

**Addressing Mental Health Equity:
15 years of Community Partnered Participatory Research**

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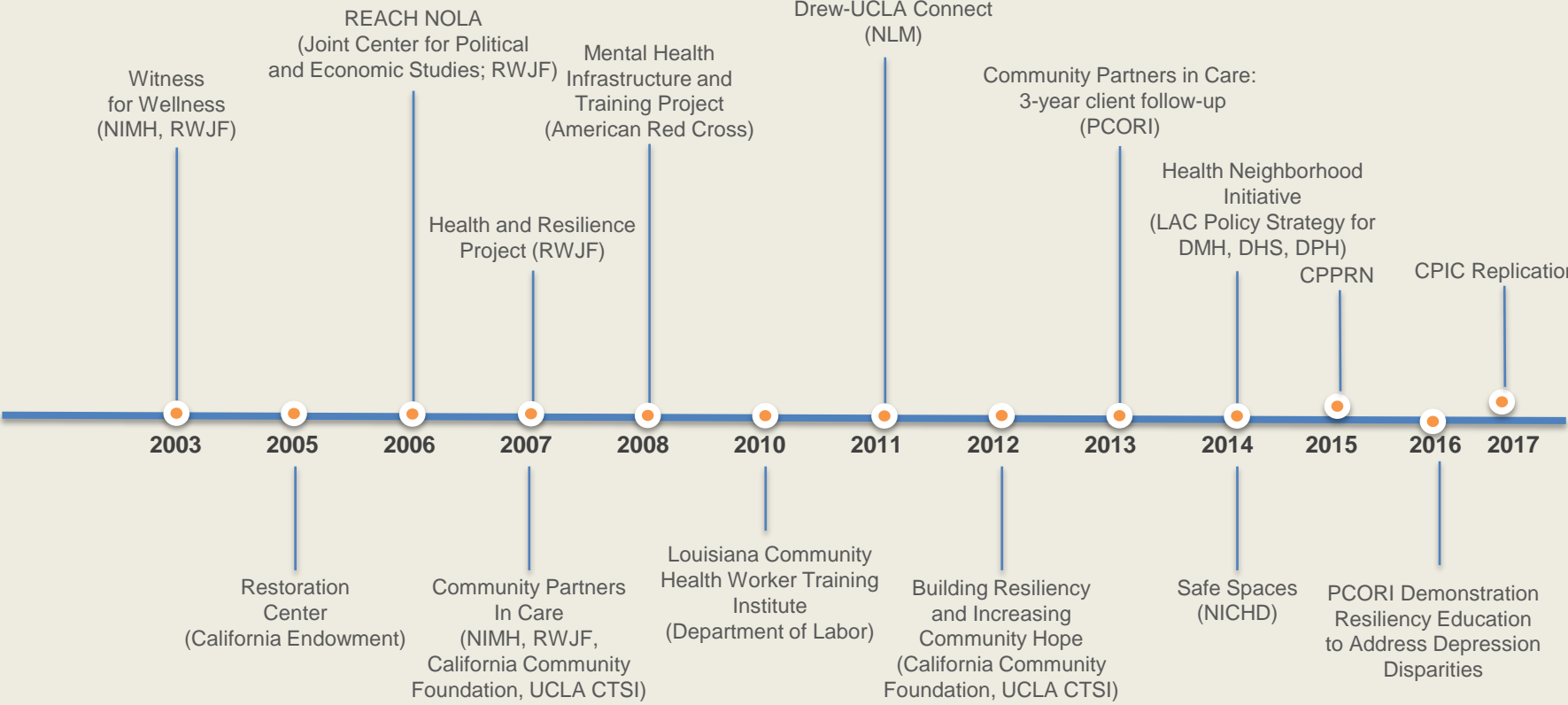
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Accel Community Research Conference**

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No financial conflicts of interest.

