

Expanding the Children's Mental Health Research Base: Reflections on Public Health, Health and the Public

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Presentation Outline

- Introduction
- Public Health: Levels to Consider
 - Goals and Approaches
 - Populations
 - Settings
- The Obvious Call for Collaboration: New Models, New Evidence
- The Public and Science
- Research Issues
 - Consumer Research
 - New Paradigms from the New Sciences



Introduction

- Expanding the mission
 - public health: 'to fulfill society's interest in assuring conditions in which people can be healthy' (IOM)
 - what does the community get out of it
- Focus on community wide concerns rather than health interests of particular individuals, agencies and groups:
 - more fundamental and more comprehensive
 - community level variables and mental health: a paucity of research



Public Health

- Aims and Goals:
 - improvement of health for the largest denominator
 - health: state of complete physical, mental & social wellbeing, not just the absence of disease or infirmity
 - generate organized broad community efforts and partnerships
- Settings: all possible -- not tertiary care focused
- Approaches:
 - prevention
 - health promotion
 - health maintenance



Why Consider Public Health Approach?

- Populations: communities at large; all children and families
- One state experience: 600 children and families -- \$200 million/yr for mental health and related services
- Early identification and intervention: can it help?
- ? Economies of Scale
- New collaborations and new settings -- broadening community support for child mental health
- Can communities benefit in more ways than currently?
- Might help address issues like unmet need



Public Health Goals for Mental Health

- Example: Minnesota Dept of Health report
 - measure & monitor mental health of entire communities
 - promote universal access to MH care
 - assure MH policies and practices reflect public voice
 - promote MH research
 - assure a competent public health and personal work force



Public Health Programs

- Programs not labeled mental health but promote it
 - prenatal care
 - pregnancy planning
 - violence prevention
 - infant, child, adolescent growth & development
 - chemical health promotion
- Examples (focus on individual, family and community wellness)
 - home visiting by PH nurses
 - adolescent health programs
 - rural health and primary care



Public Health Indicators of Community Mental Health

- Employment
- School attendance, mobility & success
- Health promotion in infant, child, youth development with families, schools & communities
- Community norms
- Rates of mental health problems in all sectors
- Social stress indicators
- Positive mental health indicators
 - ability to make positive changes; positive engagement in community
 - coping, conflict resolution



Examples of Child PH Initiatives (Manos et al 2001)

- Aim: assess & improve insurance status and access to health care for Latino children
- Problem: high risk for being medically uninsured
- Methods:
 - broad community partners (even ACS): researchers, PH, schools, clinics, families, CCA; interviewers: Spanish speaking women from the community trained
- Results:
 - 93% participation; barriers; education re: 2nd program
 - new program developed for enrollment at CCA; new dissemination efforts



Example of Improving a Specific Health Condition

- Aim: to decrease the prevalence of dental caries in children and adolescents in N. Ireland (highest rates in UK) -- informed WHO Health for All by Year 2000 initiative
- Problem: impoverished rural communities; previous policies focused on knowledge
- Methods:
 - partnership: families, schools, dieticians, school meal advisors, library boards, health promotion officers and local dairy suppliers
 - Boost Better Breaks (BBB) policy enacted and implemented
 - matched control group
- Results:
 - reduction in caries; more sound teeth, more restored also



Collaboration and Partnerships

- Many examples, but some call for developing an evidence base (El Ansari et al., 2001)
- Calls for
 - 'systemisation and understanding of what characteristics lead to producing short and long term impacts on the communities that the coalitions serve'
 - more research to 'explore their [collaborations] effectiveness in changing health status in communities'
 - also relevant re: interprofessional education



Challenges for the Evidence on Collaboration

- Diverse perspectives of collaboration
 - from game theorists to psychologists to political scientists: from payoffs to resources to ideology similarity
- What are the conceptual facets of collaboration?
 - leadership, membership, ownership
 - benefits/costs
 - organizational and operations barriers
 - communication, information flow
 - representation, quantity and quality of involvement and decision making



More Challenges

- Measurement issues (e.g. nature of interactions)
- Approaches to evaluation
- Macro or micro evaluation
- Indicators: proximal or distal
- Short or long term effects
- Collective or individual-level outcomes
- The moving target problem: at what time points should evidence be collected and how often?
- Design
- Pluralistic/mixed methods



Public Health Collaborations

- Community-Based Participatory Research Models
- Community Development Models for Health
- Urban Research Centers (URCs)
 - CDC funding; 7+ yrs in operation
 - 'combined resources of the recipient, other local organizations, the local community and CDC' should be brought to the task of research for the purpose of improving health in urban communities
 - payoff: URCs collectively acquired additional \$4.3 million in 1999 and \$11 million (NIH, foundations etc)
 - diverse portfolio: HIV; social determinants of drug use, domestic violence, asthma; no mental health



The Public and Science

- Important or not? Relevant? How?
- 'in the care of his health and the conduct of his life, the ordinary man...draws far less confidently on the resources of science than he might do. He is unavoidably ignorant of much that is established, and reasonably suspicious of much that he hears. He seems to need...the clearing up and simplifying of the science of life' (Wells et al)
- 'the public needs more than mere factual knowledge...;and, it needs more than idealistic images of the 'scientific attitude' and the 'scientific method'. What it needs...is a feel for the way that the social system of science actually works to deliver what is usually reliable knowledge about the...world.' (Durant)



Scientists and The Public

- Challenges for researchers:
 - getting beyond the 2 dimensional diffusion model of communicating science
 - the 'use', by non-scientists, of scientific methods to produce effects or predict
 - lack of trust; different cultures; 'objectivity'
 - often 'science explains the familiar in terms of the unfamiliar'
- How and can scientists understand the public just as the public 'should' understand science?



