



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

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

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Objectives

- 1: Identify the most relevant characteristics of mental health as 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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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 is 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

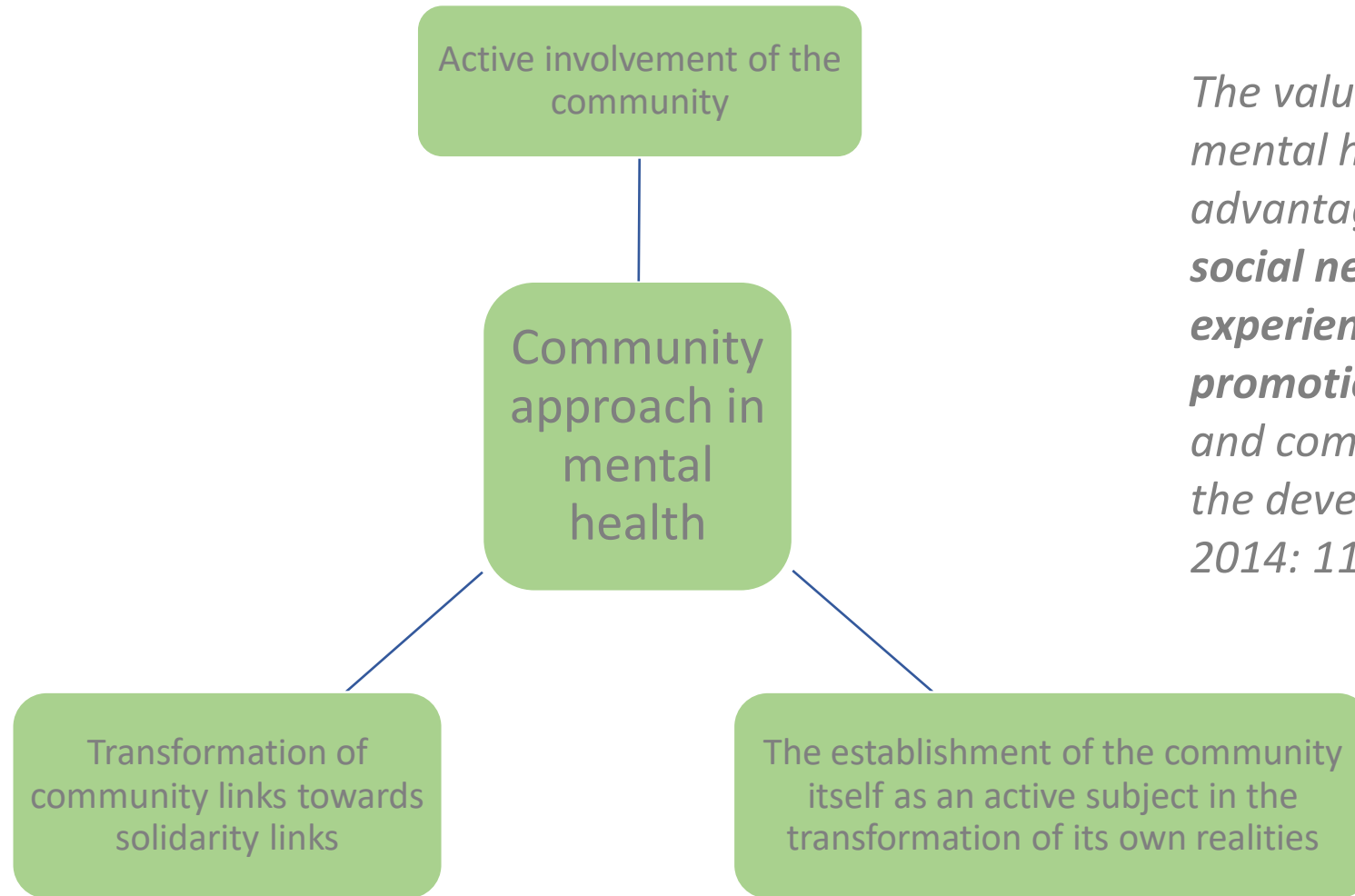
Collective mental health, as a discipline, seeks to promote collective interventions taking into account the impact of socio-cultural factors on subjectivity.

It is necessary:

1. to promote interaction between different knowledge and practices,
2. to strengthen links between the population and health professionals, and
3. to take into account social values and subjectivity.

