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**POSTER ABSTRACT****Strategies for engaging patients and families in collaborative mental health care**

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***Introduction***

In many countries, the bulk of care for common mental disorders such as depression and anxiety disorders is delivered in primary care. Yet, despite how frequently these disorders are seen in primary care, important gaps persist with respect to their detection, treatment and long-term management. Collaborative care is an evidence-based model of care that is currently being implemented worldwide to improve the quality and integration of mental health care in primary care. Patients and families are often described as important actors in collaborative care programs. However, it remains unclear how to concretely engage them as partners in these programs.

***Aims Objectives Theory or Methods***

This study aimed to identify and describe the strategies used in collaborative care programs to engage patients and families affected by depressive and anxiety disorders. We performed systematic review of programs for depressive or anxiety disorders, building on a previous 2012 Cochrane review. We searched in multiple databases strategies (Cochrane CCDAN and CINAHL) and three clinical trials registers. The selection process was conducted independently by multiple review authors. Relevant articles included controlled trials of collaborative care programs and sibling articles (e.g. protocols, follow-up studies, qualitative studies) that provided additional information about engagement strategies.

***Highlights or Results or Key Findings***

Overall, the systematic review identified 150 collaborative care programs for depressive or anxiety disorders that were described in 597 trial and sibling articles. Programs adopted 15 different engagement strategies, with a median of two strategies per program (range 0-9 strategies). The most common strategies were patient education (87% of programs), supports for self-management (47% of programs), and behavioural interventions like motivational interviewing or behavioural activation (38% of programs). Strategies such as personalized care planning, shared decision making, family supports and peer supports were observed in fewer than one third of programs. Programs similarly infrequently involved patients or families in the training of professionals in

collaborative care (only 4 programs) or in research or evaluation activities related to collaborative care programs (only 10 programs). Care managers (nurses, social workers, psychologists, etc.) often played a critical role in supporting patient and family engagement.

### ***Conclusions***

Integrating mental health care in primary care is a priority internationally. Our findings highlight gaps in the engagement of patients and families in collaborative mental health care, but also clarify the range of strategies that can be used to achieve more person- and family-centered services for common mental disorders.

### ***Implications for applicability/transferability sustainability and limitations***

The patient and family engagement strategies identified in our review should inform existing collaborative care programs and could be adopted in new programs implemented worldwide. The strategies align with current engagement frameworks and were validated by an interdisciplinary team that included people with lived experience of mental illness.