

INPLASY PROTOCOL

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Corresponding author:
Hana Tomaskova

hana.tomaskova@nudz.cz

Author Affiliation:
National Institute of Mental Health, Klecany, Czechia.

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None declared.

Systematic review of tools available to measure mental health literacy in children and adolescents

Tomaskova, H¹; Kucera, M²; Stodola, M³; Kagstrom, A⁴.

Review question / Objective: The aim of the present study was to conduct a systematic search in order to find available tools for monitoring and evaluating the mental health literacy of children and adolescents under the age of 19 years.

Condition being studied: Mental health literacy is an essential part of mental illness prevention and early-identification. Number of tools exist to assess mental health literacy in the adult population. However, very few studies focus on tools that are aimed at assessing mental health literacy of children and adolescents, and evaluate quality of these tools.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 13 September 2022 and was last updated on 13 September 2022 (registration number INPLASY202290054).

INTRODUCTION

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health literacy of children and adolescents under the age of 19 years.

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literacy in the adult population. However, very few studies focus on tools that are aimed at assessing mental health literacy of children and adolescents, and evaluate quality of these tools.

METHODS

Participant or population: Children and adolescents under the age of 19 years.

Intervention: Mental health literacy.

Comparator: X.

Study designs to be included: All study designs were included except of reviews.

Eligibility criteria: We included studies that evaluated measurement properties of mental health literacy tools. Studies for inclusion had to provide a clear description and evaluation of the tools and had to be designed and/or validated for children and adolescents aged <19 years. In cases where a wider age range was studied only studies with subanalysis for ages <19 were considered for inclusion. The tools had to assess one or more of Kutcher's (2016) four components of MHL, including how to obtain and maintain good mental health; understanding of mental disorders and their treatment; stigma; and help-seeking. The study selection was not limited by language, as long as the abstract was provided in English. Studies from all countries were eligible for inclusion.

Information sources: A systematic search was performed according to the protocol recommended by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The reviewed studies were searched through the following databases: Web of Science, PubMed, PsycINFO, MEDLINE, ERIC and CINAHL Plus, using pre-selected keywords.

Main outcome(s): We identified 21 mental health literacy (MHL) tools in 18 studies. The quality of the studies ranged between very good and inadequate. Out of 21 MHL tools, 16 tools were universal implying that they were not diagnostic specific. Only two

of the tools scored a full score of 4 on the MHL comprehensiveness.

Quality assessment / Risk of bias analysis: The Consensus-based Standards for the Selection of Health Measurement Instruments (COSMIN) checklist was applied to assess the methodological quality of each study.

Strategy of data synthesis: All references identified through databases were imported into Rayyan online reference manager. Two researchers (HT, MS) applied an iterative process to independently screen titles and abstracts (stage 1); and full-texts in case the abstract was not sufficient to make a decision (stage 2). Reference check was conducted following the two stages. Following the screening process, the researchers met and discussed papers in conflict and compared their final list of included studies. Full-texts were reviewed and the data were extracted into a COSMIN data extraction table (Terwee et al., 2012) that was later modified. Data extraction was performed by two reviewers (HT, MK). To assess what tools are available to evaluate non-diagnostic-specific mental health literacy in children and adolescents, we reviewed (HT, AK) the full texts of the studies and selected tools which assessed MHL broadly. In doing so, we eliminated tools which were focused on assessing MHL if the content of the tool focused on assessing literacy related solely to specific mental illnesses (e.g. depression, suicide). Next, we extracted individual items from the tools, or for vignettes we extracted the script or questions, and reviewed the content of items/questions.

Subgroup analysis: X.

Sensitivity analysis: X.

Country(ies) involved: Czechia.

Keywords: mental health literacy, systematic review, children, adolescents, mental health, COSMIN.

Contributions of each author:

Author 1 - Hana Tomaskova - Author 1 drafted the manuscript.

Email: hana.tomaskova@nudz.cz

Author 2 - Matej Kucera - Author 2 drafted the manuscript. *shared first authorship.

Email: matej.kucera@nudz.cz

Author 3 - Marek Stodola - Author 3 participated in the screening process.

Email: ma.stodola@seznam.cz

Author 4 - Anna Kagstrom - Author 4 read, provided feedback and approved the final manuscript.

Email: anna.kagstrom@nudz.cz