



Transformative Community Mental Health: Perspectives from Portugal and Europe

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Abstract

In the context of the agreement protocol celebrated between APA (American Psychological Association) and OPP (Ordem dos Psicólogos Portugueses) was held in San Francisco, for the 156th edition of APA annual convention an invited symposium. Were invited speakers the first two of authors of this paper, and the symposium held this same title: *Transformative community mental health: perspectives from Portugal and Europe*.

This symposia was chaired by Amanda Clinton, Director of the Office of International Affairs from APA and was registered the presence of some of the representative from European Associations of Psychologists (including the delegation of OPP), and the presence of the Portuguese diplomatic representation in San Francisco, represented by the Consul General of Portugal in San Francisco.

This brief note aims at synthetizing the main ideas flowing from this debate, highlighting the importance of having two Portuguese researchers reporting not only the contemporary views on prevention and promotion but also successful case studies from Portugal and from Europe in the area of *Transformative Community Mental Health*. Some aspects of the trajectory of scientific knowledge in recent decades and their impact on interventions in the area of Psychology, Public Health, Mental Health and Public Policies will be highlighted, and three case studies related to successful psychological interventions and three successful national public policies will be shortly discussed.

Keywords: health promotion, prevention, transformative mental health, public policy

Introduction

Is something wrong with Prevention?

In the context of the agreement protocol celebrated between APA (American Psychological Association) and OPP (Ordem dos Psicólogos Portugueses) was held in San Francisco, for the 156th edition of APA annual convention an invited symposium whose invited speakers were the present report authors, holding the title of this paper: *Transformative community mental health: perspectives from Portugal and Europe*.

Two decades ago *prevention* focused mainly on avoiding risks and keeping people away from situations that could anyhow harm them or their social or physical environment, while *promotion* was meant to increase their behavioural capacity in order to cope with life challenges with minimum harmful effects; in the last couple of decades this twofold view was challenged and *Promotion and Prevention* began being considered as two sides of the same coin, both necessary for personal positive development and for the enhancement of individual perception of well-being and social engagement (Zeldin, Kimball, & Price, 1995; Matos, 2015; Matos & Simões, 2016).

Other authors have considered that there could be two different paths to individual healthy and positive development: via *promotion* and via *protection*, depending on the exposure (or not) to risk by the target population. A *resilience* approach (after risk exposure) and a positive *development* approach (when there was no risk exposure) (Kia-Keating, Dowdy, Morgan, & Noam, 2010) featuring two routes: 1) the *Protection* route, in order to overcome vulnerabilities, and 2) the *Promotion* route, promoting *assets* that lead directly to a positive and healthy development. This model combines resilience and positive development in the same theoretical framework, including on board individual factors, family,

community and cultural education, and outlining areas of development that are relevant both to promotion of people's healthy and positive development and to protective/preventive interventions, and that should influence public policies (Kia-Keating et al., 2010).

Another effort of integration was referred to in literature from a systematic review of effective programs (Michie, van Stralen & West, 2011). The "*Behaviour Change Wheel*" intends to answer the question: "*which social/environmental and internal conditions does an individual need to change and to enable behavioural changes?*" and the authors claimed that this characterization system can be applied to any intervention. The system COM-B suggests that if a behavioural change is to happen, some components are required: *Capacity/ Competence*, that is the physical and psychological capacities to change behaviours, especially knowledge and competence; *Opportunities*, the external factors that may interfere and that have to be timely identified by people, enabling their use and advantage, and *Motivation* that is the intention and eagerness to act that may be increased when Competences and Opportunities exist and are properly identified and used. The *Behaviour Change Wheel* reinforces the role of context (*Opportunities*) as a key factor for the design and implementation of successful interventions. *Capacity/ Competence*, *Motivation* and *Opportunities*, are all relevant to promotion of people's healthy and positive development and to protective/preventive interventions and should influence public policies.

This integrated approach focuses on searching "alternatives", promoting "well-being", enhancing "personal and social skills", and capabilities considering the person as a whole and not just reducing the person to "vulnerabilities" (Bandura, 2012; Matos & Simões, 2016, Sacchetto, Ornelas, Calheiros & Shinn, 2018). In the field of health, the "*Model of Assets in health*" described by Morgan et al. (2010)

includes the mapping of resources of each community, its strengths and abilities, both individually and collectively (Kretzmann & McKnight, 1993) and claims an increasingly participation from the target populations (Staines et al., 2014; Matos, 2015; Matos & Simões, 2016; Matos et al, 2016; Matos et al., 2017).

