

Functional Divergence and Indicators of Adolescent Psychopathology: Evidence of Situational Specificity in a Pakistani Multi-Informant Cohort

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Abstract

Background: Accurate assessment of adolescent psychopathology is often hindered by "informant discrepancy." While Western literature identifies these discrepancies as indicators of situational specificity, there is a critical lack of evidence from South Asian populations specifically Pakistan where cultural norms regarding emotional disclosure and adult-child hierarchies may uniquely moderate inter-rater agreement. This study quantified the level of absolute agreement and rank-order consistency among Pakistani adolescents, parents, and teachers regarding social, emotional, and behavioral risks using the BASC-3 BESS framework.

Method: This study utilized a cross-sectional, multi-informant design in Islamabad and Rawalpindi (N=279), Pakistan, recruiting 169 adolescent self-reports with matched behavioral evaluations from 41 parents and 69 teachers. Inter-rater reliability was assessed using Spearman's Rho (ρ) for consistency and Intra class Correlation Coefficients (ICC; two-way random effects, absolute agreement) to evaluate consensus on symptom severity.

Results: This study's analyses revealed a systemic lack of consensus across all dyads within the Pakistani sample. Spearman correlations were weak to moderate, with the highest consistency found between parent-teacher reports of internalizing risk ($\rho = 0.40$, $p < 0.01$). Critically, ICCs demonstrated "poor" absolute agreement across the triad (Adolescent-Teacher-Parent) for the global Behavioral and Emotional Risk Index (ICC = 0.055, $p < 0.001$).

Conclusions: These findings suggest that adolescent psychopathology in Pakistan is highly context-dependent, manifesting differently in home versus school environments. The exceptionally low absolute agreement (ICC < 0.10) issues a rigorous scientific caution against "sole-informant" diagnostic models in South Asian clinical practice. These results highlight the necessity of prioritizing adolescent self-reports to capture internalizing risks that frequently remain invisible to adult observers.

Keywords: Informant Discrepancy, Indicators of Adolescent Psychopathology, Situational Specificity, BASC-3 BESS, Pakistan, Multi-informant Assessment, Cross-cultural Psychology, Behavioral Risk Screening.

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Background

Adolescence represents a critical neurodevelopmental window characterized by profound physical, cognitive, and socio-emotional transformations (Casey et al., 2010). During this period, individuals are particularly susceptible to the emergence of emotional and behavioral problems (EBPs), which now constitute a major global public health challenge (Robinson et al., 2011; WHO, 2024). Failure to adapt to these transitions often precipitates long-term psychosocial impairment, academic underachievement, and chronic mental health disorders (Sánchez-García et al., 2018). Given that adolescent functioning is highly context-dependent manifesting differently across domestic and educational ecosystems the "gold standard" for clinical assessment necessitates a multi-informant approach (De Los Reyes & Ekins, 2023).

Central to this diagnostic framework is the integration of perspectives from parents, teachers, and adolescents themselves. While adult informants provide essential observations of overt behaviors in controlled environments (Borba & Marin, 2018), adolescent self-reports are indispensable for capturing internalizing symptoms, such as anxiety and somatization, which often remain "invisible" to external observers (Adhikari et al., 2024). Research consistently indicates that relying on a single informant is inconclusive; yet, decades of psychopathology research have identified a systemic "informant gap," where cross-informant agreement remains low to moderate (De Los Reyes et al., 2015).

This lack of consensus is increasingly viewed not as measurement error, but as Situational Specificity the phenomenon where behavioral expressions shift in response to different social contingencies (Achenbach, 2015). Meta-analytic evidence across 25 societies suggests that adolescents generally report higher levels of distress than their parents or teachers (Rescorla et al., 2013). Discrepancies are particularly pronounced in internalizing domains, whereas agreement tends to be higher for observable externalizing behaviors, such as aggression or conduct issues, which are more disruptive to the school or home environment (Huang, 2017).

However, the vast majority of informant agreement research has been conducted in Western, Educated, Industrialized, Rich, and Democratic (WEIRD) societies. Preliminary evidence suggests that cultural nuances significantly moderate these discrepancies. For instance, while Western studies report low agreement, research in Taiwan and China has shown moderate-to-high consensus, potentially reflecting different cultural orientations toward family cohesion and emotional disclosure (Wang et al., 2014; Chen et al., 2017). Despite these insights, there is a profound scarcity of data from South Asian contexts, particularly from low-middle-income countries (LMICs) like Pakistan. In such contexts, distinct adult-child hierarchies and social desirability biases may uniquely shape how symptoms are reported or suppressed.

