

Development and Validation of A Culturally Sensitive Screening Tool for Childhood Depression in India

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Abstract

Childhood depression in India remains critically under-identified, particularly due to the absence of culturally sensitive screening tools suited to younger age groups. This study developed and validated a screening tool for detecting depressive symptoms in children aged 6 to 12 years, specifically tailored to Indian cultural contexts. The tool, developed through a three-phase process, was tested with 150 children from diverse socio-economic backgrounds. Psychometric evaluations revealed strong internal consistency ($\alpha = 0.87$) and reliability ($r = 0.82$), with the tool distinguishing between behavioral and emotional symptoms of depression. Findings indicated that 40% of children exhibited varying degrees of emotional distress, highlighting the tool's utility for early identification. This culturally relevant scale offers a practical resource for educators, caregivers, and health professionals to address childhood depression before it escalates, marking a step toward improved early intervention and mental health care in India.

Keywords: Childhood Depression, Screening Tool, Early Detection, Cultural Sensitivity, Mental Health, India

1. INTRODUCTION

Childhood depression is increasingly recognized as a pressing public health issue, yet it remains insufficiently addressed in many parts of the world, particularly in low- and middle-income countries such as India. While global mental health discourse has expanded in recent decades, the focus on early emotional difficulties among children, especially in culturally diverse contexts, remains minimal. Emotional disturbances during early and middle childhood, if left undetected, can hinder academic performance, social development, and long-term psychological well-being.

In India, where mental health infrastructure is still evolving and awareness remains limited, the early identification of depressive symptoms in children is critically underexplored. The absence of culturally

sensitive, developmentally appropriate screening tools contributes significantly to this gap. Existing diagnostic instruments, largely developed in Western contexts, often fail to account for cultural nuances in symptom expression, particularly when depressive symptoms manifest more behaviorally than verbally in young children.

This study addresses this unmet need by developing and validating a culturally grounded screening tool tailored to the Indian socio-cultural milieu. The tool targets children aged 6 to 12 years, a formative stage during which emotional challenges frequently emerge but are often misunderstood or dismissed. This research is underpinned by a developmental and ecological understanding of childhood mental health and aspires to equip caregivers, educators, and clinicians with a practical resource for early identification.

2. Literature Review

Over the past several decades, scholars have emphasized the importance of early identification of mental health concerns in childhood (**Kovacs, 1992; Srinath et al., 2005**). Depression in children, while historically underdiagnosed, has received growing attention in recent literature. However, the applicability of diagnostic criteria and tools developed for adults or even adolescents has been questioned in younger age groups due to differences in symptom presentation. Young children may struggle to articulate their emotional states, resulting in the expression of depression through irritability, withdrawal, somatic complaints, or academic regression (**Becker et al., 2023**).

In this context, socio-economic disparities add a critical layer of vulnerability. **Frost et al. (2023)** note that children from economically marginalized communities often face chronic stress, instability, and limited access to supportive mental health services. Such conditions exacerbate emotional distress and contribute to higher rates of undiagnosed depression. **Ghandour et al. (2019)** further argue that the systemic under-treatment of childhood depression is prevalent even in high-income nations, highlighting the urgency of early intervention frameworks in countries like India.

Despite increasing awareness, India continues to lack structured and validated tools that can reliably screen for depression in younger children. Malhotra and Patra (2014), through their meta-analysis, reveal that most available tools either fail to reflect cultural realities or are not developmentally sensitive. The necessity of a psychometrically sound, contextually relevant tool is evident, especially one that bridges the gap between clinical precision and practical applicability in everyday settings like schools and community health centers.

3. Methodology

The present study employed a cross-sectional research design with a psychometric evaluation framework to develop and validate a culturally sensitive screening tool for detecting depressive symptoms in Indian children aged 6 to 12 years. This design was chosen to allow for a snapshot analysis of symptom prevalence and the concurrent validation of the tool within a defined population.

The screening instrument was developed in three systematic phases:

Phase I: Item Generation – A comprehensive review of existing literature, clinical guidelines, and child mental health assessment tools was conducted to generate an initial pool of items. These items reflected age-appropriate behavioral and emotional manifestations of depression, contextualized to Indian cultural and familial norms.

Phase II: Expert Review – Five domain experts in child psychology and psychiatry evaluated the initial draft of the tool. Their feedback guided the refinement of item phrasing, cultural appropriateness, and

content relevance.

Phase III: Pilot Testing – A pilot test was conducted with 20 children to evaluate item clarity and ease of understanding. Final modifications were made before large-scale administration.

The main study sample comprised 150 children (aged 6–12 years) selected using stratified random sampling from urban and semi-urban regions in Uttar Pradesh, India, ensuring representation across socio-economic strata. Inclusion criteria included school enrollment and consent from parents and children. Psychometric evaluations yielded high internal consistency (Cronbach’s $\alpha = 0.87$) and test-retest reliability ($r = 0.82$). Construct validity was supported through factor analysis, which revealed two key dimensions: behavioral and emotional manifestations.

