EXECUTIVE SUMMARY

Back to Our Roots

Catalyzing Community Action for Mental Health and Wellbeing

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The specific aims of the paper are to:

- Capture the conceptual foundation of primary prevention related to mental health from historic thinkers for the purpose of informing new advancements.
- Identify community-oriented approaches to promote mental health and wellbeing, including a specific look at the links between mental health issues and healthcare.
- Identify initial implications and next steps broadly, and within healthcare and behavioral health, to apply and advance this thinking.

Contextualizing Mental Health

The need to respond to mental health challenges in the U.S. has grown intensely, as the human and financial cost of these challenges mount. An estimated 43.6 million adults experience some form of mental illness in a given year. Further, there is a growing understanding that there is a strong connection between mental and physical health. Research on the interplay between physical health and mental health has shown that mental health conditions, and experiences that harm mental health, can adversely impact physical health. Conversely, the onset of illness, or receiving a diagnosis of a serious physical health condition, may contribute to deterioration in mental health. This may further exacerbate the physical health condition, as a patient may have less self-efficacy in managing their condition.
Clear definitions of mental health have not been standardized, and varied understandings of mental health carry divergent assumptions and implications for our collective capacity to proactively and reactively respond to the needs of the population. In general “health” has a positive connotation, however, when used with “mental,” it is often conflated with mental illness, reinforcing a focus on treatment rather than an emphasis on wellbeing as a community-wide goal. This paper delineates four distinct understandings of mental health so that clearer and more effective strategies can be developed that include a more community-oriented approach to mental health and wellbeing (see Figure 1).

Community environments—the social, physical, and economic conditions in communities—have tremendous influence on the stressors that people experience in their daily lives and on the development of mental and emotional disorders. Millions of Americans live shorter and sicker lives than people who are just a few miles away, and a zip code has the ability to predict whether someone is likely to suffer from a preventable illness. Community environments drive higher rates of illness, injury, and mental health challenges for populations that face bias and discrimination, including people of color, those living with low incomes, immigrants, and the LGBTQ community. By improving community conditions, and pairing this with high-quality mental health services, our society can reduce the likelihood, frequency, and intensity of mental health challenges—and at the same time improve physical health outcomes.

Many sectors have a stake and a role in proactively advancing mental health and wellbeing, including education, housing, criminal justice and law enforcement, and economic development. The healthcare sector is also of critical importance. Primary care often serves as the entry point for physical and mental health services and is the cornerstone of a robust healthcare system. Behavioral health often manages the care of the most vulnerable and sickest patients with serious mental illness. And the interplay and often co-occurrence of mental illness with substance abuse and the impact of trauma adds further complexity to healthcare’s efforts to efficiently and effectively address mental illness and the diseases of despair associated with the opioid epidemic and rising rates of suicide.

### Figure 1. Distinct Understandings of Mental Health

1. **Psychoses, chronic, and serious mental illness** (e.g., schizophrenia, clinical depression, and bipolar disorder)

2. **Broader emotional/mental health concerns or disorders** (e.g., anxiety, stress, trauma, situational depression)

3. **Ups and downs of life’s challenges and environmental adversity**

4. **Population wellbeing emphasizing resilience, joy, and self-confidence.**
Revisiting Prevention History

The precedent for taking a primary prevention approach to population mental health is well established. Thirty years ago, pioneering community mental health thinkers championed primary prevention as a critical strategy to promote mental health at the population level in the 1987 monograph, *Concepts of Primary Prevention: A Framework for Program Development*, commissioned by the State of California Department of Mental Health. That groundbreaking and impactful publication summarized the rationale, principles, and evidence-informed strategies to promote mental health and well-being through primary prevention. Other important reports published by the Institute of Medicine (now known as the National Academy of Medicine) and World Health Organization emphasized the role that community determinants of health play in producing mental health, as opposed to mental illness, and the need for involvement by multiple sectors at multiple levels to create an effective community mental health strategy.

Certainly, not every mental illness or mental health challenge is preventable (due to genetic and biologic factors); however, we propose that prevention strategies that include community-level solutions can help mitigate the course of mental illness and reduce the severity and frequency of symptoms. Now is an ideal time to return to the wisdom of the pioneers in primary prevention—to build on and advance their thinking in the context of today’s population-wide mental health challenges.

An Emerging Strategy to Achieve Mental Health and Wellbeing

To reduce mental/emotional concerns and achieve wellbeing, a coherent strategy must be launched. The evolving vision of this paper builds upon the history of primary prevention and advances it with practical current experiences and findings. Effective community prevention strategy must:

1. Be population based. Mental health cannot be addressed one person at a time, nor accomplished by individual treatment alone.

