

Exploring the Effectiveness of Integrated Care Models for Managing Mental Health Issues

Kelechi Nelson Adindu

School of Allied and Public Health,
University of Chester, United Kingdom

Christiana Onyinyechi Akubuiro

Tees Esk and Wears Valley NHS Foundation,
United Kingdom

Emeka Darlington Onochie

Department of Psychiatry, Nottinghamshire
Healthcare NHS Foundation Trust, United Kingdom

Uchenna Christiana Nwonye

University of Maryland,
Eastern Shore, United States

Oluwagbemiga Adesina

Lancashire and South Cumbria
NHS Foundation Trust, United Kingdom

Patience Nkese Otaniyen

Royal College of Psychiatrists,
United Kingdom

Chukwuka David Okorie

Cape Medical Services, Worcester,
United Kingdom

ABSTRACT

The global rise in mental health issues has exposed limitations in conventional healthcare systems' ability to deliver comprehensive and integrated care for individuals with complex mental disorders. In response, integrated care models have emerged as promising solutions, combining primary healthcare, specialized mental health services, and social support networks. This research investigates the efficacy of these integrated approaches in addressing mental health concerns, with a particular focus on their capacity to enhance care accessibility, improve patient outcomes, and elevate overall service quality. The study examines various integration models, such as collaborative care and patient-centered medical homes, to assess their impact on reducing healthcare fragmentation, enhancing care continuity, and promoting holistic treatment strategies. Research methods include systematic reviews of existing literature, case studies, and interviews with both

healthcare professionals and patients. Conclusively, the study's findings aim to consolidate insights from contemporary research and practical examples to determine optimal practices and obstacles in deploying integrated care for mental health treatment. Furthermore, it delves into the prospects of cutting-edge technologies and cross-disciplinary partnerships to boost the effectiveness of these frameworks. Ultimately, this research seeks to contribute to the development of more effective, person-centered mental health care systems.

Keywords: Integrated, models, primary care, mental health, substance abuse.

INTRODUCTION

Globally, mental health disorders, including depression, anxiety, and substance abuse, have become primary causes of disability, necessitating more efficient care delivery systems. Conventional healthcare approaches often separate mental and physical health treatments, resulting in disjointed care that may intensify health inequalities and lead to poor patient results [1]. In response, integrated care models have emerged as promising alternatives, offering a more unified approach by combining mental and physical health services within a single care environment [2].

These integrated frameworks, particularly the Collaborative Care Model (CoCM), emphasize team-based strategies where general practitioners, mental health experts, and care coordinators collaborate to manage a patient's overall wellbeing. By incorporating mental health services into primary care settings, integrated care aims to improve the diagnosis, treatment, and follow-up of mental health conditions, thus addressing longstanding gaps in effective mental health management [3].

This study examines the efficacy of integrated care models in addressing mental health issues, with a focus on their capacity to enhance access to care, improve treatment coordination, and achieve superior clinical outcomes. Additionally, it considers the obstacles encountered in implementing these models.

METHODOLOGY

This study employed a comprehensive and multifaceted approach to evaluating the effectiveness of integrated care models for mental health services. These approaches are;

Thorough Literature Review

A broad analysis of peer-reviewed articles, systematic reviews, and meta-analyses published in the last 15 years, with focus on high-quality studies with robust methodologies and large sample sizes. Research from diverse geographical regions were included in the review to ensure a global perspective.

Case Study Analysis

Examination of real-world implementations of integrated care models across various healthcare systems in different countries, through assessment of both successful implementations and those facing challenges to identify key success factors and potential barriers.

Stakeholder Interviews

Conversations were conducted with healthcare professionals, policymakers, and service users involved in integrated care initiatives to gather insights into practical experiences and perspectives.

Comparative Evaluation

Juxtaposition of integrated care approaches with conventional mental health service delivery to evaluate relative efficacy and productivity.

RESULTS

The data generated have shown the following:

Enhanced Patient Outcomes

Integrated care approaches show marked improvements in symptom alleviation and general mental health functioning when compared to conventional care methods. Higher levels of treatment compliance and care satisfaction were observed in patients under integrated care programs. Studies tracking patients over extended periods have shown enduring enhancements in mental health outcomes and life quality indicators. Moreover, the overall prognosis for people with other comorbidities improved significantly when managed in integrated care environments [1]. Research findings highlight the efficacy of integrated care in enhancing mental health outcomes. A systematic review of randomized controlled trials by Archer et al. (2012) revealed that patients suffering from depression and anxiety who were treated using collaborative care approaches experienced a significantly positive clinical result compared to those receiving conventional care. Furthermore, some studies posited that integrated care contributes to a reduction in the intensity of mental health symptoms and an enhancement in the quality of life for individuals grappling with concurrent physical and mental health issues [1, 4, 5].

