

A Retrospective Chart Review of Adolescent Mental Health in Urban Primary Care

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Introduction

A retrospective chart review was done to determine the extent of the need for adolescent mental health services by documenting the self-reported mental health status of adolescent patients as recorded in the Adolescent Social History Form (ASH).

Background

Among youth receiving mental health care, many will receive their care through a primary care setting. (Zuckerbrot, et al., 2007)

African Americans are more likely to seek mental health services from a primary care setting versus a mental health specialist (U.S. Department of Health and Human Services, 1999).

Accurate screening is an essential first step in providing appropriate mental health care.

Objectives

1. Determine the extent of need for adolescent mental health services within Philadelphia Health Care Center #4, (HCC#4).
2. Documenting mental health status of adolescents as recorded using the Adolescents Social History Form (ASH)
3. Compare ASH form results where possible to data from a NIH funded study entitled, the Philadelphia Adolescent Lifestyle Study (PALS) currently being conducted at HCC#4

Methodology

Study Site

Philadelphia Health Care Center # 4 annually treats over 1300 adolescents.

Chart Review

- The chart review took place over a 15 week semester, on five days from 9/07 to 11/07.
- Random sample of charts were drawn by HCC#4 administrator.
- The Villanova research assistant reviewed the charts for complete ASH forms.
- The ASH data was entered into an electronic version of the ASH, implemented as an HTML application, which produced an excel spreadsheet for further statistical analysis.
- An automated validation software tool was created in order to test the electronic ASH form and verify its correctness. The tool analyzes any web-based or HTML form, identifying duplicate or missing values and confirming proper form field naming and value ranges, providing a very high degree of confidence in the collected data.



Data Sources

1. Adolescent Social History form (ASH) is a clinical interview prompt tool used by adolescent healthcare providers covering the following domains:

Domain	Content
Family	Living arrangements
School	Favorite subjects; days absent, etc
Friends	Friendship, relationships
Dietary Habits	Weight concerns, etc
Sexuality	Boyfriend/girlfriend; history of STD; etc
Substance Abuse/Habits-substance	Substance use
Violence	Participate and or witness violence, etc
Mental Health	Rating quality of life; Feeling good about self

2. Philadelphia Adolescent Lifestyle study (NIH funded) has conducted 268 interviews between 10/10/07 through 4/10/08. Pals data are collected through structured, confidential, psychosocial interviews covering the following domains:

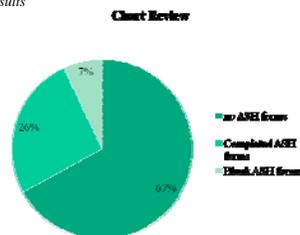
Domain	Measure
Mental Health	Behavior Assessment System for Children Post Traumatic Stress Disorder
Substance Use	Adolescent Alcohol and Drug Involvement Scale
Social Network	Adolescent Social Network Assessment
Environmental Risk	Ecological Interview
Spirituality	Brief Multidimensional Measure of Religiosity/Spirituality

Results

Demographics

- Ages 13-20, Mean 15; 60% Female; 95% African American

Primary Results



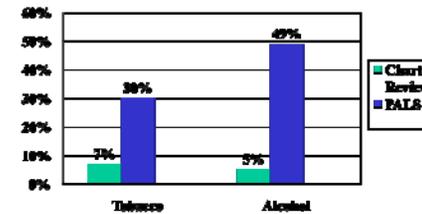
Results

Violence

Question	Yes
Have you witnessed fights or violence?	57%
Do you carry weapons in school?	2%
Have you been involved in physical fights?	50%

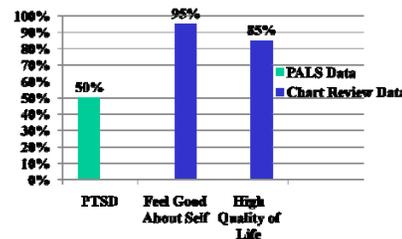
Results

Substance Use (compared to PALS data)



Results

Mental Health (compared to PALS data)



Nationally, 15% of females and 6% of males have PTSD diagnosis

Conclusions

•Relying solely on ASH data to address adolescent mental health concerns is not supported by these findings.

•The data are not consistent with the data collected by the PALS study.

Problems associated with ASH Screening Process

•Inconsistency of the utilization of the ASH form; some adolescents complete this, most do not.

•ASH form was missing in 67% of charts reviewed Only teens with scheduled appointments received the ASH thereby missing many walk-in patients.

Problems Associated with ASH form

•ASH form produces missing data. Results are unclear if the data are missing or if they are true negative responses.

•When the ASH mental health items are compared to the PALS project the contrast produces concerns for the validity and effectiveness of the ASH as a mental health screener.

Recommendations

•We recommend HCC#4 review the procedures of conducting mental health screening.

If the clinic determines the need for consistent and high quality mental health screening we recommend:

- Implementing a comprehensive screening protocol, one which implements consistent, clear, and confidential components
- Use a psychometrically sound- valid and reliable- screening instrument
- Begin an evaluation of the screening procedures, process, and outcomes to make needed adjustments based upon solid evidence.