



# Psychological Professionals and Community Wellbeing: A Discussion Paper



**The Psychological Professions Network**

A collaboration of regional networks sponsored by Health Education England to give voice to all psychological professions in workforce planning and to promote excellence in practice

## About the Psychological Professions Network

The Psychological Professions Network exists to maximise the benefits to the public of the Psychological Professions across NHS funded healthcare.

It consists of regional workforce networks across England that join up twelve Psychological Professions: adult psychotherapists, child and adolescent psychotherapists, children's wellbeing practitioners, clinical psychologists, cognitive behavioural therapists, counselling psychologists, counsellors, educational mental health practitioners, family and systemic psychotherapists, forensic psychologists, health psychologists, and psychological wellbeing practitioners.

The Psychological Professions Network provides a joined-up voice for the Psychological Professions in policy-making and builds bridges between psychological professionals, the public and policy-makers.

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#### Psychological Professions Network South East



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# Foreword and Acknowledgements

We acknowledge that this paper was prepared before the COVID-19 pandemic, and, with the changed landscape we find ourselves in, the topic of wellbeing in communities has become more important than ever! Although it is impossible to predict how the pandemic and the resulting restrictions will continue to impact on us, and how this will evolve over time, it seems inevitable that many, many people are being and will continue to be psychologically affected. These include front line clinical staff, the people who have been treated and recovered from the virus, those who have lost loved ones, older people affected in care homes, restrictions on visiting arrangements, or anyone who has felt isolated, alone, confused and displaced by the social distancing rules we have had to follow. There are also the many individuals with pre-existing diagnoses whose treatment was delayed or prematurely ended as a result of the pandemic, both in physical and mental health due to the shift to crisis interventions, while others felt unsafe accessing both physical and mental health services because it might increase their risk of contracting the virus. While there has been innovation in terms of digital support, there are also those who have struggled to engage with this. Alongside these examples of how communities are being affected, it is important to recognise the impact of health inequalities and how BAME communities have been disproportionately affected, and, that the economic impact of the pandemic is going to have further far-reaching adverse effects.

It is important, as Sally Warren (2020) argues in light of learning from Grenfell, that public services work alongside communities to 'use all of our collective strengths to improve our health and wellbeing'. The COVID-19 pandemic mutual support groups that have sprung up around the country are testament to how communities are able to mobilise themselves and support each other. Carl Walker (2020) suggests psychological professionals should build on these collective responses to individual need, and focus on 'preventative, community-led approaches to mental health and emotional wellbeing' as this is how we can 'strengthen communities'.

How to contribute to healthy, thriving communities has also become an important focus for the Psychological Professions nationally. It was one of the key visionary themes that emerged from the national crowdsourcing campaign Psychological Professions Into Action!

Here, psychological professionals and everyone involved in or with an interest in shaping psychological healthcare in the NHS was invited nationwide to explore together how the 12 Psychological Professions can have the biggest possible positive impact for the public. '*Help our communities thrive*' has now become one of the five key commitments outlined in the National Vision for the Psychological Professions (Psychological Professions Network, 2020), which is all the more pertinent in the wake of the global pandemic and the challenges that lie ahead.

With all this in mind, the purpose of this discussion paper was to explore how psychological professionals are able to join with the community in supporting community wellbeing. Although many different psychological approaches and current ways of working within the community were described, this paper broadly asked the question: "how we can work within the community to extend psychological ways of working to include preventative and community-based and community-developed interventions?". We hope this paper will add to this conversation and encourage others to share their ideas and learning. It would seem that we are now in a time when these ideas will be more relevant than ever!

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# Contents

<b>Executive Summary and Proposals</b>	<b>5</b>
<b>1. Introduction</b>	<b>6</b>
<b>2. Background and Current Context</b>	<b>7</b>
2.1 Background	7
2.2 Current Context: The NHS Long Term Plan	7
<b>3. Definitions of Key Terms and Points for Consideration</b>	<b>8</b>
3.1 The Psychological Professions	8
3.2 Community	9
3.3 Prevention	10
3.4 Wellbeing	10
<b>4. Psychological Approaches and Wellbeing</b>	<b>11</b>
4.1 Positive Psychology	11
4.2 Transpersonal Psychology	11
4.3 Health Psychology	12
4.4 Environmental Psychology	13
4.5 Community Psychology	14
<b>5. Psychological Interventions and Wellbeing</b>	<b>15</b>
5.1. Improving Access to Information / First Line Response	16
5.2 Educational Interventions in the Community	17
5.3 Systemic Approaches/Consultation	18
5.4 Ecotherapy	19
5.5 Community Arts Projects	20
5.6 Challenging Stigma	21
5.7 Public Health	22
<b>6. Challenges in the Area of Wellbeing and Prevention</b>	<b>23</b>
<b>7. Conclusions and Proposals</b>	<b>24</b>
<b>8. Glossary</b>	<b>25</b>
<b>9. References</b>	<b>26</b>

# Executive Summary and Proposals

The contribution that the Psychological Professions can make to promoting wellbeing in communities has not, as yet, been fully realised. Along with the prevention of illness, promoting wellbeing in communities is increasingly gaining attention at both a governmental and health service level. The Psychological Professions have traditionally worked in services that provide psychological interventions for individuals, their carers and families, usually during a period of ill-health. Psychological Professionals are often misunderstood as only providing individual therapy. However, their theoretical knowledge and understanding of psychology, along with their many transferable skills, mean that they could have a significant role to play in the area of wellbeing and prevention. This paper outlines the possible challenges that are contributing to Psychological Professions currently not fulfilling their potential in promoting wellbeing in communities, and makes a series of proposals. The paper was prepared for the Psychological Professions Network (PPN) South East, and so has a local focus, but has national relevance as a way of starting a conversation. One of the key commitments of the Vision for the Psychological Professions in England is 'to transform lives and communities...' and 'help our communities thrive' (Psychological Professions Network, 2020). We intend for this paper to stimulate debate, to highlight areas (both covered and not covered in the paper) that need more attention and action. We want to inspire interest in the role of Psychological Professions working with communities to promote wellbeing, and hear everyone's perspective.

