Review of: "Consciousness, Neo-Idealism and the Myth of Mental Illness"

Cormac Russell[1]

1 DePaul University

Potential competing interests: No potential competing interests to declare.

Your paper resonates deeply and traverses a rich philosophic and epistemological range. It might be useful for me to share extracts from an unpublished paper I am working on with you, to unpack further a dimension that you tip your hat to in the paper, the notion that this conversation is far more social and political than medical or biological. I hope it's useful to you—many thanks for your fine and erudite work on this.

The asset-based community development perspective has much to offer in helping chart a course towards a society-wide paradigm change regarding mental well-being beyond the narrow confines of healthcare reform among professionals and their 'patients'. One that places communities at the centre and professionals and their institutions in a servant leadership role.

Asset-Based Community Development

Asset-Based Community Development (ABCD) is an approach to sustainable community-driven development. ABCD's basic premise is that *communities can be the primary drivers of a development process by identifying, connecting and mobilising existing but often unrecognised local assets*. Thereby responding to challenges and opportunities by creating local social improvements and economic development. In ways that include the gifts of all residents, especially those most at risk of not having their gifts recognised and valued. Traditional mental health services focus on assumed deficits of isolated individuals treated not as creative citizens but as passive recipients. The authority sits with the clinician and their agencies. In contrast, Asset-Based Community Development approaches focus on the capacities of individual citizens and their associations, placing communities at the centre of well-being efforts. Communities are in the driving seat, with agencies providing supplementary support and doing for communities what they cannot do themselves—table 1.1 compares and contrasts deficit-based thinking and ABCD.

Deficit-Based Thinking vs Asset-Based Community Development

Deficit-Based	Asset-Based Community Development
Problems (What's Wrong?)	Possibilities (What's Strong?)
Blame (What is the matter with you?)	Shared ownership (What happened to you?)
What's missing	What's there
Scarcity	Abundance
Risk Avoidance	Courageous risk-taking and stewardship
Needs	Strengths, capacities, assets
Control-outside in	Lead by stepping back but not abandoning
Top-down	Inside-out
Do to	Do with & enable to do by their own hands
Clients & passive receivers	Co-producers & active creators
Provider-led	Citizen-led

Table 1.1 Deficit-Based Thinking vs Asset-Based Community Development

At worst, professional deficit-based service providers in the mental field have made clients of the economically poor, the distressed and those overwhelmed by social injustice and oppression. Too often, through the dominance of the current deficit-based medical model, distressed people are distanced from the support of their neighbours and peers, who are made to feel that they are too removed and unqualified to help. This has led to the excessive isolation of individuals that are labelled by their assumed mental health status. When in difficulty, people are pressured to identify themselves by diagnostic labels that can only be validated and serviced by outside agencies. But through an ABCD community building process at neighbourhood scale, this can be changed by recognising community assets, changing assumptions, and seeing past labels to reveal individuals' capacities and contributions to their communities' wellbeing.

Table 1.2 below outlines the divergent pathways between these two paradigms in terms of competing purposes, methods and operating systems.

Deficit-Based Process vs Asset-Based Community Development Process

	Deficit-Based	Asset-Based Community Development
Purpose	Changing community wellbeing through increased services	Changing community wellbeing through citizen involvement
Method	Institutional reform	Citizen-centred production
Accountability	Leaders are professional staff, accountable to institutional stakeholders.	Leaders are widening circles of citizens. Accountable to the community.
Significance of Assets	Assets are system inputs. Asset mapping is data collection.	Assets are relationships to be discovered and connected. Asset mapping is self-realization and leadership development.
Production Resource	Money is the key resource. Falls apart without money.	Relationships are the key resource. Falls apart when money becomes the focus.
Operating Challenge	How do we get citizens involved?	How do we channel and build on all this citizen participation?
System Dynamic	Tends to spread itself thinner over time.	Tends to snowball& proliferate over time.
Evaluation	Success is service outcomes, measured mostly by institutional stakeholders.	Success is collective capacity, measured mostly by relationships both in terms of bonding & bridging social capital.

