

# impact RELEVANCE

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# IMPACT RISING



# The Most Effective Antidepressants are Better Communities.

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The opinions expressed in this article are our own and do not necessarily show the views of Beyond Housing

## A Global and Local Crisis

We are experiencing a global mental health crisis. The World Health Organization (WHO) reports suicide as the top cause of death in people age 15-29 globally. Researchers from Emory Rollins School of Public Health published a 2015 study. This study concluded that a whopping 8 million deaths a year from unintentional and intentional injury (as in overdose, self-harm, and suicide) are caused by mental illness. And while we're seeing dramatic increases in rates of suicide in the U.S. (25% increase from 1999 to 2016 according to the Centers for Disease Control [CDC]), 79% of suicides happen in developing countries every year, due to the stress of adapting to industrialization.

Mental health is not the absence of severe distress. When you consider the WHO's definition of mental health, it's clear we have a lot of work to do from a public

mental health perspective. The WHO defines mental health as: "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." We cannot measure our collective mental health either on a national or global scale by rates of suicide; we have to consider the conditions which empower people to work at their optimal levels.

As a daughter of a schizophrenic woman who suffers from depression and studied psychiatric epidemiology in graduate school, while serving on the board of a local National Alliance on Mental Illness (NAMI) affiliate, I understand that mental illness is a complex issue and causes are not well-defined. I've desperately searched for solutions to my own suffering from a biological and clinical standpoint, and along the way I've kept in the back of my mind that I am not the person who suffers from the grim reality of depression and anxiety. In fact, 20% of people suffer from mental illness in the U.S. and 16%

do so globally (understanding that those statistics are measurable cases estimated based on rates of diagnosis and screenings). We have no idea how often people suffer in silence; most suicides are a complete surprise to friends and family.

## Root Causes

The evidence is nuanced such that we can't make a firm claim on what combination of social, economic, biological, and cultural conditions make a perfect case for suicide, but we do know significant levels of stress and social isolation are severe drivers of risk. Chronic stress experienced by some populations can lead to other adverse health outcomes.

People with lower socioeconomic status tend to experience higher levels of chronic stress and incidence of trauma. With most chronic illnesses we see disparities in prevalence based on social and economic factors, meaning that people who have less access to health care, treatment, health education, and nutrition tend to get sicker, which makes logical sense. When we try to put the equity lens on the issue of suicide and mental ill-

ness, it gets tricky.

There’s evidence of increased risk for suicide at the lowest and highest income brackets. Substance abuse is also a universal problem between income classes. You can sift through the data and try to tease out all the possible root causes of mental illness, but what’s clear is that while there may be different reasons for poor mental health outcomes between different populations, we are not coping well as a species.

Biology is important to recognize. It’s proven that some people are genetically predisposed toward mental illness. It has also been actualized that traumatic events impact our neurology. The gene-environment interaction is complicated, and often misunderstood. Dismissing social determinants of mental health as secondary to biology is a mistake. Social and economic factors are the primary cause of poor mental health on a global scale. Anxiety and mental illness such as; depression, fatigue, suicidal ideal, aggression, seeking substances for relief may be our natural fight or flight response to the situation we’re in.

For example, a panic attack over a car breaking down might seem like a symptom of a disorder. But for some people, that car breaking down is going to prevent them from getting to work on time or at all. They’ve already missed a couple days and could lose their job, which is how they food on the table and offer shelter. Without adequate savings to cover emergency expenses, that car breaking down is a direct threat to a person’s survival that, based on the way our biology was programmed to work, will trigger a fight or flight response. Less than half of U.S. Americans have enough savings to cover a \$1,000 emergency expense. This is a chronic stress for those of us in the U.S., and I suspect people in other capitalist countries and industrializing countries have this experience: if we lose our jobs, we could lose all sense of security. We do need mental health counseling and services to help us cope, but it might be better if we weren’t so deeply concerned each day with long term survival.

