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SPECIAL EDITORIAL

Build it and they will Come

Transforming Mental Health and Fostering Full Potential

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The first phrase in the title “Build it and they will Come¹” is modified from an American film, “Field of Dreams” (1989). It refers to a situation wherein entrepreneurs or imaginative people create something even before knowing who will use it. This special editorial describes an experimental community mental health initiative wherein I along with a few professional colleagues attempted to institute mental health services in an urban slum, where no similar service existed previously. I describe some key frameworks that inform our work.

UNPACKING MENTAL HEALTH

Wellbeing is an important component of mental health. Day to day living in difficult contexts—related to the family, work and environment—challenges one’s wellbeing. Each individual uses different ways to meet life challenges and maintain wellbeing. Stress is a part of everyone’s life and while some stress is good, there are times, when it becomes unmanageable. Wellbeing encompasses all strategies that facilitate coping with challenges related to stress, as well as building resilience. Therefore, both ‘coping and building resilience’ underpin wellbeing and thus mental health. This forms the essence of the frameworks used.

Mental health is synonymously viewed with mental illness. While they are two sides of the same coin, viewing them with the same lens is myopic. Mental health is defined by the WHO (2003) 'as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities' (p. 7). In the mental health sector, adequate emphasis is given to wellbeing and coping with stress. The oft forgotten components related to recognising one's abilities, working productively and fruitfully, and contributing to community life are given less attention. It is important for individuals to discover and use their potential/s to make life more meaningful and holistic. In doing so, the individual fosters a climate for others to function in a similar way. I believe that by fully functioning in different areas of life, each person strives to accomplish a feeling of being happy, healthy and safe, and thereby, creates inclusive spaces for all people. In doing so, the individual establishes and maintains good relationships with his/her social network, and thus enhances his/her wellbeing. However, typically for a person living with mental illness, this aspect of social connectedness is hampered thus leading to emotional and behavioural disturbance.

Often, the key components of wellness in the definition of mental health are ignored while attempting to explain mental illness, and while providing services related to treatment or recovery interventions. Further, the illness comes in the way of utilising the opportunities and capacities of a person to draw on inner resources. During recovery, the person has the potential to go beyond these limitations in order to realise his/her capacities to contribute meaningfully, as wellness and illness are fluid and fluctuate. The focus of this editorial is to unpack the definition of mental health given by the WHO and maintain wellness in this fluid state. The editorial would focus specifically on the terms — recognize their abilities, work productively and fruitfully, and make a contribution to their communities that serve as anchors for both coping with mental illness as well as building resilience.

Inner capacities or abilities can be used only after they are recognised. Hence, the skill of discovering and using one's abilities are crucial in influencing the mental health of an individual. Discovering the true meaning and purpose of one's life is perhaps one of the most crucial meaning-making attempts towards which human beings can strive. The true purpose of one's life is to manifest one's innate values/wisdom

that is universally present and leaves nobody out. This propels one to contribute significantly and meaningfully in a way that allows the individual to manifest his/her inner potential, and create spaces for others to manifest their inner capacity and their greatness. However, people tend to forget this in a state of illness, or when preoccupied with material pursuits.

Working productively and fruitfully is one common way of making meaning in life, as promoted in the definition of mental health given by the WHO (2003) and this can be interpreted subjectively by the person. Work gives people an identity and a purpose to live for, which contributes to overall experiences of wellbeing. Therefore, this is central to ascertaining the mental health status of a person. Contributing to society in any manner, such as volunteering to distribute supplies to marginalised communities during the pandemic or monitoring the clean upkeep of the street is another way to harness the full potential and inner capacities or abilities of a person. When this happens, I opine that it adds to the meaning that is created by 'being of use to society'. Work is also related to one's self-esteem and social status (Brown and Lent, 2013). Self-esteem is connected to anchoring oneself in what one cares about. Work occurs in a socio-cultural context that determines what is considered as work, who performs what kind of work and where, what is the remuneration that each kind of work merits, and so on (Chalill, 2015). Being engaged in work, paid or unpaid or care work contributes to meaning making (to being productive and fruitful in one's endeavours) and social connectedness (this is disrupted in the context of a mental illness), which in turn influences wellbeing.

All the components in the definition are vital to establishing the self-worth of the individual vis-a-vis, realising one's abilities, coping with stress work productively and fruitfully, and making a contribution to one's community. An imbalance in any one of these affects the person's ability to maintain wellbeing and disturbs his/her mental health. The ecosystem in which the individual lives influences the expression of the abilities, work outputs and contribution to communities.