## 1. This paper:

- Briefly outlines the background and current context
- Offers some definitions and clarifications of the key terms
- Describes some of the psychological approaches that are most relevant in understanding wellbeing
- Detail examples of interventions and approaches that Psychological Professions could develop to promote wellbeing in communities using examples identified mainly by psychological professionals in the South East
- Makes a series of proposals for next steps.

## 2. Proposals:

The PPNs can play a key role in promoting the importance of the Psychological Professions becoming involved in improving wellbeing and prevention of ill-health by:

1. Creating opportunities and a platform for ongoing discussions about the role of the Psychological Professions in improving community wellbeing.
2. Supporting localised place-based projects, that are co-produced and involve marginalised communities, to develop understanding of barriers and challenges of working in this area.
3. Considering ways to ensure good governance arrangements for those working in preventative and community-based interventions as this is different from traditional settings and ways of working.
4. Linking with research networks and research partners who can support innovative and collaborative research and the development of an evidence base.
5. Identifying and sharing examples of good practice nationally, that include examples from across the health system, and how their impact has been evidenced.

# 1: Introduction

Along with the prevention of illness, promoting wellbeing in communities is increasingly gaining attention at both a governmental and health service level. The Psychological Professions have traditionally worked in services that offer psychological interventions for individuals, their carers and families, usually during a period of ill-health, and often misunderstood as only providing individual therapy. Psychological Professionals' theoretical knowledge and understanding of psychology, along with their many transferable skills, however, mean they could have a significant role to play in the area of wellbeing and prevention.

This document will:

- Briefly outline the background and current context
- Offer some definitions and clarifications of the key terms
- Describe some of the psychological approaches that are most relevant in understanding wellbeing
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- Makes a series of proposals for next steps.

## 2: Background and Current Context

### 2.1 Background

The NHS has developed around, and continues primarily to be underpinned by, a biomedical understanding of health problems (Haggett, 2016). In keeping with this understanding, the majority of research in both physical and mental health focuses on how best to treat and manage illness in the individual. As a result of this focus, there have been many medical advances, and huge numbers of people have received cutting edge treatments. As life expectancy has increased, however, the main health concerns have begun to change. Chronic diseases, such as heart disease, cancer and stroke, now account for more

### 2.2 Current Context: The NHS Long Term Plan

Alongside delivering a more integrated care service, improving outcomes and making more use of digital technology, a priority identified in the NHS Long Term Plan (NHS England, 2019) is for the NHS to have a greater role in prevention. It argues it is imperative that prevention receives more attention in an attempt to off-set the ever-growing demand for the NHS as a result of the ageing population, growing visibility of unmet needs and advances in medical science. The areas highlighted for this focus include smoking, obesity, alcohol, air pollution, antimicrobial resistance, and health inequalities.

The cost to the NHS of socioeconomic inequality has been reported as £4.8 billion in greater hospitalisations alone (Asaria, Doran, & Cookson, 2016). Those who live in the most deprived areas of the community have shorter life expectancies and spend more of their life in poor health (Steel et al., 2018; ONS, 2015; Aiden, 2018). Some groups within the population also have shorter life expectancies, including Black Asian and Minority Ethnic (BAME) communities and people with learning disabilities (University of Bristol, 2013), as well as people with severe mental health problems (Mental Health Taskforce, 2016).

To tackle these inequalities, more funding will go to areas of deprivation and programs introduced that reduce health inequalities. These include enhanced support for the most vulnerable mothers, increased numbers of people with severe mental health problems receiving physical health checks, and, additional support for people with learning disabilities and rough sleepers. Although the role of the NHS is recognised, the NHS Long Term Plan also states that a comprehensive approach to preventing ill-health additionally depends on the actions of the individual, companies, communities and national government.

than half the deaths worldwide (WHO, 2011). With increasing age there are also increasing numbers of co-morbidities. Long-term health conditions, including mental health problems, can also have a hugely negative impact on quality of life. Quality of life in the context of these long-term conditions is not entirely addressed by a biomedical treatment model. Shifting the focus and creating opportunities for innovation, outreach and prevention is challenging, particularly in a publically funded, policy-driven organisation such as the NHS.

The role of local government in prevention is also highlighted; and the importance that the NHS should only complement, not be a substitute, for the services for which they are responsible.

### Community Mental Health Framework

The Community Mental Health Framework for Adults and Older Adults (NHS England, 2019), together with the NHS Mental Health Implementation Plan (NHS England, 2019), details how the NHS Long Term Plan's vision for adult and older adult mental health services can be achieved. A place-based model of community mental health provision will be introduced through the development of Primary Care Networks, Integrated Care Systems (ICs) and personalised care. This will allow a move away from 'siloes - hard to reach services' towards whole person, whole population health approaches making use of community assets and integrated working across agencies.

Much of the NHS Long Term Plan and the Community Mental Health Framework have been positively received, but without close integration and partnership between health, social care and voluntary, community and social enterprises (VCSEs) many of the commitments cannot be delivered. The King's Fund (King's Fund, 2019) and Rethink (Rethink, 2019) suggest the funding settlement for social care, and whether this is likely to impose additional pressures on the NHS, together with the Government's proposed Green Paper on prevention, are both key to how, and even whether, the NHS long term plan can be delivered.

# 3: Definitions of Key Terms and Points for Consideration

There are many agencies, organisations and professional groups working in the area of wellbeing and prevention. As each has their own theoretical underpinning, approach and agenda, there is a lack of consistency and agreement in the use of many of the key terms. A brief description and relevant definitions will therefore be provided.

## 3.1 The Psychological Professions

The Psychological Professions Network (PPN) provides a joined-up voice for the Psychological Professions in policy-making and builds bridges between psychological professionals, the public and policy-makers.

The twelve Psychological Professions joined up by the PPN are adult psychotherapists, child and adolescent psychotherapists, children's wellbeing practitioners, clinical psychologists, cognitive behavioural therapists, counselling psychologists, counsellors, educational mental health practitioners, family and systemic psychotherapists, forensic psychologists, health psychologists, and, psychological wellbeing practitioners. They deliver services across NHS funded healthcare.

