a. Identify your clinical practicum setting (primary care office, urgent care, etc.) and a population that you typically see (i.e., adolescents, women, older adults).

b. Discuss mental health screening tools used at your clinical site. If no screening tools are currently used, which ones would you recommend?

c. Describe the quality of the mental health care you have observed. Discuss disparities or biases, if any, in the care provided to different members of the population.

d. Screening opportunities are often missed in vulnerable populations and those with limited access to care. Describe at least TWO changes you recommend in your practice setting and community to increase the frequency of mental health screenings within vulnerable populations.

Currently, I am doing my practicum in a primary care office. We mainly see older adults (male/female), but occasionally, we do see adolescents and children.

When we do come across a patient who fits the criteria for a mental health screen, my preceptor would either use the Patient Health Questionnaire-9 (PHQ-9) for depression or the Generalized Anxiety Disorder-7 (GAD-7) for anxiety. The PHQ-9 is a validated, reliable, and efficient tool for screening depression, taking only a few minutes to complete while covering key DSM-5 diagnostic criteria (the DSM-5 outlines specific criteria for diagnosing an individual with major depressive disorder). It also helps assess the severity of depression and can be used to monitor treatment progress over time (*AIMs Center*, 2023). The GAD-7 is also a reliable tool for screening and measuring the severity of generalized anxiety disorder, with a simple 7-question format that is quick and easy for patients to complete. It effectively identifies anxiety symptoms and helps track changes over time (National HIV Curriculum, 2015).

Most patients I have seen express concerns affecting their mental health that are related to family issues, financial difficulties, or challenges in finding employment. The quality of mental health care observed is generally comprehensive and patient-centered, with my provider striving to implement evidence-based practices. However, disparities do exist, especially in access to care. Patients from lower socioeconomic backgrounds often encounter barriers related to healthcare, which delays their access to timely treatment. Furthermore, biases are apparent in how certain groups, especially minorities, may have their symptoms overlooked or misattributed, creating an environment where they feel hesitant to express their mental health struggles. This ultimately contributes to the risks of underdiagnosis or misdiagnosis. Despite mental health conditions affecting individuals regardless of race or ethnicity, a 2023 KFF report indicates that Black (39%), Hispanic (36%), and Asian (25%) adults are less likely to receive mental health services compared to White adults (52%) due to socioeconomic status, inaccessible healthcare, and cultural stigmas contributing to these disparities. It is important to address these issues to ensure equitable access to mental health support (Hunt, 2024).

To increase the frequency of mental health screenings within vulnerable populations, I recommend incorporating mental health screenings into routine primary care visits in my practice setting. Healthcare providers can more effectively identify and address mental health issues among vulnerable populations since there is already a trust and relationship between them and the patient. Instead of using the GAD-7, we can utilize the GAD-2, which is a shorter version containing only two questions. If a patient answers