Local cultural practices pertaining to mental health influences the range of activities a person undertakes to maintain mental health. These activities range from daily tasks at home, work, recreational and social routines, being of service (assistance) to others, and in all spheres of bio, psycho, social and spiritual aspects of life. Mental health or illness occurs in a social context, and this is a complex intersectional space. The social context is

intertwined and complex and needs to be disentangled to understand its nuances. Nayar (2019) opines that the social space that a person lives in is a 'complex ensemble of factors that contribute to the construction of social space' (p. 34) in which people act out social roles. She weaves the intersections of the macro and micro factors and its influence on behaviour, which is an important component of mental health. She traces the relationship between the 'macro factors — social, cultural, economic and political, and the micro factors — household, neighbourhood, relationships' (p. 226), to inform how this influences construction of mental health. The meaning that we attribute to the interrelationship of these macro and micro factors informs the way we deal with it. Nayar (2019) contends that 'meaning-making needs to be critically evaluated as a political tool that reworks experience so that it conforms to the demands of power' (p. 227). Therefore, the social structures, cultural norms and systems that we live in influence the way mental structures function. More often than not, they are spirit breaking and disempowering, thus depriving a person the opportunity to challenge them; and yet, experience adversities while dealing with them.

Moving from Illness to Resilience

Mental health and mental illness are concepts that depict wellness and illness, both of which are associated with wellbeing. Mental illness is not only complex, but is also rooted in social and cultural norms and practices that entangles not only the person with the illness, but his or her family too. This adds to the complexity of the illness and causes confusion and limits the functioning of the person. Despite the person being able to manifest abilities, the unworkable and the restrictive opportunities within the system pose barriers to maintaining wellness and resilience. My colleagues and I found it possible to actualise the concepts of the WHO through adopting the Conscious Full Spectrum Response Model and the Realise and Respond Framework (Sharma, 2017). This is primarily because we found an alignment in simultaneously being able to source universal values and realise abilities; deal with the complex intersections of mental illness; other discriminating norms and the systemic factors; and generate a result towards resilience. When we are able to do this, we can transform the way mental health and mental health problems are addressed in our community. As stated earlier, viewing mental health from a deficit model is limiting. Interventions based on this view focus on fixing the problem, rather than amplifying what has worked well for the individual

to realise and manifest what the person is capable of. In my view, the missing link in mental health interventions is the focus on how to realise the potential of people even when ill to maintain wellness.

Community mental health emerged as a response to mental illness pathologizing, institutionalisation and stigma. It became a route to make mental health the responsibility of all and inclusive in its approach. Sapouna (2012) reviewed Foucault's *Madness and Civilization: A History of Insanity in the Age of Reason* published in 2001 and traced the historical journey of madness. The author states that Foucault argued that 'during the Middle Ages and the Renaissance, madness was part of everyday community life and was not excluded from society.....with the mad having a culturally significant role to play in society' (Sapouna, 2012: 613). Sapouna (2012) argues for perspectives that do not promote the 'expert truth' (p. 614) which silence and invisibilise people with mental illness and 'may compound, exacerbate and even cause further deep distress' (p. 614), but calls for the use of approaches that honours the experiences of people with mental illness, as 'they are engaged in all aspects of their own recovery' (p. 615). Given that there have been instances where some people living with mental illness have shown prowess to play a significant role 'culturally' in a society, there is scope for us to experiment in this domain. When the person living with mental illness is in the process of getting well, the ability of the person to contribute to the environment is much higher, provided such opportunities are co-created for nurturing and growth. Work is one of the entry points for contributing to one's growth and, therefore, the society by enhancing the Gross Domestic Product, besides offering skills for development.

Giving primacy to the experiencing aspect of the person with mental illness in recovery, entails that attention is paid to the 'well' part of the individual, and amplified to reinforce recovery. To illustrate, a young lady with mental illness, had to drop out of university as she found it difficult to support herself. The social worker encouraged her to use her agency and inner capacities to explore various work options. With the social worker's guidance and encouragement, the young lady found a job as a craft teacher, which she enjoyed. This enabled her to chalk out her recovery path with regular intake of medication and active engagement in her work. In doing so, she discovered and realised her potential and purpose in life and could contribute meaningfully to her family. Work, thus, facilitates the process of recovery (Chalill, 2015). Thus, during the process of recovery, the young lady turned her attention away from her

clinical symptoms to her work, which brought meaning to her life and aided recovery. For this to materialise, the social worker and the lady had to design the work engagement differently (by choosing a job that enabled her to bloom, contrary to the expectations of the family) and build her recovery path.