4. Result

The newly developed Childhood Depression Scale was evaluated for its ability to detect depressive symptoms in children aged 6 to 12 years, with a focus on cultural relevance and developmental appropriateness. The results reflect both the reliability of the tool and the emotional well-being of the children assessed.

Table 4.1: Cronbach’s Alpha coefficient for total scale

Manifestations of Depression	Number of Items	Cronbach’s Alpha (α)	Interpretation
Behavioural	35	0.82	Good internal consistency
Emotional	30	0.855	Good internal consistency

Table 4.1 shows that the scale demonstrated strong internal consistency in both of its primary dimensions behavioral and emotional. The behavioral section, which included 35 items addressing visible signs like irritability, withdrawal from play, and lack of interest in school, achieved a Cronbach’s alpha of 0.82. The emotional section, made up of 30 items focused on internal experiences such as sadness, crying, and hopelessness, showed a slightly higher reliability of 0.855. These values exceed the commonly accepted threshold of 0.70, indicating that the scale items are highly consistent and effectively capture the unique ways depression may manifest in Indian children. This affirms that the tool is both psychometrically sound and culturally appropriate for early screening.

Table 4.2: Distribution of Children by Level of Depression Based on Total Scores (N = 150)

Score Range	Interpretation	Number of Children (f)	Percentage (%)
273–325	High	5	3.3%
221–272	Good	10	6.7%
169–220	Average	20	13.0%
117–168	Low	25	16.7%
65–116	Negligible	90	60.0%
Total		150	100%

Table 4.2 presents insight into how the children in the study scored on the depression scale. Out of 150 children, a reassuring 60% ($n = 90$) showed negligible signs of depression, suggesting that most children

in the sample were emotionally well. However, the remaining 40% displayed symptoms to varying degrees 16.7% had low levels of depression, 13% were in the average range, 6.7% fell into the good (moderate) category, and 3.3% scored in the high depression range. These findings are especially important because they reveal that a substantial portion of children are experiencing emotional distress that might otherwise go unnoticed. The ability of the scale to differentiate across severity levels highlights its value as an early detection tool that can guide timely support and intervention, something that is urgently needed in the Indian context, where such culturally tailored resources are limited.

5. Discussion

The findings of this study reaffirm the growing concern that childhood depression, though often overlooked, is present even among young children in India. The development and validation of the Childhood Depression Scale, designed specifically to reflect the cultural and emotional realities of Indian children aged 6 to 12, marks an important step toward closing the gap in early mental health identification. The scale demonstrated strong internal consistency and reliability, indicating that it consistently measures key aspects of childhood depression, including both emotional symptoms like sadness and hopelessness, and behavioral signs such as irritability and withdrawal from play or learning.

One of the most important outcomes of this research is the ability of the tool to distinguish between different levels of depressive symptoms. While the majority of children scored in the negligible range, a significant proportion, 40%, showed early or moderate signs of emotional distress. These children may not yet meet clinical criteria for depression, but their experiences are real and, if left unaddressed, could develop into more serious issues over time. This underscores the value of early detection tools that don't just identify severe cases, but can also flag children who are quietly struggling.

Another key strength of the tool lies in its cultural relevance. Unlike many Western-developed screening instruments, this scale incorporates behaviors and expressions of distress that are familiar in Indian settings. For instance, the tool recognizes that many young children may not verbalize sadness, but may show it through a lack of interest in school, increased irritability, or withdrawal from social interaction. This culturally sensitive design makes the tool not only more accurate but also more practical for use by teachers, parents, and community health workers who interact with children in their everyday environments.

This study highlights the urgent need for school- and community-based mental health screening programs, especially in a country like India, where structured child mental health services are still developing. By equipping educators and caregivers with a reliable, easy-to-use tool, we move a step closer to ensuring that emotional challenges in children are recognized and addressed early before they escalate into more serious conditions.

6. Conclusion

This research set out to address a critical gap in the early identification of childhood depression in India by creating a screening tool that is not only psychometrically strong but also culturally and developmentally appropriate. The findings confirm that the newly developed scale reliably captures both emotional and behavioral signs of depression in children aged 6 to 12, offering a practical and sensitive way to detect early distress in young lives. Importantly, the tool reflects the real-world behaviors and emotions seen in Indian children, something that many existing instruments fail to consider.

What this study ultimately shows are that depression in children is not rare, silent, or invisible it is present

and observable, especially when we know what to look for. While the majority of children in the sample were emotionally well, a significant number showed signs that could benefit from timely attention and support. Early detection can make all the difference, not just in preventing long-term mental health challenges, but in giving children the emotional support they need to thrive.

By placing this tool in the hands of educators, parents, and community health workers, we hope to spark a shift in how childhood emotional health is understood and addressed in India. The goal is not just to diagnose, but to care, respond, and intervene early before sadness becomes suffering.

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