Promoting *competence, motivation, opportunities and positive expectations* is now considered the best prevention strategy, making *prevention and promotion* two sides of the same coin. The approaches based on positive aspects of people individual and social functioning are preferred and considered more effective in various contexts including the mapping of resources of each community, both individually and collectively. It also aimed at the increasingly progressive participation of populations, generating and validating knowledge from a diversity of sources, and multilevel of analysis, establishing clearer links among theoretical formulations, and the practice of well-being promotion (Maton, 2008, 2017).

Yet prevention and promotion are considered the “poor relative” of Psychological Sciences, and both professional and graduate students appear to fear to follow this area presenting reasons such as low funding, difficult research designs, poor short-term results, etc. The situation is however changing, with EFPA (European Federation of Psychologist’s Associations) putting a big focus and support on the area, and holding a specific Board (Board of Prevention and Promotion

- <http://preventionintervention.efpa.eu/introduction> devoted to this subject and with national Associations supporting its relevance-

<http://recursos.ordemdospsicologos.pt/programas> .

What is well-being?

Well-being vary across cultures and historical moments, yet various

research (Matos et al, 2015; Matos et al, 2012; Matos et al, 2016; Matos et al, 2017) have associated well-being to favourable situations in the family, school, peer group (favouring social contact with social diversity) and community (fostering autonomy and social engagement). Moreover, well-being is associated with low risk behaviours (violence, substance use, overweight, mental and physical symptoms, injuries, school dropout and academic failure, sleep problems, poor nutrition, sedentary behaviour).

Promoting well-being seems therefore to be an effective procedure to low adverse situations such as substance use, school failure and social disengagement or even xenophobia order to increase public policy interest, necessary to program recognition and sustainability, program results and program proposals must include costs, and cost benefits (“value-for-money”). In community-based intervention, a low cost produce great impact and changes, regarding populations’ well-being and social engagement. Politicians must know this in order to better cherish community –based intervention in their work plans.

Finally, there is a clear need to look at ecological frameworks that guide professionals and that link the theoretical models, the values and the principles to consistent procedures and practices. The core values to support the implementation of sustainable programs and practices that are effective in promoting people’s integration are related with the sense of community that refers to the perception of belongingness, interdependency and mutual commitment that links individuals to the contexts (MacMillan & Chavis, 1986); the respect for human diversity that recognizes and values the variety of communities and social identities based on gender, ethnic identity, sexual orientation, ability of disability, socio economic status and income, age or any other characteristics; people Empowerment, considering empowerment as a multilevel

construct by which people, organizations and communities gain mastery over their affairs and control over their choices on how to live their lives (Miguel, Ornelas & Maroco, 2015; Jorge-Monteiro et al., 2014); and the Citizen Participation which is a strategy for exercising this power and it refers to the processes by which individuals take part in decision-making within institutions, policies or programs that affect them. Collaboration and Community Strengthening involves the collaborative relationships among psychologists and citizens within community interventions and research procedures. Finally, Social Justice that refers to fair equitable allocation of resources, opportunities and power in a society as a whole.

Were analysed during this symposium, three case studies and three public policies that presented a high degree of impact, with this “value-for – money” perspective, and transformative community mental health promotion.

Selected successful case studies

- 1) *The DREAM TEENS project – A youth participatory action-research project (Matos, 2015; Branquinho & Matos, 2018; Branquinho, Cerqueira, Ramiro, & Matos (2018)*

An action-research participatory project was developed with Portuguese youth, to provide them with a support structure so that their ideas could be heard, and their social participation and engagement could be promoted, in the areas of health, well-being and active citizenship.

One hundred forty seven youth participated in the project. They were trained and supervised by means of technologic virtual platforms (Facebook, email, SKYPE) so as to develop own social participation projects in 6 areas related to health, education and well-being. After four

years, a set of interviews and focus groups and a questionnaire were held. The main results are that the young people "voice" was stronger and more heard in subjects related to friends and society in general, (while not so “heard” in schools and by the local authority), and young people self-perceptions have improved significantly, as well as their involvement in leadership activities and their future expectations. This project has costed 0, 34 euros per year and per target person.

- 2) *Deinstitutionalization in Mental Health (Ornelas; Vargas-Moniz; Bruges-Costa, (2013). Ornelas, Duarte & Jorge-Monteiro, 2014)*

In mental health system reform, Portugal was one of the last countries in Western Europe to close Psychiatric Hospitals. In 2011 the Hospital Miguel Bombarda in Lisboa (1842-2011) (Ornelas, Duarte & Jorge-Monteiro, 2014) was closed with the transition for the community of the last 24 elders with an average age of 75, and more than 40 years of institutionalization.

