

Keeping Silos on the Farm: Cross-Disciplinary Collaboration in Rural Mental Health

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Abstract

This article seeks to take a general overview emphasizing the need for cross-disciplinary collaboration in the area of rural mental health. Particular attention is given to the importance of collaboration, the barriers to effective collaboration, and suggestions for researchers and mental health professionals who are committed to removing the silos from mental health research and provision of professional services to those communities and peoples in rural areas.

The current need for cross-disciplinary collaboration regarding rural mental health has never been as paramount in importance as today. Rural mental health collaboration among today's professionals, educators, legislators, and world leaders is essential if a positive impact on mental health service disparities is to be achieved. Most researchers agree on the need for collaboration, but understanding what that means, whom it involves, and how it will be designed and implemented leads to what is familiar and known--disciplinary silos. A growing number of mental health professionals have argued collaborative-based, inter-disciplinary research related to rural mental health is much needed (Buchanan, Daly, Taylor, Weist, & Wandersman, 2011; Cassidy, 2011; Malcolm, 2015). This article seeks to explore the importance of cross-disciplinary collaboration in rural mental health by providing a general discussion of the topic in the hope that collaborative relationships, particularly within academia, will be both encouraged and generated.

Importance of Collaboration

Collaboration

True and effective collaboration must be driven by more than grant-related requirements.

Collaboration across professions, resources, cultures, and countries is essential to increase education, awareness, and belief-based paradigms for contemporary provision of services. Collaborative associations are often formed with only short-sighted and tangible goals as the outcome, such as obtaining grant funding or publications. Okamoto (2014) conducted a seminal study on the interpersonal relationships between collaborators researching public health problems. This research found more aspirational results can occur when collaborators truly form collegial and transcendent partnerships such as the betterment of underserved and minority populations (Okamoto). Similarly, Ness, Borg, Semb, and Karlsson (2014) conducted a cooperative inquiry study which found communication and management among practitioners were key components in determining the efficaciousness of any collaborative venture. In fact, when true collaboration is present, the research tends to be more refined and reliable. The collaborative efforts of Rose, Carr, and Beresford (2018) discovered the exclusion of user-led organizations and service-user organizations related to the United Kingdom's 2017 commitment to widen cross-disciplinary research for mental health. Rosenberg and Hickie (2013) concluded: "Holistic mental health care is complex in that it requires the active engagement of multiple players, different tiers of government, and a mixture of professional and nonprofessional support" (p. 16). When multiple collaborators are involved, a more prismatic perspective can be had in regards to the goals and purposes of research.

Synergism

In terms of the potential of cross-disciplinary collaboration, many professions and authors argue the significance of the synergism in particular. Knapp et al. (2015) postulated the synergistic effects of collaboration. Their findings concluded that collaboration synergy was the result of the mutual gain of participants, a win/win feeling from both parties, and the realization of new insight and problem solving involving complex problems (Knapp et al.). In addressing collaborative involvement at the graduate level, Buchanan et al. (2011) suggested the dialogue between faculty and graduate students would be effective to reduce feelings of inferiority and establishing effective training goals. In regards to rural mental health services, some professionals and researchers have chosen to see the disparities of rural mental health services as a catalyst for collaboration. Mortimer (2017) asserted: "While these great challenges might seem overwhelming to rural stakeholders and providers, they have become compelling drivers of collaborative action and bridge-building" (p. 3). Malcom (2017) linked the ongoing federal and state budget crises to the need for expanded collaboration thus emphasizing the value of holistic perspectives of healthcare and social services as well as the value of those people served. Malcom also supported the positive perspective regarding the challenge of integrative healthcare to communities:

Health services research in Minnesota, the U.S., and internationally has produced compelling and accumulating evidence that the relationship between health care spending and population outcomes is often not what we expect, and that the resulting value gap is a problem and an opportunity. (p. 1)

Connections

Cross-disciplinary collaboration has been shown to boost communication, collaboration,

and coordination among researchers, providers, clients, and communities. In researching intimate partner violence (IPV), Mason, Wolf, O'Rinn, and Ene (2017) concluded: "Inter-professional approaches to education and training on IPV, mental health and substance use are effective and should be implemented in order that care providers are able to deliver appropriate support to the women who experience these problems" (p. 6). Spencer, Woodroffe, Cross, and Allen (2015) studied the significance of inter-professional education (IPE) and inter-professional learning (IPL) in the rural areas of Tasmania, Australia. Their findings suggested (for rural organizations that facilitate and promote IPE and IPL) not only do professionals move beyond siloed boundaries, but patient-centered care became elevated in both priority and outcomes (Spencer et al.). The utilization of cross-disciplinary connections can benefit more than just the communities served. Cassidy (2011) conducted a review of the literature and concluded rural nurses benefited from collaborative practice environments "as a means to reduce their sense of isolation in practice, increase opportunities for shared coordination of patient care, provide resources to advance mental health care skills and knowledge, and increase interdisciplinary communication" (p. 105).

Outreach

Cross-disciplinary collaboration carries with it the potential to address a myriad of issues for underserved populations. Collaborative research has been shown to have greater potential of reaching the entire person and addressing more than just the presenting problem (Vanderbilt, Dail, & Jaberri (2015). Health disparity gaps can be helped to close by the engagement of a multi-disciplinary approach. Rosenberg and Hickie (2013) studied the effects of collaborative care on mental health needs in Australia and concluded that collaborative mental health resources designed to be community-centered were most effective particularly in treating complex and multiple mental health issues. Hence it is to be understood that cross-disciplinary collaboration is effective in the pursuit of outreach to those who are often excluded from the availability of mental health services. Interdisciplinary or cross-disciplinary collaboration offers an opportunity to attain resources, share knowledge, and address the issues of rural mental health disparity in services. Professional and community organizations are capable of working together to address the current challenges in delivery of mental health services through increased accessibility of services and effective and efficient continuity of care.