Psychological Professions each have different training routes and vary in the theoretical approach that underpins their understanding of the aetiology of mental health, and consequently the interventions they use in their clinical work.

This means that there will also be differences within these Psychological Professions in how they understand 'wellbeing' and how it can best be promoted in communities. In this paper, no assumption is made as to which approach is most likely to inform which professional group. There is also no assumption as to which profession is likely to engage in which of the suggested interventions to improve wellbeing in communities. It can, however, be assumed that some training and theoretical approaches will lend themselves better to particular interventions. Allowing psychological professionals to find ways to work within communities that draw on the evidence-based approaches in which they have expertise will ensure best practice.

### 3.2 Community

Baumeister and Leary (1995) suggest that human beings have a drive to form and maintain at least a minimum quantity of 'lasting, positive and significant interpersonal relationships' (p457). Research consistently shows that people who are actively involved with communities or socially engaged with others tend to live longer (Kawachi et al., 1997) and have better physical and mental health (e.g. Berkman, 1995; Cohen & Janicki-Deverts, 2009; Cohen & Wills, 1985). Conversely, loneliness has been found to be related to depression (Eisses et al., 2004; Nangle et al., 2003) and suicidal ideation (Kidd, 2004; Stravynski & Boyer, 2001), and negatively related to life satisfaction (Goodwin et al., 2001; Schumaker et al., 1993) and subjective wellbeing (Bramston et al., 2002; Chipuer et al., 2003).

Social capital, highlighting the increased access to resources as a result of increased social contacts, is often used as a way to conceptualise the benefits of social connectedness (Bourdieu, 1986; Bourdieu & Wacquant, 1992). These resources include a sense of connection, belonging, information sharing, practical assistance, problem appraisal, peer affirmation and group identification (Hale et al., 2005; Kawachi & Berkman, 2001). The government has recently released a policy paper, 'A connected society: a strategy for tackling loneliness', committing to improving the understanding about what contributes to loneliness, embedding consideration of loneliness into government policy and to raise awareness and challenge stigma (Department for Digital, Culture, Media and Sport, 2018).

As a result of the benefits of social connection, 'community' is often assumed to be a positive experience for all people. However, many people feel excluded from 'the community' or struggle to find their place. A community is defined by the Oxford English Dictionary as 'a group of people living in the same place or having a particular characteristic in common'. It is important to remember that community does not just refer to people living in a particular geographical area. Communities can also grow around particular interests, commonalities, or challenges, for example faith based communities, Lesbian Gay Bisexual Transgender Queer Plus (LGBTQ+), refugees, and ethnic minorities, they are intrinsic to the creation and transfer of knowledge (Lave & Wenger, 1991), and can happen in a variety of different ways, including online.

The COVID-19 pandemic has brought into focus the importance and impact of community, both in being supportive to each other and judgemental of each other's actions. It has also shown how interdependent we are and how creative we can be to find ways to connect despite very difficult circumstances.

### 3.3 Prevention

The Department of Health and Social Care (2018) describes prevention 'as helping people stay healthy, happy and independent for as long as possible'. They suggest that this includes 'reducing the chances of problems arising in the first place and, when they do, supporting people to manage these as effectively as possible'. The importance of prevention is highlighted in the NHS Long Term Plan as a way to off-set the growing costs of the health service. Investments in prevention can have a significant long-term social return; Masters et al. (2017) found savings of around £14 of social benefit for every £1 spent across a broad range of areas.

### 3.4 Wellbeing

Wellbeing is a complex and multi-faceted construct that defies an agreed definition. Although most people when asked will have a sense of their state of wellbeing, they will often find it difficult to put this into words (Todres & Galvin, 2018). As well as difficulties in finding agreed definitions, many different terms are also used interchangeably (Healey-Ogden & Austin, 2011). Although mental illness and wellbeing are often understood as being on a continuum, the conflation of wellbeing with health has been challenged (Atkinson, 2013). Wellbeing can also be understood as 'life satisfaction'. This has the advantage of de-medicalising the concept of wellbeing, allowing it to be considered separately from ideas of illness (Stratham & Chase, 2010). For some communities, subjective wellbeing also extends to the people in their families/communities rather than just the individual themselves.

The Department of Health (2014) defines wellbeing as 'feeling good and functioning well and comprises an individual's experience of their life; and a comparison of life circumstances with social norms and values'. In their definition wellbeing is split into

As part of the Industrial Strategy's Ageing Society Grand Challenge (2017), a Mission was set by the then Prime Minister to ensure that everyone should enjoy at least five extra healthy, independent years. In the 'Prevention is better than cure' policy paper (2018), this Mission is repeated, and a commitment is made to particularly focus efforts on those who are currently experiencing poor health with shorter life expectancies and need the most help to live longer lives. The role of digital technology is highlighted as a way to transform public health by facilitating predictive prevention to better identify risks and then help the behaviours of the people most in need.

**...subjective wellbeing (or personal wellbeing),** which 'asks people directly how they think and feel about their own wellbeing, and includes aspects such as life satisfaction (evaluation), positive emotions (hedonic), and whether their life is meaningful (eudemonic)', and,

**...objective wellbeing,** which 'is based on assumptions about basic human needs and rights, including aspects such as adequate food, physical health, education, safety etc. Objective wellbeing can be measured through self-report (e.g., asking people whether they have a specific health condition), or through more objective measures (e.g., mortality rates and life expectancy)'.

In 2008 the New Economics Foundation (NEF) was commissioned by the Government's Foresight project on Mental Capital and Wellbeing to review the literature and develop a set of evidence-based actions to improve personal wellbeing. NEF identified five ways to wellbeing: connect, be active, take notice, learn and give, which are now widely recommended (NEF, 2008).