A previous meta-analysis comprised research from 25 different societies that examined adolescents' self-reported EBPs using the Youth Self-Report (YSR). Adolescents were shown to report higher issues in comparison to their parents in every problem domain (Rescorla et al., 2013). This finding was also validated by a

recent meta-study based on EBPs' raw scores (Huang, 2017). Adding onto that, using the Strengths and Difficulties Questionnaire (SDQ), a recent study from Japan discovered that adolescent reports scored higher than equivalent parent reports in terms of total difficulty ratings as well as scores on all SDQ subscales (Kawabe et al., 2021). Similar outcomes were found in another recent Dutch investigation (Vugteveen et al., 2022). According to a Taiwanese study, teenagers also reported greater symptom levels than their parents (Chen et al., 2017).

Adolescents may tend to report more internalizing issues, like anxiety and somatization, as compared to their parents (Borba & Marin, 2018; Curhan et al., 2020). Parental reports of internalizing problems are lower, which may indicate that parents overlook the emotional distress of adolescents (Kim et al., 2020). Various studies and meta-analyses in regards to parent-adolescent agreement on EBPs in numerous nations have found that there is little to moderate agreement (Huang, 2017; De Los Reyes et al., 2016; Rescorla et al., 2013; De Los Reyes, 2015; Seleem et al., 2023). On the other hand, parent-adolescent agreement in Western nations has long been the subject of a great deal of research, while it has not gotten as much attention in low-middle-income nations along with ethnic minority groups. Due to this, we are unsure if the same pattern holds true for all cultures. For example, a recent study by Sinclair and colleagues that looked at parent-adolescent agreement on EBPs in both indigenous and non-indigenous dyads uncovered low to moderate agreement in the non-indigenous group, indicating potential cultural differences, whereas high agreement was observed in the indigenous group (Sinclair et al., 2019).

In comparison with the majority of Western studies, Asian studies have indicated moderate to high levels of parent-adolescent agreement on EBPs. Current research from Taiwan (Chen et al., 2017) found moderate agreement, while a study from China (Wang et al., 2014) found high agreement. A research investigation conducted in Sri Lanka, a South Asian nation, revealed that parents and teenagers had a modest level of agreement (Prior et al., 2005). In order to expand on potential cultural variations in cross-informant correlations in Asian nations, further research has to be done from less-examined Asian nations like Pakistan.

Assessing the mean EBPs of teacher and teen reports has not been extensively studied. According to research, adolescents report more problems overall as compared to teachers (like parents) (Huang, 2017; Borba & Marin, 2018; Kytälä et al., 2021; Lambert & Lyubansky, 1999). Currently, research indicates that teachers report a significantly lower number of internalizing problems than adolescents (Huang, 2017; Borba & Marin, 2018; Melo et al., 2017; Magai et al., 2018). However, they appear to report a higher number of externalizing problems, which may be related to the fact that externalizing problems frequently disturb the school environment and are therefore easier for teachers to recognize (Huang, 2017; Melo et al., 2017).

Adding onto that, insufficient research has been conducted on teacher-adolescent agreement on EBPs, i.e., for the same child (Huang, 2017). Adolescents and teachers had low to moderate agreement on EBPs in the majority of

studies (Huang, 2017; Kytälä et al., 2021; Grigorenko et al., 2010). In light of this, studies on cross-informant agreement have demonstrated that teachers and adolescents have less agreement on EBPs in contrast to parents and teenagers (Borba & Marin, 2018; van der Ende et al., 2012). Furthermore, the teacher-adolescent agreement was higher for Externalizing Problems as opposed to Internalizing Problems and Total Problems (van der Ende et al., 2012).