Our History



Mental health is not just the absence of mental disorder, but a state of well-being in which every individual realizes his or own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

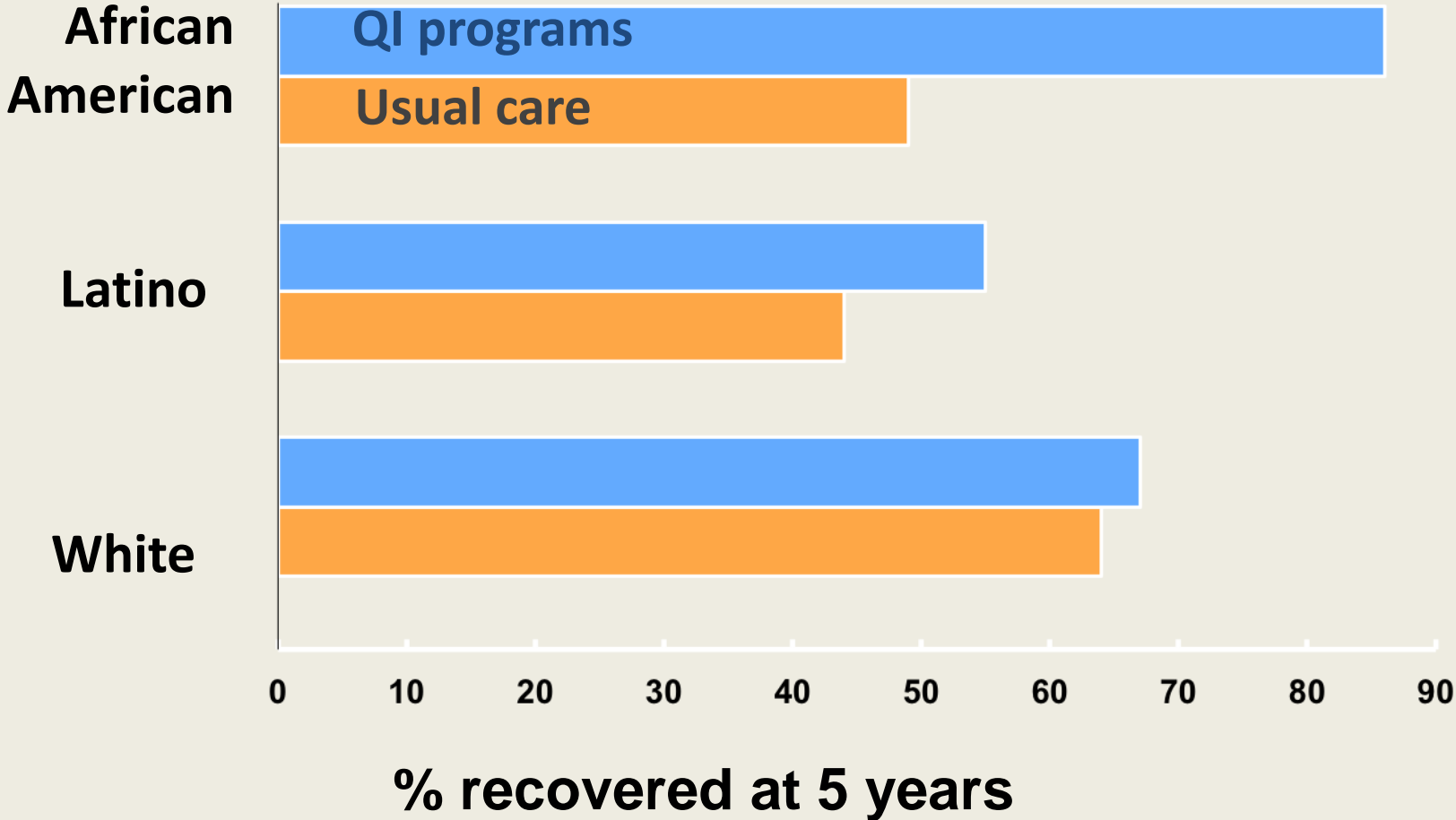
World Health Organization

Equity

Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. *Health inequities* therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.

