

BHT IMPACT

SCREENING TOOLS RESOURCE:

SOCIAL DETERMINANTS OF HEALTH FOR YOUTH

PREPARED BY: AMBER W. CHILDS, PHD
Expert Consultant

MEASUREMENT RESOURCE GUIDE

For those with a solution operating at the downstream level, we've compiled a list of standardized screening tools and a few framing questions to consider as you develop your solution and measure impact across SDoH.

There are many tools available, but we focused our efforts on resources available for free in the public domain.

Tip: Each is linked for you!



Terms Worth Knowing

Social Determinants of Health (SDoH): The social, and largely non-genetic factors or conditions in which people are born, grow, work, live, and age, and the wider forces (i.e., social norms, political systems, economic policies, etc.) that shape the conditions of daily life.

Social Determinants of Mental Health (SDMH): An expansion of the construct of SDoH to include mental health (e.g., mental health stigma; lack of reimbursement parity for mental health; exposure to violence, conflict, and war, etc.) and a corresponding analysis of both risk and protective factors.

Health Care Inequities: Disparities in health care outcomes that are the result of systemic policies and practices that create barriers to opportunity, such as unequal distribution of and access to resources

BASIC NEEDS: YOUTH AND FAMILY SOCIOECONOMIC ENVIRONMENT

Overview

This is a broad category and includes access or lack of access to basic everyday needs such as:

- Safe and stable housing
- Nutritious food
- Quality health and mental healthcare services
- Adequate income and benefits
- High quality education
- Transportation
- Culturally informed care
- Accessibility (language, physical needs, etc.)

Impact on Mental Health

The hard reality is that poverty and lack of access to resources to meet basic needs are well-documented as central drivers of poor mental health for youth. According to the 2023 U.S. Census Bureau, **15.3% of youth under 18 were living in poverty. That is about 11 million kids**. Rates are exponentially higher among Black, American Indian and Alaska Native, Mixed Race individuals, and individuals of Hispanic or Latinx ethnicity.

Experiences of poverty take a toll on youth mental health, including increased exposure to adverse childhood life experiences, higher rates of psychological and disruptive behavior disorders, and caregiver depression and familial stress. The mental health impact is cumulative and intersecting, such that negative outcomes in one developmental stage impact those of a later stage.

Basic Questions for Basic Needs

As much as we need to improve solutions for youth who are already using our solutions, getting curious about basic needs offers clarity about who isn't showing up and what we can do to disrupt that pattern. Here are a few prompts to activate your thinking:

1. What resources are required for youth to benefit from our solution?
2. What role will our solution play in identifying or connecting youth to needed resources? What is the first step we can take to set them on the path to access?
3. How does my solution enable youth to take advantage of services that are available in their local community?
4. How does my solution consider accessibility as a basic need? For example, does my solution provide resources in multiple languages relevant to the population I'm serving? Does my solution consider accessibility in design?

BASIC NEEDS: YOUTH AND FAMILY SOCIOECONOMIC ENVIRONMENT

Standardized Screening Tools



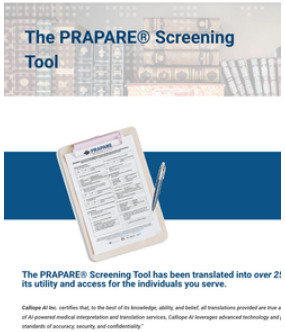
Accountable Health Communities Health-Related Social Needs Screening Tool

- 10-item consensus measure assessing housing instability, food insecurity, transportation, utility needs, and interpersonal safety
- Completed by self and/or parent/guardian
- Link to Tool



The Hunger Vital Sign

- 2-item food insecurity screening tool to identify children in households at risk for food insecurity who require further assistance
- Link to Tool



Protocol for Responding to & Assessing Patient's Assets, Risks & Experience (PRAPARE ®)

- 20-item measure assessing SDOH domains
- Available in 25 languages
- Completed by parent/guardian or young adult
- Link to Tool



