Preface

I lived in New Mexico 10 years before I wore a western-style belt, so deep was my intention to not appear other than what I was—a kid from Chicago who loved the sky, the mountains, the high desert, and the green chile of New Mexico.

I trained and worked at the medical school, and each year I marveled at the young physicians who would come and, within days of their arrival, don tall cowboy hats and boots, denim of a particular cut, and silver and turquoise. These men and women would come for adventure, enticed by what was novel to them in this large, sparsely and diversely populated frontier. These young healers came to New Mexico promising to learn and to dedicate their efforts to a place rich with poverty, need, and risk. Some of these young physicians stayed (usually trading their initial Southwest costume for a more subtle bolo tie or earrings). And yet, many of these same men and women would leave. They were unhappy with all that was unfamiliar to them. They were exhausted by the demands of a rural, relentlessly resource-poor place. Commitments made to individuals and to the communities of New Mexico no longer held, and, the sense of promise was no longer felt.

A second, more positive observation from this formative time in the Southwest relates to the ingenuity that arises in situations of overwhelming need and few resources. A great example is a program developed decades ago by a child psychiatrist from the university who was working in a frontier community in which many adolescent girls were becoming pregnant and dropping out of school. These young mothers and their children were experiencing tremendous mental and physical health challenges. Most were not doing well at all. Their futures were becoming diminished and the entire community was affected. Efforts by teachers and local leaders to "educate" young people about birth control and pregnancy over many years were essentially ineffective. Working with the community, the psychiatrist came up with an idea: to develop a toddler care program and, in this carefully supervised setting, to employ young teenage girls as the caregivers. Through one initiative, many of the older adolescent mothers in the community were able to return to

school, bringing far more salutary outcomes to their families. But another effect was felt among the adolescent girls working in the toddler program: seeing how difficult it was to take care of little kids, the teenagers made considerable efforts to avoid becoming pregnant. The pattern was disrupted.

Another great example of necessity as the "mother of invention" was a collaboration over nearly two decades that has brought together state, county, and university partners to address the overwhelming needs of elders who reside in remote areas throughout New Mexico and have serious mental illnesses, such as depression, anxiety, late-life psychosis, and dementia. Few resources exist for this greatly burdened special population of New Mexico. New Mexico is the fifth-largest state in the United States, with 0.6 % of the country's population, so most of the state qualifies as truly frontier (i.e., fewer than 6 people per square mile), and it has few clinics, hospitals, and health professionals. New Mexico also is economically distressed, currently ranked 48 out of 50 states with respect to fiscal health, with one in five individuals living below the poverty line. And New Mexico, like other rural states, has an overrepresentation of children, elders, and disabled individuals. Alone, the state could never do enough. The counties could never do enough. The university could never do enough. Together, however, the three partners could bring different elements from which an effective program could be, and was, built. The state contributed resources, novel solutions for reimbursing home-based care, and networking with a broader system; the counties contributed local clinic and generalist clinician efforts; and the university contributed subspecialty expertise, clinical trainees, continuing education, and respite support. In this program, a circuit-riding faculty physician traveled the state—working side-by-side with community-based colleagues, performing clinic, home, and video visits with rural elders and their families, and training physicians interested in rural health care.

My work in academic-community partnering has evolved since my early days in New Mexico and, even before, in urban underserved communities of Chicago. I have had the privilege in my academic work to engage with individuals from all walks of life and most places throughout the world. In my work at Stanford Medicine, we now have activities and initiatives in our neighborhood and across the globe. Several of the stories of these partnerships are told in this book. Other partnership narratives shared here are those of my friends, and of the friends of my friends.

Partnerships for Mental Health: Narratives of Community and Academic Collaboration is a text that follows from an earlier work that Christiane Brems, Ph.D., Mark Johnson, Ph.D., and I created with many remarkable colleagues. That book, *Community-Based Participatory Research for Improved Mental Healthcare: A Manual for Clinicians and Researchers*, was published in 2013 (also by Springer Science+Business Media). The manual laid the foundation for this collection, which has a greater focus on partnerships as experienced by those who create them.

This next book richly tells the stories of collaboration. The narrative voice of each chapter derives from the people who tell their story. Authors of this book are immigrants, survivors of torture, mental health experts, urban people, rural people, teachers, doctors, attorneys, students, and international leaders. Their stories matter. These authors provide emotionally powerful tales that will, I believe, move, affect,

and encourage those who encounter them in this book. Stories are influential. This collection of narratives is inspired by these individuals, who believe that collaboration can bring authentic mutualism, promise-keeping, and innovation to address the hardest problems we face as a world community.

Stanford, CA, USA Laura Weiss Roberts, M.D., M.A.

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