Stella

Mental Health

2024 Impact Report

Patient Reported Outcome (PRO)

Michael Gershenzon

CEO

Stella
Mental Health

At Stella Mental Health, we believe that those suffering from post-traumatic stress injury, anxiety, and depression deserve nothing less than the most advanced, evidence-based care available.

In 2025, our mission remains clear: to save and change more lives by delivering best-in-class outcomes through a modality-agnostic approach. By blending highly effective biological interventions with trauma-informed psychological support, Stella's patients are regaining control of their lives.

Our impact continues to grow. We've treated over 30,000 patients with precision-targeted treatments. Behind each outcome stands a world-class medical team—now more than 70 providers strong—bringing unmatched expertise and compassionate care to every person we serve.

This year, we continue to deepen our commitment to research, innovation, accessibility, and community. Through partnerships with providers and leading institutions, we are advancing the science and understanding of interventional psychiatry while setting new standards for treatment of resistant conditions. On top of publishing four peer-reviewed journals since the publication of Stella's last Impact Report, we will soon share the outcomes of NYU's clinical study highlighting SGB's impact on the brain to help those suffering from post-traumatic stress injury.

While some of our treatments are covered by insurance, we remain committed to ensuring that all research-backed interventions are accessible to those who need them.

Together, we are building the future of mental health care. Thank you for being part of this journey. Let's continue to push boundaries—because lives depend on it.

Interventional Psychiatry: Stella's Medical & Mental Health Team

Dr. Eugene Lipov, MD

Co-Founder & Chief Medical Officer

Dr. Shauna Springer, PhD

Chief Psychology Officer

Dr. Brian Boyle, MD

Chief Psychiatric Officer

Dr. Karen DeCocker, DNP, PMHNP, CNM

Vice President of Clinical Services

Dr. John How, MD

Medical Director, San Diego

Dr. Paul Thielking, MD

Chief Psychiatry Officer, Utah

Dr. Brett Sharp, MD

Medical Director, Layton

Dr. Scott Salomone, MD

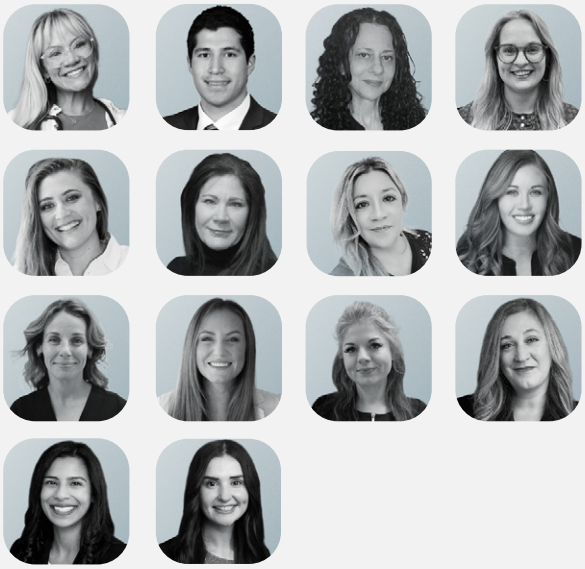
Medical Director, Murray

Dr. Chris Sorensen, MD

Medical Director, Draper

Harvard Medical School · Harvard University · McLean Harvard Medical School Affiliate · University of Miami · Baylor College of Medicine · Loma Linda University Health · UF University of Florida · Rush · Illinois State University · U Health University of Utah · Northwestern University · The Ohio State University

