

Cambridge Health Alliance

Center for Multicultural Mental Health Research

NIMH Advanced Center for Latino and Mental Health Systems Research

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Center for Multicultural Mental Health Research

NIMH Advanced Center for Latino and Mental Health Systems Research

The Center for Multicultural Mental Health Research (the Center), established in 2002, is located in the Department of Psychiatry at Cambridge Health Alliance, a Harvard Medical School Teaching Affiliate. The mission of the Center is to generate innovative mental health and substance abuse services research that helps shape policy, practice, and service delivery to reduce disparities and improve the well-being of multicultural populations. Utilizing collaborative approaches with researchers, clinicians and community groups, the Center supports an array of research activities as well as nurtures a core of junior researchers. Our dynamic team of multidisciplinary mental health and substance abuse researchers includes psychologists, psychiatrists, policy analysts, health economists and statisticians. The Center also houses an administrative infrastructure that supports and helps manage the research projects.

Research at the Center addresses questions regarding mental health and substance abuse service delivery for multicultural populations using psychiatric epidemiology, systems and organizational theory, economics and financing, and qualitative and quantitative methods. In addition, the Center has a strong focus on community-based and applied interventions to improve service delivery for multicultural populations. An important objective of the work is to provide information to inform and ameliorate policy barriers to effective service delivery. Our collaborative work with service providers, administrators, and consumers deeply informs the development, implementation, and dissemination of our research into the broader academic, community, and policy arenas.

There are currently three large projects operating at the Center: the Advanced Center for Latino and Mental Health Systems Research, the National Latino and Asian American Study (NLAAS), and Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training (EXPORT). Funded by the National Institute of Mental Health (NIMH), the Advanced Center seeks to conduct research that will contribute to designing interventions aimed at reducing disparities in mental health services among Latino and African-American populations. Also funded by NIMH, the NLAAS is a large, national epidemiologic study that collected data on the lifetime and last-year prevalence of psychiatric disorder and rates of service use for a nationally representative sample of Latinos and Asians. The EXPORT Center is funded through the National Center for Minority Health and Health Disparities, and aims to generate and explore interventions that can ameliorate service disparities in asthma and mental health for disadvantaged Latino and African Caribbean populations.

The Center facilitates information exchange, bringing together people interested in multicultural mental health issues, both through hosting conferences to share research findings and providing multiple training opportunities for junior investigators interested in disparities research. The Center supports postdocs through the FRC-IV Training Consortium as well as through NIMH minority supplements, and provides a research community to critique and review research proposals, analysis plans, results and papers for scholarly journals. Many individuals from within the Cambridge Health Alliance, from the greater Boston area, and from around the country regularly consult with Center staff regarding their work.

School Systems Enhancement Project

Partners: Margarita Alegría, Ph.D.; Norah Mulvaney-Day, Ph.D.; Antonio Polo, Ph.D. Nancy Rappaport, M.D.; Laura Sylvan, M.Ed.

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

Partners: Margarita Alegría, Ph.D.; Antonio Polo, Ph.D.; Luz Santana, M.S.

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.

Attending Partners

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Graham & Parks Alternative Public School

Partner Descriptions

Graham and Parks is the result of joining two schools in 1981—the Cambridge Alternative Public School (CAPS), which was a small, nationally acclaimed magnet school, and the Webster School, which was a small, traditional neighborhood school. The educational program is highly individualized, with an emphasis on teaching basic skills in creative ways and on learning concepts and ideas. It is a non-standardized curriculum that is mostly developed by our teachers - a curriculum that is hands-on, project-based, integrated, and multicultural. We emphasize cooperative learning since we believe that learning is primarily a social activity. The staff includes an Early Literacy Specialist, English Language tutors for Second Language students, and a Mathematician in Residence. Our aim is building a community that meets the needs of individual students; that is a place they want to be a part of; that serves their intellectual, social, and emotional needs; that involves them actively; that involves them and their lives in significant ways; that involves them working together across the usual boundaries of race, gender, and social class; and that focuses on the child and the curriculum, on the relationships among people and what is learned.

The Right Question Project, Inc. (RQP), a nonprofit organization based in Cambridge, Massachusetts, is simultaneously offering an effective, easy-to-use educational strategy and a clear vision of how to build a more democratic society. This strategy is already having an enormous impact on the lives of low and moderate-income families who come into regular contact with public schools, welfare agencies, the health care system, housing programs, homeless shelters, job training centers and many other publicly supported agencies, programs and institutions. Based on what we've learned from people using our strategy, we are promoting a vision in which their encounters with these outposts of government become opportunities to act democratically and have democratic experiences. We call this vision Microdemocracy because it draws attention to the importance of democracy for each citizen, on all levels.

The Right Question Project began the way some of the best ideas crop up--by not knowing how to do something. In our case, several of us were working in the late 1980s as part of a drop-out prevention program in the poor but historically important Massachusetts mill town of Lawrence. Determined to find ways to increase the participation of low-income parents in their children's education, we set out along some fairly conventional paths. Soon, very soon in fact, we discovered that parents had their own good reasons for not participating--and it wasn't because they didn't care passionately about their kids. They did of course, but they kept telling us that they didn't participate, they didn't even go to their children's schools, because they "didn't even know what to ask."

We're very smart. It was only necessary to hear this one or two thousand times before we finally figured out that there must be something to this revelation. So, of course, we set out to do something about it the wrong way. We came up with lists of questions and handed them out. Eventually, we began to get smarter, really. We learned, more quickly this time, that while handing out questions may seem helpful at first glance, it fostered a dependency on somebody to come up with questions for parents to ask. Finally, we got to this question: How can we teach people how to formulate their own questions? (This actually skips a lengthy learning process in

which, among other things, we understood the difference between "asking" and "formulating" questions). The rest is history, or at least, our history.

For the last decade, The Right Question Project has developed, field-tested, refined and shared its educational strategy and methods. Our history is one of learning turned into action. We have benefited from listening carefully to people who are rarely considered resources for knowledge, yet are great sources of insight.

RQP methods can be applied to a variety of fields and issues. The methods help people develop critical thinking and question formulation skills and to apply a framework to participate more effectively in decision making. Most recently our methods have been used by a network of early childhood programs in Boston and by the statewide adult education programs in New Hampshire, Vermont and Maine. We have led very successful sessions at Harvard Law School, the Askwith Forum and at the Coalition of Essential Schools and Family Support America conferences.

Please visit us at www.rightquestion.org

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