



The Role of Collaborative Care in Reducing Mental Health Inequities

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Individuals from racial and ethnic minority groups are at risk for reduced access, quality, and outcomes of mental health care.¹ There is a growing recognition that social, environmental, and economic conditions play a central role in both in creating and perpetuating these health disparities.²

Collaborative care is a model of service integration that uses a team-based approach to support population-based, patient-centered treatment.³ Collaborative care can improve quality and outcomes of care across a wide variety of mental health conditions and treatment settings.⁴ This document provides guidance on how collaborative care can best be utilized to improve mental health equity.

A recent systematic review by Hu et al found strong evidence that collaborative care is effective for improving depression outcomes in racial/ethnic minority populations.⁵ While this effect appeared to be consistent across a range of settings and populations, most of the studies did not include information on income level.

Even programs that improve outcomes for racial and ethnic minority groups can still widen health disparities if they do not differentially target improvements in those disadvantaged groups.⁶ In a rapid review of the literature, Jackson-Triche et al examined the potential for collaborative care to reduce disparities and improve equity in behavioral health. This review reported that on average, racial and ethnic minority groups appeared to derive greater benefits from collaborative care than majority populations, suggesting that these approaches hold potential to reduce disparities in access to, and outcomes of care. The authors recommended that these models incorporate health equity-focused strategies to better achieve this potential.⁷

Building on this literature, we recommend the following four strategies to harness the potential for the collaborative care model to reduce racial and ethnic inequities in mental health:

- 1. Screening and outreach:** Because underserved communities may be less likely to enroll in collaborative care programs, screening and outreach efforts should target minority and underserved communities.⁸ These outreach efforts should occur both within the formal health system and in community settings.
- 2. Cultural tailoring:** Culturally tailored collaborative care programs for underserved racial/ethnic groups should be made more widely available.⁹ Partnerships with service users and other stakeholders should support the development and implementation of these culturally appropriate interventions.¹⁰
- 3. Workforce:** An integrated care workforce should be diverse, educated in bias, and be provided with the skills and tools to implement collaborative care across a range of populations including low-resource settings.²
- 4. Quality Assessment:** Functional outcomes such as employment, housing, poverty, and social connections are both important determinates of, and outcomes from, good clinical care.¹¹ Measurement-based care strategies in collaborative care should track these functional outcomes at both the patient and organizational level. Performance indicators should be stratified by race/ethnicity and for other relevant subgroups to monitor and track progress in achieving health equity.

REFERENCES

1. Alegría M, Nakash O, NeMoyer A. Increasing equity in access to mental health care: a critical first step in improving service quality. *World Psychiatry*. 2018;17(1):43.
2. Shim RS. Dismantling structural racism in psychiatry: a path to mental health equity. *Am J Psychiatry*. 2021;178(7):592-8.
3. American Psychiatric Association.
4. Woltmann E, Grogan-Kaylor A, Perron B, Georges H, Kilbourne AM, Bauer MS. Comparative effectiveness of collaborative chronic care models for mental health conditions across primary, specialty, and behavioral health care settings: systematic review and meta-analysis. *Am J Psychiatry*. 2012;169(8):790-804.
5. Hu J, Wu T, Damodaran S, Tabb KM, Bauer A, Huang H. The Effectiveness of Collaborative Care on Depression Outcomes for Racial/Ethnic Minority Populations in Primary Care: A Systematic Review. *Psychosomatics*. 2020;61(6):632-44. Epub 2020/05/10. doi: 10.1016/j.psym.2020.03.007. PubMed PMID: 32381258; PMCID: PMC7541409.
6. Mechanic D. Policy challenges in addressing racial disparities and improving population health. *Health Aff (Millwood)*. 2005;24(2):335-8. Epub 2005/03/11. doi: 10.1377/hlthaff.24.2.335. PubMed PMID: 15757916.
7. Jackson-Triche ME, Unutzer J, Wells KB. Achieving Mental Health Equity: Collaborative Care. *Psychiatr Clin North Am*. 2020;43(3):501-10. Epub 2020/08/11. doi: 10.1016/j.psc.2020.05.008. PubMed PMID: 32773077.
8. Bao Y, Alexopoulos GS, Casalino LP, Ten Have TR, Donohue JM, Post EP, Schackman BR, Bruce ML. Collaborative depression care management and disparities in depression treatment and outcomes. *Arch Gen Psychiatry*. 2011;68(6):627-36. Epub 2011/06/08. doi: 10.1001/archgenpsychiatry.2011.55. PubMed PMID: 21646579; PMCID: PMC3522183.
9. Ell K, Katon W, Xie B, Lee P-J, Kapetanovic S, Guterman J, Chou C-P. Collaborative care management of major depression among low-income, predominantly Hispanic subjects with diabetes: a randomized controlled trial. *Diabetes Care*. 2010;33(4):706-13.
10. Chung B, Jones L, Dixon EL, Miranda J, Wells K, Council CPiCS. Using a community partnered participatory research approach to implement a randomized controlled trial: Planning the design of community partners in care. *J Health Care Poor Underserved*. 2010;21(3):780.
11. Compton MT, Shim RS. The social determinants of mental health. *Focus*. 2015;13(4):419-25.