2. Focus on the social, physical, and economic environment that influence people’s emotional state (as well as their physical wellbeing).
3. Promote equity. Oppression and discrimination on the basis of race, class, education, gender identity, sexual orientation, immigration status, religion, and other characteristics have powerful, negative impacts on mental health. Acknowledging and embracing the diversity of communities can have a positive impact.

4. Deliberately align multifaceted strategies that reduce stressors and enhance resilience and coping skills. Successful efforts require action at multiple levels to build stronger communities.

The same things that are critical in communities to promote population-based mental wellbeing are valuable to help people with mental health challenges maintain their quality of life and restore their wellbeing. Thus, a community mental health strategic approach is relevant to everyone, both as prevention strategy for the broad population and for those who are experiencing mental health challenges. This approach is not intended to promote an alternative to treatment or individual services; rather, it is a vital and necessary complement.

The approach we propose is grounded in effective community prevention to address the community determinants of health, or the most prominent factors in communities that shape health, safety, and equity outcomes including mental health. These community determinants are relevant to all people and places, revealing how structural drivers like racism and concentrated poverty shape living conditions and experiences. The most relevant determinants to mental health are identified below. Our approach also incorporates a concept called Pillars of Wellbeing that has emerged in our national mental health and wellbeing community-level work. These elements enable the necessary action to strengthen community determinants to be more specific, precise, and have a long-term impact.

We used the THRIVE (Tool for Health and Resilience in Vulnerable Environments) framework to understand the community determinants of health and safety that have a particularly strong impact on mental wellbeing (see Figure 2). THRIVE provides a systematic method for communities to advance population health and develop upstream strategies that prevent medical conditions from emerging as frequently and severely as they otherwise would, including addressing key determinants that are strongly tied to health outcomes with the greatest disparities. The THRIVE framework groups the community determinants of health and safety into interrelated clusters: social-cultural, physical/built, and equitable opportunity.
Rarely is one factor alone critical—instead the interplay of several factors leads to negative or improved outcomes. In particular, the “People” cluster (social connections and trust, willingness to act for the community good, and norms and culture) emerged as an important starting point in catalyzing change in other clusters.

**Pillars of Wellbeing** are the core stabilizing elements needed for people and for communities to flourish emotionally (see Figure 3). For example, lack of housing significantly contributes to mental and physical illness. But more specifically, these Pillars make it clear that housing must be safe and stable in order to avert distress, and housing practices that reinforce belonging, connection, and trust have increased capability to advance mental wellbeing.

A key characteristic of these Pillars is that they interact with one another in a way that compounds their strength and influence on wellbeing. Importantly, they are experienced both personally and in the broader community environment. They can activate resilience and contribute to healing for traumatized individuals and communities. In doing so, these Pillars facilitate an ability to navigate adversity.

Our understanding of these Pillars continues to evolve and emerge in our learning with communities across the U.S. through the Making Connections for Mental Health and Wellbeing among Men and Boys Initiative, funded by Movember Foundation. The initiative uses a gendered approach to mental health, allowing for a focus on the unique norms and experiences of men and boys in coping, help-seeking behaviors, social pressures, and social connections. In understanding these Pillars, it is important to take into account that mental health can be compromised and/or supported by how gender is perceived and socialized.

**From an Expanded Paradigm to Broader Approach**

Now is the time to reinvigorate a legacy of mental health strategies grounded in community-level primary prevention, to combine this legacy with the emerging knowledge and mounting commitment to mental wellbeing building nationally, and to take cohesive action. We must widen our path from acknowledging and counting problems and fostering individual solutions to incorporating community-wide efforts. Improving the social-cultural environment (people), physical/built environment (place), and economic/educational environment (opportunity) of communities is a vital and necessary complement to clinical and social services.
**Back to Our Roots** uses the *Spectrum of Prevention* to illustrate a multifaceted framework for furthering upstream, community-level, primary prevention strategies to shift norms and practices toward those that advance community wellbeing (see Figure 4 and 5). In addition to the overarching framework, the paper also includes specific recommendations for California and for the healthcare sector for the advancement of a multisectoral, community approach to improving mental health and wellbeing.

California has an opportunity to build upon, complement, and further push national initiatives and further local effectiveness by leveraging current efforts to move toward stronger impact by incorporating community-level action to strengthen community determinants and **Pillars** that advance wellbeing.

Healthcare can contribute to strategies that advance mental health and wellbeing by sharing data analytics on mental health, emotional challenges, and the community determinants shaping/exacerbating these challenges; providing financial and human capital investments (e.g., community benefit) to strengthen community conditions that impact mental health and wellbeing; and identifying opportunities to serve as health experts advocating for community improvements to support mental health and wellbeing.

Intentional collaboration to transform our healthcare and behavioral health systems with communities and purposeful engagement of other sectors to advance mental health will alleviate individual, familial, and community distress and increase population health and wellbeing for all.