World Health Organization

Interventions Reduced 5-Year Outcome Disparities for Depression (Partners and Care Study, P.I. Wells)



Community Partnered Participatory Research (CPPR)

CPPR Principles:

- Transparency
- Respect
- Power sharing
- Co-leadership
- Two-way knowledge exchange



Witness for Wellness

Guiding Principles

Trust
Respect
Participation
Knowledge
Experience



SHARE

- Information
- Resources

LOOK/LISTEN

- Community Voices
- Evidence Based

RECORD

- Impact
- Process

SUPPORT

- Promote Policy
- Advocate for vulnerable populations

BUILD

- Community Outreach
- Quality Services

TALK

- De-mystify Depression
- Building Community Strength

Witness for Wellness: “Depression”





SKID ROW
HOUSING
TRUST
HOMES
SUPPORT
SUCCESS



New Vision Church of
Jesus Christ



COMMUNITY PARTNERS IN CARE
Compañeros Comunitarios en la Salud



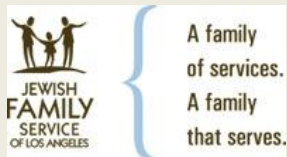
DEPARTMENT
OF
MENTAL
HEALTH



Working together in an *equal* partnership
to learn how to improve depression care
and build community strength



NAMI URBAN LOS ANGELES
The Community's Voice on Mental Illness



Community Engagement Stone Soup



Summary of 6-month Outcomes

Both CEP and RS improved client mental health quality of life

CEP was more effective than RS in:



