PARTNERED RESEARCH CENTER FOR QUALITY CARE

THE PARTNERED RESEARCH CENTER FOR QUALITY CARE: DEVELOPING INFRASTRUCTURE TO SUPPORT COMMUNITY-PARTNERED PARTICIPATORY RESEARCH IN MENTAL HEALTH

Evidence-based programs have been shown to improve functioning and mental health outcomes, especially for vulnerable populations. However, these populations face numerous barriers to accessing care including lack of resources and stigma surrounding mental health issues. In order to improve mental health outcomes and reduce health disparities, it is essential to identify methods for reaching such populations with unmet need. A promising strategy for reducing barriers and improving access to care is Community Partnered Participatory Research (CPPR). Given the power of this methodology to transform the impact of research in resource-poor communities, we developed an NIMH-funded Center, the Partnered Research Center for Quality Care, to support partnerships in developing, implementing, and evaluating mental health services research and programs. Guided by a CPPR framework, center investigators, both community and academic, collaborate in all phases of research with the goal of establishing trust, building capacity, increasing buy-in, and improving the sustainability of interventions and programs. We engage in two-way capacity-building, which affords the opportunity for practical problems to be raised and innovative solutions to be developed. This article discusses the development and design of the Partnered Research Center for Quality Care and provides examples of partnerships that have been formed and the work that has been conducted as a result. (Ethn Dis. 2011;21[suppl 1]:S1-58–S1-70)

Key Words: Community Based Participatory Research, Mental Health, Community-academic Partnership

INTRODUCTION

Community Partnered Participatory Research (CPPR) is a form of Community Based Participatory Research (CBPR) that engages community and academic investigators in all phases of research. It has the potential to transform the way that research is designed, conducted, and disseminated and the power to build capacity in resource-poor communities and among community and academic investigators. To stabilize and enable this form of research, groups conducting CBPR-related studies over time have developed sustainable and effective infrastructures based in academic and community partnerships. In 2003, we developed an infrastructure in Los Angeles to support development of a CPPR-based research environment to address health disparities across several major chronic health conditions. Through community engagement, that infrastructure supported pilot studies including the Witness for Wellness initiative to address depression in South Los Angeles, pilots that expanded application of evidence-based approaches to child exposure to community violence from school-based programs to faith-based organizations, as well as to describe existing networks of community agencies that provide mental health and substance abuse services. In addition to this work in Los Angeles, we collaborated with other centers nationally to develop the approach more generally in mental health and supported a community-academic collaborative dedicated to mental health recovery in New Orleans following the 2005 Gulf storms and floods. Based on those experiences in developing infrastructures to support application of CPPR across health conditions, and in pilot programs to apply CPPR to mental health services research and services delivery, we proposed and were funded by the National Institute of Mental Health (NIMH) to develop a Partnered Research Center for Quality Care, as partnered infrastructure to support research on mental health services and outcomes under a CPPR framework. This article describes the goals, design and activities of that infrastructure and how the center continues to evolve through applying the principles and structure of CPPR to mental health research.

Nationally representative studies have documented a substantial gap between the quality of mental health care delivered and that recommended in national guidelines. The quality gap...