# 4: Psychological Approaches and Wellbeing

Psychology is a broad subject area with many different divisions. To understand the potential impact of the Psychological Professions, some of the different approaches within psychology that are relevant to wellbeing will be outlined. Included in this paper are Positive Psychology, Transpersonal Psychology, Environmental Psychology, Health Psychology and Community Psychology, but there may be further psychological approaches that are relevant and able to contribute to community wellbeing. These approaches to wellbeing are overlapping and not mutually exclusive. They do however highlight different aspects of what might be most significant in improving wellbeing. Although these ways of working have an evidence base, and established frameworks of practice, not all have had a wide impact in the delivery of NHS services but could be impactful in the community.

## 4.1 Positive Psychology

Although previous researchers had suggested that health and wellbeing should not be seen just as the 'absence of illness' (Herzlich, 1973, p53), Seligman and Csikszentmihalyi (2014) introduced the idea of a Positive Psychology. They suggested that, rather than focus solely on what can reduce mental ill-health, it is important to explore what makes life more enjoyable and can contribute to 'the fulfilled individual and the thriving community'. Keyes (2002) reviewed data on over 3000 American adults to develop the 'Mental Health Continuum'. He used the term 'flourishing', for those who scored highly on measures of emotional, psychological and social wellbeing, and 'languishing' for those who described themselves and life as "hollow", "empty", "a shell", and "a void". He found the risk of a major depressive episode was twice as likely among 'languishing' as moderately mentally healthy adults, and nearly six times greater among 'languishing' than 'flourishing' adults.

## 4.2 Transpersonal Psychology<sup>1</sup>

Overlapping with humanistic and Positive Psychology, Transpersonal Psychology highlights the importance of religion and spirituality to mental health and wellbeing; investigating spiritual practices and experiences and researching their value and their relationship to the models and concepts of psychology (BPS, 2019). This is an area that is often neglected by mainstream psychologists and other mental health professionals (Dierendonck & Mohan, 2006), although the World Health Organisation has now recognised spirituality as an important part of health (Yogesh et al., 2004). Transpersonal Psychology has had some difficulty in finding an agreed definition, as proponents hold diverse perspectives and use methods that are at odds with each other (Fontana, 2003).

Although Positive Psychology has offered a different perspective on mental health and mental ill-health, and led to much research into ways to improve wellbeing, it is not without critical observations. The majority of the literature focuses on the individual and what they can do for themselves. Csikszentmihalyi (2002) has defended this, arguing that 'happiness is not something that just happens... [it] is a condition that must be prepared for, cultivated, and defended privately by each person' (p2). Seligman (2002) suggests this can be understood as empowering, as individuals are viewed as 'decision makers, with choices, preferences, and the possibility of becoming masterful and efficacious' (p3). There is a danger, however, that focusing on the individual and what they can do for themselves neglects the context. The individual is blamed for their own 'misery' (Davies, 2015), and so individuals not experiencing high levels of wellbeing can feel at fault, thereby experiencing further diminished wellbeing.

The original focus on alternative states of consciousness has broadened to include human transcendence, wholeness, and transformation (Hartelius et al., 2007). Linking with a 'eudemonic perspective' on wellbeing, which highlights the importance of a meaningful life, many models that underpin Transpersonal Psychology suggest that happiness comes from living in accordance with one's true self (Waterman, 1993) and finding personal meaning (Miovic, 2004), for example Maslow's self-actualization (Ryff & Singer, 1998). There are a number of mental health interventions that draw on the transpersonal, for example the twelve step program therapy (Miovic, 2004). Empirical evidence has also shown that religion and spirituality are linked to greater wellbeing (Dierendonck & Mohan, 2006; Lewis & Cruise, 2006).

1. <https://www.bps.org.uk/member-microsites/transpersonal-psychology-section>

### 4.3 Health Psychology

Health Psychology is primarily concerned with psychological processes underlying health, illness and health care, highlighting the impact of the mind on physical illness and challenging the traditional mind/body split. The main goal of Health Psychology is to explore how Health Psychology research and professionals can help to promote and maintain health, prevent and treat illness and support people living with illness. The dominant approach within physical health medicine remains the biomedical model. However, as the numbers of people suffering with chronic health conditions rises, this model is increasingly recognised as insufficient. Engel (1977) introduced the concept of the biopsychosocial model, to reflect the significance and interaction of biological, social and psychological processes in the progression of illness and the pursuit of health. This model now underpins much of Health Psychology research and practice and the theory development regarding health- and illness-related behaviour.

Following a healthy lifestyle can lead to adults living up to 12 years longer than they would otherwise (Kvaavik et al., 2010). They are also more likely to have more healthy years during their lifetime; currently about 20% of our lives are spent in poor health (ONS, 2017).

Despite the potential for improvement in health and wellbeing, many adults do not follow recommendations for leading healthy lives. In a survey conducted in 2006, Craig and Mindell (2008) found only 40% of men and 28% of women met recommended levels of physical activity. Therefore, a significant focus of Health Psychology is in the area of health promotion with the aim of improving health and wellbeing particularly within the context of chronic health conditions, such as obesity, coronary heart disease, and cancer.

This can be achieved by changes in lifestyle, including smoking, alcohol misuse, poor nutrition and low levels of exercise, that can result in premature deaths (Crossley, 2000). Health Psychology also includes gaining understandings of the complex range of factors, which can explain why adults continue to engage in risky behaviours, and what can help them to make positive changes. For example, researchers have explored the impact of culture on health behaviours and the importance of language in health promotion (Betsch et al., 2015).

#### 4.4 Environmental Psychology

Environmental Psychology studies the interplay between individuals and the built and natural environments (De Groot, 2019), arguing that the physical environment has a significant effect on psychological processes. This is an aspect of mental and physical health that is often not considered, with many treatments offered without thought to the impact of physical context in which they are delivered. Environmental Psychologists often work with other disciplines, including geographers and architects, to develop and utilise this understanding.