Health Leads Screening Tool

- 10-item measure assessing domains of SDoH such as food, housing, financial security, exposure to violence, languages spoken, etc.
- Completed by caregiver or young adult
- Link to Tool; Link to Full Toolkit

CAREGIVER HEALTH AND PARENTING BEHAVIORS

Overview

This category can be defined by:

- Caregiver mental wellbeing or illness
- Parenting stressors
- Caregiver resources (or lack thereof)
- Parenting style and behaviors

Consider This For Caregivers

1. How does my solution address the parent as a key stakeholder (including direct services, resources, and design considerations)?
2. What are the primary stressors that caregivers in my population are experiencing? How can we address those stressors to improve youth engagement, access, and/or outcomes?
3. What resources can be made available to support caregiver wellness, improve/enhance caregiver parenting behaviors, etc?

Impact on Mental Health

To consider a young person is to consider the family. Since young people are embedded within a familial context, we need to understand parental health, well-being, and parenting behaviors, and how those factors shape youth experience.

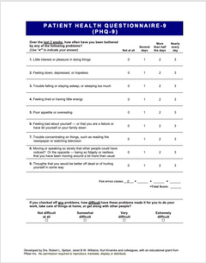
Not too long ago, the US Surgeon General's advisory on the mental health and well-being of parents and caregivers gave us a serious status update on how today's parents are faring. Spoiler alert: even under the best circumstances, parents are *stressed* in their caregiver roles, and the volume of those stressors is dialed up or down based on other social determinants (e.g., access to basic needs). Parental consistency, warmth and responsiveness, affirmation and validation are all factors that contribute to youth wellbeing, but can be hard for caregivers to pull off in the face of routine and persistent stress.

Youth in families with caregivers experiencing severe, prolonged, and/or untreated mental illnesses are at increased risk for poor mental health because that caregiver's illness may complicate the ability to access resources for basic needs, and/or may expose the young person to risk factors including emotional harm, abuse, and neglect.

Here, evaluate caregiving stressors at the downstream (i.e., individual; usually service-delivery) level, but also consider large-scale data and trends (shout out again to the surgeon general advisory, but also to tons of empirical research and data sitting behind that report) to inform your thinking around solution design and how optimizing to care for parents will surely have an impact on the youth being served.

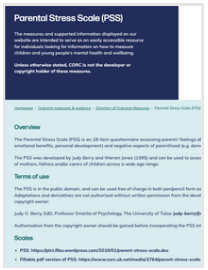
CAREGIVER HEALTH AND PARENTING BEHAVIORS

Standardized Screening Tools


PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Patient Health Questionnaire (PHQ-9)

- Look, I know. Yawn. But we're not throwing out the proverbial baby with the bathwater when addressing caregiver symptoms of depression can help. As you know, this 9-item validated tool screens for symptoms of depression.
- Know this: It's how you use the measure that counts. Slapping it into place won't give what needs to be given. Use this information to help you zero in on needs within the youth population you're serving.
- Link to Tool


Parental Stress Scale (PSS)

Overview

Terms of use

Scales

Parental Stress Scale (PSS)

- 18-item validated caregiver self-report tool that asks caregivers questions about positive and negative aspects of their role as a parent/caregiver. Availability for use by parents or caregivers for children and young adults of any age.
- Link to Tool


Alabama Parenting Questionnaire

Alabama Parenting Questionnaire (APQ)

- 42-item (yes, but you can use specific subscales if that's overwhelming) validated tool that assesses caregiver/parent self-reported warmth and involvement, positive parenting behaviors, monitoring and supervision, consistency of discipline, and any punishment behaviors. Valid for parents of youth ages 6-18
- Available in Chinese, Dutch, German, Spanish, Norwegian, and English.
- Link to Tool

Bonus!! The APQ has a youth-report form that assesses these same dimensions. It's got some (in our opinion, outdated) binaries for parents into "mother" and "father," and it assumes kids have one or both, but it still has some important dimensions. Built for children ages 6-18.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

Overview

Adverse childhood experiences, including exposure to:

