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The Need for Depression and Anxiety Screenings at a Student-Run Clinic

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The Need for Depression and Anxiety Screenings at a Student-Run Clinic



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Background

General anxiety and major depressive disorder are common and treatable mental health disorders.¹

The US Preventive Services Task Force provides strong evidence that early screening helps identify depression in primary care settings, promote intervention and facilitate treatment.²

University of California San Diego's (UCSD) student run clinic has implemented a depression management program through the use of PHQ-2 and PHQ-9 universal depression screening tools. 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, similar to other student run clinics like UCSD, for depression and anxiety management.

Methods

IRB-approved study started in June 2021. 25 total patients (17 F, 8 M) ranging from 18-65 years old. Data stored in Qualtrics and analyzed in SPSS.

Not at all Several More than half Nearly



Over the *last 2 weeks*, how often have you been bothered by any of the following problems?

		days	the days	ever
Low Mood				
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling/staying asleep, skeeping too much	0	i	2	3
4. Feeling tired or having little energy				
5. Poor appetite or overeating			2	
 Feeling bad about yourself - or that you are a failure or have let yourself or your family down 			2	
7. Trouble concentrating on things, such as reading the newspaper or watching television			2	
 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 				
9. Thoughts that you would be better off dead, or of hurting yourself in some way.				
Anxiety				-
1. Feeling nervous, anxious or on edge			2	
2. Not being able to stop or control worrying			2	
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	ź	5

Results

PHQ9 Score	Depression Risk	Prevalence	
0-4	Minimal	19/24	
5-9	Mild	2/24	
10-14	Moderate	1/24	
15-19	Mod-to-Severe	1/24	
20-27	Severe	1/24	
GAD7 Score	Anxiety Risk	Prevalence	
0-4	Minimal	19/24	
5-9	Mild	0/24	
10-14	Moderate	5/24	
>15	Severe	0/24	

No significant difference* between prevalence of minimal or mild-tosevere depression or anxiety based on:

- Income above or below poverty line (p = 0.32)
- Insurance status (p = 0.52)
- Age over or under 50 years (p = 0.63)
- Status of established care with a primary care physician (p = 0.18)
- Gender (p = 0.13) all scores >5 on PHQ-9/GAD-7 were Q

*p-value determined using the Fisher's Exact Test

Conclusion

Existing national evidence suggests there is a need to assess and diagnosis mental health disorders to provide treatment¹. Our data suggests the presence of depression and anxiety within our patient population, but do not yet have a sufficient sample size to provide a statistical solidified conclusion.

The PHQ-9 and GAD-7 only measure symptom severity. A psychiatric evaluation is needed to accurately diagnose. Limitations include limited appointments due to COVID-19, language barriers, and medical distrust.

Future steps involve increasing sample size as well as comparing data with insured patients at a Family Medicine office. We strive to provide accessible mental health services within our student run clinic.

References

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