Steps Forward to Meaningful Employment of young people with emotional well-being problems

Module 1: Community-based approach to youngsters with mental health issues

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Objectives

1: Identify the most relevant characteristics of mental health a a collective process

2: Analyse the elements of a community-based intervention

3: Design a community action taking into account the agents involved

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# Chapter 1: Mental health as a collective process

Mental health and community

mental health

Mental health is **a state of mental well-being** that enables people to **cope with the stresses of life**, **realise their abilities**, **learn** and **work well**, and **contribute to their community**.

community

Community can be defined as a **network of people** who **share similar interests, values, goals, culture, religion, diversity or history** – as well as feelings of **connection and caring** among its members.
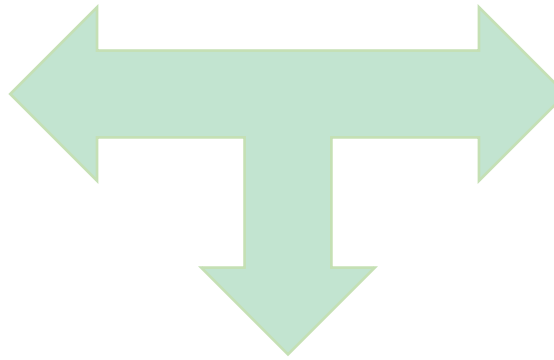
collective mental health

Collective mental health

Collective mental health, as a discipline, seeks to **promote collective interventions** taking into account the **impact of socio-cultural factors on subjectivity**.

It is necessary

— to **promote interaction** between different knowledge and practices,

— to **strengthen links** between the population and health professionals, and

— to **take into account social values** and **subjectivity**.

But, in addition, the prevalent biomedical, hospital-centred and disease-focused model must be overcome in order to **adopt a more community-based vision** that emphasises **comprehensive care and equity in access to services**.

Promoting collective mental health

The valuation of the community approach in mental health would express associated advantages not only in the **strengthening of social networks** and the possibility of **sharing experiences** among beneficiaries, but also in the **promotion and prevention** by

— activating personal and community **resources for self-care** as well as

— the development of **protective factors**. (Bang, 2014: 116)

active involvement of the community

community approach in mental health

transformation of community links **towards solidarity links**

establishment of the **community** itself as an **active subject in the transformation** of its own realities

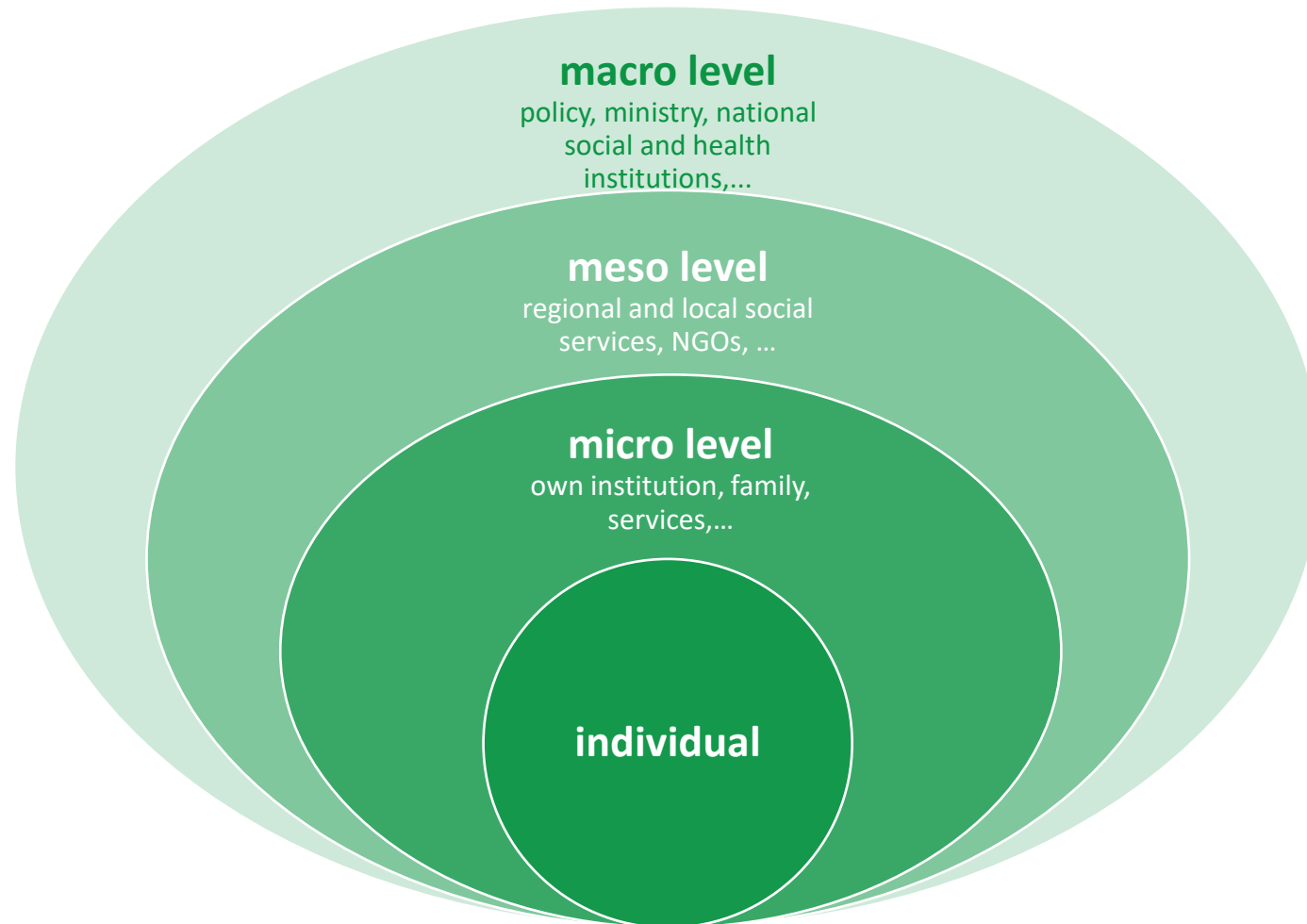# Chapter 2: Community-based intervention