Transformative approaches in Community Mental Health imply the focus on the expansion and strengthening of the natural support networks nor the social participation of the people who experience mental illness. The persistent observation that people are physically in the community, but are not a part of the community is still recurrent in Community Mental Health programs and services (Nelson, Kloos, & Ornelas, 2017). Political reform documents, community theories and models have evolved and produced impacts in the services, but still efforts are needed to develop effective interventions, more capable of producing results in terms community participation and citizenship of the people experiencing mental illness (Sacchetto et al., 2018), and include a mental health promotion approach to community intervention.

- 3) *The HOME_EU Project and the integration of Long-Term Homeless people in Europe through housing and support* (Ornelas, Martins, Zilhão, Duarte, (2014). *Vargas-Moniz & Ornelas, 2018*)

There is increasing empirical evidence that supports the effectiveness of supported housing approaches in the field of mental health, to people with disabilities and with people within extreme social isolation situations, as an alternative response to institutional residential programs, such as transitional halfway houses, group-homes or congregate residential settings, and furthermore, research has demonstrated that independent housing, compared with congregate residential programs, provides better outcomes in terms of housing tenure over time, housing satisfaction, reduction of hospitalization, and quality of life (Cheng, Lin, Kaspro, & Rosenheck, 2007; Goering and Steiner, 2014).

The argument of favoring individual, scattered, and permanent housing as strategy generating transformative change in Community Intervention is the core idea of the HOME_EU Project (2016-2019), is a consortium of 12 partners of eight EU Countries. This Project probes to theorize and empirically corroborate, with service users, professionals, political documental analysis and European Citizens, the concrete impacts of Housing First programs for people in long-term homelessness situations that go beyond the household, and include the community life, social support, community participation, empowerment, and the collaborative support of professional teams implementing service systems focused in community integration. The preliminary results of the First Stage of data collection, with 573 service users (n=329 currently homelessness, compared with people in Housing First Programs, n= 244), with 13 measures translated into eight European Languages), that indicate that of the 573 homeless services users (Housing First =

244 and Staircase services = 329). The Housing First participants report significant differences in housing stability and quality, higher levels of choice and satisfaction with support services, and we already may conclude that Housing First promotes higher levels of individual recovery and community integration.

The 200 professionals already involved report that there is a need to advocate for permanent housing, independence and self-determination of users, the focus on social integration and more aspirations for the potentials and capacities of service users.

The EU Citizens opinions (N= 5631 in 8 countries), indicate that 76% of the EU Citizens consider the governmental expenditure too low, in most countries people reported to have a poor knowledge on Homelessness and about the potential solutions, and in countries such as Portugal more than 50% of the participants reported that the government expenditure for existing services was inefficient. This project advocates for a promotion of health and mental health of the homeless population a completely resolvable social problem with the scope on housing and health promotion through social integration.

Successful National Public Policies

- 1) *SICAD- Interventions on Addictive Behaviours and Dependencies* (Goulão, 2018)

SICAD is a Portuguese public service, which is an international reference in the area of addictions. Aims at promoting the decrease of psychoactive substance use, preventing addictive behaviours and decreasing addictions. (<http://www.sicad.pt/pt/Paginas/default.aspx>)

The Portuguese national policy regarding drugs and drug abuse is a recognized best practise. In the area of prevention and harm reduction there is a well-established program regarding from one-side

interventions (informative and formative) in schools and in the community, and a needle replacement program in pharmacies. From 2006 to 2015, there was an increase in the evolution of VIH and AIDS in general, yet it was observed a systematic and significant decrease in the VIH and AIDS cases associated with injected drug use. This contrasting situation is to be read as a positive result of preventing VIH/AIDS associated to injected drugs use, by means of needle replacement. Moreover, there was, from 2006 to 2011 a decrease in the percentage of Portuguese adolescents from 11 to 15 years old that used marijuana (once), as was observed by the national study HBSC (Health Behaviour in School aged children, in 2006, 2010 and 2014 (Matos et al, 2006, 2012, 2015 at www.aventurasocial.com). This result can be read, at least partially, because of massive preventive interventions in schools. This project has costed 0,38 euros per year and per target person.