Self-reports and parental reports have been found to correlate between 0.27 and 0.56, indicating that adolescents often report higher levels of social anxiety and problem behaviors than their parents (Verhulst & Ende, 1992). There is a propensity for parents to understate their children's social problems, since they typically report less challenges and more positive behaviors (Schmitt, 2023). According to Kuitunen-Paul et al. (2021), parents frequently underreport problems like violence and dissocial behavior, showing especially noticeable discrepancies for externalizing tendencies. Conduct issues are more noticeable, for instance, but may go unreported because of social desirability (Imbach et al., 2013) or because parents may not be informed of specific behaviors, such as antisocial or illegal adolescent behavior (Cantwell et al., 1997). In certain situations, such as when the parent-child bond is strong and marked by increased time spent together and open communication, parents may also report internalizing issues (Treutler & Epkins, 2003).

Adding onto that, the overall agreement between adolescents and teachers was also low, and teachers frequently lacked understanding of the social difficulties that students faced (Borba & Marin, 2018). To conclude, agreement is generally lower for internalizing issues such as anxiety and depression that are more subjective in nature and less noticeable, and higher for externalizing behaviors like aggression and hyperactivity that are readily observable (Liu et al., 2001; Ung et al., 2016).

The present study evaluates the consensus between parent, teacher, and adolescent reports within a Pakistani cohort. Utilizing the BASC-3 Behavioral and Emotional Screening System (BESS) to address this gap in the global mental health literature. This study aim to quantify both rank-order consistency and absolute agreement across these three critical informants. This study seeks to refine the precision of diagnostic screenings in South Asia by investigating these discrepancies, ensuring that interventions are tailored to the divergent realities of an adolescent's life across home and school settings

Method

Research Design and Objectives

This investigation utilized a cross-sectional, multi-informant agreement design to quantify the magnitude of consensus across the developmental ecosystems of Pakistani adolescents. The primary objective was to evaluate the degree of absolute agreement and rank-order consistency among adolescents, parents, and teachers regarding global behavioral and emotional risks. Central to this inquiry was a comparative analysis of inter-rater divergence across specific Internalizing (IRI) and Externalizing (ERI) Risk Indexes. This methodological framework was specifically selected to test the Situational Specificity Hypothesis, which posits that informant discrepancies are not mere products of measurement error, but represent ecologically valid

variations in adolescent functioning across distinct environmental contexts specifically the home and school environments. This design facilitates a comprehensive mapping of the adolescent's behavioral landscape by integrating matched triadic perspectives,, addressing a significant data gap in the South Asian mental health literature.

Participants

The study cohort comprised a multi-informant sample (N = 279) recruited from secondary educational institutions in Islamabad and Rawalpindi, Pakistan. The primary sample consisted of 169 adolescents, who were eligible for inclusion provided they were aged 13 to 18 years and possessed the cognitive and linguistic proficiency to complete the BASC-3 BESS self-report independently. To ensure a representative community-based analysis, participants were drawn from the general school population; recruitment was not contingent upon clinical status, and while adolescents with neurodevelopmental conditions (e.g., ADHD or ASD) were not excluded, formal diagnostic histories were not recorded, consistent with a non-clinical screening framework. The adolescent sample was supplemented by matched behavioral reports from 41 parents and 69 teachers. To qualify as a proxy reporter, adult informants were required to have regular, direct, and sustained contact with the adolescent to ensure a comprehensive understanding of their behavioral and emotional functioning. For each adolescent, one primary parent or legal guardian was enrolled. Teacher informants were selected based on their level of interaction with the student; preference was given to "class teachers" or subject instructors who maintained frequent, daily engagement with the adolescent within the academic environment. Due to the naturalistic, school-based recruitment strategy and the inherent logistical constraints of adult informant availability, complete parent-teacher-adolescent triads were not attained for the entire cohort. Consequently, inter-rater agreement analyses were strictly conducted on matched informant dyads and triads. The lower response rates among adult informants are acknowledged as a potential source of non-response bias, as participating parents and teachers may systematically differ from non-respondents in their level of engagement or concern regarding the adolescent's functioning.

Measures

Behavior Assessment System for Children, 3rd Edition–Behavioral And Emotional Screening System (BASC-3 BESS).

The BASC-3 Behavioral and Emotional Screening System (BESS) was employed to examine social, emotional and behavioral risk among informants. The BESS is a short, standardized screening tool intended to recognize children and adolescents at risk for emotional and behavioral difficulties and is available in corresponding forms for self, parent and teacher report.

Adolescent Self-Report Form. The BASC-3 BESS Self-Report Form for Adolescents was administered in order to evaluate adolescents' perspectives of their own emotional and behavioral functioning. Scoring produces the following risk indexes: Behavioral and Emotional Risk Index (BERI), Internalizing Risk Index (IRI), Self-Regulation Risk Index (SRI) and Personal Adjustment Risk Index (PARI).

