

It Takes a Village to Co-create and Sustain Mental Health



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Monday, October 5, 2015 -- Cormac Russell

Curator's Note: *A fabulous piece by asset-based community development consultant Cormac Russell exploring the place of community in restoring and sustaining our mental health. He includes some potent questions for moving forward on this premise, among them: 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?*

In last year's May edition of the New Internationalist, Dinyar Godrej's article [A](#)

[Healthy Mind in a Healthy Society](#) reminds 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:

- (i) biological factors, including genetic makeup,
- (ii) life circumstances/events of the person living with mental health challenges and,
- (iii) the impacts of the wider political, social, economic and environmental spheres (e.g. consumerism, lead-poisoning, inhumane policies etc).

Godrej rightly argues 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 it is estimated that [one in ten](#) adults in the US are on anti-depressants and the [Diagnostic and Statistical Manual of Mental Disorders](#), which was published in May 2013, proposed a massive expansion of labels around what is currently considered to be within the domain of mental illness.

We are now only months away from seeing teenage rebellion being formally written into the diagnostic annals as a mental illness. This clearly is not good medicine. 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 Pharma, than patient care and general mental health. Hence the central point of this blog is made best in the words of Andy Young ([NursingTimes.net, 18 January 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,” which tries to deny the existence of the issue in the first place, and 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, and often leave those outside the system, and/or the “illness” feeling surplus to requirement.

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 reality for most is one of living in places where most keep themselves to themselves, do not interfere in each other’s business and just “get on with life.” In short our communities have become atomised places, where 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 incompetent in the function of sustaining our mental health.

If we all accept that community cohesion matters for mental health, and indeed we can be more confident than ever in that assertion thanks to the findings of the [Marmot report](#), the 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?” Another question for professionals and policy makers falls 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 singularly 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 wellbeing, 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 (not to be confused with volunteer mentoring schemes).

This simple fact is a challenge to us all both professionally and civically. It also presents us with a powerful new manifesto for coming alongside people with mental

health issues and their communities and facilitating the bridge building between them. That manifesto really is about realising there is no “them” and “us.” This is about us!

We are all on a continuum of mental health.

This blog was originally posted on the [Nurture Development website](#), and appears here with permission.