

## PARTNERED PARTICIPATORY RESEARCH TO BUILD COMMUNITY CAPACITY AND ADDRESS MENTAL HEALTH DISPARITIES AND DISASTER

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Community-partnered participatory research (CPPR), established in the paradigm of community-based participatory research, represents a relatively recent innovation in the field of mental health services research.<sup>1</sup> As part of a public health model, CPPR offers a potentially advantageous framework to address mental health needs in response to population-level emergencies and large-scale disasters.<sup>2-3</sup> During the last five years, we have documented the development of this field through a series of special issues of *Ethnicity & Disease*.<sup>4-5</sup> The first offered models that address disparities in mental health in pilot studies.<sup>4</sup> The second outlined a more generalizable model to frame CPPR initiatives.<sup>5</sup> In this issue, we present recommendations from several centers that are developing the CPPR field; we offer examples of application of CPPR for mental health services within a large services delivery demonstration following a major disaster; and we present several projects developed through a CPPR center, as well as two other related CPPR projects.

As co-editors of this volume, and as co-leaders along with multiple other academic and community partners represented in these pages, we would like to make a few comments from a more personal perspective about developing, participating in, and reflecting on the impact of CPPR mental health services projects. First, we generally have found that approaches that explicitly address enhancing community engagement and partnership in research are highly suited to address mental health issues. Stigma surrounding mental health, unaddressed disparities, and limited popular knowledge of opportunities for treatment and recovery make community engagement in research all the more important. From a community

perspective, such trust-based engagement may play a critical role in increasing the value of academic partners as resources to solve issues of access and unmet need. For example, if engagement is aligned suitably with community traditions and strengths, it may help to increase awareness of proven and effective outreach, screening, education, or treatment strategies. Further, the introduction of research holds promise to increase evidence and improve planning and effectiveness of care in the long-run.

Second, we would like to comment on the importance in this work of having committed, knowledgeable community partners, who are able to foster the trust of the community and can help engage the community in sensitive topics such as mental health. This topic may require frank, longitudinal community-academic dialogues to begin to share, appreciate, and accommodate diverse perspectives. These dialogues may be supported by efforts to get to know community programs and leaders before engaging them in strategies for change or research. In our cases, we have had numerous partners who have been generous and applied their expertise across a range of services improvement and research efforts. Some of these partners are represented in this volume, but such work cannot be done without dozens and even hundreds of partners who contribute to various steps and activities, in the service of both research and two-way capacity building.

Third, we have learned that such work progresses incrementally, rather like a quality improvement or community learning paradigm, with stages of discovery, stages of change, and stages of evaluation and research. Thus, we have learned to value steps both large and small; and to value the potential of discovery in each step, including understanding how to conduct research while building capacity to address disparities in mental health. Partly for this reason, why we thought it would be important to acknowledge diverse projects and steps within the same issue, in order to stimulate thought and discussion about the larger lessons and opportunities.

What are those larger lessons? One is that mental health is an important topic for community-engaged research. Another is that mental health features centrally in the long-term recovery process from major disasters and a partnered

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approach makes it possible to develop and implement evidence-based approaches to recovery at scale. Yet another reason is that extending partnerships to new types of partners within the same community can raise important new issues and opportunities that broadens the overall approach and its effectiveness. We are in the early stages of observing both similar and unique issues in community engagement and partnered research that emerge across different communities and projects. At the same time, we have found it possible to share frameworks, lessons, protocols, and toolkits across communities and projects, and at times to share the experiences and contributions of partners across projects and communities. Some of these relationships are apparent in the authorship of articles in this issue, and some will become more apparent as later stages of these projects are published. Finally, we note that capacity building within vulnerable communities in the area of mental health is both effective and satisfying for academic and community investigators and

participants, permitting both early- and longer-term impacts that complement and reinforce the value of the partnered research endeavor.

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