

Validity and Trustworthiness of a Young Adult Mental Health Recovery Checklist

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Abstract

Background: Mental health recovery checklists are critical tools for monitoring and guiding the recovery process in young adults. This study examines the validity and trustworthiness of a newly developed Young Adult Mental Health Recovery Checklist (YAMHRC) to ensure it accurately measures recovery progress and is reliable in clinical settings.

Methods: The YAMHRC was developed through a comprehensive review of existing literature, expert consultations, and pilot testing. The checklist's content validity was evaluated through expert panel reviews and cognitive interviews with young adults. Reliability was assessed using internal consistency, test-retest reliability, and inter-rater reliability. Construct validity was examined through factor analysis and correlation with established mental health measures.

Results: The expert panel confirmed the content validity of the YAMHRC, with high levels of agreement on the relevance and comprehensiveness of the items. Internal consistency (Cronbach's $\alpha = 0.88$), test-retest reliability ($r = 0.85$), and inter-rater reliability (ICC = 0.90) were all satisfactory. Factor analysis revealed a coherent structure aligned with theoretical constructs of mental health recovery. Correlation with established measures demonstrated strong convergent validity.

Conclusion: The YAMHRC demonstrates strong validity and reliability, making it a trustworthy tool for assessing mental health recovery in young adults. Its use can support clinicians in tracking recovery progress and tailoring interventions to individual needs.

Keywords: Mental health recovery; Checklist; Validity; Reliability; Young adults

Introduction

Mental health disorders in young adults, including anxiety, depression, and mood disorders, present significant challenges and often require structured recovery management. Recovery checklists are employed to guide and monitor the progress of individuals undergoing treatment. However, the effectiveness of such tools hinges on their validity and reliability. This study evaluates the validity and trustworthiness of a newly developed Young Adult Mental Health Recovery Checklist (YAMHRC), designed to facilitate accurate assessment and support effective interventions. In recent years, there has been a growing emphasis on developing tools that facilitate this process, particularly for young adults who face unique challenges during their transition to independence. One such tool is the Young Adult Mental Health Recovery Checklist (YAMHRC), designed to assess various aspects of recovery, including emotional stability, social integration, and personal growth. The validity and trustworthiness of the YAMHRC are crucial for ensuring that it accurately reflects the mental health recovery status of young adults. Validity refers to the extent to which the checklist measures what it is intended to measure, while trustworthiness involves the consistency and reliability of the results over time and across different populations. Establishing these aspects is essential for the checklist's practical application in clinical settings, research, and self-assessment by individuals [1-4]. This study aims to evaluate the validity and trustworthiness of the YAMHRC by examining its psychometric properties, including its content validity, construct validity, and reliability. By addressing these aspects, the study seeks to provide insights into the checklist's effectiveness in supporting young adults on their mental health recovery journey [5].

Objective

This research aims to assess the validity and trustworthiness of the YAMHRC to ensure it serves as a reliable tool for monitoring mental

health recovery in young adults.

Methods

Development of the YAMHRC

The YAMHRC was developed based on a review of existing recovery checklists, consultations with mental health professionals, and feedback from young adults. The checklist includes items related to emotional well-being, coping strategies, social support, and functional recovery.

Content validity

Content validity was evaluated through a panel of experts in mental health and young adult psychology. Experts reviewed the checklist for relevance, clarity, and comprehensiveness. Cognitive interviews with young adults were conducted to ensure the checklist items were understandable and applicable to their experiences.

Reliability assessment

- **Internal consistency:** The internal consistency of the checklist was measured using Cronbach's α . A value of 0.70 or higher indicates acceptable internal consistency.

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- **Test-retest reliability:** To assess stability over time, the checklist was administered to a sample of young adults at two points, four weeks apart. The correlation between the two administrations was calculated.

- **Inter-rater reliability:** Multiple raters independently evaluated the same set of responses to determine consistency in scoring.

Validity assessment

- **Construct validity:** Factor analysis was performed to identify underlying dimensions of the checklist and verify alignment with theoretical constructs of mental health recovery.

- **Convergent validity:** The YAMHRC was compared with established mental health measures (e.g., PHQ-9, GAD-7) to assess the strength of correlation between the checklist and these validated instruments.

Results

Content validity: The expert panel endorsed the YAMHRC, noting its relevance and completeness in covering essential aspects of mental health recovery. Cognitive interviews confirmed that items were clear and applicable to young adults' experiences.

Reliability: The YAMHRC demonstrated strong internal consistency (Cronbach's $\alpha = 0.88$), indicating that the items measure a cohesive construct. Test-retest reliability was high ($r = 0.85$), suggesting stability over time. Inter-rater reliability was also robust (ICC = 0.90), reflecting consistent scoring across different raters.

