

Collaborative mental health care for depression: what aspects are important to patients?

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Outline

- ▶ Background
 - ▶ Objectives
 - ▶ Goal
 - ▶ Results
 - ▶ Questionnaire (audience feedback)
 - ▶ Discussion
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Background

- ▶ Depression:
 - Managed mainly in primary care, sometimes with support of mental health professionals
- ▶ Collaborative care of depression:
 - Collaboration between primary care and mental health providers
- ▶ Perspectives /experiences of consumers?
- ▶ Patient-centered care:
 - Care that incorporates the preferences, values, and traditions of patients and families in treatment planning
- ▶ Little research/evaluation on whether collaborative mental health care is patient-centered

Goal

- ▶ To develop a framework to evaluate whether collaborative care for depression is patient-centered:
 - What attributes of care are valued by patients/consumers?
 - What aspects of the care process may affect consumer experiences?
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Methods

- ▶ **Workshop:**
 - Held in conjunction with 2011 Canadian Conference on Collaborative Mental Health Care, Halifax NS
- ▶ **Post-workshop:**
 - Analysis of proceedings
- ▶ **Literature review:**
 - Studies of collaborative care of depression that assessed consumer perceptions /experience
 - To inform preliminary evaluation framework discussed at workshop
 - To identify potential measures of key attributes of care identified at workshop

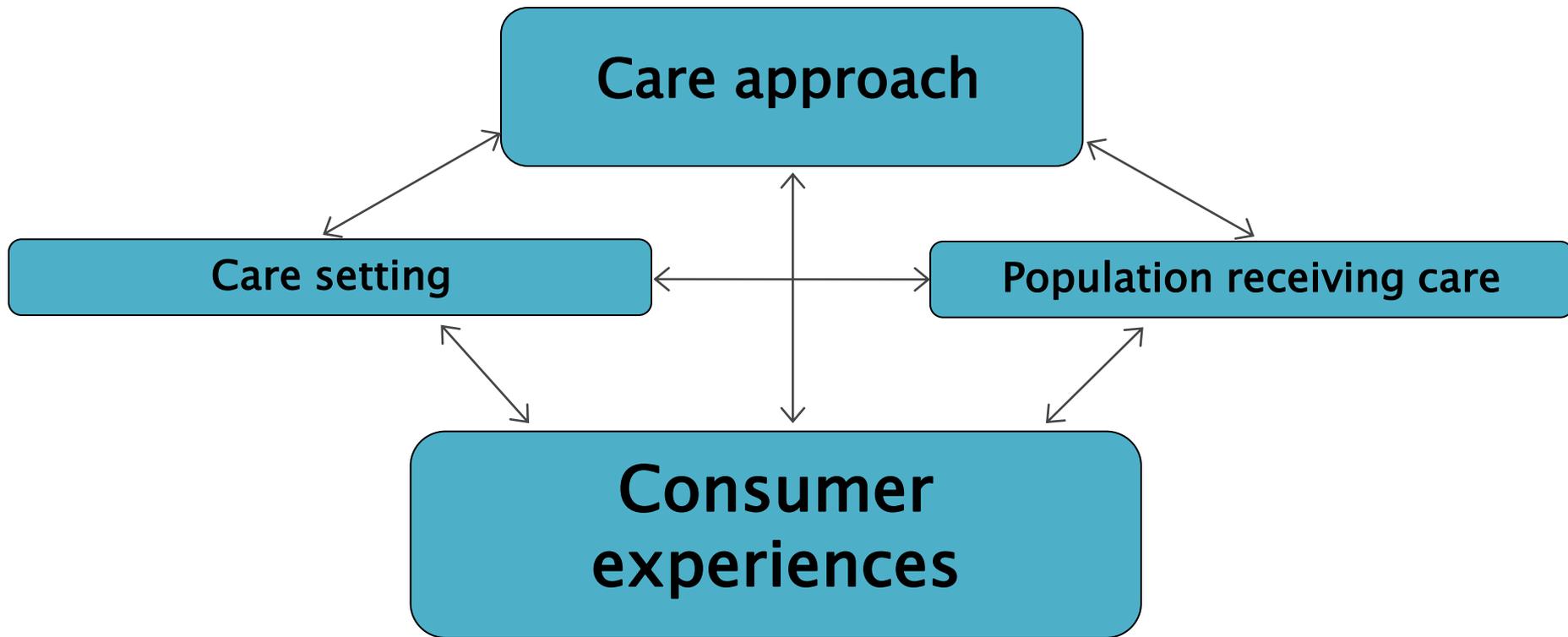
Workshop

- ▶ Aimed for representation of 4 groups of stakeholders:
 - Primary care providers
 - Mental health care providers
 - Decision-makers
 - Consumers and family members
- ▶ 41 participants
 - Many with multiple roles

