DEVELOPING MENTAL HEALTH PROGRAMS IN AREAS LACKING PROFESSIONAL FACILITIES: THE COMMUNITY CONSULTANT APPROACH IN NEW MEXICO

LESTER M. LIBO, PH.D. AND CHARLES R. GRIFFITH, PH.D.*

New Mexico has devised a district consultant approach to initiate mental health services in outlying, professionally “underdeveloped” areas. Each multicounty district is served by one locally based, fulltime professional consultant—a psychologist, social workers, or mental health nurse—augmented by a part time traveling psychiatrist. The program has emphasized community development, mainly through consultation, inservice training, and interagency coordination.

PREEXISTING RESOURCES

In 1959, when the project started, only 17 psychiatrists and five clinical psychologists were in private practice in the state. Of these 22 professionals, 19 had their offices in Albuquerque. In the public field, New Mexico operated the state hospital at Las Vegas (for the mentally ill) and the Los Lunas Hospital and Training School (for the retarded). The hospital had an adequate plant but chronic staffing problems. The training school was critically overcrowded, with a waiting list so long that admission of prospective patients was often delayed for years. Outpatient facilities were also virtually nonexistent. The state hospital operated a clinic one day a week in Las Vegas. A guidance clinic in Albuquerque offered limited services for children.

In total, the state was served by only 90 persons working in professional mental health roles. Less than half of these were fully trained representatives of their re-

*Dr. Libo is a psychologist and Dr. Griffith a cultural anthropologist at the University of New Mexico. Respectively, they were Director and Social Scientist, Division of Mental Health, New Mexico Department of Public Health. The work was supported in part by a grant from the National Institute of Mental Health (MH-286). The collaboration of the project staff is gratefully acknowledged: G. Gliva, C. E. Madore, E. Mariani, W. Sears, R. Fortier, B. Douglas, E. Rowe, L. Puente, and A. Hillerman (editorial consultant).
spective disciplines. Only two of the state's 91 school districts provided psychological services for their students. Only three of the state's ten judicial districts used mental health services in relation to probation—these on a part time basis. Professional mental health resources, scanty as they were, tended to be concentrated in the Albuquerque - Santa Fe - Las Vegas area. Other parts of the state were almost entirely without local professional help, either private or public.

NEED FOR LOCALLY BASED RESOURCES

After surveying the situation and discussing the problem with knowledgeable persons in various parts of the state, it seemed clear that a mental health program in New Mexico must involve the development of local resources. This might be done, it was decided, by placing qualified and experienced professionals in locations from which they could serve an extended territory as leaders in community development and as consultants in mental health. In this role they would give local persons interested in, or involved with, mental health problems, a trained person to turn to for consultation. They would help organize and coordinate existing resources and develop new ones.

If the application was new, the idea was not. It had been thoroughly proved by the "county agent" program of the nation's land grant colleges. These locally based agricultural specialists had revolutionized American farming simply by demonstrating scientific methods to farmers and making the latest scientific data on food and fiber production available to them. While the problems which confronted the Division of Mental Health were markedly different, it was decided that the same general strategy might be effective.

Based on this "extension agent" approach, it was decided that the Division of Mental Health would place one mental health professional in each outlying district of the state and give him the responsibility of developing an indigenous program befitting local needs, customs, and resources.

MAJOR FUNCTIONS OF THE DISTRICT CONSULTANTS

Project strategy called for these "lone mental health workers" to devote themselves to four types of services. These services were:

1. Consultation to health, welfare, education, recreation, correction, rehabilitation, religious, industrial, and other agencies and individuals on the mental health aspects of their programs and the mental health problems of those they served.

2. Guidance to community agencies and organizations in planning and establishing mental health services.


4. Conducting education, orientation, and training programs in mental health for professional and lay groups.

CRITERIA FOR SELECTING SERVICE AREAS

A grant from the National Institute of Mental Health, supplemented by matching funds from each district, provided sufficient financing to support a project with four consultants in the field. The selection of the four districts, each of a size which might be served by a single person, was based on the following criteria:

1. Lack of existing mental health professional services and facilities.

2. Distance from urban areas and centers of professional practice.

3. A contrast between districts in cultural, economic, and geographic factors, including substantial differences in the distances the consultants would have to travel to serve their territories.

4. Jurisdiction in each territory of a state health department district health officer willing to accept the program and participate in it.

5. Indications of sufficient interest among local civic leaders to assure organ-