COMMENTARY: REAPING THE BENEFITS OF RESEARCH PARTNERSHIPS: CHALLENGES AND OPPORTUNITIES

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In 2006, the National Advisory Mental Health Council, which provides guidance to the National Institute of Mental Health (NIMH), produced *The Road Ahead: Research Partnerships to Transform Services*, a report of recommendations to advance services research and clinical epidemiology. As the report's name belies, the Council saw partnerships among individuals, organizations and communities as crucial to ensuring maximal public health benefit from research. The authors reported,

> "collaborating strategically with stakeholders can help make the Institute's research available to a broader audience in more meaningful and tangible ways. NIMH's partners include persons living with mental illness and their families, advocates, payers, clinical practitioners, researchers, and research administrators. By learning more about the needs of these diverse partners and their perspectives, NIMH can channel research in directions that are responsive to partners' needs."[1]

In response to the report, NIMH advanced a number of activities targeting the improvement of partnerships among multiple stakeholders. For state/ research partnerships, NIMH supported a contract to the NASMHPD (National Association of State Mental Health Program Directors) Research Institute, facilitating advancement in infrastructure to support research on the impact of state policies on mental health outcomes, as well as *RFA-09-050: Use of Pooled State Administrative Data for Policy-Relevant Mental Health Services Research.*[2] For partnerships with health care settings, NIMH developed a Mental Health Research Network,[3] leveraging integrated health care delivery systems to improve the quality and efficiency of services and effectiveness research.[4] Each mechanism was designed to stimulate partnered research agendas to ensure the relevance of NIMH-supported studies.

More recently, the strategic plan of the NIMH[1] has articulated the importance of enhancing the public health impact of mental health research. This fourth strategic objective reaffirms the goal of extending research beyond academic centers, journals and bookshelves, to directly benefit people with mental disorders, their families, and the practitioners and systems that deliver mental health care. Inherent in this goal is the continued desire for NIMH and its funded researchers to connect to a myriad of stakeholders, desiring maximal benefit from research investments.

Related to the content of this special supplement to *Ethnicity & Disease*, NIMH has explored multiple methods for developing research partnerships within communities. Several funding opportunity announcements have been issued, both agency and institute-driven, on the use of community based participatory research approaches to conduct research studies.[5] NIMH also continued its support of the Interventions and Practice Research Infrastructure Support Program (IP-RISP), which offered up to five years of funding to partnerships of research institutions and practice settings, with the expectation that innovative and effective research would emerge that otherwise could not be developed.[6] In both cases, the research agendas are intended to drive the partnership process. Greater involvement of communities in research would ensure that the studies are designed to answer the most important questions within communities and services systems, and to pave the way for use of

research findings to drive wide-scale improvements to mental health care.

In addition, NIMH-funded researchers are working to ensure the connection between research-tested interventions and the myriad of clinical and community settings where they can be used. This is by no means exclusive to mental health, but paramount for all of health research. The trans-NIH funding opportunity announcements in dissemination and implementation research include participation from 12 Institutes and Centers,[7] and the annual NIH meeting on the science of dissemination and implementation has grown dramatically in just a few years. NIMH currently funds approximately $45 million a year in this area, recognizing that the connection from development and testing to widespread use of effective interventions requires active partnerships.[8]

These initiatives, exemplified by the themes of the articles in this supplement, have shown both the importance of partnerships and the challenges associated with initiating them, supporting them, and enabling them to translate their efforts into full-borne research studies that affect mental health. We recognize the tremendous efforts spent by these fledgling partnerships, and their vulnerability to competing demands, limited resources, shifting timeframes and other barriers. From recent initiatives, several principles seem important for successful benefit from research partnerships.

EMPHASIS ON THE ULTIMATE IMPACT OF THE RESEARCH

Research-practice partnerships may struggle to maintain momentum toward the development and execution of a scientific agenda. As discussed previously, many competing demands for all participants can create obstacles for the work moving forward. The immense

contributions from this work can then be lost. Scientific success may come from a keen focus on how the partnership can specifically advance the research field, while partners may require clear benefit to service delivery and substantial benefits on individual and system outcomes. Key questions include: How are the partners positioned to develop new knowledge? How can the research questions, designs, and findings result in tangible information that can significantly improve mental health?