Workshop program

- ▶ Presentations by people with lived experience of depression
 - ▶ Presentations by providers/decision-makers from 4 provinces: BC, ON, QC, NS
 - ▶ Interactive plenary and small-group discussions
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Preliminary framework:



Questions for speakers and participants:

In future research/evaluation of collaborative care for depression in Canada:

- What consumer experiences should be measured?
 - What particular approaches to collaborative care influence consumer experiences, either positively or negatively?
 - Components of proposed evaluation framework – are there additional components not mentioned?
 - What other relevant studies should be consulted that have not been found in our literature review?
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Qualitative data collection and analysis

- ▶ Notes from presentations and discussions
- ▶ Comment sheets
- ▶ Data coded into 3 themes:
 - Attributes of consumer-oriented collaborative care
 - Categories refined in light of literature and Canadian consensus on attributes of primary care (Haggerty, 2007)
 - Evaluation framework:
 - Revised framework
 - Methods to measure consumer experiences
- ▶ Feedback and revision of final report

Results: attributes of collaborative care

- ▶ Accessibility
 - ▶ Comprehensiveness
 - ▶ Coordination
 - ▶ Information provision
 - ▶ Involvement
 - ▶ Respectfulness
 - ▶ Responsiveness
 - ▶ Whole person care
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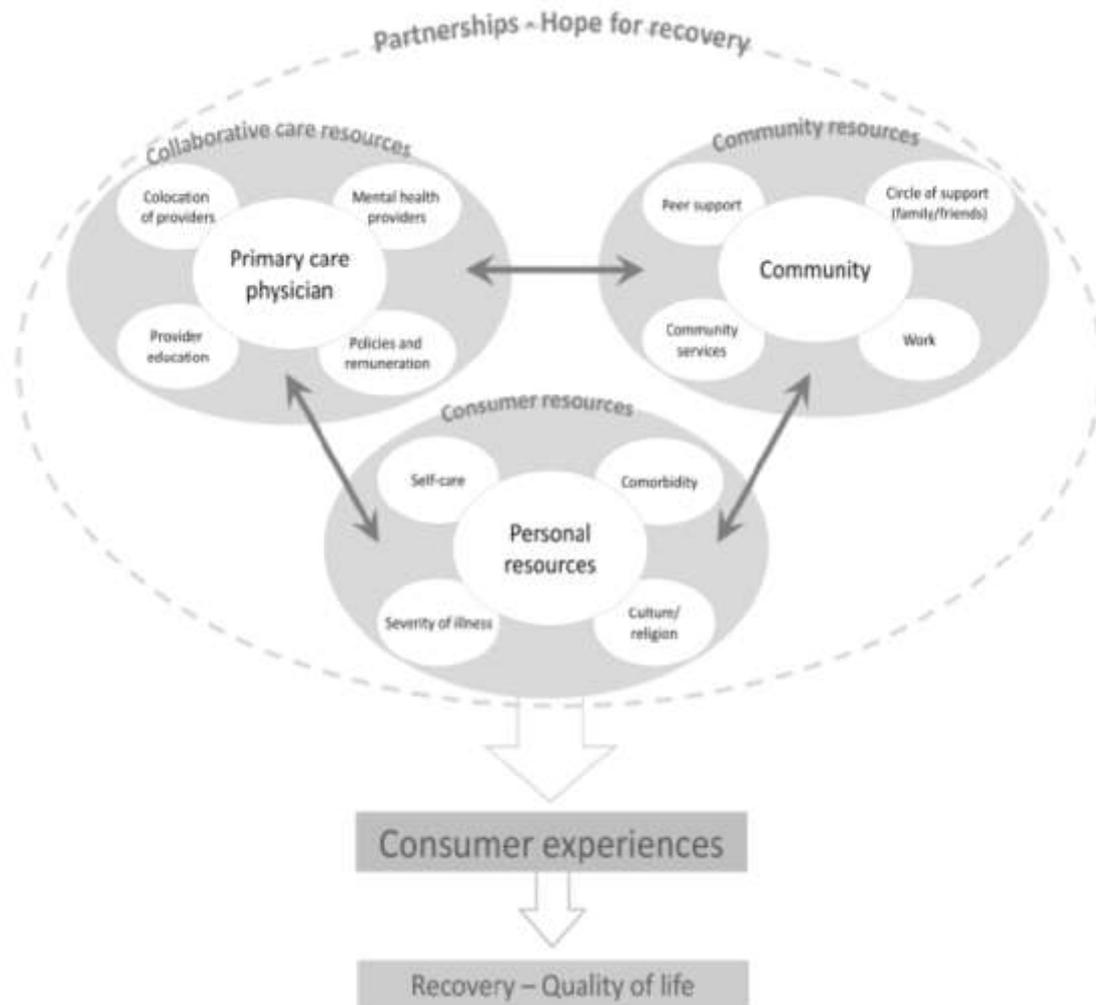
Table 2: Attributes of consumer-centered collaborative care

