Cooperative Community Efforts in Mental Health

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IN RECENT YEARS mental health clinics have been increasingly concerned about the impact of clinic services on the population of the community served. Aware of the fact that clinical services alone are clearly inadequate to cope with the vast numbers who need specialized social-psychiatric help, clinic staffs have been devoting more time to the development of new methods and procedures encompassing promotion and prevention as well as the more familiar treatment and rehabilitation. As a result, there have been much talk and discussion associated with the relatively modern concept of extending clinic services into the community, a concept based on the recognition that mental health needs are greater than clinics alone can meet. Clinic staffs are striving to find ways to apply their skills and knowledge so that they will have a positive effect on the lives of many rather than the relatively few who can be helped through the one-to-one psychotherapeutic relationship.

The Mental Health Study Center of the Public Health Service is a demonstration mental health facility directed toward the development of interprofessional and interagency relationships for the purpose of promoting mental health objectives. It is hoped that a brief description of some of its programs and activities will stimulate others to similar experimentation in their own communities in search of a more comprehensive approach toward enhancing the development of healthy personalities and the prevention of mental illness.

Each program represents an attempt of the staff to develop relationships with other community agencies and programs, particularly those which are nonpsychiatrically oriented. Basic to this type of endeavor is an underlying assumption that such efforts will have a greater impact on the community than similar programs which clinics might develop on their own.

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Educational Efforts

Community-based educational programs focused on family living and parent-child relationships have gained wide acceptance in recent years. Some type of program usually can be found in most communities, rural or urban. Increased understanding of personality growth, interpersonal relationships, and mental-illness processes has brought to light the value of educational intervention in modifying the impact of stress on individuals, preparing individuals for problems to be encountered, and equipping them with coping mechanisms to deal with the "normal" or minor problems of living (*1*). This growing relationship between the objectives in mental health and the goals of family-life education has stimulated many mental health clinics to develop parent education programs as an extension of their services to the community.

Because of our interest in understanding the kinds of interprofessional relationships that are desirable to attain effective collaborative and consultative working relations with nonpsychiatric-oriented agencies performing mental-

health-related functions, we chose to work with an established parent education program sponsored by a board of education rather than to develop one sponsored by a clinic. This program was of particular interest to the center because (*a*) its objectives were closely related to preventive mental health goals, (*b*) it used nonprofessional volunteer leaders and offered training in the area of child development and family living, (*c*) the group discussion method was the main mode of operation, and (*d*) the program was countywide and open to all parents in the community.

We have had a twofold relationship to this program: collaborating with the director of the program in ways of gathering data on the characteristics of the participating parents and providing consultation to the director in the selection and training of lay leaders, with special emphasis on the qualities of the leaders and techniques of disseminating information to them. One of our early concerns with consulting in this program was the possible implication in the program of the clinic's basic orientation to psychopathology and therapy rather than to "normal" behavior and education.

To keep clear the difference between parent group education and group therapy, the mental health nurse spent several months as a participant observer in one of the discussion groups for the purpose of gaining firsthand experience in the group's manner of functioning. She subsequently joined with a psychologist, a specialist in group therapy, in providing consultation to the program. The experience gained through actual participation in the group, along with the nurse's orientation in preventive measures concerning mental health, made it possible to keep the focus of consultation on an educational level. At the same time, the psychologist was able to apply her knowledge of group dynamics and processes to help the consultee make more effective use of the dynamics of the group in the training process. This was done by changing the method of transmitting content material from that of more formal didactic presentations to informal group discussions and by including within the training program some study of what was actually transpiring between members of the training group to help them become more sensitive to group functioning and more aware of their own attitudes to problems experienced in the groups.

Consultation to this program has resulted in certain changes in the selection and training of lay leaders. In selection, qualifications for leader training were developed, a short application form was devised, a selection interview was initiated, and discussion group leaders were used as a prime source for referring potential leaders from among parents participating in their groups. Changes in training included emphasis on the study of group processes and the development of a descriptive outline to sensitize group members to the functioning of groups and to evaluate their progress in the training program. The need for supervision following completion of the leadership training program has been emphasized throughout the period of consultation.

