

# Prevalence of Certain Mental Health Diagnoses at Samaritan Outpatient Psychiatry Clinics

Connie Shen, MD; James Phelps, MD; Olivia Pipitone, MPH

## BACKGROUND

- Psychiatric diagnoses are almost all clinically made. In America, it's based on the fifth edition of the Diagnostic and Statistical Manual (DSM-5), published by the American Psychiatric Association (APA)(1).
- A study by the vice chair of the DSM-5 Task Force suggested varying interrater reliability of diagnoses based on the specific criteria DSM-5 created (2).
- Study investigators were curious whether this might be seen in at Samaritan's outpatient clinic as well

## OBJECTIVES

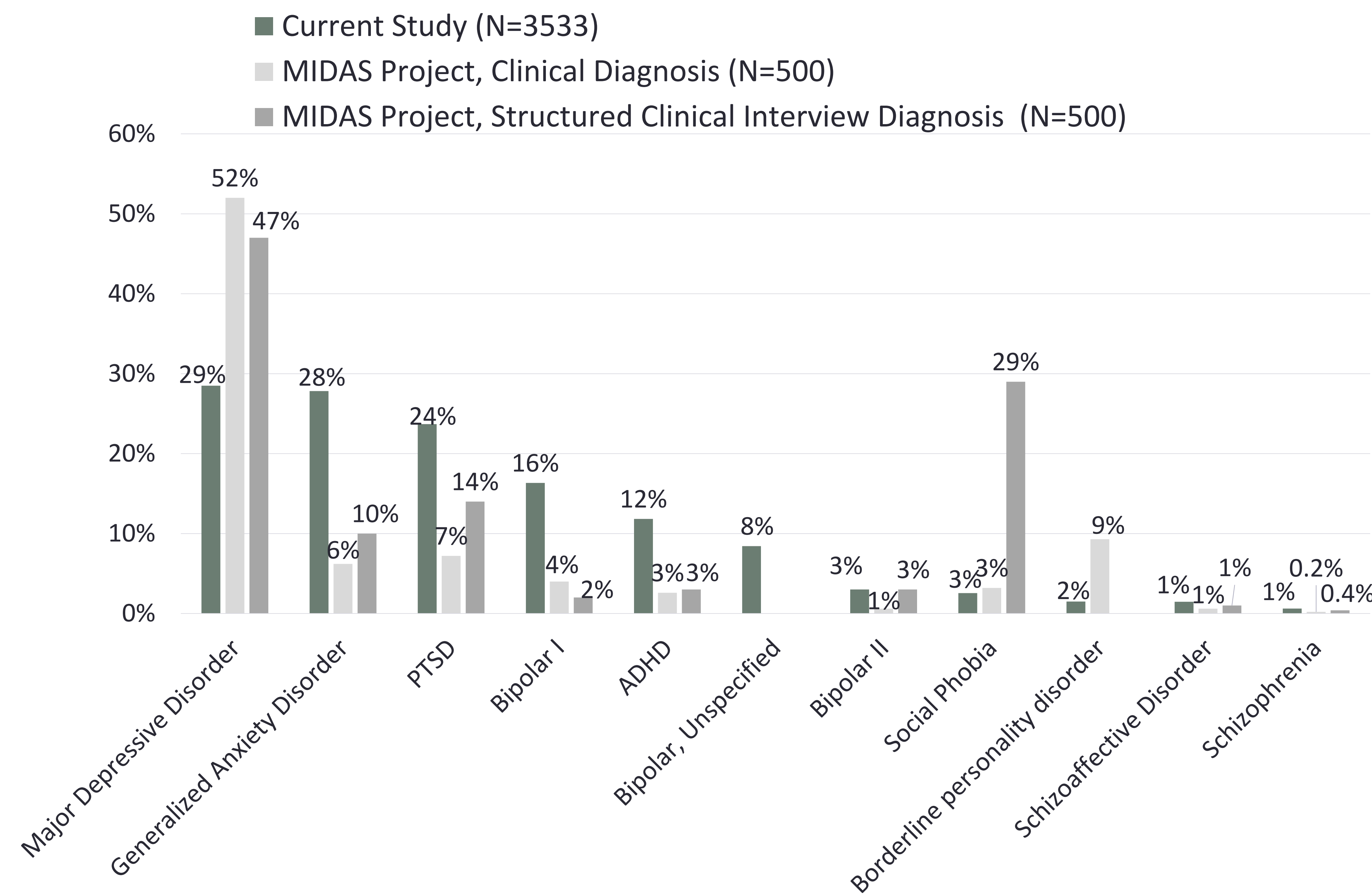
- (1) Identify the prevalence of diagnoses of the patients seen in Samaritan's mental health clinics as a whole
- (2) Further identify the prevalence of diagnoses of patients broken down by provider.

