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The Practice Research Network: A Collaboration Between the University of Maryland and the Public Mental Health System

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Abstract

The Practice Research Network (PRN) in Maryland is a Interventions and Practice Research Infrastructure Support Project supported by NIMH that extends the historically close collaborative relationship between the University of Maryland Department of Psychiatry and the State Mental Hygiene Administration. This project focuses on the relationship between University-based investigators and participants in the Public Mental Health System using the local mental health authorities which are known as Core Service Agencies as the point of contact. Project staff serve as liaisons among the various components of the system. The PRN has succeeded in identifying a broader range of research subjects by establishing contacts with provider agencies and stakeholder groups. It has also focused on addressing some of the myths and fears about research by meeting with consumer and family groups and by arranging for investigators to present their research projects to stakeholders. This approach to developing a statewide network in support of mental health research can serve as a model for other state and university partnerships.

The Maryland public mental health system (PMHS) values collaborative relationships among all system stakeholders. This is reflected by broad involvement of multiple groups at all levels of decision-making and policy implementation. In keeping with this value, collaboration has also been a hallmark of the relationship between the Mental Hygiene Administration (MHA), the state mental health authority, and the University of Maryland School of Medicine Department of Psychiatry. (1–3) In the past decade, the Division of Services Research within the Department has traded on the collaborative relationship to expand research within the public mental health system.

This column describes the Practice Research Network (PRN), a special project designed to facilitate widespread participation in research. It offers to other State mental health authorities and other academic research departments a lesson in collaboration, using the tools afforded by a practice research network. Although the PRN builds on the unusually close relationships within Maryland, the model described in this column could be implemented in other locales with a different history of collaboration.

The Practice Research Network

For many years, members of the faculty of the University of Maryland, School of Medicine, have conducted high caliber psychiatric research. Most of the research participants, however, came from service providers who were closely affiliated with the Department of Psychiatry. As often occurs with academic research, the generalizability of some of the findings may be limited. Although the research has received much recognition in academic circles and in the national arena, both the University and MHA have been aware that research findings are slow to be adopted by clinicians, at times because the external validity of the results is questioned. (4)

In 2008 the Practice Research Network (PRN) was created to address this problem. The project is funded by a NIMH Interventions and Practice Research Infrastructure Program (IP-RISP) grant. The fundamental goal of the PRN is to engage University investigators with PMHS stakeholders to promote greater understanding of and involvement in research. This is expected to increase demand for research-supported interventions by consumers and family members and greater receptiveness to evidence-based practices on the part of providers through experience with new treatments and services under investigation. The PRN staff members also facilitate the involvement of a more diverse set of participants in funded research projects.

The academic entities included in the PRN are the Maryland Psychiatric Research Center, the Division of Services Research, and the Mental Illness Research, Education and Clinical Center of the Baltimore VAMC. The leadership of these entities provides oversight for PRN activities and selects studies for support from among those requesting PRN assistance. The PRN primarily links investigators with potential, interested research sites, but is not involved in participant enrollment or study oversight. The PRN staff includes a part-time project manager and two full time, paid liaison staff members. The liaisons were chosen because they both had previous experience as mental health clinicians and as research project staff.

A unique role – the Practice Research Network Liaison

The PRN liaison is a catalyst for change, fostering partnerships between two fundamentally different systems, one which includes researchers and study team members, and the other, clinical practitioners and advocacy organizations. Despite a shared interest and dedication to improve mental health treatments and increased service access for consumers, far too often these systems continue to work independently of each other. The PRN liaisons work within both the research and mental health community settings to bridge the separation between those who typically prioritize research design and data collection methodology and those who favor practical therapeutic application for the consumers they serve and, within the realm of consumer advocacy, those who desire better treatment.