Center of Excellence Team

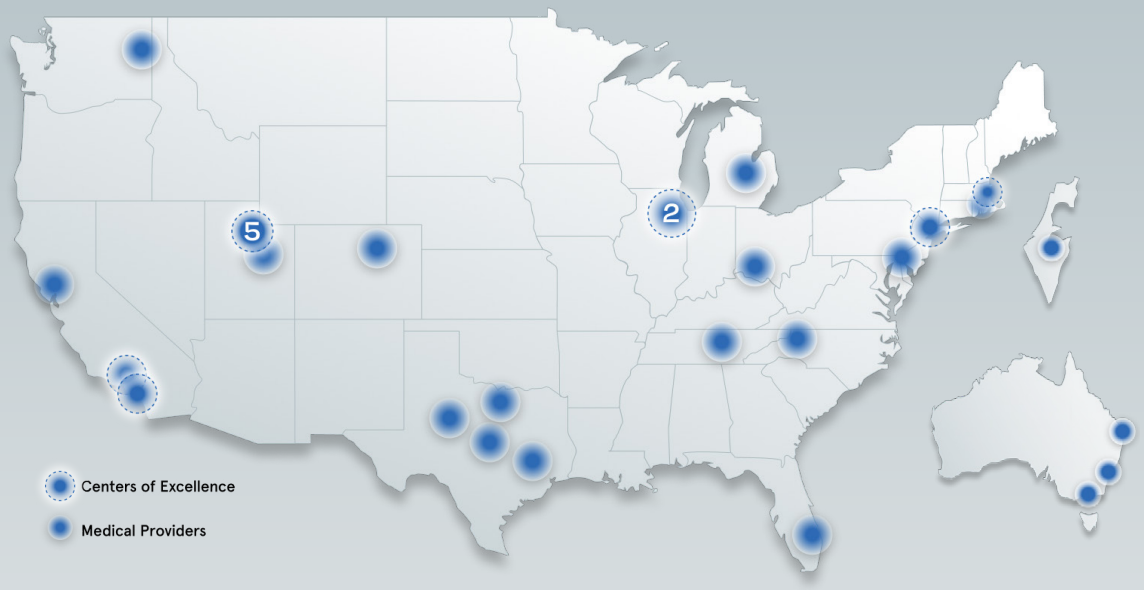


Network Doctors

Stella
Mental Health

11
Centers of Excellence

20+
Locations Worldwide



Stella Chicago, IL

Stella New York

Stella Boston, MA

Stella Oak Park, IL

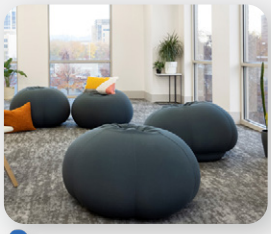
Stella San Diego, CA

Stella Irvine, CA


Stella Draper, UT


Stella American Fork, UT


Stella Layton, UT


Stella Murray, UT


Stella Springville, UT

Interventional Psychiatry

Stella's biological interventions are one piece in a broader puzzle of psychiatric care.

Stella's protocols target the biological cause of symptoms instead of just managing them. By incorporating short-term interventional therapies along with the care they are receiving from mental health care professionals, patients report getting better faster and for longer.

Virtual Intake Assessment

Advanced practice providers ask questions, listen closely, identify medical contraindications, and assess what care journey best fits each patient based on decades of scientific research.

Spravato® (esketamine)

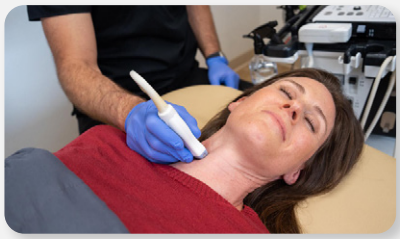
Nasal spray form of a ketamine derivative for treatment of Major Depressive Disorder and Treatment-Resistant Depression.

Transcranial Magnetic Stimulation (TMS)

Magnetic pulses targeted to specific brain regions that regulate mood to treat Major Depressive Disorder, Anxious Depression, and Obsessive Compulsive Disorder.

Ketamine Infusion Therapy

IV infusions leveraging an advanced ketamine blend to help rebuild neuron pathways, and facilitate awareness of new possibilities and healthy habits.

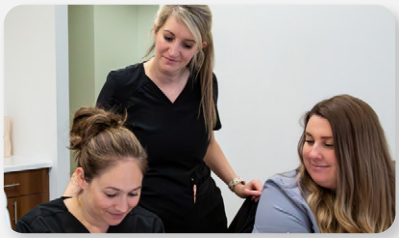


The Dual Sympathetic Reset (DSR)

Two 15-minute advanced stellate ganglion blocks that can alleviate PTSD, anxiety and long COVID symptoms by reducing amygdala overactivity which can calm the fight-or flight response.

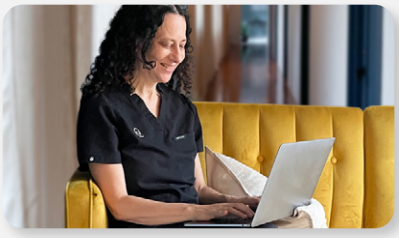
Multi-Modality Care

Clients with higher symptom severity or comorbid conditions may find greater relief when they combine interventions that target multiple systems.



Medication Management

Evidence-based psychopharmacology to treat adults experiencing mental health challenges like depression, bipolar disorder, anxiety, OCD, ADHD, perinatal disorders, thought disorders, PTSD/PTSI, substance use disorders (addiction) and more.



