

CONCEPT PLAN



Transforming Mental Health Care Through
Community Engagement

PRESENTED BY PAM ROY

In collaboration with:



OVERVIEW

For most of human history, individuals have been responsible for the care and well-being of each other and their communities. However, during the past century, our society has come to depend on institutional care as the first line of defense in addressing all medical, physical, and emotional issues. With **six in ten U.S. adults suffering from chronic diseases**, the pressures on the health care system are unrelenting. Mental health care services are now considered **an even larger disease burden than cancer and cardiovascular disease**.

Given the finite number of psychiatrists and psychologists unevenly distributed throughout the country, the responsibility given to systemized mental health care is unsustainable. **Many areas do not even offer crisis intervention or mental health care services.** The cost of higher education and the long timeframes required for certification, plus the well-documented **burnout of medical and psychiatric** professionals, further exacerbates the problem.

Looking at this complex issue from a different perspective highlights an opportunity for relief. We are relational human beings in a society that depends on transactional care—even when delivered by committed professionals. This disconnect is huge. The social factors affecting mental and physical health are well-documented and significant. Yet many of these, especially loneliness—**a primary cause of anxiety and depression** that is **deadlier than the effects of smoking 15 cigarettes a day or being obese**—cannot be treated medically until they manifest into symptoms, and even then, authentic human-to-human connections are required for healing.

Another overlooked contributor to the current crisis is the meaninglessness felt by many members of our society. According to renowned psychiatrist **Viktor Frankl**, meaning plays a significant role in mental health and wellness. It is specific to the individual and cannot be given or created. The pursuit of meaning is what makes life worth living.

Since the health and well-being of each individual in a community determines the health and well-being of the overall community, this is where we need to begin.

CONCEPT PLAN COMPONENTS FOR COMMUNITY CARE:

FRIENDSHIP BENCH

The **Friendship Bench** was started by Zimbabwe psychiatrist Dr. Dixon Chibanda after the suicide of one of his patients. Acknowledging the financial and geographic constraints to providing mental health care, he began to engage and train grandmothers in mental health assessments and the delivery of evidence-based therapies from local park benches. The grandmothers are connected to local health care facilities for oversight and referring of acute care clients.

Clinical results show significant reductions in depression and suicidal ideation, with better results than those achieved by the healthcare system. Following the visits to the bench, clients are introduced to peer-led circles of support to establish ongoing community relationships.



B-UNBOUND

B-Unbound is a program and a technology platform that facilitates supportive adult and peer relationships around shared interests. Once the Friendship Bench clients belong to their community circles of support, they can engage in deeply personal and meaningful pursuits with **B-Unbound**. This further extends their communal network and engagement with the world around them.

Built on over 25 years of proven principles and supported by **research**, B-Unbound is operated by the innovative education organization **Big Picture Learning**. Originally established for 14-24-year-olds, the B-Unbound platform now serves all age groups.



This concept plan includes supplemental support for in-system burnout offered by **Authentic Connections Groups**.

A NEW PERSPECTIVE

The responsibility given to institutional systems as the primary caregiver and the first line of defense has placed an unfair burden on them and the dedicated individuals who work in them.

We have shifted daily human interaction away from large extended family networks and community gatherings, as David Brooks highlights in his article, **The Nuclear Family Was a Mistake**. We now divide our time between the confines of structured environments: school, work, and home.

Communal living has been severely hampered by a society designed in the image of a factory model. Productivity, efficiency, and completed tasks (output) are the drivers of life. Young and old are batched by age and separated from other age groups. Individuals are valued based on their potential utility to the economy, not on realizing their authentic human potential and contributions to the community.

This approach to life has contributed to a crisis of loneliness and meaninglessness, which, in turn, are helping fuel an epidemic of mental illness.

“AN ABNORMAL REACTION TO AN ABNORMAL SITUATION IS NORMAL BEHAVIOR.”

Viktor Frankl



PROTECTIVE FACTORS OF MEANING AND PURPOSE

Meaning in life is a fundamental protective factor in the context of psychopathology, according to a recently published article in the World Psychiatry Journal. In 1926, Viktor Frankl, author of *Man's Search for Meaning*, developed the evidence-based theory called **Logotherapy** or “healing through meaning.” He established meaning as the primary motivation for living and a significant factor in mental health and well-being. He noted that each person is unique and irreplaceable and that meaning cannot be created or given to them; it is discovered specifically by the individual through engagement with others and the world around them.

“For success, like happiness, cannot be pursued; it must ensue.”

— Viktor E. Frankl, *Man's Search for Meaning*

Meaning and purpose are interrelated but distinct, according to Logotherapy. Meaning involves an intuitive pull that is deeply personal. It varies person-to-person and from moment to moment. Our conscience is the guide. Purpose involves the actionable steps we take towards that pull. The pursuit of meaning entails struggle and patience, but it is the tension created that propels us forward from who we are to what we can become and gives our lives meaning.

UNIQUE HUMAN BEINGS DON'T FIT WELL INTO CLOSED SYSTEMS.

