

'Rethinking preventative wellbeing- a community approach to action research in mental health'

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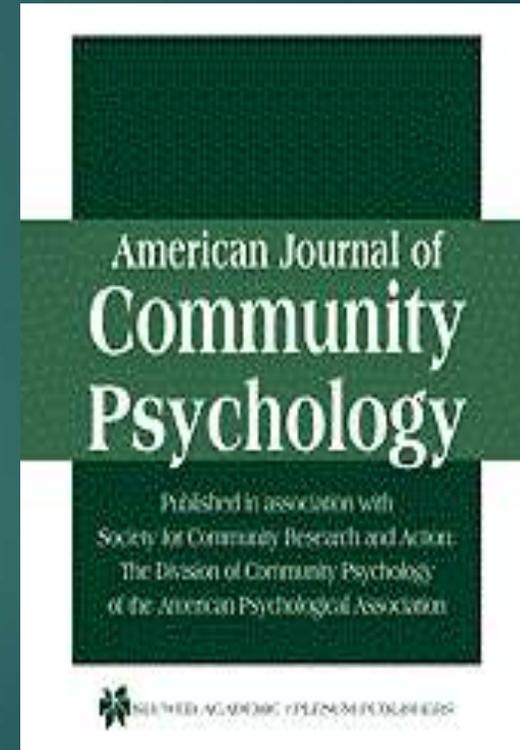




A
problem?

Community psychology

- ▶ Addressing institutional marginalisation and disempowerment
- ▶ Well-being and social change
- ▶ Values-based enquiry rather than traditional scientific enquiry
- ▶ Participation
- ▶ Critical, liberation and human rights perspectives



▶ What is
preventative
mental health?



- ▶ Mental health as response
 - ▶ Trauma
 - ▶ Loss
 - ▶ Social dislocation
 - ▶ Oppressive personal relationships
 - ▶ Legacies of poverty and inequality



A model of wellbeing

- ▶ Wellbeing needs to be understood not as a set of entities to be acquired or internalised qualities of individuals
- ▶ But instead as a set of effects produced in specific times and places (Atkinson, 2013)
- ▶ As situational and relational
- ▶ Wellbeing as complex assemblages of relations not only between people but also between people and
 - ▶ places
 - ▶ material objects
 - ▶ and less material constituents of places including atmospheres, histories and values
- ▶ Social inclusion and community integration are crucial both in terms of health and wellbeing (Duff, 2012)

- ▶ And....
- ▶ Important mental wellbeing work occurs in a great variety of social settings
- ▶ In arts centres, libraries, along river paths, in sports clubs, community group and support groups (Holmes, 2010).



The emergence of mess

- ▶ When we move distress out into the community different things happen to distress and to the people referred
- ▶ Statuses change, practices alter and the typical demarcations of care giver and receiver start to change (BUCFP) (Mol et al 2010).
- ▶ Patient waiting room as a liminal space
- ▶ Fluidity



Why?



Living with a child with complex needs

- ▶ Numerous challenges in a variety of arenas – private, public, economic, social and institutional
- ▶ Isolation, MH, finance, caring regimes.
- ▶ Local research highlighted difficulties accessing services, little guidance on managing daily life and routine use of pharmaceutical intervention among parents (Walker and Stretfield 2012)
- ▶ Losing the privilege of civil inattention (Ryan, 2010)

Contradictions of Care

- ▶ Complex care tapestries
- ▶ Family support – may be helpful and debilitating/undermining
- ▶ Professional support – may be welcome and excluding/judgemental
- ▶ Welfare support e.g. DLA may be affirming and upsetting/diminishing
- ▶ Pols (2015) Empirical Ethics of Care





What can
preventative
mental health
look like?

Amaze and the Support Group

- ▶ Amaze a user-led registered charity to inform, support and empower parent carers of children with disabilities and complex needs across Brighton and Hove
- ▶ Set up a focus group for parents with children who had been diagnosed with ADHD to co-produce a support framework for the parents.
- ▶ Out of this – 6 workshop course, attended by 13 parents, delivered by a former Amaze worker and a Community CAMHS worker who was also a parent of children diagnosed with ADHD

Reasons for coming

A desire for strategies and knowledge, because of the sense of being thrown in at the deep end with little support.

- ▶ *“...he can be a danger to himself and others and just can't be left alone so it is hard work so yea I think it was just being able to understand him a bit better.” Abby*

Failing to cope with very extreme behaviour

Isolation compounded by family members and friends who had struggled to empathise with their difficulties

Specifically sought support and empathy from other parents. Indeed for many that was the single reason that they had turned up at the course

- ▶ *“...strategies and support from other parents, I thought I would get a lot of support, people that would understand.” Julie*



Atmosphere

Previous culture of helping interventions

Objects of intense observation and documentation, a process reserved for children who perform outside the norm.

Getting the atmosphere 'right'

When parents spoke of the informal atmosphere they didn't speak of it as a peripheral extra but as a central element of the impact of the course.

- ▶ *"..But, yea, I think it's a lot more it's not informal, it's a friendly relaxed atmosphere so you are far more likely to sort of talk in depth and a little bit more openly and candid." Pauline*

Combinations of social relationships, people, conversations, changes of scene and shared histories of suffering are important

Changing practices

The group focussed not on parental deficits that have to be remedied by professionals

Actual changes made could be quite small, for instance the use of reward charts, or thinking through the dynamics of disciplining their child in different ways

Strategies to counter the difficulty of communicating with the various professionals with whom their child would come into contact.