Integration Therapy

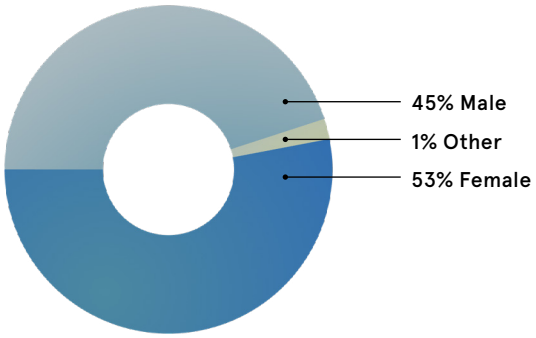
Short-term sessions that optimize healing and growth by making meaning of treatment sessions and creating individualized action plans that turn insights into transformation.

Patient Demographic

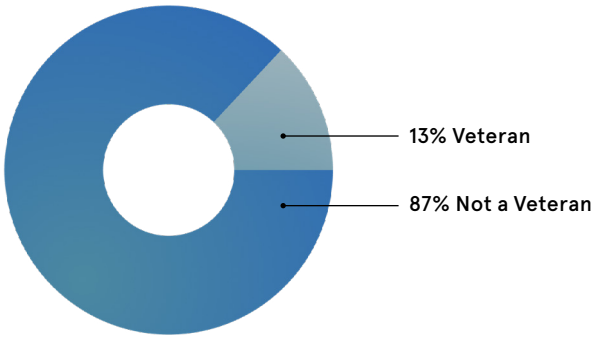
The following report leverages pre- and post-core measures of 2077 patients who submitted outcomes since January 2024.

The treatments patients received within this outcomes report vary across 5 unique modalities and protocols, including the dual sympathetic reset (an advanced stellate ganglion block), spravato (esketamine), ketamine infusion therapy, transcranial magnetic simulation or a combination of multiple modalities.

Gender Distribution



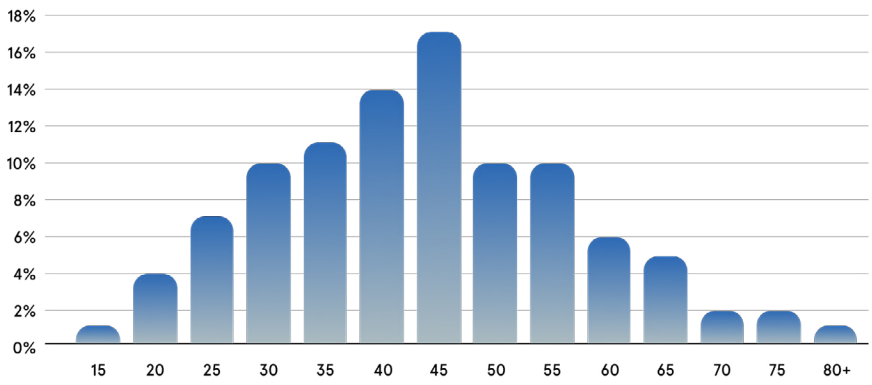
% of Veterans



Average Age of Stella Patient

42

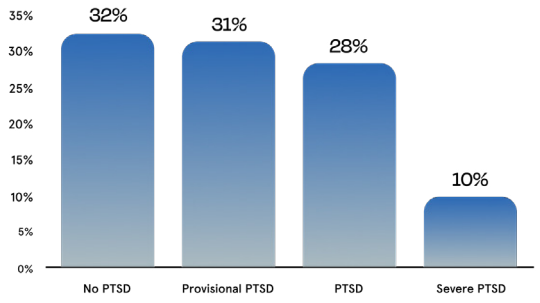
% Age Distribution



Symptom Prevalence

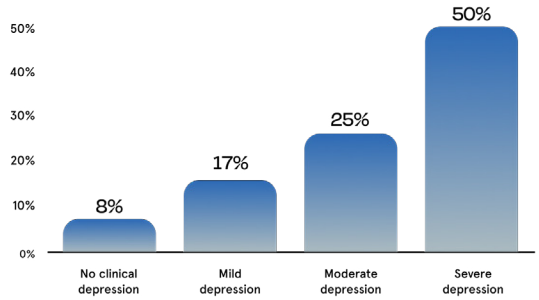
PTSI

Among those who completed the PTSD Checklist (PCL-5), 31% of patients reported mild trauma symptoms, 28% reported moderate trauma symptoms, and 10% reported severe trauma symptoms.