Efforts To Strengthen Facilities

Our treatment program serving residents of Prince George's County, Md., has been active for many years. We have continued to maintain a clinical program but, as other treatment facilities have developed, we have increasingly limited our treatment services for several reasons: (*a*) to concentrate on the study of specific therapeutic techniques, for example, family group therapy (*2, 3*); (*b*) to investigate special problem areas, such as nonachievers in an elementary school (*4*); and (*c*) to conduct studies related to the effect of clinic policy on patient clientele, for example, the professional referral intake policy (*5, 6*).

The center's clinical activities, however, have extended beyond its own program through contacts established with other agencies offering treatment and counseling to community residents. One example is our work with the local family counseling agency, which has included case consultation on a regular basis, collaboration in training seminars, and serving on the agency's board of directors (*7*). At present we are also considering the possibility of assisting this agency in its plans to develop a group counseling program.

Another example is participation with the county health department in a demonstration program of treatment for alcoholism. Desig-

nated as a "public health approach to the problems of alcoholism," the department, in addition to offering clinical treatment for patients and their families, plans and works with various community groups, such as the clergy, Alcholics Anonymous, and business and industry (*8*), that are interested in rehabilitating alcoholics. The program was started as a cooperative endeavor growing out of the mutual interest of the study center and the county health department in establishing an alcoholism treatment program in the community. Although the study center has not participated in the actual clinical work, it was active in the planning phase of the program and has continued to provide consultation to the administrators of the program, to assist with periodic program reviews, and to collaborate in specific research and evaluation activities.

Work With Allied Professionals

In every community a number of professional groups play key roles at strategic times in the lives of individuals. These groups include physicians, teachers, policemen, welfare workers, nurses, attorneys, ministers, and many others. They represent the community in providing guidance, support, and counseling to the population at times of stress and trouble. Working with these professional groups consists of helping them to incorporate into their own functioning and services an awareness and sensitivity to the emotional implications of the problems of their clients and to increase their understanding of the conditions which support the development of a healthy personality and effective social functioning.

Methods of providing consultation to these professionals, commonly referred to as "caretakers," have been reported at some length in mental health literature and will not be discussed here. However, it seems appropriate to briefly mention the policy we developed to provide service in the form of consultation and collaboration to these groups as major referral and helping resources. This policy grew from an awareness of the need to work cooperatively with referral sources for patients in whom there was a common interest and concern. More often than not the referring source maintains responsibility for the patient after his contact with the clinic; hence a working relationship between the center and referring professionals in the community seemed essential for optimum care of the patient.

To provide a means of forming the relationship we adopted the "professional referral intake policy," requiring that all persons requesting clinic service be referred by another professional in the community and that all referring sources contact the center before the patient actually is referred to the clinic, to discuss the situation with a professional staff member. As a result of this policy we have developed at least a telephone relationship with the professionals referring these patients, which has aided in preparing the patient for clinic services. The policy also has enabled the center to work cooperatively with the referral sources during and after the patient has had contact with the clinic (*5*, *9*).

Other work with allied community professionals includes seminars with juvenile bureau police officers (*10*), a training program in intergroup relations for members of the civil disturbance unit of the police department (*11*), seminars with clergy and pupil personnel workers, and collaborative approach to home visiting with a pupil personnel worker (*12*).

Collaboration With School Officials

Another area of interest is participating with other community agencies in specific, focused, time-limited projects. Such projects usually require fairly intensive cooperation for a sustained period of time between the staffs of participating agencies; hence opportunities are provided for significant changes in attitude through interpersonal experiences. An example is a 3-year pilot program for nonachieving children, designed to explore methods of providing remedial instruction for improving the academic and social progress of a group of second graders selected for special class placement and instruction. The study center had several functions in this project including participation in the initial screening and final evaluation of the project. In addition, a psychologist and a mental health nurse provided certain mental health services to the program with (*a*) home

visits to the families of the children in the project, (*b*) consultation to the teacher of the special class, and (*c*) group guidance meetings for the parents. Selected school personnel and study center staff met regularly to coordinate the various mental health and school services.

