

Improving Mental Health Care and Training through Community–Campus Collaboration

Problems & Opportunities:

1. The psychosocial and mental health needs of persons in poor communities are great while their access to quality mental healthcare is often woefully inadequate.¹
2. Graduate students in mental health related fields need training in diverse settings with diverse clients to practice competently and thrive professionally in current and future healthcare climates.¹
3. Faith–based mental health training programs can be uniquely valuable resources for faith–based community organizations providing healthcare in low–income neighborhoods.²

¹For a more complete discussion see Kruse, S. J. & Canning, S. S. (2002). Practitioners' perceptions of vocational rewards in work with underserved groups: Implications for "rightsizing" the psychology workforce. *Professional Psychology: Research & Practice, 33*(1), 58–64.

²See Canning, S. S. (in press). "Faith–based Community and Campus Partners: Resources to Enhance Mental Healthcare in Poor Communities." *Partnership Perspectives*.

One Step in the Right Direction: Training–focused collaboration with faith–based community healthcare organizations.

Placing graduate student trainees in faith–based, community healthcare organizations can benefit both the community and campus institution. For graduate programs, healthcare organizations represent important contexts for developing mental health practitioners. With the vast majority of mental health–related patient visits going to primary care physicians (60%) versus mental health specialists (21%) (Magill & Garrett, 1988), primary care has been dubbed the "de facto" mental health system in the U.S. (Reiger Narrow, Rae, Manderscheid, Locke & Goodwin, 1993). Trainers of future mental health practitioners will do well to include primary care settings in the array of training opportunities available to their students. These contexts provide students with opportunities to develop skills in interdisciplinary collaboration and cultural competencies to serve patients in low–income communities.

Many community healthcare settings serving poor communities cannot afford to adequately meet the mental health needs of their patients. Providers in these settings are also often dissatisfied with mental health resources in the greater community, making referral a less than desirable option. Mental health trainees can enhance existing systems of care or make new programs possible that would not be economically feasible otherwise. Training collaborations can also provide the community setting with access to valuable resources in the trainee's educational institution, such as costly psychological assessment materials, high quality supervisory personnel, library holdings and computer technology. (See Canning, S.S., Neal, M., Fine, M. & Meese, K.J. (2002). Mental health: The hole in holistic Christian, community-based healthcare? *Health and Development*, (1), 11–17 for a longer discussion.)

Top 6 Advantages of Collaboration*:

Respondents to a recent survey of CCCU members and a national network of healthcare providers to the poor (Christian Community Health Fellowship www.cchf.org) identified the following advantages to collaborations between community and campus settings:

1. Strengthened professional/ community relationships	88%
2. Personal/professional stimulation & support	80%
3. Enhanced mission	73%
4. Increased scope of services	69%
5. Increased quality of services	57%
6. Cost effectiveness	52%

*Canning, Jenkins & Bines, 2003. E-mail Sally.S.Canning@wheaton.edu for complete results of this survey or go to her Fellows page on the Community-Campus Partnerships for Health website at www.ccph.info.

Collaboration Resources:

Looking for a Christian healthcare organization that is serving in a poor community near your college or university? Go to www.cchf.org/data/RelatedMinistries/ccph.htm to access a national map of CCCU member institutions with graduate programs in mental health related fields, and of CCHF affiliated ministries, a national network of Christian healthcare providers to the poor.

(Mapping funded by a generous fellowship from Community Campus Partnerships for Health, www.ccph.info to Sally Schwer Canning, Ph.D., Wheaton College. See Dr. Canning's page on this site for a complete description and outcomes of the fellowship project)

Principles of Good Community–Campus Partnerships:

(Developed by Community–Campus Partnerships for Health, www.ccph.info)

1. Partners have agreed upon mission, values, goals, and measurable outcomes for the partnership.
2. The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
3. The partnership builds upon identified strengths and assets, but also addresses areas that need improvement.
4. The partnership balances power among partners and enables resources among partners to be shared.
5. There is clear, open and accessible communication between partners, making it an ongoing priority to listen to each need, develop a common language, and validate/clarify the meaning of terms.
6. Roles, norms, and processes for the partnership are established with the input and agreement of all partners.
7. There is feedback to, among, and from all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.
8. Partners share the credit for the partnership's accomplishments.
9. Partnerships take time to develop and evolve over time.