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Title: Social interventions: A new era for Global Mental Health?

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Social interventions: A new era for Global Mental Health?

The recognition of the relationship between socio-structural challenges and poor mental health outcomes has recently taken centre stage in global health debates. Both the Lancet Commission on Global Mental Health and Sustainable Development[1], and UN Special Rapporteur Dainius Pūras' report on mental health[2] have re-affirmed the inseparability of mental health outcomes from macro-level social challenges and inequalities. As the Global Mental Health field continues to seek innovations in areas of treatment for mental disorders across the global south, there is a growing acceptance that many of our proposed solutions fail to address the social determinants that maintain or impede mental well-being in the long term – a challenge we argue is linked to an incomplete assessment of what is meant by the 'social' and how we as researchers and practitioners grapple with this when planning and delivering mental health services.

The state of affairs: Dealing with social relationships

Ongoing efforts to respond to the urgent and glaring treatment gap facing mental health services in the global south has led to large scale trials highlighting the feasibility of psychological and psychosocial interventions that can be delivered in contexts of high levels of constraint. Task shifting methodologies which involve local health workers and communities in adaptation of models originating in high income countries have proven critical to establishing locally acceptable treatment models. Evidence-based task shared intervention packages including psychoeducation, problem-solving, cognitive behavioural therapy (CBT), behavioural activation and Interpersonal Therapy (IPT), have seen successes in the global south, increasing the availability of services to wider audiences[3]. Though such interventions tend to focus on addressing socio-relational dynamics associated with mental distress including isolation, stigma, and harmful psychological scripts which limit social participation, there is emerging evidence of their potential ability to empower individuals to take control of their lives through access to employment or income generating opportunities[4]. However, this is only possible in contexts enabling of such opportunities. While our current approaches are a necessary first step towards establishing well-being, they remain insufficient in the face of intractable social –structural dynamics[5].

Responding to the 'macro-social' in global mental health: a call to action

Pūras' report has called for member states to support the development of mental health enabling environments[2]. As part of this process we recognise the urgent need to develop more comprehensive psychosocial prevention, promotion and treatment interventions capable of addressing the everyday impacts of social, economic and political forces on individuals' mental health, through expansion of the 'social' in our current global mental health efforts.

In high income countries, Johnson[6] argues that social interventions have been limited by four factors: (1) the political nature of social determinants of mental health; (2) Practitioner fatigue and distress in managing complex social challenges facing patients; (3) the wide range of targets for social interventions that seems to place action beyond the clinic; (4) lack of evidence base behind existing social interventions. In the global south, these challenges are compounded by health systems driven by a curative disease focus, marked by vertical programming that limits our ability to respond to emerging syndemics and the role of empowerment in health improvement. Furthermore, it is challenging to demonstrate the

impact of interventions that target upstream social determinants on frequently distal downstream mental health outcomes.

It is vital to expand the policy and research agenda to appropriately address the social determinants of mental health, not least in LMIC. We argue that the above constraints can be overcome through commitment to five actions, summarised in box 1.

It is time for the Global Mental Health movement to elevate the importance of the *socio-structural* determinants of mental distress, and work alongside communities and policy makers in their efforts to address them. Through engagement in these five actions, the Global Mental Health field could strengthen its efforts to address these socio-structural challenges that are inseparable from the lives of those whose mental health we aim to support.

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Box 1: Promoting social interventions in Global Mental Health: Call to action

1. ***Development of interventions where community empowerment is viewed as the route to mental health promotion.*** This would require interventions that embed mental health awareness within wider processes of empowerment, allowing communities to develop skills, strategies and recourses to collectively respond to wider structural challenges that place their mental health at risk. Emerging evidence from India and Colombia[7] point to the value of promoting community mental health competencies[8] in this regard.

2. ***Expanding our evidence base to highlight the mental health benefits of participation in community-led interventions where the main focus may be on topics other than mental health***. This could be achieved through systematic evaluation and analysis of existing social programming, to identify impacts they have on mental health outcomes, and the mechanisms of these impacts. Once we are aware of the 'booster' effects of certain social interventions for mental health, we would have a better view for what combined packages of care could be evaluated, implemented and scaled up.

3. ***Prioritizing service user and community knowledge and ownership over the process of intervention design – from inception through to implementation and delivery.*** This requires shifting methods of engagement towards co-production[9] or participatory action research (PAR). Whilst, Randomised Control Trials using these approaches have shown positive impacts on improvements on other health conditions, such as diabetes[10] , more work is needed to address structural inequalities that may underpin co-production.

4. ***Transitioning to people-centred health systems and services, to enable combined action on social and health challenges to form the core of primary care.*** This would enable current evidence based interventions being delivered in primary care to be expanded to include responding to socio-structural issues. Piloting and evaluation of these combined packages for local health workers is required.

5. ***Developing our understanding of the long-term relationships between interventions that address social determinants (such as cash transfers or gender empowerment programmes), mental health outcomes and other social, economic and health trajectories, especially among young people.*** This requires the buy-in of a range of policy partners, funders and local communities, and rigorous inter-disciplinary evaluation methods.