



Collaborative Mental Health Support in Healthcare Settings: The Role of Psychologists, Social Workers, Physicians, and Dental Teams

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Abstract

Collaborative care is a shared, systematic approach to patient care that actively involves different healthcare professions. It is especially important in the management of mental health concerns given the number of patients presenting complex needs simultaneously in general healthcare settings (Cattrra & Gonzalez Malaga, 2022). Therefore, some authors propose a supplementary model of collaborative mental health care that builds on previous integrated care concepts to account for the particular needs of general care systems (Laniado et al., 2021).

Within these extra-conceptual frameworks, various examples of the roles performed by psychologists, social workers, physicians, and dental teams have emerged as particularly relevant (A. Sanders et al., 2021).

Keywords: Collaborative Mental Health Care, Interdisciplinary Healthcare Teams, Integrated Behavioral Health, Psychologists and Social Workers, Physician–Dental Collaboration

1. Introduction

Healthcare settings are crucial venues for addressing the problem of mental health, which affects one in four individuals worldwide and represents a significant cause of disability (Shchedrinskaya et al., 2021). However, various barriers hinder effective mental health treatment



in these settings (Cattrra & Gonzalez Malaga, 2022). Care is often rationed with no or limited follow-up. Referrals for treatment may be organized, but they seldom occur. Despite evidence showing that mental health problems can be causes, consequences, or comorbidities of physical disease, there is a continuing trend toward segregation rather than integration of care (A. Sanders et al., 2021).

2. Conceptual Framework for Collaborative Mental Health Care

Efforts to improve people's mental health through healthcare settings have focused primarily on hospitals and community centres. Yet, routine screening, still a challenge for many health professionals, can be carried out conveniently at general and oral health appointments, where patients frequently attend (A. Sanders et al., 2021). Research has shown that involving multiple disciplines in fostering mental health—work in the field has frequently emphasised the importance of a team approach—yields better, quicker, and wider-reaching outcomes overall (Shoemith et al., 2019). Collaborative models existing in the literature do not yet encapsulate these developments across the range of healthcare settings. This section therefore builds on existing collaborative concepts and further evaluates the resulting collaborative-care needs of psychologists, social workers, physicians, and dental teams in view of recent developments.

3. Roles and Responsibilities in Multidisciplinary Teams

Psychologists are often the primary providers of mental health services, specifically psychological assessment, diagnosis, and treatment of mental health disorders. They use scientifically supported modalities of interventions, including Cognitive Behavioural Therapy (CBT), interpersonal therapy, and psychodynamic therapy via individual and group formats. These interventions are evidence-based and can be administered in individual or group formats. Psychologists assess and treat mental health conditions that can affect physical health, such as anxiety-related conditions that can predispose individuals to cardiovascular diseases.

Social workers serve as collaborators in the assessment, diagnosis, intervention, and treatment of mental health needs (A. Sanders et al., 2021). They conduct psychosocial assessments to identify individuals at high risk for suicide, social disconnection, homelessness, inability to secure basic necessities such as food and shelter, and other situations where individuals are viewed as having a high vulnerability. Interventions encompass a biopsychosocial formulation for the mental health difficulties of the individual within the system of care, emphasis on social support systems, links to community services, support-group facilitation, trauma-informed care, motivational interviewing, behavioral activation, case-management support, and an array of evidence-based therapies.



Physicians partake in the prescription of psychotropic medication, psychotherapy, motivational interviewing, preventive mental care, and treatment of medically unexplained symptoms. Dentists examine the relationship between oral well-being and systemic disease. They screen for the onset of chronic diseases; for example, oral diseases indicate undiagnosed diabetes. They also assess and treat the impact of diseases or drugs on oral health; for example, gender, drug and alcohol abuse, and chemotherapy modify the oral cavity. Dentists conduct targeted screening for oral-cavity diseases connected to sexually transmitted diseases, lung cancer, and HIV. They partner with general practitioners to address the psychological issues related to psychosomatic oral diseases; for example, they assess stress, anxiety, and depression.

3.1. Psychologists

Collaborative care (CC) is an integrated approach to the management of common mental disorders in persons with comorbid chronic medical conditions. Hans G. Schmid et al. define CC as a multi-disciplinary teamwork approach and health service delivery designed to improve mental health, physical health and services overall. Its main objective is to provide support to patients amid rising burdens in healthcare systems. Larger medical and health centres, clinics, special support agencies and institutions are offering CC or expanding their configurations to keep up with demand for better mental care systems with more focus on specific fields. Teamwork and collaboration are key factors to success in CC.

