Youth Mental Health is Multi-Dimensional

Zooming out beyond symptoms

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BHT IMPACT



Letter from Amber W. Childs, PhD

For better or worse, symptoms of anxiety and depression have been headlining youth mental health measurement for...well, decades. And while these one hit wonders play an important role, most also recognize that they only represent a fraction of what is important to measure and consider in youth mental health and wellbeing. In other words, 'measurement' has felt narrowly focused on a few core sets of symptoms, often at the expense of other key domains and factors. And continuing with this narrowed scope may only serve to back innovations, solutions, and youth-focused outcomes repeatedly into the same symptoms-focused corner.

The first step (among many, which will also include ROI, let's be honest) to maneuver out of this corner is to amplify the youth mental health landscape beyond symptoms and disorders.

Fortunately, these domains have been hiding in plain sight (and shouted from the rooftops by youth), and we're here to bring them into the spotlight. To help innovators build their muscle in measuring more of what matters, we put together this high-level rundown of the different areas that are relevant to the layered and multidimensional lives of youth and young adults. Domains that can be captured with, you guessed it... measurement. We'll describe the youth-focused domain, discuss the relevance to youth mental health, and then offer a non-exhaustive list of its features. We'll offer some Measurement Musings for Innovators to get you started, and will follow up with a curated list of specific recommended measurement tools and assessments. Spoiler alert: every single domain can include clinical assessments and/or standardized symptom measures. So, we'll spare you the repetition here, but we haven't forgotten!

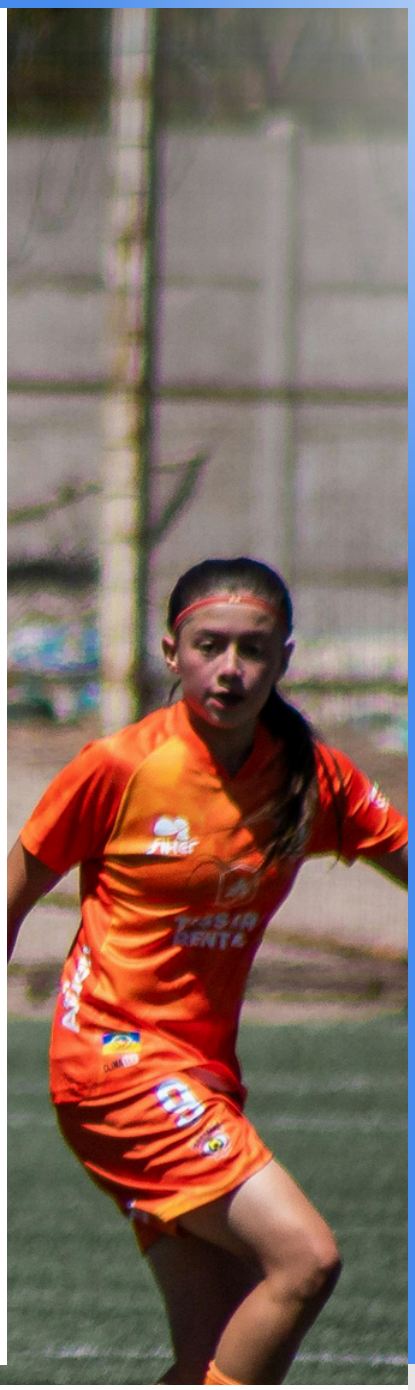
We're not here just to throw shade on the PHQ-9 (we needed to start somewhere, and depression is still important!). Instead, consider we're coming "off mute" here to advocate for the broader conversation around widening our collective scope about what should be included in youth mental health measurement. Also, consider this article a primer for upcoming conversations about the different measurement practices that lend themselves to capturing these domains, and where they tend to 'show up' along the care continuum (spoiler: we're going to talk about everything from screening to measurement based care).

PHYSICAL HEALTH

The mind-body connection has become somewhat obvious, but alas remains deeply important to mental health. Physical health factors are highly correlated with nearly every domain of mental health and disruptions can spiderweb to affect important aspects of a young person's life pretty quickly.

Take for instance the teen who has been struggling the last few months with sleep. Disruptions in sleep, whether they're from some combination of technology use, increased academic pressures, overly burdensome extracurriculars, relationship challenges, or even the person's biology, can quickly impact a young person's mood, attention and concentration, stress. And in turn, the impact on these psychological factors can further affect sleep and functioning. In addition to sleep, other domains of physical health include:

- Physical activity and fitness (sports engagement, movement activities, etc.)
- Nutrition
- Sexual and reproductive health concerns
- Pain
- Fatigue
- Physical functioning and/or ability status
- Health behaviors (i.e., primary care appointments, medication adherence)
- Chronic conditions (e.g., asthma, diabetes, etc.)