Kelly and Boone (*4a*) noted some learning experiences of the staffs in a report on the project:

> Resolution of ideological differences between mental health and educational personnel is a subtle but highly significant part of the coordination of mental health services to school age children. It requires changes in attitudes on the part of school personnel as well as the mental health professional. The mental health professional must be willing to view the school as a primary setting where an effective environment for learning can be produced rather than simply a massive referral source for identifying the deviant. The school official, on the other hand, must concede that the creation of an effective environment for learning does involve re-designing the existing structure of the school with a constant attention to the creation of innovation for teaching and training.
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> Both the mental health professions and school officials can more effectively teach children to learn in a psychologically creative setting if both can develop a common point of view about the type of classroom environment that is effective for teaching as well as transmission of acceptable social norms. Too often in the past what has been a psychologically healthy environment has been interpreted to be a poor teaching setting and what has been interpreted to be an effective setting for teaching has been seen as a limiting site for personal development.

Evaluation of the program indicated improvement in the learning capabilities of the children. The parents also were found to have a more realistic and sensitive attitude toward the problems of the children.

Collaborative Research and Evaluation

Another area of endeavor with community agencies concerns collaborative research and evaluation. Two such efforts will be mentioned. The first effort, which developed from our concern over the lack of readily available current information about specific social and psychiatric outpatient resources serving the community, is a collaborative pilot study of such resources with the local health and welfare council, the major planning and coordinating facility. Questionnaires have been distributed, and 15 agencies are furnishing data every 3 months for 1 year in such areas as the nature of specific services provided, the length of waiting lists, age groups served, and kinds of treatment offered. The information received is organized into an easily read chart, which is sent to the participating agencies as well as to other allied community professionals for their use during patient contacts related to information and referrals. At the end of 1 year the value of the project and the feasibility of its adoption by the community as a regular service will be evaluated.

The second collaborative effort concerns an investigation of the effect of an inservice training program in mental health for public health nurses of the local health department. This study stemmed from consultation provided by the mental health nurse to the health department's bureau of nursing, which included discussions of an inservice training program in mental health. During these discussions, questions arose about the possibility of including certain evaluative measures which could be used in assessing the effects of the training program, not only on the nurses being trained but also on other nurses who, through association with the participants, might derive benefit.

The training program consists of "rotating" small numbers of nurses through the health department's mental health bureau to familiarize them with psychiatric concepts, techniques, personnel, and programs. The main objectives are:

1. To increase the nurse's knowledge and understanding of the purposes and functioning of mental health programs within the public health agency setting.
2. To assist the nurses in gaining a broader understanding of the role and function of allied disciplines working within the framework of mental health programs.
3. To add to the knowledge and skills necessary for understanding and dealing with emotional factors of everyday living.

Evaluation of the program, which is presently underway, is focused around attitudes and knowledge of public health nurses regarding mental health and mental illness; mental health activities in the role functioning of public health nurses; and the effect of the training program on knowledge, attitudes, and functioning of public health nurses. A mental health nurse and a social scientist on the staff are conducting the evaluation in conjunction with the health department.

Summary

The Mental Health Study Center, Public Health Service, has attempted to apply mental health principles and practices by participating with a number of other community agencies functioning in a variety of areas. In the area of family life education, staff members have established a twofold relationship with a parent education program sponsored by the local school system. They are (*a*) collaborating with the director of the program in ways of gathering data on the characteristics of the participating parents, and (*b*) providing consultation on the selection and training of lay discussion leaders, with special emphasis on establishing criteria for leadership selection and improving the training program by focusing on group functioning.

In the area of treatment, although an active clinic program is maintained, services are limited so as to conduct studies of selected therapeutic techniques and to investigate special problem areas, such as underachieving children. Clinic activities, however, are extended beyond the center's own treatment program toward strengthening other agencies offering treatment and counseling to community residents. In line with this, a professional referral intake policy was developed to enable clinic staff to concentrate on those individuals most in need of psychiatric help and to work cooperatively with the referring agents who maintain responsibility for patients after their clinic contact.