In contrast to more traditional university based research related positions, the liaison role places a higher emphasis on the development of reciprocal relationships between the academic research and public mental health system environments. It aspires to establish a new system, centered on shared decision making regarding all aspects of research study

process. Partnerships between researchers and practitioners can potentially close the gap, in the interest of ultimately improving consumer care, and improving the ecological validity and clinical utility of research. (4)

Being a Change Agent within the Research Academic Community

Historically, university based researchers have used well established approaches to connect with community mental health agencies to enroll study participants. Many have an existing network of local mental health sites (usually affiliates) that have established connections with the research institution and are the first point of contact to initiate recruitment. A cadre of study team personnel meets with program administrators to describe the research protocol, answer questions, address concerns, and determine the best method to implement study recruitment procedures. This approach has merit because: 1) potential participants are likely to be located and enrolled quickly (especially individuals already accustomed to research participation); and 2) project costs are usually mitigated due to the relative proximity of the recruitment and study sites and the minimal effort required to introduce new study opportunities to a program already familiar with research participation. Despite these advantages, there are inherent problems with this approach, including the lack of generalizability due to limited access to a diverse population sample, the unintentional creation of “professional research subjects”, and increased burden to mental health agency staff.

It was anticipated that the introduction of the PRN as a more scientifically sound approach to acquiring study participants would be appealing to researchers. Initial communication with principal investigators involved a face-to-face meeting, in which PRN liaisons used a structured interview tool to collect specific information and clarify the recruitment needs of investigators, as well as discuss strategies for providing PRN assistance with study implementation through site identification. The PRN uses this information to begin the task of promoting opportunities for study participation, ideally to a much broader geographical base (potentially statewide).

Following inception, the PRN advisory group and liaisons faced the challenge of building a statewide infrastructure of sites within the PMHS interested in a sustained, mutually beneficial partnership with the PRN while meeting immediate subject recruitment demands for studies already in progress. One legitimate concern of investigators has been the time needed to identify potential sites versus the immediate need to acquire study participants.

Being a Change Agent within the Public Mental Health System

In the initial stages of relationship building within the PMHS, the liaisons began with the formation and maintenance of crucial partnerships with the Maryland local mental health authorities, known as Core Service Agencies (CSAs). CSAs closely monitor mental health services in their respective geographical areas. CSAs are experts at identifying all available mental health services and resources located within their regions and serve as primary access points to the provider communities and advocacy group affiliates. The partnerships fostered with the CSAs represent the foundation upon which the PRN community infrastructure is built.

CSA provider meetings afford the liaisons the opportunity to meet and present to the key leadership from a wide variety of mental health community service provider and consumer advocacy settings. During the first year of activity the liaisons introduced themselves and oriented those present to the PRN mission. They also learned program specific details that could be useful to link a provider site to a specific study. There was an opportunity for attendees to share their research interests, a good focal point for the creation of a reciprocal relationship. This information about other study topics was shared by the liaisons with investigators to influence the next generation of research projects.

Emphasizing Education, Gaining Trust, Overcoming Obstacles

Over time an infrastructure emerged, one that provides a diverse population sample and handles multiple studies simultaneously. When working with members of the public mental health community the liaisons are sensitive to specific interests expressed, concerns about research participation, past experience with behavioral health research and participation, and sensitivity to potential obstacles or issues that impede study implementation.

Education became a pivotal focus in developing understanding within the mental health community. Through PRN efforts, researchers presented information about topics related to their projects at sites that were readily accessible to interested providers or larger professional associations. In particular, PRN visits to consumer-run Wellness and Recovery Centers were welcomed. Lively discussions and open dialogue about the intricacies of research implementation and the stigma associated with research continue and assist in enhancing the trusting relationship between potential participants and researchers.

PRN interest in broadcasting research information to a larger constituency led to the development of a link on the website, Network of Care (NOC), a site especially designed to support consumers, yet available to the general public (www.marylandresearch.networkofcare.org). The site provides information on current studies, contact resources for those interested in participation, links to university departments providing research opportunities, and a glossary of research terminology.

