Mental health problems are skyrocketing in the US with almost 53 million American adults experiencing a diagnosed mental illness in 2021.[1] Millions more adults and youth are suffering from mounting toxic stresses related to social, economic, and other factors.

In addition, between 2011 and 2021 more than 90 percent of Americans lived in a county that was impacted by a weather disaster. [2] In 2018, 1.2 million residents were displaced by an extreme weather disaster and by 2020 the annual total had risen to 1.7 million people, and far more will be impacted in the future. [3] The events can traumatize 20-40% of the people who are directly impacted, as well as others who know someone who is impacted or watch the event from afar, and the number of traumatized people will only rise as more frequent, extreme, and prolonged disasters occur.

Although they are very important, individualized mental health treatment and direct human services cannot solve these problems. Nor can they prevent future epidemics of mental health problems such as those generated by the accelerating extreme weather events and emergencies.

One reason is there will never be enough trained therapists, social workers, or other human service professionals to assist all of the people who are traumatized, and the existing ones tend to be concentrated in wealthier urban and suburban areas. Other reasons include the high costs of services and co-pays, fear people have about being stigmatized if they engage in treatment, concerns about racism imbedded in the system, and more.

Most important is that mental health treatments and direct human services are reactive: they assist individuals mostly one-at-a-time only after they experience symptoms of pathology and do not proactively prevent the occurrence of mental health problems.

To reduce the nation’s current epidemic of mental health problems, and prevent future ones, a federal program must be established that supports and funds “Resilience Coordinating Networks” in communities nationwide that use a public health approach to develop, implement, and continually improve strategies that strengthen their entire population’s capacity for mental wellness and resilience for all types of adversities. In most communities it takes 3-5 years for this type of social infrastructure to mature to the point that it becomes firmly established and effective. This is why we must start now.
KEY ELEMENTS OF A PUBLIC HEALTH APPROACH TO MENTAL WELLNESS AND RESILIENCE

A public health approach to mental wellness and resilience is designed by community members from the bottom up, not for them from the top down. Accomplishing this requires the formation of broad and diverse Resilience Coordinating Networks in communities. Key elements of a public health approach to mental wellness and resilience are as follows:

1. A public health approach focuses on the entire population, with different but connected interventions for people deemed at greater risk and those already experiencing symptoms of pathology.

2. It prioritizes preventing the occurrence of mental health problems, not merely treating them after they appear, and integrates healing into the prevention strategies through the use of group and community-minded therapeutic activities, such as healing circles. Building the capacity to prevent mental health problems is the priority.

3. A public health approach accomplishes these goals by actively engaging community members in identifying and strengthening existing “protective factors”—knowledge, skills, social connections, resources—and forming additional assets, that buffer them from toxic stresses and acute shocks and help them heal when they are traumatized. Building on strengths and assets is key.

THE FOUNDATIONAL AREAS COMMUNITY INITIATIVES NEED TO FOCUS ON TO BUILD POPULATION MENTAL WELLNESS AND RESILIENCE

An extensive two-year research project by the ITRC identified a number of foundational areas communities will need to focus on to strengthen the protective factors required to build population-level mental wellness and resilience for relentless adversities. They include:

Building social support networks across geographic, cultural, and economic lines in a community. Social connections are vital to address the toxic social isolation that is at the root of many mental health problems today, and research shows that family, friends, and neighbors are far more important in the first 3-5 days of a disaster—and often for weeks afterwards—than emergency responders.

Engaging residents in making a just transition to safe, healthy, and equitable climate-resilient low-emission local physical/built, economic, and ecological conditions. The condition of the places where people live, work, and recreate significantly affects their mental health and resilience.

Building universal literacy about mental wellness and resilience. Teaching everyone how toxic stress and trauma can affect their body, mind, emotions, and behaviors, along with “presencing” (self-regulation) and “purposing” (adversity-based growth) resilience skills, helps people respond without harming themselves or others and find new sources of meaning, purpose, and hope during adversities.

Actively engaging residents in specific practices that enhance their capacity for mental wellness and resilience during adversities. Engaging in practices such as expressing gratitude, finding simple joys, continual learning have been shown to enhance mental wellness and resilience during adversities.
Establishing ongoing opportunities for residents to heal their traumas. This typically involves peer led healing circles and other group and community-minded therapeutic methods, not clinical mental health treatments (although they will remain very important for people who cannot function or are at risk of harming themselves or others).

The provision of food, water, shelter, power, health care, emotional support, and other basic needs during and immediately after disasters and emergencies. This can include establishing resilience “hubs” determined by residents in private homes, community centers, libraries, religious institutions, or non-profit, private, or public agencies.

FORMING COMMUNITY-BASED RESILIENCE COORDINATING NETWORKS WILL PROVIDE NUMEROUS BENEFITS

Multipronged strategies are needed to implement these foundational areas, which is why the formation of Resilience Coordinating Networks in communities nationwide is so important. The networks should be composed of grassroots and neighborhood leaders, civic groups, and non-profit, private, and public organizations. Only this type of broad and diverse network can:

- Bring together the wide range of perspectives, knowledge, experience, skills, and resources required to build community capacity to respond effectively to the mental health problems generated by interacting personal, family, social, economic, environmental, and other toxic stresses, disasters, and emergencies.

- Enhance many more protective factors and achieve a much broader range of prevention and healing goals than any single group, organization, or approach can do on their own, while ensuring that no one is left behind when building mental wellness and resilience.