Perspectives for Practice

The profession of social work has engaged actively with people living with mental illness to foster their agency and aid the process of recovery. Social workers have worked with people living with mental illness and other stakeholders across a range of collaborations and interventions ranging from working with individuals, groups, families, communities and at the policy level. Social work offers perspectives that range from micro to macro level understanding that informs practice. Given that social workers work in diverse and complex contexts, there might be a tendency to get attached to one perspective as a preferred starting point. The complex and subtle interlinkages might be overlooked. However, not focusing on interlinkages has curbed the potential of that perspective to be utilised fully.

Social work practice is informed by multiple perspectives and it is in the best interest of the social worker to be able to hold multiple perspectives that pertain to self, others and the system, to generate results. As change agents, it is imperative that social workers align to the deepest purpose they care about; the strategies they design to shift what is not working; develop competencies that facilitate the strategies and generate results on the ground. I discuss two frameworks that appear to be consonant with the philosophy of mental health outlined earlier, namely, that which realises the potential of people and promotes hope in professionals and the service. These are used as the guiding perspectives that form the foundation for an initiative that transforms mental health in an urban slum.

Radical Transformational Leadership and Mental Health

Monica Sharma (2017) proposes a unique response model and approach, the Radical Transformational approach, based on neuroscience that generates transformative changes worldwide. She describes ways in which initiatives can be designed to simultaneously: (a) solve problems and generate measurable results; (b) transform systems and cultural norms that perpetuate those problems; and (c) create new patterns sourced from

the individual's inner capacity, universal values and transformational leadership. The design template, the Conscious Full Spectrum Response Model, intertwines three threads of a paradigm shift: (a) source our wisdom/inner potential and universal values for action; (b) shift cultural norms, systems, and structures that maintain the status quo and become principled game changers; and (c) solve problems in order to generate specific equitable and sustainable results. Through this approach I was able to source the universal values of full potential and fairness to challenge and shift systems that impede wellness and create new narratives in the form of tangible results. For the radical transformational approach, every individual has the capacity to access inner wisdom or inner potential and then manifest it in everyday activities irrespective of illness or wellness. Accessing this inner space is a spur for the individual to then act and bring about change. It is for this reason, that I believe that when the space is activated to design for sustainability and dignity, then the narrative of mental health is transformed to see the unfolding of the concepts in the definition of mental health as given by the WHO.

One foundational template of the Radical Transformational Leadership approach, which provides granularity of application to mental health, is the Realize and Respond template (Sharma, 2017: 214–218). Monica Sharma says, “[R]adical transformation necessitates responding to the problems of today and simultaneously realizing our full potential to generate alternatives for tomorrow, both sourced from universal values” (p. 214). She encourages the use of a “whole-systems perspective and... have the ability to respond to problems effectively and *at the same time*, put in place strategies to *realize the full potential* of people to generate a paradigm shift” (p. 215). Use of both strategies — to respond to the illness and to realise the abilities of a person — are required to generate enduring results. By sourcing universal values, a person activates his inner capacities to maintain wellness and bolster self-esteem and self-concept. Capacities based on universal values help individuals to challenge systems and norms that come in the way of the realisation of inner capacities to produce beneficial results such as carrying out day-to-day activities, which contribute significantly to meaning-making.

By using the template ‘realise and respond’ to transform mental health, individuals are guided to realise their inner potential to chart out pathways for recovery and wellness. Simultaneously, attempts are made to develop competencies, which amplify the well part of individuals and overcome stigma related to mental illness. Continued engagement in such efforts

generate equitable and enduring results, while shifting norms that restrict individuals from manifesting their greatness.

Strengths Perspective

The strengths perspective is an approach to social work that was first used in 1989 by the Kansas University's School of Social Welfare. The strengths perspective focusses on the strengths rather than on the deficits of people. The approach examines a person's survival skills, abilities, knowledge, resources and desires that can be channelised and strategically utilised during intervention with clients to accomplish the goals they set for themselves (Saleebey, 1996). It postulates that everybody without exception has external and internal assets, competencies, and resources; we cannot know the upper limits of a person's capacity to grow and change; challenges offer opportunities for growth; the community is an 'oasis of naturally occurring resources'; people have a knowledge of what is right for them; every person has some innate resource; collaborating with hopes and possibilities promotes healing; every maladaptive response or pattern of behaviour may also contain the seeds for a struggle for health and self-righting; and the client is the director of services (Saleebey, 1996). The strengths perspective encourages the use of the three Ps namely, promise, possibility and positive expectations; they take the form of hope, potential, unfolding and confidence (Saleebey, personal communication on 11 December, 2007).

