

Cambridge Health Alliance

Center for Multicultural Mental Health Research

NIMH Advanced Center for Latino and Mental Health Systems Research

Project Descriptions

School Systems Enhancement Project

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BACKGROUND/RATIONALE: Recent recommendations for addressing disparities in the delivery of school-based mental health services to minorities have included more integrated general and special education services and early intervention through a universal and multi-tiered intervention strategy based in general education classrooms (National Research Council 2002). Students' school failure and academic difficulties may be partly attributed to deficiencies in the teaching environment. Academic rigor and classroom management accounts for considerable variance in students' achievement, even when controlling for family and socioeconomic disadvantage (Greenwald et al., 1996; Delpit, 1995; Ferguson, 1991). For example, students with limited English proficiency may not succeed because they do not have access to: 1) effective instruction in English as a second language (ESL), 2) instruction that is sensitive to the cultural and social values of students' context, or 3) specialized instruction that addresses specific learning disabilities (Ortiz and Yates, 2001; Toppelberg and Shapiro, 2000).

OBJECTIVES: The goal of this project is to develop systems interventions in a public school district using Community Based Participatory Research (CBPR) methods to improve the mental health and social and academic functioning of children from racial and ethnic minority populations. The CBPR study was guided by the person-environment fit framework based upon work by Eccles and colleagues (Eccles JS, Midgley C., 1988) that suggests that students may develop behavioral and conduct problems, when in fact the primary problem is that the school environment is not conducive to learning. Thus, students' academic needs are inadequately addressed and as a consequence, behavioral problems emerge.

METHODS: The project consists of a series of participatory research projects that have been developed in a public school district and with personnel from two individual schools in an urban city. The projects have utilized qualitative methods in the process of problem definition and intervention planning, including in-depth qualitative interviews, stakeholder dialogue groups and case study approaches. Most recently, the project has sponsored case presentations of children at the school from immigrant backgrounds who do not speak English as a first language. These case presentations have several functions. They provide an opportunity for an interdisciplinary team of teachers, school counselors, administrators, and researchers to brainstorm ideas for helping children in this setting. In addition, they provide a lens on the systemic constraints that are operating in this school and preventing the effective delivery of services and academic

enhancements. Through this process we are collecting data on the process of change at a systems level as well as observing the impact that these interventions have on the individual children.

FINDINGS/RESULTS: Our participatory research process has resulted in one published paper in the Winter 2006 Supplement of Ethnicity and Disease. The paper traces our experiences working with a participatory research team of researchers, teachers, administrators, special and bilingual educators, counselors and a school consulting psychiatrist in order to improve the delivery of mental health and educational services to children from racial and ethnic minorities, particularly non-English speaking students. Based on our experiences over the first two years of this project, we generate questions for reflection during CBPR research, to aid in the problem definition and stakeholder negotiation processes. The project led to system interventions at both schools, clarity about the policy constraints to effective collaboration, and increased awareness regarding the behavioral and academic needs of minority children in the schools. Another paper is currently in preparation; this paper describes in detail the process of building alliances in multiple stakeholder participatory groups.

STATUS: The case management process was extremely successful this year, and will be continuing in the coming year. The meetings led to significant improvement in the learning and behavioral outcomes for the children reviewed as part of this case management process. The evaluation of the participatory research process from this current group yielded very positive ratings.

IMPACT: The project has uncovered multiple policy barriers to the effective delivery of mental health and academic services to children who do not speak English as a first language. By working together in a participatory fashion, the school personnel report a growing sense of urgency to solve this problem. Multiple solutions are currently being explored at many levels of the school system, and the team is committed to continuing to tackle these issues and develop stronger and more effective interventions for these children.

Right Question Project

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BACKGROUND/RATIONALE: Optimal patient-provider communication (Clayton et al., 2003) and a collaborative relation are increasingly being emphasized as a way to improve medical and mental health care (Miranda & Cooper, 2004), as well as health outcomes (D.M. Post, Cegala, & Miser, 2002). The consumer movement has catapulted a renewed interest in patient activation and empowerment strategies as ways to better match patients' needs with services received and transform treatment into shared patient-provider disease management. Increased patient empowerment and activation can potentially strengthen the collaborative relationship with the health and mental health care providers. What appear to be missing are interventions that can increase patient activation and empowerment in mental health care. There are only a few studies of patient activation and empowerment in the field of mental health care (Byrne et al., 1999; Lecomte et al., 1999), and most have not been conducted with minority populations of low literacy and limited education, nor in a language other than English. Patient activation and empowerment interventions might be particularly crucial for minority patients.

OBJECTIVES: Our pilot project was designed in collaboration with the Right Question Project (RQP), a community-based education group based in Cambridge, Massachusetts. RQP has developed educational strategies that teach individuals how to analyze situations and determine the questions that they need to ask in order to obtain a desired outcome. Given concerns regarding patient/provider communication, particularly in the mental health field, this pilot project was initiated to test whether adapting these strategies might improve patient empowerment and activation in mental health, and thus improve engagement and retention in care.

METHODS: The mental health empowerment and activation approach differs from traditional models of client empowerment; instead of supplying clients with pre-formatted questions or solutions to problems, the intervention teaches clients information-seeking skills to develop their own solutions. The methodology teaches clients to identify important issues, formulate questions, and devise plans to communicate and act in effective ways that address factors impacting their health. Training sessions are held in both Spanish and English. Because our goal was to develop and test a patient empowerment and activation intervention that would build a collaborative relationship between patient and provider, we also assess engagement and retention in mental health care as by-products of increased empowerment and activation.

FINDINGS/RESULTS: The RQP methodology appears to be a promising strategy for improving minority mental health outpatients' involvement in care. Based upon our initial study, we developed an enhanced intervention that includes more in-depth practice of the strategies as well as a planner for patients to use to help organize their trainings and follow-up appointments with providers.

Status: Data collection is complete, and qualitative and quantitative analyses are continuing. Based on these analyses, additional refinements of this strategy are continuing with the

community/research group. Plans for expanding the method and training providers to administer this strategy are under discussion.

IMPACT: This project represents a promising intervention, and a successful collaboration in which a strategy that has already been successful in a community setting is adapted and implemented by a community/academic research partnership. A panel with four presentations will be presented at the upcoming APHA meetings in Boston. These presentations will cover the process of adaptation from the community members' perspective, the implementation process, the qualitative analysis of empowerment and activation, and the quantitative analysis of the outcomes.

