

Why Our Mental Health Response Must Start In The Community April 14, 2022



In recent years, we've been battered by one catastrophe after another. The COVID-19 pandemic, wars and refugee crises, natural disasters, the impact of racism, political upheaval, social division and economic instability have brought many people to their knees. The result is a towering mental health crisis that cannot be ignored. Nor can we deal with it as we have in the past.

The sheer scale of the current mental health crisis is staggering.

Currently, mental health and substance use disorders affect a staggering 13% of the world's population and nearly 1 billion people are living with mental health complications. Every year, close to 3 million people lose their lives to substance use, and every 40 seconds a person dies by suicide.

In the U.S., the percentage of the population afflicted with mental health or addiction disorders continues to climb. According to the American Psychological Association, about 20% of all teens experience depression before they reach adulthood. Between 10 to 15% suffer from symptoms at any one time and only 30% of depressed teens are being treated for it. The isolation and disruption of the COVID-19 pandemic have more than doubled those estimates.

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The nation's drug overdose epidemic is also spiraling rapidly out of control with a forecast of more than 1.2 million additional drug overdose deaths in the U.S. in the coming decade. Drug overdose deaths in the United States have increased by 28.5% in 2021 from the year before. We must address the critical and fundamental issue of isolation, which is one of the top causes of mental health complications and substance misuse. Isolation is the #1 reason why so many have struggled with heightened mental health challenges during the COVID-19 pandemic.

The COVID-19 pandemic has not only wreaked havoc on the general population, but it has also devastated the mental health of the medical personnel who dealt daily with tragedies the rest of us only saw on TV. Nearly 25% of medical providers have reported probable signs of Post traumatic Stress Disorder (PTSD) caused by the COVID pandemic and these numbers correspond to increases in suicide, substance use, anxiety, depression and a mass exodus of providers from the healthcare profession leaving the healthcare system on the precipice of collapse.

Bereavement, isolation, stress, trauma, and physical illness which contribute to poor mental health were a heavy burden during that time. Yet children had to eat, rent needed to be paid, deadlines were still expected to be met regardless of how burnt-out and heartbroken we were.

And of course social factors have a significant influence on mental health, including discrimination, racism, poverty, income and food insecurity, and inequities in access to healthcare and mental healthcare services, education and housing. Low income mothers, for example, experience postpartum depression at twice the rate of middle-income mothers. BIPOC people contracted the Coronavirus and died in far greater numbers than white populations increasing their overall mental health load.



It is also estimated that in recent years over 160 million people need humanitarian assistance as a result of political conflict, war, displacement, persecution, and natural disasters. The rates of PTSD and mental health complications can double during such crises; 1 in 5 people affected by conflict is believed to be suffering from a mental health condition, and that is a very low estimate.

But, according to the World Health Organization (WHO), countries typically spend less than 2% of their health budgets on mental health. Societies that do not prioritize mental health care do so at their peril. Depression is expected to place a greater burden on nations than any other disease in the next ten years. What most people don't understand is that there is a significant economic cost to poor mental health. When people are struggling to survive emotionally they are not as effective in work, as parents, in their communities and do not take care of their health needs, leading to greater healthcare costs down the road.

While the needs for mental health care are growing exponentially, mental health resources like one-on-one therapy can not keep pace with the demand, and mental health emergency hotlines are ringing off the hook. In many communities it's impossible to get a person in crisis into emergency mental health services and those in crisis can spend days in the ER before they are placed in an appropriate facility. Those in need may wait for months or give up long before they get the treatment that they need. And even if they are successful in connecting with mental health resources, traditional approaches to mental health care are often not culturally appropriate, acceptable or accessible, adding to increased feelings of isolation and helplessness.

WHO has made it clear that increased investments are required across all fronts. They recommend that providing comprehensive, integrated and responsive mental health and social care services in community-based settings is fundamental to addressing the global mental health crisis.

This is exactly what an innovative mental healthcare organization, Group Peer Support (GPS), is doing.

“Our world is in a tailspin,” Liz Friedman, Co-founder of GPS reflects, “People are in trouble in very large numbers and our current system of mental health care is not working. We need to fundamentally restructure the way that we provide mental health support to people in times of crisis. It's time we put mental health care directly into the hands of communities.”

Founded by Annette Cycon, LCSW and Liz Friedman, MFA Group Peer Support (GPS) is pioneering a new universal approach to mental healthcare that places cultural adaptability, accessibility, affordability and community leadership at the core of the solution. GPS is a mental health resource that provides critical mental health care to people in groups, thereby serving many people at once. They specialize in training community leaders as well as mental health providers to deliver accessible, affordable mental health care to diverse communities in a way that is culturally sensitive, inclusive and supports the community while fostering social justice. Their approach focuses on dismantling the stigma associated with mental health issues, and reducing the isolation so frequently experienced by those struggling.

Cycon and Friedman maintain that “It's critical for people to see others who look and speak like they do and who are dealing with the same kind of problems. This doesn't occur in one-on-one therapy talking place behind closed doors. Our model gives people an opportunity to be heard and understood in a group environment where they realize that they are not alone with their struggles. Being heard respectfully in a group setting allows people to process and heal their trauma so they can take on the challenges of their lives. The courage and resilience that human beings build together is stronger than in a one-on-one therapy session.”

For over 15 years now, Cycon and Friedman have raised awareness about the intersection of poverty, racism, and marginalization and their impact on maternal mental health as well as the unacceptable gaps in mental health care in marginalized communities and vulnerable populations which need support the most, such as those who experience homelessness, incarceration and low income BIPOC families.

They have trained providers across disciplines, developed a model for community-based perinatal support coalitions, and advocated for family policy at state and national levels, knowing that paid sick leave for example is a mental health issue. They also developed a specialized, trauma-informed support group model which breaks down barriers to care, fills in essential gaps in mental health services and increases access to community-based support services for people in need of immediate mental health support.

Because of the increasing need for affordable, accessible, culturally-centered, community-based mental health services, especially in communities with few mental health resources, they focus their work on building the capacity of peers and community leaders who know their people best. “By training brilliant, trusted community leaders,” says Cycon, “we can rapidly increase the number of people who can access mental health services in their home communities.”



GPS is a trauma-informed, evidence-based and culturally adaptable group mental health model that is easy to learn, easy to use and is being implemented very successfully, both nationally and internationally. GPS is being offered by trusted leaders in English, Spanish, Mandarin, Dari, Pashto, Arabic and soon in Polish, Ukrainian and Romani. GPS is bringing their unique model therapeutic group care to people in recovery, international refugees seeking a safe place to live, perinatal parents, frontline healthcare workers traumatized by the COVID pandemic and many other groups of people facing challenges that impact their mental health.

GPS is currently involved in providing mental health support to lower wage, frontline medical health workers, such as nursing home staff, who experienced some of the greatest trauma during the COVID-19 pandemic and are still suffering with untreated PTSD. This population of frontline workers are very unlikely to pursue traditional one-on-one therapeutic care and have the hardest time finding providers who reflect their culture or speak their language.

Friedman is adamant that, “Given the layers of trauma that many are facing, we can no longer afford to ignore the unfolding mental health crisis across our country, especially for those who are not being adequately served by mental health services. What we are doing is not enough. Our mental health response requires a fundamental makeover.”

Perhaps the time for GPS-style community-led mental health care is here.