- Abuse and neglect
- Bullying
- Adverse events/experiences on digital and/or social media
- Community violence
- Substances
- Racism and identity-based discrimination and harms

Impact on Mental Health

Healthy social, emotional, cognitive and even physical development for youth hinges heavily on adversity experienced in childhood within the home and community. Said differently, adverse childhood experiences (ACEs)7, create high-stress situations that threaten to overwhelm a young person's available coping resources. ACEs, especially (but not only) when they happen repeatedly, result in long-term negative impacts on mental and physical health. You're probably most familiar with this domain so we won't attempt to boil the ocean here, but we will flag that youth at elevated risk here include marginalized groups such as youth of color, **LGBTQIA+ youth**, economically disadvantaged youth, and youth who are immigrants and/or hold refugee statuses.

Resources for ACES

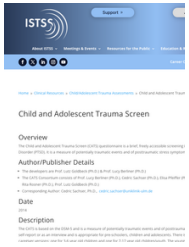
Since you could copy-paste some of the same questions and considerations we laid out in previous sections to help you think about how ACEs need to inform solution development or design, we've shared some resources:

- **American Academy of Pediatrics Center of Excellence on Social Media and Youth Mental Health**
  - Expert-led center featuring a treasure trove of evidence-based education and resources on all things digital engagement for youth. The website has an active Q&A portal with hundreds of questions submitted by youth, caregivers and parents, educators, clinicians, and more on topics such as digital citizenship, problematic internet use, privacy and safety, digital design and content quality and beyond.

- **The National Child Traumatic Stress Network**
  - Storehouse of evidence-based education, downloadable resources, tip sheets and care locator for youth and families navigating a variety of traumatic experiences.

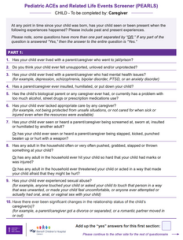
ADVERSE CHILDHOOD EXPERIENCES (ACES)

Standardized Screening Tools



Child and Adolescent Trauma Screen (CATS)

- Validated screening tool for posttraumatic stress symptoms in children and adolescents, based on the DSM-5.
- Includes caregiver report for youth ages 3-6, ages 7-17, and self-report for youth ages 7-17 years.
- Available in 11 languages, including English, Spanish, German, and Norwegian.
- Link to Tool



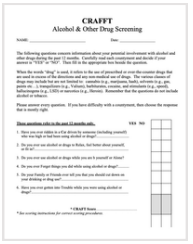
Pediatric ACES and Related Life Events Screener (PEARLS)

- 10-item child self-report (ages 12-19) and 7-item caregiver report tool (ages 0-19) assessing ACEs in youth and families.
- The tool includes a de-identified screening option, where the number of exposures as opposed to the specific ACEs are reported and an identified option, where both the total number and specific type of exposure can be reported.
- Available in multiple languages, including English, Spanish, Chinese, and Arabic.
- Link to Tool; Additional Languages



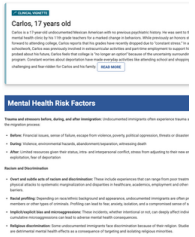
Problematic and Risky Internet Use Screening Scale (PRIUSS)

- 18-item validated self-report tool for youth assessing the social and emotional impact of internet and digital media use, as well as risky and impulsive use.
- Link to Paper with Tool



Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)

- 6-item self-report and/or clinician-administered tool to screen for alcohol and drug use in youth 14 to 18 years old
- The tool is available in 15+ languages
- Link to Tool; Additional Languages



Stress and Trauma Toolkit

- An expert-developed and endorsed toolkit for treating undocumented immigrants
- American Psychiatric Association with suggested assessment and treatment recommendations.
- Link to Tool

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* Some resource elements are adapted from the APA Resource Document: Social Determinants of Mental Health in Children and Youth (2022).

For more information, contact hello@bhtimpact.org, visit bhtimpact.org, or follow us on LinkedIn.

All policy-related examples in this brief are presented for educational and informational purposes, to support research, learning, and nonpartisan analysis of social determinants of mental health