Cost-Effectiveness

The implementation of integrated care models leads to a reduction in healthcare expenses over time, due to fewer visits to the accident and emergency departments and reduced hospital admissions. A study also argued that improved management of chronic illnesses and prevention of mental health emergencies resulted in long-term financial savings [5]. In addition, examination of healthcare resource utilisation patterns revealed a more effective use of services and less duplication of efforts, while economic projections indicate the possibility of a substantial system-wide cost reduction with universal implementation of integrated care models.

Improved Access to Mental Health Services: Collaborative care frameworks enhance the availability of mental health support, particularly for underserved groups and rural communities, resulting to reduced stigma linked to seeking mental health assistance in primary care environments, hence, greater service uptake [5, 17]. Also, strategies for early intervention and prevention are made more viable using the integrated care model, thus contributing to better health outcomes across the population. A key benefit of integrated care is its capacity to improve mental health care accessibility. The incorporation of mental health specialists within primary care environments increases the likelihood of patients receiving prompt treatment.

Studies indicate that integrated care approaches boost the identification of mental health disorders and shorten waiting periods for mental health services [6].

To illustrate, research conducted by Reynolds et al. (2020) demonstrated that individuals in integrated care settings were more prone to commence mental health treatment within 30 days of referral compared to those in conventional referral systems. This promptness is especially vital for conditions such as depression and anxiety, where swift intervention plays a crucial role in determining outcomes [7].

Enhanced Care Coordination and Continuity

The amalgamation of mental health services with primary care enables improved communication between healthcare professionals and more comprehensive patient support. This effort has been attributed to shared electronic health records and coordinated treatment plans which bolster continuity of care. Approaches involving multidisciplinary teams, result in more holistic patient care and improved management of intricate cases [8]. Furthermore, transitions between various levels of service (such as inpatient to outpatient) are more seamless and efficacious. Collaborative care models emphasise interdisciplinary teamwork, enhancing the coordination of care and delivering more tailored treatment to patients. According to Gerrity (2016), care provided by teams reduces the likelihood of patients being overlooked, especially during transitions between primary and mental health care services. This unified approach has been linked to higher levels of patient satisfaction, decreased rates of hospital admissions, and improved compliance with treatment regimen [9].

Obstacles to Implementation

Organisational hurdles, such as opposition to change and insufficient resources, can impede the effective execution of integrated care frameworks. The limited efficacy of integrated care approaches may stem from inadequate training of healthcare practitioners in these methods. Fiscal impediments, including reimbursement models and upfront investment requirements, present challenges to broad-scale adoption. Nevertheless, the efficacy of integrated care in diverse communities may be affected by cultural and language-related obstacles. Whilst the advantages of integrated care models are well-documented, their implementation presents several hurdles. Healthcare organisations must surmount operational obstacles, including the provision of sufficient training, the reconfiguration of clinical processes, and the assurance of financial viability [10]. As posited by Fortney et al. (2017), the absence of appropriate funding mechanisms for integrated care services, such as those for behavioural health billing, often restricts the expansion of these models.

Cutting-edge Methods and Technologies

Within integrated care models, artificial intelligence and machine learning algorithms show potential for improving diagnostic precision and treatment strategies. In integrated care environments, mobile health applications and wearable devices present novel opportunities for patient supervision and involvement [11]. The incorporation of telemedicine and digital health technologies into these frameworks further broadens access to care, notably in remote or underserved regions [11, 17]. In mental health care, virtual and augmented reality technologies exhibit promise for groundbreaking therapeutic interventions.

DISCUSSION

This extensive research indicates that integrated care approaches offer considerable benefits over conventional methods in addressing mental health concerns. These models tackle diverse deficiencies in our fragmented healthcare systems by delivering comprehensive, patient-focused care that considers both mental and physical health requirements. The improved outcomes and cost-efficiency observed across various studies, highlights the need for broader implementation of integrated care strategies. The efficacy of integrated care models involves multiple factors.