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 regarding 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)*



2: Community-based intervention



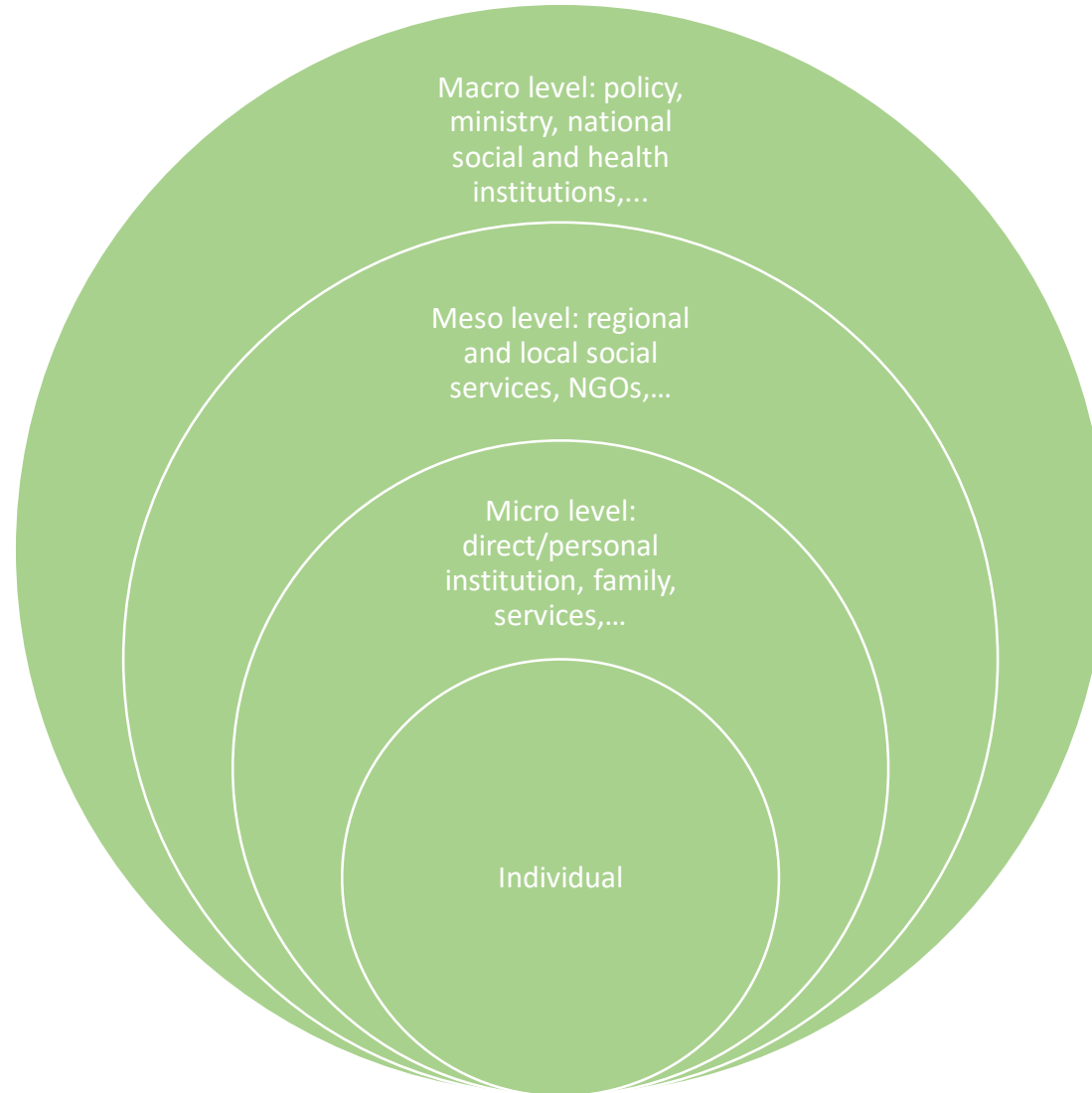
Community-based intervention

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 resiliences.