Community-based intervention

A number **of interventions can be labelled as community-based**. They are part of a more strategic psychosocial and mental health approach with the aim to **build on existing individual and community resources, capacities and resilience**.

Characteristics of a community-based intervention

- strengthens **natural supports** (family, friends, neighbours, colleagues, …)
- makes **use of community knowledge and capacities**
- requires **skills** and a **thorough analysis of local practices and resources**
- involves **community engagement in all phases** of programming
- addresses **interventions at all different levels**
- includes both **lay and professional services** and **psychological and social support**

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Community-based intervention

macro level
policy, ministry, national social and health institutions,...

meso level
regional and local social services, NGOs, ...

micro level
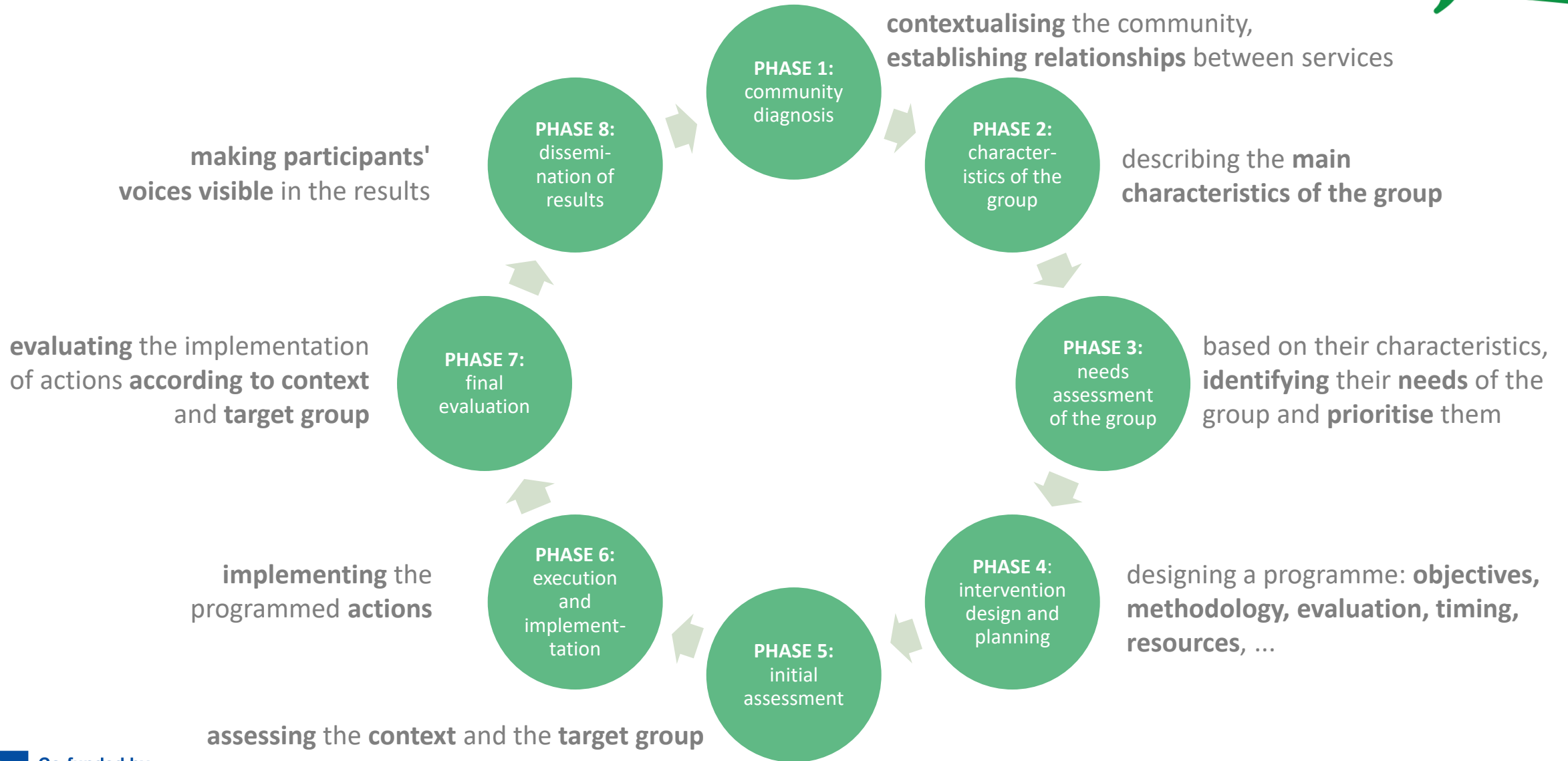own institution, family, services,...

