Building resilient communities: The importance of integrating mental health and wellbeing in effective development thinking and practice.

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Abstract:

Mental health is central to building resilient communities and realising progress against the Sustainable Development Goals. Effective promotion of mental health and well-being globally strengthens progress in sustainability, equality, and resilience. As well as this, the exclusion experienced by people as a result of psychosocial disability makes them a vulnerable population. Mental health is intersectional that is both affected by and compounds other social determinants of health and wellbeing. Mental illness is a cause and consequence of poverty. Transformational development’s focus on holistic restoration promotes the mental health of individuals, families and communities and upholds the identity of those affected by mental ill health as made in the image of God. Mental health promotion and inclusive development are important justice responses in the restoration of God’s kingdom.

This paper reflects on TEAR Australia’s learning through research and explores the place of mental health in strengthening community resilience and development.

Introduction:

Mental health, once largely an invisible issue in international development, is now being framed as ‘one of the most pressing development issues of our time’ \(^1\). It has been gaining recognition as crucial to realising the Sustainable Development Goals (SDGs)\(^2\). Such a focus across the SDGs recognises the importance of mental health and wellbeing to strengthen progress in sustainability, equality, inclusion and resilience\(^3\). The World Health Organisation (WHO) advocate for a justice approach to addressing mental health that promotes both holistic support for people with mental illness as well as wider community mental health promotion\(^4\). Mental health promotion activities such as: building social cohesion; enabling social and economic wellbeing; and individual and family coping mechanisms, build community resilience. While community resilience is increasingly prominent within community development research\(^5\), mental health is an emerging focus in community development.

Mental health is foundational for both community functioning and individual wellbeing\(^6\). Rather than the absence of illness, mental health is understood in the broader context of
social determinants of health and seen in an individual’s, family’s, community’s or nation’s positive sense of wellbeing, connectedness to others, and ability to have agency and experience meaning. Good mental health is understood through a cultural lens and shaped by worldview, spirituality, inequities and infrastructure. As a result, mental health and wellbeing promoting strategies are found outside specific mental health goals and seen in many community development and resilience building activities. This view of supporting individuals, communities and nations to live to their potential is captured in Myers’ understanding of transformational development which seeks positive change in whole of human life; materially, socially, psychologically and spiritually. Development such as this seeks to enable all to recover their true identity as one made in the image of God with intrinsic value, charged with the tasks of caring for the world and the people that depend on it to flourish. This work helps to address the search for meaning, identity and worth, foundational for good mental health and wellbeing.

Attention to mental health in community resilience work is vital as the absence of good mental health leads to vulnerability to mental health conditions; and communities being less cohesive, adaptive and more vulnerable to shocks and disruption. Exclusion is also often experienced by people as a result of mental illness and such exclusion can lead to poor outcomes in other areas of health, economics and social cohesion. This negative cycle results in communities with greater inequity, instability and disadvantage experiencing higher rates of mental illness.

Community resilience has been defined as the existence, development and engagement of community resources by community members to thrive in an environment characterized by change, uncertainty and unpredictability. This community level capacity to bounce back in the face of adversity requires social and family cohesion, adaptability and support infrastructures. Building community resilience is considered crucial in enhancing community development outcomes. Imperiale and Vanclay suggest that effective development programs understand and seek to strengthen the resilient social processes communities put into action to address the negative social and economic impacts they experience. In addition mental health frameworks and mental health promotion strengthen a deeper understanding of the factors which contribute to building these social processes and thus community resilience. The growing body of evidence for effective actions people and communities can take to promote mental health and wellbeing aligns with the desired outcomes of community development highlighting the value in cross-sector learning.

TEAR Australia recently brought together a research project which explored the place of mental health in community development; reflected upon current approaches and challenges, and created a platform for the lived experience of mental illness to be heard. The research is the collective efforts, experience and knowledge of a range of stakeholders, including three TEAR partners who are implementing community based mental health programs; communities of practice within Australia and globally; and
communities, families and people with lived experience of mental illness in Afghanistan, India and Nepal. The research findings have challenged and expanded TEAR’s understanding of the place of mental health in community development and its centrality in building community resilience.