Table 1.2 Deficit-Based Process vs Asset-Based Community Development Process

Bridging from the current allopathic paradigm depicted in Table 1.2 as the deficit-based process towards a more community-centred well-being approach, outlined in the above table (1.2) as the ABCD process, demands three fundamental shifts. Firstly, from a scarcity mindset towards an abundance mindset. Secondly, from a pathogenic model that diagnoses isolated clients towards a salutogenic approach that aims to precipitate a sense of coherence across populations and advocates for generative growth and wellbeing. Third, a relocation of authority from institutions to communities is needed, where communities of place are recognised as a primary and necessary unit of change for sustainable well-being outcomes. Hence, “dropping the disorder” is a crucial demand and the first step in addressing mental health and well-being's social and political determinants. Towards that end, we must remove harmful labels that, instead of supporting people to cultivate valued social roles in everyday community life, displace and ultimately replace them with what are often patronising institutional interventions.

Labelling Theory

“Deviancy is not a quality of the act a person commits, but rather a consequence of the application by others of rules and sanctions to an 'offender'. Deviant behaviour is behaviour that people so **label**.” (Becker, 1963. p9).

Similarly, from an asset-based community development perspective, **deficiency** is not a quality of the act a person (or association of people) commits but rather a consequence of the application by others of rules and standards to a person (or community). **Deficit-based** or supposed “disordered” behaviour is behaviour that people (typically experts) so**label and not the acts the person commits.**

Iatrogenic Labelling

At this point, I would like to introduce a new word pairing, namely, iatrogenic labelling, by which I mean a form of harmful labelling done to people by clinicians and their professional allies, (Varley & Varma, 2021) (Textor & Schlesinger, 2021). Labels are not automatically productive or counterproductive, but nor are they benign. Labelling Theory highlights the

potential hazards in labelling processes, such as those implicated in diagnosing an individual's mental health status, especially when such labels risk adversely interfering with a person's civil liberties and identity. In effect, stripping them of valued social roles in mainstream society increases the risk of stigmatisation and alienation. Nevertheless, labels are not automatically harmful. On the contrary, some are chosen or reclaimed as emancipatory or political speech acts by individuals and associations disenfranchised, marginalised, and subject to structural injustices, such as the word queer in the LGBTIQ+ communities.

The reclamation of such labels is important for various reasons, including individuals choosing labels for themselves can counter stigma and toxic internalised shame. These individuals can then build affinity groups and encourage self-expression with each other. Such affinity groups can organise to provide mutual help and solidarity and use their collective bargaining power to challenge oppression and injustice and advocate for necessary reforms. Affinity groups can grow, organise mutual support and solidarity, and use their collective bargaining power to challenge oppression and injustice and advocate for necessary reforms. Coalitions can form with other affinity groups to precipitate change in attitudes and behaviours in popular culture and open doors to needed services and equality of opportunity in education or the workplace. Beyond the experiences of individuals outside formal groups and individuals within groups, we can see agreed-upon definitions enabling advancements in ethical research and policy.

Social and Political Determinants of Mental Wellbeing

The determinants of mental health are three-fold and interrelated: (1) biological factors, including genetic make-up; (2) life circumstances/events of the person living with mental health challenges; and (3) the impacts of the wider political, social, economic, and environmental spheres such as consumerism (Relojo-Howell, 2018), lead poisoning, inhumane policies, and so forth. Campbell and Burgess (2012) rightly argue that currently, in Westernised societies, the dominant focus has been on the first two determinants, and even then, it tends to be overly diagnostic and consequently far too prone to medicalise social and political issues and also to disregard personal and cultural trauma. The ratio of investment in 'talking cures' to chemical ones reveals a trend towards viewing people in heightened experiences of overwhelm and distress as needing chemical intervention as a first port of call in the healing journey. This structural bias has fed the exponential growth of prescription drugs and new diagnostic labels. There were 79.4 million antidepressant drug items prescribed to 7.87 million identified patients in the UK in 2020/21. (NHS Business Services Authority, 2022).

Meanwhile, the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5-TR) (American Psychiatric Association, 2022), published in March 2022, contained a massive expansion of labels around what is currently considered to be within the domain of mental illness. These are a very complex set of issues that have more to do with market forces, the imbalance of power across society, and the need to properly regulate the big pharmaceutical companies than they do with patient care and mental well-being. The concept of social (and we should add political) determinants of wellbeing is conceptually familiar to psychiatry but is a relatively young idea in applied practice. In response to the lack of an 'explicit, specific and integrative theory of the common good", (Prilleltensky, 2023, p. 2) US-

based scholar, Prilleltensky and colleagues introduced a model rooted in fairness, mattering and wellness. In distilling research to be usable for citizens, we move beyond explanatory potential to transformative potential. Prilleltensky and colleagues speak to the question of how we can bring about deinstitutionalisation by looking to global policy contexts and the implications of social good in local 'wellbeing economies' that 'meet the needs of all within the needs of the planet' (Von Heimburg P. N., 2022, p. 1067).

