with outcomes in their mental health.

The data collection tool was developed through a clinical validation process conducted in four countries: Belize, Kenya, Nepal, South Africa, presented elsewhere. It measures key domains of mental health (Figure 2) that will be summarized through key standard mental health indicators (Annex 1).

Key steps in the implementation of the data collection module

The implementation of the mental health module in a new setting begins with a cultural adaptation process (Figure 3). Once the module is culturally adapted, country teams will follow a few additional steps including identifying referral pathways for the provision of free and accessible mental health services in the areas where the data collection will take place. This information ensures that information is available for caregivers and youth to connect with mental health care and emergency services. A referral protocol will also need to be established to assist participants identified as needing immediate mental health follow-up. Once these steps are completed, data collection, analysis, and dissemination can be carried out following the corresponding manuals.
Cultural Adaptation: When the module is used for the first time in a new setting, the first step in getting the module ready for implementation is the cultural adaptation process (Figure 4). This is done to ensure that the language and content is contextualized and suitable to be used among adolescents and young people, resulting in clearly understood, acceptable and relevant questions that can be effectively used in any new setting. Local mental health experts and youth advisors will be engaged in reviewing the module and providing suggestions to improve suitability, without affecting comparability of the tool. This is followed by a blind back translation process to ensure the core meaning of the questions have been retained, resulting in an adapted module that is ready for roll-out.

Looking ahead

- As more data become available across countries and regions, further analysis will provide insight into the prevalence and burden of adolescent mental health conditions and functional impairment, risk factors, and protective factors;
- With more data, we can explore how AI technologies and digital tools (including machine learning) can be used to enhance analytical approaches;
- Further data can help dive deeper into intersecting social determinants of mental health, revolutionizing how researchers can use data to drive research and practice;
- With more roll-out of the mental health modules across various cultural settings and contexts, algorithms for measuring adolescent and youth mental health can be further refined, while ensuring comparability and accuracy of use;
- Engaging with youth leaders and youth organizations in active advocacy and dissemination of results in creative and innovative ways; and
- Exploration into how the mental health module can be integrated or adapted for other cross-sectoral and nexus issues like climate-mental health.

1. The module will also be available for integration into other surveys or to be used for research.