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Longitudinal analysis of child mental health screening: Does referral make a difference?

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Several policy documents have encouraged screening for mental health in primary care settings. The American Academy of Pediatrics has provided clinicians with tools to accomplish this. In 2004, the Cambridge Health Alliance began screening for mental health using the Pediatric Symptom Checklist (PSC) at the annual visit. Additionally, a clinical social worker was co-located in the practice to support referrals. Over 4000 children have been screened. In previous analyses, the authors identified predictors of positive screens including: being in counseling, parental/person concern about emotional and behavioral health issues, and having public insurance. Over 1000 children screened in the first 18 months of the project returned for subsequent annual visits and had a second PSC. We examined the natural course of scores within this population over time and the impact of referral on screen score at second visit. At visit 1, 4.23% of the population had a positive screen. Of those with positive screens, 54% were negative at time 2. For those with negative screens, 98% remained negative. Approximately 5% of the population was referred to a counselor at visit 1. Of those who were positive and referred, 57% were negative at time two, while for those who were negative and referred at time 1, only 12.8% were positive at time two. This presentation will present further analysis of longitudinal data on PSC screening and the relationship to referral, appointment completion, and parental concern. Such data has implications for policy development related to screening for mental health in pediatrics.