

# Comparing Long-Term Outcomes of Two Collaborative Care Approaches for People with Depression in Underresourced Communities

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## What was the research about?

Depression is a health problem that causes people to feel sad and hopeless and to have low energy. People usually get treatment in healthcare settings, such as clinics. In communities with few resources, people may also get help in community settings, such as social services agencies or churches. Collaborative care approaches bring together healthcare and community programs to help people with depression.

In an earlier study, researchers compared two collaborative care approaches:

- **Coalition.** In this approach, the research team invited healthcare and community program leaders to two-hour planning meetings twice a month for four months. With the help of the coalition, the leaders customized treatment resources to their community's culture and trained program staff. The coalition gave trainings through conferences, webinars, and site visits. Training topics included depression therapy and care management. The coalition also shared online and written resources.
- **Technical assistance or TA.** In this approach, a team of experts offered program staff 12 online trainings on topics such as team building and depression therapy. The experts also visited primary care groups to talk about how to treat

depression. They shared online and written resources.

After one year, the coalition approach led to more improvement in people's mental health quality of life and fewer nights in the hospital than the TA approach.

In this study, the research team compared the two approaches for three years.

## What were the results?

After three years, the two approaches didn't differ in people's depression or mental health quality of life. Compared with people in programs assigned to the TA approach, people in programs assigned to the coalition approach

- Showed more improvement in physical health quality of life
- Averaged fewer nights in the hospital for mental health problems

## Who was in the study?

The study included 980 adults with depression who completed the first survey for the earlier study. Of these, 46 percent were African American, 41 percent were Latino, and 9 percent were white. The average age was 45, and 58 percent were women. In addition, 74 percent of the people had incomes below the poverty line. Also, 54 percent were homeless or at risk

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for long-term homelessness. All people in the study attended a healthcare or community program. They lived in South Los Angeles and Hollywood-Metro Los Angeles.

### **What did the research team do?**

In the earlier study, researchers assigned healthcare and community programs to one of the two collaborative care approaches by chance. Then, the team recruited people with depression who were receiving services from these programs.

In this study, the research team looked at people who completed surveys at the start of the study and three years later. People who have depression and other community members worked with the research team to design and carry out the study and suggest topics for future studies.

### **What were the limits of the study?**

The study took place in two mostly African American and Latino communities in the Los Angeles area. Results may differ in other areas. Because many people in the study were homeless, the team couldn't reach everyone to give them the final survey. Results may be different if everyone took the survey.

Future research could look at how to support coalition approaches over time.

### **How can people use the results?**

Healthcare and community programs can use the results to help people with depression living in communities with few resources.

*To learn more about this project, visit [www.pcori.org/Wells140](http://www.pcori.org/Wells140).*