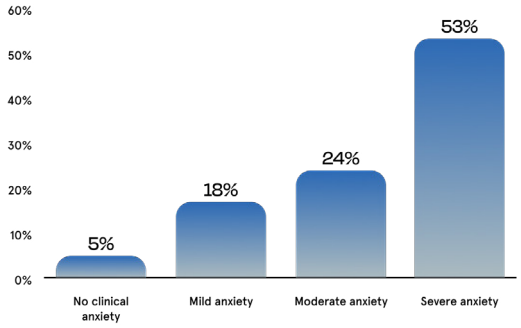
Depression

Among those who completed the Patient Health Questionnaire (PHQ-9), 17% of patients reported mild depressive symptoms, 25% reported moderate depressive symptoms, and 50% reported severe depressive symptoms.



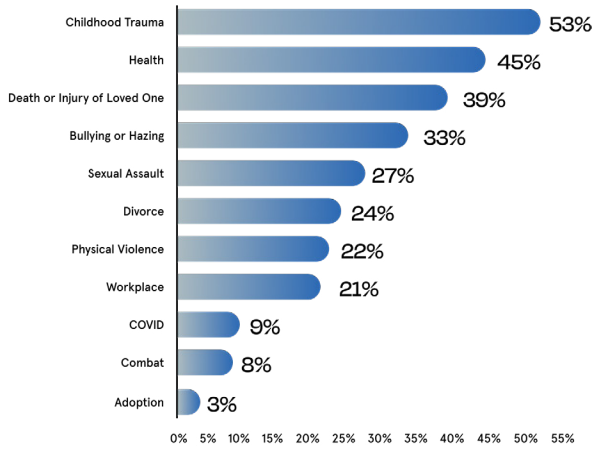
Anxiety

Among those who completed the Generalized Anxiety Disorder 7-item (GAD-7), 18% of patients reported mild anxiety symptoms, 24% reported moderate anxiety symptoms, and 53% of patients reported severe symptoms of anxiety.



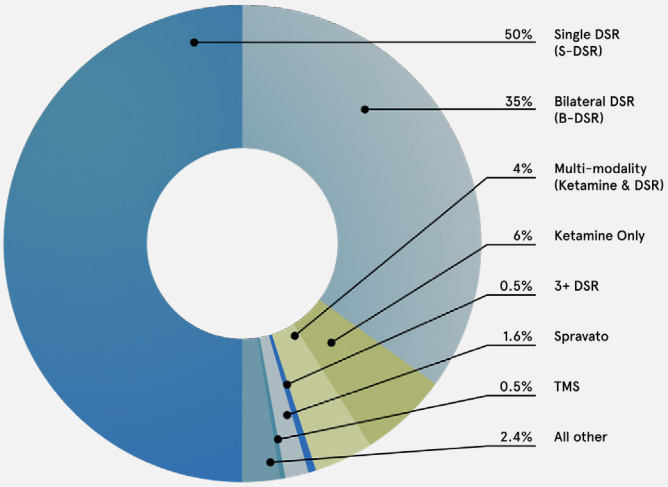
Trauma

Overall percentage of patients who reported trauma(s) experienced, with 3+ types of traumas experienced on average per patient.



Treatment Modality Distribution

Single DSR (S-DSR) was the primary intervention delivered for Stella patients with core measurement data available in 2024 (n=1039). 35 percent of the sample with measurement data received two total DSR treatments, one on the right and one on the left (n=727). 4 percent had a combination of DSR and Ketamine (n=83). 6 percent (n=125) had Ketamine infusions only, 1.6 percent had Spravato (n=33), and 0.5 percent had more than 3 DSR procedures (n=10). All other modalities comprised 2.4 percent (n=50).



2024 Patient Reported Outcome

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Dr. Shauna Springer
Dr. Karen DeCocker

Severe PTSI Symptoms

Post-Traumatic Checklist-5 (PCL-5) *Pre-Tx PCL-5 > 65*

Of patients who endorsed severe trauma symptoms (PCL-5>65), 85% had a clinically significant reduction and 81% reported full or partial remission after receiving treatment. The average decrease in their PCL-5 symptom score was 37 points 1 month post treatment. Patients continued to report sustained symptom relief on the PCL-5 when assessed at 3 and 6 months after treatment.

PATIENTS WHO EXPERIENCED:	BASELINE TO: 1 month	BASELINE TO: 1-3 months	BASELINE TO: 3-6 months
Clinically Significant Symptom Reduction *>10 points*	85%	78%	66%
Full or Partial Remission *Post-Tx PCL-5 < 44*	81%	75%	59%
Average Decrease in Symptom Score	37 Points N = 130	29 Points N = 59	21 Points N = 32

Severe Depression

Patient Health Questionnaire-9 (PHQ-9) *Pre-Tx PHQ-9 > 15*

Of patients who endorsed severe depression (PHQ-9 >15), 80% had a clinically significant reduction and 65% reported full or partial remission after receiving treatment. The average decrease in their PHQ-9 symptom score was 10 points 1 month post-treatment. Patients continued to report sustained symptom relief on the PHQ-9 when assessed at 3 to 6 months after treatment.