Characteristics

- Strengthens natural supports (self-care, family, friends,...) and systems
- 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 supports

Community-based intervention



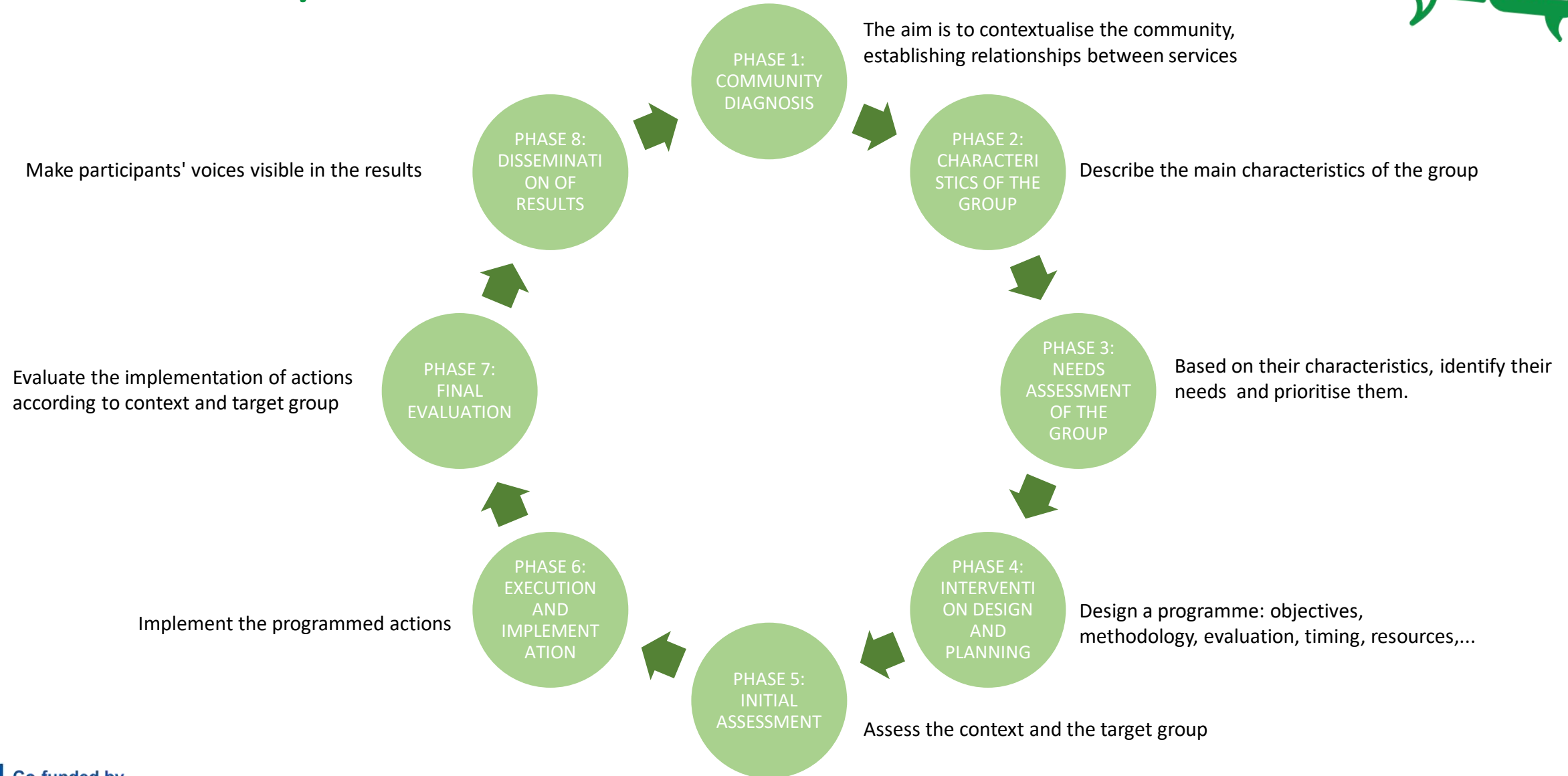
Community-based intervention



*This 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, 2021: 3)*

Community-based intervention: Phases



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 marginalizing 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.



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 contribute in decision-making, to be involved in processes and to exchange experiences.



