



City Research Online

City, University of London Institutional Repository

Citation: Adisa, O. & McManus, S. Community mental health through a complex systems lens. *The Lancet Public Health*, doi: 10.1016/s2468-2667(23)00080-4

This is the published version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/30315/>

Link to published version: [https://doi.org/10.1016/s2468-2667\(23\)00080-4](https://doi.org/10.1016/s2468-2667(23)00080-4)

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

Community mental health through a complex systems lens



The way a local economy is organised is not often mentioned in mental health research.¹ Researchers are more likely to examine the mental health effects of national trends and policies or individual-level treatments and interventions. When local area variation is considered, it is typically neighbourhood characteristics like population density, crime, or unemployment rate, rather than local systems, values, and activities.² However, in this issue of *The Lancet Public Health*, Tanith Rose and colleagues³ present an ecological study of the Community Wealth Building programme in Preston (UK) and show how the ways local economies are organised matter to the mental health of people living and working there.

Community wealth building originated in Cleveland (OH, USA) and has been adapted to develop resilient local and regional economies in Scotland, Spain, Australia, and the Netherlands.⁴ It is designed to be a people-centred approach to economic development, redirecting wealth back into the local economy, and to give control and benefits to local people and institutions, such as local authorities, health and social care boards, educational institutions, and enterprise agencies.⁵

In 2015, Preston began its own Community Wealth Building programme that aimed to transform procurement policies to support local supply chains, improve local employment conditions and wages, and increase socially productive use of assets.³ Rose and colleagues compare temporal trends in mental health in Preston before (2011–15) and after (2016–19) the introduction of the programme, matched to areas where Community Wealth Building was not implemented. 2011–19 was also a period characterised by national policies of austerity and welfare change in the UK,⁶ including substantial reductions in local authority budgets.⁷ Although Rose and colleagues showed that all the areas studied had a deterioration in the mental health of their communities during this time, the decline was less pronounced in Preston than in the matched control areas. This finding was consistent with Preston's local economic system contributing to a meaningful and measurable improvement in the health of its local population. Further modelling showed the benefits of the Community Wealth Building programme on employment rates (7.2% increase, 95% CI -5.3% to 23.9%), wages

(11% increase, 1.8 to 18.9%), and life satisfaction (9% improvement, 0 to 19.6%).

The mental health metrics used in the analysis were the proportion of local people who were diagnosed with depression or prescribed antidepressants in primary care. Anxiety disorders and psychological therapy are common but were not included, and future research could include indicators of collective community wellbeing beyond the aggregation of individuals, such as social cohesion.⁸ Furthermore, most people with depressive symptoms that are severe enough to warrant intervention are not diagnosed or treated^{9,10} and there are substantial inequalities in who is diagnosed by or receives treatment from the National Health Service (NHS). Health service use as a measure of underlying need therefore risks underestimating inequalities. However, Rose and colleagues found that the Community Wealth Building programme was associated with better mental health and economic benefits in the most disadvantaged neighbourhoods in Preston.³

The structure of societies through social interactions, norms, and institutions affects population health and requires multiple forms of intersectoral policy action.² Complex systems can be challenging both to action and evaluation.¹¹ Although Rose and colleagues are cautious about making causal conclusions from their observational study, the effects of pre-pandemic austerity, the COVID-19 pandemic, and Brexit on increasing health and socioeconomic inequalities require urgent action.

A decade ago in the UK, the Health and Social Care Act 2012 moved statutory duties for public health from the National Health Service to local authorities,¹² which subsequently had their budgets reduced. Finding ways to transition to a wellbeing economy through transforming local systems therefore needs to use multiple local partners, such as employers, health and care institutions, education providers, and public and not-for-profit organisations. There is increasing global interest in rethinking the purpose of the economy. If we are to establish a sustainable wellbeing economy, bold, alternative economic approaches are needed at every level.⁴ Rose and colleagues show that local economic and procurement strategies are a part of this complex

Lancet Public Health 2023

Published Online

April 21, 2023

[https://doi.org/10.1016/S2468-2667\(23\)00080-4](https://doi.org/10.1016/S2468-2667(23)00080-4)

See Online/Articles

[https://doi.org/10.1016/S2468-2667\(23\)00059-2](https://doi.org/10.1016/S2468-2667(23)00059-2)

system, with potential for improving mental health and reducing inequalities in a relatively short time.

