| Project Details | |
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| Project Code | MRCPHS25Br Howe |
| Title | Measurement of mental health in ethnically and geographically diverse populations |
| Research Theme | Population Health Sciences |
| Summary | Many tools to assess mental health were developed based on behaviours and feelings in white western populations. 18% of the UK population belong to Black, Asian, mixed, or other ethnic groups, and more than 80% of people who have mental health disorders live in a low- or middle-income country. Therefore, it is important to assess whether the ways we measure mental health work equally well across different ethnic groups within the UK, and across different global contexts. We will assess this, using existing data from mental health assessments, and talking to young people and mental health professionals about their experiences. |
| Description | A range of standard tools are available to support the diagnosis of mental health conditions, assess the response of symptoms to treatment, and to conduct mental health research. Yet most of these tools were developed based on expectations of behaviours and feelings, and normative data on mental health symptoms and impairment, within white Western populations. Cultural differences in expectations or symptomatology could affect the validity and comparability of these tools across ethnic groups within the UK, and across global populations. Despite this, there is very little research into whether mental health assessment tools perform similarly across ethnic groups and geographical settings. |
| | In addition to the content of mental health assessment tools, the way in which they are administered may also create problems for people in minority ethnic groups. Standardised clinical interviews may generate barriers to the reporting of problems for people from different backgrounds, and there is an urgent need to explore these barriers, and whether they could be overcome with different formats. |
| | Research questions that will be addressed in this PhD are, and the corresponding methodological approaches are: |
| | 1. Do tools for measuring mental health perform equally across ethnic groups within the UK? |
| | The statistical property of measurement invariance assesses whether a measurement tool measures a construct in the same way across groups, i.e. the questions are interpreted and responded to in a similar manner. Assessing measurement invariance can also identify specific items which do not contribute equally to a particular mental health construct, or that are interpreted as relating to differing levels of severity, across ethnic groups, and can therefore suggest amendments to existing tools that may make them more appropriate for use across different groups. The absence of measurement invariance in mental health measurement tools across ethnic groups in the UK would have far-reaching consequences for the diagnosis of mental health conditions and assessment of treatment efficacy in minority ethnic populations, and for mental health research in minority ethnic groups or attempting to describe ethnic inequalities in mental health or access to mental health services. |

This PhD will assess measurement invariance in mental health measures (including the Strengths and Difficulties Questionnaire, a commonly used tool to assess internalising and externalising symptoms) across white British and Pakistani children and adolescents in the Born in Bradford cohort, and across ethnic groups in the Millennium Cohort Study. Other ethnically diverse studies that could provide data for analyses will be identified using resources such as DATAMIND and the Wellcome-funded Catalogue of Mental Health Measures. Additionally, we have developed a collaboration with Anna Freud, who manage the Child Outcomes Research Consortium (CORC), a large database of clinical mental health and wellbeing assessment data collected by teams from a wide range of UK statutory and third sector organisations, which may provide additional data.

Following assessment of measurement invariance, analysis will explore whether the developmental trajectory of mental health differs across ethnic groups, to understand ethnic differences in the emergence and patterns of mental health across the life course.

2. Do tools for measuring mental health perform equally across high-, middle- and low-income countries?

Using data from cohort studies with whom we have existing collaborations, e.g. the Pelotas birth cohorts in Brazil, this PhD will establish whether measures of mental health have measurement invariance across different global contexts. This is important, because there is some evidence that mental health problems manifest differently in different cultures – for example, anxiety may be reported as somatic symptoms, rather than cognitive symptoms. There will also be the opportunity to assess whether the developmental trajectory of mental health problems is similar across the UK and Brazil, for which assessing measurement invariance is a prerequisite.

3. What are patients' and healthcare workers' perceptions of tools to assess mental health and the way they are administered?

Qualitative interviews with young people with lived experience of mental health difficulties, and with mental health professionals working with young people, will identify their views and priorities for tools used to assess mental health and the way they are administered. Interviews will be conducted with people with lived experience of mental health difficulties from ethnic minority groups.

There is scope for the student to take ownership and steer the project towards their own interests. For example, it would be possible to have a greater focus on ethnic diversity within the UK or on global differences. It would also be possible to steer the project according to the mental health or neurodevelopmental condition(s) we focus on.

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