The next following section suggests that an asset-based community development perspective can advance the reduction of institutionalisation and precipitate more shared lives in natural communities by recognising the neighbourhood as a hinge concept that links the micro and the macro.

Asset-Based Community Development (ABCD) & Drop the Disorder Movement:

One of the net results of ABCD is more community alternatives to top-down institutional interventions, which accelerates the journey from being a client in service to being a valued citizen in a natural community setting (McKnight, 1977) (Kretzmann & McKnight, 1993; Kretzmann et al., 2005; Russell & McKnight, 2022; Russell, 2020). Understood in this way, I suggest movements, like Drop the Disorder (Watson, 2019) and Mad in America (Mad in America, 2023) have the effect of sparking asset-based community development-like efforts. They generate grassroots social justice movements that build and sustain the civic power to change the public narrative around mental well-being. Such movements also force the relocation of authority for mental well-being away from institutional domains towards citizen space, *as can be seen, crystalised in a health context in Cottam's notion of 'relational welfare'* (Von Heimburg & Ness, 2021) where welfare is defined as a *"resource that people co-create together, where personal and collective relationships and environments are placed at the centre of development"* ***(Von Heimburg & Ness, 2021, p. 648)***

An asset-based community development perspective is focused on more than collective action at the local level. In a public health context, evidence tells us that the more local, decentralised spaces are likely to invoke pluralistic debate in public health and bridge the gap between progress in medical knowledge and progress in medical practice ***(Liverani, Hawkins, & Parkhurst, 2013)***.Similar to the Drop the Disorder movement, ABCD is also gift-centred in its orientation. That is not to say that either is anaemic. Indeed in practice, both have mounted a full-blooded challenge to those who adopt a scarcity or deficit mindset concerning individuals and their communities, reminding them you don't lift people up by putting them down or obscuring their capacities behind counterproductive labels or medical hegemony.

Conclusion

The challenge is to try to navigate a very narrow strait between 'normalisation' (Guttman, 2019; Bautista et al., 2018), which tries to deny the issue's existence. And the preponderance towards iatrogenic labels and professionalised interventions that often distance people with mental well-being challenges from their families, friends, communities, and the economy, not to mention their innate capacities and human rights. The challenge is compounded because so many communities of place have become atomised at the social and political levels. As a result, they are growing increasingly tentative in their ability to collectively co-create mental well-being locally. Geel is an outlier community where the common

belief is that it takes a village to co-create mental well-being. They are also a frontier community beckoning us towards an alternative future.

Suppose we accept that community cohesion is decisive in mental well-being and that creating a sustainable future is entirely compatible with action to reduce health inequalities through promoting sustainable local communities, active transport, sustainable food production, and zero-carbon housing. Then the way forward is clear: Drop the disorder (Watson, 2019) and take up the challenge of growing our shared lives together to contribute to each other's physical, economic, environmental and mental health and well-being. The parallel challenge for professionals and policymakers is to ensure that significant investments are liberated from acute parts of mental health systems. Since that is where so much iatrogenic labelling comes from and to move those resources upstream towards supporting communities to become more powerful and compassionate. This is how institutions can support people and places to create community alternatives where traumatised, oppressed, and distressed people can heal, thrive, and contribute. As well as cultivating this community development approach, skilled professionals must remain a proximate backup when specialised support is required to supplement community capacities, just as we saw in the town of Geel. Mental health professionals can advance their professions by pivoting towards discovering community assets and individual gifts and the precipitation of citizenship and community building while also providing necessary services and support. The two are not mutually exclusive.

In the final analysis, as societies, we may ask, do we have a mental health problem or a political problem? Unfortunately, at the root of our modern malaise, we suffer from the latter while diagnosing the former. It, therefore, is not just time to drop the disorder but to further relocate the authority for mental well-being into the heart of communities and away from institutional monopolies and professional dominance. The good news is that we can start this backyard revolution in small manageable steps, one neighbourhood at a time. A paradigm shift is a necessary precursor to a social revolution. Paradigm shifts begin by turning our questions on their head; instead of asking what is wrong with labelled people and places, for example, let us ask what is strong and then use what is strong to address what is wrong and make what is strong even more vital and valued. The shift from what's wrong to what's strong acknowledges that we cannot know what people need until we first know what they have, and that is primarily a community development conversation, not a clinical one.