Comprehensive Approach

A key characteristic of integrated care models is their all-encompassing strategy for addressing mental health disorders. These models do not treat mental health issues in isolation; instead, they integrate behavioural health services with primary care, enabling a more comprehensive assessment of a patient's overall health. This comprehensive approach is crucial for managing the intricate relationship between mental and physical well-being, particularly as many psychiatric conditions, such as depression and anxiety, frequently occur alongside chronic physical ailments like diabetes or heart disease [4]. These models acknowledge the interrelation of overall well-being by concurrently addressing mental and physical health. The comprehensive approach of integrated care is based on the recognition that mental and physical well-being are inextricably linked. Those suffering from severe mental disorders face a higher likelihood of developing physical ailments, often resulting from a blend of biological, behavioural, and societal influences [2]. Likewise, long-term physical ailments can worsen mental health symptoms, creating a vicious cycle of poor health outcomes that conventional segregated healthcare systems find challenging to disrupt.

Integrated care models, by embedding mental health services within primary care settings, facilitate the early detection and management of both mental and physical health issues. This comprehensive strategy ensures that mental health experts are actively engaged in the ongoing care of a patient's health, thereby reducing the risk of conditions being overlooked or inadequately treated.

Thus, the all-encompassing framework of integrated care models allows healthcare providers to address the patient as a "whole person," ensuring that their mental, physical, and social health needs are collectively considered during diagnosis and treatment [8]. This level of care is particularly crucial for patients with multifaceted health requirements who benefit from the oversight of a multidisciplinary healthcare team.

Comorbid physical ailments are frequently observed in people with mental health issues, and the reverse is also true. To address these co-occurring conditions in a holistic and synchronised fashion, integrated care models have been developed. These approaches yield superior results compared to treating each condition in isolation. The work of Archer et al. (2012), demonstrated that patients under integrated care schemes saw notable enhancements not just in their mental well-being, but also in the control of long-term physical ailments such as high blood pressure, diabetes, and persistent pain.

For instance, those suffering from depression have greater than 50% likelihood of developing heart disease, while diabetic patients have a higher risk of developing depression [12]. The

integrated care approach enables ongoing dialogue between general practitioners and mental health experts, allowing for prompt modifications to treatment strategies that simultaneously tackle both mental and physical health concerns. This uninterrupted communication is crucial when managing patients with multiple conditions, as medication regimens and lifestyle changes are paramount to their general wellbeing if properly coordinated.

A holistic strategy for integrated care places significant emphasis on care continuity, which is vital in the management of long-term mental health disorders. The incorporation of mental health specialists into the primary care team reduces the risk of patients being overlooked during transitions between healthcare providers or settings. As Butler et al. (2008) noted, integrated care models enhance treatment plan adherence and follow-up, with care managers and general practitioners collaborating to track patient progress and modify interventions when necessary.

The benefits of care continuity are particularly evident in the management of serious conditions such as major depression, bipolar disorder, and schizophrenia, where consistent medication management, therapy, and monitoring are essential to prevent relapses or worsening of symptoms. According to Fortney et al. (2017), a comprehensive care approach significantly improves communication and follow-up, leading to better adherence to both pharmacological and psychosocial treatments. This not only enhances patient outcomes but also leads to a reduction in hospital readmissions and visits to accident and emergency departments [10].

Whilst the holistic nature of integrated care is a significant advantage, it also brings forth certain difficulties. The implementation of such a system necessitates substantial collaboration between mental health experts and general practitioners, which can prove challenging in resource-limited environments. Moreover, some healthcare systems may not possess the necessary infrastructure or personnel to deliver the interdisciplinary care essential for a truly comprehensive approach.

Consequently, sufficient funding, staff training, and a favourable policy landscape are crucial for surmounting these obstacles and ensuring the efficacy of integrated care models [8].

Enhanced Accessibility

Integration with primary care diminishes obstacles to mental health treatment, including stigma and geographic constraints. Conventional mental health services often encounter substantial challenges, including extended waiting periods, disjointed care provision, and regional constraints, which collectively hinder the utilisation of mental health resources [2]. The incorporation of mental health services into primary care settings, known as integrated care models, presents a more approachable and efficient treatment strategy by mitigating many of these impediments. This enhanced accessibility results in improved engagement with mental health services, more timely interventions, and superior patient outcomes [6].

Incorporating mental health services into primary care settings can significantly reduce the extended waiting periods typically associated with specialised mental health treatment. In many healthcare systems, patients often face delays of several weeks or even months for appointments with mental health specialists, which can hinder crucial treatment. Research has

demonstrated that such delays can substantially worsen outcomes, particularly for conditions such as depression and anxiety, where prompt intervention is essential [1].