This paper seeks to reflect on TEAR’s learning and further explore the place of mental health in strengthening community resilience and development.

The Intersectionality of Mental Health

Mental health cannot be separated from health, ‘there is no health without mental health’ 17. Having mental ill health increases an individual’s risk for poor physical health, early death and injury, while in reverse, mental ill health is precipitated or prolonged by health conditions 2,17,18. Like health more broadly, mental health is intersectional 19. Social determinants within any context, such as gender, low education, social status, caste, poverty, conflict and disaster and other compounding reasons for exclusion affect mental health outcomes on an individual, household and community level 20. As a result mental health is an important cross cutting focus for development 2,21.

Gender

Gender disadvantage is an example of this as more women are affected by mental ill health, such as depression, than men. While a significant proportion of women in low and middle income countries (LMICs), experience perinatal mental ill health 22, mental health is often a neglected component of maternal health care 15,23,24. Recent evidence has also shown that there are strong links between antenatal depression and increased likelihood of preterm birth and low birth weight 23. Investments in integrating mental health in perinatal interventions have been shown to be effective in reducing depressive symptoms and improving infant outcomes 24.

Gender based violence and its mental health consequences affects more women in LMICs than men 20. The resulting psychosocial disability and poor development outcomes for women and their children furthers gender inequity 25. Development programs that focus on women’s empowerment, leadership, skill building, or women’s health – including reproductive health will be strengthened by the integration of mental health across all programs.

Poverty

Growing evidence shows that mental ill health and poverty interact in a negative cycle especially in LMICs 26-28. Poverty is both a cause and consequence of poor mental health 18,29. People living in poverty are at increased risk of mental illness due to: the stress of living in conditions of deprivation; increased risk of trauma; increased obstetric risks; social exclusion; and lack of food security. Having a mental illness has been linked with increased health spending; loss of income and employment; stigma and exacerbation of poverty and vulnerability 29.
The systemic root causes of poverty and inequality are the most strongly contributing factors to developing mental illness and undermining self-determination and community cohesion\textsuperscript{28}. As a result social inequality and multidimensional poverty must be addressed as part of a community development approach, both to contribute to prevention of mental illness and to strengthen recovery and inclusion of people with psychosocial disability\textsuperscript{26,30,31}.

In order to strengthen recovery and development outcomes for people with mental illness, community development approaches that build stronger economic security—such as savings and livelihood opportunities—need to be inclusive of people with mental illness and their families\textsuperscript{32}. Poverty-reduction initiatives, including cash transfers, can achieve better mental health outcomes and improve the social determinants that inhibit inclusion\textsuperscript{33}.

In order to contribute to resilient individuals, households and communities, development programmes need to seek to understand the intersectionality’s that pre-dispose people to developing mental illness, and impact upon people’s lived-experience of mental illness\textsuperscript{33}.

Mental Health, Relationships and Households
A further area of learning for TEAR has been regarding mental health and relationships.

The research highlighted that participation in family and community life for people with psychosocial disability as central for self-esteem, sense of accomplishment and for increasing self-worth. Through being given opportunities to contribute to meaningful household and community activities, people spoke of rediscovering their valued roles, responsibilities, sense of identity and potential. People with mental illness often experience deep stigma which severely limits their engagement with community, undermines their identity, sense of self-worth and ability to contribute\textsuperscript{34-38}. Social isolation is also a risk for deteriorating mental health and suicide\textsuperscript{39,40}.

