



# 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.<sup>1</sup> There is a growing recognition that social, environmental, and economic conditions play a central role in both in creating and perpetuating these health disparities.<sup>2</sup>

Collaborative care is a model of service integration that uses a team-based approach to support population-based, patient-centered treatment.<sup>3</sup> Collaborative care can improve quality and outcomes of care across a wide variety of mental health conditions and treatment settings.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup> 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.<sup>7</sup>

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.<sup>8</sup> 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.<sup>9</sup> Partnerships with service users and other stakeholders should support the development and implementation of these culturally appropriate interventions.<sup>10</sup>
- 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.<sup>2</sup>
- 4. Quality Assessment:** Functional outcomes such as employment, housing, poverty, and social connections are both important determinates of, and outcomes from, good clinical care.<sup>11</sup> 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.

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