Psychologists' work involves understanding what cannot be seen on the face or what the person inside wants to express psychologically. Psychological specialties that psychologists should practice in health and medicine include medical psychology, child psychology, neurology, psychiatry and psychotherapy. Health psychologists strive to advance health and deliver healthcare services to patients with chronic diseases or sexual disorders. Their primary goal is to prevent diseases, enhance treatment and improve the quality of life. They work in health promotion, psychology, rehabilitation, clinical psychology, consultation, expert systems, surgery, oncology, research and prevention.

3.2. Social Workers

Multidisciplinary teams benefit from social workers' understanding of patients' psychosocial contexts, service systems, community resources, and health policy. In adult inpatient rehabilitation, social workers ensure continuity of care by integrating services across healthcare, social services, and community-based support; they educate team members about navigating complex and sometimes conflicting services and systems (Kirschbaum, 2017). In outpatient dental settings, the role includes providing behavioral health and care management interventions,



supervising Master of Social Work student interns, and addressing social determinants of health (A. Sanders et al., 2021).

The World Health Organization identifies social work as a vital profession in advancing mental health and promoting psychosocial well-being, yet the presence of social workers is scarce in “Collaborative Care” and other models of integrated care. Social–psychological determinants are prominent as well in premature morbidity and mortality among people with severe mental illness and, more generally, in relation to “lifestyle” behaviours associated with chronic diseases. The limited job prospects for newly graduated social workers seem to be directly proportional to the significant demand for their services when the practitioner has at least one year of experience, and in many advanced positions, a Graduate School Master’s Level diploma is a legal requirement before practicing independently.

3.3. Physicians

The integration of mental health services into primary healthcare practice is growing across healthcare systems worldwide as a means to address the unmet needs of individuals suffering from mental disorders. Such integration is even more crucial in disadvantaged populations who face greater challenges accessing appropriate services (M. Habecker-Tumilty, 2013). Physicians are crucial members of multidisciplinary collaborative teams in mental healthcare. Barriers exist to training and implementing mental health services in primary care but are not insurmountable. Important differences characterize the application of these models in general practice and occupational health. These models present great potential for ameliorating the unacceptably high rates of non-treatment or incomplete treatment of mental illness. Nevertheless, important parallel differences between general practice, occupational health, and mental health systems operate side-by-side in these systems. Consequently, such contributions are of paramount importance. They explicate the requisite training requirements pertaining to the implementation Collaborative Care Models (Rothermund et al., 2018).

3.4. Dental Teams

Access to dental services is essential for psychosocial well-being, and delays can adversely affect patients with co-morbid mental health problems. The support provided by dental teams complements the work of psychologists, social workers, and primary care physicians and has a major impact on the community’s health.

Collaborative working between mental health and dental care is beneficial, as treatments may change the understanding of the condition and more leads may be uncovered that could be coordinated with other medical professionals (Cattrra & Gonzalez Malaga, 2022). Working



jointly between mental health teams and dental teams using harm reviews adapted to assessing the impact of delayed dental care upon quality of life for patients and families is a way to structure the working model. Team composition, coordination, and intervention are influenced by the type of mental health issues and the organisation of dental services (Hallett et al., 2022).

4. Interdisciplinary Communication and Coordination

Across disciplines, practitioners agree that the effectiveness of multidisciplinary interventions hinges on coordination. Communication modalities, formal and informal huddles, shared records, and collaborative care plans bridge discipline-specific vocabularies and ensure continuity between encounters (A. Sanders et al., 2021). Efforts to standardize handoffs and define roles clarify responsibilities and preempt redundancy.

5. Evidence-Based Practices Across Settings

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A variety of evidence-based interventions can be implemented within multidisciplinary mental health teams in healthcare settings. Level of need—the severity of mental health problems, situational stressors, or functional impairment—affects the type of service required and the delivery context (M. Habecker-Tumilty, 2013). Studies consistently report similar outcomes for evidence-based screening, assessment, and intervention protocols across settings (A. Sanders et al., 2021). With high prevalence in structurally disadvantaged populations, exposure to violence is an important mental health screening target. Anxiety, clinically significant in 13–29% of dental patients, is a key focal point for integrated care in the dental setting (Cattrra & Gonzalez Malaga, 2022).