While negative community attitudes fuel stigma and discrimination it is also often internalised. The result of such ‘self-stigma’ is shame and humiliation which decreases the likelihood people will seek opportunities for participation\textsuperscript{41,42}. A key process to transformational development is seeking to enable all people to recover their true identity as one made in the image of God with intrinsic value. McNair\textsuperscript{43,44} advocates that in keeping with 1 Corinthians 12: 22-26 people with disabilities are seen as i) created in the image of God; ii) created with a purpose; iii) seem weaker but are actually indispensable and iv) thought less honourable but are actually worthy of special honour. Creating platforms for people with psychosocial disabilities to be seen as image bearers of God and key contributors in their communities, enables development programs to reflect these values and shape the work to be transformative on an individual, household and community level. In programs this could inform inclusion approaches in creating
opportunities for people with psychosocial disabilities to join and participate in collective community activities.

The research illustrated how mental ill health interrupts relationships and everyday life creating strain and disharmony, and creating a state of vulnerability for the household. The symptoms of the illness, the search for and effects of treatment as well as stigma in the community can all contribute to negative effects on family functioning\textsuperscript{45,46}. Family members can, as a result, experience disconnection, disturbed life patterns and routines; compounded economic stress and; relationship and parenting strain making them vulnerable to mental health changes of their own\textsuperscript{47,48}. As family life is the key place where child development happens, these stressors can particularly affect outcomes for children\textsuperscript{49}. Families and households are core elements in building resilient communities. Adopting holistic family approaches that take account of all members can strengthen families affected by mental illness thus strengthening communities. Such initiatives could include family support groups, and inclusion of family members into counselling, self-help and advocacy groups.

Community relationships are also significantly impacted by mental ill health. The negative local beliefs about mental illness that impacts individuals with mental illness and their families, also affects the whole community, as they seek healthy and contextual ways to conceptualise and discuss mental illness, and mental health and wellbeing. Often people experiencing mental illness are labelled as socially inadequate and experience stigma and discrimination from the community, resulting in social distancing and a breakdown of community relationships\textsuperscript{34,41,42,50}. Our research showed the general lack of awareness and misinformation about mental illness and mental health that exists in most communities which can lead to poor health outcomes, lack of support and exclusion. The findings also demonstrated the importance of community awareness and strategies to strengthen community’s mental health literacy.

Previous studies indicate that raising awareness about mental illness within a community context shapes the communities’ responses to it - directly promoting stigma reduction and strengthening inclusion\textsuperscript{51,52}. Initiatives which utilise locally acceptable words and contextually appropriate concepts, build the mental health literacy capacity of the community\textsuperscript{53}. It is critical that awareness raising includes lived experience voices\textsuperscript{54} and should be broader than just mental illness signs and symptoms and about where to go for treatment.

Community inclusion involves establishing welcoming communities where each individual’s participation is valued for their unique contribution\textsuperscript{55}. Promoting good understanding of mental illness, community cohesion and respectful community relationships assists in strengthening participation and inclusion of people with psychosocial disability and are central components of building a resilient community.
Mental Health Promotion as a resilience building tool of Community Development

TEAR’s research has also shown that effective community development that promotes holistic wellbeing can contribute to mentally healthy and resilient communities. Social disintegration of community (characterised by lack of social support, violence, migration, substance abuse and breakdown of social and family cohesion) is associated with an increased rate of mental illness. Conversely, communities with high levels of cohesion, including trust, reciprocity, and participation, have protective capacities for the mental health or wellbeing of a community.

Mental health determinants are located in the same social and economic domains that community development are working within; access to supportive social networks; stable and supportive family, social and community environments; access to a variety of activities; having a valued social position; opportunity for self-determination and control of one’s life; and access to meaningful employment, education, income and housing. Hence programs that address these determinants alongside wider issues of power, inclusion, and social justice are also contributing to mental health promotion and resilience building.

Community development programs can contribute to stronger and more cohesive societies that work together to solve problems, adapt to common issues and strengthen peace and wellbeing. Partnership with churches, and local faith institutions, and building strong SHGs, support groups or other collectives can create such spaces for building relationships and trust, togetherness, cooperation and contribute to wellbeing. While SHGs are known for their positive role in community economics, they also play a role in overcoming social isolation and contributing to social, personal and spiritual development. These benefits are important for strengthening a sense of individual and community agency, and cohesion which contribute to good mental health and resilience. Collectives form a crucial medium for embedding community resilience, which often emerges in times of crisis and contributes to sustainable development.