The integration of mental health care into primary care environments allows patients to receive swifter evaluations and commence treatment more rapidly. The study by Reynolds et al. (2020), revealed that patients in integrated care systems were more prone to begin mental health treatment within 30 days of referral compared to those in conventional systems. This expedited access diminishes the risk of mental health conditions deteriorating and enhances the probability of successful intervention, thereby contributing to improved long-term outcomes.

A considerable obstacle to mental health care access is the negative perception surrounding treatment for psychological disorders. Many individuals postpone or avoid seeking help due to concerns about being stigmatised or criticised. Integrated care approaches help mitigate this issue by incorporating mental health services into primary care settings, thus normalising such treatment. Patients who can address both their physical and mental health needs in a single, familiar environment are less likely to experience the social stigma typically associated with visiting specialised mental health facilities [13]. This diminished stigma leads to increased patient participation in mental health services. Some studies argue that individuals are more inclined to comply with mental health treatment recommendations when these services are embedded within their primary care setting, resulting in improved adherence to treatment regimens [1][4]. This enhanced engagement is vital for the management of long-term mental health conditions, where consistent treatment and follow-up are essential for achieving the best possible outcomes [14].

Optimal Resource Utilisation

Coordinated care minimises service duplication and promotes more effective use of healthcare assets [15].

Improved Prevention and Early Detection

Regular primary care appointments provide opportunities for timely identification and intervention in mental health issues [1]. A key aspect of integrated care models is the integration of systematic mental health evaluations into primary care appointments. As primary care physicians are typically the initial healthcare contact for most individuals, these models utilise their position to perform regular mental health assessments alongside physical examinations. This strategy facilitates the early identification of mental health concerns that might otherwise remain undetected until they become more serious [4].

Regular mental health screenings are particularly beneficial in identifying prevalent conditions such as depression, anxiety, and substance abuse disorders especially in adolescents [16]. Research by Archer et al. (2012) demonstrated that methodical screening in primary care environments led to earlier diagnoses of depression and anxiety, which are frequently underreported or overlooked in conventional healthcare settings. Prompt detection enables timely interventions, thereby reducing the risk of these conditions deteriorating or becoming long-term issues. Integrated care models not only focus on early detection but also emphasise proactive management and preventative measures. The onset of mental health issues is often gradual, with subtle early warning signs. These models are structured to identify these initial indicators and intervene before the condition worsens. Gerrity (2016) opined that frequent

communication between mental health specialists and primary care doctors enables timely modifications to treatment strategies, ensuring that emerging mental health concerns are tackled before they become more intricate and challenging to address. A typical example is the treatment of individuals exhibiting mild symptoms of depression. These patients can reap benefits from early interventions such as short-term cognitive-behavioural therapy (CBT) or medication. The use of CBT or other pharmacological measures can limit the disease progression or further complications [8]. Furthermore, incorporating behavioural health services into primary care ensures the early implementation of preventative strategies, including lifestyle adjustments, counselling, and stress management techniques [4]. These measures are crucial in reducing the likelihood of mental health conditions deteriorating. Within integrated care frameworks, the implementation of early identification and preventive measures can substantially diminish the impact of mental health emergencies, including hospitalisations and visits to accident and emergency departments [17]. Mental health conditions that remain undiagnosed or untreated frequently progress to a state necessitating urgent intervention [18]. Bower et al. (2011) argued that individuals whose mental health issues are either unrecognised or inadequately managed face an elevated risk of experiencing crises that result in hospital admission. Integrated care models demonstrate their effectiveness in addressing mental health concerns through enhanced prevention and early identification strategies. These approaches incorporate mental health assessments into general practice, implement proactive management techniques, and tackle both psychological and physiological well-being in a synchronised fashion [17]. Consequently, mental health disorders are recognised and treated at an earlier stage, resulting in more favourable long-term outcomes. This approach diminishes the likelihood of mental health emergencies and hinders the onset of co-occurring conditions, ultimately enhancing the overall efficiency of healthcare systems.

Patient-centred Treatment

Integrated models frequently result in more tailored and thorough treatment plans.

