COLLABORATIVE HEALTHCARE

INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

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The Development of the Interprofessional Leadership Institute for Mental Health Equity

Abstract

The *Interprofessional Leadership Institute for Mental Health Equity* is being developed at the University of North Carolina at Chapel Hill to reduce mental health disparities by (1) engaging students in interprofessional service learning and research activities, (2) promoting integration of community-based strategies and social determinants of mental health conditions among underserved and vulnerable groups as required curricular components, (3) enhancing workforce diversity (in partnership with Racial/Ethnic Minority-Serving Colleges/Universities) by supporting students to obtain professional careers in mental health care, mental health policy, and mental health leadership, and (4) supporting current mental health providers, educators, and researchers who are working to mentor students in ways that address mental health inequities.

The Issue

Americans with mental health and substance abuse disorders have lower life expectancies. This is magnified for Americans in racial and ethnic minorities, who generally are medically underserved and underrepresented across the health professions. Inadequacy of mental health care contributes greatly to disparate health outcomes. Stigma about mental illness, perceived incongruence of culture, values, and priorities between patients and providers, and perceived incongruence of spiritual/religious beliefs and mental health care services pose barriers to better care and affect access to and use of mental health care service for underrepresented groups (American Psychological Association (APA), 2016). It is imperative to address the mental health care needs for these groups. Strategies are needed to build a workforce that can diminish mental health inequities. The current workforce is likely without critical skills needed for integrated, team-based care (Substance Abuse and Mental Health Services Administration (SAMHSA), 2011), including the ability to engage patients, families, and communities. SAMHSA has recognized the critical importance of university partnerships to more effectively recruit, prepare, and retain a diverse cadre of health professionals to successfully provide services that reduce disparities in mental health care and substance use disorders. A promising strategy for enriching the preparation of the next generation of health professionals includes revamping the model for training and service provision.

Background

To address these critical needs, the Interprofessional Leadership Institute for Mental Health Equity (ILI-MHE) is being developed as an interprofessional (IP) academic-community (A-C) partnered program at The University of North Carolina at Chapel Hill. The Interprofessional Leadership Institute for Mental Health Equity will address the four IP Education Collaborative competencies: values and ethics, roles and responsibilities, communication, and teamwork (Interprofessional Education Collaborative, 2011). Key components follow recommendations from the Josiah Macy Jr. Foundation to realign interprofessional education (IPE) with clinical practice (Josiah Macy Jr. Foundation, 2013). The goals are also in line with World Health Organization's (WHO) statement identifying IPE as "a key step in moving health systems from fragmentation to a position of strength" (WHO, 2010) and with the American Psychological Association's (APA) Recommendations for Addressing Mental Health Disparities (APA, 2016), which include guidance to:

1) Facilitate partnerships among mental and behavioral health providers, educators, community leaders, government agencies, and families to ensure culturally and linguistically competent and evidence-based prevention, early intervention, and treatment.
2) Increase the availability of mental and behavioral health services that are culturally and linguistically competent and accessible to racial and ethnic minorities.
3) Increase research examining the complexities and intersections of multiple statuses/identities.
4) Foster positive relationships and programs within racial and ethnic minority communities to increase awareness of mental health issues and prevent environmental factors that may place individuals at risk.

Project Development

Through existing and newly developed A-C partnerships, students enrolled in existing, discipline-specific community health practicums, independent studies, and clinical courses are being trained to provide culturally sensitive, contextually relevant, team-oriented, evidence-based, holistic, and policy-focused care. Students are made aware of these opportunities through existing and newly forming interdisciplinary partnerships between the Schools of Nursing and other health professions programs. The students are engaging in educational experiences that stimulate creative strategizing for addressing mental health inequities. A primary goal is to produce mental health professionals who are collaboration-ready – safely, cost effectively, and with improved outcomes for patients. Students are engaging in experiences that enhance clinical practice and transformational leadership through addressing complex, situational needs for mental health patients via didactic and clinical practice experiences with underserved and underrepresented clients. Educational components include content on the National Standards for Culturally and

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Linguistically Appropriate Services in Health and Health Care (US Department of Health and Human Services, Office of Minority Health, 2016), ethnopsychopharmacology, recovery models, reflective practice, mind-body interventions, and the importance of understanding the importance of wellness and self-care (in accordance with the quadruple aim) among providers working to achieve the triple aim (Bodenheimer & Sinsky, 2014). Additional topics are related to determinants of mental health care disparities among women and men of color; lesbian, bisexual, transgender, questioning populations; and other underserved groups. This type of learning for emerging leaders in the health professions has been found to increase empathy and insight while also increasing acuity of focus on costs, outcomes, quality care, and policy changes needed to positively impact care (Racine, Proctor, & Jewell, 2012). This approach has wide-reaching significance for increasing access to care to individuals in the communities where they currently live and educating new generations of professionals to better address mental health problems in ways that will meet population needs and reduce mental health inequities.

Discussion

Impact is being assessed by evaluating: the number of students who participate in the program, the number of disciplines represented, the development of IP and inter-institutional partnerships, the post-program satisfaction and competencies (IP and cultural sensitivity) achieved by participants, and the degree to which holistic, patient-centered care is fostered in program participants. For example, although a number of the experiences involve students from different professions working in the same setting or on similar projects, project success will be measured by the degree to which consistent interprofessional communication, coordination, and collaboration are achieved in accordance with the IPE competencies and additional guidance for effective interprofessional education experiences (Interprofessional Education Collaborative, 2011; Speakman, Tagliareni, Sherburne, & Sicks, 2016). The ILI-MHE can facilitate better patient-provider relationships and patient outcomes that are more satisfying to them and their families. The ILI-MHE ultimately has potential to reduce disparities in health care and health outcomes by supporting the next generation of health professionals as they serve this community directly and develop clinical practice, as well as conceptualizing macro-level, leadership strategies to improve care.

As the program develops, partnerships are being fostered among the Schools of Nursing, Medicine (Department of Social Medicine, Center for Health Equity Research), Public Health, and Social Work at the University of North Carolina at Chapel Hill, and the Area Health Education Center. Additional key and strategic partners include the Center for Lifelong Learning and the Carolina Center for Public Service at UNC Chapel Hill. In addition, the Institute includes partnerships with the Honors Program, the Health Careers Access Program, and the Academic/Community Service Learning Program at North Carolina Central University.

During the first, formative year of the ILI-MHE:

- Four undergraduate students, six master's degree students, and three doctoral students engaged in clinical practice, service learning, and research projects addressing mental health care with underserved populations.
- Seven disciplines were represented, including psychiatric nursing, marriage and family therapy, psychology, medicine, nursing leadership, pre-pharmacy, and criminal justice.
- The focus on social determinants of health and health disparities was expanded in didactic components and assignments for a required, graduate-level population health and epidemiology course in the School of Nursing, which included an enrollment of over 90 students over two semesters.

- Student participants reported satisfaction, professional/personal growth, and a deeper appreciation for addressing health disparities.

Conclusion

In its first year, the ILI-MHE is demonstrating success in its goals to dispel negative perceptions about socioeconomically disadvantaged patients by exposing pre-professionals to the root causes of social disadvantage, suggesting strategies for team-oriented IP clinical training, and supporting the next generation of health professionals as they develop strategies to improve care and resolve mental health disparities.

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