PATIENTS WHO EXPERIENCED:	BASELINE TO: 1 month	BASELINE TO: 1-3 months	BASELINE TO: 3-6 months
Clinically Significant Symptom Reduction *>5 points*	80%	76%	68%
Full or Partial Remission *Post-Tx PHQ-9 < 10*	65%	54%	52%
Average Decrease in Symptom Score	10 Points N = 601	9 Points N = 246	8 Points N = 155

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Severe Anxiety

Generalized Anxiety Disorder-7 (GAD-7) *Pre-Tx GAD-7 > 15*

Of patients who endorsed severe anxiety (GAD-7>15), 83% had a clinically significant reduction and 74% reported full or partial remission after receiving treatment. The average decrease in their GAD-7 symptom score was 9 points 1 month post-treatment. Patients continued to report sustained symptom relief on the GAD-7 when assessed at 3 to 6 months after treatment.

PATIENTS WHO EXPERIENCED:	BASELINE TO: 1 month	BASELINE TO: 1-3 months	BASELINE TO: 3-6 months
Clinically Significant Symptom Reduction *>4 points*	83%	79%	76%
Full or Partial Remission *Post-Tx GAD-7 < 10*	74%	61%	64%
Average Decrease in Symptom Score	9 Points N = 636	9 Points N = 264	8 Points N = 169

Suicidality Risk

Depressive Symptom Index Suicidality Sub-scale (DSI-SS) *Pre-Tx DSI-SS >3*

Sixty-nine percent of patients who initially endorsed a moderate level of suicidality (a DSI-SS score between 3-7) would be categorized as having low suicidality symptoms (a DSI-SS score lower than 3) after treatment by Stella.

Of patients who initially reported severe suicidality (a DSI-SS score higher than 7), 55% had an improvement in suicidality which resulted in moderate to low suicidality symptoms (a DSI-SS of lower than 7).

PATIENTS WHO EXPERIENCED:	BASELINE TO: 1 month	BASELINE TO: 1-3 months	BASELINE TO: 3-6 months
MODERATE SYMPTOMS: Clinically Significant Symptom Reduction *Post Tx DSI-SS < 7*	69%	66%	67%
Average Decrease in Symptom Score	3 Points N = 150	2 Points N = 58	2 Points N = 40
SEVERE SYMPTOMS: Clinically Significant Symptom Reduction *Post Tx DSI-SS < 3*	85%	91%	55%
Average Decrease in Symptom Score	5 Points N = 34	5 Points N = 11	4 Points N = 13

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Neurobehavioral Symptoms

Neurobehavioral Symptom Inventory (NSI)

The NSI is only assessed if patients endorse symptoms associated with a history of concussion or brain injury. Therefore, the sub-sample that qualifies for analysis in this time period is 133 patients.Based on the existing literature, Stella uses a decrease of 8 points in a total sum score as the standard of a clinically significant positive outcome. The average decrease reported by Stella patients was 18.48. To put this into context, the average score decrease in a sample of 314 patients who received a 30 day, 8-hour-a-day inpatient care at the National Intrepid Center for Excellence (NICoE) was 12.08. [5]

PATIENTS WHO EXPERIENCED:	BASELINE TO: 1 month	BASELINE TO: 1-3 months	BASELINE TO: 3-6 months
Clinically Significant Symptom Reduction *>8 points*	75%	67%	67%
Average Decrease in Symptom Score	18 Points N = 92	14 Points N = 58	16 Points N = 36

Presenteeism

Stanford Presenteeism Scale (SPS-6)

The Stanford Presenteeism Scale is looks at the link between a patient's health (in this case their mental health) and productivity. The scale ranges from 6-30, with a low SPS-6 score indicating decreased presenteeism (i.e. someone who is physically present but experiences decreased productivity). A high SPS-6 score indicates increased presenteeism, or a higher ability to concentrate and accomplish work tasks despite their health condition. A cutoff score of 18 is used to differentiate lower vs. higher scores. Among the 506 patients who provided pre- and post-treatment SPS scores in this measurement period, nearly a quarter (24%) of patients were below 18 before treatment and above 18 after treatment.

