Introduction

This report was commissioned to support the work of the CCMHI, a 2-year project funded in 2004 by Health Canada through the Primary Health Care Transitions Fund. The purpose of the CCMHI is to improve the mental health and well-being of Canadians by improving collaboration among health and mental health care providers, consumers, families, and caregivers. The Steering Committee of the CCMHI consists of representatives from 12 national professional and consumer associations, including consumers and families, FPs, psychiatrists, nurses, social workers, psychologists, OTs, pharmacists, and dietitians. The goal of this report is to provide the Steering Committee, policy-makers, and other interested groups and individuals with a summary of the current experimental literature on the effectiveness of collaborative practices in the delivery of mental health care in the primary care setting.

Background
In 2002, the Canadian Psychiatric Association/College of Family Physicians of Canada Collaborative Working Group on Shared Mental Health Care published an extensive review of the literature on collaborative mental health care (1). The bibliography has recently been updated by the CCMHI (2). Both of these reviews include numerous reports that present expert opinion, provide descriptions of collaborative programs, and present the findings of uncontrolled trials involving collaborative interventions.

While this literature has been helpful and informative, it has some significant limitations: most of the collaborative programs were limited to single sites; details of the patient populations were limited; the collaborative interventions themselves were often poorly described; and many studies did not attempt to measure the impact of the collaborative intervention on patient outcomes or did so using study methodologies that are open to bias.

These limitations made it difficult to judge the validity of the conclusions reached by the investigators and to identify interventions that were reproducibly associated with positive patient outcomes. In recent years, investigators have become more interested in testing specific collaborative interventions using experimental methodologies, in particular, RCTs. As a result, a body of experimental literature now exists that addresses many of the methodological shortcomings of earlier studies. Studies using randomized control methodology are more likely to describe the research question clearly; minimize bias using randomization and control groups; and use carefully selected patient populations, protocolized and often manualized interventions, and standardized data analysis techniques. The current review, supported by the CCMHI, focuses on RCTs and other experimental studies in an effort to provide individual clinicians, researchers, educators, and policy-makers with a body of more objective evidence about what works and what doesn’t work in the practice of collaborative mental health care. It should be read in conjunction with the qualitative literature (2), which provides valuable insights into the experiences of individuals who have developed successful collaborative interventions.