individual

Community-based intervention

Community-based intervention means "rethinking policies, laws, systems, services and practices across the different sectors which negatively affect people with mental health conditions and psychosocial disabilities, ensuring that **human rights underpin all actions in the field of mental health**.

In the mental health service context specifically, this means a move towards more balanced, person-centred, holistic, and recovery-oriented practices that consider people **in the context of their whole lives**, respecting their will and preferences in treatment, implementing alternatives to coercion, and **promoting people's right to participation and community inclusion**." (WHO, 2021b: 3)

Guidance on community mental health services

Promoting person-centred and rights-based approaches

World Health Organization

Community-based intervention: phases

contextualising the community,
establishing relationships between services

PHASE 1: community diagnosis

PHASE 2: character-istics of the group

describing the **main characteristics of the group**

PHASE 3: needs assessment of the group

based on their characteristics, **identifying** their **needs** of the group and **prioritise** them

PHASE 4: intervention design and planning

designing a programme: **objectives, methodology, evaluation, timing, resources**, ...

PHASE 5: initial assessment

assessing the **context** and the **target group**

PHASE 6: execution and implemen-tation

implementing the programmed **actions**

PHASE 7: final evaluation

evaluating the implementation of actions **according to context** and **target group**

PHASE 8: dissemi-nation of results

making participants' voices visible in the results

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Guidelines for community-based intervention

Facilitating community social support and self-help requires sensitivity and critical thinking. Communities often include diverse and competing subgroups with different agendas and levels of power. It is essential to avoid strengthening particular subgroups while marginaliszing others, and to promote the inclusion of people who are usually invisible or left out of group activities."

Source: IASC MHPSS Guidelines, p. 100

Source: United Nations Children's Fund (2018). Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version). New York, UNICEF.

Chapter 3: Participation

Participation: clarifying concepts

Participation

involves **learning with others** and **collaborating** with them. It implies an **active involvement** that entails being **recognised** for what a person is and being **accepted**.

To participate is to **intervene in decisions**, to **control processes** and to **exchange experiences**.

Community participation

Active group participation or participation of a **person as representative of the group** in community activities where they not only provide ideas but are **also involved in the intervention**.

Participation: principles

– The research problem is constructed **together with the community**.

– The aim of the knowledge construction is **to generate processes of change** in the community and the community must be in control of **the whole participatory process**.

– Participants become **aware of their skills and resources**, facilitating an internalisation of new frameworks for interpreting themselves in order to transform the environment according to their needs and aspirations.

– The community creates **new knowledge** about itself and the reality around it.

Participation: a complex process

'**who**' to involve in community participation

Participation is a complex process that involves defining …

'**what**' elements are important for effective and meaningful community participation

'**why**', '**when**' and '**how**' community participation should be pursued

Contextual factors

Giving voice to the whole community is conditioned by several **contextual factors**.