### **Mental Health, Housing, and Community**

I got interested in housing and mental illness for a straightfor-

ward reason: my dad and I have been concerned about long term housing for my mom since I was a teenager. While in graduate school I became intimately familiar with the struggles of mental illness and housing issues. A disproportionate amount of homeless people have severe mental illness, and that’s no coincidence. What’s more is that being homeless or not having housing stability can add incredible stress to an individual. This causes the individual to trigger their fight or flight response almost chronically. This may throw people into a cycle of depression, anxiety, suicidal tendencies, crime, or substance abuse.

I spent a year investigating approaches to addressing this issue. There’s a Belgian town called Geel that adopts a drastically different approach to mental health care: community. Geel residents accept severely mentally ill people into their homes and community and have done so for over 700 years. It’s not a treatment program, it’s a culture of radical acceptance. Learning about Geel and the town’s general success inspired me to investigate community-based

models for mental health care. There seems to be growth into this mindset emerging from the a plethora of disciplines.

Mental health organizations in the U.S. are starting to not recognize overlap between housing and mental health but are overtly pursuing solutions. NAMI, as an example, has started advocating for affordable housing. Clubhouse models such as the Independence Center in St. Louis, Missouri, U.S. use a mental health lens to understand the myriad factors that cause stress and negative impact to well-being. Clubhouse organizations develop integrated programming to discuss all aspects of a person’s life. This includes situations that tend to destabilize in tandem with mental illness. This includes relationships and belongings, employment, housing, and education. They combine this wrap-around programming with access to mental health services.

Simultaneously, community development organizations are starting to think about access to mental health services. In allotment with the understanding that lower-to-middle income and otherwise non-invested commu-

nities tend to experience higher rates of trauma and chronic stress. This can lead to lasting negative impacts on mental health, other health indicators, and productivity. In the U.S. and other countries, the trauma of poverty and insecure housing is intimately related to racial inequity.

Tangled systemic social and economic issues are tricky to discuss. It’s, in some ways, more complicated than discovering a new medicine, a specific compound that can treat a specific pathology. In some ways a social approach can be simpler. The social and community lens to understanding mental illness gives me some hope. It means that we, as a humanitarian collective, can turn this epidemic around by improving all the components that produce stress and isolation our lives. This includes large educational and medical debt. This also adheres to the lack of affordable housing security, threats to job security, and barriers to accessing food and clean water in some communities. In other countries, these issues may include the stress of rapid industrialization, and of course basic

needs issues – worry about access to food, shelter, and water. The thing about humans sharing biology means we’re all concerned about similar factors – our fight or flight will kick in if we perceive a threat to our immediate and long-term security, and that of our family. We all feel shame if we can’t provide or live up to social standards. And as social creatures we all feel intense emotions about social isolation and rejection.

### **Looking Forward**

Access to mental health services and psychiatric care is important, but reactionary. A comprehensive community development approach goes beyond placing a mental health care facility in a low-income neighborhood. Community development frameworks can help us understand how to prevent or at least mitigate some stresses causing trauma and anxiety that mental health providers react to.

Upon graduation, I chose to work at a non-profit community development organization, Beyond Housing. Beyond Housing’s tagline is “helping entire communities become better





places to live.” This is achieved through addressing pillars that impact a person’s life – housing, financial security, access to jobs, economic development, and health. I truly believe in this model to empower entire groups of people to feel a greater sense of well-being which enables people to realize closer to their full potential. The challenge for community development organizations became about scaling and coordinating efforts. This goes to the extent that this approach becomes the norm in not our respective communities, but communities all over the world.

The San Francisco Federal Reserve released a report that overlays a framework on community development work. This creates a conversation about how to discuss specific pillars related to mental health such as connecting, hope and optimism, identity, meaning, and empowerment (CHIME). Adding this social health framework to holistic community development economic frameworks has potential to enhance the field and create communities that foster growth and recovery.

From my experiences and re-

search, I feel that the solution to our global mental health crisis is simple logically yet extraordinarily difficult in practice: create environments that allows people to thrive and live their most productive and healthiest lives, together.

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