

Taking Care of the Mental Health: A Social Community Issue



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Abstract

The article comments on the Italian “National Action Plan for Mental Health”, suggesting a truly transdisciplinary approach that enhances all the disciplines and professionals involved, ensuring the methodological, organizational, and financial aspects needed for its concrete implementation.

Applying the transdisciplinary approach, “Project communities” are needed to build and implement a shared project, in which various social actors participate in planning and in integrated operational strategies.

The mental health services should have as their objective “health” in the broadest sense, i.e., a state of psychophysical and social well-being and a good quality of life, to be improved within social contexts.

Overcoming the ancient dualism between the biological and psychosocial approaches, the principle of “One Health” requires adequate support by the psychological profession to promote welfare and well-being, placing “the mind at the centre of life”, both at individual and social levels.

Keywords: Health, transdisciplinarity, well-being, community psychology.

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Mental Health Care: Toward a Transdisciplinary Approach

The “National Action Plan for Mental Health” (hereinafter: The Plan) is based on the premise that mental health and mental illness are social phenomena – not just individual or small group phenomena – and that an adequate response must be given at the social level to the well-being needs of the globalized and interconnected community in our era. Mental illness causes distress, which the Plan intends to address at all levels, not only therapeutic but also preventive. This requires the specialized and coordinated intervention of diverse professionals trained in related disciplines, which are strongly interconnected in content and purpose, even if they are distinct in their methods and professional practices.

Mental health care concerns areas such as addictions, justice for adults and minors, and family crises, which do not fall within the scope of psychiatric illness in the traditional sense. The Plan confirms that youthful identity crises, relationship problems, social isolation, and new addictions should not be pathologised and require not only medical but also educational and social responses. Therefore, sociologists, psychologists, educators, rehabilitation professionals, as well as economists and social policymakers, are of interest in addition to psychiatrists. All these professionals must be involved in defining what mental health is, and how it is promoted in different social contexts.

Many theorists and researchers from the various disciplines mentioned above have contributed to consolidating shared frameworks for the diagnosis and treatment of psychopathology in non-biological terms. In this sense, psychiatrists oriented to phenomenology, such as Jaspers, Binswanger, and in Italy Callieri, Cargnello, and Borgna (for a review: Di Nuovo 2009, 2024), as well as scholars of the human sciences such as Maslow, Rogers, Foucault, Deleuze, have contributed to developing theories and methods that can be profitably applied to research and the psychological, educational, and rehabilitation professions.

However, contrary to what is reiterated in the Plan, it is not uncommon to find services in which psychologists, educators, and sociologists are considered a useful but not essential accessories in the management of services. In particular, in some services psychologists are considered specialists in psychometric diagnosis through testing, thus

diminishing a role that deserves to be much broader and more comprehensive – as the Plan recognizes in several parts, for example, by promoting psychologists in “primary care” and other sectors covered by the text.

To avoid these risks, appropriate methods for integrating the various professional skills should be defined, at the applicative and organizational level, to achieve the common objectives outlined in the bio-socio-psychological “One Mental Health” model, thus transforming it into a truly global “One Health System.”

The history of psychopathology, and the therapeutic response to it, confirms that the dysfunctional lack of integration between different mental health disciplines originates not at the theoretical and scientific level, but at the professional level. Therefore, it is at the practical level that the fundamental principles well-recognized by the Plan must be translated, with a fully defined and articulated methodological project.

The need for a multidisciplinary approach, as defined by Morin (Nicolescu, 2008), should be affirmed. In traditional *interdisciplinary* research, each science collaborates while remaining within its own disciplinary boundaries. Psychiatry, psychology, and sociology combine their methodologies to obtain highly original knowledge with significant applied implications. *Knowledge communities* are thus built, which form the foundation for connecting research, applications, and training. By sharing and applying this knowledge in multidisciplinary services, multiple professionals create *action communities*. Mental Health Services based on a multidisciplinary approach implement this approach, in which each discipline contributes individually to a common effort. The multidisciplinary approach is effective when different professionals intervene at different times and with different objectives; but it becomes less effective when the objectives cannot be fragmented and have to be shared a priori in a common project.

In more complex cases – such as health services in the broadest sense of the term – a further step is necessary. *Project communities* are also necessary, in a “transdisciplinary” approach, which transcends individual disciplines, and disciplinary focus itself, to build and implement a shared project, in which various social actors participate in the planning and in the joint action, working together with integrated operational strategies. In Bernstein’s (2015, p. 1) words, «Transdisciplinarity today is characterized by its focus on ‘wicked problems’ that

need creative solutions, its reliance on stakeholder involvement, and engaged, socially responsible science».