It is therefore necessary to **take into account**:

– advocacy for vulnerable groups

– opportunity to exercise the right to equal participation

– people who have not been given a voice by the community

– diversity of voices

cultural factors

geographical factors

contextual factors

political factors

social factors
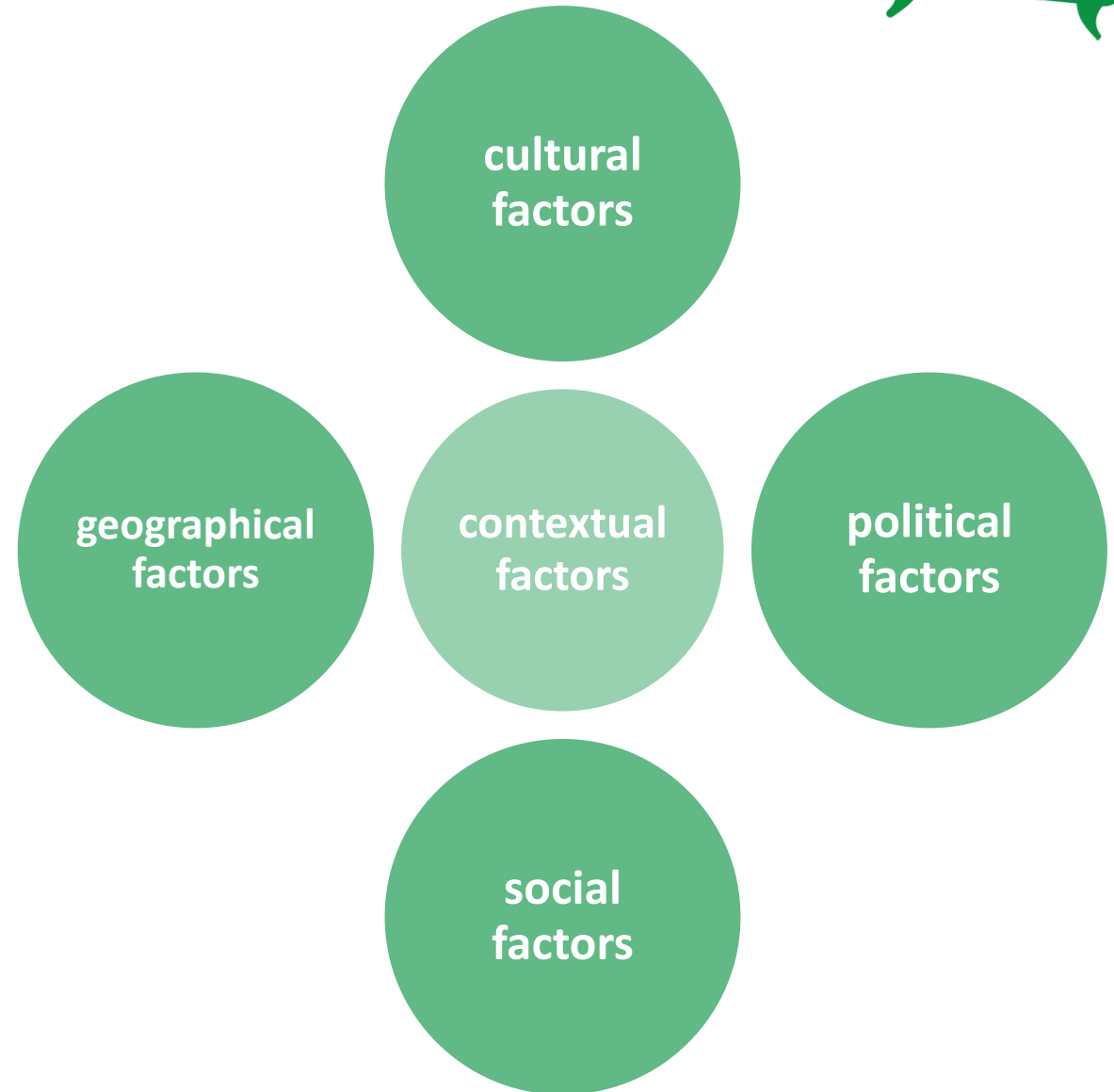
Participatory methodologies

Participatory methodologies make possible a collective exercise that consists **of giving people back the possibility, the resources and the awareness to manage** their own subjective problems by themselves.

There is **no expert judgement** that can be superimposed on the narratives and meanings that people construct in their social and community relations to overcome their difficulties.

