

Social Health Evidence

Adults with Behavioral Health Needs

Core and Supplemental Measures

- Depression screening and f/u for adolescents and adults: Percentage of patients 12+ years old who were screened and if positive, received f/u within 30 days.
- Depression remission or response for adolescents or adults: Percentage of patients 12+ years old with a diagnosis of depression and elevated PHQ-9 score who had evidence of response or remission within 4-8 months of the elevated score.

Our Assessment

There is evidence that some social health interventions that combine medical or mental health and material supports and those addressing food security can modestly improve depression scores. It may be reasonable to assume that social health interventions that increase clinic visit attendance, like transportation services, will affect depression screening rates, though studies have not explicitly examined this outcome.

What studies of social health interventions have looked at PHMI priority outcomes?

- PHMI-priority outcomes related to **depression screening** have not been examined in the social health literature. However, social health interventions (e.g., transportation services,¹ multi-need screening and navigation interventions,² medical financial partnerships³) that have been shown to increase clinic visit attendance for other populations may also facilitate other clinic-based activities such as depression screening.
- PHMI-priority outcomes related to **depression remission/response** have been studied. Several of these studies combined either emotional supports or medical interventions with support specific to addressing social needs, so impacts cannot be attributed solely to the social interventions. We refer to these as ‘blended interventions.’ Other studies looked more directly at the effects of food, medical-legal partnerships, and housing interventions on depression outcomes.
- Some social health interventions improved **maternal depression** – those are summarized in the **PHMI social health evidence summary for pregnant people** and not included in this summary.

Findings

- **Medical-legal partnerships** (1 study⁴). One randomized trial examined the impact of providing medical-legal partnership (MLP) services in a primary care clinic serving low-income patients. Enrolled patients were either immediately referred to the MLP (n=80) or put on a waitlist (n=80). Receipt of actual legal services was low (18 among the immediate referral group; 8 among the waitlist group), and depression scores did not differ between groups.
- **Housing support** (1 study⁵). One small pilot randomized receipt of an intervention for housing-insecure, medically complex families. The study compared a) the standard of care that included a resource guide and hospital-based social care/care navigation services vs b) standard of care + priority placement in affordable housing and other social services (case management, financial and legal supports). The authors reported improved parental depression scores at 6-month follow-up (1.37-point decrease in PHQ-2 score in intervention group vs 0.33-point decrease in the control group).
- **Food supports** (1 study). A study with no comparison group measured the time-bound impact of visiting a CHC-based free produce market. The authors found that overall, each prior market visit was associated with a 0.05-point decrease in the subsequent PHQ-9 score. Benefits were greater among those diagnosed with moderate or severe depression (each visit associated with 0.27-point decrease in the subsequent PHQ-9 score).⁶
- **Blended interventions** (12 studies^{7–18}). Several studies among diverse populations indicate that interventions combining psychosocial support (e.g. empowerment, advocacy, motivational interviewing, goal-setting, structured problem-solving) or medical supports (e.g., group medical visits) with social services (e.g., direct support for material needs or social services navigation) can have positive impacts on depression symptom severity. This literature is not easily summarized, both because study content and design vary widely and because findings across studies are not consistently positive or negative. Some studies found no impacts of these interventions on depression outcomes. Other studies compared the effectiveness of tailored vs generic or intensive vs less intensive interventions, and found that depression symptoms improved in both groups.
 - An example of an intervention that had positive effects on depression scores is an integrated intervention for hypertension and depression. The study compared a basic version of the intervention that did not include social needs assessment and prioritization to a version that did include social needs assessment and prioritization. The authors reported that patients randomized to the enhanced version of the intervention had lower PHQ-9 scores at 12 weeks post-intervention (enhanced intervention -2.75 vs. basic intervention 0.40; p=0.024).¹⁰
 - An evaluation of Recipe4Health, a multisectoral social care partnership providing produce prescriptions with or without group medical visits found that patients receiving produce prescriptions alone only improved their depression scores if they did not have an initial depression diagnosis (average 1.7-point improvement in PHQ-9 score), while patients receiving both the produce prescription and

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group medical visits improved depression scores regardless of baseline depression status (average 2.4-point improvement in PHQ-9 score among depressed at baseline; 2.2-point improvement in PHQ-9 score among those not depressed at baseline).⁷

- Another food security-related study located in a food bank combined a diabetes self-management program with medically tailored food provision. The authors reported no changes in depression scores.⁸
- Four studies among IPV victims evaluated the impact of psychosocial interventions that were designed to support patients with any need, which could include social needs.^{15–18} Of these, two RCTs^{16,17} and a cohort study¹⁵ showed improved depression scores for the intervention group at 6 month follow-up, while the fourth found improvement among both the intervention and comparison group (which received a simplified, single-session version of the intervention).¹⁸ However, one of the RCTs that extended follow up to 18 months found that the difference in depression scores between groups was not sustained.¹⁷

Important Evidence Gaps

- We found no systematic reviews examining the impact of social health interventions on depression and/or mental health outcomes.
- Adolescents are not included in existing studies.

Implementation Challenges and Promising Practices

The studies that examine the effects of social health interventions on depression outcomes have generally included interventions provided by research staff rather than clinical staff. The real-world implementation challenges and facilitators are yet to be established.

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