Barriers to Collaboration

Identifying Collaborative Focus

The importance of collaboration between professionals and the community is key in the successful delivery of services. Bourke, Humphreys, Wakerman, and Taylor (2012) presented a conceptual framework to help guide and understand rural and remote health situations. They stated that rural mental health services are a product of not only the professionals, but most importantly the community and its residents and local agencies. However, identifying the issues clearly is the key to enhancing professional collaboration. This may go beyond a simple community analysis. Professionals who are working with rural populations must have a clear understanding of the needs of those populations. Attempting to address issues the community does not recognize as important is a form of irrelevance and serves only to thwart the entire process of service delivery. In

evaluating the perceptions of clinicians in the delivery of rural mental health care, Crotty, Henderson, and Fuller (2012) found that the informality of relationships between service providers was the main facilitator in collaboration across the network of services. Collaboration requires communication, agreed goals, and consensus about the methods for accomplishing them. These are key factors in the partnership and collaboration among professionals and communities. Fitzpatrick, Perkins, Luland, Brown, and Corvan (2017) found that success of integrated care requires the facilitation of collaborative relationships between all organizational partners and highlighted the importance of “place based” practice. It is imperative that local contexts such as local social relations be part of the creation of collaborative partnerships.

Professional Protectiveness and Competitiveness

A common issue with collaboration is the self-protective response to professional identity and position. Often a sense of professional protectiveness and competitiveness forcefully drives the perpetuation of silos. Professional groups are created as independent experts in their field (Daly, 2004). Each profession stems from a history of identifying their uniqueness although each profession has similar goals and accomplishes these through similar activities (Pistole, 2001). Each profession’s academic program is designed independently often requiring accreditation-mandated curriculum and a prescribed educational model (Grant & Finocchio, 1995). Lloyd (2016) emphasized the funding and legislative changes in higher education mean “more universities and colleges will be further inclined to engage in sensemaking and sensegiving activities and cultivate boundary-spanning relationships to increase organizational efficiency and performance” (p. 613). This professional monocularity can lead to confusion about the roles of other potential collaborative partners (Rosenberg & Hickie, 2013). This ignorance often fuels protectiveness and competitiveness, which prevents collaboration from bringing together not only shared knowledge and skills but also unique strengths and potentials inherent in each professional perspective. Collaboration intrinsically adds depth to the services available for and provided to the clients.

Lack of Professional Engagement Models

The consideration of that which would constitute a collaborative cross-disciplinary design for rural mental health cannot be overestimated. A key starting point for promoting the adoption and willingness to work collaboratively must be in the any effective model for service delivery. Designing the professional engagement model is clearly a process that is absent from much of mental health professional training, particularly as it pertains to rural service provision. Due to shrinking resources at the local, state, and federal level, most funding agencies are requiring collaborative partnerships which create holistic planning models for delivering proposed services (Seaton et al., 2018). Interdisciplinary professional collaboration provides a natural framework by which each profession contributes holistic services to address all their needs and meet a common goal for providing quality mental health care (Seaton et al., 2018). It is an opportunity to bring together the strengths of each discipline. Collaboration models provide an opportunity to bring together diverse perspectives and many ways of looking at a situation (Bevc, Retrum, & Varda, 2015). The inclusion of all perspectives increases the chances of successful resolutions. It results in increased creativity, innovative solutions, quality decisions, and positive outcomes at the team/organizational level.

Crotty et al. (2012) evaluated clinicians' perceptions of what helps and hinders the delivery of mental health care across a service network in a rural setting in South Australia. They found that a personal or historical element between local services resulted in a perceived stronger working relationship. A similar conclusion was found by Wilson, Knezevic, Kibugi, Peterson, and Polacek (2018) in their qualitative study of rural mental health counselors. The importance of community support and connectedness among the providers highlights the social factor of community and its impact on successful delivery models. Wilson et al. reported that the cultural understanding of the rural way of life facilitated the retention of counselors and their success in the community. The concept of rural may be defined geographically but each community has its own context and social structure. Understanding these factors can provide a framework for the design of collaboration models for cross disciplines and important content for the professional preparation of mental health providers. Necessary ingredients to formulate an effective model of cross-disciplinary collaboration for rural health services must include an openness to other fields, understanding the language of other professions, a desire to listen to the needs of those being served, initiation of synergistic relationships, and collective action (Knapp et al., 2015; Malcolm, 2015; Mortimer, 2017).

Conclusion and Suggestions

The leveraging of efficacious collaboration and cross-disciplinary cooperation is integral to finding a contemporary solution to meeting mental health needs in rural areas. By focusing on tangible opportunities instead of insurmountable obstacles, researchers and mental health professionals may find more opportunities exist for intervention strategies, fundraising, and the collection of codifiable research for addressing modern-day issues for rural communities (Mortimer, 2017). Research is needed to evaluate not only the barriers to collaboration but also the effectiveness of current models across diverse communities. These contextual and adaptable models facilitate the success of service delivery. In summary, shortages within the healthcare professions (especially mental health professions) necessitate collaboration. In regards to rural mental health, cross-disciplinary collaboration reduces competition and focuses on what can be done to help to facilitate effective mental health care (Rosenberg & Hickie, 2013). In these challenging times, collaboration is also essential for policy formation and mental health definition (Cassidy, 2011). As it relates to rural mental health, silos should strictly be limited to farms and not descriptive of the cross-disciplinary estrangement that often exists among researchers and mental health professionals.

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