

**2002-03 CCHF-CCCU Community-Campus
Mental Health Collaboration Survey:**

Results

Sally Schwer Canning, Ph.D. (CCPH Fellow)

Erin A. Jenkins

Wheaton College

Josette M. Bines

Christian Community Health Fellowship

QUESTION #1: What is the current level of community-campus collaboration engaged in by members of CCHF & CCCU?

ANSWER: High in both groups, especially at the individual level. Training is the most frequently reported activity of collaboration. Mental health collaborations occur at low rates within CCHF. (See Table 1 for complete details.)

Table 1: Frequencies and Means Describing Collaboration Characteristics by Group

	CCHF			CCCU		
	n	%	Mean	n	%	Mean
Individual collaboration?	43	90%	--	15	94%	--
Organizational collaboration?	38	79%	--	15	94%	--
Mental health collaboration?	14	29%	--	15	94%	--
Faith-based partner?	12	25%	--	13	81%	5.11
Collaboration involves:						
Training?	40	83%		16	100%	
Research/eval?	14	29%		9	56%	7.57
Consultation?	15	31%		7	44%	4.40
Healthcare services?	18	38%		15	94%	5.25
Grant/funding?	3	6%		5	31%	2.33

Note: CCHF response rate = 42.1% of 114; CCCU response rate = 50% of 32

QUESTION #2: Did community and campus respondents differ in frequency of individual or organizational collaborations?

ANSWER: No. (Chi squares revealed no significant differences.)

QUESTION #3: Did community and campus respondents differ in frequency of mental health-related or faith-based collaborations?

ANSWER: Yes. In both cases the faith-based higher education group (CCCU) reported a higher frequency of collaboration with faith-based community organizations. (See Table 1)

QUESTION #4: Did community and campus respondents differ in their perceptions of overall amount of advantages or disadvantages reported?

ANSWER: No. (Independent t test procedures yielded non-significant t values).

QUESTION #5: Did respondents identify more advantages than disadvantages to community-campus collaboration for mental healthcare in poor communities?

ANSWER: Yes.

Table 2: Dependent T Tests: Advantages vs. Disadvantages

	N	Mean/SD
Advantages ¹	64	4.86(1.94)
Disadvantages ²	64	2.19(2.28)*

Note: ¹Total possible number of advantages = 8

²Total possible number of disadvantages = 14; *t = 8.5, p <.0001

QUESTION #6: What were the most commonly identified advantages to community-campus collaborations?

ANSWER: Strengthened professional/community relationships and personnel/professional stimulation.
(See below for a complete ranking of advantages.)

Table 3: Frequencies & Percentages of Perceived Advantages to Collaboration (All Respondents)

Advantage	n	%
Strengthened professional/community relationships	56	87.50%
Personal/professional stimulation or support	51	79.69%
Enhanced mission ¹	47	73.44%
Increased scope of services or training	44	68.75%
Increased quality of services or training	36	56.25%
Cost effectiveness	33	51.56%
Increased access to funds	18	28.13%
Staff volunteer feeder ²	26	54.17%

Note: ¹Groups differed significantly on this item, with a greater percentage of CCHF respondents endorsing this advantage.

²This item on CCHF survey only. Percentage relates to total CCHF respondents (n = 48).

QUESTION #7: Did community and campus respondents differ in their perceptions of individual advantages?

ANSWER: No, with one exception: Enhanced Mission.
(See Table 3 next page)

Table 3: Significant Chi Square Results for Advantage: Enhanced Mission

	CCCU	CCHF	Total % (n)
Not Advantage	0	17	26.56% (17)
Advantage	16	31	73.44% (47)
Total % (n)	25.00% (16)	75.00% (48)	100% (64)

Note: $\chi^2 = 7.72$, $p < .0055$.

QUESTION #8: What were the most commonly identified disadvantages to community-campus collaborations?

ANSWER: Differences in mission, religious/spiritual/theological outlooks, and time constraints. (See below for complete ranking of disadvantages.)

Table 4: Frequencies & Percentages of Perceived Disadvantages to Collaboration (All Respondents)

Disadvantage	n	%
Differences in mission ¹	23	35.94%
Differences in rel/spir/theol. outlooks ¹	22	34.38%
Time constraints	19	29.69%
Too many politics	12	18.75%
Not financially feasible/advantageous	11	17.19%
Geographic distance too great	11	17.19%
Not enough benefits	9	14.06%
Don't know of potential collaborators	8	12.50%
Differences in mhcare outlooks	8	12.50%
Too many strings	6	9.38%
Clinical practice would suffer ²	4	8.33%

Faculty lack expertise ³	3	18.75%
Safety concerns ³	2	12.50%
Low student/faculty interest ³	2	12.50%

Note: ¹Groups differed significantly on these items, with a greater percentage of CCHF respondents endorsing them as disadvantages.

²This item on CCHF survey only. Percentage relates to total CCHF respondents (n = 48).

³These items on CCCU survey only. Percentages relate to total CCCU respondents (n = 16).

QUESTION #9: Did community and campus respondents differ in their perceptions of individual disadvantages?

ANSWER: No, with two exceptions: Differences in Mission and Differences in religious/spiritual/theological Outlooks.

Table 5: Significant Chi Square Results for Disadvantages

	Differences in Mission		
	CCCU	CCHF	Total % (n)
Not Advantage	14	27	64.06% (41)
Advantage	2	21	35.94% (23)*
Total % (n)	25.00% (16)	75.00% (48)	100% (64)

	Differences in Religious/Spiritual/Theological Outlooks		
	CCCU	CCHF	Total % (n)
Not Advantage	15	27	65.63% (42)
Advantage	1	21	34.38% (22)**
Total % (n)	25.00% (16)	75.00% (48)	100% (64)

Note: *Chi² = 5.0901, p < .0241; ** Chi² = 7.4805, p < .0062.