Methodology

While most of the studies reviewed in this report are RCTs, the research methodology varied greatly. Accordingly, a formal metaanalysis of the literature was not possible. We have performed instead a systematic evaluation and descriptive analysis. The search strategy for the original annotated bibliography on shared mental health care (1) included Medline and PsycInfo databases and used the key words psychiatry, mental health services, family practice, and (or) primary care to identify reports in English for the years 1985 to 2000. Manual searches of reference lists were also performed. This search generated 218 reports that dealt with the interface between psychiatry and primary care. In 2005, this search strategy was widened to capture studies that involved a greater range of health professionals and was updated to include the years 2000 to 2005. The databases searched, in order of most to least results, were: Medline, Embase, CINAHL, PsycINFO, ERIC, and Social Sciences Abstracts (English language, 2000 to 2005). Further searches were done with PubMed; The Cochrane Library, Issue 4, 2004; and the Google search engines to search for additional articles by authors who were frequently identified in databases and to identify reports and government publications on the Internet. Key words used were primary health care, mental health services, cooperative behaviour, cooperation, and interdisciplinary team approach. The searches were deliberately not restricted to “primary health care,” the methodological key word, because it was anticipated that some articles would be missed due to poor indexing or to alternate indexing being used. This allowed for studies cited under the interdisciplinary team, especially those involving psychologists, social workers, OTs or pharmacists, to be included.

A follow-up literature search was conducted in June 2005 to update the results. These searches were restricted to databases judged to be high yield: Medline, Embase, and CINAHL. The references in the articles generated by this strategy were, in turn, searched manually, generating additional studies for review. References were also provided by key informants and experts in the field. Cumulatively, the search strategies covered the years 1985 to 2005 and produced over 900 citations whose abstracts were reviewed for content relevant to collaborative mental health care. Our definition of collaboration was based on the definition of collaborative care adopted by the CCMHI (3), with the added stipulation that a primary care provider be involved in the collaboration:

Collaborative care involves providers from different specialties, disciplines, or sectors working together to offer complementary services and mutual support, to ensure individuals receive the most appropriate service from the most appropriate provider in the most suitable location, as quickly as necessary, with a minimum of obstacles. Collaboration can involve better communication, closer personal contacts, sharing of clinical care, joint educational programs, and (or) joint program and system planning.

For the purposes of our analysis, this definition was further refined to categorize levels of collaboration as “high,” “medium,” or “low” (Table 2). Studies that met the criteria for collaboration and that used experimental methodology (RCTs and intervention studies with outcome measures) were identified and formed the basis for the current analysis.

Each of us read all the experimental literature. Dr Craven summarized the methodology and key findings in table format (Table 1), and Dr Craven and Dr Bland independently reviewed each of the studies to grade outcomes (positive, negative, and mixed) and degree of collaboration (high, moderate, and low). Studies were considered to have positive outcomes when a positive effect that reached statistical significance was achieved. We did not attempt to interpret the clinical significance of effect sizes. We identified frequently recurring variables in the study methodology (for example, level of collaboration, presence or absence of clinical protocol or guideline, and presence or absence of educational strategies) to search for positive correlations with study outcomes. Discrepancies in opinion were resolved through discussion until consensus was achieved.

What follows is a brief summary of each of the experimental studies, with studies grouped together under headings that identify the population or issue addressed and with commentary on the degree of collaboration involved, the outcomes achieved, and any particularly important lessons to be learned from the study. These are followed by our analysis of practices that are currently supported by a higher-level evidence and that may be considered “better practices” in collaborative mental health care at this point in time. Practices that are not yet supported by research evidence are not necessarily without merit. In some cases, studies from the nonexperimental literature provided further direct support for best practices, and we have referenced these where appropriate.