Specific Studies and Study Recruitment

While available data are not adequate to determine the overall effectiveness of the PRN, some figures on recruitment provide descriptive evidence of its feasibility. By facilitating access to current study participation opportunities, the PRN has supported twelve different study protocols generating 896 potential participant referrals from a wide variety of stakeholders and geographical regions within the PMHS. The breakdown by referral source is: Provider Organizations (450), Family Organizations (123), Consumer Advocacy Groups (40), NOC BHR website (16), and Unspecified Sources (267). After an initial year in which the PRN generated 42 referrals, 404 referrals were received in the second year of operation, and 450 were received in the most recent year (2011–2012).

The PRN Survey

The PRN has demonstrated its feasibility in recruiting study participants, so the project sought additional information about some of the broader objectives of the PRN in terms of interest in research. In 2011 PRN liaisons developed and distributed surveys to gather feedback from involved members of the public mental health and research communities to evaluate PRN activity and impact. A total of 156 surveys were completed: 120 Consumer/Family Members/Advocates (Consumer/Advocacy Group), 32 Mental Health Authorities/Providers (Provider Group), and 4 Investigators/Study Teams Members. Results indicated that approximately 60% of the Consumer Advocacy Group respondents had a better understanding of behavioral health research because of the PRN and indicated an interest in participation after hearing about study opportunities. Over 60% of the Provider Group found the PRN to be helpful to their organization. The balance of consumers involved in the survey had more neutral or negative responses. Fifty-five percent of the Consumer/Advocacy Group and 54% of the Provider Group indicated that they had a more positive opinion regarding research participation in general due to their experiences with the PRN liaisons. Building enthusiasm in research participation remains a challenge, but there is room for some optimism. Seventy-six percent of the Consumer /Advocacy Group and 81% of the Provider Group were interested in learning more about what the PRN had to offer.

The Future

The success of the PRN approach over the past three years continues to build momentum. The development of the liaison role to build sustained partnerships with investigators and PMHS stakeholders has changed the focus of study recruitment. The PRN continues to provide study referrals, as well as offering a sustainable infrastructure which expands services, providing research education to stakeholders, and effectively supporting the recruitment activities of research teams. Expressed interest from investigators to involve the liaisons in the design of new projects provides added opportunities for them to utilize their research expertise by being more actively involved in the entire research process from inception to implementation. Increasing the scope of PRN services to include other academic researchers, private mental health providers, and the emerging integration of addiction and somatic services with mental health, provides a comprehensive agenda from which many more could derive benefit. It will be a challenge, however, to continue the PRN without salary support for one or more liaisons, when the RISP grant ends.

Maryland has enjoyed a close partnership among key stakeholders within the academic community, MHA leadership, and the practice community. It is a small state with fewer than six million people in an area 100 miles wide and 250 miles long, and even so, the PRN has focused most on the areas close to Baltimore and in the suburbs of Washington, D.C. Although their circumstances may differ, other locales can emulate the approach. The PRN is one new tool for increasing research involvement and hopefully improving mental health care in the State. Only a formal evaluation can assess whether the PRN will have achieved its loftier goals, but there is no question that research participation and referrals have increased. Other states and academic departments can learn more about one another and

work more closely together over time. With dedication to common goals this partnership can last for decades.

References

1. Weintraub W, Harbin HT, Book J, et al. The Maryland Plan for recruiting psychiatrists into public service. *American Journal of Psychiatry*. 1984; 141:91–94. [PubMed: 6691471]
2. Weintraub W, Nyman G, Harbin HT. The Maryland Plan: The rest of the story. *Hospital and Community Psychiatry*. 1991; 42:52–55. [PubMed: 2026403]
3. Weintraub W, Hepburn B, Strahan S, et al. Inspirational recruitment and the Maryland Plan: overcoming the stigma of public psychiatry. *Hospital and Community Psychiatry*. 1994; 45:456–60. [PubMed: 8045540]
4. Garland AF, Plemmons D, Koontz L. Research-practice partnership in mental health: Lessons from participants. *Administration and Policy in Mental Health and Mental Health Services Research*. 2006; 33:517–528. [PubMed: 16823632]