## METHODS

- Data was extracted from electronic medical records on all patients age 18+, seen for an office visit, appointment, or telemedicine visit at a Samaritan Mental Health Clinic between June 2017 and May 2021.
- Providers who had seen less than 50 unique patients were excluded. Providers other than MD and DOs were excluded.
- Data obtained on the clinic-scale was anecdotally compared to data published in the MIDAS project (Figure 1).
- Fisher's Exact tests were used to explore whether prevalence of common mental health diagnoses significantly differed across physicians (Table 1).

## RESULTS

**Figure 1. Prevalence of mental health diagnoses in all patient seen at SHS outpatient mental health clinics between June 2017 and May 2021, compared to MIDAS Project**



**Table 1. Prevalence of mental health diagnoses by physician. Twenty-seven resident and attending physicians were included in the dataset.**

	Median Prevalence	Mean Prevalence	Standard Deviation	Minimum	Maximum	Range (Max-Min)	P-value <sup>1</sup>
<b>MDD</b>	26%	26%	7%	8%	43%	35%	<0.001
<b>GAD</b>	22%	23%	9%	4%	46%	42%	<0.001
<b>PTSD</b>	29%	26%	12%	7%	46%	39%	<0.001
<b>Bipolar I</b>	17%	19%	7%	8%	33%	25%	<0.001
<b>ADHD</b>	9%	10%	6%	2%	29%	27%	<0.001
<b>Bipolar, Unspecified</b>	8%	8%	4%	2%	23%	21%	<0.001
<b>Bipolar II</b>	3%	4%	3%	0%	13%	13%	<0.001
<b>Social Phobia</b>	1%	2%	2%	0%	7%	7%	0.05
<b>Borderline personality disorder</b>	1%	2%	2%	0%	9%	9%	<0.001
<b>Schizoaffective Disorder</b>	1%	2%	1%	0%	6%	6%	0.21
<b>Schizophrenia</b>	0%	1%	1%	0%	3%	3%	0.76

<sup>1</sup>From Fisher's Exact tests, exploring whether prevalence significantly differs across physicians.

## CONCLUSIONS

- The most common diagnoses of the clinics in aggregate were major depressive disorder, generalized anxiety disorder, and PTSD. These diagnoses also had the largest variation diagnosed by provider.
- The prevalence of all mental health diagnoses except Social Phobia, Schizoaffective Disorder, and Schizophrenia significantly differed across physicians.
- Samaritan patients are matched with providers based primarily on next provider availability. Lack of true random assignment may be playing a role in explaining why there is statistically significant difference in the prevalence of conditions across providers
- Different clinic population and test-retest reliability may explain the discrepancy between what the aggregate Samaritan clinic diagnose and what is described in literature

## FUTURE IMPLICATIONS

- The clinic could consider standardizing intakes and diagnosing such as using a structured interview for improved test-retest reliability. The MIDAS project's solution was to use a structured clinical interview.

## REFERENCES & ACKNOWLEDGEMENTS

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4. Huge thank you to Olivia Pipitone, who did all of the statistical work.