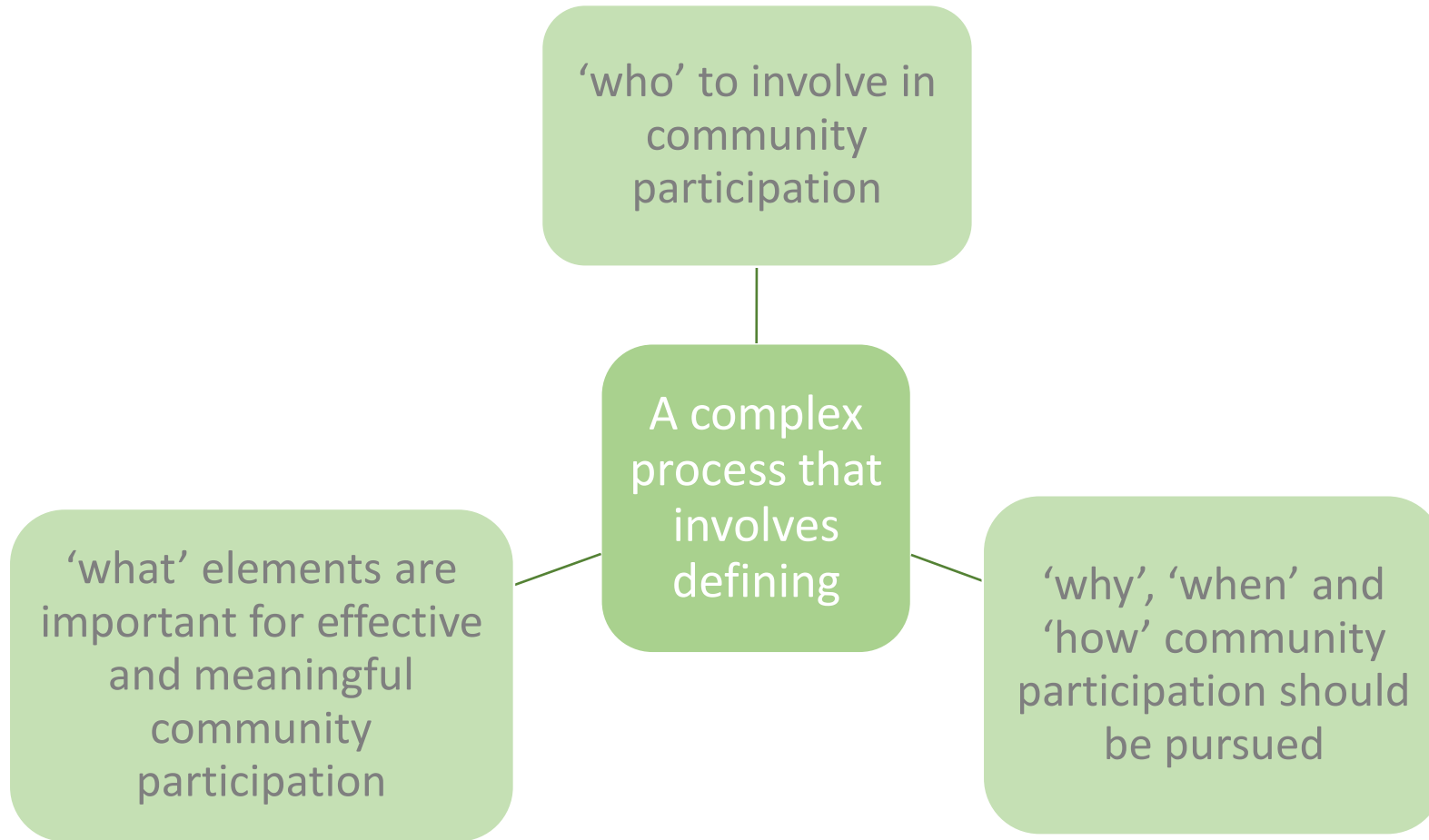
Community participation is active group participation or participation of a person as a representative of the group in activities where they not only provide ideas but are also involved in the intervention.

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.

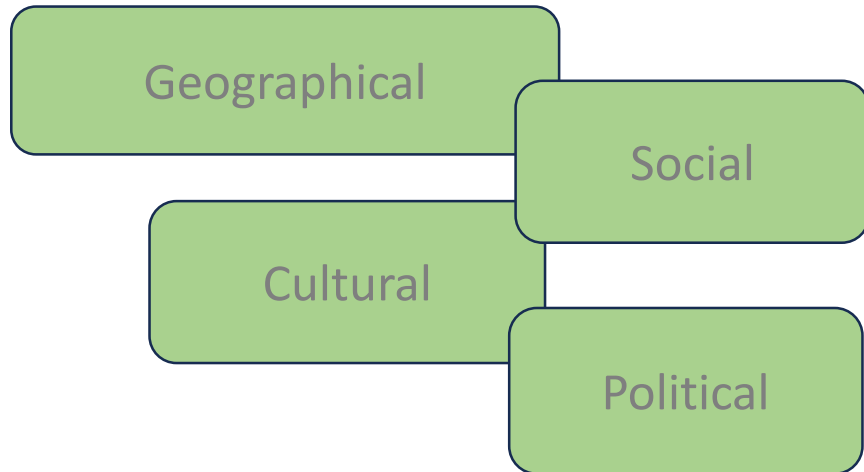
Participation: a complex process



Participation: contextual factors that condition giving voice to the whole community



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

Participation



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.



