

Mitigating the Impacts of Social and Environmental factors on Mental Well-being through Community-Based Interventions

Abstract

Community-based interventions (CBI) effectively address the negative impact of social and environmental factors on mental well-being by leveraging community resources, strengths, and resilience. Successful examples, such as the Friendship Bench in Zimbabwe and the Community Reinforcement and Family Training (CRAFT) program, demonstrate the importance of community engagement and multi-sector partnerships in creating culturally responsive and sustainable mental health programs.

Keywords: Community-based interventions, mental health programs, anxiety, depression

Introduction

Community-based interventions (CBI) have gained increasing recognition as effective strategies to address the negative impact of social and environmental factors on mental well-being. These interventions aim to empower communities by leveraging their collective resources, strengths, and resilience to promote mental health and mitigate the detrimental effects of social and environmental circumstances (such as poverty, unemployment, poor housing, food insecurity, climate change and unstable home environments). One of the primary advantages of CBI is their ability to target the root causes of mental health challenges within a specific context (1). These interventions, which often involve multi-sector partnerships and community members, recognize the complex interplay of individual, interpersonal, and contextual factors in mental health (2). They are particularly successful in some African countries, where they emphasize community engagement and integration with traditional practices (3). Successful community-based collaboration in these interventions involves the perspectives of multiple stakeholders and the creation of a supportive environment (4).

CBI are increasingly recognized for their potential to address mental health needs by involving community members in the development, implementation, and evaluation of programs (5). This participatory approach can lead to culturally responsive interventions that leverage local knowledge and resources (6). However, it also presents challenges, such as the need to address power dynamics against marginalized individuals such as women and children who are often the victims (6). Despite these challenges, the benefits of community participation in mental health are significant, including the potential for more culturally competent services and greater community control (7). Successful collaboration in these interventions requires recognizing the resources contributed by each partner and overcoming common challenges (4).

One example of a successful community-based intervention is the Friendship Bench program in Zimbabwe, which utilizes lay health workers to provide problem-solving therapy, and has been successful in improving mental health outcomes, particularly for individuals experiencing depression and anxiety (8). The program has been well-received by patients and has been sustained over time at low cost (9). It has also been effective in reducing symptoms of common mental disorders (8) and has contributed significantly to narrowing the treatment gap for these disorders in Zimbabwe (10). The program has been scaled up to over 70 primary health care facilities and has been particularly meaningful for the counsellors involved (11).

Community Reinforcement and Family Training

The Community Reinforcement and Family Training (CRAFT) program, developed by Meyers and colleagues, has also been shown to be effective in engaging treatment-resistant individuals with substance use disorders (12,13). This program empowers family members and loved ones to play an active role in the recovery process by providing them with skills and strategies to encourage positive behavioral change and support their loved ones' recovery (14). CRAFT has been found to be superior in engaging treatment-resistant individuals with substance use disorders compared with traditional programs (13). It has also been effective in improving treatment engagement and reducing substance use (12,13).

Other Examples of CBI

CBI such as the Community Wellness Hubs in Aotearoa, New Zealand, play a crucial role in addressing broader social and environmental factors that contribute to mental health challenges (15). These interventions aim to foster a sense of belonging and community connectedness, which are key determinants of mental well-being. They also promote cultural attunements and ecological well-being, which can help combat social isolation and poverty (16). These community interventions have been shown to be effective in improving mental health and social outcomes, particularly when they involve multi-sector partnerships and emphasize community members as integral to the intervention (2).

Another case in sight is a research study that examined the use of community-based peer support services for individuals with severe mental illness (SMI) in Beijing and Chengdu, China. The study's results revealed that community-based peer support services have a favorable effect on psychiatric symptoms, social functioning, and life satisfaction among participants with SMI. In addition, the study suggested that these services could be effectively implemented throughout China (Fan et al. 2022).

Lastly, a different study investigated the impact of arts showcased at the Fendika Cultural Center on the mental health of an Ethiopian community. Findings indicated that the activities at Fendika played a vital role in addressing individual depression and anxiety by creating supportive social and physical milieus, as well as fostering cultural unity through the arts. Despite the small sample size (16 participants), the study posited that arts significantly contributed to the positive

mental health and cultural unity of the community, which is particularly valuable in a country like Ethiopia, experiencing ethnic conflict and war ([Hearst et al. 2023](#)).

Challenges and Limitations

In this article, there were losses to follow-up, study bias (like hawthorne effect), and there was a relatively high level of resource endowments in the communities studied in one of the research papers. This has implications, as increased funding of advocacy and awareness programmes, training of stakeholders and useful resources for CBI will improve its outcomes.

Also, the sample size was small-16 (in another study), therefore, study findings cannot be generalized. Moreover, future research is required to determine the long-term impacts of cultural and arts center on mental health cultural perception.

Conclusion

Though the above examples of CBI are not exhaustive, CBI offers a promising approach to addressing mental health challenges by leveraging the combined resources, strengths, and resilience of communities. These interventions acknowledge the interplay between individual, interpersonal, and environmental factors in mental well-being, which is crucial in effectively tackling the root causes within specific contexts. By actively engaging community members, CBI can result in programs that are culturally sensitive and align with local knowledge and customs. While presenting challenges like addressing power dynamics and some others elucidated above, the benefits of community participation are significant, including fostering a sense of belonging, community cohesion, and cultural harmony- key determinants of mental well-being. As innovative strategies are explored, CBI emerges as a vital avenue to harness the collective influence of communities, create more equitable and supportive environments, and ultimately promote mental health.