Environmental Psychology initially focused primarily on the built physical environment and how it might affect human behaviour and well-being (Bonnes & Bonaiuto, 2002). More recently the focus has been on the influences of human activity on the biophysical environment, and how the biophysical environment impacts on human health and wellbeing. For over 300,000 years humans lived close to nature and it is argued that many current problems are the negative consequences of becoming so distanced (Pretty, 2004). This seems to be corroborated by those who live nearer to green and blue space having significantly lower mental distress and higher levels of wellbeing, with people of low levels of education or lower socioeconomic positions seeming to benefit more than other groups (White et al., 2013; Maas et al., 2006; Mitchell & Popham, 2007; Mitchell & Popham, 2008; de Vries et al., 2003; Van den Berg et al., 2015; Gascon et al., 2015; Wheeler et al., 2012).

Although these effects may be due to the 'healthy migrant effect' (Wheeler et al., 2012), national surveys in several countries have consistently shown that people consider contact with nature to be one of the most powerful ways to obtain relief from stress (Grahn & Stigsdotter, 2003).

Studies have shown that contact with natural environments has an effect on biomarkers and self reports of stress, on mood and reported levels of fatigue (Bowler et al., 2010; Hartig et al., 2011; Hartig et al., 2003; Park et al., 2011; Thompson et al., 2012; Ulrich, 1981; Kaplan, 2001). Improvements in mood and cognitive functioning can be found following even just short-term exposure to green space (Berman et al., 2008; Hartig et al., 2003; Nisbet & Zelenski, 2011).

The concept that environments can promote or impede wellbeing, challenges the idea that the focus of wellbeing interventions should be solely on changing aspects of individual people; instead it suggests new ways of thinking about recovery, and mental health and wellbeing, that includes changing the places in which we live (Yates et al., 2012 p111). Ecopsychologists further argue that it is not until we are living in greater harmony with the natural world that we will improve our mental health (Roszak et al., 1995). This has led to a growing interest in how to increase pro-environmental behaviours.

## 4.5 Community Psychology

Community Psychologists seek to understand health and wellbeing by understanding the impact, both positive and negative, of the political, cultural, historical and economic context. They highlight the substantial evidence that social inequality has a powerful effect on mental and physical health and wellbeing (Cromby et al., 2013; Friedli & Organization, 2009; Marmot, 2005; Mirowsky & Ross, 2003; Read et al., 2010; Wilkinson & Pickett, 2010; Harper, 2016; Cromby et al., 2012; Walker, 2007). That rather than focus on changes within the individual, it is the long-term impact of racism, bullying, poverty, inequality and the corrosive effects of dysfunctional parenting, social worlds and political regimes that cause people to become distressed and should be challenged (Ussher, 2011; Dillon et al., 2014). This approach understands wellbeing as a set of effects produced in specific times, places and circumstances (Atkinson, 2013), rather than entities to be acquired or internalised. They suggest the focus of interventions to improve wellbeing should be on prevention, including achieving structural changes in social policy and legislation.

Community settings create effects that can hinder or enhance wellbeing. In settings that enhance wellbeing, people have opportunities to experiment with social roles, imagine alternative futures, develop agency and active citizenship, and where discourses of disability, victimhood, powerlessness and dependence can, for some, become recognition, belonging, and a sense of control (Solomon et al., 2001).

The psychological sense of community, emotional support, role models, practical information, ideas on coping, opportunity to help others, and mutually supportive relationships can reduce feelings of loss, guilt, isolation, social marginalisation and stigmatization (Walker et al., 2017). Examples of these settings include adult community learning (Lewis, 2012), developing cohesive social networks (Pearce et al., 2016), neighbourhood quality of life improvement interventions (Biglan & Hinds, 2009), mutual support groups (Solomon et al., 2001), holiday groups (Pols & Kroon, 2007), group singing (Pearce et al., 2016) and 'enabling places' for social inclusion (Duff, 2012, Mezzina et al., 2006). Such spaces and settings help foster networks for groups of people in a way that local statutory services find difficult (Cigno, 1988).

Community Psychology offers a very different perspective from which to understand mental health and wellbeing. This approach also challenges traditional research methods, stressing the importance of collaborative and action research. This research, however, is not always recognised and the Government's Chief Medical Officer has recently suggested that there is an insufficient evidence base for preventative approaches in mental health (Harper, 2016). There is also a danger that a Community Psychology of wellbeing is seen as a recipe for reductions to essential public services via the transfer of health services into the community.

# 5: Psychological Interventions and Wellbeing

To gain an understanding of the ways that the Psychological Professions are currently working to promote wellbeing, an email was sent out to the Psychological Professions' workforce in Kent, Surrey and Sussex, inviting them to reply with examples of interventions that they identified as important in promoting community wellbeing.

Whilst the views of psychological professionals across the health system were sought, the examples generated were mostly focused on adult mental health. There are, no doubt, many others from other settings. Many of the interventions identified were multi-faceted in the ways they might promote wellbeing, however they were grouped into seven categories to give a tentative framework for the different ways that psychological professionals could be employed to promote wellbeing in the community. As these are community-based interventions they are not all located within NHS mental health services:

- 1) Improving access / sharing resources
- 2) Education interventions in the community
- 3) Systemic / Consultation
- 4) Ecotherapy
- 5) Community Arts projects
- 6) Challenging Stigma
- 7) Public Health.

Each of these categories will be briefly outlined, with case examples and reference to the role of the Psychological Professions. Case examples outlined in each section were taken during the time this paper was written and so may have changed or developed since. They are not available in all areas, and have been included to give further understanding or clarification of the kinds of interventions that could be further developed.

## 5.1 Improving Access to Information/First Line Response

Having access to information is the first stage in supporting people to improve their health, wellbeing and in the prevention of illness. There are a range of ways that this information can be offered including the recommendation of reading materials, books on prescription schemes, online resources and digital innovations that support people to understand themselves better and identify when they may need more help.

There is also an increase in the number of roles whose main function is to provide information and guidance about ways to improve health and wellbeing including social prescribing, mental health workers in school and basic health information.

### East Sussex Social Prescribing Pathway

The government has committed to expanding all social prescription services to all GP surgeries by 2023. As a result of a number of social prescribing models having been developed and commissioned it has become confusing for referrers, GPs, clients and carers.