Parent Report Form. The BASC-3 BESS Parent Form was used to attain parents' ratings of their child's functioning within the home and family environment. The parent form generates the following indexes: Behavioral and Emotional Risk Index (BERI), Externalizing Risk Index (ERI), Internalizing Risk Index (IRI) and Adaptive Skills Risk Index (ASRI).

Teacher Report Form. Teachers completed the BASC-3 BESS Teacher Form with the aim of evaluating adolescents' functioning inside the classroom and school environment. The teacher form yields the following indexes: Behavioral and Emotional Risk Index (BERI), Externalizing Risk Index (ERI), Internalizing Risk Index (IRI) and Adaptive Skills Risk Index (ASRI).

Ethical Protocols

The study was carried out in consonance to ethical guidelines for research including human participants. Approval was taken from the Institutional Review Board (IRB). Informed consent was obtained from the school principals and written assent was obtained individually from all participants. Confidentiality and privacy of participants were ensured throughout the research. Participation was voluntary and all participants were informed of their right to withdraw from the study at any point in time without facing any sort of penalty.

Procedure

Subsequent to institutional approval and permission from participating schools, adolescents were approached during school hours and informed in regards to the aim of the study. Written informed consent was gained from school principal, adolescents, teachers and parents before participation. Teachers who were familiar with the participating adolescents were asked to complete the teacher-report forms. Adolescents completed the self-report form in a supervised group setting within the school in order to establish standardized administration conditions. Parent and teacher forms were completed independently with the aim of minimizing rater influence and shared method variance. Lastly, all the completed questionnaires were checked for completeness preceding data entry.

Statistical Analysis

All data was entered into the Statistical Package for the Social Sciences (SPSS 25). Scoring procedures were carried out in accordance with the BASC-3 BESS manual guidelines. Raw scores were converted into standardized risk indexes for every informant. Descriptive statistics (means, standard deviations and ranges) were measured for all BESS indexes independently for adolescent, parent and teacher reports. Taking into account the non-normal distribution of multiple indexes, nonparametric analyses were used.

Agreement between informants was evaluated through spearman correlation and Intraclass correlation coefficients (ICCs), in line with best-practice recommendations with regards to multi-informant research. Spearman's rank-order correlation coefficients were calculated for the purpose of examining the strength and direction of associations between informants on conceptually similar indexes. Intraclass correlation coefficients (ICCs) were computed in order to examine absolute agreement between informants. A two-way random-effects model with absolute agreement and single measures (ICC [2,1]) was applied, since raters were considered random representatives

and the main focus was in the degree of absolute consensus between informants. ICCs were estimated for matched rater pairs (parent-teacher, parent-adolescent, and teacher-adolescent) on overlapping indexes. According to recent researches and the guidelines given by Koo and Li (2016), agreement was interpreted as excellent ($> .90$), good (.75-.90), moderate (.50-.75) and poor ($< .50$).

All analyses were performed using pairwise deletion, in a way that only cases with available data from both informants were incorporated in each agreement analysis. Statistical significance was analyzed with a focus on effect size magnitude and confidence intervals, which is consistent with guidelines for agreement studies.

Results

Table 1 presents the descriptive statistics for all the all BASC-3 BESS risk indexes across informants; parent, teacher and adolescent. There was some variation in mean scores among informants, with parents reporting higher Behavioral and Emotional Risk Index (BERI) ($M= 34.76$, $SD= 11.67$) relative to teachers and adolescents. The lowest mean in comparison to others was reported by teachers in the Externalizing Risk Index (ERI) ($M= 4.03$, $SD= 3.26$). Differences and variability were noted throughout all the risk indexes, further endorsing the use of agreement analyses.

Table 2 presents the Spearman correlation, demonstrating the associations among informants; parent, teacher and adolescent. Correlations between the three informants for all the BASC-3 BESS risk indexes ranged from weak to moderate. For the Behavioral and Emotional Risk Index (BERI) there was a statistically significant moderate positive relationship found among the informants Adolescent-Teacher ($\rho= 0.22^*$, $p= 0.041$) as well as Parent-Teacher ($\rho= 0.34^*$, $p= 0.017$). Additionally, between the Parent-Teacher there was also a statistically significant moderate positive relationship found for the Externalizing Risk Index (ERI) ($\rho= 0.30^*$, $p= 0.036$) and Internalizing Risk Index (IRI) ($\rho= 0.40^{**}$, $p= 0.006$).