We declare no competing interests. The views expressed in this Comment are those of the authors and not necessarily those of their institutions or funders.

Copyright © 2023 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

Olumide Adisa, *Sally McManus
sally.mcmanus@city.ac.uk

Violence and Society Centre (OA, SM) and School of Health and Psychological Sciences (SM), City, University of London, London EC1V 0HB, UK; Institute of Social Justice and Crime, University of Suffolk, Ipswich, UK (OA); National Centre for Social Research, London, UK (SM)

- 1 Naik Y, Baker P, Ismail SA, et al. Going upstream—an umbrella review of the macroeconomic determinants of health and health inequalities. *BMC Public Health* 2019; **19**: 1678.
- 2 Solar O, Irwin AA. A conceptual framework for action on the social determinants of health. 2010. <https://www.who.int/publications/item/9789241500852> (accessed April 14, 2023).
- 3 Rose TC, Dara K, Manley J, et al. The mental health and wellbeing impact of a Community Wealth Building programme in England: a difference-in-differences study. *Lancet Public Health* 2023; published online April 21. [https://doi.org/10.1016/S2468-2667\(23\)00059-2](https://doi.org/10.1016/S2468-2667(23)00059-2).
- 4 Scottish Government. Building community wealth in Scotland. 2023. <https://www.gov.scot/binaries/content/documents/govscot/publications/consultation-paper/2023/01/building-community-wealth-scotland-consultation-paper/documents/building-community-wealth-scotland-consultation-paper/building-community-wealth-scotland-consultation-paper/govscot%3Adocument/building-community-wealth-scotland-consultation-paper.pdf> (accessed April 2, 2023).
- 5 CLES. What is Community Wealth Building? <https://cles.org.uk/community-wealth-building/what-is-community-wealth-building/> (accessed April 14, 2023).
- 6 Wickham S, Bentley L, Rose T, Whitehead M, Taylor-Robinson D, Barr B. Effects on mental health of a UK welfare reform, Universal Credit: a longitudinal controlled study. *Lancet Public Health* 2020; **5**: e157–64.
- 7 Alexiou A, Fahy K, Mason K, et al. Local government funding and life expectancy in England: a longitudinal ecological study. *Lancet Public Health* 2021; **6**: e641–47.
- 8 Bagnall A-M, Southby K, Jones R, Pennington A, South J, Corcoran R. Systematic review of community infrastructure (place and space) to boost social relations and community wellbeing: five year refresh. 2023. <https://whatworkswellbeing.org/wp-content/uploads/2023/01/Places-and-Spaces-Review-Refresh-31-Jan-2023-final-with-logos.pdf> (accessed April 14, 2023).
- 9 Bogdanova N, Cooper C, Ahmad G, McManus S, Shoham N. Associations between sociodemographic characteristics and receipt of professional diagnosis in common mental disorder: results from the Adult Psychiatric Morbidity Survey 2014. *J Affect Disord* 2022; **319**: 112–18.
- 10 Ahmad G, McManus S, Cooper C, Hatch SL, Das-Munshi J. Prevalence of common mental disorders and treatment receipt for people from ethnic minority backgrounds in England: repeated cross-sectional surveys of the general population in 2007 and 2014. *Br J Psychiatry* 2022; **221**: 520–27.
- 11 Rutter H, Savona N, Glonti K, et al. The need for a complex systems model of evidence for public health. *Lancet* 2017; **390**: 2602–04.
- 12 UK Parliament. Research Briefing: Local authorities public health responsibilities (England). 2014. <https://commonslibrary.parliament.uk/research-briefings/sn06844/> (accessed April 14, 2023).