

Example 1: High-Functioning Mental Health Care Team

Maria, a 32-year-old patient with major depressive disorder and trauma history, is supported by a coordinated mental health team that includes a **psychiatrist, psychologist, counselor, social worker, and case manager**. Before beginning treatment, the team meets to clarify their roles: the psychiatrist manages medication; the psychologist leads trauma-focused therapy; the counselor provides weekly skills-based sessions; the social worker assists with housing, family coordination, and community resources; and the case manager ensures follow-through and logistical support. Throughout Maria's care, the team communicates consistently using shared documentation, brief weekly huddles, and clear SBAR-style updates. When Maria reports new sleep difficulties, the counselor relays this to the psychologist, who updates the treatment focus, and the psychiatrist adjusts medication accordingly. The social worker and case manager coordinate to support her return to work. Because everyone understands their responsibilities and respects each other's expertise, Maria experiences seamless, whole-person care, leading to measurable improvement in functioning and symptom reduction.

Example 2: Low-Functioning Integrated Primary Care Team

In an integrated primary care clinic, James, a 54-year-old patient with uncontrolled diabetes and anxiety, sees a **physician, nurse, psychologist, medical assistant, and team manager**. However, the team struggles with unclear roles and poor communication. The physician assumes the nurse is following up on glucose monitoring, while the nurse thinks the medical assistant is handling it. The psychologist evaluates James separately but has no established method for sharing findings with the medical team, so James's anxiety—significantly impacting his self-management—goes unaddressed in the medical plan. The medical assistant documents concerns in the chart, but because workflow expectations are unclear, no one reviews the notes before James's next visit. The team manager attempts to coordinate communication but receives inconsistent updates and is unsure who is responsible for each task. As a result, James receives fragmented care, contradictory instructions, and no unified treatment plan, leading to worsening symptoms and increased frustration for both patient and staff.