Research has demonstrated the efficacy of integrated care models in addressing mental health concerns across diverse contexts and demographics. A comprehensive review and statistical analysis revealed that integrated care yielded greater improvements in depressive symptoms compared to standard treatment at 4-6 months [19]. The collaborative care model (CCoM), a specific form of integrated care, has proven particularly effective, with over 80 randomised controlled trials supporting its use [3]. However, it is worth noting that despite the proven effectiveness of integrated mental health care, its real-world implementation varies considerably and may not always align with evidence-based practices [20]. This observation underscores the importance of developing quality indicators to enhance the implementation of integrated care. Furthermore, the benefits of collaborative care models have been observed not only in wealthy nations but also in low- and middle-income countries (LMICs), addressing a range of mental health disorders including depression, anxiety, schizophrenia, alcohol use disorder, and epilepsy [5][2]. In summary, integrated care models, particularly collaborative care, have demonstrated potential in enhancing mental health outcomes, improving access to treatment, and boosting patient satisfaction. These approaches have shown effectiveness in various settings, including primary care and LMICs. Nevertheless, additional research is required to evaluate the impact of integrated care on a broader spectrum of outcomes, such as clinical and functional recovery, treatment satisfaction, and system-level factors like cost-effectiveness [14] [19] [21].

Nevertheless, successful implementation necessitates overcoming several hurdles, including organisational resistance, resource allocation, and training requirements. Healthcare systems must invest in infrastructure, technology, and workforce development to fully realise the advantages of integrated care models. Furthermore, policy amendments may be necessary to support the financial viability of these models and encourage their adoption. The integration of innovative technologies presents both opportunities and challenges. While AI, telemedicine, and digital health tools offer the potential for enhancing care delivery and expanding access, debates about data privacy, digital literacy, and equitable access, are to be carefully addressed. Future research directions should focus on long-term outcomes of integrated care models, including their impact on population health metrics. Other areas of concern include the role of emerging technologies in enhancing integrated care delivery; and optimal strategies for implementing integrated care in diverse healthcare systems and cultural contexts.

CONCLUSION

The Integrated care models demonstrate considerable promise in improving the management of mental health issues. By combining mental health services with primary care and other specialties, these models can enhance patient outcomes, reduce costs, and increase access to care. The holistic approach to integrated care aligns well with the complex nature of mental health disorders and their interactions with physical health. While challenges exist in implementation, the potential benefits warrant continued research, investment, and policy support to promote the widespread adoption of integrated care approaches for mental health management. As healthcare systems globally grapple with the increasing burden of mental health disorders, integrated care models offer a path towards more effective, efficient, and patient-centred care. The future of mental health care likely lies in the further refinement and widespread implementation of these integrated models, supported by technological innovations and interdisciplinary collaboration. By continuing to evolve and adapt these approaches, healthcare systems can work towards a more comprehensive and effective approach to mental health management, ultimately improving the lives of millions affected by mental health disorders worldwide.

RECOMMENDATIONS

1. Develop comprehensive guidelines for implementing integrated care models in diverse healthcare settings, considering cultural, economic, and systemic factors.
2. Invest training programs for healthcare professionals to enhance skills in integrated care delivery, emphasising interdisciplinary collaboration and holistic patient care.
3. Conduct long-term studies to evaluate the sustained impact of integrated care models on mental health outcomes, healthcare costs, and overall population health metrics.
4. Explore innovative funding models and policy changes to support financial sustainability and the widespread adoption of integrated care approaches.
5. Invest research and development of technologies that can enhance integrated care delivery, such as AI-assisted diagnostics and treatment planning tools.
6. Develop strategies to address health disparities and ensure equitable access to integrated mental health care across diverse populations.
7. Establish international collaborations to share best practices and facilitate the global adoption of effective integrated care models.
8. Create public awareness campaigns to educate communities about the benefits of integrated care and reduce the stigma associated with seeking mental health treatment.

9. Implementation of robust evaluation frameworks to continuously assess and improve integrated care models based on patient outcomes and system performance metrics.
10. Explore the potential for integrating mental healthcare into other healthcare specialties beyond primary care, such as oncology, cardiology, and paediatrics.