Measurement Musings for Innovators

Physical health seems to be dominated by clinical measures (which are highly relevant here). Don't worry: you don't need to start collecting real-time heart rate metrics or blood pressure readings (but you might, and that'd be awesome!). Think bird in the hand here. Does your solution already document whether youth have had a primary care visit within the last year? How many sick visits do youth have, and/or absences from a program due to illness within a period of time? With permission, tracking these data and changes over time can be helpful in demonstrating impact. Consider documenting which youth have received education on physical activity or reproductive health, how many participate in organized or informal physical extracurriculars, etc.

WELLBEING AND RESILIENCE

Let us be clear: the absence of psychological distress does not automatically equate to wellbeing or resilience. You may hear something slightly different depending on who you ask (and we think you should really ask youth), but wellbeing is a multidimensional construct that generally hits on the trifecta of experience for youth: personal, psychological, and social. Wellbeing helps us to understand key factors such as how satisfied the young person is with important aspects of their life, sense of purpose, autonomy and independence, and self-acceptance. Wellbeing may also capture supportive relationships, a sense of belonging, positive identity and self-acceptance. Finally, wellbeing may include positive emotions and experiences and the degree to which the young person feels that they have the skills and ability to go after the things that feel most valued and meaningful.

Relatedly, resilience is the dynamic ability to adapt, cope and grow even in the face of stress and adversity. Here, youth are tapping into sources of internal (i.e., problem solving skills, adaptability, sense of purpose, etc.) and external (e.g., supportive relationships) to flex their resilience and maintain wellbeing.

Wellbeing and resilience are heavily shaped by context, including individual, cultural and societal factors and thus, must be measured and understood accordingly. In fact, this is one reason (among others) that these two constructs are challenging to measure with any sort of consensus. That said, there are a wealth of measures and strategies available to capture elements of these domains. Suffice it to say, this is not the last you'll hear from us on wellbeing and resilience.

- **Quality of life:** My overall sense of how I'm doing in areas of physical, psychological and social health and functioning, and the role that I play in those areas.
- **Life Satisfaction & Purpose:** How satisfied I am with my life, the direction I'm headed in my life, and my purpose in it all
- **Autonomy & Agency:** My sense of self-determination; the beliefs I have about how much individual choice and influence my actions have in the outcomes of my life
- **Competency & Mastery:** My sense of effectiveness and confidence in developing the abilities that I need to meet new challenges and gain new skills
- **Values:** My most deeply held beliefs and prized ideals, attitudes, and perspectives
- **Identity:** Who I am and what I stand for. My way of making sense of who I am in the world
- **Growth Mindset:** My ideas and beliefs about whether it is 1. Possible and 2. Worth it to learn through putting in effort and taking on challenges
- **Adaptability & Problem Solving:** How well I adjust, cope or come up with helpful solutions when I'm up against a stressor or a problem. The skills I have to help me adjust to the changes and transitions that come my way



WELLBEING AND RESILIENCE (cont.)

- **Leading & contributing:** My ability to influence, collaborate and contribute positively within the spaces that matter most to me (e.g., relationships, communities, school/work, etc.)
- **Belonging & connection:** My sense of being included socially, and reliably connected to cultural, familial or other community identities. This includes racial justice, equity, and inclusion
- **Self-Esteem:** My overall sense of self-worth and how much I accept myself

Measurement Musings for Innovators

This one really runs the gamut and we could wax poetic about the range of flexible options for how to measure the impact of your solution in these areas. To stay focused, a key aspect of this domain in particular is that these elements invite us to prioritize what the youth says is happening, who they are, and how they're understanding their interior lives.

Of course, a great opportunity here is to be in regular dialogue with youth about their values, experiences of belonging and connection, and more to build the qualitative data that is sorely needed in this space.

- Youth self-reported and/or described demographic data is a frontline measurement in this domain, though innovators should of course not assume that these self-reported categories themselves offer information about the experience of certain identities.
- Measure the behaviors that map onto these categories. For example, how many youth engaged in your solution volunteer, participate in a leadership or mentorship role (i.e., captain of a team, helping siblings with reading), are connected to social interest or affinity groups, community service opportunities, religious or spiritual communities, etc.? How many community events might the youth have access to (parades, book fairs, camps)?
- What goals are youth setting and how are they meeting those goals?

INTERPERSONAL / RELATIONAL FUNCTIONING



Social and interpersonal relationships are one of the main stomping grounds where youth development and by extension mental health are unfolding. Peer relationships help youth grapple with key internal questions like, “Who am I?”, “Where do I belong?”, “How do others see me?” Positive peer relationships can be protective, promote resilience and even increase overall wellbeing, and the inverse is true of negative peer relationships or disconnectedness. In fact, relationships are so pivotal that they also play a role in shaping certain biological aspects of development (like legitimate wiring and connections in our brains). Despite the rise of the peer as prominent in adolescence and young adulthood, we know that parents and parenting relationships maintain their importance in the grand scheme and also impact each of the other domains we’ve been discussing in this article. Strengths and/or disruptions in peer and parental relationships have both short- and long-term effects on psychological functioning, wellbeing, overall functioning (i.e., academic and otherwise), and overall life trajectory.