The strengths perspective advocates that the individual is placed at the centre of its intervention, through collaboration and partnership between service providers and service users. This assumes that people have inner power, and this power needs to be harnessed. In this scenario, rather than force-fitting individuals to society, environment modification and advocacy (Early and GlenMaye, 2000) also play an important role in not only harnessing the inner power, but ensures that it is used appropriately, relevantly and productively. The strengths perspective has been found to be a useful approach in case management for people with severe mental illness (Saleebey, 1992; Sullivan and Rapp, 1994; Saleebey, 1996; Rapp and Goscha, 2006; Pulla and Francis, 2015). The strengths approach is consonant with the full spectrum approach, because the professional respects the inner power of the individual and builds a perspective that the individual already is doing something to better his/her situation. Often, this may not be visible to the individual and, therefore, it is the responsibility of the social worker to guide the individual in this direction so that they

can pursue their goals, namely contribute meaningfully and productively in their lives. The above perspectives provide the required guidance to shape the journey that informs our initiative described below.

A Community Mental Health Initiative in an Urban Slum

Our story begins at a time when no mental health services existed in our community. United by the synergy of our inner capacities and common purpose, and inspired by lessons learnt in our respective professional journeys, the team conducted a recce in the community. Visits to a local government hospital, government health outposts and police stations revealed that there were no mental health services; and yet, people expressed a need. Although psychiatric services were available at the local government hospital thrice a week for a couple of hours, this was far from adequate to cater to the needs of people seeking help, which going by the national estimate would be a large number. This was corroborated by the staff of a local NGO working in the community. The health outposts cater to physical illnesses, and sometimes, provide assistance to people with a psychological overlay, by way of either referrals or advice. While people from the communities experienced mental illness, treatment services were not accessible. Police officers reported interacting with persons living with mental illness (people with hallucinations, substance use issues, suicidal tendencies). However, they also expressed inability to deal with this.

The next step was convergence meetings with NGOs in the geographical area to discuss how to create a common ground on mental health issues. Through facilitated group discussions it was evident that there was synergy in our common purpose and the universal values of dignity, compassion, humanity and equity. The NGOs expressed a willingness to participate in workshops on information and resource sharing. The feedback from these meetings and the recce visits resulted in us conducting a household survey to screen for mental health and substance abuse. This was followed by a two-part workshop designed for NGOs on how to incorporate mental health in their work. Participants of the workshop were expected to source their inner potential, and identify unworkable or entrapping social systems and cultural norms that required to be addressed in the workplace and in the community; and also identify common points of action to produce results that would change the way mental health problems were addressed. The household survey highlighted mental health issues faced by families in what is essentially a poor urban slum with a high degree of fluidity based on migration. It also gave us interesting insights on how women

cope with various challenges in their lives and the degree to which they rely on spouses and/or mothers and mothers-in-law for advice and support even when professional resources are not accessible. This is the aspect of resilience which needed to be nurtured.

These workshops culminated in a work plan, to be in action at the site of most need. This led to the design of the Samata project. Grounded in the universal values of fairness, dignity, wellbeing and inclusion, the project aims at fostering dignity and wellbeing in persons living with mental illness, as its largest impact. The shifts we wish to see through the project include transforming the narrative from social stigma to full potential and dignity of the individuals and families breaking isms of gender, religion and wellness for inclusion. The project aims at realising the full potential of people, sourcing their inner capacities to be able to contribute to their community and work productively. Adopting a whole systems approach and using the templates developed by Monica Sharma (2017), the initiative will realise the full potential and wellbeing of people and respond to the most pressing mental health needs of the community.

We (the group of social workers) began our journey about four years ago. Driven by the hope in our hearts and a deep connectedness and synergy of our universal values, we identified people we could work with, and had the ability to source their values and were committed to the results. They included the psychiatrists and the pharmacist, who provide services in the fortnightly clinic, and key community volunteers. With patient numbers increasing and readiness in the community to seek help, we have managed to sustain till date. Word of mouth and home visits have helped spread the word about this initiative. This is the beginning of the change and tangible results.

NOTE

1. Adapted from “If you build it, he will come” is the famous line from the classic 1989 U.S. film, “Field of Dreams”. A corn farmer in Iowa, Ray Kinsella hears a mysterious voice one night in his cornfield urging him to build a baseball diamond in his cornfields, saying “If you build it, he will come”. Ray staked his farm and livelihood on fulfilling his dream and building a baseball field. Likewise, the phrase came to be used in the business world that if you have a business idea or dream and you put forth the effort and move forward, then you can make that dream a reality, and people will come to the business and/or use the product. However, it implies action with a firm belief in one’s inner power and purpose to be successful.

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