Improving mental health quality of life and physical activity



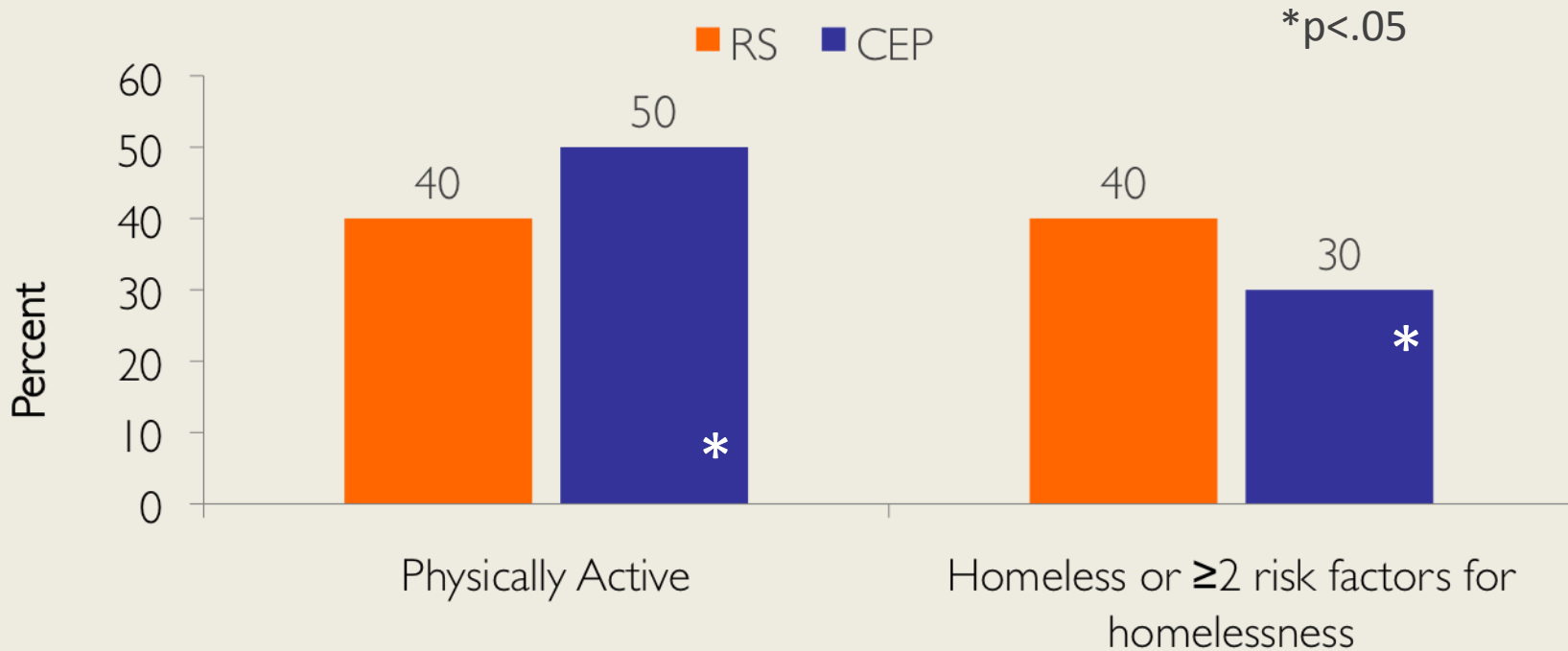
Reducing homelessness risk



Reducing behavioral health hospitalizations

CEP Improved Physical Health and Homelessness

(N=1,018)



Yes to all health limits

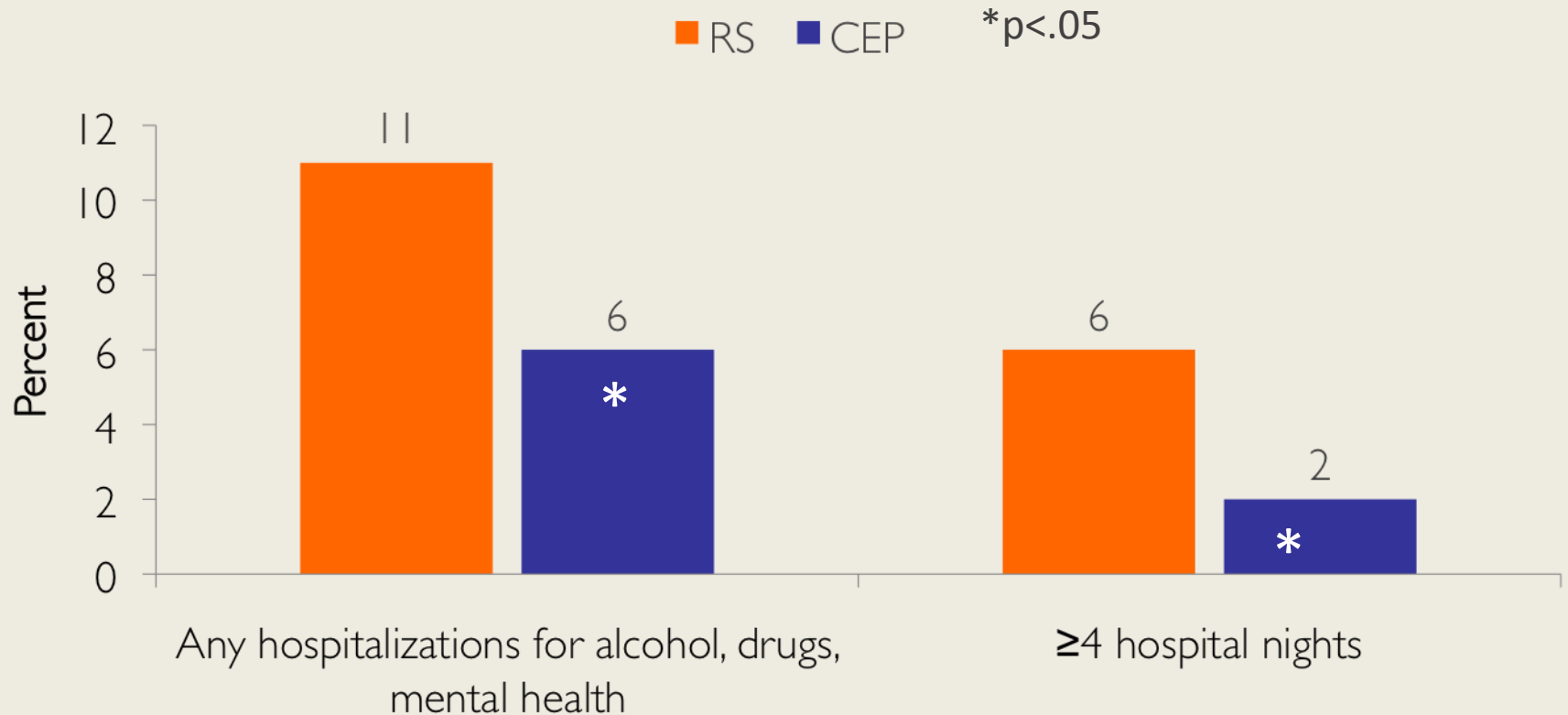
- Moderate activity
- Stairs
- Physical activity

