

## **COLLABORATIVE CARE FOR RACIAL/ETHNIC MINORITY POPULATIONS IN PRIMARY CARE: A SYSTEMATIC REVIEW**

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**Background:** Racial and ethnic minorities experience a greater burden of mental health outcomes compared to White adults in the United States. While the prevalence of mental health disorders is similar among White and non-White adults, disparities in access and utilization of mental health services persist. The collaborative care model, a team-based, population-focused, and measurement-based model of care, is increasingly being adopted to improve access to services and to promote diagnosis and treatment of psychiatric diseases. Specifically, the model has been shown to be effective in improving depression outcomes. However, there is no systematic review available that summarizes what is known about collaborative care on depression outcomes for racial/ethnic minorities in the United States.

**Aims/Objectives:** This systematic review seeks to answer this question, particularly for collaborative care initiatives implemented in primary care settings, the entry point to healthcare for many minority patients.

**Methods:** Studies were included in this review if they incorporated adults from at least one racial/ethnic minority group, were located in primary care clinics, and had depression outcome measures. We used guidelines described by the University of Washington Advancing Integrated Mental Health Solutions Center to define the main components of collaborative care.

**Results:** Of 371 titles screened, 165 full-length articles were assessed for eligibility (92 after duplicates were excluded), and 18 studies were included. Results from our review show there is potential that collaborative care, with or without cultural/linguistic tailoring, is effective in improving depression among racial/ethnic minorities.

Discussion: Questions remain as to what elements of cultural adaptation are most helpful in implementing collaborative care for minority populations, why a large gender disparity exists in these studies, and how the inclusion of virtual components (e.g. telemedicine) changes access and delivery of care. Future research should also include less studied populations, including South Asians, Native Americans, and Arab Americans.

### Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Discuss the existing literature on collaborative depression care interventions for racial/ethnic minority adults in the United States
2. Describe how different collaborative care models have included cultural adaptations to provide for their specific populations

### References

1. Thota A, Sipe T, Byard G, et al. Collaborative care to improve the management of depressive disorders: a community guide systematic review and meta-analysis. *Am J Prev Med.* 2012;42(5):525-38.
2. Moher et al. Preferred reporting items for systematic review and meta-analysis: the PRISMA statement. *Ann Intern Med* 2009;151:264-9.