# New Vision for Mental Health (NVMH) – an Ecological Paradigm

By **Richard Oldfield**

Editor and Curator, New Vision for Mental Health

## Summary

This article describes the New Vision for Mental Health project and its underpinning ecological paradigm. It gives some examples of the many new and interesting approaches that have arisen across the field of mental health and well-being. It also looks at some of the challenging and stressful conditions faced by those working within the current system, and addresses two of its key 'philosophical' problems.

The New Vision for Mental Health (NVMH) project provides a free online resource through which practitioners, trainees, experts-by-experience and the general public can explore the many exciting developments in the mental health field. It also seeks to help weave these developments together into a coherent vision for the sector's future.

In recent years the mainstream approach to mental health has taken some encouraging steps in the right direction – e.g. NHS England's plan for Universal Personalised Care.[1] Unfortunately, however, the general approach is still largely set within a simplistic biomedical paradigm, centred mainly on pathology, diagnostic labelling and the treatment of symptoms.

Yet within the wider field there are many new ideas and approaches. These are drawn from emotion-focused care, evolutionary biology, experts-by-experience, psychoneuroimmunology, urban design, the study of neurodiversity, social prescribing, economics, 'street triage' and the study of homelessness, new approaches to 'psychosis' … and from many other areas of knowledge, practice, study and research.

The NVMH project looks to curate these new developments, and to help weave them into an integrated and coherent whole. The aim here is to support movement towards a mental health paradigm that is fit for the twenty-first century: namely (we propose) an *ecological* paradigm that is inherently complex, and which is focused more on root causes and the person-in-connection.

Why an ecological paradigm? Because ecology is the study of interrelationships – and when it comes to mental health and well-being, each person stands at the centre of a highly complex web of interrelationships.

This web is complex because it spans both 'inner' and 'outer' worlds, going well beyond the scope of purely biophysical or psychosocial models to also connect more specifically with emotional, cultural, evolutionary, economic, environmental (both human-built and natural-physical), psycho-developmental and existential/transpersonal/spiritual factors.

And more: each person is themselves inherently complex, not least because the human

mind/brain is perhaps the most complex phenomenon known.

This ecological paradigm manifests across three layers – Practice, Community and Society, with the person-in-connection at the centre:

- **PRACTICE** – e.g. therapist and client
- **COMMUNITY** – e.g. primary mental health-care system at local level
- **SOCIETY** – e.g. national government policies

Each layer contains a set of factors (i.e. causality) that contribute to or detract from mental health. Additionally, each person has psychological, social and developmental dimensions (development over time) that further contribute to or detract from their mental health.

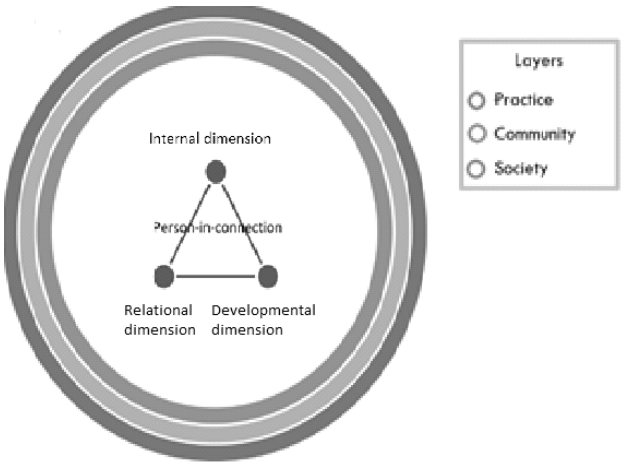


**Figure 1** The three levels of the ecological paradigm

Each layer involves one or more of five identified themes:

**PRACTICE** (e.g. therapist and client)**:**

- Theme: **Emotion-Focused Care** – ensuring services are emotionally safe and supportive by focusing on developing genuinely caring relationships.
- Theme: **Collaborative Practice** – working collaboratively to contextualise practice with each person.

**COMMUNITY** (e.g. primary mental health-care system at local level):

- Theme: **A Coherent System** – designing a service system that looks beyond the biomedical or psychosocial models, helps people with what *they* want help with (rather than what the system is predisposed to provide) and looks to address causes rather than using diagnostic labels and then looking to treat (including suppress) their symptoms.

