



# Depression and Anxiety Outcomes in Integrated Care at University of Connecticut Health Center



A. Deshpande<sup>1</sup>, L. Velez<sup>1</sup>, S. Khan<sup>1</sup>

<sup>1</sup>University of Connecticut Department of Psychiatry

## INTRODUCTION

In Connecticut, the percentage of the population diagnosed with mental health disorders has increased overall since 2012. Between 2012–2017, the prevalence of depression, anxiety disorder, ADHD, and other mental disorders increased by 19%, 70%, 35%, and 34%, respectively. Notably, our state’s prevalence rates for these mental disorder categories exceeded the prevalence for the nation overall. We have been able to address the access issue and treat depression and anxiety with a short-term acute stabilization model.

## METHODS

### Patient Referral and Treatment:

- Patients with mental health concerns (depression, anxiety, PTSD, or ADHD) were referred by PCPs to a co-located psychiatrist for short-term stabilization, followed by referral back to PCPs for ongoing care.

### Data Collection:

- Data were gathered from 727 patients across 3336 encounters, including age, primary and secondary diagnoses, and PHQ-9 and GAD-7 scores to assess depression and anxiety.

### Data Processing:

- For analysis, only individuals with two or more recorded PHQ-9 (232 patients) and GAD-7 (224 patients) scores were included. The differences between initial and final scores were calculated for both depression and anxiety measures.

## CLINIC STRUCTURE

### Initial PCP Referral

- 1-2 weeks for Initial Psychiatric Evaluation

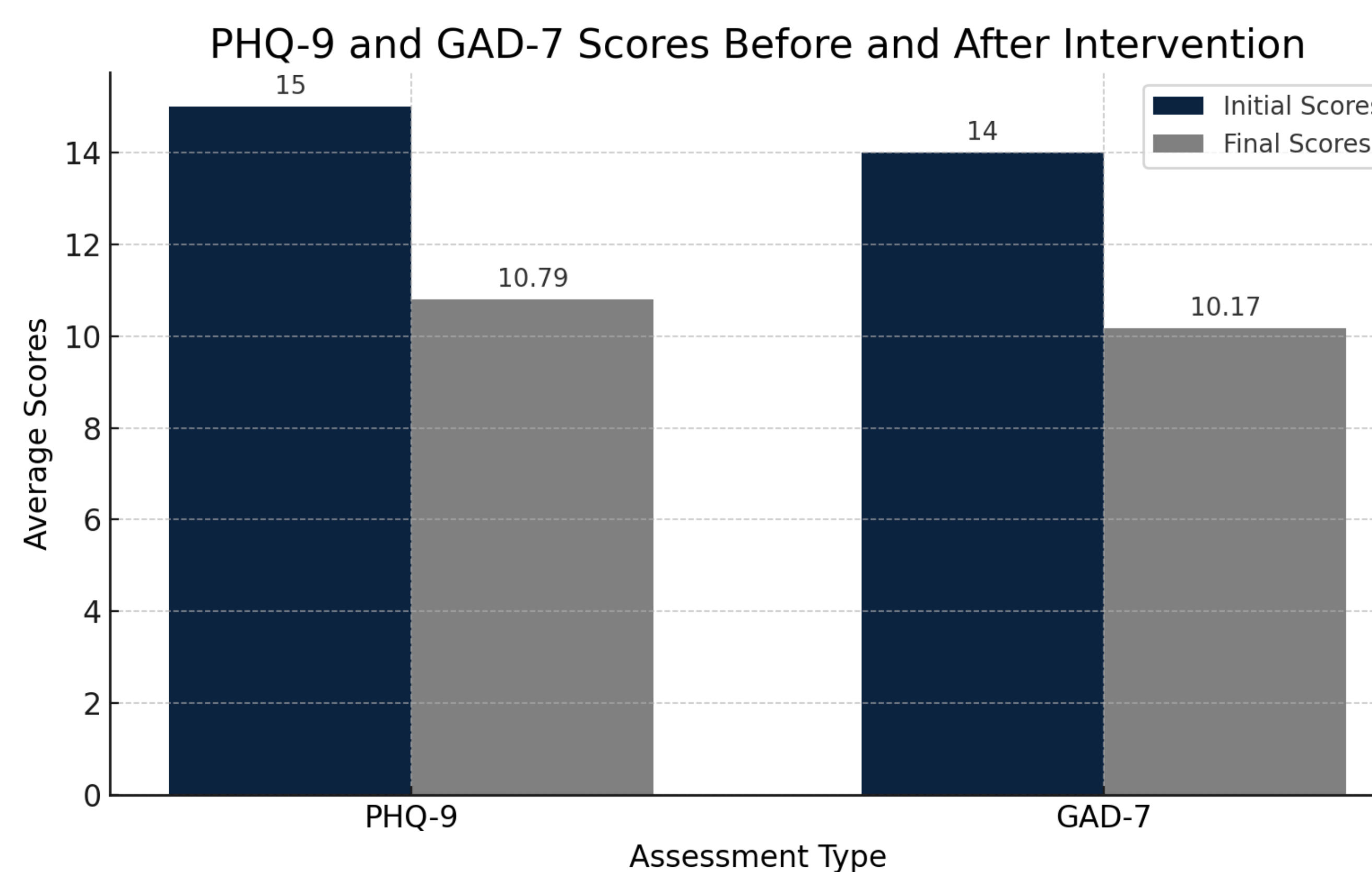
### Patient is seen by Psychiatry Service for up to 6 months

