

Collaborative care teams improve mental health outcomes

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Collaborative care, a model that involves multiple clinicians working with a patient, significantly improves depression and anxiety outcomes compared to standard primary care treatment for up to two years, finds a new review by *The Cochrane Library*.

"For me, this study was about demonstrating that collaborative care could potentially work for a lot of people with mental health problems who don't currently have access to proper evidence-based care," said lead author Janine Archer, Ph.D. of the School of Nursing, Midwifery and Social Work at The University of Manchester in the U.K.

Archer and her co-authors reviewed 79 [randomized controlled trials](#) using a collaborative care model for treating both depression and anxiety. A collaborative care intervention included four criteria: a multi-professional team approach to patient care, a structured management plan of medication or cognitive behavioral or "talk" therapy, scheduled patient follow-ups, and improved inter-professional communication between team members.

Collaborative care is based upon disease

management models for chronic disease conditions like diabetes or heart disease. In mental health specifically, the collaborative care team typically includes a medical doctor, a case manager experienced with depression and anxiety, and a mental health specialist, such as a psychiatrist. In the U.K., approximately 90 percent of patients diagnosed with depression and anxiety are treated by a primary care physician.

"Depressive and [anxiety disorders](#) occur in up to 20 percent of patients [primary care physicians](#) see, but studies have found poor recognition of these disorders and lack of quality of care, which is also associated with poor outcomes," said Wayne Katon, M.D., professor, vice-chair and director of the Division of Health Services and [Psychiatric Epidemiology](#) at the University of Washington Medical School in Seattle.

"Patients and primary care physicians are more satisfied with this model of care than usual primary care," he said. "Collaborative care has now been convincingly shown to meet the 'triple aim' of health reform, including improving quality of care, patient satisfaction, patient symptom and functional outcomes with either no increase in costs or reduced costs."

The whole systems approach may indeed work best for treating common [mental health problems](#), said Archer. "Our results may have broader implications for clinical practice guidelines, which if they recommend this intervention, will enable more people who are suffering—especially with depression—to access evidence-based interventions."

The researchers found [collaborative care](#) provided benefits for "secondary" outcomes including medication use, mental health quality of life and patient satisfaction, but not so much for physical quality of life.

More information: Archer J, Bower P, Gilbody S, Lovell K, Richards D, Gask L, Dickens C, Coventry P. Collaborative care for depression and anxiety problems. *Cochrane Database of Systematic Reviews* 2012, Issue 10. Art. No.: CD006525. DOI: [10.1002/14651858.CD006525.pub2](https://doi.org/10.1002/14651858.CD006525.pub2).

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