The following links give access to experiences on participatory methodologies that may suggest some new ideas. Both articles are in Spanish with English abstracts:

– http://www.psicoperspectivas.cl/index.php/psicoperspectivas/article/view/399/358
– https://doi.org/10.1016/j.gaceta.2020.08.001

Participation practices

Participatory practices are constituted in acts of community mental health care. They are generated from the constitution, sustaining and strengthening of solidarity links and allow **peer-to-peer relationships and generating shared practical knowledge**. (Bang, 2014)

It is about promoting **empowerment** where the role of **professionals** is not that of mere service providers, but that of **facilitators of change and transformation**. It would also mean networking within and outside the services, involving different community actors, including those who may not see themselves as direct agents. (Fernandez, et al. 2020)
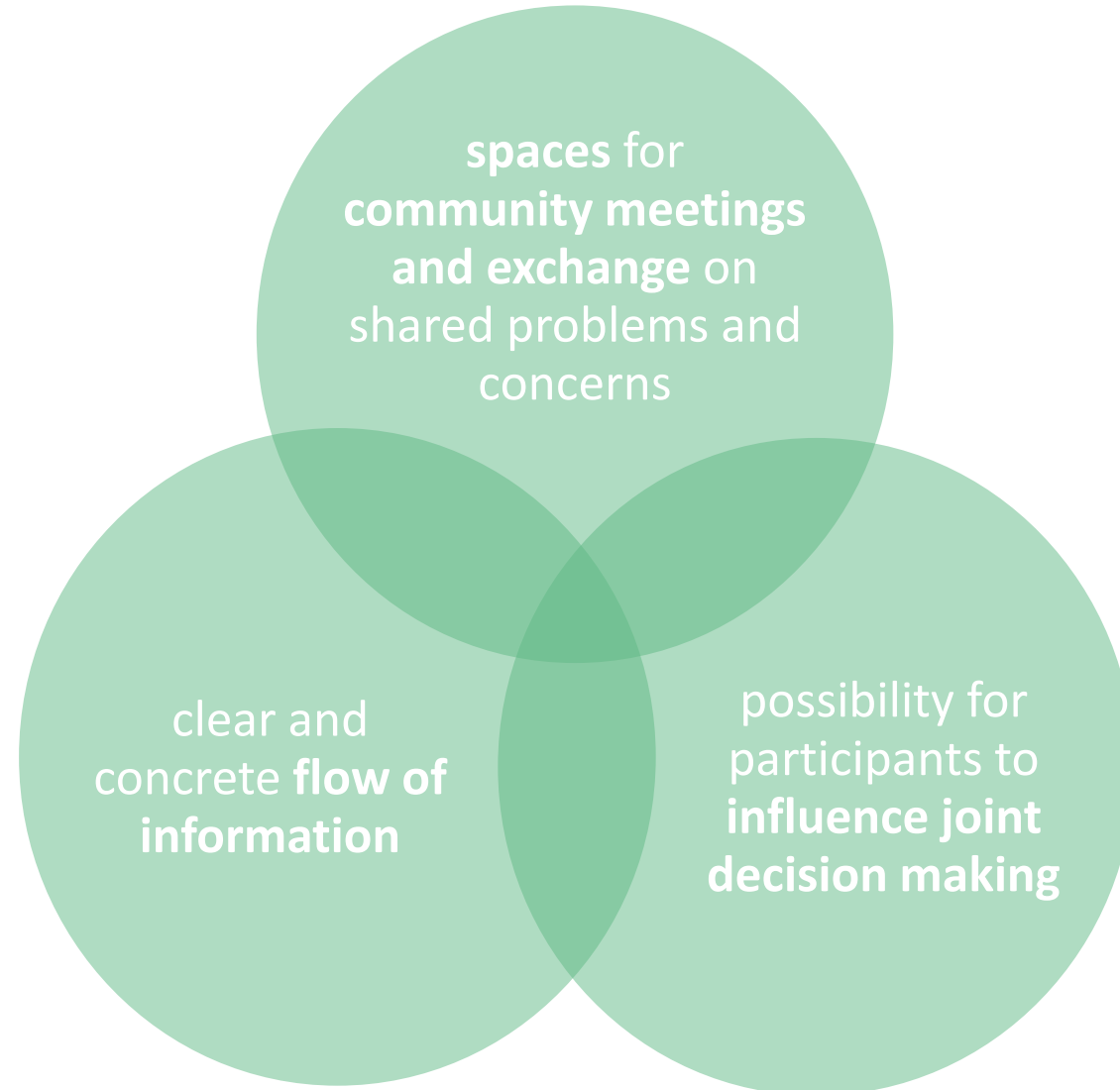
Types of participation
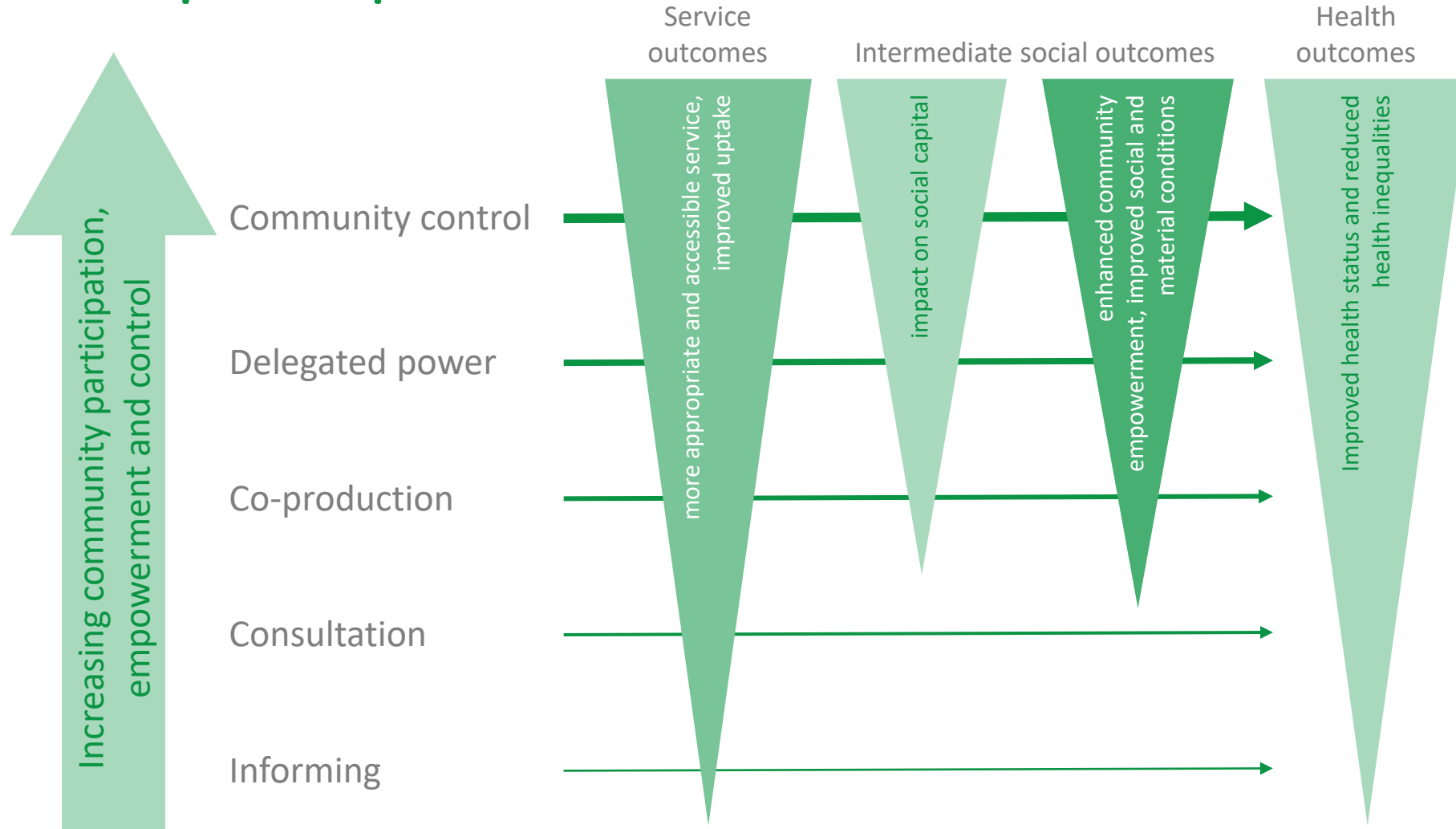
Pathways from community participation, empowerment and control to health improvement (Popay, 2006)