The key aims of this project are:

- Agree a consistent definition of social prescribing services and roles
- Establish a consistent referral and support pathway
- Develop shared impact measures
- Systemise workforce resources and competences across the voluntary community sector and statutory services, and
- Use evidence and learning to shape the redesign and commissioning of future services.

### Role of the Psychological Professions

It is important that it is information that is helpful for the person receiving it. The Psychological Professions have a role in choosing and framing the information made available as well as supporting other front line workers to think about how they provide information and to whom. This can be done through offering supervision and the development of clear pathways and good governance arrangements.

Signposting to community support, with a clear rationale, could help people to engage in services that they would otherwise not have known or thought about. Signposting without a clear rationale could make people feel like they are being turned away from the service they think that they need.

## 5.2 Educational Interventions in the Community

Offering courses that give people information about ways to improve their health and wellbeing, in community settings, are becoming more widespread. These are sometimes in partnership with a third sector provider or at the request of a group or organisation.

These include recovery colleges, discovery colleges, parenting courses and providing staff training. A number of Psychological Professions are already involved in offering these courses.

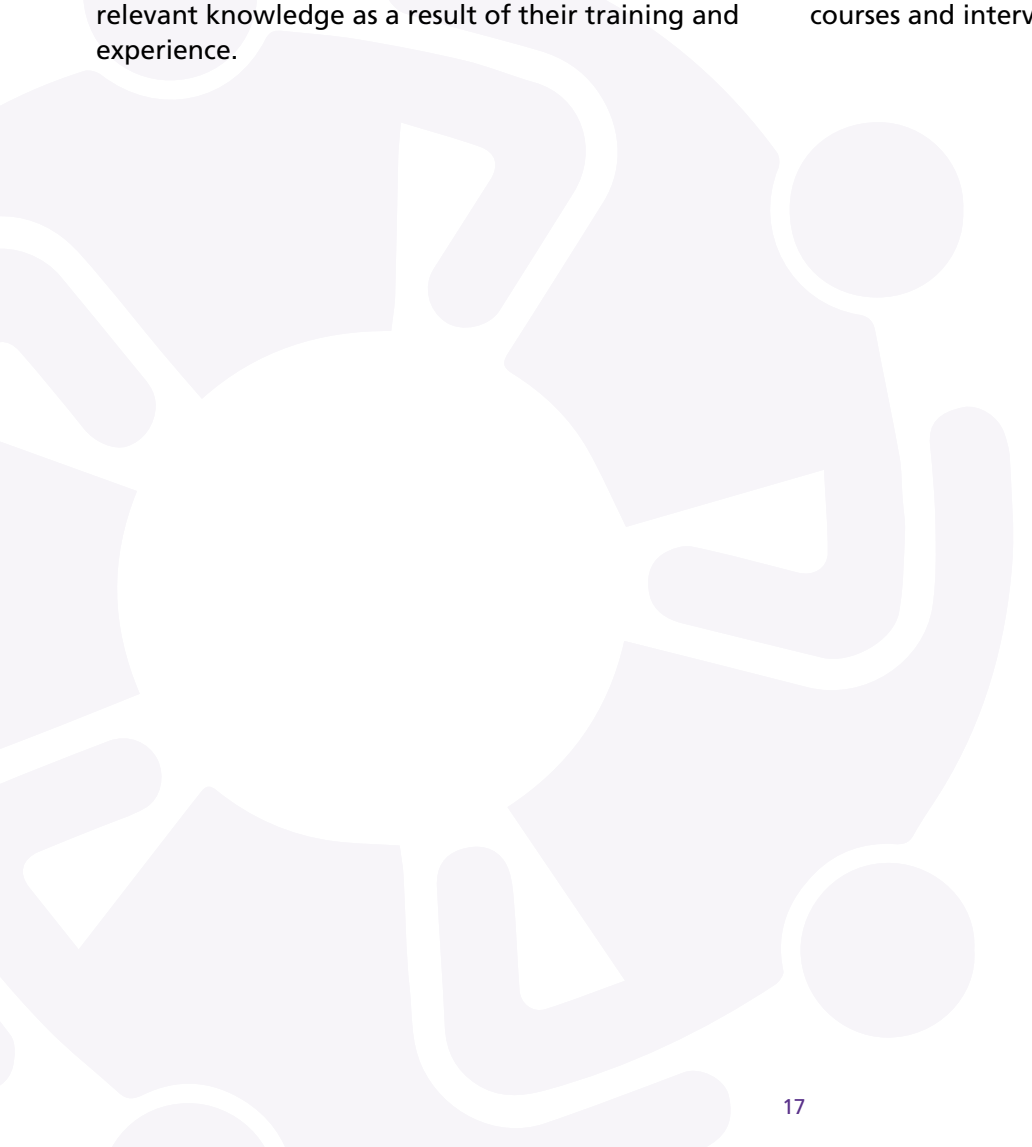
### Recovery and Discovery Colleges.

Recovery colleges, and the equivalent for young people, Discovery colleges, offer educational courses within the community that focus on mental health and recovery. Each course is co-created with a peer trainer, a person with their own lived experience of mental health problems who also has a teaching qualification and a mental health professional. They aim to be a partnership between NHS and third sector providers.

### Role of the Psychological Professions

Psychological Professions, like other mental health professionals, are ideally placed to provide many of these courses alongside peer trainers, as they will have relevant knowledge as a result of their training and experience.

It is useful to have psychological professionals delivering these courses and they can also be involved in the development, writing and supervision of such courses and interventions.



### 5.3 Systemic Approaches/Consultation

Systemic models offer a very different conceptual approach, by thinking about the people around the identified 'client' rather than only thinking about the individual and their internal world. In other countries these approaches are more widely used but in the UK are primarily used for young people, people with learning disabilities and older people.

These approaches can be considered resource intensive, as they involve more than one professional, but they generally require fewer sessions that are spaced out so that change is enabled within the system.