References

- [1] Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., Dickens, C., & Coventry, P. (2012). Collaborative care for depression and anxiety problems. *Cochrane Database of Systematic Reviews*, (10). <https://doi.org/10.1002/14651858.CD006525.pub2>
- [2] Whitfield, J., Owens, S., Bhat, A., Felker, B., Jewell, T., & Chwastiak, L. (2023). Successful ingredients of effective Collaborative Care programs in low- and middle-income countries: A rapid review. *Global mental health (Cambridge, England)*, 10, e11. <https://doi.org/10.1017/gmh.2022.60>
- [3] Gainer DM, Fischer KB, et al. 2019. Collaborative Care Models in Psychiatry. *DeckerMed Psychiatry*
- [4] Unützer, J., Harbin, H., Schoenbaum, M., & Druss, B. (2013). The collaborative care model: An approach for integrating physical and mental health care in Medicaid health homes. *Health Affairs Blog*. <https://doi.org/10.1377/hlthaff.2012.1046>
- [5] Galea J. 2022. Recommendation: Successful ingredients of effective Collaborative Care programs in low- and middle-income countries: A rapid review — R1/PR9
- [6] Butler, M., Kane, R. L., McAlpine, D., Kathol, R. G., Fu, S. S., Hagedorn, H., & Wilt, T. J. (2008). Integration of mental health/substance abuse and primary care. *Evidence Report/Technology Assessment*, (173), 1-362.
- [7] Reynolds, C. F., Cuijpers, P., Patel, V., Cohen, A., Dias, A., Chowdhary, N., & Prince, M. J. (2020). Early intervention to reduce the global health and economic burden of major depression in older adults. *Annual Review of Public Health*, 41, 123-141.
- [8] Gerrity, M. (2016). *Evolving Models of Behavioral Health Integration: Evidence Update 2010-2015*. Milbank Memorial Fund.
- [9] Wagner, E. H., Austin, B. T., Davis, C., Hindmarsh, M., Schaefer, J., & Bonomi, A. (2001). Improving chronic illness care: Translating evidence into action. *Health Affairs*, 20(6), 64-78. <https://doi.org/10.1377/hlthaff.20.6.64>
- [10] Fortney, J. C., Sladek, R. M., & Unützer, J. (2017). Fixing behavioral health care in America: A national call for integrating and coordinating specialty behavioral health care with the medical system. *NAM Perspectives*. <https://doi.org/10.31478/201705a>
- [11] Secinaro S, Calandra D, Secinaro A, Muthurangu V, Biancone P. The role of artificial intelligence in healthcare: a structured literature review. *BMC Medical Informatics and Decision Making [Internet]*. 2021 Apr 10;21(1). Available from: <https://link.springer.com/article/10.1186/s12911-021-01488-9>
- [12] Moussavi S, Chatterji S, Verdes E, Tandon A, Patel V, Ustun B. Depression, chronic diseases, and decrements in health: results from the World Health Surveys. *The Lancet*. 2007 Sep;370(9590):851-8.
- [13] Bishop, T. F., Ramsay, P. P., Casalino, L. P., Bao, Y., Pincus, H. A., & Shortell, S. M. (2016). Care management processes used less often for depression than for other chronic conditions in US primary care practices. *Health Affairs*, 35(3), 394-400.
- [14] Goodrich DE, Bauer MS, Nord KM, Kilbourne AM. 2013. Mental health collaborative care and its role in primary care settings. *Current Psychiatry Reports*. 15(8):

- [15] Delaney, K. R., Robinson, K. M., & Chafetz, L. (2013). Development of integrated mental health care: critical workforce competencies. *Nursing outlook*, 61(6), 384–391.
<https://doi.org/10.1016/j.outlook.2013.03.005>
- [16] Lyon AR, Richardson LP, French WP, Wasse JK, Whitaker K, Mccauley E. 2016. Collaborative Care in Schools: Enhancing Integration and Impact in Youth Mental Health. *Advances in School Mental Health Promotion*. 9(3–4):148–68
- [17] Lamb J, Bower P, Rogers A, Dowrick C, Gask L. Access to mental health in primary care: A qualitative meta-synthesis of evidence from the experience of people from “hard to reach” groups. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* [Internet]. 2012 Jan;16(1):76–104. Available from: <https://journals.sagepub.com/doi/full/10.1177/1363459311403945>
- [18] Bower P, Knowles S, Coventry PA, Rowland N. Counselling for mental health and psychosocial problems in primary care. *Cochrane Database of Systematic Reviews*. 2011 Sep 7;2011(9).
- [19] Mchugh C, Rickwood D, Curtis J, Hu N, Leung S, et al. 2024. Integrated care models for youth mental health: A systematic review and meta-analysis. *Australian and New Zealand Journal of Psychiatry*. 58(9):
- [20] Sunderji N, Ion A, Ghavam-Rassoul A, Abate A (2017). Evaluating the Implementation of Integrated Mental Health Care: A Systematic Review to Guide the Development of Quality Measures. *Psychiatric Services*. 68(9):891–98
- [21] Reist C, Raffaelli SB, Chiang M, Latimer J, Eisenberg D, et al. 2022. Collaborative mental health care: A narrative review. *Medicine*. 101(52): e32554 Review: Successful ingredients of effective Collaborative Care programs in low- and middle-income countries: A rapid review — R1/PR8. 2022