Axes to encourage participation

spaces for **community meetings and exchange** on shared problems and concerns

clear and concrete **flow of information**

possibility for participants to **influence joint decision making**

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Chapter 4: Activities

Activity 1

In its Comprehensive Mental Health Action Plan 2013–2030, WHO proposes actions for **integrated and responsive care** (WHO,2021a).

For its implementation, 14 options are listed.

Click here to access the document and go to page 24.

Have a look at the list, **select five options** and **prioritise them** according to your area of work.
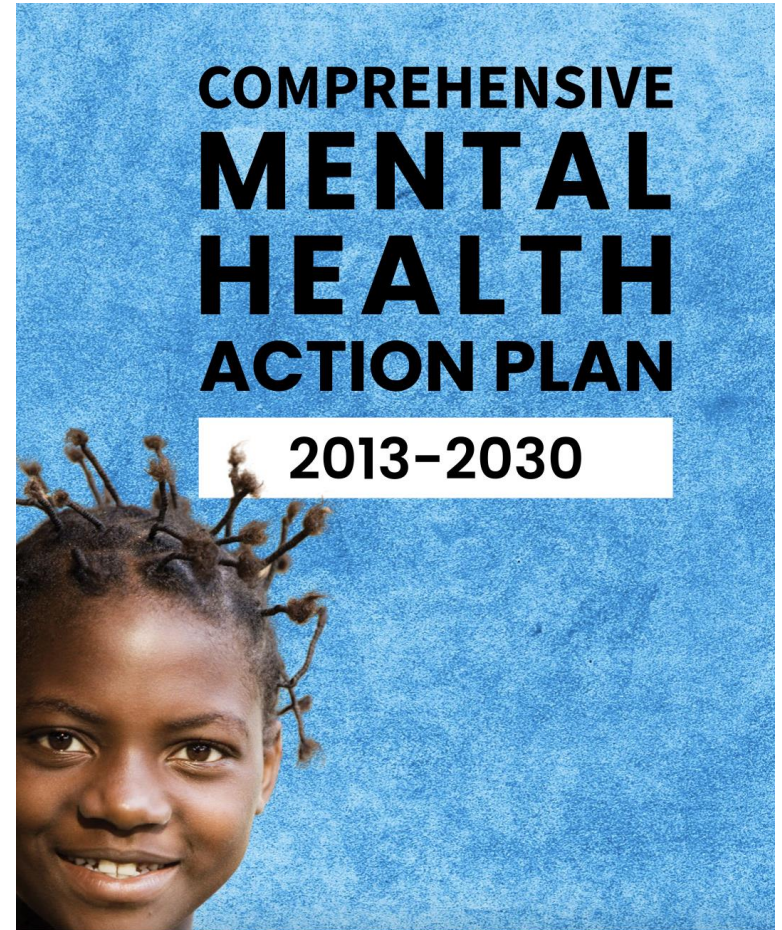
Activity 2

Community based intervention requires the **interrelation of three levels**:
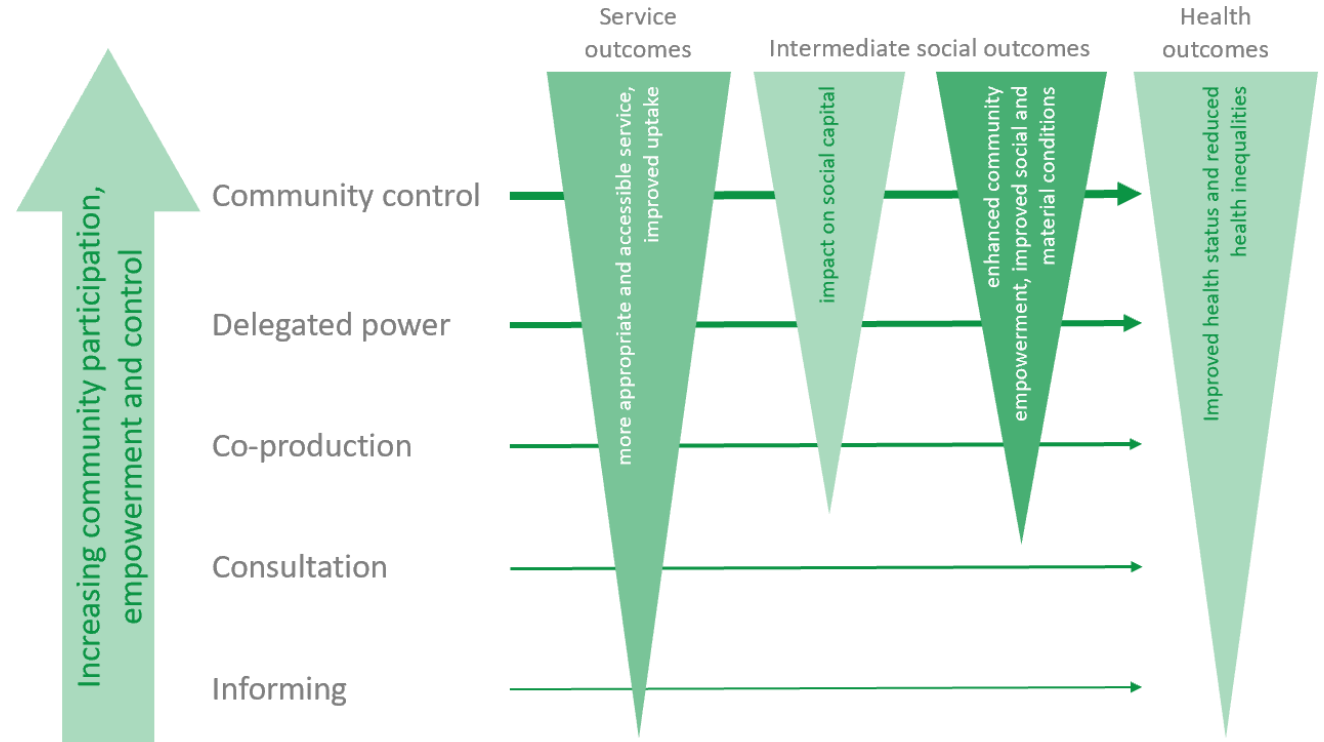
the **micro, meso** and **macro level**.