In transdisciplinary integration each discipline maintains its own specificity, without losing its identity, but together with other disciplines it develops targeted interventions that are verifiable in terms of effectiveness. This effectiveness must be verified not only at the level of social policies, but also at the scientific level, intrinsically linking research and application, using research models that continuously verify the effects of the intervention, through longitudinal strategies, and qualitative tools. Assessment and intervention should also be based on «transdiagnostic factors» (Aldao *et al.*, 2010; Benzi *et al.*, 2023; Newby *et al.*, 2016).

Transdisciplinary and transdiagnostic methodologies must be shared in a system without stable boundaries between disciplines (Piaget, 1972), which is not easy to achieve if scientific systems establish rigid barriers between scientific models and the professionals who apply them.

At the organizational level, current services generally involve a combination of skills and actions, rather than truly integrated ones. Implementing a transdisciplinary approach requires negotiation to define objectives and methods, in synergy with the stakeholders who represent social demand, solicit intervention, and verify it.

The Plan provides a valid framework, but transdisciplinary strategies and tools for planning and scientific verification should be further articulated in operational guidelines to be applied uniformly across regional and local contexts. This would address what the Plan summarily states, echoing the Lancet Psychiatry Commission's proposal, which «analyses how to integrate research with real-world implementation, place equity at the core of mental health interventions and research, apply a complexity science perspective, expand study models beyond randomized clinical trials, and enhance transdisciplinarity in various initiatives» (Plan, p. 96).

From “Care” to “Caring”

The transdisciplinary approach allows to fulfil the fundamental role of mental health services: they cannot focus solely on the treatment of

illness, its diagnosis and treatment (be it pharmacological or psychological), limiting themselves to individuals, families, or small groups. Instead, they must have as their objective “health” in the broadest sense within the social context.

This general definition of health is recognized by the Plan, citing Article 32 of the Italian Constitution, which defines health as a “fundamental right of the individual and a collective interest” and as such must be protected by the State, which for this reason too is defined as a “social” State. In implementing the constitutional principle, the State and the Regions – without inequalities or disparities between them – are required to guarantee “Essential Levels of Care”, the services deemed most appropriate and effective for the health needs of citizens, in compliance with essential criteria such as the dignity of the human person, the expressed need for health, homogeneity and equity in access to care, and the quality of care.

According to the well-known definition of the World Health Organization, taken up by the Plan, health consists not merely in the absence of disease, but in a state of psychophysical and social well-being and a good quality of life.

All these principles are stated in the preamble to the Plan. But in the articulation of interventions, it seems to take a different direction by underestimating the phenomenological attention to the more global “meaning” of mental health problems, which are the cornerstone of prevention. Beyond the statements of principle (the term “prevention” is among the most frequently repeated in the Plan), the practical application prevalently reproduces the logic of treatment intervention addressing the manifestations of distress.

Psychological well-being, which is the goal of the right to health, was defined by Rogers (1961) as “full functioning”, that is, the complete activation of psychological and social functions that allow an individual’s active adaptation to their environment, and the resulting sense of subjective satisfaction. Understood in these terms, well-being not only prevents mental illness and reduces languishing, the feeling of emptiness in life and a lack of hope, but also promotes a state of flourishing, a feeling of growth and prosperity: what the Anglo-Saxons optimistically call “happiness”.

Treatment means not only repairing what is broken, but also caring for the whole person who has a dysfunction, or is at risk of

having one. This defines prevention, often cited but rarely implemented for economic and organizational reasons. The obstacles to achieving the objectives set out in the Plan are not resolved, nor can be resolved by maintaining the financial principle of “equal resources”, that is, without additional funding to really achieve what is theoretically desired.

Psychology in the “Health System”

To achieve overall psychophysical well-being, health care should be multidimensional and therefore multi-professional, requiring medical, psychological, social care, and institutional interventions. To be globally effective, from the transdisciplinary perspective discussed above, these interventions should be planned and coordinated within a network, not fragmented among different professionals, and among the different areas addressed by the Plan: childhood, adolescence, and family, deviance and legal responses, traditional and new addictions, social and work inclusion, risk and safety, and digitalization.

The Plan overcomes the ancient and harmful dualism between the biological and psychosocial approaches to health, recognizing that social dimensions and biological grounds are inextricably linked and continuously interact in the evolution of the individual and the species. This is a truth always recognised by the psychosocial sciences. Morin wrote in 1982 that all sciences, including physical and biological ones, are social. Recent social neuroscience has highlighted how consciousness realises its biological potential in epigenetic development, through relationships with the physical and social environment.