Table 3 presents the Intraclass correlation coefficients (ICCs), revealing the degree of absolute agreement among informants; parent, teacher and adolescent on BASC-3 BESS risk indexes. A two-way random-effects model with absolute agreement and single measures (ICC [2,1]) was employed. According to recent researches and the guidelines given by Koo and Li (2016), agreement was interpreted as excellent ($> .90$), good (.75-.90), moderate (.50-.75) and poor ($< .50$).

The ICC findings suggest that there were poor to low levels of agreement across all three informants, adolescent, teacher and parent, on their report of social, emotional and behavioral problems with the BASC-3 BESS. Agreement was found to be statistically significantly poor ($ICC= .055^{***}$) among Adolescent-Teacher-Parent for the Behavioral and Emotional Risk Index (BERI).

Agreement between Adolescent-Teacher reports were generally poor amongst all the risk indexes. The degree of agreement for the Behavioral and Emotional Risk Index (BERI) was found to be statistically significantly poor ($ICC= .12^{***}$), demonstrating low conformity despite statistical significance. As for the rest of the indexes, Internalizing Risk Index (IRI), Self-Regulation Risk Index (SRI)-Externalizing Risk Index (ERI), Personal Adjustment Risk Index (PARI)-Adaptive Skills Risk Index (ASRI), the ICC values were non-significant as well as close to zero, indicating little to no

agreement among these adolescent-teacher reports.

In a similar manner, the degree of agreement among Parent-Adolescent reports were poor amongst all the risk indexes. Agreement between Parent-Adolescent for the Behavioral and Emotional Risk Index (BERI) was found to be statistically significantly poor ($ICC = .062^{***}$). The ICC values for the remaining risk indexes, Externalizing Risk Index (ERI)-Self-Regulation Risk Index (SRI), Internalizing Risk Index (IRI), Adaptive Skills Risk Index (ASRI)-Personal Adjustment Risk Index (PARI), were relatively low, negative and non-significant, demonstrating that parents and adolescents gave largely independent perspectives on the social, emotional and behavioral problems of adolescents.

Moreover, the degree of agreement among Parent-Teacher was slightly stronger as compared to others, yet still remained in the low agreement range. Agreement between Parent-Teacher for the Behavioral and Emotional Risk Index (BERI) was found to be statistically significantly poor ($ICC = .14^{***}$) and also statistically significantly poor for the Internalizing Risk Index (IRI) ($ICC = .15^*$). The ICC values for the Externalizing Risk Index (ERI) and Adaptive Skills Risk Index (ASRI) were close to zero and non-significant, demonstrating minimal uniformity among parent and teacher reports in these domains.

Discussion

This study provides a robust psychometric evaluation of informant discrepancies in adolescent psychopathology within a South Asian context. This study findings demonstrate a systemic lack of consensus across adolescent, parent, and teacher reports, with a global Intra-class Correlation Coefficient (ICC) of just 0.055. This "poor" absolute agreement interpreted through the lens of the situational specificity hypothesis suggests that adolescent behavioral and emotional risks are not fixed traits but are highly contingent upon the environmental ecosystem (home vs. school) and the internal versus external nature of the symptoms (De Los Reyes et al., 2013).

A critical finding was that parent-teacher agreement was significantly stronger than any dyad involving the adolescent, particularly for global (BERI) and internalizing (IRI) risks. This pattern aligns with the observability hypothesis, suggesting that adults observing adolescents within structured external environments reach a higher degree of concordance regarding overt behaviors (January et al., 2015). Conversely, the weak correlations involving adolescent self-reports highlight a profound "internalization gap." Adolescents in our Pakistani cohort reported higher mean levels of internalizing distress than their adult counterparts, suggesting that subjective experiences of anxiety and depression often remain "invisible" to observers, perhaps exacerbated by cultural norms in Pakistan where emotional vulnerability may be under-communicated to authority figures.