Through understanding a mental health promotion framework, development programs can see how their work contributes to community resilience and wellbeing. Including measurement of wellbeing and quality of life can help to reinforce the importance of the activities such as self-help groups, livelihood activities and strengthening organisations beyond their poverty alleviation outcomes.

Mental Health Treatment access as equity issue

While there is significant literature about the treatment gap, access issues and the lack of appropriate medical services, TEAR’s research raised the importance of treatment access as an equity and human rights issue and crucial for recovery. Treatment is valued not as an end in itself, but because it enables people to engage in their meaningful activities and in family and community life. Therefore it is important to consider linking
people to medical treatment and services for people with psychosocial disability through the lens of a social and rights based model of disability.\textsuperscript{65,66}

There has been great achievement by the global mental health movement in bringing global awareness to mental illness. The WHO Mental Health Action Plan 2013-2020\textsuperscript{4} shows international commitment to tackling the burden of mental illness and has helped to drive government action. The development sector being named as actors in the plan highlight their roles in working on the social determinants for health, advocacy for the vulnerable and marginalised and mobilising civil society\textsuperscript{4}. Development programs can play a crucial role in promoting access to treatment, advocating for services, and raising awareness among communities. Organisations don’t need to be specialists, or have a lot of technical knowledge about mental illness to see how mental health affects development or to include people affected by mental illness into programs.

Integrated Community Approaches to Addressing Mental Health

This journey of learning has led TEAR to conclude that multiple approaches are required in considering mental health as an important and often forgotten part of effective community development in order to maximise the inclusiveness and resilience of communities. There is a need to promote pathways to inclusion and to support people with psychosocial disability & their families as vulnerable people in communities. This includes enabling access and ensuring that all development programs are inclusive. In addition, there is also a need for programs to consider how they can promote mental health and wellbeing for whole communities, recognising that much of the work of community development programs is already working towards resiliency and community health. These approaches are mutually reinforcing and integrating both types of approaches can strengthen their effectiveness in building resilient communities.

The practical suggestions included below (Table 1) are implications for community development organisations and programs. The compilation of these has been a collective piece of work and represents input from organisations working in community mental health programs in Afghanistan, India, and Nepal; people with lived experience of mental illness in India and Nepal; and some of our insights along the way.
### Table 1: Implications for Practice: Inclusion and Mental Health Promotion Approaches