2) *Interventions increasing parental schooling: New opportunities (Capucha, 2012)*

In the area of adult education was held a program aiming at promoting lifelong learning and schooling among adults. The New Opportunities Program included different policy measures specific in the field of adult's education, like a system of validation, certifying and certifications of competences, education and training courses and modular certified training units. Between 2006 and 2011, 1,5 million adults were included and benefit from this measure, 700.000 of whom improved their school grades. More than 450 New Opportunity Centers managed by schools, training centers, companies, associations, local governments and other institutions, ensured the necessary proximity to the under qualified and under certified workers in Portugal. In parallel, considering HBSC study (Matos et al, 2015) adolescents (the generation of sons from the population

targeted by New Opportunities) reported an increase in the schooling grade of their father and mother and a decrease of those reporting father and mother without studies or with basic schooling. Furthermore, between 2006 and 2011 there was also a slight decrease in adolescents school failure (repeating school grades) and a relevant improve in schooling results of children whose parents "went back to school" through the New Opportunities Program, according to HBSC National study 2006, 2010 and 2014 (Matos et al 2006, 2012, 2015 at www.aventurasocial.com) This project has costed 0,80 euros per year and per target adult.

3) *Program CHOICES (Calado, 2014)*

Alto Comissariado para as Migrações (ACM/ High Commission for Migrations) is a public agency that has the aim of leading public policies in the area of migrations, according to a tailored program of intervention (<https://www.acm.gov.pt/68>). The program CHOICES /Escolhas (<https://www.programaescolhas.pt/> target children and young people with social vulnerable situations, mainly migrants, refugees and other minority populations. Now-a-days Choices is in its sixth wave and has identified by means of an index of children and youth exclusion risk. Portuguese geographic areas were the problem mainly were- two big cities: Lisbon and Oporto, Algarve (a touristic area) and a pair of areas in remote inland areas. Were developed community-based interventions with a broad target population participation aiming at promoting social engagement and participation; preventing school dropout and social exclusion as well as risk behaviours, between 2006 and 2013 there was a significant decrease in the percentage of school dropout in the referred areas. Furthermore according to HBSC study in 2006, 2010 and 2014 (Matos et al, 2006, 2012 and 2015 at www.aventurasocial.com) there was an increase in migrant school aged populations

mainly from CPLP (Portuguese language migrants) and migrants from Eastern European countries. This positive result has to be read as a result of youth empowering promotional interventions in the community, that focused not only (but also) in school success. This project has costed 0, 54 euros per year and per target child or young people.

Discussion

Challenges for Transformative Community Mental Health; Psychology, Public Health, and Public Policies:

"Powerful" concluding remarks:

1. The focus of preventive or promotion intervention must be in resources and in the positive aspects of the individuals, the situations and the communities and should promote the active participation of the populations, that is the participation of the individuals (which include the opportunity of participation and leadership) and building skills (with emphasis on developing skills for life).
2. There is a minimum of two main paths for a healthy development: protection and promotion. A key starting point is to dismiss the idea that risk is simply the opposite of protection, furthermore, definitions of what constitutes a risk and a protection vary in different cultures, which reinforces the idea that the diversity provided by the meeting of different cultures is a huge window of opportunity for positive development. Programs must be culturally relevant and adjusted and preceded by the identification of the level of preparation and motivation of the communities and people for change, furthermore, programs should preferably be multifactorial and include multiple levels of reciprocal influences and interactions, and must be anchored in sound theoretical models that are evaluated empirically.
3. Well-being vary across cultures and social groups based on gender, age, etc. However diverse research associate well-being to favourable situations in the family, school, peer group (favouring social contact with social diversity) and community (fostering autonomy and social engagement). Moreover well-being is associated with low risk behaviours (violence, substance use, overweight, mental and physical symptoms, injuries, school dropout and academic failure, sleep problems, poor nutrition, sedentary behaviour)
4. In order to increase public policy interest, necessary to program recognition and sustainability, program results and program proposals must include costs, and cost benefits (“value-for-money”). In community-based intervention, a low cost produce great impact and changes, regarding populations’ well-being and social engagement. Politicians must know this in order to better cherish community –based intervention in their work plans.
5. A health promotion approach including mental health is relevant for the design and implementation of innovative services and supports that effectively produce results in terms of social integration, recovery and empowerment of the people in extreme situations.
6. The notions of well-being, both conceptualized and experienced by populations in extreme social situations is relevant as a health and mental health promotion strategy, so that we are able to better understand preventive interventions that effectively avoid the persistence and recurrence of prevailing social problems such as

long-term institutionalization, extreme poverty, homelessness and early death resulting from inefficient support services.

7. There is the need for continuing and persistent advocacy for participatory, collaborative and action research to inform program and policy development, implementation and evaluation.

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