

Generic Clearance for CDC/ATSDR
Formative Research and Tool Development
Title: Adolescent Mental Health Journey Mapping Project

Supporting Statement B

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1. Respondent Universe and Sampling Methods

Up to 206 adolescents (*Ages 13-17*) will participate across all data collection methods. We will hold a maximum of 30 adolescent interviews, 14 adolescent focus groups, and adolescent 8 brainstorming sessions, with the assumption that each focus group or brainstorming session is intended to consist of approximately 3 to 8 individuals. Participants will select in the screening survey which of the session types they are interested in participating in, as they have the option to participate in multiple session types. CDC will conduct recruitment in partnership with national and local youth-serving and tribal organizations:

- YMCA (in NC, NM, and MT)
- North Carolina Native American Youth Organization
- Time Out Youth

Individuals will be selected via a convenience sampling approach, with a goal of selecting a diverse range of individuals and understanding nuances in shared and disparate experiences across rural girl and nonbinary adolescent populations. Individuals selected to participate in the sessions must meet the criteria established for the population of focus and must consent to have the session audio recorded.

The following inclusion criteria will be used for adolescent recruitment:

- Be a member of the population of focus (i.e., adolescent youth (ages 13-17) identifying girls or nonbinary living in rural communities across the United States)
- Be able to speak English in a group setting

Final selection of participants among those who are eligible will be made to ensure to the extent possible:

- Representation from diverse geographic locations of rural communities
- Representative samples across race, ethnicity, age groups, and sexual orientation
- Representative samples across mental health experiences, to be screened for using select questions adapted from CDC's Youth Risk Behavior Survey

Recruitment materials will include information on the purpose of the data collection, eligibility requirements, contact information for additional questions, and a link to a screening survey for individuals to express their interest in participating.

2. Procedures for the Collection of Information

Data will be collected through a combination of virtual and in-person discussions. A maximum of 30 adolescent interviews, 14 adolescent focus groups, and 8 adolescent brainstorming sessions will be conducted via an interactive in-person or virtual session between the participant(s) and the facilitator(s) using a communication interface consistent with Zoom Video Communications Inc. (Zoom) or at a community-based organization facility.

Before beginning the sessions, in-person participants will check-in at a check-in table where one of the project team members will mark them as present. The project team will ask all participants to use only first names or fake names in all group discussions and will ask everyone in the group to keep the

discussion in the group confidential and respect each other's privacy. For virtual sessions, a member of the project team will join the Zoom meeting early and mark individuals as present as they enter the virtual waiting room. At the start of the sessions, participants will be renamed, provide verbal consent to be audio recorded and will be reminded they can leave at any time, what they share will not be shared outside of the group and will not be linked to their name (unless it indicates harm to self or others), and that they do not have to answer any question they do not want to answer.

The semi-structured discussions with participants will follow the discussion guides. The discussion guides include questions/topics that will elicit feedback from the participants about their experiences with mental health, with a focus on social support systems, coping skills, and mental health literacy. Semi-structured discussion questions will be presented verbally during the session and shared visually via virtual screen share or worksheets for in person sessions.

The data collection team consists of experienced interviewers and facilitators skilled in data collection with youth and adults. The data collectors are also trained in Mental Health First Aid.¹ The session notetaker will manage the session recording and annotate important themes, insights, and feedback provided by the participants during each session based on the interview guide.

All data files will be deidentified (will not include PII) and will be stored on a password-protected secure folder accessible to only the project team. Only the project team will have access to participant contact information collected in the screening surveys, and their contact information will be deleted after incentives are provided.

The team will record only the audio of each session and store the recordings on a secure cloud-based Zoom Video Communications platform. The team will use the recording to make sure our notes are correct and to summarize what we hear across all groups. Only the team will have access to these recordings, and the recordings will be deleted once our team updates the session transcription and notes. The session transcription and notes will be destroyed after the completion of the project, per the code of federal regulations. The recording, written transcription, and session notes will not hold personally identifiable information of participants.

At the end of in-person sessions, worksheets will be collected from participants to serve as design artifacts; individual identifying information will not be retained on any of these artifacts. Following the in-person sessions, the worksheets will be scanned, digitized, uploaded to the password-protected network storage location accessible only to the research team. Paper copies will be destroyed upon upload.

¹ <https://www.mentalhealthfirstaid.org/>

3. Methods to Maximize Response Rates and Deal with No Response

The project team hopes to maximize response rates by taking a convenience sampling approach and working with existing community-based organizations for recruitment. Engaging individuals that regularly engage at their organization is more likely to yield responses than a random sampling approach. If at any point the screening survey is yielding low or no response rates from a community-based organization, we will check in to see if a note can be shared via email, in-person flier, or other alternative communication method to remind individuals about the opportunity to participate.

Krueger and Casey (2009) note that the gift helps emphasize to participants that the assessment is important, which in turn is intended to make them more inclined to make time to participate.² To encourage and improve response rates for this project, each session participant will be given \$50 per session in the form of a gift card for their time within 1-2 weeks of the session. This can help minimize bias in the perspectives, improve the validity and reliability of the data, and ensure equitable treatment of project participants, all of which are of utmost importance in this project. All selected participants can choose to stop the data collection conversation at any time.

4. Tests of Procedures or Methods to be Undertaken

To inform the interview, focus group, and brainstorming session discussion guides, the following formative research activities were conducted: a review of the current insights around adolescent mental health at CDC, an environmental scan of best practices of human-centered design, and listening sessions with CDC staff and national community-based organizations impacted by adolescent mental health.

For this project, the screening survey and interview, focus group, and brainstorming session questions were reviewed by multiple staff within the consulting agency and by multiple staff within OPP. Most questions were newly developed but feature interactive engagement tools (i.e., worksheets, sticky notes) to ensure responses across different ranges of participant engagement.

Adolescent Interviews

The questions intend to:

- Assess adolescents':
 - Understanding of mental health and self-care
 - Perceptions of mental health among their peers
 - Knowledge of available resources in their community
 - Responsibilities that may impact their mental health
 - Connection between their identity and the related impact on their mental health
- Identify adolescents':
 - Trusted mental health resources
 - Trusted messengers

Adolescent Focus Groups

² Krueger, R. A., & Casey, M. A. (2009). *Focus groups: A practical guide for applied research* (4th ed.). San Francisco: Sage

The questions intend to:

- Assess adolescents':
 - Understanding of mental health and self-care
 - Perceptions of mental health among their peers
 - Knowledge of available mental health resources in their community
 - Connection between their identity and the related impact on their mental health
- Identify adolescents':
 - Trusted mental health resources
 - Trusted messengers

Adolescent Brainstorming Sessions

The questions intend to:

- Assess adolescents':
 - Reactions to existing themes and insights from initial data collection
 - Knowledge of available mental health resources in their community

5. Individuals Consulted on Statistical Aspects/Individuals Collecting and/or Analyzing Data

Given this project uses a human-centered design approach and relies on the unique inputs of session participants, this information collection request does not employ advanced statistical methods. CDC staff consulted are in the Office of Policy and Partnership and include Abigail Ferrell, Rachel Ward, Hallie Carde, Bryn Higdon, Meghan Frey, and Melissa O'Grady. These staff were consulted about the methodological design and session planning for the project. Their recommendations were incorporated into the project design and data collection instruments on an ongoing basis. The federal technology consultancy will be responsible for overseeing and executing the data collection, synthesis, and analysis.

References

<https://www.mentalhealthfirstaid.org/>

Krueger, R. A., & Casey, M. A. (2009). *Focus groups: A practical guide for applied research* (4th ed.). San Francisco: Sage