

Assessing the Need for Mental Health Screenings in a Student-Run Free Clinic & a Family Medicine Office

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Background

The US Preventive Services Task Force provides strong evidence that early screening helps identify depression in primary care settings, promote intervention, and facilitate treatment.¹

In a previous evaluation of a Student-Run Free Clinic (SRFC) in Buffalo, NY, patient demographics showed a majority of uninsured and low-income patients. The results of self-reports of mental health disorder compared to an assessment of possible presence of mental disorder suggests that anxiety and depression may be under-diagnosed in this population.²

University of California San Diego's (UCSD) student run clinic showed a 27.9 % prevalence of depression in their SRFC. This high prevalence of depression is a trend consistent with studies in underserved and minority settings.³

The Rowan Community Health Clinic (RCHC) in Lindenwold, NJ is a student-run free clinic who serves patients regardless of patient gender, race, income or insurance status.

This study aims to determine if there is a need to build internal infrastructure at RCHC for depression and anxiety management.

Methods

IRB-approved study began in June 2021. 49 total patients ranging in age from 18 to 65 years old. Data was collected from Rowan Community Health Center and Rowan Family Medicine patients.

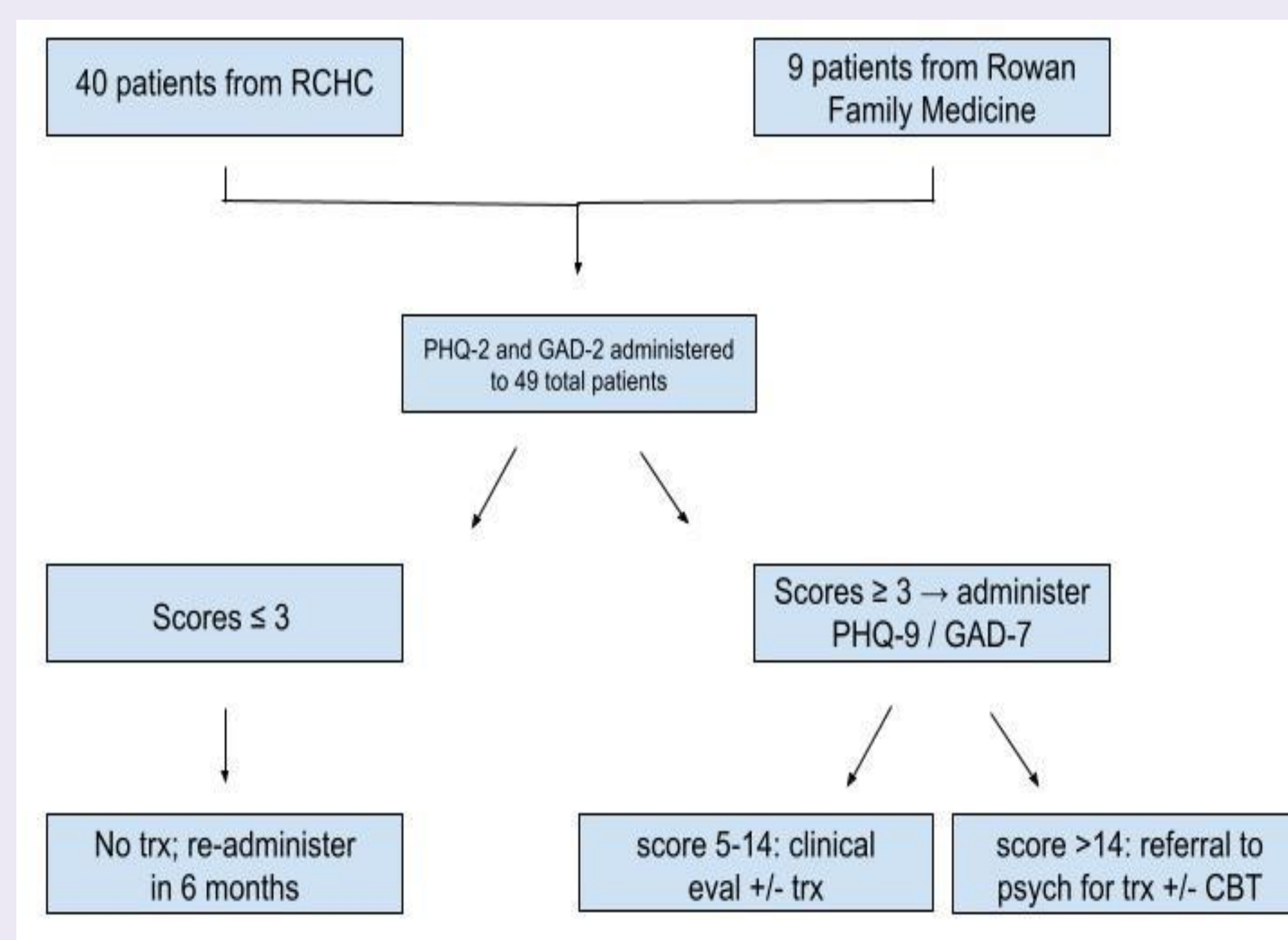


Figure 1: Schematic representation of study methods

Results

No significant difference in prevalence of minimal or mild-to-severe depression or anxiety based on:

- Income above or below the poverty line (p=0.16)
- Insurance status (p=1)
- Status of established care with a primary care physician (p=0.624)
- Gender (p=0.222)
- Primary language spoken (p=0.59)
- Location of care: RCHC vs FM office (p=0.662)

P-value determined using Fisher Exact Test

	Not at all	Several days	More than half the days	Nearly every day
Low Mood				
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety /restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	0	1	2	3
Anxiety				
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Figure 2: PHQ-9 and GAD-7 Questionnaires

PHQ9 Score	Depression Risk	RCHC	FM
0-4	Minimal	30/40	7/9
5-9	Mild	3/40	1/9
10-14	Moderate	3/40	1/9
15-19	Mod-to-Severe	3/40	0/9
20-27	Severe	1/40	0/9

Table 1: Proportion of patients from each location of care based on PHQ-9 score

GAD7 Score	Anxiety Risk	RCHC	FM
0-4	Minimal	30/40	8/9
5-9	Mild	2/40	1/9
10-14	Moderate	7/40	0/9
>15	Severe	1/40	0/9

Table 2: Proportion of patients from each location of care based on GAD-7 score

Conclusion

Due to the limited amount of data available about mental health care at student-run free clinics, we are collecting data in this study to determine if the quality of mental-health care at the RCHC is comparable to insured practices.

At this time, the data is showing a snapshot of our ongoing study. Therefore, we can capture current proportions of patients with specific mental health screening scores, but we cannot draw any significant conclusions at this time. Currently, none of the data is statistically significant due to the small sample size, especially in the Family Medicine office.

In this study, there are limitations regarding sample size. This can be attributed to language barriers, patients' discomfort with discussing mental health, and limited patients due to people being unaware of the services offered at the RCHC.

In the future, data should continue to be collected at both the RCHC and Family Medicine offices utilizing the GAD-2/GAD-7 and PHQ-2/PHQ-9.

References

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