

Community mental health through a complex systems lens



The way a local economy is organised is not often mentioned in mental health research.¹ Researchers are more likely to examine the mental health effects of national trends and policies or individual-level treatments and interventions. When local area variation is considered, it is typically neighbourhood characteristics like population density, crime, or unemployment rate, rather than local systems, values, and activities.² However, in this issue of *The Lancet Public Health*, Tanith Rose and colleagues³ present an ecological study of the Community Wealth Building programme in Preston (UK) and show how the ways local economies are organised matter to the mental health of people living and working there.

Community wealth building originated in Cleveland (OH, USA) and has been adapted to develop resilient local and regional economies in Scotland, Spain, Australia, and the Netherlands.⁴ It is designed to be a people-centred approach to economic development, redirecting wealth back into the local economy, and to give control and benefits to local people and institutions, such as local authorities, health and social care boards, educational institutions, and enterprise agencies.⁵

In 2015, Preston began its own Community Wealth Building programme that aimed to transform procurement policies to support local supply chains, improve local employment conditions and wages, and increase socially productive use of assets.³ Rose and colleagues compare temporal trends in mental health in Preston before (2011–15) and after (2016–19) the introduction of the programme, matched to areas where Community Wealth Building was not implemented. 2011–19 was also a period characterised by national policies of austerity and welfare change in the UK,⁶ including substantial reductions in local authority budgets.⁷ Although Rose and colleagues showed that all the areas studied had a deterioration in the mental health of their communities during this time, the decline was less pronounced in Preston than in the matched control areas. This finding was consistent with Preston's local economic system contributing to a meaningful and measurable improvement in the health of its local population. Further modelling showed the benefits of the Community Wealth Building programme on employment rates (7.2% increase, 95% CI -5.3% to 23.9%), wages

(11% increase, 1.8 to 18.9%), and life satisfaction (9% improvement, 0 to 19.6%).

The mental health metrics used in the analysis were the proportion of local people who were diagnosed with depression or prescribed antidepressants in primary care. Anxiety disorders and psychological therapy are common but were not included, and future research could include indicators of collective community wellbeing beyond the aggregation of individuals, such as social cohesion.⁸ Furthermore, most people with depressive symptoms that are severe enough to warrant intervention are not diagnosed or treated^{9,10} and there are substantial inequalities in who is diagnosed by or receives treatment from the National Health Service (NHS). Health service use as a measure of underlying need therefore risks underestimating inequalities. However, Rose and colleagues found that the Community Wealth Building programme was associated with better mental health and economic benefits in the most disadvantaged neighbourhoods in Preston.³

The structure of societies through social interactions, norms, and institutions affects population health and requires multiple forms of intersectoral policy action.² Complex systems can be challenging both to action and evaluation.¹¹ Although Rose and colleagues are cautious about making causal conclusions from their observational study, the effects of pre-pandemic austerity, the COVID-19 pandemic, and Brexit on increasing health and socioeconomic inequalities require urgent action.

A decade ago in the UK, the Health and Social Care Act 2012 moved statutory duties for public health from the National Health Service to local authorities,¹² which subsequently had their budgets reduced. Finding ways to transition to a wellbeing economy through transforming local systems therefore needs to use multiple local partners, such as employers, health and care institutions, education providers, and public and not-for-profit organisations. There is increasing global interest in rethinking the purpose of the economy. If we are to establish a sustainable wellbeing economy, bold, alternative economic approaches are needed at every level.⁴ Rose and colleagues show that local economic and procurement strategies are a part of this complex

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system, with potential for improving mental health and reducing inequalities in a relatively short time.

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