A Review of Collaborative Biopsychosocial Healthcare Worldwide
Sadie M. Teal, M. S., John Charleston, M.S., Jyssica Seebeck, M.S., and John W. Thoburn, Ph.D.
Seattle Pacific University

Purpose

Purpose:
- 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

Biopsychosocial 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)

Integration Models

HORIZONTAL
- All providers within the integrated care team collaborate at one level of intervention

VERTICAL
- Organizations provide multiple levels of care under one management umbrella

FUNCTIONAL
- Clinical matters, financial information, and medical record systems are interwoven

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.