- ▶ *..yes when we were discussing about actually making a clear inventory of what you wanted to get out of the meetings cos I've never done that, I sort of go in without knowing what the meeting is about". Nichola*

'Run out of mum repertoire'

Hearing the accounts of what other parents had tried allowed for a 'rebooting' of their own capacities

- ▶ *"..and he went up into his bedroom and I thought right I am going to leave it, rather than go 'oh you've got to come down', I left it and he did come down, he put his arms around me and said I am sorry mummy he said let's do the homework and I thought wow!" Donna*

The importance of seeing others struggle

- ▶ Many of the parents had come to experience profound guilt over their incapacity to be 'a better parent'
- ▶ *“...well just cos I was, I was low, I was stressed cos I was thinking I am doing something wrong, can't figure out what I am doing wrong. I am doing everything I can possibly can. I am doing these things but evidently wrong in some way...you do sort of internalise it and start to feel a bit 'oh I'm a bit rubbish as a parent'. “Kerry*

Care practices which made possible a change in self-appraisal based on the struggle and misery of others may at first appear problematic.

Provided a lens through which to rethink their own practices, responses and behaviours.

“...one of the main things is that I, I used to feel very alone as if I was the only one going through this and it has helped a lot to meet with other parents and when I am having a difficult time, it's not just me going through but I know there's Nichola, there's all these other parents that are having just as many difficulties as I am having so now yes it has now helped that I am not a bad parent.” Donna

Solidarity and care

Social support and solidarity.

- ▶ *"... obviously cos of the age he is now there are different challenges etc. and stuff, a lot of it more emotional and I felt in a way that I just really felt like I needed a little bit of support and understanding from like, you know, people who are going through the same thing." Pauline*
- ▶ *"..it was about, I can't remember which week it was but it was about letting understanding come in cos there had been, you know, total lack of understanding about what was going on and I just felt that this kind of represented my world getting a bit bigger". Sarah*

This comradeship and solidarity allowed for an emergence of different forms of citizenship and status

Through this, a form of peer-care emerged that was active, relational and oriented to everyday challenges

- ▶ *"...and now I am in contact with a few of the parents, one in particular, and it's nice because we actually support each other now. I know Julie has got a very difficult meeting coming up tomorrow and we text each other." Abby*



Prevention and zones of possibility

Complex and multifaceted care practices and relations.

Solidarity mobilised in response to many of the contradictions inherent in the other care practices with professionals, family members and other parents.

Care practices oriented around solidarity foreground recognition, or allow for the amplification of forms of recognition and belonging to be made possible

McGrath & Reavey (2015) speak of how *some spaces offer a zone of possibility*, where distress can be dispersed or stretched beyond the self and people can have experiences of sanctuary.

- ▶ Why are more and more people experiencing problem debt?



Case 2: Personal debt

- ▶ £504.81- The increase in consumer credit per household in the year to January 2017 (The Money Charity, 2017)
- ▶ CAB across England and Wales dealt with **612,209** new enquiries in the three months between July and September 2016 (The Money Charity, 2017).
- ▶ Debt and mental health (Jenkins et al 2008)





A political and economic problem

- ‘Politics of wage suppression’ (Harvey 2010)
- Over-indebtedness configured as a failure in cognitive capabilities of some credit users
- Those *‘lacking essential financial skills, including the ability to budget sensibly, may over-commit themselves by taking on excessive debts’* (Department for Work and Pensions, 2007)



What can
preventative
mental health look
like?

‘The debt window’

- ▶ Government's decision to abolish Crisis Loans and Community Care Grants and its replacement of these with 'local welfare schemes'.
- ▶ Twenty six local authorities have now closed their schemes altogether
- ▶ A further forty one authorities have cut back spending on their schemes by over 60 percent;
- ▶ Eleven of these have cut spending by over 80 percent and their schemes are now on the brink of collapse
- ▶ cuts to local welfare schemes are counter-productive as a means of saving money as they are increasing the numbers of people needing higher cost interventions to help them with their deteriorating circumstances. (CRC, 2017)

▶ Step Change (2017)

- ▶ Breathing space
- ▶ Alternative supply of affordable credit



National pathfinder project with CRC and LGA

- ▶ Low income households currently have to navigate multiple providers, bureaucratic processes and fragmented sources of potential financial assistance that vary from locality to locality.
- ▶ Debt and well-being

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- ▶ Co-design approach
 - ▶ 10 different sites
 - ▶ LGA and upstream messages
 - ▶ In Sussex: pilot multi-stakeholder 'Debt Accountability Networks' to explore
 - ▶ potential policy and product flexibilities
 - ▶ support local people to develop ways to influence policy development

Debt Accountability Networks

- ▶ Explore new democratic ways of generating flexibility and accountability in local policymaking
 - ▶ Grants and discretionary payments
 - ▶ Interest-free loans
 - ▶ Furnished tenancies
 - ▶ Interest-bearing loans
 - ▶ Rent and council tax flex schemes
- ▶ Recognising the deteriorating infrastructures of public health
- ▶ Hold a co-produced space to name them, make them visible and rebuild



Final thoughts on prevention...

- Doesn't look like mental health work (BUCFP)
- Often by 'lay people' or non-mental health experts
- Multi-stakeholder
- Coproduced
- Idiosyncratic
- Resilience at a community level





▶ Questions