In the links below are experiences on participatory methodologies that may suggest some more ideas:

<https://dx.doi.org/10.5027/psicoperspectivas-Vol13-Issue2-fulltext-399>

<https://doi.org/10.1016/j.gaceta.2020.08.001>



Participation



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

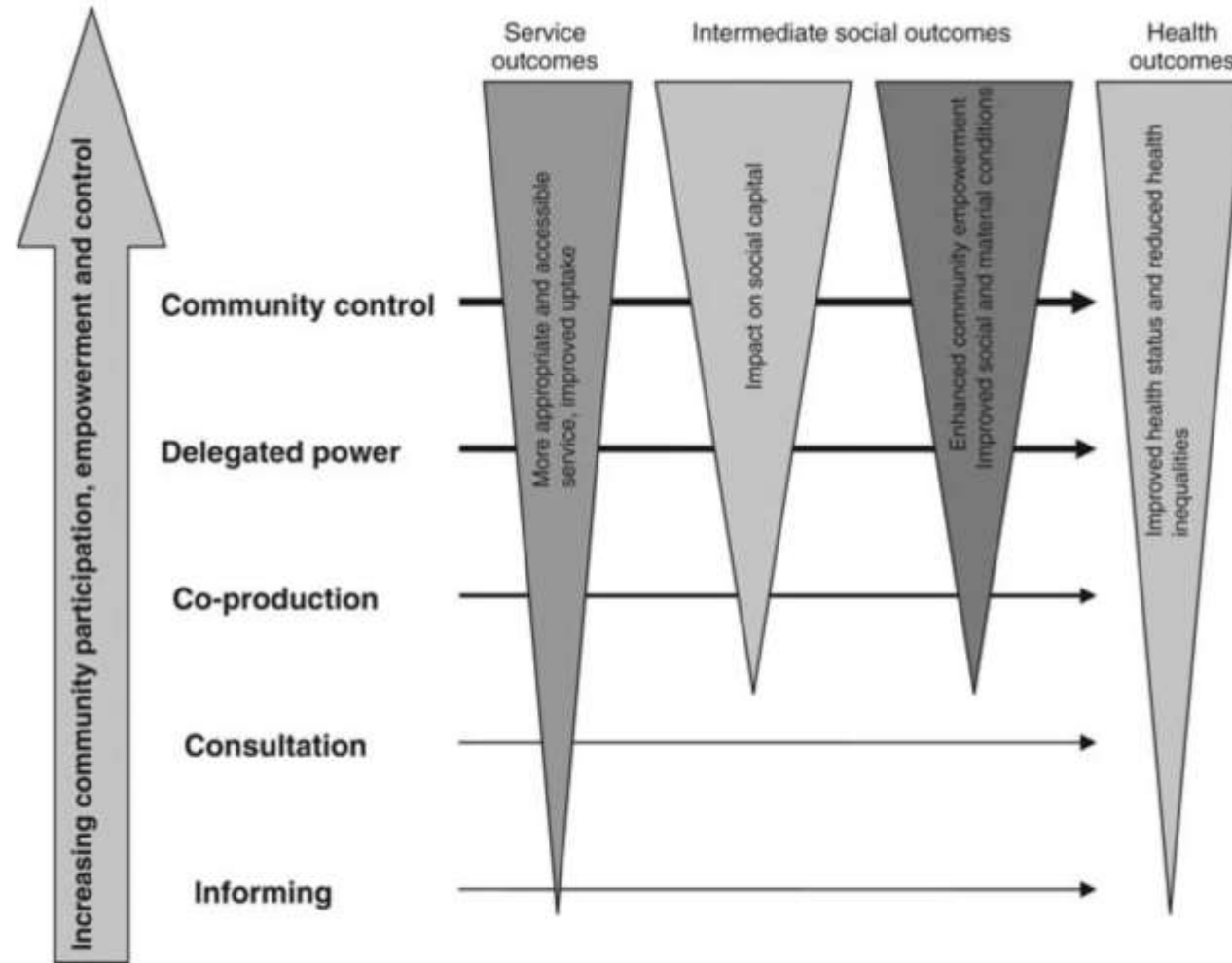
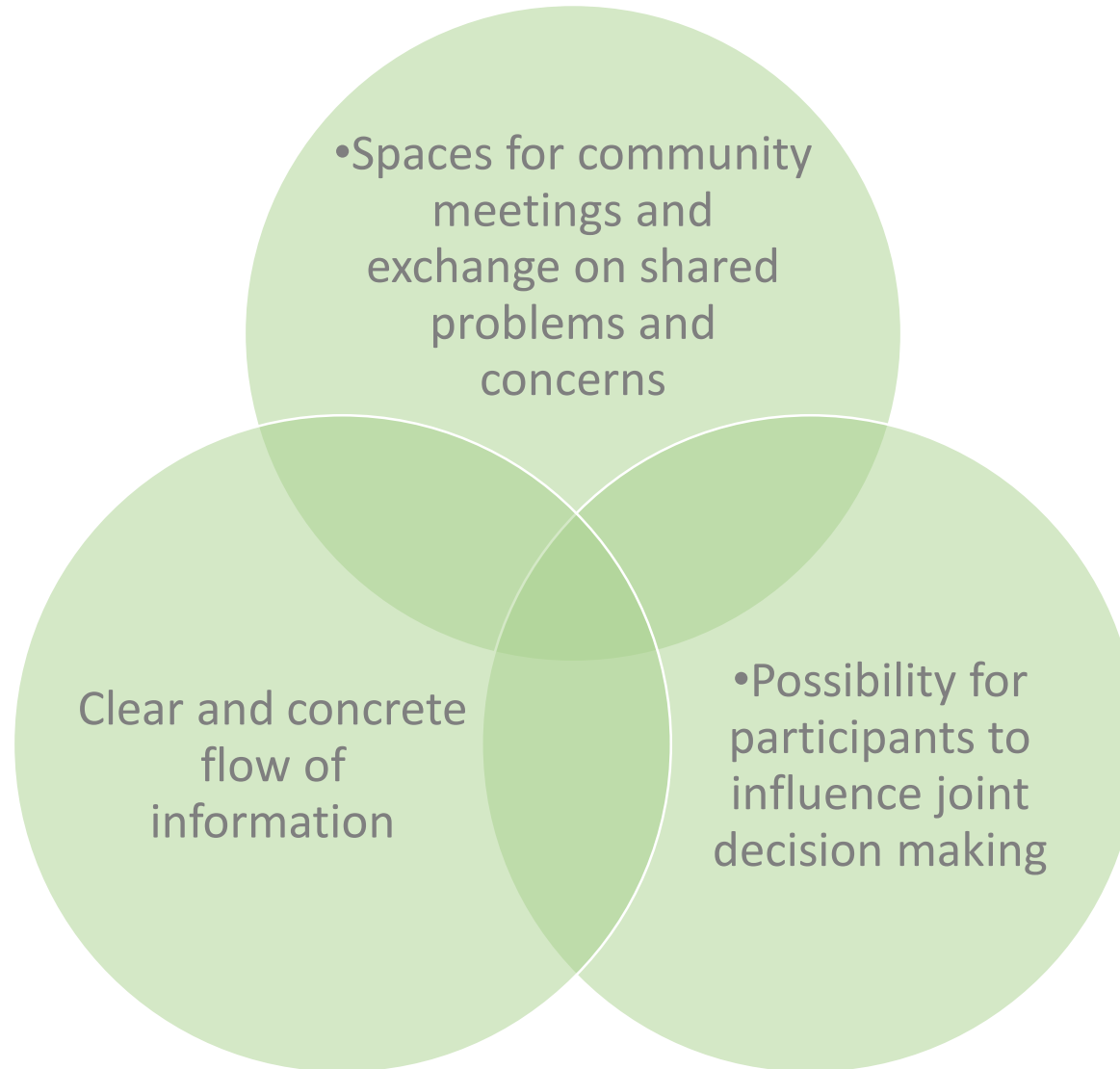


Figure 1 Pathways from community participation, empowerment and control to health improvement (Popay, 2006)

Axes to encourage participation





4: Activities



Activities



1. WHO proposes the “Integrated and responsive care” action in its Comprehensive Mental Health Action Plan 2013–2030 (WHO,2021a.) For its implementation, it proposes some options (page 24.