Another area is participation with community agencies on specific, focused, time-limited projects, such as working with school officials to provide mental health services to a group of underachieving children receiving special educational services. Such endeavors require fairly intensive cooperation for a sustained period of time between the staffs of participating agencies and therefore provide opportunities for significant changes in attitude through interpersonal experiences. The center has also engaged in research and evaluative projects with other community agencies in areas in which there is a common interest. Examples are a cooperative project with 15 community agencies related to the study of mental health resources available to community residents and a collaborative endeavor with the health department to evaluate an inservice training program in mental health for public health nurses.

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World Health Day, April 7

Smallpox—Constant Alert

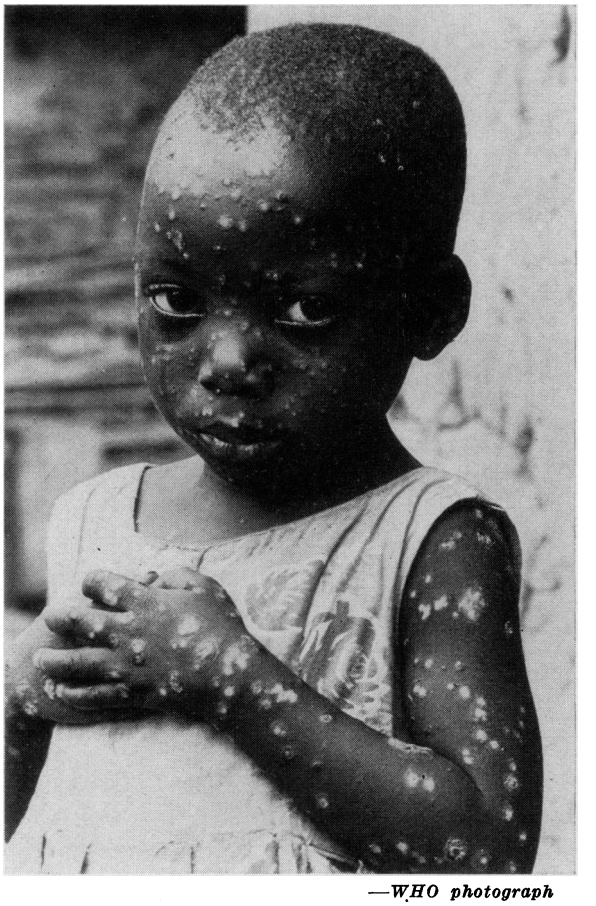
International cooperation in health began in the last century under pressure from dread diseases that were causing suffering and death all over the world. It is fitting, therefore, that in International Cooperation Year, 1965, World Health Day should be devoted to one of those diseases—smallpox.

On this day, I wish to pay tribute to health officers the world over whose constant vigilance limits the spread of smallpox nationally and internationally, and to the health teams who, in all parts of the world, often working in the most difficult conditions, are building up protection against the disease through mass vaccination.

Over 160 years ago, vaccination was first shown to prevent the disease; but we have failed to make full use of this weapon. It is outrageous that in one year there should still be over 100,000 cases of smallpox and 25,000 deaths from this disease. It is equally outrageous that the world as a whole should still be constantly threatened by it.

The World Health Organization in 1958 began a campaign for the eradication of smallpox from the world and I am confident that eradication can and will be achieved. Yet victory will not be attained without generous assistance from the countries free of smallpox, nor without much hard work in the countries where smallpox is still endemic.

The complete eradication of smallpox would not only rid the world of a disease which at present is a constant menace but would also provide an example of what true international cooperation can achieve in a well-defined and limited sphere. In the meantime, however, a constant alert against smallpox will have to be maintained throughout the world—DR. M. G. CANDAU, *Director-General of the World Health Organization.*



—WHO photograph

African child struck by smallpox