**SOCIETY** (e.g. national government policies)**:**

- Theme: **A Well-being Society** – developing a society that recognises the wider factors that impact on mental health and takes meaningful account of these across all government policies.
- Theme: **A Balanced Budget** – a budget more fairly divided between biophysical and mental & emotional health-care.

Before further discussion of the current, mainstream system and any changes needed, we should first acknowledge the dedicated professionals – counsellors, doctors, nurses, psychologists and many others – who strive to do their best in helping those in need.

We should also acknowledge the challenging and stressful conditions that they face. These include:

- ***Under-funding***. For example, there is an imbalance – roughly a 7:1 ratio – of government spending on biophysical compared to mental health-care.

  Such underfunding limits the available options. As Dr Antonis Kousoulis (assistant director at the Mental Health Foundation), has said: 'GPs overprescribe antidepressants often because of the long waiting lists for specialist services.'

- ***Being given what is often misleading or incomplete information concerning the results of drugs trials***, including with regard to clinical effectiveness and side-effects. At root, this stems from the vested financial interest of the pharmaceutical industry and their significant control over (a) the design and conduct of drugs trials; (b) the researchers involved in those trials; and (c) the dissemination and publication of trial results.

  There is a growing scepticism – in relation to mental health treatment at least – about much of the drug-related research that has been published. And with this comes a growing scepticism about some of the associated treatment guidelines.

- ***The often-systemic requirement for a formal diagnosis of mental ill-health (of some category or other) to be issued before access to help and support can be provided***.

- ***Encountering (within their working environment) the consequences of a society that permits very large inequalities of monetary income, social mobility and opportunities*** – when the evidence conclusively shows that such inequalities lead to greater mental ill-health.

Despite these challenges/problems, many new and interesting ideas and approaches have arisen – and continue to arise – right across the field of mental health and well-being. A small sample might include:

- **The Power Threat Meaning Framework: Beyond Diagnosis to Meaning-based Patterns in Emotional Distress**.[2] Its approach is summarised in four questions that can apply to individuals, families or social groups:
  - What has happened to you? (How is power operating in your life?)
  - How did it affect you? (What kind of threats does this pose?)
  - What sense did you make of it? (What is the meaning of these situations and experiences to you?)
  - What did you have to do to survive? (What kinds of threat response are you using?)

- **Stress as a cause of inflammation**[3] (an immune system response that can feed into depression, for instance)… and the exploration of associated non-pharmaceutical means of reducing stress, such as the science behind things like cold-water swimming, or the creation and maintenance of a healthy gut microbiome.

- **The Task Force on Diagnostic Alternatives**.[4] This has been established by the Society for Humanistic Psychology division within the American Psychological Association.

- **The Discontinuity Model**[5] (including the *Interacting Cognitive Subsystems* model of cognition) in relation to 'transliminal' experiences and 'psychosis'. This refers to breakdowns in interactions between a posited 'relational' mode (non-binary logic, without boundaries, emotion-oriented) and a posited rational or 'propositional' mode (verbal, logically organising, boundary-maintaining, either/or binary logic).

- Within psychoneuroimmunology, how significant risk factors for chronic illness (including depression) can be linked to *the suppression of healthy emotions*.[6]

- How we might *remake the relationships between us and revolutionise the welfare state*.[7] This concerns human connection and upending the current crisis of managing scarcity, to see instead that our capacities for relationships that can make the needed changes are abundant.

- The **Hearing Voices Approach**[8] – in relation to the often-frightening occurrence of hearing voices, seeing visions and having other unusual experiences.

- **Social prescribing**.[9] This involves prescriptions (from health practitioners) that are not biomedical or overtly psychological. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

However, there remains a need to address two of the key 'philosophical' problems with the current mainstream system (not least because these tend to both marginalise new approaches and add to the challenging conditions faced by mental health professionals):

- An overly 'rational-technical' approach when, in contrast, the lived experience of 'mental' illness centres mostly around *emotional* distress – anxiety, sadness, loneliness, shame, fear, guilt, anger, despair etc.

  Underlying this is an essential truth: whilst somatic illnesses can mostly be identified objectively, the same cannot be said of psychiatric diagnoses, since these refer to thoughts, feelings and behaviour… and depend on a consensus within both society and various mental health professions as to what it means to be sick or healthy.

  Yet despite this absence of a scientific/objective basis for many mental health diagnoses, such categorisations continue to be emphasised because categorisation is inherent to the 'rational-technical' approach.

