Effective models of mental health service provision and workforce configuration in the primary care setting

Doughty C

Record Status
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Citation

Authors' objectives
The aim of this technical brief was to systematically identify and appraise international evidence examining the structure and workforce configuration of effective models of mental health service provision or quality improvement in primary care.

Authors' conclusions
Numerous studies have been carried out on the management of depression or depressive disorders in primary care but only a proportion of these studies actually compare the effectiveness of specific models of care with usual care or another model of care. Relatively few high quality studies have specifically evaluated models of mental care service delivery in primary care with respect to other disorders such as substance abuse or dependence and anxiety disorder, in spite of the fact that these conditions are also often comorbid with depression. The lack of research on common mental disorders other than depression represents a significant gap in the literature. Collaborative care and variants of this model of care were the most widely researched. From the nine reviews and 35 studies identified a range of positive findings have been reported. There is some evidence comparing the effectiveness of different models of mental health care in primary care that indicates that collaborative care may be of particular benefit for older adults, and that improving depression may positively influence other outcomes such as physical function that are associated with ongoing depression. Collaborative care interventions delivered by multidisciplinary teams may also improve clinical outcomes in those with persistent or recurrent difficulties but the effects remain ambiguous for those with minor depression. Finally, telephone care management interventions appear to be of some benefit to patients with mild to moderate mental health problems but telehealthcare may be a more effective model of service delivery if combined with delivering specific interventions with proven effectiveness such as cognitive behavioural therapy.

Overall, there is presently insufficient evidence to provide a definitive answer as to the clinical effectiveness and cost-effectiveness of individual models or to provide a rigorous comparison between models. Nevertheless, there is a trend towards collaborative care models, including those incorporating a case management approach and/or using the services of a care manager or primary mental health care worker showing some modest benefit, at least in the short-term, in randomised controlled studies conducted to date.

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