<https://www.aidsdatahub.org/sites/default/files/resource/who-comprehensive-mental-health-action-plan-2013-2030-2021.pdf>).

Please select five options and prioritise them according to your area of work

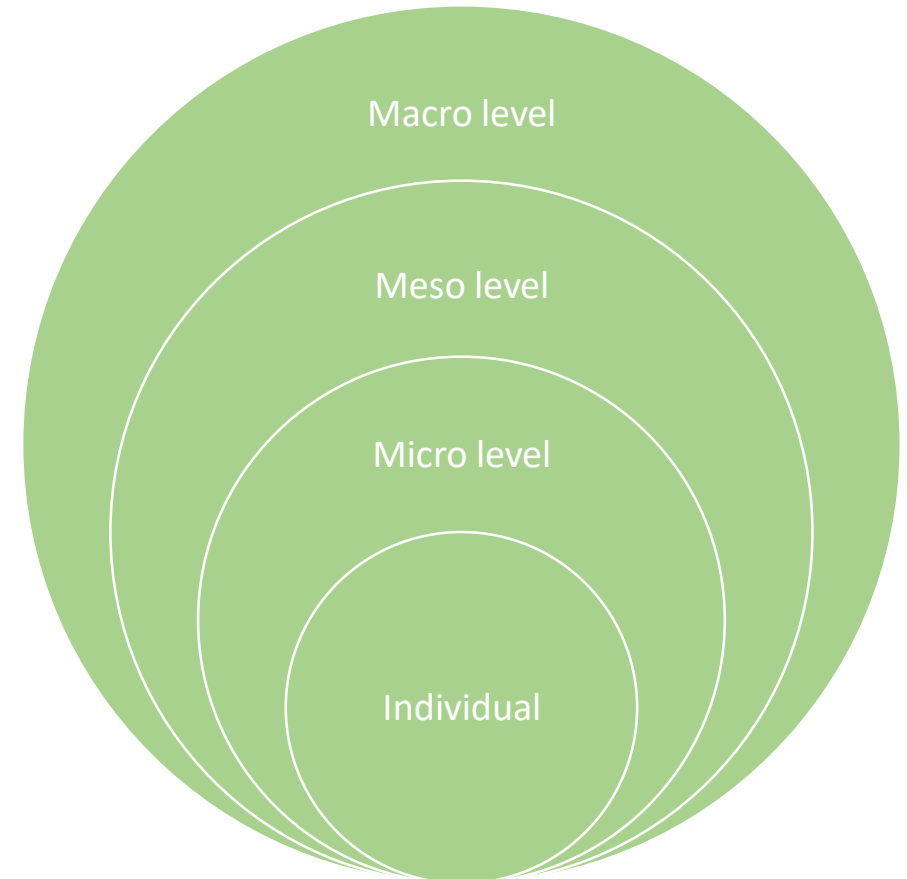


Activities



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

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



Activities



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 your answer.

