COMMENTARY: COMMUNITY PARTNERED RESEARCH: DRIVING SENSEMAKING, MANAGING KNOWLEDGE, AND MOVING MENTAL HEALTH CARE TO NEW HEIGHTS

Junius J. Gonzales, MD; Carmen Moten, PhD, MPH

Longstanding gaps between research and practice, research and policy, and policy and practice impede the sustainability of high-quality health services delivery and often inadvertently contribute to disparities in healthcare access, processes, and outcomes. Why do these gaps exist? Explanations embrace multiple reasons and acknowledge the interactions between factors such as financing and organization of health care; attitudes, beliefs, and knowledge of patients, families, providers and policymakers; and the research or evidence base for decision-making. To complicate matters, these factors are in constant change. For high disease-burden conditions, such as mental disorders, which also have an early age of onset, a traditionally and predominantly linear biomedical/healthcare research process—from basic science to clinical treatment innovations to effectiveness and services research—is insufficient to meet both today’s suffering and tomorrow’s sustainability of innovative changes. Fortunately, new initiatives from the National Institutes of Health (NIH) offer opportunities for multilevel change in the medical research enterprise. From NIH’s Roadmap Initiatives, two parts are relevant to work with communities, research teams of the future and re-engineering the clinical research enterprise (nihroadmap.nih.gov). The articles in this special issue represent bold examples for those two initiatives by extending the role and work of communities and not just limiting that work to patient communities or community-based providers. The work here, in no uncertain terms, cogently and potently demonstrates who else can and should be part of a research team. Fortunately, the recent trans-NIH program announcement on community-based participatory research is a preliminary but correct step in these directions.

The National Institute of Mental Health (NIMH) has a long history of concern and action related to community participatory work and health disparities in racial/ethnic populations as well as other underrepresented groups (ie, women, children, disabled) in order to fulfill its mission. In particular, the services research initiatives over the past few years have lead the way in a commitment to true community partnerships, realizing that the work must go where the people live and work day to day. Housed in the Division of Services and Interventions Research are such items as:

- research programs in health disparities, sociocultural work, and dissemination and implementation;
- program announcements to build research infrastructure, through sustainable partnerships, in communities to take advantage of real-world and real-time changes and study them;
- recent special initiatives to ready state mental-health systems to implement evidence-based practices and efforts to study readiness; and
- workshops bringing together intervention and services researchers with academic management experts who study strategic and organizational change.

Communities, regardless of definition used, are changing and dynamic collectives. The work showcased in this special issue is timely, innovative, and absolutely necessary. Yet significant obstacles abound, the intense labor and psychic energy necessary to establish true partnerships between different cultural realms, the competing demands of people’s day-to-day lives, the devaluation of this work in traditional academic departments, and ever-decreasing funding streams.

These challenges come with opportunities at many levels. In our minds, perhaps the two most interesting scientific challenges/opportunities have to do with: 1) identifying the key ingredients or mechanisms for successful partnerships and change; and then 2) determining what modes of knowledge management and transfer are best used for which situations and when. These two areas are, of course, connected. The reports in this special issue demonstrate a high level of rigor in mixed-methods work and innovation by tapping unique settings such as a film festival or using an audience-response approach for data collection. However, some might argue that these approaches are routine for disciplines such as marketing and consumer behavior work. Regardless, this kind of transfer from other disciplines will be critical in moving community-partnered research forward. But what key elements make things work and why? What mechanistic roles, if any, do leadership and/or teamwork really play? Can knowledge sharing or transfer occur between interested parties and stakeholder groups to truly move science into the public?

On the issue of mechanisms, the process data captured in many of these reports is or will be critical to understand from as

From Abt Associates Inc. (JJG), National Institute of Mental Health, Neuroscience Center (CM), Bethesda, Maryland.

These comments do not reflect the views of the National Institute of Mental Health, but the authors’ own opinions.

Address correspondence and reprint requests to Junius J. Gonzales, MD; Principal, Abt Associates, Inc.; 4550 Montgomery Avenue; Suite 800 North Bethesda, MD 20814-3343; 301-634-1725; 301-634-1802 (fax).