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Background

- Mental health needs are high in the US with less than half of those with a mental illness receiving care in the preceding 12 months¹
- Many medical schools have student-run free clinics.² However, most of these clinics provide primary care services and not specialized mental health care
- The Free Mental Health Clinic (FMHC) is a student-run clinic associated with the University of Iowa Carver College of Medicine
- FMHC was started in 2006 and has run continuously since
- The clinic meets 2 Saturday mornings each month and is a multi-disciplinary clinic. Volunteers include a board-certified staff psychiatrist, resident psychiatrist, medical students, pharmacy students, and social work students
- In addition to general psychiatric care, all new patients are seen by social work and pharmacy for an evaluation and referral or assistance as needed. Additionally, both pharmacy and social work are available for any consultation or assistance needs for return patients

Data & Methods

- A retrospective chart review was undertaken including patients from 2006 through May 2017
 - All 203 patients in the electronic medical record were included (FY 2014-17)
 - A random sample of 100 patients was selected from earlier paper charts (FY 2006-13)
- Data collected included age at first visit, gender, insurance status, employment status, visits per patient, veteran status, tobacco use, level of education and marriage status
- Data on individual visits included type of visit, diagnoses, and medications prescribed
- Descriptive statistics were analysed with SAS

Results

Clinic Function

- 22-25 clinics are held each year
- In the 5 calendar years preceding the study an average of 8.2 patients were seen per clinic (range 3-15)

Volunteers Per Clinic (average of past 5 calendar years)

- Medical student examiners: 5.3
- Medical student/undergraduate shadows: 2.4
- Pharmacy Students: 2.9
- Social Work Students: 2.7