- Engage a wide range of individuals and populations that are typically uninvolved or marginalized in community activities.

- Promote and reinforce safe, healthy, just, and equitable social norms, practices, and policies that can enhance mental wellness and resilience across numerous populations and sectors of the community.

- Avoid the stigmatization and negative labeling often associated with programs focused on “mental health” or specific individuals or populations, such as those with higher risk of mental health problems, or those deemed "at risk" or most "vulnerable."

- Inspire and empower residents to create innovative solutions to numerous social, economic, and environmental challenges.

- Reduce squandered resources that often result from overlapping or siloed services, competition for funding, and tensions over ownership of models and programs.
• Greatly reduce the demands on mental health treatment and direct human service programs, which will enable them to focus their limited resources on individuals who cannot function or are at risk of harming themselves or others.

• Over time, reduce the need for government funding and support for mental health treatment and other direct service programs, disaster mental health, and other services.

EXAMPLES OF COMMUNITY-BASED RESILIENCE COORDINATING NETWORKS

Below are a few examples of some of the leading community-based mental wellness and resilience building initiatives:

North Carolina Smart Start Program has 40 community/county resilience building initiatives focused on Adverse Community Experiences, Adverse Climate Experiences, and Atrocious Cultural Experiences. Website: https://www.smartstart.org/resilience-intro/

The New Hanover County Resiliency Task Force is one of the leading programs in the NC Smart Start initiative: https://www.nhcbouncesback.org/

The Community Resilience Initiative in Walla Walla, WA, has been a leader in the field for a decade: https://criresilient.org/

The Neighborhood Resilience Project in Pittsburgh, PA, is a leader in helping BIPOC residents heal their traumas: https://neighborhoodresilience.org/

The Neighborhood Empowerment Network (NEN) run by the City and County of San Francisco brings residents together at the neighborhood level to build social connections and develop resilience plans and hubs for all types of adversities: https://www.empowersf.org/

Abundant Community Edmonton run by the City of Edmonton, Canada, is one of the best in the world at building social connections and social efficacy: https://www.edmonton.ca/programs_services/for_communities/abundant-community-edmonton

The Putnam County Community Resilience Coalition, New York, was very successful in building resilience among children for disasters (but eventually ran out of funding): https://twitter.com/columbia_ncdp/status/994707875921649664

The Mobilizing Action for Resilient Communities (MARC) report developed by the Health Federation of Philadelphia describes over 250 community networks (most focused on ACEs): https://marc.healthfederation.org/communities

The Washington State Family Policy Council was one of the first programs in the US to form communities coalitions to address problems—mostly ACEs—and its approach provides a template for building population-level mental wellness and resilience: https://psmag.com/education/what-does-it-take-for-traumatized-kids-to-thrive-56488
Numerous other community-based initiatives exist as well in the US and internationally. Only a few describe their work as a public health initiative—but most are using the approach. Each is unique and none address all of the core foundational areas described above. And only a few are explicitly focused on building mental wellness and resilience for extreme weather events and related disasters. But these programs provide the principles, strategies, and tools required to build population-level capacity for mental wellness and resilience for all types of adversities.

To reduce today’s epidemic of mental health problems and prevent future ones, the existing community-based programs need to be strengthened and expanded and hundreds of new ones started in communities nationwide. One of the key lessons learned from the review of these programs is that sufficient funding—especially start-up funds—is one of the primary constraints to effective operations. This is why the “Community Mental Wellness and Resilience Act of 2023” is so important.

**CONGRESS SHOULD RAPIDLY ENACT THE “COMMUNITY MENTAL WELLNESS AND RESILIENCE ACT OF 2023”**

The CMWRA will direct the CDC to establish a grant program to strengthen and expand existing community-based initiatives, and form new ones, that use a public health approach to enhance population-level capacity to prevent and heal mental health problems generated by persistent toxic stresses, disasters, and emergencies [4]. Specifically, it will appropriate funds for fiscal years 2023 through 2027 to fund small planning grants to help community resilience building initiatives get organized, and larger program grants for up to four years to strengthen and help expand existing community wellness and resilience initiatives.

The community-based initiatives funded by this program will involve a wide and diverse network of grass-roots and neighborhood leaders, civic groups, and non-profit, private, and public organizations. The community initiatives will develop their own age and culturally appropriate strategies to engage all adults and youth in enhancing and sustaining mental wellness and resilience, with high-risk individuals and those with symptoms of pathology given special attention as part of the larger community effort.

The strategies will use evidence-based, evidence-informed, promising, and/or indigenous practices to engage residents in strengthening existing protective factors, and forming additional ones, to help all adults and youth push back against traumatic stressors, maintain mental wellness, and rapidly recover when they are impacted by toxic stresses or disasters.

Individualized mental health treatment will support the community-based mental wellness and resilience building activities and assist people who still cannot function, or are at risk of harming themselves or others.

Ample evidence supports the need to engage entire neighborhoods and communities in preventing and healing emotional and behavioral problems. Congress should use the information provided above to enact the “Community Mental Wellness and Resilience Act of 2023” to fund and support community initiatives nationwide that use a public health approach to strengthen the capacity for mental wellness and resilience among all adults, adolescents, and children to prevent and heal mental health problems.

**For more information, contact Representatives Paul Tonko (D-NY) and Brian Fitzpatrick (R-PA).**