- Varies on the complexity of the treatment course

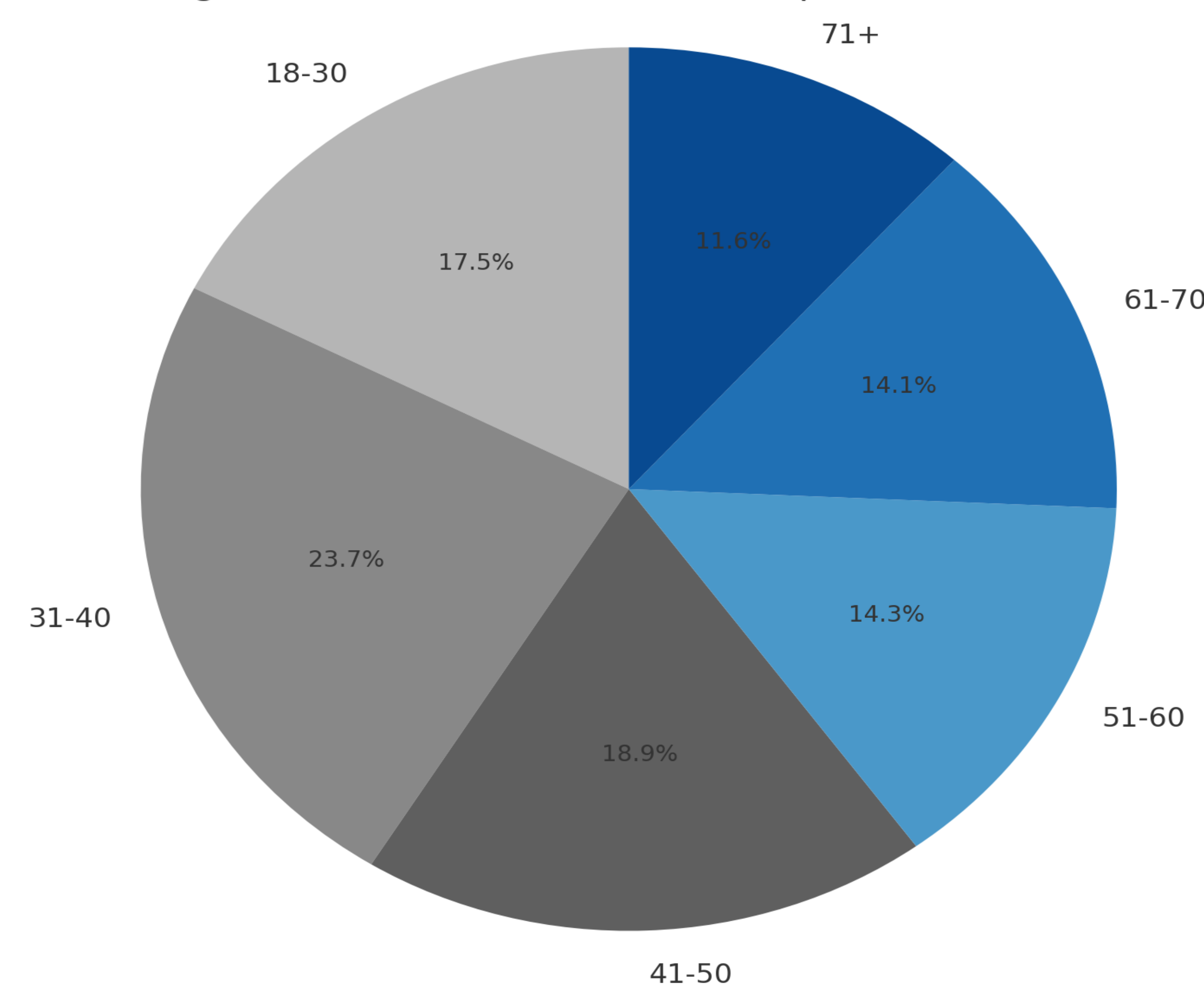
### Patient is referred back to PCP

- Continues care with PCP indefinitely

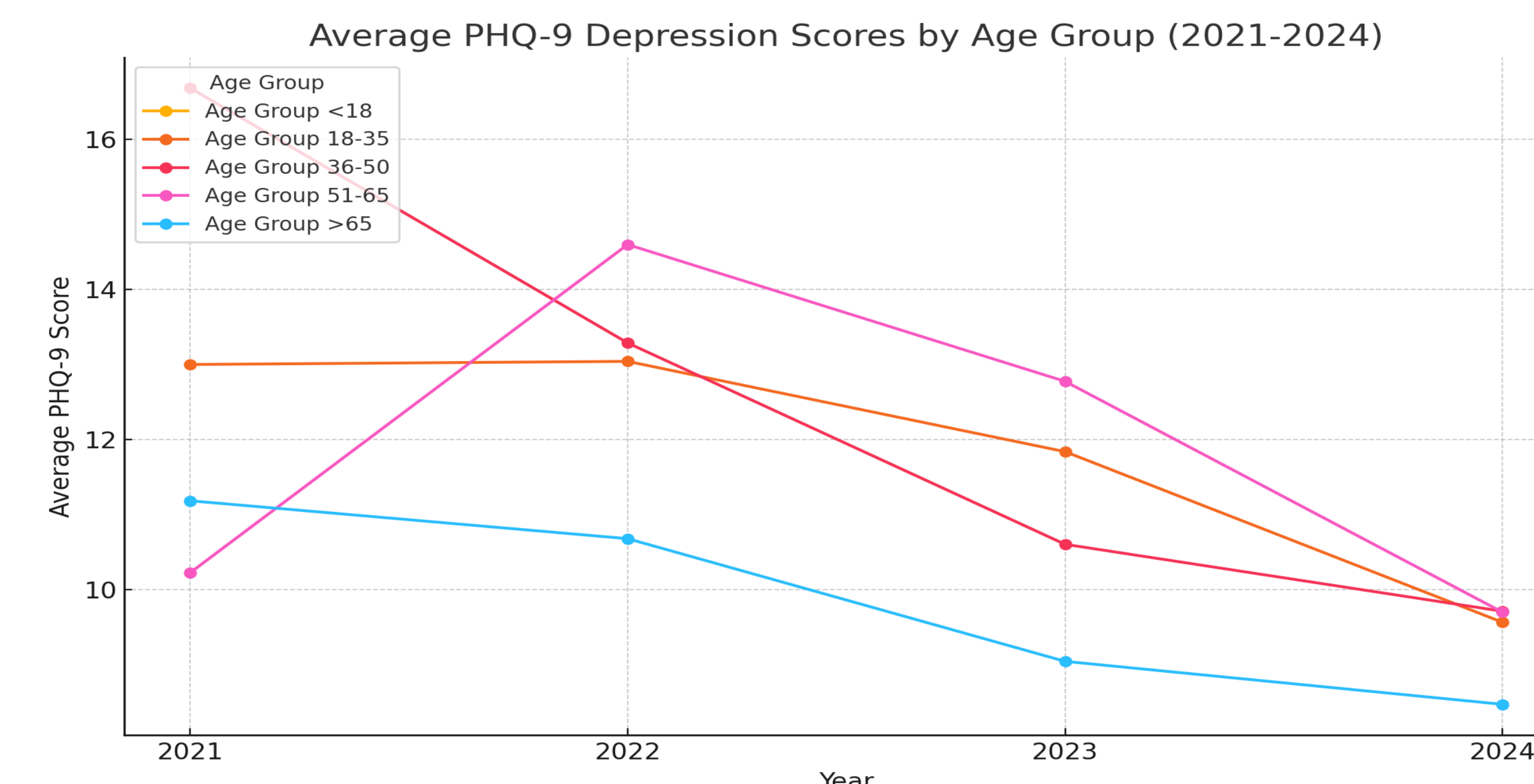
*“Based on significantly improved outcomes for depression and anxiety, the short-term acute stabilization model can be used within co-located care as an effective means to deliver care for depression and anxiety.”*



### Age Distribution of Patients (Unique Individuals)



## RESULTS



The preliminary analysis of the primary outcome shows improvement in PHQ-9 scores, with the mean decrease being 4.21, with the secondary outcome demonstrating improvement in GAD-7 scores of 3.83 from the initial assessment to the final recorded evaluation. Significance was assessed using a paired samples t-test, explaining that for both the PHQ-9 and GAD-7 datasets, there was a statistically significant decrease in scores ( $p < 0.0001$ ). We will continue to analyze all the data.

## IMPLICATIONS

In this study, we have found that individuals being treated with the short-term acute stabilization model within a co-located model of care have significantly improved outcomes for depression and anxiety, which is consistent with available literature for other integrated care models (Archer, 2012). Our model adds short-term acute stabilization with a referral to the PCP as an added layer to address the access need in our state.

## REFERENCES

- Health Resources and Services Administration, Connecticut Health Center Data, 2012–2017. Data analyzed April 1, 2019. Retrieved from <https://bphc.hrsa.gov/uds/datacenter.aspx?state=CT>
- Archer J, Bower P, Gilbody S, Lovell K, Richards D, Gask L, Dickens C, Coventry P. Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD006525. DOI: 10.1002/14651858.CD006525.pub2.