We recommend that international health organizations and government health institutions invest in scalable CBI programmes for wider coverage and greater impacts. Lawmakers and stakeholders in the health sector should also advocate for policies that will ease, enhance and broaden CBI implementation and scope.

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References

1. Castillo EG, Ijadi-Maghsoodi R, Shadravan S, Moore E, Mensah MO, Docherty M, et al. Community interventions to promote mental health and social equity. *Focus (Am Psychiatr Publ)*. 2020 Jan 24;18(1):60–70.
2. Castillo EG, Ijadi-Maghsoodi R, Shadravan S, Moore E, Mensah MO, Docherty M, et al. Community interventions to promote mental health and social equity. *Curr Psychiatry Rep*. 2019 Mar 29;21(5):35.
3. Beatrice Adedayo Okunade, Foluke Eytayo Adediran, Chinedu Paschal Maduka, Adebukola Adejumo Adegoke. Community-based mental health interventions in africa: a review and its implications for u.s. healthcare practices. *imsrj*. 2023 Dec 2;3(3):68–91.
4. Carmola Hauf AM, Bond LA. Community-Based Collaboration in Prevention and Mental Health Promotion: Benefiting from and Building the Resources of Partnership. *International Journal of Mental Health Promotion*. 2002 Aug;4(3):41–54.
5. McNeish R, Rigg KK, Tran Q, Hodges S. Community-based behavioral health interventions: Developing strong community partnerships. *Eval Program Plann*. 2019 Apr;73:111–5.
6. Petersen I, Baillie K, Bhana A, Mental Health and Poverty Research Programme Consortium. Understanding the benefits and challenges of community engagement in the development of community mental health services for common mental disorders: lessons from a case study in a rural South African subdistrict site. *Transcult Psychiatry*. 2012 Jul;49(3–4):418–37.
7. Pargament KI, Habib M, Antebi D. Community participation in mental health. *Soc Casework*. 1978 Dec;59(10):597–604.
8. Chibanda D, Bowers T, Verhey R, Rusakaniko S, Abas M, Weiss HA, et al. The Friendship Bench programme: a cluster randomised controlled trial of a brief psychological intervention for common mental disorders delivered by lay health workers in Zimbabwe. *Int J Ment Health Syst*. 2015 May 23;9:21.
9. Abas M, Bowers T, Manda E, Cooper S, Machando D, Verhey R, et al. “Opening up the mind”: problem-solving therapy delivered by female lay health workers to improve access to evidence-based care for depression and other common mental disorders through the

- Friendship Bench Project in Zimbabwe. *Int J Ment Health Syst.* 2016 May 11;10:39.
10. Chibanda D. Reducing the treatment gap for mental, neurological and substance use disorders in Africa: lessons from the Friendship Bench in Zimbabwe. *Epidemiol Psychiatr Sci.* 2017 Aug;26(4):342–7.
 11. Wallén A, Eberhard S, Landgren K. The Experiences of Counsellors Offering Problem-Solving Therapy for Common Mental Health Issues at the Youth Friendship Bench in Zimbabwe. *Issues Ment Health Nurs.* 2021 Sep;42(9):808–17.
 12. Meyers RJ, Miller WR, Hill DE, Tonigan JS. Community reinforcement and family training (CRAFT): engaging unmotivated drug users in treatment. *J Subst Abuse.* 1998;10(3):291–308.
 13. Roozen HG, de Waart R, van der Kroft P. Community reinforcement and family training: an effective option to engage treatment-resistant substance-abusing individuals in treatment. *Addiction.* 2010 Oct;105(10):1729–38.
 14. Meyers RJ, Smith JE, Lash DN. A program for engaging treatment-refusing substance abusers into treatment: CRAFT. *International Journal of Behavioral Consultation and Therapy.* 2005;1(2):90–100.
 15. Social Wellness Agency. What works for community hubs? | Social Wellbeing Agency [Internet]. What works for community hubs? [cited 2024 May 29]. Available from: <https://swa.govt.nz/what-we-do/community-hubs>.
 16. Miller K. Cultural attunements and ecological wellbeing: embodied conditions for mental health interventions. *Int J Environ Res Public Health.* 2024 Feb 29;21(3).
 17. <https://pubmed.ncbi.nlm.nih.gov/36248709/>
 18. <https://pubmed.ncbi.nlm.nih.gov/38045978/>
- Asogun, D., C. Obodeh, I. Okhihan, T. Aziba, J. Edogun, E. O. Oisakede, and J. Akhaine. 2024. “Mental Health Interventions Among People Living With HIV/AIDS in Nigeria: A Scoping Review”. *Asian Journal of Medicine and Health* 22 (3):8-21. <https://doi.org/10.9734/ajmah/2024/v22i3987>.
- Almehmadi , S. J., Alhazme , M. G., Dajani , M. H. A., Qattan, R. M. and Al-Harbi , M. F. (2023) “Infection Prevention Knowledge, Practice, and Its Associated Factors among Healthcare Providers in Eradah and Mental Health Complex Jeddah, Saudi Arabia”, *Journal of Pharmaceutical Research International*, 35(29), pp. 30–42. doi: 10.9734/jpri/2023/v35i297455.
- Giebel C, Shrestha N, Reilly S, White RG, Zuluaga MI, Saldarriaga G, Liu G, Allen D, Gabbay M. Community-based mental health and well-being interventions for older adults in low- and middle-income countries: a systematic review and meta-analysis. *BMC geriatrics.* 2022 Sep 29;22(1):773.