- Social skills and/or interpersonal effectiveness
- Social inclusion vs. isolation
- Loneliness
- Parent-child relationship (warmth and involvement, supervision and monitoring, discipline, etc.)
- Therapeutic alliance (within treatment contexts)

Measurement Musings for Innovators

How often do youth and caregivers have uninterrupted time together on a typical week? How often do youth spend time with their friends? Time alone? How often does time spent on technology decrease or increase feelings of connection? Are you asking youth about connections with supportive peers and trusted adults (e.g., in a coping skills plan, can youth name two people they would reach out to to help them manage a crisis?)? Consider asking parents about practices such as curfew, technology allowances (i.e., screen time), discipline practices, and more.

ACADEMIC / OCCUPATIONAL FUNCTIONING

If you've made it this far in the article, you can see that youth truly have so much going on! School and early career spaces are key environments where teens and young adults are gaining foundational skills, competence and mastery to support long-term success and workforce participation. We're all familiar with the increased academic demands (see sleep above), push for self-directed learning and goals, and higher expectations for taking responsibility for one's success. Youth are acutely aware of long-term consequences within these spaces, including access to resources, higher education, and future job opportunities. These factors are also taking place during a time when the quest for identity and belonging is on, relationships are paramount, and the coping skills to navigate biological and psychological shifts are still in active development.

Thus, functioning in this area is ripe for measurement and can include areas such as:

- Attitudes and beliefs about school
- Relationships with teachers
- Academic functioning (i.e., attendance, educational milestones, learning outcomes)
    - Academic supports and/or stressors (e.g., accommodations, mentorship, resources, high quality instruction, academic overload, learning challenges)
- Workforce engagement and functioning
- Job satisfaction

Measurement Musings for Innovators

Consider school attendance, standardized or other benchmarked testing scores (while being mindful of the documented limitations here for populations of color and lower SES!), and/or any accommodations received (i.e., 504 Plans, Individualized Education Plans, etc) for documented or undocumented learning disabilities. Measuring whether youth have been referred to alternate learning environments, have experienced expulsion or suspension, or have received achievement awards or recognition can also help flesh out the school and/or academic experience beyond formal measures we'll share in an upcoming piece. Innovators might ask young adults about work history, measure gaps between employment opportunities, and compensation. Might you measure school district ratings, graduation rates, number of embedded mental health providers, resource allocation or other relevant supports for geographic areas that are serving the population of interest for your specific solution?

PSYCHOLOGICAL FUNCTIONING

Finally, it makes sense that symptoms have played a prominent role in the youth mental health measurement and outcomes space. Indeed, most psychological disorders emerge and/or rise to a level that impacts functioning for people during their youth, and can set the stage for long-term challenges in the absence of interventions and support.

However, as we've attempted to make the case for above, psychological functioning is not best understood, or importantly measured in isolation. In addition to biology, each of the domains above has a complex relationship with psychological functioning. While you know this domain like the back of your hand, the discussion would be wholly incomplete without a (non-exhaustive) nod to these critical factors.

Key measurement areas include:

- Mood (e.g., depression, irritability)
- Anxiety
- Trauma or negative life events
- Executive functioning (attention and concentration)
- Conduct & behavioral functioning
  - Aggression
  - Oppositionality
- Personality
- Substance use
- Eating disorders





Measurement Musings for Innovators

As per our spoiler alert, this one is short and sweet because it will be clinical measures oriented. That said, you can measure services received related to these areas (e.g., care coordination, therapy, medication management, etc.), diagnoses, prescriptions, legal history, and more.

SOCIAL DETERMINANTS OF HEALTH

We're not here to belabor this point, but seriously there is no getting around the importance of SDoH. You've heard us talk about SDoH at length before, including measures and strategy.

Click on the images to the right to check out the collection





CONCLUSION

As you can see, the contexts around youth mental health and wellbeing are wide ranging and benefit from taking a broad lens to measurement. In fact, we miss critical contributors to the overall picture of youth-focused solutions, including where to focus innovation design, improvement, and/or impact report out efforts. Though we hope we've lit a fire, be careful not to try and boil the ocean and measure everything under the sun within these domains. Often, a few simple measures, especially when they can be derived from information your solution may already be poised to collect or even have access to, can go a long way.

Up next, we'll:

- Make good on our promise for a curated list of measurement tools that map to the domains above. We'd never leave you hanging!
- Demystify different measurement practices that use brief tools. Seems simple, but can be surprisingly confusing so we're going to make it plain by plotting them for you along the care continuum.
- Highlight how data can be used to improve quality of youth-focused solutions (both design and impact) over time. This is a huge step because data don't just prove impact, they also reveal gaps and opportunities to strengthen.

Note: This article is intended for educational and informational purposes only. It does not constitute medical, clinical, or legal advice. Organizations developing youth mental health programs should consult appropriate professionals and applicable regulations.