Risk Factors:

- food insecurity
- eviction
- severe financial crisis

CEP Reduced Hospitalizations

(N=1,018)



CPIC Video Summary of 6-month Outcomes



12-month Client Outcomes

- Modest continuing improvements at 12 months relative to baseline in mental health related quality of life for CEP vs. RS
- Continued reduction in behavioral health hospitalizations for CEP at 12 months
- Findings somewhat sensitive to analysis methods
- Over the year, more improvement in mental health and less hospitalization in CEP

2014 ACTS Team Science Award

2015 Campus-Community Partnerships for Health Annual Award

2015 UCLA Community Program of the Year



Funders of CPIC: National Institute of Mental Health; National Library of Medicine;
Robert Wood Johnson Foundation; California Community Foundation;
UCLA Clinical and Translational Science Institute
Patient-Centered Outcomes Research Institute
National Institute on Minority Health and Health Disparities

PCORI-funded Resiliency Education to Reduce Depression Disparities

RESILIENCY EDUCATION

Resilience Against Depression Disparities (RADD)

in **LGBTQ** Communities

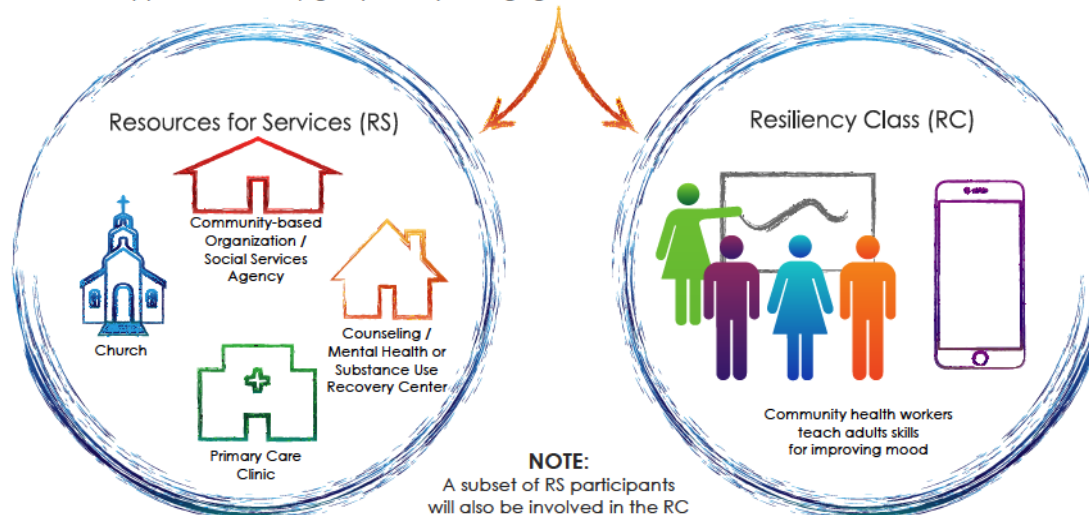
Can providing a 7-session resiliency class that teaches adults skills for improving mood plus training of agencies to deliver evidence-based depression care improve depression outcomes more than agency training alone?