PATIENTS WHO EXPERIENCED:	BASELINE TO: 1 month	BASELINE TO: 1-3 months	BASELINE TO: 3-6 months
Percentage Increase in Presenteeism	20%	21%	19%
Average Increase in Presenteeism Score	3 Points N = 190	3 Points N = 266	3 Points N = 149

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Data shown on the treatment outcomes for individuals with depression, anxiety and PTSI are based on self-reported information from patients collected through clinical surveys and assessments such as the PHQ-9, GAD-7, and PCL-5. All patient reported outcome data below is based on patients treated since January 2024 who exhibited mild or higher level of severity symptoms.

Demographics

# of patients treated		2077
Average Age		42
Veteran		13%
Gender	Male	45%
	Female	53%
	Other	1%

Trauma Types Reported

Childhood Trauma	17%	Physical violence	7%
Health	14%	Workplace	7%
Death or injury of loved one	13%	Covid	3%
Bullying or hazing	11%	Combat or Warfare	3%
Sexual assault	9%	Adoption	1%
Divorce	8%	Other	8%

Treatments Executed

Single DSR (S-DSR)	50%
Bilateral DSR (B-DSR)	35%
Multi-Modality (Ketamine & DSR)	4%
Ketamine Only	6%
3+ DSR	0.5%
Spravato Only	1.6%
TMS Only	0.5%
All Other	2.4%

PTSI Symptoms

Post-Traumatic Checklist-5 (PCL-5)

	PRE-TX SCORE		N	AVG PRE-TX	AVG POST-TX	AVG DROP	MARGIN OF ERROR	% DROP	% CLINICAL RESPONSE	% FULL REMISSION	% PARTIAL REMISSION	% FULL OR PARTIAL REMISSION
BASE LINE TO 1 MONTH												
MILD SYMPTOMS	>=33	<49	375	41.6	20.2	21.4	1.2	51%	82%	83%	-	83%
MODERATE SYMPTOMS	>=49	<65	360	56.4	28.5	27.9	1.6	49%	86%	70%	24%	94%
SEVERE SYMPTOMS	>=65	<80	130	70.0	33.0	37.0	3.2	53%	85%	60%	21%	81%
ALL PATIENTS	>=33	<80	865	52.05	25.62	26.44	1.03	51%	84%	74%	13%	87%
BASE LINE TO 1-3 MONTHS												
MILD SYMPTOMS	>=33	<49	156	41.8	21.5	20.4	2.1	49%	76%	81%	-	81%
MODERATE SYMPTOMS	>=49	<65	143	56.1	28.4	27.7	2.4	49%	83%	69%	24%	93%
SEVERE SYMPTOMS	>=65	<80	59	69.5	40.0	29.4	4.5	42%	78%	50%	25%	75%
ALL PATIENTS	>=33	<80	358	52.32	27.40	24.92	1.56	48%	79%	71%	14%	85%
BASE LINE TO 3-6 MONTHS												
MILD SYMPTOMS	>=33	<49	112	41.7	23.5	18.2	2.5	44%	75%	74%	-	74%
MODERATE SYMPTOMS	>=49	<65	90	56.7	30.7	26.0	3.5	46%	76%	54%	24%	79%
SEVERE SYMPTOMS	>=65	<80	32	68.9	47.7	21.2	6.8	31%	66%	31%	28%	59%
ALL PATIENTS	>=33	<80	234	51.03	29.38	21.65	2.05	42%	74%	61%	13%	74%

Depression Symptoms

Patient Health Questionnaire - 9 (PHQ-9)

BASE LINE TO 1 MONTH												
MILD SYMPTOMS	>=5	<10	196	7.2	5.1	2.1	0.5	29%	36%	60%	-	60%
MODERATE SYMPTOMS	>=10	<15	289	12.1	6.6	5.5	0.4	46%	71%	50%	40%	90%
SEVERE SYMPTOMS	>=15	<20	601	19.9	10.3	9.7	0.5	48%	80%	30%	35%	65%
ALL PATIENTS	>=5	<20	1086	15.64	8.40	7.24	0.32	46%	69%	41%	30%	71%
BASE LINE TO 1-3 MONTHS												
MILD SYMPTOMS	>=5	<10	83	7.1	5.9	1.2	0.7	17%	24%	49%	-	49%
MODERATE SYMPTOMS	>=10	<15	109	12.2	8.1	4.1	0.8	34%	57%	32%	40%	72%
SEVERE SYMPTOMS	>=15	<20	246	19.8	10.5	9.2	0.7	47%	76%	30%	24%	54%
ALL PATIENTS	>=5	<20	438	15.41	9.01	6.40	0.52	42%	61%	34%	23%	57%
BASE LINE TO 3-6 MONTHS												
MILD SYMPTOMS	>=5	<10	46	7.1	4.8	2.3	0.9	33%	33%	63%	-	63%
MODERATE SYMPTOMS	>=10	<15	70	12.1	9.5	2.6	1.2	22%	53%	31%	41%	73%
SEVERE SYMPTOMS	>=15	<20	155	19.5	11.7	7.8	0.9	40%	68%	19%	33%	52%
ALL PATIENTS	>=5	<20	271	15.07	9.74	5.33	0.67	35%	58%	30%	30%	60%