The findings from Intra class correlation revealed poor levels of agreement among all informants; parent, teacher and adolescent. Although the ICC values were significant, they demonstrated a low degree of concordance. These findings are consistent with prior studies, suggesting a limited convergence across reporters which highlight that every informant drives unique and distinctive informational

content (Lee, 2024; van der Ende et al., 2020). Rather than being interpreted solely as a limitation, the observed low-to-moderate agreement among parent, teacher, and adolescent reports may reflect meaningful differences in perspective across informants. Consistent with the 'satellite view' of multi-informant assessment, no single informant can be considered uniquely accurate; instead, each provides a valid, context-specific perspective on the adolescent's social, emotional, and behavioural functioning. Parents, teachers and adolescents observe behaviour in distinct settings and relational contexts, which may account for discrepancies in reporting. From this perspective, divergence between informants is not merely measurement error but may offer valuable insight into situational variability and the multifaceted nature of adolescent behaviour.

Notably, the degree of agreement among Parent-Teacher was slightly stronger as compared to others, yet still remained in the low agreement thresholds predominantly viewed as representing moderate agreement (Koo & Li, 2016). The variation found with respect to statistically significant correlations and low ICC values are substantive and methodologically relevant. Compared to Spearman correlations which reflect monotonic relationship and rank-ordering, ICCs gather absolute agreement and therefore have enhanced sensitivity to systematic differences across respondents. Hence, the current findings signify that, despite the fact that informants can point out alike patterns, they deviate greatly in severity levels and thresholds, strengthening the relevance of investigating both measures when examining multi-informant inputs (Chen et al., 2017). The study outcomes further correspond with previous multi-informant studies indicating modest agreement across settings and informants, especially for internalizing states and context-dependent situations or behaviors (Gresham et al., 2017).

Agreement was comparatively stronger for broad indices (e.g., BERI) as opposed to more specific domains for instance adaptive skills, self-regulation, or externalizing behavior. This trend corresponds with previous research displaying that global indices aggregate across multiple behaviors and settings, as a result increasing the chance of cross-informant integration (Salbach-Andrae et al., 2009; Van Der Ende & Verhulst, 2005). On the contrary, adaptive as well as self-regulatory skills are greatly situation-based and might appear differently at home, school and within the adolescent's internal experience, leading towards lower agreement.

Methodologically, this study highlights the necessity of using dual psychometric indices. While Spearman correlations revealed moderate rank-order consistency (e.g., parents and teachers agree on *which* children are most at risk), the low ICC values reveal a failure of absolute agreement (they disagree on the *severity* of that risk). This distinction is vital for clinical practice: an adolescent may be ranked as "most symptomatic" by both a teacher and parent, yet only one informant may score them above the clinical threshold for intervention.

Table 1
Descriptive Statistics for BASC-3 BESS Risk Indexes by Informants

Informant	Risk Index	N	M	SD	Minimum	Maximum
Adolescent	BERI	169	29.97	12.21	1	59
	IRI	169	13.62	6.29	0	27
	SRI	169	6.32	2.84	0	14
	PARI	169	18.07	4.18	5	24
Parent	BERI	41	34.76	11.67	11	54
	ERI	41	9.78	4.83	0	17
	IRI	41	10.10	4.30	1	20
	ASRI	41	14.71	4.76	6	24
Teacher	BERI	69	19.00	9.99	4	46
	ERI	69	4.03	3.26	0	16
	IRI	69	5.74	3.76	0	16
	ASRI	69	8.75	3.34	2	15

Note. BERI = Behavioral and Emotional Risk Index; ASRI = Adaptive Skills Risk Index; PARI = Personal Adjustment Risk Index; ERI = Externalizing Risk Index; IRI = Internalizing Risk Index; SRI = Self-Regulation Risk Index; M = Mean; SD = Standard Deviation.

Table 2

Spearman Correlations between Parent, Teacher and Adolescent Reports on BASC-3 BESS Risk Indexes

Informant	Risk Index	ρ	p
Adolescent–Teacher	BERI	0.22*	0.041
	IRI	0.15	0.12
	SRI-ERI	0.09	0.25
	PARI-ASRI	0.025	0.42
Parent–Adolescent	BERI	-0.26	0.063
	ERI-SRI	-0.09	0.30
	IRI	-0.24	0.073
	ASRI-PARI	0.035	0.42
Parent–Teacher	BERI	0.34*	0.017
	ERI	0.30*	0.036
	IRI	0.40**	0.006
	ASRI	0.076	0.32