We cannot be shaped to fit external values or prescribed measurements. We are designed to be a part of open systems, to engage with the world around us, and to decide how we respond to the circumstances we find ourselves in. We have eyes that face outward and senses that inform us. Before mirrors or cameras, this is how we navigated our way.

Forcing individuals to fit into standardized molds is soul-crushing and creates a void in us. Viktor Frankl termed this the "existential vacuum." He determined that our response to this void resulted in aggression (to ourselves or others), addiction (the numbing of ourselves) and/or depression (ranging from anxiety to suicide).

The hallmarks of this existential vacuum are boredom and apathy, which are everywhere in our industrialized world.

Meaninglessness happens in both welfare states and capitalistic societies--anywhere that the dignity of the individual is denied or that we are reduced to nothing but a brain to be programmed or behavior to be trained. We are an 'I' not an 'it'.



"HUMANS ARE NOT OBJECTS THAT EXIST AS TABLES AND CHAIRS. THEY LIVE--AND IF THEY FIND THAT THEIR LIVES ARE REDUCED TO THE MERE EXISTENCE OF CHAIRS OR TABLES, THEN THEY COMMIT SUICIDE."

William Irwin Thompson

OPPORTUNITIES FOR CHANGE

"WHEN A FLOWER DOESN'T BLOOM, YOU FIX THE ENVIRONMENT IN WHICH IT GROWS, NOT THE FLOWER."

Alexander Den Heijer

FRIENDSHIP BENCH



CHANGING MORE LIVES THAN ONE

Dr. Dixon Chibanda is one of 12 psychiatrists serving 14 million people in Zimbabwe, a country with the highest suicide and depression rates in Africa. The suicide of a young client without the needed bus fare to reach him motivated Dr. Chibanda to re-evaluate the relationship between the healthcare system and the community. He recognized the need to build local and accessible community support to address anxiety and depression.

Using his own money, he started **The Friendship Bench** in 2006 with 14 grandmothers who lived in one of the hardest-hit communities. He taught them how to evaluate clients' mental health and implement evidence-based talk therapy. They, in turn, taught him about the importance of local culture and language, the healing power of empathy, and the need for proximate relationships.

The grandmothers challenged some of the mechanical approaches being applied to human beings. Working together, they refined a prototype for the Friendship Bench to be delivered on strategically located community benches.

Within six months, the 14 grandmothers had seen over 3,000 people. Clients considered at high risk of suicide were referred to a clinic, but most required one to six sessions on the bench.

As of Q2 2022, over 158,000 have received treatment through Friendship Bench Zimbabwe, plus tens of thousands more in Malawi, Kenya, Vietnam, Zanzibar, and other host countries. More than 1,500 grandmothers and other laypeople have been trained, and the results are hard to ignore.

Clinical studies show a 79% reduction in depression symptoms. No prescription medication is needed, and the delivery costs are very inexpensive compared to standard mental health treatments offered through the health care system.

Although the crisis is still overwhelming, the Friendship Bench is helping to stem the tide of those not needing acute care.

The Friendship Bench has evolved into training all types of laypeople reflecting varied communities (men, LGBTQ, youth), not just grandmothers. The meaningful work and relationships created have changed the lives of the Friendship Bench volunteers as well as their clients and communities.

To ensure that a support system is established once clients leave the bench, they are introduced to **peer-led local support groups**. These groups help build local relationships that can buffer against isolation and loneliness. Group members work together on income-producing endeavors like weaving shopping baskets out of recycled plastic bags and gardening.

Dr. Chibanda's 2017 **TED talk**, "Why I train grandmothers to treat depression" has been viewed by millions. The theme of community support resonates across the globe. There is currently a **documentary** about Friendship Bench in production, and he is writing a book about his experiences in developing the Friendship Bench. Dr. Chibanda hopes to have a Friendship Bench within walking distance of anyone who needs it in every community.





B•Unbound

In the U.S., there is an opportunity to further connect Friendship Bench circle group members to people in their communities through common interests. These relationships can relate to finding work or just exploring things they are curious about. Being able to express our authentic selves, pursue what matters to us and interact with people, ideas, and nature can help us discover meaning and purpose.

B-Unbound is both a program and a technology platform operated by the innovative nonprofit education organization **Big Picture Learning** (BPL). Twenty-seven years ago, BPL began facilitating its work through public schools with the motto “One Student at a Time.” and the mantra “The student is the curriculum, the community is the classroom.” It has now expanded its proven principles to community-based initiatives like B-Unbound.

B-Unbound was created to connect youth to supportive adults who share their interests and build a community of peers learning to navigate their way together. It has now evolved to build multigenerational networks of support around shared interests for both youth and adults. B-Unbound monitors and manages the community relationships formed.

With a common mission to create an environment conducive to meaningful pursuits and to strengthen community support for all ages, B-Unbound was co-founded by Elliot Washor (also a founder of BPL), and Pam Roy (bio below). Elliot, an educator for 50 years and author of **Leaving to Learn**, saw the need to get students out and exposed to the real world around their interests to discover meaningful pursuits and supportive relationships. He quickly recognized the need to create parallel programming in the community.

