



Canadian
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OVERVIEW

Better Practices in Collaborative Mental Health Care: An Analysis of the Evidence Base

The authors identify better practices to enhance and develop collaborative activities in primary health care by policy makers, providers and other key stakeholders. A comprehensive review of Canadian and international literature using Medline and PsycInfo databases yielded over 800 related reports, of which, 32 studies met the inclusion criteria. Most of the studies reviewed were multifaceted, multidisciplinary and randomized controlled trials. A systematic evaluation and descriptive analysis are presented, resulting in several key conclusions and best practices.

Key Messages

- Successful collaborative relationships between primary and mental health care providers require preparation, time and supportive structures, ideally building on pre-existing clinical relationships.
- Co-location of collaborative services is important for both providers and consumers.
- The pairing of collaboration with treatment guidelines or treatment protocols appears to offer important benefits over either of these interventions alone for patients with major depression (versus minor depression).
- One of the most powerful predictors of positive clinical outcomes in studies of collaborative care for depression was the inclusion of systematic follow-up as part of the study protocol.
- Efforts to increase medication adherence through collaboration were a common and important component of many successful studies, but a clear relationship between adherence and clinical outcomes could not be discerned.
- In the treatment of depression, collaboration alone has not been shown to produce skill transfer or enduring changes in primary health care physician knowledge or behaviours. Service restructuring specifically designed to support changes in the practice patterns of primary health care providers is also required.
- Enhanced patient education about mental disorders and their treatment was a component of many of the studies with good outcomes. Education was more likely to be provided by someone other than the primary care physician.
- Collaborative interventions that are established as part of a research protocol may be difficult to sustain long-term without ongoing funding.
- Consumer choice about treatment modality may be an important factor in treatment engagement in collaborative care (e.g., having the option to choose psychotherapy versus medication).

This document provides an overview of the paper: *Better Practices in Collaborative Mental Health Care: An Analysis of the Evidence Base*

The paper is available in English and French. Visit our Web site: www.ccmhi.ca, or contact:

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