In both dental and general health contexts, screening for depression, anxiety, and substance use problems is effective in supporting patients dealing with pandemic-related stressors. Four interventions yield positive outcomes in hospitals and family health: routine mental health screening, care consultation and case management, systematic psychosocial assessment enabling focused intervention, and a structured approach to patients at risk of violence. Data across diverse settings indicate that team-based psychological consultation, either adjunct to or replacing in-person psychotherapy, achieves comparable reductions in depressive symptoms and significantly improved patient satisfaction.

6. Ethical Considerations and Professional Boundaries

Interdisciplinary mental health support in healthcare settings raises ethical considerations that demand attention to multidisciplinary teams' boundaries and coordination. Compliance with



confidentiality, consent, client autonomy, and scope-of-practice requirements cannot be sacrificed for the benefits of mutual support or case discussion, particularly in the light of mental health disparities among First Nations peoples (Thomas Osik Szumer & Arnold, 2023). Evolving open-access models that encourage cross-referral and co-consultation among professionals without collaboration in individual case management promote both mutual professional support and adherence to ethical standards. The Royal Australian College of General Practitioners describes care provision and referral expectations in Team-based care: A guide for Australian general practitioners. This handbook clarifies each profession's scope of practice, avoiding overlap and enhancing interprofessional communication (Shchedrinskaya et al., 2021).

7. Training, Education, and Workforce Development

Training, education, workforce development, and supervision are essential aspects of integrated healthcare. To foster collaboration among psychologists, social workers, physicians, and dental professionals, educational institutions should revise mental health curricula, employ interprofessional education methods, and highlight team-based care competencies. Initiatives may target training of mid-level generalist providers equipped to offer preventive, basic, and emergency assistance and to identify those who need specialized services. Adaptation of existing competency frameworks facilitates identification of interprofessional team-based competencies and associated assessment measures (A. Sanders et al., 2021).

Interdisciplinary education should extend to continuing education opportunities for practicing professionals, alongside recognition of team-based care participation, organizational support, leadership, delivery systems, and financing as fundamental to quality integrated care (A. Nash, 2012).

8. Implementation Challenges and Facilitators

In articulating and implementing collaborative mental health support across healthcare settings, the members of multi-disciplinary teams encounter challenges and facilitators that influence quality and continuity of treatment. Increased integration of the disciplines concerned permits improved access to vital services and fine-tunes distribution of responsibilities in caring for patients (Pui Kwan Ma & Saw, 2018). Building on the findings from previously referenced studies, this section identifies barriers which hamper effective cooperation among social workers, psychologists, physicians, and dental teams and quantifies the corresponding enablers.

Two persistent challenges continue to restrict the movement towards strategically and effectively implemented collaborative-team support. The first stems from institutional policies or guidelines, which compel professionals to spend substantial time focused exclusively on their designated



patients. The second concern is psychosocial stigma attached to seeking assistance from a psychologist or social worker. Several facilitators help counter these obstacles. When upper-level administrators actively champion teamwork and endorse substantive structural transformation, the goal of collaborative practice remains attainable and realistic. Availability of information technology—such as electronic health records, telepsychiatry, archiving software, and shared calendars—also plays a facilitating role, for example by enabling routine updating of shared documents.

9. Case Studies in Collaborative Care

Collaborative mental health services have been implemented in diverse health settings, providing systematic and evidence-informed support to patients with mental health needs. This section highlights two illustrative cases in which collaborative care was successfully adopted: a primary care model incorporating social work and psychologist assistance, and a hospital-based program integrating a psychologist into a medical team. Specific roles, contributions, and team coordination processes are detailed, along with success factors and lessons learned.