  This approach also tends to produce a focus on 'high-tech'. Hence, for example, the research into – and massive prescribing of – a variety of psychiatric drugs. And hence also the focus on genetics – e.g. the claimed genetic 'predispositions' to mental ill-health.

  The obverse of this is a tendency towards a lesser focus on 'low tech' or 'zero tech' approaches such as psychological therapy.

- A medical model that has been simplistically transferred across from biophysical health-care. The consequences of this include:
  - *Pathologisation*: looking for deficits and disorders, and interpreting behavioural, emotional and cognitive reactions as mainly symptoms of an illness, as distinct from evidence of injury (e.g. through having endured traumatic experiences). The alternative, of course, is to see things more in terms of meaningful human coping strategies – even if these go awry – that are understandable, even normal, within the context of the distressing circumstances, abnormal stress and life of the person concerned. To put it another way, bad things happen and can drive you 'crazy'.
  - *The use of often dubious diagnostic labels* – labels that purport to explain the 'what' but say nothing about the 'why'.

These two problems of underpinning philosophy and approach, aided and abetted by the pharmaceutical industry, yield another major consequence: over-diagnosis. For example, in 2014 a staggering **26 per cent of adults** in England said they had received a diagnosis of mental illness.

This is *not* to say that mental illness does not exist on a significant scale. Nor is it to say that psychiatric drugs have no place in alleviating distress for some people, at least in the short-term.

Moreover, it's clear that biophysical factors (e.g. the types of bacteria in the gut, or immune system responses leading to inflammation) *are* amongst the potential contributory causes of mental ill-health. But these stem mostly from underlying factors such as stress, social isolation, poor diet, disrupted sleep patterns, lack of exercise, lack of access to green and tranquil places, air pollution, and alcohol and substance abuse.

## The Project's Impact So Far… and Next Steps

The New Vision website[10] contains many items – nearly 600 and counting… – aimed at illustrating the many aspects of a new approach to mental health-care.

A variety of people from across the field of mental health have provided positive feedback. They include service-users, professors, psychiatrists, psychologists, therapists, writers, researchers and others. And we've been

encouraged by receipt of the Presidential Medal for Excellence in Person-Centred Healthcare,[11] as awarded by the European Society for Person Centred Healthcare.

The aims of the New Vision project include:

- Curate educational resources for:
  - Mental health trainees and practitioners, together with service-users and their families and friends
  - The general public
- Provide an international and interdisciplinary platform where practitioners, trainees, experts-by-experience and others can explore the emerging range of ideas, insights and approaches.
- Help to build a consensus around a new paradigm for mental health, to help influence policies and practice within the mental healthcare sector, including related areas of government policy.
- Help to weave the various new approaches and emerging ideas into an integrated and coherent whole.

If you are involved in an interesting new development within mental health-care, please let us know and we will see if we can promote it for you. Additionally, please get in touch if you are interested in collaborating with the development of, and/or promoting, the NVMH vision.

## Notes and References

1 See https://tinyurl.com/y26vqay5.
2 See https://tinyurl.com/y8unthar.
3 See https://tinyurl.com/ybta8tpx.
4 See https://tinyurl.com/rfz8xll.
5 See https://tinyurl.com/yae84tuh.
6 See https://tinyurl.com/y8mpbph4.
7 See https://tinyurl.com/ych85b5m.
8 See https://tinyurl.com/y9elwjgy.
9 See https://tinyurl.com/y85bs8e6.
10 See http://www.newvisionformentalhealth.com/.
11 See https://tinyurl.com/y8fvz7bm.

## About the contributor

*Richard Oldfield (right of photo) receiving the Presidential Medal for Excellence in Person-Centred Healthcare at an awards ceremony hosted by the European Society for Person Centred Healthcare.*

**Richard Oldfield** is Editor and Curator of New Vision for Mental Health, and a consultant for CPCAB (an awarding body). He has personal experience of caring for someone close suffering from mental ill-health. Within the mental health field, Richard is especially interested in the transliminal and the possibilities for reconceptualising ‘breakdowns’ in potentially life-enhancing, albeit challenging ways. His interests range from mythology, history, cosmology and philosophy, through to ecology, anthropology, current affairs and politics. Richard has twice performed live as a singer on the main stage of the world’s largest pop festival!
http://www.newvisionformentalhealth.com;
email: richard@newvisionformentalhealth.com