Therefore, improved health can only arise from the interaction between biological mechanisms and psychological and social dynamics: not in the sense that they are two separate entities that must be joined (the old Descartes’ error...), but rather that they are two sides of the same reality: precisely, the body-mind unity ‘extended’ throughout the world, through the embodied and enacted cognition (Clark & Chalmers, 1998; Murphy Paul, 2021; Rowlands, 2013).

Having affirmed the principle of “One Health” we should be consistent in implementing it, defining the organizational aspects (and related resources) that address the problems of current and potential

hardship at their root, in different contexts: education, family, work, leisure, and social media use.

A clear example of the need for “One Health” is the study and intervention on stress, which alters the well-being of individuals and social groups. Its reduction is the fundamental goal of preventing physical and psychic diseases. Stress has genetic and epigenetic aspects (for example, those involving the immune system), biological, emotional-affective (psychophysiological arousal), cognitive (worry), relational (in family, and social groups, including media), and institutional (e.g., work-related distress).

The embodied mind immersed in social contexts creates a new dimension of study and research, as well as applicative interventions, of great relevance and timeliness.

Psychologists deal with the social mind and its health in an integrated manner, combining diverse aspects and approaches to create interventions that are simultaneously:

- *comprehensive*: caring for the persons in their mind-body unity, in the relationships with the context as a promoter of health or, conversely, of distress and discomfort;
- *specific*: adapted to the individual case, not ‘standardized’;
- *stable*: not extemporaneous, nor episodic;
- *multimodal*: going beyond the specialization of objects and techniques;
- *multidimensional*: addressing formative, rehabilitative, preventive aspects.

The effectiveness of psychological approaches is supported by numerous scientific studies, although the search for empirical evidence uses methods and tools different from those typical of laboratories and randomized clinical trials (Chien *et al.*, 2024; Schmidli *et al.*, 2020; Victora *et al.*, 2004). Community psychology’s typical approach is both clinical and social, removing psychological interventions from their purely diagnostic and therapeutic dimensions and refocusing them on the context as a promoter of positive or negative epigenetics, and consequently of well-being or distress (for a review of research methods: Javdani *et al.*, 2023; Stevens & Dropkin, 2019).

Since 2017, the psychology profession in Italy has been under the supervision of the Ministry of Health, like doctors and paramedical personnel. This has fully integrated psychologists into healthcare

services, but some critics fear that this could lead to a “sanitization” of psychology. Instead, it offers opportunities to better contribute to the management of “health” in its broader sense. The right to health and well-being – as pursued in the multidimensional approach mentioned above – is realized in various fields of the Healthcare Service:

- in individual and families care, promoting psychological resilience as well as the recovery of global health;
- in school settings, to foster positive educational and interpersonal relationships, and prevent marginalization, or bullying, of those who are “different”;
- in workplaces and organizations: for example, to avoid stress and burnout, going beyond assessing work-related stress with solely, or primarily, physical indicators;
- in the use of both traditional and new technologies, to prevent potential addictions to video games, gambling, cybersex, or even excessive and indiscriminate use of social media.

The psychology profession therefore promotes health and well-being placing “the mind at the centre of life”, and reducing the impact of mental disorders on the community. This also serves to reduce the costs of pathologies, not only socially but also economically: there is data and scientific literature to support this (e.g., Lazar, 2014). If, as the data demonstrate, psychological treatment is indeed an “epigenetic drug” (Stahl, 2012; Massoni, 2024; Syed & Zannas, 2021), investing in psychology would be beneficial for society as a whole.

Given that psychological well-being and the perception of a good quality of life are the goals of comprehensive health, as the Italian Constitution requires and psychological science confirms, it follows that these goals can be pursued through the rules and consequent organization that the welfare state must ensure. This should be done without opportunistic savings in people and resources that risk undermining the good principles and compromising their practical implementation.

If it’s true that “There is no health without mental health”, is also true that mental health is part of the “general health” of individuals and society. The National Action Plan for Mental Health – in the spirit of the One Health approach – can become a “National Action Plan for Health and Well-being”. Within it, all disciplines involved in “caring” for people, beyond the more or less limited spaces assigned to them

by the current Plan, can become essential promoters of welfare, assuring scientifically based skills coordinated from a transdisciplinary perspective, to offer them to the social community in an appropriate and coherent manner.

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