

Editorial

Culturally adapted tools for specific populations: Advancing the assessment of anxiety and depression in Paraguay.

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The mental health of young people in Paraguay is currently at a critical juncture, with alarming figures that demand immediate action from research, clinical practice, and public policy. A recent study reported that 58.5% of surveyed university students exhibited symptoms compatible with generalized anxiety disorder (GAD-7 ≥ 10), and 60.3% presented significant depressive symptoms (PHQ-2 ≥ 3) ⁽¹⁾. In the same study, 5.2% of students showed severe levels of technostress, a contemporary form of stress related to the prolonged use of digital technologies in virtual academic environments, which was significantly associated with both anxiety and depression.

These figures take on greater relevance when considering that the COVID-19 pandemic not only exacerbated mental health issues among young people but also tested their emotional adaptability. Encouragingly, recent research has shown that the Paraguayan population possesses valuable psychological resources: 42.6% of respondents in a national study reported high levels of hope, resilience, and subjective happiness, indicative of flourishing mental health, even in a post-pandemic context marked by economic uncertainty ⁽²⁾. These findings highlight both the urgency of identifying risk factors and the importance of recognizing and strengthening protective factors.

Within this context, the availability of brief, reliable, and culturally adapted assessment tools in Paraguayan Spanish becomes essential. The study featured in the current volume of *An. Fac. Cienc. Méd. (Asunción)*, which addresses the linguistic and cultural validation of the Overall Anxiety Severity and Impairment Scale (OASIS) and the Overall Depression Severity and Impairment Scale (ODSIS), represents a timely and relevant contribution. These scales, originally developed by Norman et al. ⁽³⁾ and Bentley et al. ⁽⁴⁾, respectively, have demonstrated robust psychometric properties across various countries and settings. They stand out for assessing not only the presence of symptoms but also the associated functional impairment.

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One of the major strengths of this study lies in its strict adherence to methodological guidelines for cross-cultural adaptation, such as those proposed by the International Test Commission (ITC) and other leading experts in the field ^(5,6).

The use of direct translation, back-translation, and review by an expert panel ensured not only linguistic but also semantic and cultural equivalence. Moreover, the inclusion of a cognitive debriefing with medical students is noteworthy, as it guarantees item clarity and contextual relevance ⁽⁷⁾. Psychometric analysis of a sample of 365 Paraguayan university students revealed adequate internal consistency for both the OASIS ($\alpha = 0.863$, $\omega = 0.866$) and the ODSIS ($\alpha = 0.926$, $\omega = 0.927$), as well as a unidimensional factor structure consistent with prior literature ⁽⁸⁾. Additionally, indicators of construct validity and sample adequacy were found to be appropriate, supporting the use of these scales in both educational and clinical contexts in Paraguay.

The value of these tools extends beyond initial diagnosis, offering significant utility in the ongoing monitoring of therapeutic progress. Unlike many other anxiety or depression scales that are limited to single-point evaluations, the OASIS and ODSIS are designed for repeated administration, thereby facilitating more precise and tailored clinical decision-making ⁽⁹⁾. Furthermore, both scales have been integrated into the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders, developed by Barlow and colleagues ⁽¹⁰⁾. This transdiagnostic approach has gained relevance by focusing on common underlying processes across disorders and is increasingly supported by empirical evidence of its efficacy and applicability in real-world settings ⁽¹¹⁾.

At the regional level, the validation of the OASIS and ODSIS in countries such as Spain ⁽¹²⁾, Colombia ⁽¹³⁾, and Argentina ⁽¹⁴⁾ has yielded consistent results, reinforcing the robustness of these instruments and their potential for application in Spanish-speaking contexts, provided that appropriate cultural adaptations are made. As the authors themselves acknowledge, the study presents certain limitations, such as the inability to distinguish how many participants had clinical diagnoses and the exclusive focus on university students. Nevertheless, the methodological rigor of the study provides a solid foundation for future research involving more diverse populations.

From an ethical standpoint, the study adhered to the principles established in the Code of Professional Ethics for Psychology in Paraguay ⁽¹⁵⁾, and informed consent was obtained from all participants.

In conclusion, this study represents a significant step forward in the development of psychological assessment in Paraguay. The adaptation and validation of psychometric instruments are not an end in themselves, but rather a strategic tool for building mental health systems that are more equitable, accessible, and culturally attuned. Initiatives such as this promote more effective interventions, strengthen local knowledge production, and directly benefit the population.

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