

# Mental Health and Marriage/Relationship Education: What's the Connection?

The fields of mental health and marriage/relationship education (MRE) both reflect knowledge and expertise in relationships and human communications. Together, they can support a common goal: to help individuals and couples form and maintain lasting, healthy relationships. This Tip Sheet is intended to give marriage/relationship educators information and ideas to develop partnerships with providers of mental health services. It gives a review of the different types of mental health providers and the contexts in which they practice. It also provides tips for relationship educators to collaborate with mental health professionals.

About 15 percent of the U.S. adult population accesses mental health services each year. Mental health services vary. They can be provided by individual private practitioners or large behavioral health organizations (BHOs) which are comprehensive providers of mental health services. Hospitals and residential treatment centers (live-in facilities) also provide mental health services.

Mental health services are paid for with funds from the private sector (i.e. insurance or out-of-pocket) or the public/government sector through programs like Medicaid. According to the United States Department of Health & Human Services, "Medicaid is the single largest payer for mental health services in the United States – providing services and supports for 58 million adults and children." Rates of reimbursement from private and public funding vary.

There are six main types of mental health providers. Note that each state provides standards for practice which affect licensing and other training requirements.



For the purpose of this Tip Sheet, the term "mental health provider" refers to any of the following:

<b>Psychiatrist</b>	Medical doctor who has gone through medical school and specializes in psychiatric medicine; administers evaluations and prescribes/ monitors medications.
<b>Psychologist</b>	Typically has a doctoral degree in clinical, educational, or counseling psychology; can provide evaluations and assessments.
<b>Marriage and Family Therapist</b>	Specializes in working with couples and families.
<b>Professional Counselor</b>	Has a master's degree and can provide diagnostic services.
<b>Social Worker</b>	Can be licensed at the master's and doctoral level and provides case management.
<b>Psychiatric Nurse</b>	Services vary greatly depending on the level of degree, area of specialty, and state guidelines; skills include assessment, case management, and monitoring of psychiatric medications.

The provision of psychotherapy (talk therapy) is a common thread across all of these providers, but each has unique specializations, and psychotherapy can ultimately be performed in different ways. For example, there is “group therapy” in which a group of individuals meets regularly with a therapist to work on emotional growth and personal problem-solving. There is also “individual therapy” where sessions are with one client and one therapist.

MRE is psychoeducational. Like psychotherapy can be delivered in a one-on-one setting although it is most often group-based. A key difference between psychotherapy and psychoeducation is that psychotherapy includes work with clients on particular problems whereas psychoeducation is focused on skill-building with the expectation that those skills are utilized to manage problems individually. Many mental health providers use a variety of psychoeducational tools in their practice.

Better understanding of the different specialties and skills of mental health providers and how and where they offer their services can increase an MRE educator’s ability to develop a partnership. The converse is true, too; a mental health professional must have a solid grasp of what MRE is and how it may enhance their services. The following tips can assist you with making a connection with mental health providers. Keep in mind you will probably have to make multiple contacts in different ways, such as via phone, email and face-to-face contact.

## **Understand challenges of mental health providers:**

- Mental health providers often have to teach basic skills at the expense of time (and their client’s money) that could be spent implementing therapeutic techniques.

- Many of their clients have never seen healthy relationships modeled and must learn what they look like.
- Individuals being treated by mental health providers usually need help with their romantic relationships.
- Mental health providers who accept Medicaid or are working in any Medicaid-sponsored mental health setting often have extremely large caseloads.

### **Explain how an MRE partnership will benefit them.**

Talk specifically about what you do and how it can benefit the mental health provider’s patients/clients, including what a marriage/relationship educator can offer to both individuals and couples at any stage of life. Make sure to cover the communication skills, conflict resolution skills, emotional intelligence and healthy boundaries you will teach in your class. Tell them that participants report that they highly value the peer learning and support provided by these programs. The interactive discussion with others also reassures participants that the relationship issues and challenges they are experiencing are normal. Stress that you also teach that when a relationship is healthy, there is an absence of any type of abuse.

Give examples that are specific to both the provider’s area of specialization and the setting in which they work. If you are talking to a psychiatrist in a hospital, your points could include how working on the couple relationship can increase medical compliance rates for the patient. For example, Bob is a long time patient with diabetes who has not been managing his illness due to complications of anxiety and depression. Proposing a class that teaches relationship education targeted to this specific population can teach Mary, Bob’s wife, how to support him in managing his illness,

resulting in better medical outcomes for Bob. Also, discuss how your collaboration is mutually beneficial. As you develop rapport with your MRE participants, they may decide they need individual, couples or family therapy. You can refer them to mental health private practices.

**Enforce that MRE complements, not replaces, their services.** Honor this by letting them know that you are not replacing their specialty, but enhancing it. For example, marriage and family therapists (MFT) often see couples who present with communication issues. You might suggest that the MFT refers couples to your relationship education class so you can complement the work he/she is doing in therapy by providing the couple opportunities to apply and practice skills. Making this distinction can be especially effective because research shows that men feel less threatened by taking a class to learn skills than by therapy where they have to share feelings.

**Meet them where they are.** Offer to provide services at your community organization, the provider's organization or practice, or at locations that best fit the intended participants. You can help the mental health provider increase business by bringing other members of the community to his/her private practice to attend classes. Consider not only the location, but be flexible in your format. For example, you can offer to fit your program into an already established psychoeducation program in a residential treatment center. Be sure to modify your programs to be both specific to the population and enhance the services the population is already receiving.

**Invite the provider to class.** Ask mental health providers and their partners to attend one of your MRE classes so they can experience the benefits firsthand. You may want to offer an abbreviated workshop version solely for the mental health providers you wish

to partner with because they are generally familiar with the theories that inform your curriculum.

The field of MRE is rooted in psychological theory. Thus, mental health and marriage/relationship education are a natural fit as complementary services. When time does not have to be spent on skill development, mental health providers may be able to spend more time concentrating on therapeutic intervention, leading to better client/patient outcomes.

## Additional Resources:

[American Association for Marriage and Family Therapy \(AAMFT\)](#)

[American Counseling Association \(ACA\)](#)

[American Psychiatric Association \(APA\)](#)

[American Psychiatric Nurses Association \(APNA\)](#)

[National Alliance on Mental Illness \(NAMI\)](#)

[American Psychological Association \(APA\)](#)

[National Association of Social Workers \(NASW\)](#)

[National Institute of Mental Health \(NIMH\)](#)

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