Make a **conceptual map** and identify the **most relevant agents/actors in your area of work at each level** and their **relationships**.

macro level

meso level

micro level

individual
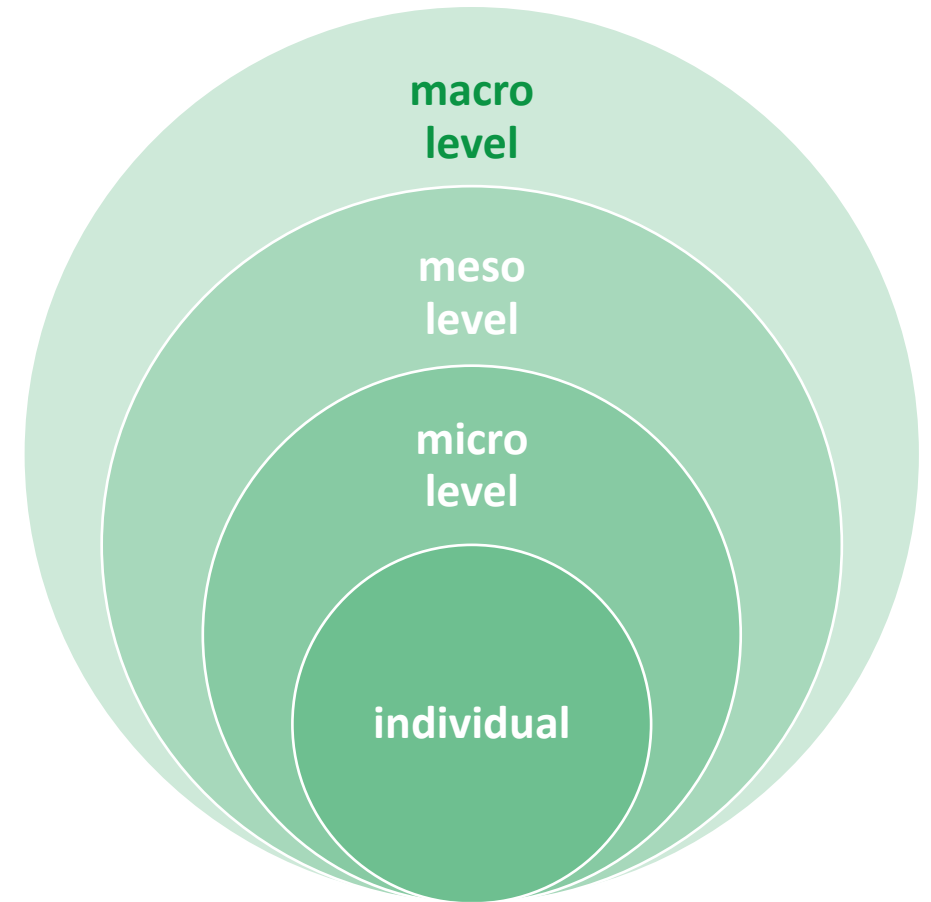
Activity 3

Considering the **types of participation** provided by Popay (2006),

what would be the **type of participation** that usually takes place **in your area of work**?

Justify y**our answer.**

Increasing community participation, empowerment and control

- Community control
- Delegated power
- Co-production
- Consultation
- Informing

Service outcomes

more appropriate and accessible service, improved uptake

Intermediate social outcomes

impact on social capital

enhanced community empowerment, improved social and material conditions

Health outcomes

Improved health status and reduced health inequalities

Pathways from community participation, empowerment and control to health improvement (Popay, 2006)

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