Anxiety Symptoms

Generalized Anxiety Disorder-7 (GAD-7)

BASE LINE TO 1 MONTH												
MILD SYMPTOMS	>=5	<10	181	7.3	5.2	2.1	0.4	29%	49%	59%	-	59%
MODERATE SYMPTOMS	>=10	<15	292	12.2	6.5	5.7	0.4	47%	79%	47%	46%	92%
SEVERE SYMPTOMS	>=15	<20	636	18.1	8.8	9.3	0.4	51%	83%	33%	41%	74%
ALL PATIENTS	>=5	<20	1109	14.82	7.63	7.18	0.29	48%	77%	41%	35%	76%
BASE LINE TO 1-3 MONTHS												
MILD SYMPTOMS	>=5	<10	66	7.1	4.8	2.4	0.7	33%	50%	61%	-	61%
MODERATE SYMPTOMS	>=10	<15	119	12.2	7.3	4.9	0.7	40%	71%	34%	38%	71%
SEVERE SYMPTOMS	>=15	<20	264	18.2	9.6	8.6	0.6	47%	79%	25%	36%	61%
ALL PATIENTS	>=5	<20	449	15.02	8.30	6.72	0.45	45%	73%	33%	31%	64%
BASE LINE TO 3-6 MONTHS												
MILD SYMPTOMS	>=5	<10	43	7.1	4.8	2.3	1.0	33%	47%	65%	-	65%
MODERATE SYMPTOMS	>=10	<15	73	12.4	7.1	5.3	0.9	43%	73%	47%	42%	89%
SEVERE SYMPTOMS	>=15	<20	169	17.9	10.2	7.7	0.8	43%	76%	25%	40%	64%
ALL PATIENTS	>=5	<20	285	14.91	8.62	6.30	0.56	42%	71%	36%	35%	71%

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Suicidality Risk

Depressive Symptom Index - Suididality Subscale (DSI-SS)

	PRE-TX SCORE		N	AVG PRE-TX	AVG POST-TX	AVG DROP	MARGIN OF ERROR	% DROP	% CLINICAL RESPONSE
BASE LINE TO 1 MONTH									
MILD SYMPTOMS	>=0	<4	1030	0.5	0.2	0.3	0.1	51%	-
MODERATE SYMPTOMS	>=4	<7	150	4.6	2.2	2.5	0.3	53%	69%
SEVERE SYMPTOMS	>=7	<=10	34	7.2	2.7	4.6	0.8	63%	85%
ALL PATIENTS	>=0	<=10	1214	1.20	0.55	0.65	0.08	54%	
BASE LINE TO 1-3 MONTHS									
MILD SYMPTOMS	>=0	<4	422	0.5	0.3	0.2	0.1	42%	-
MODERATE SYMPTOMS	>=4	<7	58	4.5	2.3	2.2	0.6	49%	66%
SEVERE SYMPTOMS	>=7	<=10	11	7.0	1.8	5.2	1.4	74%	91%
ALL PATIENTS	>=0	<=10	491	1.08	0.53	0.55	0.14	51%	
BASE LINE TO 3-6 MONTHS									
MILD SYMPTOMS	>=0	<4	256	0.5	0.4	0.1	0.1	26%	-
MODERATE SYMPTOMS	>=4	<7	40	4.8	2.5	2.2	0.8	47%	67%
SEVERE SYMPTOMS	>=7	<=10	13	7.6	3.5	4.1	1.7	54%	55%
ALL PATIENTS	>=0	<=10	309	1.30	0.75	0.54	0.19	42%	

Neurobehavioral Symptoms

Neurobehavioral Symptoms Inventory (NSI)

