

Comprehensive Psychiatric Symptom Screening Questionnaire (CPSSQ) and Level of Functioning Scale (LoF-5) in Adults Aged 30–60 Years

The Need for Self-Administered Screening for Mental Health

Mental health conditions are among the leading contributors to the global burden of disease, yet remain grossly underdiagnosed and undertreated—particularly in low-resource and high-stigma settings like India. Traditional pathways to diagnosis depend on clinical interviews and psychiatric evaluations, which are neither scalable nor accessible to the vast majority of at-risk populations. The gap is most acute among individuals with subthreshold symptoms who experience distress and functional impairment but never reach specialized care.

Self-administered screening offers a transformative solution to this challenge. It empowers individuals to assess their psychological well-being privately, at their own pace, and in non-clinical environments such as their homes, workplaces, or educational institutions. Such tools reduce barriers imposed by stigma, fear of judgment, or logistical difficulties in accessing mental health professionals. Digital self-screening platforms, in particular, ensure confidentiality, encourage honest reporting, and allow automated feedback and referral recommendations.

Globally, self-administered mental health screeners—like the PHQ-9, GAD-7, and Kessler scales—are widely used in primary care, workplaces, and public health programs (Kroenke et al., 2001; Kessler et al., 2002). The WHO’s mhGAP initiative similarly emphasizes simple, scalable tools that non-specialists and individuals themselves can use for early detection (WHO, 2019). In India, where mental health literacy is low and stigma remains high, self-screening can act as an essential gateway for initiating help-seeking, reducing delay in care, and facilitating early intervention.

However, the development of such tools must ensure cultural relevance, linguistic accessibility, and scientific validity. They should integrate not only symptom measures but also functioning, resilience, and contextual risks to avoid over-pathologizing normal emotional variation while capturing true distress.

In summary, self-administered screening is not a replacement for clinical diagnosis but a critical public health strategy to identify hidden distress, enable early triage, and bridge the gap between population needs and available mental health services.

Mental health disorders are a leading cause of disability worldwide, with adults aged 30–60 representing a high-risk group for undetected depression, anxiety, substance use disorders, and cognitive decline (WHO, 2021). In India, mental health screening in this demographic is sparse, contributing to treatment gaps exceeding 70% (NMHS, 2016). The CPSSQ and LoF-5 were designed to provide comprehensive, culturally sensitive screening aligned with ICD criteria. Validation of these tools in both clinical and community samples is essential to ensure accuracy, reliability, and practical utility.

To validate the CPSSQ and LoF-5 in 300 patients with diagnosed psychiatric disorders and 300 healthy controls, assessing psychometric properties, diagnostic performance, and usability.

Objectives:

- Assess internal consistency, test-retest reliability, and construct validity of CPSSQ and LoF-5.
- Establish cut-off scores for symptom severity and functional impairment.
- Evaluate sensitivity, specificity, and predictive value against gold-standard clinical diagnosis.

Executive Summary

Mental disorders contribute substantially to the disease burden in India, yet they often go unrecognized and untreated, particularly among adults aged 30–65 years. This population navigates critical life transitions, occupational stress, caregiving roles, and health challenges, which place them at heightened risk for psychological distress and mental illness. Despite this, access to timely mental health evaluation remains limited, especially in rural and underserved regions.

This project seeks to address this gap by developing and implementing a **digital, ICD-11-informed psychometric screening tool** designed for community-based use among

Indian adults. The tool screens for emotional, cognitive, functional, and psychosocial risk domains, while also capturing life events and protective factors. Delivered through mobile and web platforms, it ensures privacy, scalability, and cultural adaptability.

The primary objectives are to:

- Enable early detection of mental health concerns.
- Stratify risk levels using a staging framework for tailored interventions.
- Provide triage recommendations (e.g., self-help, counseling, psychiatric referral).
- Promote stigma-free, equitable mental health access aligned with **India's National Mental Health Programme** and **WHO's mhGAP framework**.

Pilot data suggest high feasibility and acceptability in both rural and urban populations. This project represents a step toward integrating mental health screening into primary care and community health systems, bridging the gap between early distress and formal diagnosis.

Introduction

Mental health is a cornerstone of well-being, productivity, and social functioning. In India, adults aged 30–65 years face unique vulnerabilities stemming from occupational stress, chronic diseases, caregiving responsibilities, family dynamics, and socioeconomic pressures. Mental disorders such as depression, anxiety, substance use disorders, and stress-related conditions are highly prevalent in this group, often leading to impaired functioning, poor quality of life, and increased risk of suicide.

Yet, detection of mental disorders in this population is largely dependent on clinical diagnosis by specialists, which is impractical in a country where mental health resources are scarce and unevenly distributed. Stigma, lack of awareness, and fear of discrimination further deter adults from seeking timely help. Consequently, many individuals endure subclinical distress or undiagnosed mental illness, resulting in unnecessary suffering and functional decline.

Recognizing these challenges, there is an urgent need for **community-level, scalable, and culturally adapted screening mechanisms** that can identify early indicators of mental illness, stratify risk, and promote timely intervention. This project aims to fill that void by offering a validated, digital screening tool aligned with ICD-11 diagnostic constructs and suited to India's sociocultural landscape.

Review of Literature

Mental disorders account for a significant portion of the global disease burden, with India contributing disproportionately to this load (1). The **National Mental Health Survey of India**

(2016) reported that nearly 10% of adults live with a diagnosable mental disorder, while subthreshold conditions affect many more (2). Depression, anxiety, alcohol use disorders, and stress-related conditions are among the most common psychiatric illnesses in this age group (3).

Studies have shown that **adults aged 30–65 years** often experience a gradual onset of psychological symptoms—such as persistent low mood, irritability, sleep disturbances, and cognitive difficulties—that precede full-blown mental disorders (4,5). These symptoms are frequently linked to life events like bereavement, job loss, marital breakdown, chronic illness, and financial hardship (6). However, these early warning signs are typically overlooked in both primary care and community settings.

Traditional screening tools—such as the **PHQ-9**, **GAD-7**, and **AUDIT**—while useful, focus primarily on specific disorders and may miss broader indicators of distress or functional decline (7,8). Moreover, their validation in diverse Indian populations is limited, and they often fail to address contextual and cultural factors that influence mental health reporting (9).

Recent recommendations from **WHO’s mhGAP** and **India’s Mental Health Policy (2014)** advocate for scalable, community-friendly models that can identify distress early, integrate with primary health services, and reduce reliance on specialist diagnosis (10,11). Digital mental health tools have emerged globally as promising solutions for these goals, offering confidentiality, reach, and efficiency (12,13). However, there is a critical need for tools that are validated for Indian adults, culturally adapted, and linked to a stepped-care intervention framework.

References (for formatting illustration)

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