It takes a village to deal with mental health: How to integrate theory, practice, and social policies

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The ratio of investment in 'talking cures' as against chemical ones reveals a trend towards viewing people with mental health issues as in need of chemical intervention and consequently towards the exponential growth of prescription drugs and new diagnostic labels. Currently, it is estimated that one in six adults in the US takes a psychiatric drug, with antidepressants being the most common, followed by anxiety relievers. Meanwhile, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), published in May 2013, contained a massive expansion of labels around what is currently considered to be within the domain of mental illness. These are a very complex set of issues that have more to do with market forces, the imbalance of power across society, and the need to properly regulate big pharmaceutical companies, than they do with patient care and general mental health. The central point within this article is made best in the words of Young (2010): 'Good mental health is rooted in social cohesion, not in the individual.'

Keywords: chemical intervention; mental disorders; mental health; mental illness; social cohesion

Consider the way our culture generally approaches mental health. Campbell and Burgess (2012) remind us that good mental health is rooted in the community and is not the unilateral responsibility of the individual. In other words, people with mental health challenges are not to blame, nor, alone, are the professional systems that endeavour to care for them. The determinants of mental health are three-fold and interrelated: (1) biological factors, including genetic make-up; (2) life circumstances/events of the person living with mental health challenges; and (3) the impacts of the wider political, social, economic, and environmental spheres such as consumerism (Relojo-Howell, 2018), lead poisoning, inhumane policies, and so forth.

Campbell and Burgess (2012) rightly argue that our focus has been largely on the first two determinants, and even then we tend to be overly diagnostic and consequently far too prone to medicalise issues. The ratio of investment in 'talking cures' as against chemical ones reveals a trend towards viewing people with mental health issues as in need of chemical intervention and consequently towards the exponential growth of prescription drugs and new diagnostic labels. Currently, one in six adults in the US takes a psychiatric drug, with antidepressants being the most common, followed by anxiety reliever (Miller, 2016). Meanwhile, the *Diagnostic and Statistical Manual of Mental Disorders* Fifth Edition (DSM-5), published in May 2013, contained a massive expansion of labels around what is currently considered to be within the domain of mental illness. These are a very complex set of issues that have more to do with market forces, the imbalance of power across society, and the need to properly regulate the big pharmaceutical companies, than they do with patient care and general mental health. The central point here is made best in the words of Young (2010): 'Good mental health is rooted in social cohesion, not in the individual.'

The challenge for us all is to try to navigate a very narrow strait between 'normalisation' (Guttman, 2019; Bautista et al., 2018), which tries to deny the existence of the issue in the first place. There is also the preponderance towards diagnostic labels and professionalised interventions which all too often distance people with mental health challenges from their families, friends, communities, and the economy. Often, these leave those outside the professional system feeling like they have nothing of value to contribute.

This challenge is further compounded by the fact that while it is generally accepted that we all need community connections to stay well and to recover, when we become unwell the common practice is to become isolated (Relojo-Howell, 2016), whether by our own withdrawal or by others distancing themselves from us. Many of our communities of place have become atomised, so much so that people are more likely to be watching an episode of *Friends* than they are to be making friends with a new neighbour. In line with these trends, we are growing ever more impotent in the ability to collectively co-create our mental health.

If we accept that community cohesion is decisive in mental health, and indeed we can be more confident than ever in that assertion that health Inequality in the United Kingdom looks beyond economic costs and benefits towards a goal of environmental sustainability (Marmot et al, 2010). The review contends that creating a sustainable future is entirely compatible with action to reduce health inequalities through promoting sustainable local communities, active transport, sustainable food production, and zero-carbon houses – all of which have health benefits.

The central question then must shift from 'How do we deal with an individual with mental health challenges?' to 'How can we support somebody with mental health challenges by growing our shared community together with them, so that we can all contribute to each other's mental health and well-being?' Another question for professionals and policymakers fall out of this one: 'How can we as policy makers and practitioners ensure that we invest in supporting communities to become more competent

in creating a place where people with mental health issues can thrive, and be there as back up when specialised supports are required?'

Mental health is not a product of pharmacology or a service that can be solely provided by an institution: It is a condition that is more determined by our community assets than our medication or access to professional interventions more generally. There are functions that only people living in families and communities can perform to promote mental health and well-being, and if they do not do those things, they will not get done, since there simply is no substitute for genuine citizen-led community care.

A story from Ayrshire, Scotland

In 2014, the Nation Health Service (NHS) Endowment Fund for the Ayrshire and Arran NHS Trust provided funding for an asset-based community development project in Ayrshire, Scotland, to explore how peoples' assets and skills can be supported to develop solutions to community challenges. In practice, the money was used to employ six ABCD community builders in neighbourhoods in North and South Ayrshire, with some additional funding from the Scottish Government to support an independent evaluation. From the beginning the independent evaluators followed and evaluated the Ayrshire project, focusing on the neighbourhoods of Fullarton, Harbourside, and Castlepark in North Ayrshire, and in South Ayrshire on Lochside, Wallacetoun, Dalmilling, and Craigie.