Mental and emotional challenges take a deep toll on families and communities and are of grave concern to our health as a nation. **Back to Our Roots** seeks to stimulate dialogue, new strategies, and intentional action. It responds to the challenges faced by the sectors most accountable for health in our communities—including healthcare, public health, and behavioral/mental health—and the heartfelt distress of those across our nation who are concerned about the deep toll that mental and emotional challenges are taking on families and communities. It is challenging but not impossible. As Nelson Mandela said, “It always seems impossible until is done.”
Figure 5. Strategies for Fostering Mental Wellbeing: A Starting Point

**Influencing Policy & Legislation**

Explore opportunities to incorporate community prevention strategies into existing mental health regulations and policy.

Brief policymakers on the potential financial and social gains (spanning multiple sectors) of broadening mental health strategy to include a focus on community determinants and *Pillars*.

Establish and focus funding streams to catalyze community mental health innovation with priority funding to communities grappling with impacts of bias and discrimination.

**Changing Organizational Practices**

Engage community institutions including healthcare, education, business, housing and development, and others in reflecting community mental health priorities in their anchor institution roles such as hiring (e.g., hire and support the formerly incarcerated), purchasing, being a responsible neighbor, and advocating for public policies to improve community conditions impacting mental and physical health.

Consider impacts of institutional decisions and policies on well-being. Promote widespread adoption of organizational principles and practices for social inclusion: dismantle structural and interpersonal bias and discrimination and foster positive norms within institutions for people of all races, gender identities, religions, classes, abilities, sexual orientation, body size, or other perceptions of difference.

Refine healthcare delivery to take into account the interrelationship between the physical and emotional needs of patients and to expand their institutional role to support improvements in community conditions driving mental health challenges.

Develop community-wide indicators based on the community determinants and *Pillars* to incorporate into community health assessments by hospitals, public health, community development, and other community planning efforts.

Evolve medical, public health, and behavioral health training to strengthen multi-disciplinary experiences and skills in working across sectors to assure a workforce prepared to advance comprehensive collaborative approaches.
**Fostering Coalitions & Networks**

Convene philanthropies to discuss collaborative efforts to advance community-wide mental health opportunities, including supporting the development of a body of evidence-based, gender-responsive, community-wide interventions.

Convene thought leaders to explore the Pillars—the social/ emotional underpinnings of wellbeing. Develop common language, delineate the implications, and identify strategies that advance those elements.

Convene mental and behavioral health practitioners to discuss implications and opportunities to advance community prevention as a complement to treatment and early intervention strategies.

Engage community leaders in collaborations with the multiple sectors (including health, education, criminal justice, law enforcement, business, housing, and economic development) that most influence and are affected by mental health to explore strategies that advance community wellbeing.

**Educating Providers**

Build capacity in the mental health, behavioral health, healthcare and public health fields to understand the intersection between mental and physical health and to undertake joint efforts to implement community-level prevention strategy that collectively advances mental and physical health.

Educate healthcare leadership, practitioners, and payers on the mental health elements of illness and injury and on the opportunity to advance prevention and healing by focusing on mind and body simultaneously.

Enrich peer networks with upstream community prevention knowledge and leverage their lived experience to serve as catalysts to advance improvements within community factors that impact mental health and wellbeing. Establish a community of practice and develop a leadership cadre for the peer networks.
Promoting Community Education

Educate the general public about the interrelationship between physical and emotional health and foster understanding that the same kinds of conditions that advance physical health are also important for mental wellbeing (e.g., housing, safety, parks); describe the interrelationship among key social concerns including adverse childhood experiences, trauma, and diseases of despair, and the common solutions of fostering resilience and improved community conditions.

Conduct communications campaigns to reduce stigma and bias against mental health challenges and to reveal their damage; conduct a media campaign to emphasize the healing power of caring and social support, drawing on earlier models such as “friends can be good medicine.”

Promote widespread understanding of the intersectionality of different forms of discrimination and institutionalized bias on the basis of race, gender identity, religion, class, ability, sexual orientation, nationality, body size, or other perceptions of difference. Advance understanding of the related inequities in community conditions that have huge negative mental health impacts and take proactive steps to reverse bias and support those harmed by it.

Strengthening Individual Knowledge & Skills

Expand access and referrals for people facing mental and/or physical health challenges and their families to support groups that build coping skills and foster self-esteem.

Establish programs to strengthen coping skills (e.g., promote skills for communication and expression or for meditation and mindfulness in schools).

Build skills among community members to be able to advocate for policies, investments, and action that change community conditions to advance mental health and wellbeing.

The full paper is available at www.preventioninstitute.org/publications/back-to-our-roots.

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Prevention and equity at the center of community wellbeing.

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