



Mental Health  
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# Collaborative Care for Mental Health and Substance Use Issues: An Overview of Reviews

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# Presentation Organization

- Context: Background and Rationale
- Objectives
- Overview Methodology
- Findings
- Conclusions

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# Collaborative Care: Context

# Mental Health and Substance Use Issues in Primary Care

- Some issues more often treated in primary care rather than specialist settings
  - Minor depression OR major depression of mild or moderate severity
  - Anxiety
  - Risky drinking/substance use
- Common treatments in primary care
  - Medication
  - Self-management and supported self-management
  - Bibliotherapy (workbooks, educational materials)
  - Brief sessions on behavior-change (risky drinking)

# Problems with treatment approaches

- Medication non-adherence
  - Side-effects
  - Ineffective or limited effectiveness
- Second-line medications
  - May not be in accordance with clinical practice guidelines
- Little or no sustained psychotherapy/counseling
- Limited referral options

# What is Collaborative Care for Mental Health and Substance Use Issues?<sup>1,2,3</sup>

- Collaborative care is an approach to managing and treating these problems in primary care settings
  - Bedrock of ‘inter-professional collaboration’
  - Includes a number of approaches to delivering care
- **Benefits**
  - Improves access to treatment
  - Expanded menu of services
  - Better quality of care

# Key components of Collaborative Care

- Should be Patient-centred
  - Involves patients and families in treatment choices
- Partnerships between primary care and specialist practitioners
  - ‘Inter-professional collaboration’
- Treatment based in primary care settings
  - Collaboration at a distance
  - Co-located care
  - Integrated care

## Rationale for Overview

**The Mental Health Commission of Canada commissioned systematic review of Collaborative Care to improve treatment effectiveness and reduce burden of disease.**

### Why an overview of reviews?

- A number of systematic reviews exist in published and gray literature
  - Results not uniform – particularly across diagnoses
- Body of research allows selection for interventions appropriate to context of Canadian healthcare delivery
- Stronger power for reviews than for individual studies



# Objectives of Overview

To locate, evaluate and synthesize the findings of systematic reviews on collaborative care for mental health and substance use issues in primary care.

To make the review manageable, we selected four interventions implemented within collaborative care arrangements

- 1) Inter-professional collaboration
- 2) Telehealth
- 3) Enhanced referral systems
- 4) Finance and payment methods for collaborative primary care

Outcomes of Interest:

- 1) symptom reduction
- 2) improved adherence to prescribed treatments
- 3) cost-effectiveness

The background consists of several overlapping, semi-transparent geometric shapes in various shades of green and blue. The shapes are layered, creating a sense of depth and movement. The colors range from a bright, vibrant blue to a deep, dark forest green, with various intermediate shades in between. The overall effect is a modern, abstract design.

# Methods

## Search Strategy

- Medline, EMBASE, HTA, DARE, Cochrane Database of Systematic Reviews
- Handsearches of gray lit websites, reference lists
- Citation maps through Web of Science
- Conducted with the assistance of MLIS
  - Inter-professional collaboration (N = 4,762)
  - Telehealth (N = 689)
  - Enhanced Referral Systems (N = 1,753)
  - Finance and Payment (N = 2065)

## Inclusion/Exclusion Criteria

- Systematic reviews of randomized controlled trials (RCT) or cluster RCTs
- Published in English or French
- Primary care settings
- No patients with psychosis
- High quality reviews based on AMSTAR checklist for systematic reviews<sup>4,5</sup>

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# Key Findings

Out of more than 8000 abstracts, 14 reviews were included.

- Interprofessional collaboration – 8 reviews<sup>6-13</sup>
- Telehealth – 3 reviews<sup>14-16</sup>
- Enhanced referral systems – 1 review<sup>17</sup>
- Finance and payment methods – 2 reviews<sup>18,19</sup>

Most reviews focused on depression, anxiety disorders and risky drinking.

Most reviews focused on symptom improvements, then treatment adherence and cost-effectiveness.

## Qualitative Synthesis

Inter-professional collaboration is an effective means of improving patient outcomes. Coordinated care (by distance) and co-located care have similar effects. Insufficient evidence exists for conclusions on integrated care.

Telehealth can be used to facilitate access to mental health specialists and/or primary care providers, or it can be used to reduce the need for these services. Both goals can be achieved effectively but are dependent on patient preferences and to some extent on diagnosis (i.e. psychotherapy via telephone is preferred by people with anxiety).

ERS and Finance and Payment Methods: Insufficient evidence for synthesis

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# Conclusions

## Quality and Strength of Evidence

There is high-quality evidence that some collaborative care interventions are effective at improving symptoms and treatment adherence, while a smaller amount of studies indicate effectiveness in terms of quality of life and costs.

Interventions with the strongest evidentiary support include: coordinated and co-located care (models of inter-professional collaboration) and telehealth.

Interventions with inconsistent, weak or mixed evidence include: integrated care (a model of inter-professional collaboration), enhanced referral systems, and finance and payment methods.

## Implications

- Collaborative care may be able to reduce burden of disease associated with depression and anxiety in Canada
- Can be used to reduce prevalence of risky drinking and perhaps other substance use issues
- Telehealth, as part of collaborative care, could help increase access to mental health and substance use services for rural and remote communities in Canada

## Knowledge Needs

- Effectiveness for child and youth populations
- Integrated care
- Data on cost-effectiveness of collaborative care models and interventions
- Studies tailored to Canadian healthcare, particularly
  - ERS and other systematic referral methods
  - Finance and payment methods for collaborative care and associated interventions



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# Thank you

*For a copy of the full report email Victoria Jeffries,  
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