

Mental Health 2020: An ecological approach to mental health promotion in learning and care communities - Imagine Inclusion, UK

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Introduction:

In this research we gained the views of adolescents about mental health promotion in secondary schools in England, the UK. A liable design, using self-contained focus group methodology explored views of 26 adolescents. There exists a absence of research literature devoted to informing mental health practice in rural areas. However, what brief research that does exist surrounding children's mental wellness in rural places describes mental health programs as being smaller, under-served versions of their urban counterparts (National Association for Rural Mental Health, 2001). Mental health co-partnership in rural areas is a clear need and an ongoing challenge. This study aims to report these concerns by reviewing relevant theories, analyzing one rural community's mental health needs, and identifying next steps in mental health service delivery for this community. A funnel approach structured five focus groups, each consisting of between three and eight adolescents. Semi-structured questions were asked in an informal, child-centred environment. Mental health collaboration in rural areas is a clear need and an ongoing challenge. However, there has been a dearth in the research literature devoted to informing mental health practice in rural areas. This study aims to address this gap by reviewing relevant theories, analyzing one rural community's mental health needs, and applying relevant literature. A constructivist grounded theory analysis enabled categories and theory to emerge. Theoretical concepts were mapped onto an ecosystems model (Bronfenbrenner, 1979, *The ecology of human development: Experiments by nature and design*, Cambridge, MA: Harvard University Press) resulting in an ecological framework for mental health promotion in school communities working at three levels: Macro, Meso and Micro. The research concludes that for schools to promote mental health, society and school communities need to provide active listening cultures and an inclusive ethos to embrace mental health promotion. A need arises for adults to have knowledge and understanding of child and adolescent development, identity and the importance of relationships.

Objectives: We review recent community interventions to promote mental health and social equity. We define community interventions as those that involve multi-sector partnerships, emphasize community members as integral to the intervention, and/or deliver services in community settings. This paper describes how socio-ecological theory and a syndemic health systems and public health approach may help address the plight of youth in situations of political violence and humanitarian emergencies. We describe the treatment gap caused by discrepancies in epidemiological prevalence rates, individual

and family needs, and available human and material resources. We propose four strategies to develop a participatory public health approach for these youth, based on principles of equity, feasibility, and a balance between prevention and treatment. The first strategy uses ecological and transgenerational resilience as a theoretical framework to facilitate a systems approach to the plight of youth and families. This theoretical base helps to engage health care professionals in a multisectoral analysis and a collaborative public health strategy. The second strategy is to translate pre-program assessment into mental health and psychosocial support (MHPSS) priorities. Defining priorities helps to develop programs and policies that align with preventive and curative interventions in multiple tiers of the public health system. The third is a realistic budgetary framework as a condition for the development of sustainable institutional capacity including a monitoring system. The fourth strategy is to direct research to address the knowledge gap about effective practices for youth mental health in humanitarian settings. We examine literature in seven topic areas: collaborative care, early psychosis, school-based interventions, homelessness, criminal justice, global mental health, and mental health promotion/prevention. We adapt the social-ecological model for health promotion and provide a framework for understanding the actions of community interventions.

Results: There are recent examples of effective interventions in each topic area. The majority of interventions focus on individual, family/interpersonal, and program/institutional social-ecological levels, with few intervening on whole communities or involving multiple non-healthcare sectors. Findings from many studies reinforce the interplay among mental health, interpersonal relationships, and social determinants of health.

Conclusions: There is evidence for the effectiveness of community interventions for improving mental health and some social outcomes across social-ecological levels. Studies indicate the importance of ongoing resources and training to maintain long-term outcomes, explicit attention to ethics and processes to foster equitable partnerships, and policy reform to support sustainable healthcare-community collaborations.