#### Open Dialogue, Kent and Medway Partnership Trust (KMPT)

Initially a pilot, and now part of a randomised controlled trial, KMPT were one of the first Trusts in England to trial open dialogue. Rather than working just with the individual the first contact with services is a meeting that includes the service user and their support network. The focus is exploring what happened rather than what is wrong with you.

The key aspects include

- Ensuring an immediate response at the point of crisis
- The same care professionals being involved throughout the care
- Family inclusive network meetings
- All clinical discussions being undertaken in the presence of the family
- All decisions being co-created by the client, their support system and the clinicians to strengthen recovery.

As well as improving staff morale, as they move from individual practitioners towards relational therapeutic beings, the evidence from Finland where it originated also suggests a significant reduction in hospital admissions.

### Role of the Psychological Professions

#### Systemic Approaches

Some Psychological Professionals are trained in systemic approaches. Rather than focusing on the individual client these approaches think about the client as part of a system. This includes the socio-political context and the impact this might have on how the client understands themselves. Systemic approaches can be used with individuals (Denton & Michie, 2006) or the practitioners may meet the individual with members of the family or network (Anderson, 1997). Practitioners often do not work alone and may make use of a 'reflecting team' (Anderson, 1987, 1991, 1995), in which the practitioners share their ideas and thinking with each other in front of the family or network. This allows many different perspectives to be explored. During sessions there is a curiosity in the ways that the client, and their system, understands the 'problems' and changes within the system, as well as how the client might be able to engage differently with the context in which they are in, are considered. From this perspective psychological professionals adopt a non-expert position (Friedson, 1984) and have recognition that there is not one objective version of the truth, rather 'stories' and understandings are co-created (Hoffman, 1990).

#### Consultation

Many psychological professionals are very experienced in helping other practitioners to think about their clients from a psychological perspective (e.g. Lake, 2008). As well as offering a space for reflection, including the dynamics between the practitioner and client, different formulations from different approaches can be offered to facilitate different ways of working with the client (e.g. Johnstone & Dallos, 2013). The 'Power Threat Meaning Framework' (Johnstone & Boyle, 2018), has recently been proposed, by a group of psychologists, service users and carers, as an alternative to traditional models of mental health based on psychiatric diagnosis. This conceptual system incorporates social, psychological, and biological factors and applies to everyone, not just people who have been in contact with the mental health or criminal justice systems. Consultation and formulation often remain within mental health services, and with other mental health colleagues, but could be offered to other relevant staff groups and organisations including GPs and other physical health settings, supported housing and community settings.

## 5.4 Ecotherapy

Ecotherapy broadly refers to interventions or activities undertaken in natural surroundings. Green exercise initiatives have proved successful in improving wellbeing (Pretty, Peacock, Sellens, & Griffin, 2005); (Barton & Pretty, 2010). Mind (2013) commissioned an evaluation into over 25 ecotherapy projects, in which participants were encouraged to be active outdoors, and found measurable improvements with 7 out of 10

people experiencing significant increases in wellbeing, increased social inclusion, healthier life styles, more connected with the natural world and adoption of environmentally friendly behaviours. Whilst gym membership tends to be terminated within one year, anecdotal evidence suggests longer term adherence to exercise initiatives in outdoor natural settings (Thompson Coon et al., 2011).

### Woodland Project, East Sussex

Through a partnership between a community interest company, circle of life and a Child and Adolescent Mental Health Service learning disability team, children with moderate and severe learning disabilities, and their families, are offered the opportunity to enjoy a Woodland Family Day. These include making a fire, trying woodcrafts, playing games that focus on sensory needs, singing together and head massage.

It is an opportunity to socialise, as a family, away from judgements of the public, and being in woodland seems to facilitate this process. The feedback is hugely positive with families appreciating spending time with each other and other families with children with complex needs in a peaceful and supportive environment.

### Role of the Psychological Professions

Whilst ecotherapy interventions are not dependent on Psychological Professions, working in a green or blue space does provide many opportunities for therapeutic benefit, and the involvement of Psychological Professions could enhance this.

Some Psychological Professions have explored offering individual therapy, and therapeutic interventions, in the natural world (Jordan & Hinds, 2016). This recognises the importance of the more-than-human world in the client's healing story (Hegarty, 2010).

## 5.5 Community Arts Projects

Community arts projects can offer interventions at the individual or community level. Emotional experiences are often not easily articulated and finding ways in which creative mediums can be used to facilitate expression can provide many benefits.

As well as reanimating, or animating, the relationship between private and public life, participation in creative activity can develop personal and social skills as well as technical or aesthetic knowledge (Cameron, Crane, Ings, & Taylor, 2013).

### Creative Futures, Brighton

Creative Future exists to nurture under-represented artists and writers, those that feel they lack opportunities due to mental health issues, disability, identity or other social circumstance, in their creative development, leading them to high quality professional creative practice. They provide skills training, mentoring, exhibiting, promoting and publishing opportunities.

## Role of the Psychological Professions

There are a number of psychological professionals who are trained in creative and arts based approaches and so are already providing arts-based interventions within health settings. Using these skills to promote wellbeing in the community would be of great benefit.

Art, Drama and Music Therapists, represented in the NHS professional structures as Allied Health Professions, are significant psychotherapeutically skilled contributors to many of these projects.

## 5.6 Challenging Stigma

There are many groups that do not access mental and physical health services even though they could benefit, or are in need of help / treatment. Often these are stigmatised or marginalised groups, and the mainstream approach does not fit with their needs or lifestyles. Services need to provide support in ways that are more appropriate for these groups, if the wellbeing of the whole of the community is going to

be improved and illnesses prevented. To achieve an approach that will be most helpful it is necessary for services to be co-created by members of the groups that the service is for. It may also be appropriate that these services provide advocacy for the groups that struggle to be heard.

### Neurotriage

A community interest company, Neurotriage aims to increase understanding of the links between homelessness and neuropsychological needs in service providers and service users. As well as providing neuropsychological assessment, intervention and follow-on support to those experiencing homelessness and a brain injury or neurological deficit in Liverpool, NeuroTriage hopes to bridge the gap between service provision and need by engaging with the local homeless population by linking-in with local voluntary services that already support this community.

