

Creating a Research Unit within Community Psychiatric Services

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Is it possible to create a research dynamic in a traditional psychiatric hospital that has no formal ties with a university? In March 2001, Maison Blanche Hospital took a first major step to respond to this challenge with the creation of a specific research unit, the "Laboratoire de Recherche de l'Etablissement Public de Sante de Maison Blanche".

Aims

The principal aim of the unit is to facilitate the implementation and monitoring of research projects initiated by hospital stakeholders, whether they come from the 2000 staff members, the 15,000 hospital users or any of the 700,000 or so population of the hospital catchment area. The facilitation process involves:-

- " Helping stakeholders develop particular research ideas and appropriate methodological skills
- " Identifying research and financing partners and preparing projects for grant submissions
- " Training project teams and monitoring the progress of each particular project
- " Disseminating research results by helping with translation and publication in national and international reviews and by organising conferences on specific issues
- " Co-ordinating access to local, national and international research literature and improving existing resources, such as the old hospital library
- " Reinforcing institutional networking with other hospitals in France and elsewhere
- " Monitoring research and development aspects of existing hospital exchange and support projects in developing countries

Of course the centre does have research priorities linked to the particular position of Maison Blanche as a clinical psychiatric hospital in a highly urbanised context at the centre of the Parisian megalopolis.

- " Developing models of clinical care that take into account the social integration of psychiatric patients living in urban contexts
- " Integrating services into community contexts
- " Understanding current trends in their historical and epistemological context
- " Exploring the implications of psychiatric disabilities for professional life
- " Identifying factors linking urban poverty and psychiatry
- " Reducing violence and somatic risks
- " Adapting clinical models to specific populations such as older people, drug users and patients with somatic co-morbidity.

Furthermore in multicultural contexts characterised by high levels of poverty and hospitalisation without consent, the unit places emphasis on patient's rights, information and empowerment. It seeks to help patients and patient groups initiate, monitor and publish their own research projects.

Six Months Later : Pandora's Box

The first six months activity have clearly demonstrated that the research unit is responding to a real need. The number of research projects submitted has exceeded not only our wildest expectations but also our meagre resources. Medical and paramedical staff had a surprising number of research ideas that had already been written up and had been sitting in desk drawers, sometimes for years, waiting to get past the project stage. Others had received initial feasibility or even full funding without ever having been finished. Major obstacles identified by staff included:

1. Lack of confidence in their own methodological and "scientific" skills
2. Lack of contacts in the world of research and research funding
3. Lack of staff time to develop and monitor projects
4. Difficulties accessing the international research literature

Clinical psychiatry in France has only recently begun to integrate with the international English speaking scientific world. The trend in France towards downsizing community psychiatric services caused geographical fragmentation and undermined the common resources and networking needed for initiating viable research projects.

With the creation of this research unit a number of these already existing research projects have now managed to get a fresh start:

- " Use, misuse and abuse of buprenorphine (project funded but work never finalised)
- " Sharing professional skills in psychiatric prevention networks for children and adolescents (project planned but not initiated due to lack of research method skills)
- " Multiple service use in patients with drug abuse problems (data collected, article written but never published)
- " Poverty and hospitalisation in psychiatry (data collected but never analysed)
- " Prevention networks in geronto-psychiatry (project planned with university partner but lack of time to write up clinical aspects of the project)
- " The impact of paradigm changes on the reality of care throughout the history of Maison Blanche: from asylum to hospital (1938), from peace to war (1940's), from physical constraint to phenothiazines (1950's), from a woman's hospital to a mixed hospital (1970), from hospital to community (1970-2000)
(project planned but lack of resources and personnel to collect data)

Other new projects have come forward and are already well into the project development phase:

- " Contradictions between care objectives and social rehabilitation with regard to employment
- " Comparison of care outcomes in patients from non-French cultures in a specialised transcultural psychiatry unit with those of similar patients in general services.

These were added to three projects linked to the particular research interests of the Director of the unit:

- " HIV prevention in specialised institutions (a book due to be published shortly)
- " Methods and implications of patients informing other patients on patient's rights (with the national federation of patient groups in the area of psychiatry - a project that has been extended to include one of the hospital's inner city general psychiatric services as well as the hospital administrative services).
- " Mental health information expectations of the general public (a research project involving patient groups and staff from two general psychiatry services with the creation of France's first major public health information centre - "la Cite de la Sante" - at la Villette in Paris in January 2002)

....as well as to research priorities in three international hospital co-operation or networking projects:

" Poverty and the use of psychiatric emergency services in three cities - London, New York and Paris.

" Dual diagnosis (the ISADORA project within the ENTER Mental Health network)

" Helping to create a research unit at Sterkfontein Hospital, Johannesburg in South Africa.

Method to Madness

Whether the unit will work in the long term is hard to say. Traditional evaluation criteria such as the number of publications in reputable journals, are difficult to apply in an institution which after one hundred years of asylum in what has now become the distant suburbs, has only started to integrate back into the community within the past twenty years. Institutionalisation does not only affect patients: the production of knowledge, like that of madness, is particularly influenced by decades of institutional isolation. Leaving the university and their successful medical or nursing studies, clinical staff have found themselves progressively losing all creative contact with the "academic" world. Some have kept in touch only through interest groups within their professions, others organise regular professional workshops in the hospital on clinical issues. Rarely however, has it been possible to maintain or develop the conditions necessary for healthy scientific output within their clinical work. Although the recent development of community centred psychiatry has brought activity back into contact with everyday life in society, the geographical fragmentation and dispersion scarcely facilitates the development of a sense of scientific community.

Thus the activities of this research unit cannot be evaluated only in terms of research output or financial autonomy. If these were the only criteria for success, the temptation would be far too great to simply produce projects based on the priorities of research funding organisations. This would exclude the concerns and interests of clinicians, patients, community groups and existing psychiatric services.

Other criteria must come into play if the hospital wishes to gain a real return on its investment. One indication of the institution developing self confidence in its capacity to do research is the number of projects moving ahead at the same time (or the number of stakeholders involved in initiating projects) and then the number of projects progressing beyond the feasibility stage. Links with tertiary education structures or international projects may reflect integration of the hospital institution into the scientific world. This can be measured in meetings, co-operation agreements, research contracts and students engaged in post-graduate research within the hospital. A third criterion for assessing quality will be the level of participation in project centred training programmes to acquire or update research skills.

Whether the hospital will produce competitive research with regard to international standards, only time will tell. However, with the number of projects being developed by both staff and patient groups and the surprising interest of the public and private research funding institutions for such an apparently grass roots project, we are confident that while the Maison Blanche research unit may not quite know exactly in which direction it is going, it certainly seems to be going somewhere.