Note. BERI = Behavioral and Emotional Risk Index; ASRI = Adaptive Skills Risk Index; PARI = Personal Adjustment Risk Index; ERI = Externalizing Risk Index; IRI = Internalizing Risk Index; SRI = Self-Regulation Risk Index; ρ = Spearman's rank-order correlation coefficient; p = significance level; *p<.05; **p<.01; ***p<.001

Table 3

Intraclass Correlation Coefficients (ICCs) for Agreement Between Parent, Teacher and Adolescent Reports on BASC-3 BESS Risk Indexes

Informant	Risk Index	ICC	95% CI	
			Lower Bound	Upper Bound
Adolescent–Teacher–Parent	BERI	.055***	0.033	0.099
Adolescent–Teacher	BERI	.12***	0.086	0.17
	IRI	.047	-0.054	0.18
	SRI-ERI	.059	-0.096	0.24
	PARI-ASRI	.021	-0.062	0.13
Parent–Adolescent	BERI	.062***	0.037	0.11
	ERI-SRI	-.045	-0.30	0.25
	IRI	-.13	-0.32	0.14
	ASRI-PARI	-.060	-0.37	0.27
Parent–Teacher	BERI	.14***	0.089	0.22
	ERI	.078	-0.082	0.28
	IRI	.15*	-0.088	0.40
	ASRI	.030	-0.12	0.23

Note. BERI = Behavioral and Emotional Risk Index; ASRI = Adaptive Skills Risk Index; PARI = Personal Adjustment Risk Index; ERI = Externalizing Risk Index; IRI = Internalizing Risk Index; SRI = Self-Regulation Risk Index; ICC = intraclass correlation coefficient; CI = confidence interval; * $p < .05$; ** $p < .01$; *** $p < .001$

Novel Contribution

This research offers a significant contribution to global mental health by testing the universality of Informant Discrepancy Theory in a non-Western context. While Western studies typically report low-to-moderate agreement, our observed ICC (0.055) is among the lowest reported in recent literature, suggesting that situational specificity may be even more pronounced in South Asian cultures. This study provides the first empirical evidence using the BASC-3 BESS in Pakistan, establishing a baseline for cross-cultural psychometric comparisons and challenging the "one-size-fits-all" diagnostic models imported from the Global North.

Limitations and Future Directions

Several limitations warrant caution. First, the naturalistic, school-based recruitment resulted in a sample size imbalance between adolescents and adult informants, introducing the potential for non-response bias; participating parents may represent a more "engaged" demographic. Second, as a cross-sectional study, we cannot determine how these discrepancies evolve over time or predict long-term clinical outcomes. Future research should employ longitudinal designs to investigate whether high informant divergence in early adolescence predicts later psychiatric morbidity. Furthermore, qualitative inquiries are needed to explore the "informant's logic" specifically how Pakistani cultural values, such as social desirability or familial honor, influence the reporting or suppression of behavioral problems.

Practical Implications

The findings issue a rigorous caution against "sole-informant dependence" in educational and clinical screenings. Relying exclusively on teacher or parent reports likely leads to a high rate of "false-negatives," particularly for internalizing disorders. This study advocates for a triangulated assessment model in Pakistani schools, where the adolescent's self-perspective is weighted equally with adult observations to ensure a context-sensitive understanding of their mental health.

Conclusion

In conclusion, this study confirms that in the assessment of Pakistani adolescents, informants provide complementary rather than interchangeable data. The observed discrepancies reflect the multifaceted nature of adolescent functioning across distinct life domains. By shifting the clinical focus from "seeking consensus" to "integrating divergence," practitioners can better capture the invisible risks of internalizing distress, ultimately leading to more precise and culturally grounded interventions in South Asian mental health systems.

Ethical Consideration

The study was approved by Department of Psychology, Foundation University Islamabad (FUI). Consent Form was taken before taking data and participants were asked to take voluntary participation.

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Availability of data and materials

The data sets used and analyzed during the current study are available from the corresponding author on reasonable request.

Authors' contributions/Author details

Iffat Rohail, were responsible for the study's conceptualization, methodology, and coordination. Faiza Nisar, Meherwish Deep Naz, Hijab Fatima & Rubab Zahra managed the implementation of the protocol and data collection for all participants. The final manuscript has been reviewed and approved by all authors.

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