<table>
<thead>
<tr>
<th>For your organisation</th>
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<tbody>
<tr>
<td>1. Development projects and activities can have either a positive or negative effect on</td>
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<tr>
<td>core protective factors for community mental well-being: To enhance protective factors</td>
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<tr>
<td>requires it to -</td>
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<tr>
<td>• Enhance control</td>
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<tr>
<td>• Increase resilience and community assets</td>
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<td>• Facilitate participation</td>
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<td>• Promote inclusion.</td>
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<td>2. Support staff in your organisation to develop skills in communication, listening and</td>
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<tr>
<td>providing psychosocial support at a community level.</td>
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<td>3. NGOs could build awareness about mental health into any health trainings or</td>
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<tr>
<td>community health initiatives. This should be done using the language which local</td>
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<tr>
<td>communities use to talk about emotions or the signs and symptoms of mental illness.</td>
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<tr>
<td>4. Development programs play an important role in promoting access to mental health</td>
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<tr>
<td>support and can provide a stronger role in ensuring linkages to existing services or</td>
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<tr>
<td>advocating for services. Find local sources of knowledge about mental illness and</td>
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<tr>
<td>psychosocial disability in your context:</td>
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<td>• Government or other services (medical or benefits available);</td>
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<tr>
<td>• NGOs with specific programs or DPOs.</td>
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<td>5. Skill building in life skills, mental health promotion, youth resilience, parenting</td>
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<tr>
<td>support groups and other community based programs are effective approaches to promoting</td>
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<td>good mental health and supporting recovery for people experiencing mental illness.</td>
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<td>Think about ways these could be built into existing or new programs.</td>
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<td>6. If your organisation works with SHG’s, think about how to open up spaces for</td>
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<tr>
<td>discussions about mental health and wellbeing within groups;</td>
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<tr>
<td>• Conversations about what helps people feel emotionally/mentally well and</td>
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<tr>
<td>what things affect that?</td>
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<tr>
<td>7. Look for ways to include people with lived experience of mental illness as part of</td>
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<tr>
<td>your work – as staff, as project volunteers. Learn from their stories and recognise that</td>
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<tr>
<td>they are key sources of knowledge and advocacy within your organisation and at the</td>
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<tr>
<td>community level.</td>
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<tr>
<td>8. Mark World Mental Health Day [10th October each year], and give key and simple</td>
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<tr>
<td>messages:</td>
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<tr>
<td>• there is no shame in Mental illness</td>
</tr>
<tr>
<td>• Mental illness is treatable</td>
</tr>
<tr>
<td>• there are Mental Health services nearby</td>
</tr>
<tr>
<td>• family can help people with Mental Illness by listening to and including them</td>
</tr>
<tr>
<td>[Raising awareness in a respectful way, can help break down stigma]</td>
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<tr>
<td>9. Consider the mental health of your organisation’s staff. Start conversations about</td>
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<tr>
<td>mental health in the workplace.</td>
</tr>
</tbody>
</table>
For your programs

10. People with mental illness are often hidden – think of ways to include them during baseline surveys and when projects are mapping vulnerable groups in the community. Ask who might help you know where to meet these people. You don’t necessarily need to identify individuals, but households who are vulnerable.

11. Think about which groups in your communities are vulnerable – because of physical disability, gender, caste and socio-economic status – focus work with those groups. As vulnerable groups are more likely to experience mental illness, working with these groups can help prevent this.

12. Explore and utilise innovative ways to create space for hearing the views of those with psychosocial disability throughout community development processes. These voices are needed to shape programs and effect change.

13. Utilise key educators and advocates in your program to understand more about mental health and to incorporate it into their community messages and activities.

14. Work with religious and community leaders so that leaders feel equipped to support people with mental illness and their families and; leaders have the knowledge to respectfully discuss mental illness in the community and create inclusive environments.

15. Work with existing or develop new lived experience groups, support groups or Disabled Persons Organisations (DPOs).

16. Adopt holistic family approaches in programs that enhance family relationships, such as family support groups, and inclusion of family members into counselling, self-help and advocacy groups.

17. Think about ways in which people with mental illness (and their family members) could be welcomed into SHG’s. Contributing meaningfully to the family and community can prevent people from developing mental illness and can help people with mental illness to recover well. Being a member of a SHG and engaging in livelihood opportunities are effective approaches for supporting recovery and inclusion.

18. Incorporate information on mental health into women’s leadership and empowerment programs. Women are particularly vulnerable.

19. Incorporate information about mental health into maternal and child, reproductive health programs. Include health messages about mental health into any family planning or perinatal activities.

20. Include learning about mental illness and how to discuss emotion in school programs curriculum. Many good resources are available in multiple languages and could be translated.

Conclusion
This journey of learning for TEAR Australia has expanded our understanding of the place of mental health in community development and its centrality in building community resilience. The intersectionality of mental illness with poverty and gender and its effect on self-worth and relationships make it a crucial cross cutting issue that should be addressed in transformational development programs. In addition, mental health awareness and promotion activities contribute to healthy resilient populations. For communities to be truly resilient and to reflect the image of God they need to include people with mental ill health as a vital part of society.
For further reading and resources see:

1. Mental Health Innovation Network - [http://www.mhinnovation.net/](http://www.mhinnovation.net/)
2. Contact TEAR Australia: [info@tear.org.au](mailto:info@tear.org.au)

References