STRATEGIC DEVELOPMENT OF NEW PARTNERSHIPS

A number of emerging areas could benefit from research partnerships. For example, advances in information technology give average individuals immense processing power at their fingertips and in their pockets. Determining how best these applications can be integrated within mental health care will likely require expertise from the technology sector, mental health researchers and a range of stakeholders in community and clinical practice. Similarly, efforts to scale-up and sustain a range of interventions require knowledge of policy, organizations, providers and those who can benefit from mental health care. Strategic partnerships in these and other areas with representation from relevant stakeholder groups could reap great rewards for the research enterprise and public mental health.

DEVELOPMENT OF A "CO-AGENDA"

Many opportunities exist for research partnerships, both in the development of research knowledge and the application of those findings to improve mental health. The pursuit of "win-win" themes for partnerships seems essential to ensure that return on the

effort of all partners is achieved. One "win-win" example centers on implementation research and quality improvement (QI). Many researchers are studying how best to improve the implementation and ongoing use of effective interventions. Simultaneously, health and social systems around the country are working on a plethora of efforts aimed at improving the quality of their services. Unfortunately, the worlds of implementation research and QI are infrequently coupled. Quality improvement activities offer significant opportunities to continue gathering information about the implementation and sustained use of interventions within practice and could lead to optimization of those interventions. A partnership that merges QI and implementation research could be of value to all participants. Other "co-agendas" could be framed around large-scale efforts to reduce disparities, data standardization to allow quality measurement in local systems, the development and testing of local innovative mental health care practices, and assessing the impact of federal, state and local policies.

One current limitation of efforts to bridge research and practice lies in the assumption that these entities are by necessity distinct. Research knowledge must be translated to yield benefits, and practice communities may lie in wait for the next big thing. The themes in this issue challenge that assumption, recognizing the importance of partnerships with all stakeholders, including, I would argue, funding agencies like the NIMH. Indeed, as the "Road Ahead" report recommended and the strategic plan mapped out, NIMH's opportunities to maximize the benefit of research lie in its own partnership activities, ensuring that the Institute moves beyond the research world to connect directly with patients, providers, administrators and policymakers. The work summarized in this issue takes the concept of partnerships to a new level—partnerships can conduct research and practice activities

within the same framework. Through partnerships like those described within this issue, the scientific and practice communities may have the largest public health impact.

REFERENCES

1. National Advisory Mental Health Council: The Road Ahead: Research Partnerships to Transform Services. Bethesda, Md, National Institute of Mental Health. 2006. http://www.nimh.nih.gov/about/advisory-boards-and-groups/namhc/reports/road-ahead.pdf. Accessed June 27, 2011.
2. NIH. RFA-MH-09-050: Use of Pooled State Administrative Data for Policy Relevant Mental Health Services Research (R01). 2008. http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-09-050.html. Accessed May 9, 2011.
3. NIH. RFA-MH-10-030: Leveraging Health Care Networks to Transform Effectiveness Research (U19). 2009. http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-10-030.html. Accessed May 9, 2011.
4. National Institute of Mental Health. The National Institute of Mental Health Strategic Plan. Bethesda, MD: U. S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health. NIH Publication No. 08-6368. 2008. http://www.nimh.nih.gov/about/strategic-planning-reports/nimh-strategic-plan-2008.pdf Accessed June 27, 2011.
5. NIH. PAR-07-004: Community Based Participatory Research at NIMH (R21). 2006. http://grants.nih.gov/grants/guide/pa-files/par-07-004.html. Accessed May 9, 2011.
6. NIH. PA-06-441: Interventions and Practice Research Infrastructure Support Program (IP-RISP) (R24). 2006. http://grants.nih.gov/grants/guide/pa-files-archive/PAR-06-441.html. Accessed May 9, 2011.
7. NIH. PAR-10-038: Dissemination and implementation to research in health (R01). 2009. http://grants.nih.gov/gratns/guide/pa-files/par-10-038.html. Accessed May 9, 2011.
8. NIH. National Institutes of Health Research Portfolio Online Reporting Tools (RePORT). http://projectreporter.nih.gov/reporter.cfm. (2010) Accessed May 9, 2011.