Patient Characteristics

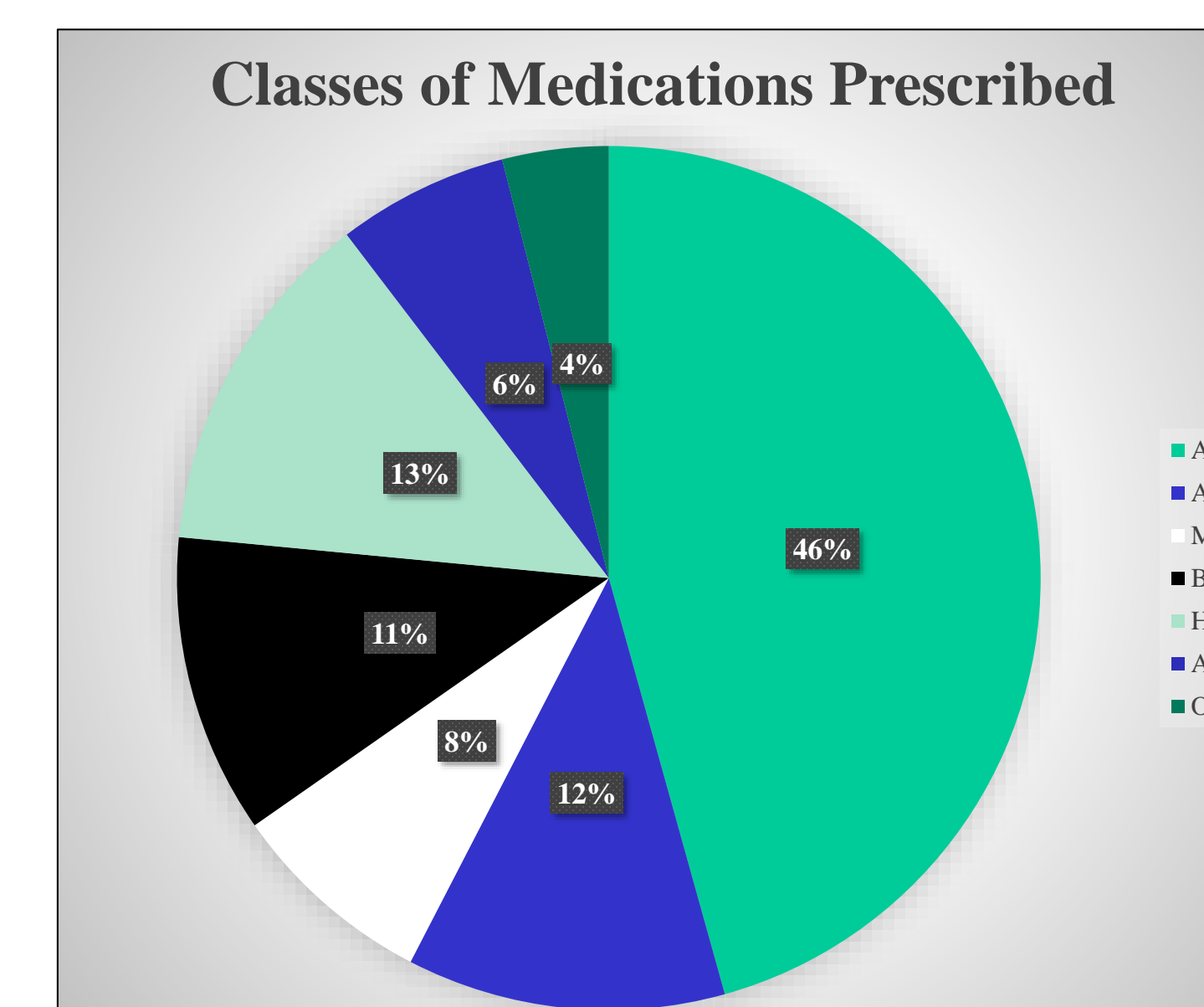
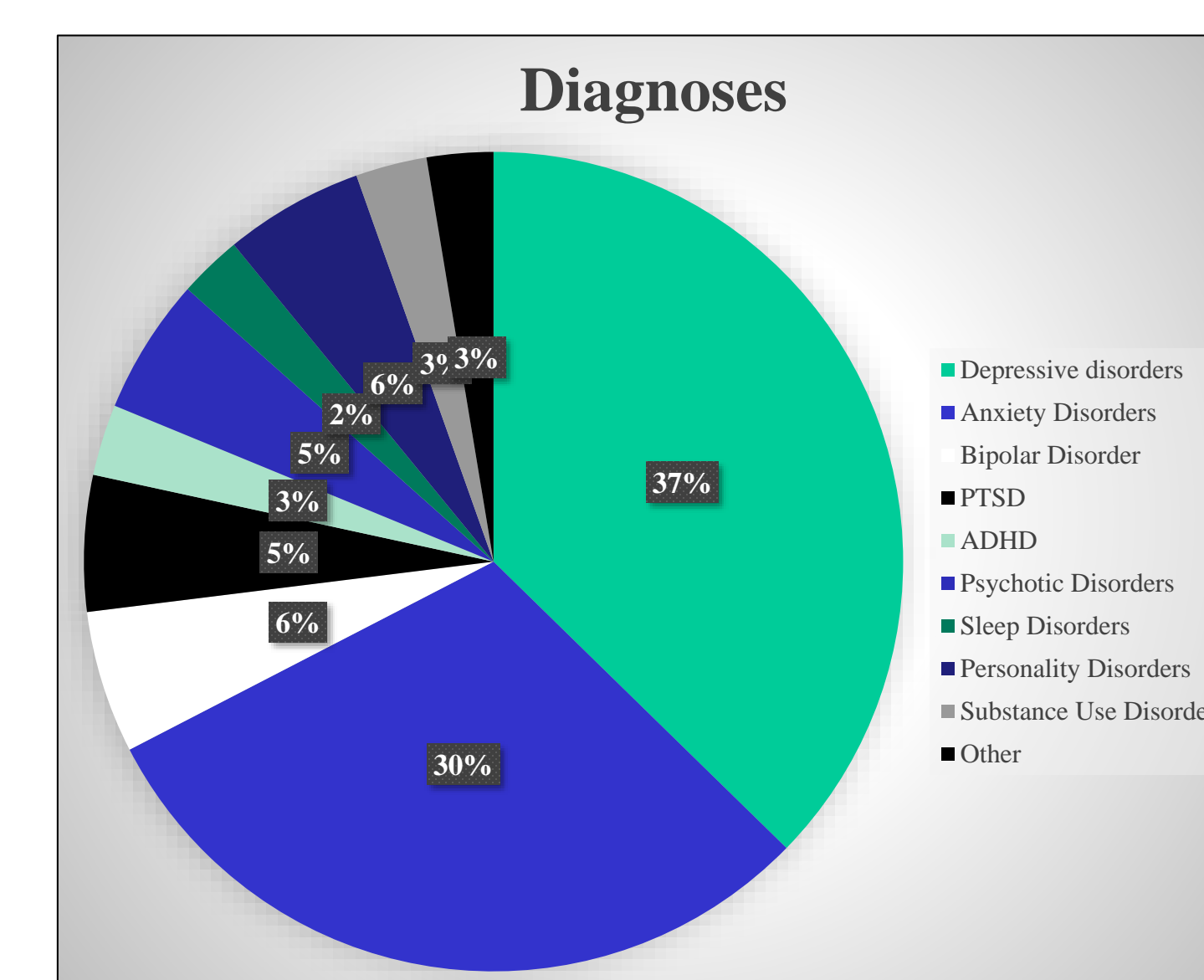
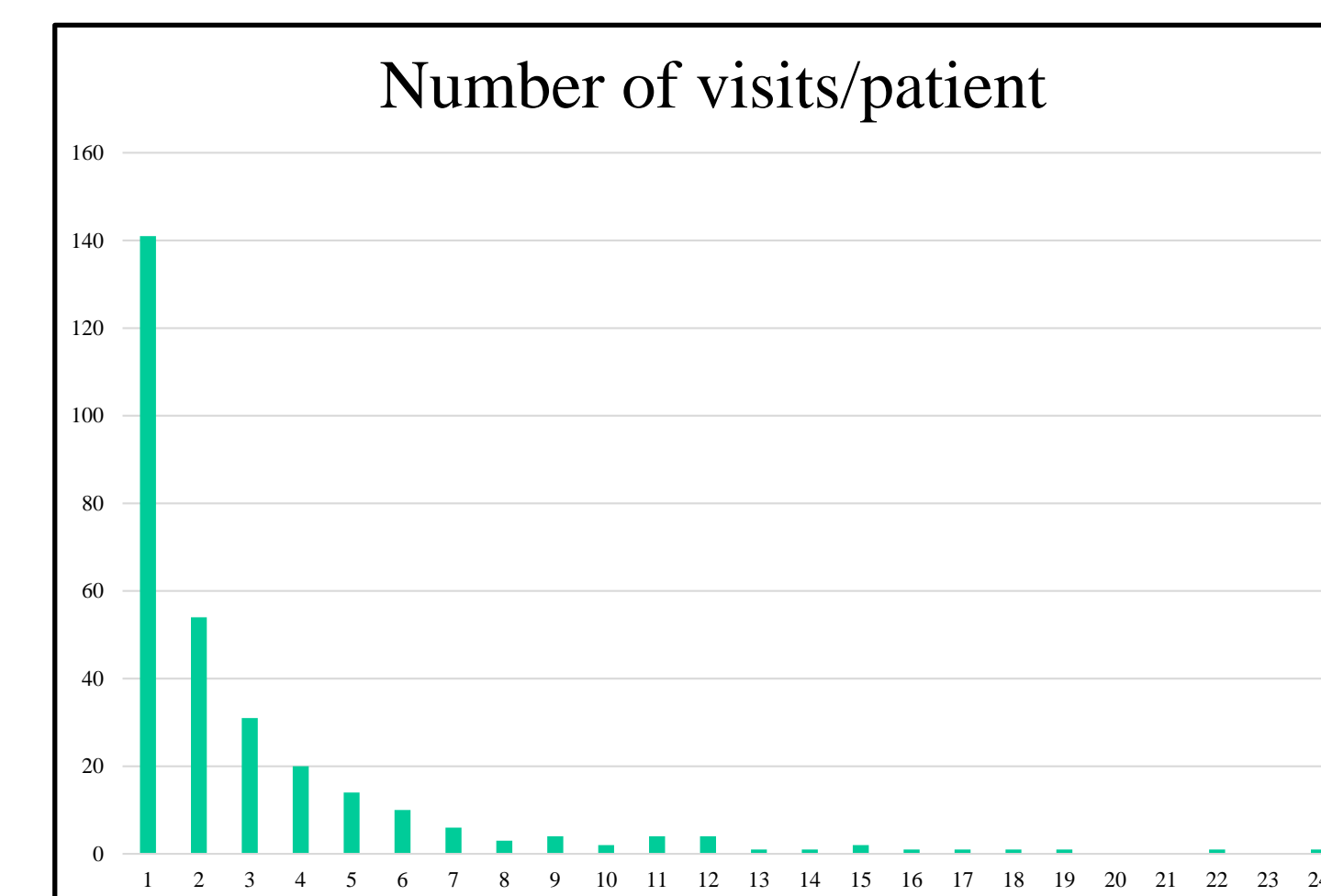
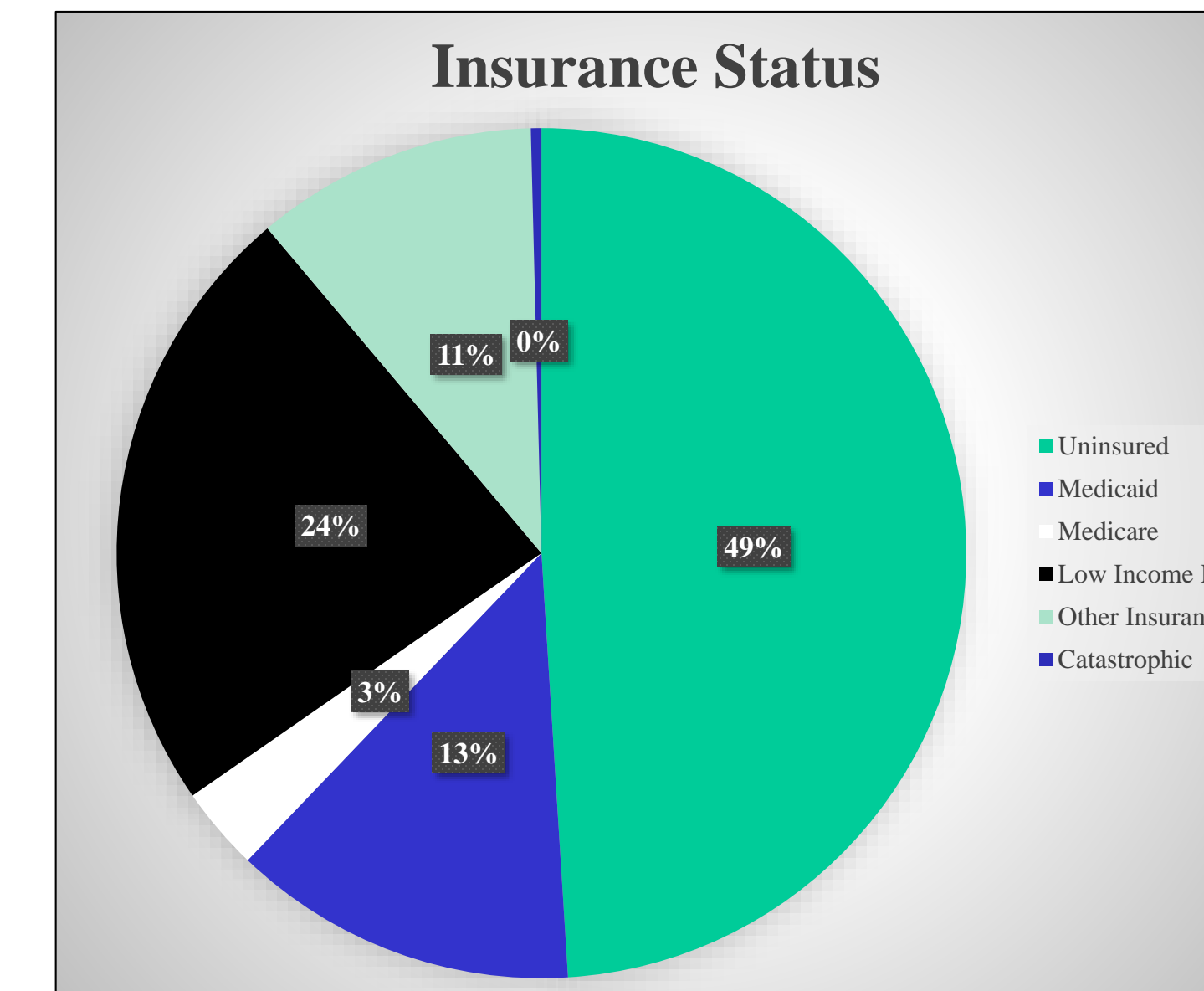
- Data was collected on 303 patients and covered 952 clinic encounters
- 53% of patients were male, 47% were female, 1 patient identified as transgender
- Average age at first visit was 38 years
- 51% of patients were employed and 40% were unemployed
- 49% of patients were uninsured, 23% had a form of low-income insurance other than Medicaid, 13% had Medicaid, 3% had Medicare, and 11% had a form of private insurance (missing data on 52 patients)