### Role of the Psychological Professions

Psychological Professions are trained in active listening and developing formulations as well as clearly communicating this understanding.

Consequently, they have skills that could enable them to co-create and co-produce services that meet the needs of harder-to-reach groups.

## 5.7 Public Health

Public health aims to improve the health and wellbeing of the nation and reduce health inequalities.

There is an increasing interest in public mental health as part of the focus on population health and wellbeing.

### **Kent and Medway: Developing an Adverse Childhood Experiences (ACE) aware, trauma informed system.**

The project aims to develop a system that supports professionals in understanding the impact of ACEs and to respond to those who might have been victims in ways that is not re-traumatising. A multi-agency steering group has been formed and a programme of work developed that includes; finding opportunities in the way services are commissioned, exploring and researching models of practice that work best to meet the complexities of the issue, sharing learning and innovative ideas, awareness raising, joining the dots between training and education that is already happening, testing out ways to support place based and community based approaches to make change happen in ways that are appropriate for different kinds of workers and organisations.

### **Role of the Psychological Professions**

Psychological professionals are well suited to working within public health and public mental health in particular. Public Health requires shifting the focus

from individual to community but would benefit from the application of psychological theory to complex problems.

## 6: Challenges in the Area of Wellbeing and Prevention

A number of challenges of working in the area of wellbeing and prevention are apparent:

- There is a lack of distinction between mental ill-health, mental health, wellbeing and well-being leading to different concepts being conflated or used interchangeably.
- Multi-professional / multi-agency interest in wellbeing leads to multiple perspectives, lack of agreement about definitions and potential mis-communication.
- Without agreement about what wellbeing is, measurement is difficult.
- The NHS has always been focused on treatment rather than prevention. It is hard to justify taking time away from direct clinical work, and doesn't fit well within evidence-based frameworks on offer.
- How do we not just 'do to' the community - we are part of the community / need to work with the community.
- The potential of what the discipline of psychology and the Psychological Professions workforce have to offer in this field is not being fully recognised, understood or realised.



# 7: Conclusions and Proposals

While the NHS Long Term Plan recognises the importance of prevention, reducing health inequalities and the need for integrated services to meet the needs of the community, the contributions that the discipline of psychology and the Psychological Professions workforce can make to support psychologically healthier communities have not been fully recognised, understood or realised. 'Help Our Communities Thrive' however is one of the key commitments of the Vision for the Psychological Professions in England (Psychological Professions Network, 2020) and further work is required in this area!

This paper outlines the role and potential of psychological professionals in preventative and community-based and community-developed interventions and to encourage further conversation. To take this work forward into action we propose that the PPNs can play a key role in promoting the importance of the Psychological Professions becoming involved in improving wellbeing and prevention of ill-health by:

1. Creating opportunities and a platform for ongoing discussions about the role of the Psychological Professions in improving community wellbeing
2. Supporting localised place-based projects, that are co-produced and include marginalised communities, to develop understanding of barriers and challenges of working in this area
3. Considering ways to ensure good governance arrangements for those working in preventative and community-based interventions as this is different from traditional settings and ways of working
4. Linking with research networks and research partners who can support innovative and collaborative research and the development of an evidence base
5. Identifying and sharing examples of good practice nationally, that include examples from across the health system, and how their impact has been evidenced.

# 8: Glossary

## Biomarkers

Biomarkers are measurable, defined characteristics that indicate biological processes in the body. These can be indicative of normal biological processes or responses to the environment (Califf, 2018)

## Biomedical

The cause of illness and disease can be explained by disordered somatic or biological processes, that can be measured to determine diagnosis, and, through the correct medical treatment, can be reversed. Compare with the biopsychosocial model that suggests that it is also important to consider the social and psychological context (Engel, 1977)

## Co-morbidities

Comorbidity is "the presence of more than 1 distinct condition in an individual" (Valderas et al., 2009, p358)

## Eco Psychology

Eco Psychology takes "a planetary view of mental health" and "recognises that a capacity to live in balance with nature is essential to human emotional and spiritual well-being" (Roszak et al., 1995)

## Emotional Wellbeing

In his study Keyes' defined Emotional wellbeing as "a cluster of symptoms reflecting the presence or absence of positive feelings about life" (Keyes, 2002, p208)

## Holistic Psychology

Holistic Psychology is "an integrated approach to patient care that connects mind, body and spirit" (Latorre, 2000)

## Humanistic Psychology

Humanistic Psychology studies "(1) what does it mean to be fully experientially human and (2) how does that understanding illuminate the fulfilled or vital life?" (Schneider et al., 2014 p xvii)

## Psychological Wellbeing

In his study Keyes' defined Psychological wellbeing as "private and personal criteria for evaluation of one's functioning" (Keyes, 2002, p209)

## Reflecting Team

The reflecting team approach was developed in family therapy by Dr. Tom Andersen. He encouraged the therapy team, that usually make suggestions from behind a one way screen, to have their conversation with the family listening. This reflecting conversation allows for multiple perspectives to be shared, for horizontal collaborative relationships to be developed and promotes transparency.

Example of a reflecting team – "The therapist and the family talked in one room with the team listening to that talk from the room behind the one-way screen. Then there was a shift when the team walked over to the 'talking room' as the therapist and the family walked to the 'listening room'. When the team was through with their talking, the rooms were swapped again, and the family commented on the team's talk from the 'talking room'. The therapist is always together with the family, always separated from the rest of the team." (Andersen, 1995, p 17)

## Self-Actualisation

Self-Actualisation is "achieving one's full potential, including creative activities" (McLeod, 2007)

## Social Wellbeing

In his study Keyes' defined Social wellbeing as "public and social criteria whereby people evaluate their functioning in life" (Keyes, 2002, p209)

## 12 Step Program

The 12 step approach is a spiritual abstinence-based program that underpins a number of mutual support groups. The approach was first developed to support people to overcome problems with alcohol but there are now groups for people with a wide range of issues including drug addiction, gambling and overeating.

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