

Concurrent treatment of depressed patients by primary care and mental health providers is common but does not resemble collaborative treatment models proven effective in randomized controlled trials

In randomized controlled trials (RCTs), patients with major depression who receive broad-based collaborative treatments by primary care and mental health providers (PCPs and MHPs) have better outcomes than patients receiving "usual care." A random sample of PCPs in Michigan indicated that they frequently co-treat depressed patients with MHPs but only make contact in half of shared cases. They seldom plan treatment together or clearly assign patient care responsibilities. Managed behavioral healthcare programs may make collaboration more difficult; whereas colocation of provider practices appears to facilitate collaboration. *Valenstein M, Klinkman M, Becker S, Blow F, Barry K, Sattar A, Hill E. Concurrent treatment of patients with depression in the community. Provider practices, attitudes, and barriers to collaboration. Journal of Family Practice. 1999; 48:180-187. Contact: Marcia Valenstein, MD, (734)-930-5141, e-mail at marciav@umich.edu.*