Who you know (who knows you) is a critical step in navigating the world. This is particularly important when seeking work in our dramatically transforming economy. According to LinkedIn and other similar studies, **85% of jobs are found through relationships**. Additionally, **70% of all jobs are not published**. They are found only through personal and professional relationships.

As we move through our lives, regardless of our work, resilience rests on relationships. This is true for all age groups. One of the longest-running studies conducted by Harvard determined that **“close relationships, more than money or fame, are what keep people happy throughout their lives.”**

B-Unbound operates through community-based organizations like the Boys & Girls Clubs, after-school programs, homeschool resource centers, maker spaces and adult education centers. Local staff members are trained to use the platform and facilitate the program. It is incorporated into the culture and the existing structure of the organization to ensure efficacy and reduce costs.

“FOR HUMANS TO FLOURISH THEY MUST HAVE THE KIND OF SUPPORT THEY NEED AND THAT IS DIFFERENT FOR EVERY PERSON”

John Dewey



Authentic Connections Groups

IN-SYSTEM BURNOUT PREVENTION

A multi-pronged approach is needed to shift the paradigm toward community support and prevention while simultaneously providing urgently needed support to medical professionals experiencing burnout.

Authentic Connections Groups (AC Groups) seek to implement community-based support groups in work settings. Groups are offered as an acknowledgment and reward to medical professionals, educators and others at risk of burnout. AC Groups is a nonprofit that fosters resilience by ensuring workers in high-pressure environments have dependable, supportive relationships in their everyday lives. Like Friendship Bench and B-Unbound, participants reach out beyond the circle to establish or cement ongoing support.

AC groups have been published and recommended by the National Academies of Science, Engineering, and Medicine as an effective, low-cost, evidence-based intervention to be widely used to foster resilience among adults in caregiving roles. The groups are facilitated through the nonprofit AC Groups, founded by esteemed resilience researcher and clinical psychologist **Suniya Luthar, Ph.D.**



The groups have been piloted at the Mayo Clinic AZ and Mayo Clinic MN, to support physicians, physician assistants and nurse practitioners who were mothers. The results, compared to controls, showed greater improvements in terms of workplace burnout, depression and other distress indices, and gains were maintained three months later.

Groups are now being conducted with six department leaders at Riverview Health in Indiana and with physicians and nurse practitioners at Valley Children's Hospital in Madera, California. The interest is growing with groups offered in schools to administration and educators and virtual groups to at-risk mothers.

In addition to conducting AC Groups in organizations (especially hospitals and clinics), AC Groups provides scientific assessments of workplace climate. The goal is to illuminate specific, modifiable factors most likely to foster employee resilience. Given the incremental stressors faced by healthcare professionals and first responders during the pandemic, there is a pressing need for proactive prevention at the level of institutions and not just among individuals themselves.

A PARADIGM SHIFT

ACCESSIBLE IN EVERY COMMUNITY

“DURING MY YEARS CARING FOR PATIENTS, THE MOST COMMON PATHOLOGY I SAW WAS NOT HEART DISEASE OR DIABETES; IT WAS LONELINESS.”

Surgeon General Vivek Murthy



The way we live in our industrialized society—disconnected from ourselves, each other, nature, and meaningful work—has had a dramatic effect on our health and well-being. It has contributed to an epidemic of loneliness and meaninglessness. The solutions offered to date focus on short-term interventions—addressing the symptoms—with the primary responsibility being given to the healthcare system. Yet, the opportunities for sustainable change lie in our communities.

Friendship Bench and B-Unbound offer tangible ways to shift the paradigm of mental health care that is simple and approachable for every community. They are seemingly simple solutions to a very complex problem. Their strength and success are found in recognizing the dignity and value of our human qualities—our need for interconnectedness, our innate responsibility, and the defiant power of the human spirit.

Friendship Bench has recently been granted non-profit status in the US and is ready to begin implementing its proven program. Financial support, local partner organizations and pilot locations are being sought. The program requires a minimum number of staff members to train and monitor treatment delivery, local volunteers who are given a modest stipend and accessible locations for benches. Its role in both intervention and prevention can help alleviate pressure on the overburdened healthcare system.

B-Unbound is an important component of Friendship Bench as it creates a wider support circle specifically targeted to meaningful pursuits. It can also be added as a stand-alone initiative to any other community-based programs seeking to support human potential. It has already established numerous pilots and additional support is needed to expand its offerings further.

COMPLIMENTING COMMUNITY-BASED INITIATIVES LIKE FRIENDSHIP BENCH AND B-UNBOUND, AC GROUPS OFFER IN-SYSTEM SUPPORT FOR BELEAGUERED MEDICAL CARE PROVIDERS.

Pam Roy is co-founder of **The Viktor Frankl Institute of America**, providing resources related to the search for meaning,

B-Unbound, a community platform connecting multi-generations around interests, and **Straight Up Impact**, a film company inspiring social change. She is an advisor to the CEO of **Friendship Bench** and on the Board and Steering Committee for **AC Groups**. She writes a parenting blog and lives in Southern California.

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