Mental Wellness and Resilience Policy

An Urgently Needed New Vision and Approach to Prevent and Heal Mental Health and Psychosocial Problems Generated by Human-Caused and Natural Disasters, Emergencies, and Cascading Social, Economic, and Ecological Disruptions

Executive Summary

Why the Need for a New Mental Wellness and Resilience Policy?

Climate science indicates that global temperatures will, in the not too distant future, rise above the 2.7-degree temperature threshold that activates very serious impacts. The COVID-19 Pandemic offers a tiny glimpse of the consequences. Like the pandemic, rising global temperatures will cause abrupt surprising collapses and continuous cascading disruptions to the ecological, social, and economic systems people rely on for food, water, jobs, incomes, shelter, health, safety, and other basic needs. Unlike the pandemic, however, the rising temperatures will also produce more frequent and extreme wind, rain, and snow storms, wildfires, heatwaves, floods, droughts, storm surges, and other acute disasters. The individual and collective traumas generated by these impacts will be severe. And while the pandemic will end, the adversities generated by rising global temperatures will continue for decades or more, meaning there will be no resolution, fix, or closure to the adversities people experience that give them time to recover.

The U.S. public is unprepared for the psychological and emotional toll generated by accelerating disasters and pileups of toxic stresses. If we remain so, millions of people will experience severe anxiety, depression, PTSD, complicated grief, hopelessness, and other mental health problems that cause them to harm themselves with maladaptive coping behaviors such as social withdrawal, emotional numbing, alcohol or drug abuse, and more. Psychosocial problems will also skyrocket as people turn their distress outward and abuse their children or spouses, intensify racism, sexism, and other systemic oppressions, or become aggressive or violent toward others.

The accelerating individual and collective climate traumas will also aggravate existing physical health problems and generate new ones such as heart disease, diabetes, and more, which will increase demand for and the costs of health care. They will also harm businesses and the economy. Further, because traumatized people tend to retreat in a self-protective survival mode, left unaddressed, the harmful reactions will activate a vicious cycle where individual and collective traumas activate defensive reactions that block society's capacity to do what is needed to reduce many problems to manageable levels.

Individually-focused therapy, direct social service, and disaster mental health programs, while important, cannot help entire populations prepare for or prevent the coming tsunami of mental health and psychosocial problems. Nor can they heal the millions of people that will experience individual and collective traumas. New thinking and new approaches are urgently needed to 'future-proof' psychological, emotional, and behavioral wellbeing.
Multisystemic Community-Centered Population-Level Mental Wellness and Resilience Building Initiatives Are Urgently Needed

When psychological and emotional distresses are caused by external factors such as disasters, emergencies, and toxic stress pileups, it is essential to look beyond treating individual symptoms and psychopathology to prioritize enhancing personal, family, group, organizational, and community resilience that works against those externally-generated stressors. For example, maintaining personal connections and support are typically far more important than therapy in helping people remain healthy and resilient during significant distress, and these connections are typically made by family, friends, or other community members, not clinicians.

To prevent and heal disaster and toxic stress-pileup generated individual and collective traumas, prevention-focused, multisystemic community-centered initiatives are needed to foster and support these, and many other types of non-clinical mental wellness and resilience skills and methods within entire populations.

When such skills are sufficiently widely disseminated within a community, their impact is comparable to that of vaccines in establishing herd immunity from infections. In this case, they serve to increase personal and collective resilience that reduce the risks of rising mental health and psychosocial problems and help heal those that do occur. The number of people who experience the type of disorders that require clinical treatment will be dramatically reduced, as will the demand on and costs of psychological and physical health care.

Elements of Community-Based Population-Level Mental Wellness and Resilience Initiatives

Numerous successful community-based mental wellness and resilience building initiatives exist in urban and rural communities in the U.S. and globally. The key elements of these initiatives were woven together to form the ITRC policy proposal.

Examination of the initiatives indicates that the enabling infrastructure of success is the formation of a Resilience Coordinating Council (RCC). RCCs should be formed in every community or region nationwide. The goal is to bring the entire system together--people representing every population and sector of the community--to co-create, implement, and continually improve innovative age and culturally-appropriate actions to build and sustain mental wellness and resilience during and after disasters and toxic stress pileups. In their own locally-tailored ways, RCCs should focus on: teaching trauma-informed mental wellness and resilience information and skills to all adults and youth; repairing and building individual, family, and community strengths; establishing and connecting quality social support networks across economic and geographic boundaries; and constructing a local culture that enables residents to safely overcome adversities and find new meaning, purpose, and hope.

Community-Centered Mental Wellness and Resilience Initiatives Will Prevent and Heal Many Personal and Social Problems Beyond Climate Disruption

The tools and methods involved with building mental wellness and resilience were developed for many types of traumas and toxic stresses. The ITRC approach will therefore help prevent and heal a wide range of mental health and psychosocial problems resulting from human-caused disasters such as school shootings or community violence, as well as non-climate change related disasters like earthquakes, tsunamis, and the harmful reactions to the Covid-19 Pandemic.
The ITRC Policy Calls for the Following Federal, State, and Local Legislative Actions

- Congress Should Enact the Mental Wellness and Resilience Act (MWRA) that calls for Resilience Coordinating Councils to be organized in communities or regions nationwide to foster and support population-level mental wellness and resilience. As part of the MWRA, Congress should allocate $6 Billion to SAMHSA to distribute as Block Grants to the states specifically to fund and support initiatives that meet the criteria.

- States and local governments should enact similar Mental Wellness and Resilience Acts and establish their own locally-tailored funding mechanisms.

- The MWRA will direct the U.S. Department of Health and Human Services (HHS) to establish an Office of Population-Level Mental Wellness and Resilience (OCMPWR).

- States, regions, and local government should establish their own Office of Population-Level Mental Wellness and Resilience.

- The HHS OCMWR should establish community-based population-level mental wellness and resilience ‘Learning Labs’ to educate and train practitioners in how to facilitate RCCs.

- States and regions should establish their own ‘Learning Labs’ and coordinate their activities with the federal learning labs.

- The HHS OCMWR should establish a network of community-based population-level mental wellness and resilience initiative Coordinators to oversee implementation of RCCs nationwide.

- States and regions should establish their own networks of mental wellness and resilience initiative Coordinators.

- The HHS OCMWR should establish regional and national 'Knowledge Exchanges' and ‘Resource Libraries’ to enable community-based programs to share information, tools, and research, and continually learn from each other.

- States and regions should consider establishing their own 'Knowledge Exchanges’ and ‘Resource Libraries.’

The ITRC believes the combination of these legislative actions will strengthen existing and help launch, support, and continually improve new community-centered population-level mental wellness and resilience building initiatives nationwide. The ITRC strongly encourages Congress and every state and local government to quickly enact this policy.