Attribute	Description
Accessibility	Consumers are able to contact providers and reach health care services when they need them.
Comprehensiveness	Access and availability of a range of services intended to support whole person care (including psychosocial services, support for self-management, and pharmaceutical interventions).
Coordination	Delivery of services is managed so that different elements of care are easily accessed when needed and supported by effective working relationships, reliable methods of communication, and follow-up.
Information provision	Providers take the time needed to explain health care issues and treatments in understandable language; consumers have access to all relevant information about their own care.

Table 2: Attributes of consumer-centered collaborative care (continued)

Attribute	Description
Involvement of consumers	Consumers and family members actively participate in designing plans for their care and in the analysis and evaluation of health services/treatment programs.
Respect	Collaborative care providers demonstrate respect for dignity of consumers, provide adequate privacy/confidentiality, and support/guide consumer choices in care.
Responsiveness to changing needs	Providers are able/willing to change care plans to suit the changing needs of consumers and their families.
Whole person care	Practitioners elicit, understand, and integrate biological, psychological, social, relational and spiritual aspects of each person's presentation into the care plan.

Figure 1: Evaluation framework for consumer-oriented collaborative care showing care processes that affect consumer experiences*



* Adapted from A Framework for Support (Trainor, 2004)

Literature review: Results

- ▶ 11 relevant studies identified:
 - 6 US, 4 Europe, 1 Australia
 - 8 RCTs, 1 pre-post, 2 descriptive
 - 5 depression only, 6 mixed mental health problems
 - Varied interventions (majority involved a care manager)
- ▶ Outcomes:
 - Varied, many unvalidated.

Measures that were responsive to collaborative care interventions

(7/11 studies)

- ▶ Provision of information about depression and treatment (3 studies)
- ▶ Access (2 studies)
- ▶ Participation in care (2 studies)
- ▶ Courtesy (1 study)
- ▶ Coordination (1 study)
- ▶ Personal aspects of care (1 study)
- ▶ Patient Assessment of Chronic Illness Care (PACIC) (1 study)
- ▶ Length of consultation (1 study)

Limitations

- ▶ Workshop participants may not be representative of stakeholders
 - Mental health professionals over-represented
 - Small sample of consumers
- ▶ Literature review:
 - Not systematic
 - May have missed relevant studies
 - Grey literature not included

Conclusions

- ▶ We have developed a preliminary framework to evaluate collaborative care for depression
 - ▶ The framework and the 8 key attributes should be validated in different care settings
 - ▶ Standard measures of patient experiences of the key attributes should be developed/adopted
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Discussion

- ▶ Have we identified the most important attributes of collaborative care from the patient perspective?
 - ▶ Have we identified the most important care processes that affect patient experiences?
 - ▶ Is the proposed evaluation framework useful?
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