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Collaborative Care Effective for Treating Women with Depression

Bethesda, MD —Integrating behavioral health care into the primary care setting is gaining recognition as the standard of care for managing the growing mental health needs in the United States and abroad. The collaborative care model has been found to be effective for depression in various primary care populations. A recent review of the literature demonstrates that collaborative care models are particularly well suited to treating depressed women in non-mental health settings.

“*Collaborative Care for Women with Depression: A Systematic Review*,” an article published in *Psychosomatics*, the Journal of the Academy of Psychosomatic Medicine, summarizes the authors’ review of English-language articles published between 2012 and 2015. “We chose February 1, 2012 as the start date because that was the month and year of the search end date for the last published systematic review on collaborative care for depression and anxiety,” said Rachel Kester, D.O., corresponding author, and psychiatrist with Cambridge Health Alliance/Harvard Medical School, Cambridge, Massachusetts.

Collaborative care models have been shown to reduce depressive symptoms and prevent depression recurrence in general adult populations, improve a multitude of health outcomes, and reduce total health care costs. The article examined how this intervention works in settings primarily treating women. “We thought that collaborative care interventions may be particularly helpful for women because the life transitions that they experience may present increased risk for depression,” said Dr. Kester.

The authors studied only literature that focused on a collaborative care approach based on modified principles of collaborate care described by University of Washington, Psychiatry and Behavioral Science Division of Population Health, AIMS Center. These principles included: patient-centered team care; population-based care; measurement-based treatment to target; and evidence-based care.

Collaborative care interventions were shown to be effective in the delivery of mental health care to women in non-specialty settings at different life and reproductive stages. Of the seven studies that were reviewed, four focused on pregnant or postpartum women or both. “Given the variety of adverse maternal and infant outcomes associated with perinatal depression, the availability of such programs to reach women in primary care and ambulatory obstetric settings is critical,” said Dr. Kester.

The *Psychosomatics* article noted that one observational study of a collaborative care program for low-income mothers in the state of Washington demonstrated that this model of care can be effective for underserved female populations. The study found, however, that when compared to Latinas, Black women were less likely to respond to collaborative care treatment for depression. “Implementation of this type of intervention may need to be further tailored for specific racial and ethnic groups to reduce disparities in depression outcomes,” added Dr. Kester.

Noting the limitations of the study, including a heterogeneity of the samples and a review of English-only language articles, the authors called for an evaluation of collaborative care programs that focus on other life stages, such as teenagers and menopausal women, in addition to women of reproductive age who are not currently pregnant or postpartum.

The Academy of Psychosomatic Medicine, a professional society of more than 1,200 leading physicians, represents psychiatrists dedicated to the advancement of medical science, education, and health care for persons with co-morbid psychiatric and general medical conditions.

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