Across seven communities a team of locally-based community builders have been actively supporting residents to exchange their skills and talents to improve their local communities, in the hope that, by increasing social connectedness in this way, the mental health and well-being of the local population will improve.

The May 2018 Evaluation report to NHS Ayrshire and Arran observed: 'The significant increase in mental health and well-being in North Ayr is perhaps the most important finding of the evaluation. This has been the core goal of the project since the outset. Coupled with this finding from the household survey, the personal stories of residents who have benefited from being connected up with local activities illuminate 'how' the health of individuals is being improved, e.g. fewer visits to the GP; stopping prescription drugs; and being "signed off" by clinical specialists' (Nurture Development, n.d.).

The report is peppered with wonderful examples, quotes, and reflections from residents on their community building journey. Here is a comment from one resident who speaks openly about her mental health challenges and the well-being benefits she experienced from actively contributing to the well-being of others in her neighbourhood: I'm helping people, but at the same time they're helping me. The key is that this is purposeful.

There has been a huge impact for me because last week my CPN (community mental health nurse) and my doctor signed me off because they feel I've come on so much since doing this (connecting with other residents and doing things together with my neighbours). Before this I had hit a wall and there was nothing to motivate me – I had no reason to get up in the morning. It's a massive deal for me to be signed off by both of them because it makes me feel like I'm more in control of things. There's a light at the end of the tunnel now, whereas this time last year I was thinking, 'Which bridge will I jump off?' – Seriously. I've even got friends coming up saying to me, 'I can't believe the difference in you,' and 'We're so pleased you got into this.' I'm quite happy to sit in the house in my jammies all day every day; had my dogs, cats, and my son (whose special needs so can be quite hard going) who can run out and buy me chocolate. But this has been something to take me out of that life. I'm helping people, but at the same time they're helping me. The key is that this is purposeful; it's all very well people saying 'you need to get out more and do stuff' but when you're absolutely down low you need the draw of purpose.

From parrots to coffee grinds

In Harbourside one day a few years ago, one of the ABCD community builders was walking around the neighbourhood when he noticed a man walking towards one of the houses with a parrot on his shoulder. The community builder approached him and asked him: 'What's the story with the parrot on your shoulder?' The man explained that he was going to see the residents living in the house, people with varying degrees of mental health issues. 'They like the parrot!' He said.

The community builder knew of the house, but had never visited there. He held his nerve and stood with the man and his parrot as he knocked on the door. He asked the person who answered the door if he could come in and speak to the person in charge and effectively charmed his way in. As the manager sat with the community builder and they each explained their roles, it was clear that the house manager wanted to figure out how to support connections between the people he served and the wider community as much as the community builder did. The community builder then asked him a brilliant question: 'What have got so much of here that you could give it away?' After a few moments of thinking about it, the manager shared two things he felt could be shared. The first was their back garden. The second was the magnolia-painted walls, which, a few months later, became canvases for local artists and the residents of the house, as a direct result of that conversation.

The garden was soon adopted by a local gardening enthusiast with an interest in developing a community garden. Eventually she was joined by a number of the residents of the house and their neighbours. Then something magical happened: one of the people who lived in the house with a range of fears about being in public spaces, and meeting new people, became passionate about the garden. He started walking every day to the local coffee shop to collect coffee grinds, because they make excellent fertiliser for the garden. Slowly, he came to know and be known by the manager and the staff of the coffee shop, and to be noticed by the wider community. It shows how people and places that have been rendered invisible and divided in most communities can become connected with the right support. Because of the community builder's gentle asking, he found local residents who are connectors themselves willing to broker people in from the margins to the centre of community life.

The connections – between local artists, gardeners, buildings previously closed to the wider community, business owners, staff, and people vulnerable to not having their gifts received – have changed the nature and rhythm of Harbourside in all kinds of subtle but transformative ways. Not surprisingly people directly involved are experiencing a boost in their mental health; the village is better off. What is somewhat surprising is the extent that the positive impact on mental health has extended across the neighbourhoods to benefit the entire population, a strong indication of culture change.

No them and us

A challenge faced by many countries is to provide adequate human resources for delivery of essential mental health interventions. The overwhelming worldwide shortage of human resources for mental health, particularly in low-income and middle-income countries, is well established (Kakuma et al., 2011).

This example of a village approach to mental health points up a challenge to us all, both professionally and civically. It presents us with a fresh manifesto for coming alongside people with any health issues (of which mental health will always play a dynamic part) and their communities as facilitators or precipitators of the bridge building between them. That manifesto is about realizing there are no 'them' and 'us.' This is about all of us.

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