

Top-shelf care for the underserved

Federally funded psychology training programs are providing much-needed services and building a culturally competent workforce.

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New mothers who visit the Berkeley Primary Care Access Clinic in Berkeley, Calif., for routine check-ups now leave with brochures on postpartum depression and recommendations to participate in a local mom-support group. Patients with chronic pain or stress are encouraged to join psychologist-run groups. Such interventions are now possible thanks to a three-year \$93,000 Graduate Psychology Education grant awarded to the Wright Institute's Integrated Health Psychology Training Program by the U.S. Health Resources and Services Administration (HRSA).

The grant has allowed Wright, an APA-accredited graduate program, to add 12 psychology doctoral students to its program. The students work with low-income, uninsured and ethnically diverse populations at five community health centers in Alameda County, Calif. They sit in on physician appointments, provide behavioral and mental health consultations and run support groups.

A project is also in the works for trainees to build a "Wikipedia-like" database on potential mental health diagnoses that crop up often at primary-care sites, such as postpartum depression or chronic stress, which will allow them to suggest treatments as well as local mental health resources for clients, says Gilbert Newman, PhD, Wright's director of clinical training.

"The future of health care is self-care," he says. "And that's something psychologists have an awful lot to teach people about."

The training program is a prime example of how GPE grants are making a difference in underserved communities, says Nina G. Levitt, EdD, associate executive director for APA's Education Government Relations Office. Administered by HRSA's Bureau of Health Professions, GPE is the only federal program solely dedicated to educating psychologists. APA was the architect of the GPE program, which was established through the advocacy efforts of the Education Directorate and APA members, says APA Executive Director for Education Cynthia D. Belar, PhD.

Since 2002, HRSA has awarded 86 GPE grants in 30 states, at a cost of \$24 million. Funds are used for student stipends, faculty and clinical teaching psychologists, curriculum development, model demonstration programs and technical assistance. In 2008, GPE grants totaled \$1.9 million and went to 18 institutions that provide mental and behavioral health care in medically underserved areas.

The grants also train future psychologists to provide culturally competent health care in primary-care settings, a priority for the federal government, Levitt notes.

"The Institute of Medicine and other health-policy agencies and organizations have made it clear that integrated health care that includes mental and behavioral health provides a cost-effective, efficient and seamless delivery system that is especially relevant for underserved rural and urban areas," Levitt says.

Behavioral health at the border

The GPE program is boosting the health of ethnically diverse Dona Ana County, N.M., less than 50 miles from the Mexican border. There, 65 percent of patients who visit the county's Family Medicine Center are Hispanic, and 41 percent are uninsured. Thanks to a GPE-funded training program at New Mexico State University, these people receive free mental health care from a team that includes students in psychology, social work and family medicine.

The psychology and social work students spend the first semester learning about culturally competent primary-care psychology and the importance of the mind-body connection, and then they spend the next three months putting that knowledge to work in a behavioral health practicum. They work side-by-side with medical residents, performing assessments and providing therapy on-site for the patients, and consultations to the residents, says **Eve M. Adams, PhD, the project's director**. For example, when a person with diabetes isn't exercising or eating well, a student will help them figure out how to make lasting lifestyle changes. The work often leads to greater treatment compliance and healthier patient lifestyles, and allows students to really see the mind-body interaction in action, Adams says.

"It's an 'aha' experience for trainees," she says. "They just really understand the biopsychosocial model on a totally different level." About half of the students also receive bilingual training through the program, which allows them to provide counseling in Spanish, which can often lead to greater treatment compliance and healthier patient lifestyles, Adams says.

Since first receiving the grant in 2004, 78 trainees have been a part of the program, and 29 counseling psychology doctoral students have completed the program. The partnership is also helping future physicians understand the importance of integrated physical and behavioral care, Adams says.

"People are leaving their training with the sense that they're going to offer better, more comprehensive health care if they do it in ways that are interdisciplinary," she says.

Philadelphia children in need

The GPE program is also making a difference in the nation's urban areas. With support from a GPE grant, students in the psychology internship program at The Children's Hospital of Philadelphia get didactic training in cultural competence and public health. They're also taught interventions and prevention methods for low-income, ethnically diverse urban Philadelphia children at risk for health problems. Students then complete training rotations over the course of a year, which cover such areas as pain management at the hospital's comprehensive sickle-cell center, violence prevention in an elementary school and health counseling with adolescents who are HIV-positive.

"When you're in a standard training program, you typically think about providing services for one child or one family at a time," says Thomas J. Power, PhD, project co-director and a University of Pennsylvania School of Medicine pediatrics professor. "Our interns are trained to think broadly about a group of individuals who have similar problems and understand factors that may put that group at risk and then consider pragmatically what could be done to address those risk factors."

At one Children's Hospital primary-care center in West Philadelphia, a psychology intern's brief intervention helped a 14-year-old-boy turn around his truancy problem and improve his relationship with his parents, Power recalls. Another intern helped encourage an 11-year-old boy with depression and aggressive behavior to participate in a weekly school-based anger management program.

Despite these successes, GPE's future remains uncertain. Today's tough economic times have led to ongoing federal budget cuts, which threaten the program's funding.

Yet with the help of APA members across the country, APA staff has continued to advocate the program's importance in addressing the mental health needs of underserved children and families.

"This grant program is operating on a shoestring budget," Power says. "It's always amazing to hear about all the great things that are happening with such a small amount of money."

Power says the program's true success may still be yet to come, as graduates of GPE-funded training programs embark on careers in rural and urban areas in need. The preliminary results look good: Since Children's Hospital first began receiving GPE funding in 2002, 71 percent of the program's psychology interns have gone on to devote at least 50 percent of their time in practice to medically underserved populations.