

A Review of Collaborative Biopsychosocial Healthcare Worldwide

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Purpose

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- To call attention to the importance of collaborative care for mental health in international settings
- To highlight advances in models of collaborative psychological care that are emerging globally

Advances in our understanding of physiology, nuclear medicine, bio-technology, neuroscience and brain anatomy coupled with new mediums for healthcare delivery and a more pervasive cooperation on the part of healthcare providers, have led to a need for a systemic approach to the mind body dichotomy and a greater focus on biopsychosocial approaches to patient mental health treatment and care.

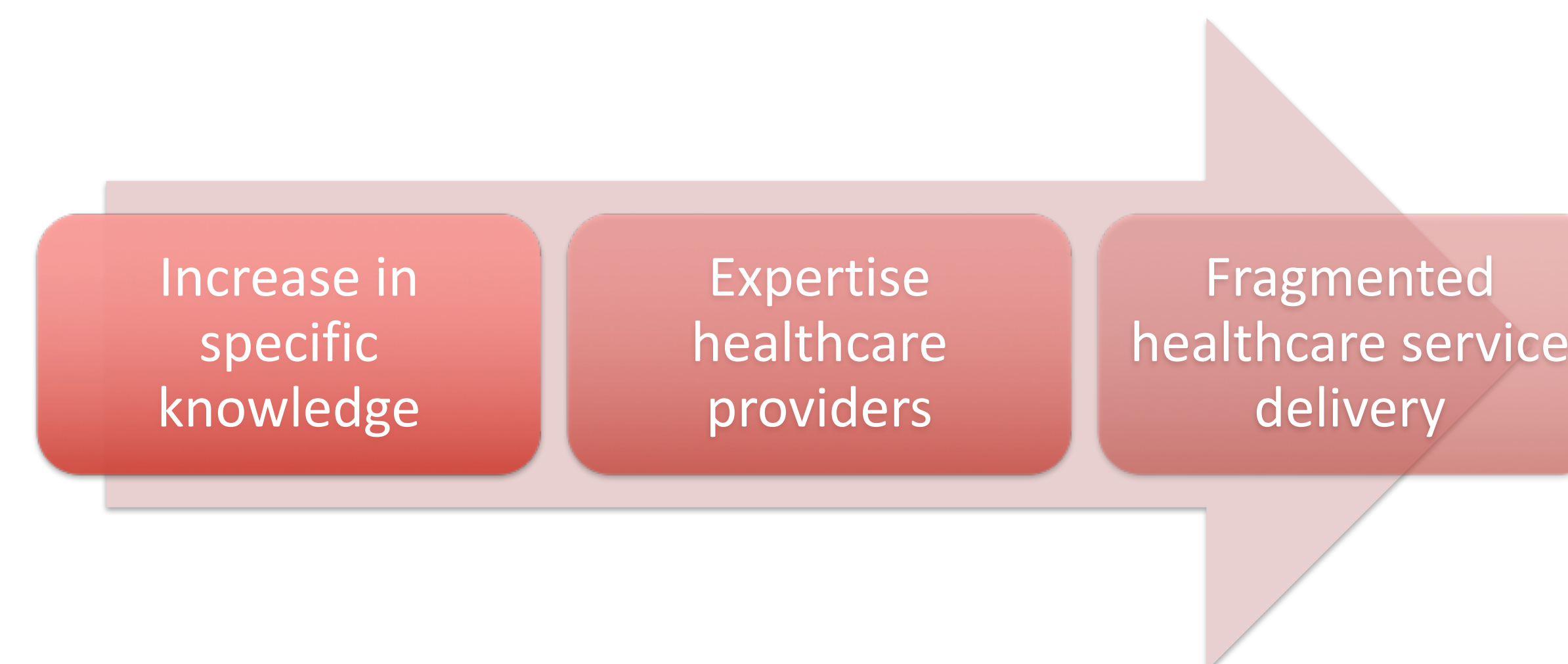
This review aims to (a) justify the continued proliferation of collaborative care models internationally, (b) provide a context for classifying models of care, (c) present exemplar models through global examples of collaborative care and, (d) critique current applications of collaborative care while providing recommendations for further progress.

