

We're in This Together: Community Coalition Approaches to Treating Depression

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Background and Objective: Depression is the leading cause of disability worldwide, yet approximately one-third of adults diagnosed with major depressive disorder do not receive treatment. Health coalitions are one strategy towards addressing this issue through collaborative, multi-sector interventions implemented within community organizations. In this narrative review, we examine what evidence exists that coalitions may improve outcomes of depression.

Methods: A search for peer-reviewed literature was conducted using PubMed, CINAHL, MEDLINE, and PsychINFO databases. The search was limited to studies published in the English language. No limitations were placed on location or date of publication. Initial search produced a total of 236 articles. Of these, 34 met inclusion criteria. Papers that did not address depression interventions in the context of community health coalitions were excluded.

Results: Community Partners in Care, a double-blinded randomized control trial, is the primary model in literature that describes outcomes of coalitions in addressing depression. 6-month outcomes revealed that participants treated through a coalition model (n=504) as opposed to those in a non-coalition approach (n=512) had significantly improved self-reported mental health related quality of life and a reduced number of behavioral health hospitalizations. 3-year and 4-year outcomes revealed participants in the coalition model had increased odds of clinical depression remission. While many other studies documented coalition-based interventions, there was little to no report of treatment effectiveness.

Project Impact: Current literature suggests that coalitions may be an effective method of addressing depression, particularly in under-resourced areas where community members are more likely to access care through social services. In addition, churches and schools were identified as key partners for coalitions, as trusted informal networks for mental health support. While results support coalition utility for mental health intervention, more research is needed to determine what, if any, unique attributes of coalitions are necessary to insure effective mental health interventions.