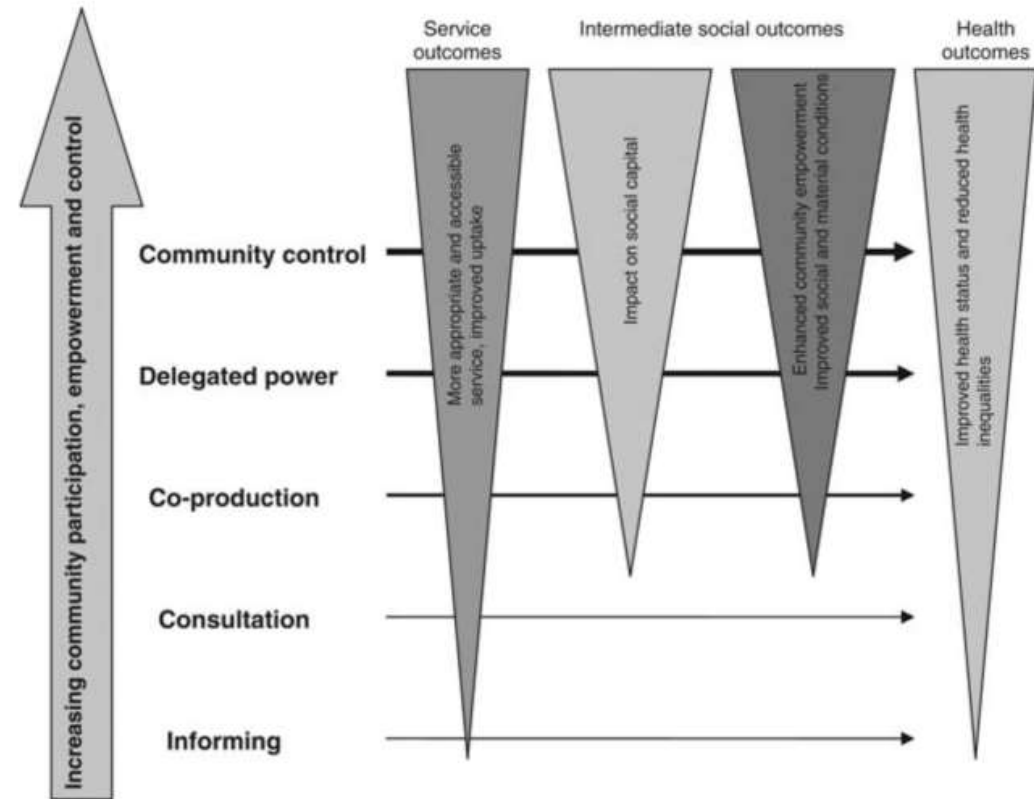


Figure 1 Pathways from community participation, empowerment and control to health improvement (Popay, 2006)

References

References



- Bang, C. (2014). Estrategias comunitarias en promoción de salud mental: Construyendo una trama conceptual para el abordaje de problemáticas psicosociales complejas. *Psicoperspectivas*, 13(2), pp. 109-120. <http://www.psicoperspectivas.cl> doi:10.5027/PSICOPERSPECTIVAS-VOL13-ISSUE2-FULLTEXT-399.
- Fernández, A, Serra, L. & Grup d'ones Radio Nicosia (2020): Vida comunitaria para todas: salud mental, participación y autonomía. Informe SESPAS 2020. *Gac Sanit.* 2020;34(S1), pp.34–38. <https://doi.org/10.1016/j.gaceta.2020.08.001>
- Gilmour., J. (2014). Positive mental health and mental illness, Health Reports (vol. 82-003-x). Ottawa, Ontario : Statistics Canada.
- Leh Hoon Chuah, et al (2018). Community participation in general health initiatives in high and uppermiddle income countries: A systematic review exploring the nature of participation, use of theories, contextual drivers and power relations in community participation. *Social Science & Medicine* 21, pp 106–122. <https://doi.org/10.1016/j.socscimed.2018.07.019>
- Manjula, M. (2015). Community-Based Mental Health Interventions in Adolescent. DOI: 10.1007/978-81-322-2241-5
- Milton, B.; Attree, P.; French, B. ; Povall, S.; Whitehead, M. and Popay, J. (2012) The impact of community engagement on health and social outcomes: a systematic review. *Community Development Journal*, Vol. 47, No. 3 (July), pp. 316-334 Published by: Oxford University Press Stable URL:

<https://www.jstor.org/stable/10.2307/26166036>

References

- Mulvale, G. & Bartram, M. (2015). No More “Us” and “Them”: Integrating Recovery and Well-Being into a Conceptual Model for Mental Health Policy. *Canadian Journal of Community Mental Health*, vol. 34, no. 4, pp. 31-67. <https://www.cjcmh.com/doi/10.7870/cjcmh-2015-010>.
- Settipani, C.A., Hawke, L.D., Cleverley, K. et al . (2019). Key attributes of integrated community-based youth service hubs for mental health: a scoping review. *Int J Ment Health Syst* 13, 52.
<https://doi.org/10.1186/s13033-019-0306-7>
- Stomski, N.J. & Morrison, P. (2017). Participation in mental healthcare: a qualitative meta-synthesis. *International Journal of Mental Health Systems*, 11:67, pp. 1-11.
<https://doi.org/10.1186/s13033-017-0174-y>
- 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.
- WHO (2021a). Comprehensive mental health action plan 2013–2030. Geneva: World Health Organization
- WHO (2021b). Guidance on community mental health services. Promoting person-centred and rights-based approaches. Geneva: World Health Organization



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