Defining Collaborative Psychological Healthcare

Biospsychosocial approach to the provision of healthcare through the use of teams and clinicians representing medical, behavioral, social work, and case management disciplines:

- Need for coordination between physical medicine and mental health
- Ideal for dealing with complex, chronic health conditions
- Common agencies
 - Community Health centers
 - Hospitals or Public Health centers
 - Private Practice
 - Community Mental Health centers
 - Social Service agencies

Cost & Quality of Care



While the skills and knowledge to serve the complex biopsychosocial health needs of a given patient may extend beyond the range of an individual practitioner, patient goals can be achieved by synchronized teams working toward a common goal, thereby enhancing clinical effectiveness and patient outcome, providing integrated and seamless care that is also cost effective

Global Examples:

- IMPACT (Netherlands)
- Manas Project (India)
- Psychosomatic Consultation in the Workplace program (Germany)
- Collaborative Stepped Care (CSC) model (India)

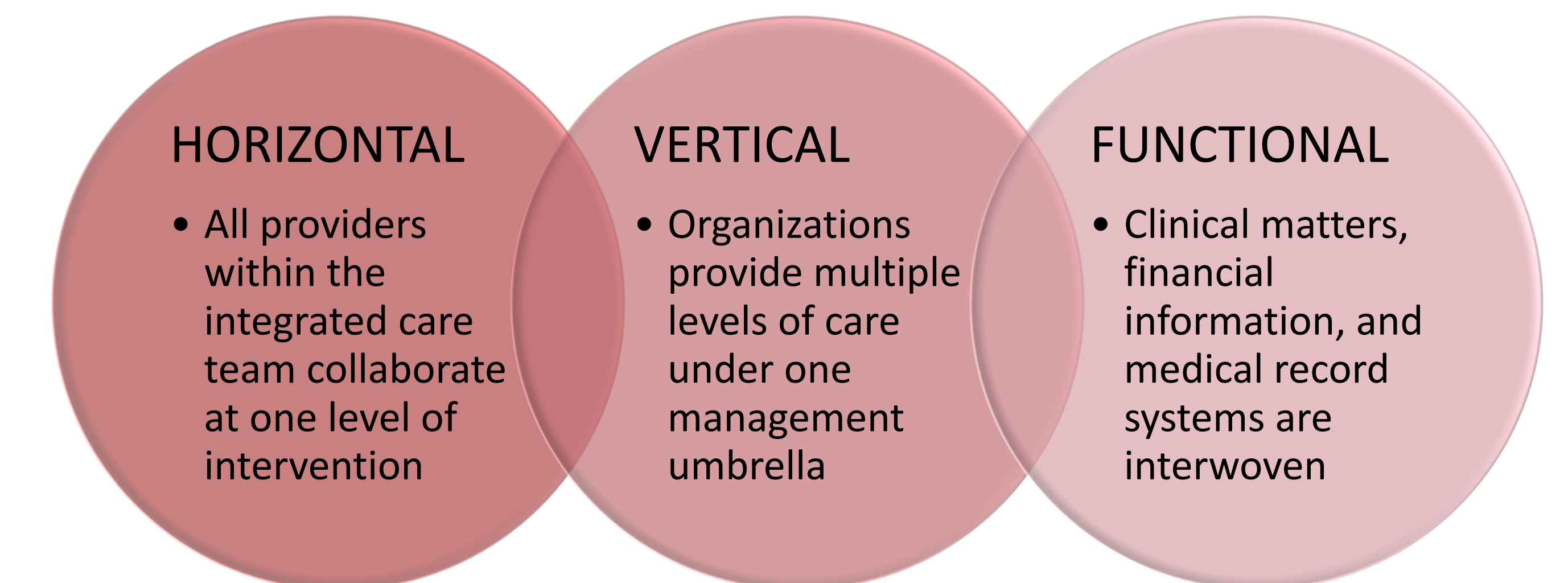
Coordinated, Co-located, and Integrated

Coordinate → Primary and secondary care coordination is in place to allow for each provider to deal with his/her primary area of expertise while having support from a provider in a separate field of expertise

Co-located → Behavioral health and physical medicine providers are located within the same physical structure to allow for coordination of care, but notes from either provider are kept separately to facilitate confidentiality

Integrated → Patients are treated based on a single holistic care plan which is contributed to by providers from multiple disciplines

Integration Models



Critique

- Family members are the first responders in an individual's healthcare crisis and while patients might not have expertise on a given health condition they do have expertise on themselves, so a solid argument can be made that a truly systemic approach to collaborative healthcare will include patient and family in the team process.
- Collaborative models still can create confusion, negligence, and differing/ competing treatment plans, thereby impacting the actual care of the patient.
- Is it actually cost-effective? Research funded by the German Federal Ministry of Education and Research, reviewed collaborative care world-wide and in their initial findings found no significant difference for cost-effectiveness between collaborative care and care as usual options for depressed patients

Conclusion

- In the global pursuit of improved patient outcomes, expedient care, increased access to care, and a decreased financial burden of mental health services, a continued push toward integrated and collaborative interdisciplinary care teams is warranted.
- To aid the proliferation of positive effects, both the practical and research driven worlds of healthcare would benefit from a clear classification system for healthcare models.