BASE LINE TO 1 MONTH									
ALL PATIENTS	>=0	<89	92	42.54	24.13	18.42	2.49	43%	75%
BASE LINE TO 1-3 MONTHS									
ALL PATIENTS	>=0	<89	58	40.54	26.68	13.86	3.77	34%	67%
BASE LINE TO 3-6 MONTHS									
ALL PATIENTS	>=0	<89	36	38.31	22.75	15.56	3.61	41%	67%

Presenteeism

Stanford Presenteeism Scale (SPS-6)

BASE LINE TO 1 MONTH								
ALL PATIENTS	>=6	<31	190	15.8	18.9	3.12	0.65	20%
BASE LINE TO 1-3 MONTHS								
ALL PATIENTS	>=6	<31	266	15.8	19.2	3.37	0.61	21%
BASE LINE TO 3-6 MONTHS								
ALL PATIENTS	>=6	<31	149	16.0	19.1	3.06	0.68	19%

Methods

Stella uses the PTSD Checklist for DSM-5 (PCL)* to score the self-reported severity of PTSD symptoms. Scores on the PCL range from 0-80. In analyzing this data, Stella used the following PCL standard cutoffs: 0-32 minimal PTSD symptoms, 33-49 mild PTSD symptoms, 50-65 moderate PTSD symptoms, and 65-80 severe PTSD symptoms. Based on the clinically meaningful threshold set by the National Center for PTSD, Stella defines `responsiveness' as a post-treatment PCL decrease of at least 10 points. Stella defines `full remission' as a PCL score of less than 33 and `partial remission' as a score between 33-50 on the PCL.

The Patient Health Questionnaire (PHQ-9)* is used to score the self-reported severity of depression symptoms. Stella uses the following PHQ-9 standard cutoffs: 0–4 no depressive symptoms, 5–9 mild depressive symptoms, 10–14 moderate depressive symptoms, 15–19 moderately-severe depressive symptoms, and 20–27 severe depressive symptoms. Stella defines `responsiveness' as a drop of 5 or more points in PHQ-9 score after treatment intervention. Stella defines `full remission' as a score below 5 on the PHQ-9 and `partial remission' as a PHQ-9 score between 5-10 following treatment.

The Generalized Anxiety Disorder 7-item (GAD-7) is used to score the self-reported severity of anxiety symptoms. Stella uses the following GAD-7 standard cutoffs: 0-4 minimal anxiety, 5-9 mild anxiety, 10-14 moderate Anxiety, greater than 15 Severe Anxiety. Stella defines `responsiveness' as a drop of 4 or more points in GAD-7 score after treatment intervention. Stella defines `full remission' as a score below 5 on the GAD-7 and `partial remission' as a score between 5-10 on the GAD-7 after treatment.

The Depression Symptom Index - Suicidality Scale (DSI-SS) is a self-reported measure of the frequency and intensity of suicidality intention and impulses within the past two weeks. With a total of four items ranging from 0-3 per item, the DSI-SS ranges between 0-12 points. Existing research suggests that a score higher than 3 may indicate elevated risk (Joiner et al, 2002). Therefore, Stella interprets scores of less than 3 as indicating low suicidality, scores between 3-7 and indicating moderate suicidality, and scores higher than 7 as indicating severe suicidality.

The Neurobehavioral Symptom Inventory (NSI) is a 22-item measure of post-concussive symptoms. Patients are asked to rate the severity of their symptoms, as experienced within the past 2 weeks, on a scale from 0 (None) to 4 (Very Severe). Total scores range from 0-88, with higher scores indicative of more severe post-concussive symptoms. Stella uses a decrease of 8 points in a total sum score as the standard of a clinically significant positive outcome based on outcomes published in the medical literature. (Belanger, et. al, 2016; Scarlett et al. 2023).[6 7]

All margins of error are calculated at a 90% confidence level.

Disclaimer

Dual Sympathetic Reset (an advanced version of SGB) and Ketamine are both used as off-label interventions based on research showing positive outcomes for these treatments for symptoms of PTSD, depression and anxiety. Ketamine and the dual sympathetic reset are not FDA-approved for the treatment of depression, anxiety, PTSI or PTSD. Stella MSO, LLC, Lipov Medical, S.C. and their parents, subsidiaries, and affiliates (collectively "Stella") make no representations or warranties that the content contained in this Report satisfies government regulations regarding the disclosure of information on prescription drug products.

The information conveyed in this 2024 Impact Report ("Report") is for general informational purposes only and does not constitute medical advice, treatment, or the practice of medicine. Data shown on the rates and percentages of individuals with depression, anxiety and PTSI are based on self-reported information from patients collected through clinical surveys and assessments such as the PHQ and GAD survey tools.

References and Resources

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Stella
Mental Health

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