In a group practice in a large, metropolitan city (D Nguyen et al., 2023) general medicine interns reported that more than 50 percent of their patients had current Axis I psychiatric diagnostic categories and 75 percent of their patients demonstrated significant psychosocial or social stressors and related complaints. The intern physicians felt that these patients rarely received care from the identified providers of psychiatric care. Support from a psychologist was sought. Following the introduction of a psychologist in the care team to address psychological problems in their patients, both interns and patients expressed improved satisfaction with the overall care received. The psychologist participated in daily patient rounds, continuing to be included in the review of patients hospitalized before her arrival. The psychologist was given a speaker slot on the departmental teaching roster and supplemented the words of the intern physicians, providing perspectives on working with the significant stressors prioritized in patient-directed social work. Patients continued to report a need for antidepressant medications following discharge from the hospital. When referred for outpatient psychiatric, individual, or family therapy after discharge, the patients often failed to follow through with appointments. After the clinical psychology intern completed the program, only minor reports of adjustments and no significant complaints were submitted.

Interdisciplinary collaboration involving social workers, psychiatric nurses, physicians, psychologists, milieu therapy staff, and consultants has been investigated in a community psychiatric setting (John Albro, 2011). To address isolation and burnout, a project was designed at an inpatient children's and adolescent facility requiring staff from various disciplines to meet



regularly to discuss, plan, and brainstorm around the treatment of a specific patient in the service. Contributions from the team resulted in creative interventions being implemented for specific children. The project demonstrated that the configuration of teams and the planning of meetings is important.

10. Policy and System-Level Implications

Obtaining professional training in mental health, social work, and health care is associated with improved recruitment of social workers and psychologists into positions seeing clients with unfulfilled psychological needs. These career pathways appear more preferable to practitioners who are already health care professionals. Professional training in mental, social, or health care and comorbidity appears beneficial when recruiting social and mental health workers into roles seeing patients with unmet psychological health needs (A. King, 2004). Evidence suggests consumers of these integrated services report better health outcomes (Shoesmith et al., 2019). A framework adapted from [insert name of main reference if more than one] reinforces the importance of inculcating professionals in mental, health, or social care with parallel training for recruiting team members into multidisciplinary collaborative activities (Cattrra & Gonzalez Malaga, 2022).

11. Future Directions in Integrated Mental Health Care

Integrated mental health care is a priority in American health services, yet many policy suggestions remain uninstantiated, and extensive underlying problems persist in practice and research. Patients continue to encounter multifaceted barriers to mental health care, including stigma around caregivers, difficulties in scheduling concurrent appointments across multiple health disciplines, and burdensome secondary tasks that obscure mental health from the primary care agenda. Collaborative care frameworks across a variety of settings, supported by a stable evidence base (A. Sanders et al., 2021), enable substantial reductions in patient distress and deterioration. Inadequately specified approaches, however, entail considerable divergence from theoretical and empirical foundations, limiting their efficacy in many contexts; furthermore, health services often enter multidisciplinary arrangements without appropriate consideration of the conceptual models guiding coordination, communication, and integration strategies. Such ambiguities—including the division of labour between team members, processes for accessing dedicated slots within stacked scheduling frameworks, and protocols for information sharing—contribute to emerging dissatisfaction among participating disciplines and jeopardize the future of innovations like integrated mental health (Lamont (Monty) MacNeil & Hilario, 2021).



Strengthening integrated mental health care requires clarification of dedicated frameworks grounded in theory, evidence, and distinctive patient and provider needs, together with explicit typologies of contextual factors that either restrict or facilitate collaborative arrangements. Practice innovations therefore ought to follow a staged sequence that defines theoretical and operational parameters, identifies determinants specific to the collaborative undertaking, selects evidence-based practices consistent with these characteristics, and maps out systemic influences on implementation.

The American Psychological Association, the Canadian Psychological Association, the College of Family Physicians of Canada, the Society of General Internal Medicine, and the Society of Hospital Medicine have issued joint guidelines describing essential actions to embed mental health into health systems; the statements apply across institutional types and geographic jurisdictions.

12. Conclusion

Collaborative, multidisciplinary support for mental health is needed more than ever in community-based healthcare settings. Psychologists, social workers, physicians, and dental professionals all play crucial roles in such teams. Within multi-facility systems or a single site, channels and protocols for collaboration, communication, and coordination are essential. Training, education, knowledge of ethical guidelines, and workforce development are also of great importance (Cattrra & Gonzalez Malaga, 2022). Because patients with mental health concerns disproportionately seek dental services, these settings represent a vital opportunity for care and cross-discipline cooperation. Policy and system-level leadership must examine the challenges and barriers organizations face to better support integrated mental health models in various settings.

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