Research Issues

- New forms of consumer research and new perspectives
 - marketing, management I/O psychology etc
 - why?
 - The case of 'unmet need' -- the question is really about 'want' or demand
 - The case of low stakeholder ratings of child mental health providers
 - Psychosocial interventions: for whom, to whom, how? A harder sell? Marketing the invisible?



Research Models: The Importance of Mechanisms and New Paradigms

- Public health builds on risk factors, vectors and mechanisms to inform interventions
 - Marketing model using health behavior theories and putative mechanisms to design health dissemination interventions
- New paradigms from the new sciences?
 - Complexity science applied to health care

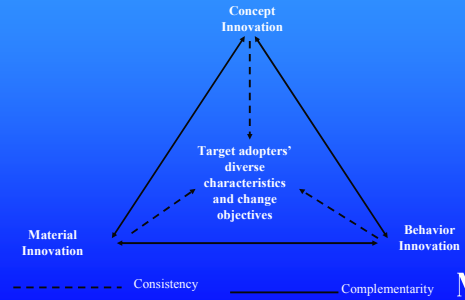


The Components of Health Innovation Programs (Moorman, 1997)

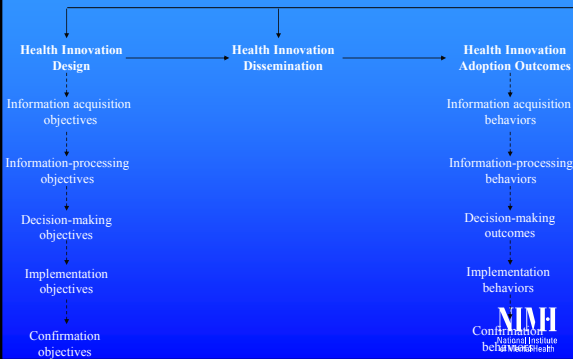
- Target Adopters' Characteristics
 - Individual
 - Organizational
- The Change Objective
 - Micro, Macro Goals
 - Cognitive, Behavioral Goals
- The 3 Parts of an Innovation
 - The Concept: Intangible elements associated with the health innovation
 - The Behavior: Behavioral elements associated with the health innovation
 - The Material: Tangible elements associated with the health innovation



The Structure of Programs Designed to Increase the Adoption of Health Innovations (Moorman)



Customer-oriented Health Innovation Programs



Assessing Benefits of Innovations

- Generic benefits
 - Social approval
 - Avoidance of discomfort
 - Increase in comfort
 - Time savings
 - Ease of use
 - Self-esteem
- Health-related benefits
 - Fitness
 - Longevity
 - Weight control
 - Control over life
 - Safety from health threats



Assessing Costs of Innovations

- Generic costs
 - Financial
 - Time
 - Effort
 - ✓ Incompatibilities between innovation and beliefs or behaviors
 - ✓ Complexity
 - ✓ Frequency
 - Risk and uncertainty
 - ✓ Permanency
 - ✓ Observability
- Health-related costs
 - Giving up unhealthy behavioral routines
 - Learning new behavioral routines
 - Purchasing health-related products and services
 - Collecting, computing, and comprehending health information
 - Changing attitudes and values regarding health



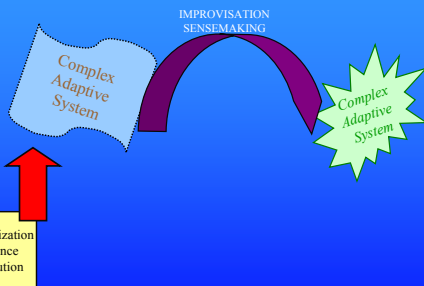
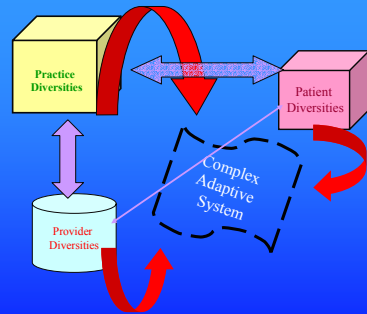
Strategies for Creating Complementarity Between Concept and Behavior Innovations

		Concept innovation is a valued outcome	
		Yes	No
Belief that behavior innovation is an effective way to achieve concept innovation	Yes	Reinforcement strategy Facilitation strategy	Nonintervention strategy Introduction strategy
	No	Information/education strategy Persuasion strategy Confirmation strategy	Information/education strategy Persuasion strategy Disconfirmation strategy Power strategy



Complexity Theory and Health Care Variations

- HSR focus: reduce practice variation, but...diversity in practices may be desirable
- Practices as complex adaptive systems (CAS):
 - ‘dynamic-bounded webs of diverse agents interacting nonlinearly’ (Miller, 2001)
 - consist of 5 levels of diversity
 - history/initial conditions; agents; patterns of interactions; local fitness landscape; regional and global influences



Diversities, Dynamism and ‘Appropriate’ Variation

- New scientific theories (e.g., complexity) offer interesting frameworks, but
 - lots of research fodder – e.g., what to measure; how to measure ‘co-evolution’, ‘improvisation’
- ‘Critical to differentiate the variations that are sources of error from the variations due to the dynamics of relationships’ (Miller, 2001)
- Using this complexity framework, relational variation is linked to diversity of agents and represents constructive and adaptive functioning
- Can diversity help EBP implementation?

Conclusions

- Public health approaches offer unique opportunities for ‘expanding the child mental health research base’
- The emphasis on collaboration (e.g., CBPR) is consonant with system of care approaches
- Can help strategically place mental health on new radar screens, new partners, and broaden support
- May help in ‘closing the gaps’ between research, practice and policy
- New scientific voyages to balance ‘scientific rigor and relevance in real-time’



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