Clinic Utilization

- 74.5% of patients had ≤ 3 visits
- The median number of visits per patient was 2 (range 1-37)
- 32% of visits were new patients and 68% of visits were return patients

Diagnoses & Prescriptions

- Depressive disorders and anxiety disorders were most common (37% and 30% of all diagnoses)
- 50% of visits addressed 2 or more diagnoses
- Antidepressants were the most common class of medication prescribed
- Citalopram and fluoxetine together accounted for 48% of antidepressants prescriptions
- 58% of patients were current smokers



Discussion

- In its 11-year history FMHC has shown to be a successful model to provide transitional care to patients in need of mental health care as well as providing care to a number of uninsured patients. Because FMHC partners with the community mental health center (Abbe Center) it is able to operate on a limited budget. While the clinic does not have free medications for patients, the medications most commonly prescribed are cheaper generics (e.g. those on "\$4 lists")
- FMHC has been successful in recruiting and maintaining adequate volunteer numbers and provides a unique environment for students to learn to interact with and care for patients with mental illness in an interdisciplinary setting. A number of FMHC's volunteers go on to non-psychiatric specialties, potentially improving care of such patients in a number of areas.
- FMHC has increased its partnership with the psychiatry residency program. This not only allows the clinic to schedule more patients at clinics when senior residents volunteer, but also gives residents opportunities to educate students and provide care for underserved patients.

Limitations

As a retrospective chart review, data was limited to what was available and as such not all variables were documented in all charts. Older clinic forms did not have dedicated spaces for insurance status and social work students were not routinely involved in every clinic until 3-4 years ago.

Next Steps

- This study provided data on the population of patients who utilize FMHC, further studies and interventions should focus on how we can better serve this population.
- Projects that students have either discussed or started work on include:
 - Improving clinic flow and reducing wait times for patients
 - A pilot project in providing transportation assistance
 - Evaluation of no-shows
 - Evaluation on success of transitioning patients to other care

References

- Park-Lee E, Lipari RN, Hedden SL, Kroutil LA, Proter JD. Receipt of Services for Substance use and Mental Health Issues among Adults: Results from the 2016 National Survey on Drug Use and Health. 2017
- Simpson SA, Long JA. Medical student-run health clinics: important contributors to patient care and medical education. *J Gen Intern Med.* 2007;22(3):352-356.