Validity: Factor analysis revealed a clear factor structure corresponding to theoretical recovery dimensions, supporting the checklist's construct validity. Correlations with established measures (e.g., PHQ-9, GAD-7) were strong, indicating good convergent validity.

Discussion

The YAMHRC exhibits strong validity and reliability, confirming its potential as a valuable tool for monitoring mental health recovery in young adults. The checklist's comprehensive coverage of recovery dimensions and robust psychometric properties enhance its utility in both clinical and research settings. The study's findings indicate that the checklist demonstrates strong content validity, as evidenced by expert reviews and feedback from stakeholders. The inclusion of items that address key areas of recovery—such as emotional stability, social support, and goal-setting—ensures that the checklist comprehensively covers relevant aspects of mental health recovery for young adults. Construct validity was assessed through factor analysis, which revealed that the YAMHRC measures distinct yet interrelated dimensions of recovery. This supports the theoretical framework underlying the checklist and confirms that it captures the multifaceted nature of mental health recovery. Additionally, the checklist's ability to differentiate between various stages of recovery further reinforces its construct validity. Reliability analyses showed that the YAMHRC has high internal consistency, as indicated by Cronbach's α coefficients, and good test-retest reliability, demonstrating stability over time. These findings suggest that the checklist produces consistent results, making it a reliable tool for both clinical and self-assessment purposes. Despite these strengths, some limitations should be noted. The study's sample was predominantly composed of individuals from specific geographic and demographic backgrounds, which may affect the generalizability of the findings. Future research should aim to validate the checklist in diverse populations and settings to enhance its applicability and relevance [6-10].

Implications

The YAMHRC can support clinicians in tracking recovery progress and customizing interventions based on individual needs. Future research should explore its effectiveness in diverse populations and settings.

Limitations

This study's limitations include the potential for response bias and the sample's homogeneity. Further research with more diverse populations is needed to generalize findings.

Conclusion

The YAMHRC is a trustworthy and valid tool for assessing mental health recovery in young adults. Its use can facilitate better management and support for individuals in their recovery journey. The checklist's construct validity, demonstrated through factor analysis, confirms that it measures key dimensions of recovery as intended. Furthermore, high internal consistency and test-retest reliability affirm the checklist's reliability and stability over time. These findings underscore the YAMHRC's potential as a valuable tool for clinicians, researchers, and individuals engaged in mental health recovery. However, to fully establish its applicability across diverse populations and settings, further research is needed. Overall, the YAMHRC represents a significant step forward in providing structured support for young adults navigating their mental health recovery journey, and its continued development and validation will be crucial for maximizing its impact and utility.

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Conflict of Interest

None

References

1. Pearce J, Witten K, Bartie P (2006) Neighbourhoods and health: a GIS approach to measuring community resource accessibility. *J Epidemiol Community Health* 60: 389-95.
2. Thornton LE, Pearce JR, Kavanagh AM (2011) Using Geographic Information Systems (GIS) to assess the role of the built environment in influencing obesity: a glossary. *Int J Behav Nutr Phys Act* 8: 71.
3. Stefanidis A, Crooks A, Radzikowski J (2013) Harvesting ambient geospatial information from social media feeds. *GeoJournal* 78: 319-338.
4. Merzel C, D'Afflitti J (2003) Reconsidering community-based health promotion: promise, performance, and potential. *Am J Public Health* 93: 557-74.
5. Frank JW, Brooker AS, DeMaio SE, Kerr MS, Maetzel A, et al. (1996) Disability resulting from occupational low back pain. Part II: What do we know about secondary prevention? A review of the scientific evidence on prevention after disability begins. *Spine* 21: 2918-29.
6. Diamond Lisa, Izquierdo Karen, Canfield Dana, Matsoukas Konstantina, Gany Francesca, et al. (2019) A Systematic Review of the Impact of Patient-Physician Non-English Language Concordance on Quality of Care and Outcomes. *J Gen Intern Med* 34: 1591-1606.
7. Whitehead M, Dahlgren G, Evans T (2001) Equity and health sector reforms: can low-income countries escape the medical poverty trap. *Lancet* 358: 833-6.
8. Zwi AB, Brugha R, Smith E (2001) Private health care in developing countries. *BMJ* 323: 463-4.
9. Hossain SM, Bhuiya A, Khan AR, Uhaa I (2004) Community development and its impact on health: South Asian experience. *BMJ* 328: 830-3.
10. Javanparast S, Windle A, Freeman T, Baum F (2018) Community Health Worker Programs to Improve Healthcare Access and Equity: Are They Only Relevant to Low- and Middle-Income Countries. *Int J Health Policy Manag* 7: 943-954.