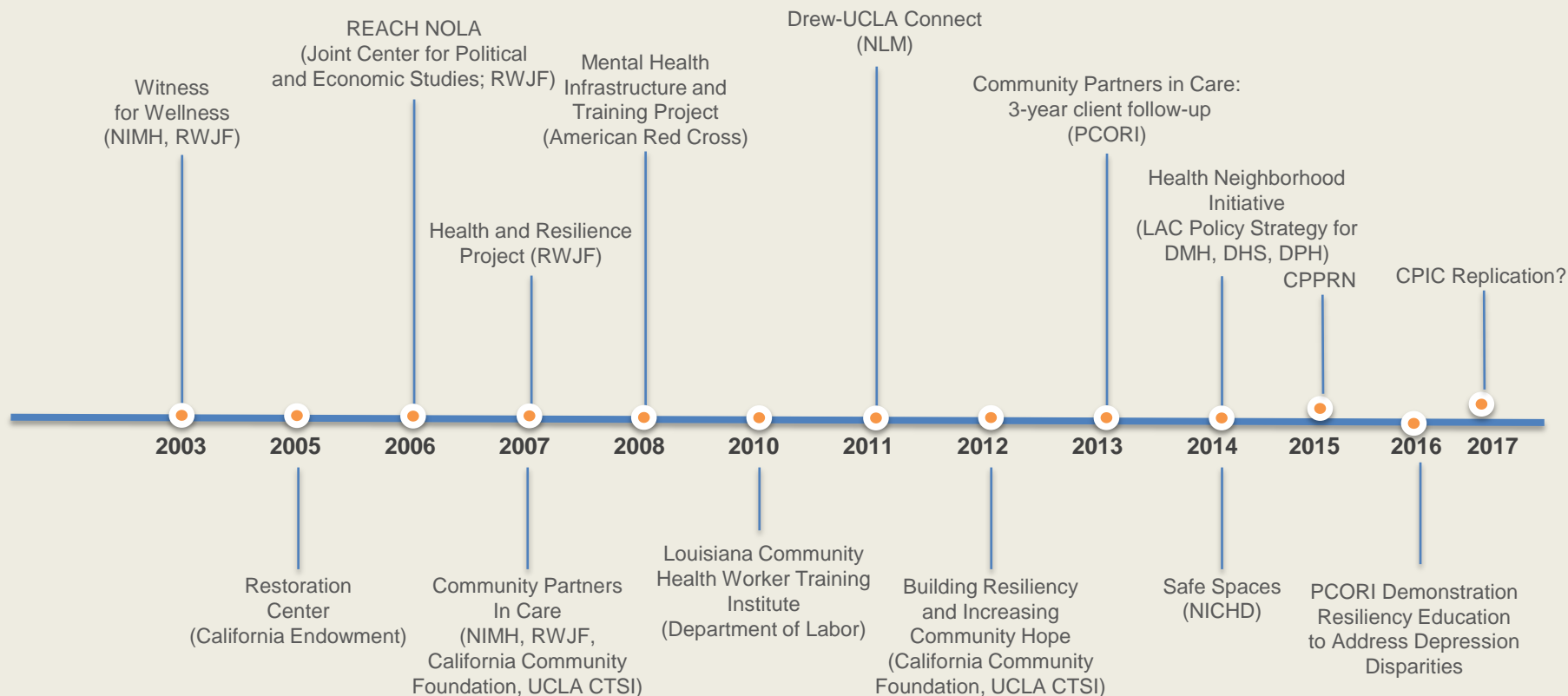
DESCRIPTION OF RESEARCH STUDY

Resilience Against Depression Disparities (RADD) is a community-patient partnered intervention tailored to meet the mental health needs of LGBTQ persons.

We will work with a diverse group of LGBTQ-focused or trusted agencies (clinics, churches, social services and support, advocacy groups, etc.) to engage and address the needs of LGBTQ clients.



Our History





KEY TO THE FUTURE