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access to populational mental health knowledge

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Collaborative care for depression treatment: key components, effectiveness and future perspectives

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Context

Currently, interprofessional collaboration and networking development decompartmentalize clinical practices. Collaborative care is a promising avenue that aims to improve the effectiveness of primary care services. It organizes and systemizes care in order to improve quality. These care models optimize the treatment of major depression, a common, recurrent, and sometimes chronic mental disorder. Early studies on mental health collaborative care initiatives were conducted in the United States in the 1990s and focused primarily on depression. Since then, several initiatives have been evaluated and can be characterized by the implementation of various strategies and components associated to the organization of care.

Key components in collaborative care

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Collaborative care is a structured approach to care delivery based on chronic illness management principles. It contains two main elements: 1) proactive patient monitoring with an interdisciplinary team, usually composed of a general practitioner and a case manager, a role often assigned to a nurse, and 2) clinical supervision by a mental health specialist (usually a psychiatrist) (Gilbody et al. 2006; Katon and Seelig, 2008). Collaborative care initiatives use various tools and strategies to improve clinical practices (Katon and Seelig, 2008):

- **Patient education and supported self-management**
  Professionals use fact sheets and tools allowing patients to actively participate in their recovery.
- **Systematic monitoring**
  In-person or telephone follow ups are systematically scheduled in order to answer patients' questions, ensure they follow the care plan and assess their clinical response to treatment.
- **Standardized measures of clinical improvement or progression**
  Using standardized rating scales such as the Patient Health Questionnaire (PHQ-9) integrated with clinical practices facilitates systematic monitoring.
- **Patient registry**
  This tool is used to collate important information after visits, such as clinical results, changes related to drug dosage and follow ups.

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- **Clinical decision support and supervision**

  Psychiatric clinical supervision includes, among others, clinical discussions of complex cases, investigation and treatment plans, suggested medication and dosage.
- **Stepped care**

  Interventions are prioritized according to patient needs. When the patient's health does not improve following the interventions offered, progression towards more complex care is considered (See the Qualaxia file on **Stepped care**).
- **Relapse prevention plan**

  The recurrence and chronicity often associated with depression justifies implementing ways to minimize chances of relapse such as educating patients on the risks of relapse, drug dosage during remission, maintaining a healthy lifestyle and strategies in case of relapse.

Outline of collaborative care effectiveness

Care for major depression targets the complete remission of symptoms and a return to a person's optimal level of functioning. Meta-analyses have demonstrated the effectiveness of collaborative care*. The contributing factors identified include thorough training, the mental health expertise of the case manager(Bower et al., 2006); consideration for patient preferences in treatment options; (Christensen et al., 2008) and implementation of complex strategies to support clinical practices such as the participation of all stakeholders (patients, general practitioners, specialists, case manager), use of clinical practice guidelines and decision algorithms to support decisions, proactive monitoring and easy access to specialists (Beaucage et al., 2009). However, other studies should be conducted to better understand the active components and their optimal interactions in the delivery of collaborative care.

Future perspectives

Recent studies evaluate the effectiveness of collaborative care within groups who suffer from chronic comorbidities (e.g. depression, diabetes and/or coronary disease) (Katon et al., 2010a) and within specific populations such as pregnant women, youth and minority groups living below the poverty line with little or inadequate care services (Katon et al., 2010b). The implementation of collaborative care initiatives in primary care and the cost-effectiveness of these approaches are currently being studied. Other research on integrated care for depression and addiction should eventually be carried out. Knowledge related to collaborative care for treating depression evolves in view of promoting the pooling of resources, optimizing the existing system and improving quality, accessibility and continuity of care.

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