3 GOOD HEALTH AND WELL-BEING

CO-LEADS

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The 17 Rooms initiative is co-hosted by the Center for Sustainable Development at The Brookings Institution and The Rockefeller Foundation. Within the 2022 global flagship process, each Room was asked to identify actionable priorities that can be advanced by the end of 2023 to improve some component of 2030 outcomes for its respective Goal. Room 3, a working group for Sustainable Development Goal 3 on good health and well-being, focused on vetting and prioritizing population-level interventions for Mentally Healthy Cities. This document presents "Principles and provocations for mentally healthy cities" that the Room plans to share with city-level decisionmakers, school-level decisionmakers, and relevant funders to help scaffold the design and implementation of trial interventions at the city level.

Room 3: Principles and provocations for mentally healthy cities

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Problem to address

While the social determinants of mental health are widely recognized, there is no clear call for what to prioritize to create mentally healthy cities.

Objective

Room 3 seeks to produce easy-to-interpret principles and provocations to guide school- and community-based interventions for mentally healthy cities that can be used by city-level decision-makers to inform the design and implementation of evidence-based pilot programs. School- and community-based interventions were selected following a literature review (Appendix A) and consultations of experts in Room 3 (Appendix B).

Proposed key principles to guide interventions

Overall principles across school- and community-based interventions

1. All interventions need to fit local context, be stigma-conscious and culturally appropriate.
2. Interventions need to engage local communities, particularly those who may benefit from them, and allow for intergenerational engagement.
3. Intervention development needs to minimize unintended consequences (e.g., providing opportunities for those who need help the least).
4. Urban mental health interventions need to lean into innovation and entrepreneurialism.

5. School-based interventions should be nested, where possible, within community-based interventions.
6. Interventions that reduce health inequities in addition to improving overall mental health should be prioritized.

Community-based interventions principles

1. Focus on enhancing the positives, to create community spaces such that they foster mental health.
2. Green spaces should be designed in a way that allows for socializing, and holding community events can be especially powerful in improving mental health, especially for low-income communities.
3. Community-based interventions should be designed to also reduce traumatic events.
4. Neighborhood cohesion is inextricably linked to the social, educational, and economic opportunities present in that community. Thus, interventions to provide opportunities can be instrumental in improving the mental health of the community.
5. Community's input and their individualized needs should be centered in intervention design and implementation.
6. Consider carefully existing local resources to avoid duplication of work.
7. Build local capacity to create actors who can themselves lead community-enhancing work in future.

School-based interventions principles

1. Interventions should be centered around encouraging healthy social relationships in school and rooting out norms and behaviors that can be detrimental to the mental health of young people.
2. Interventions should ensure that students have mentors whom they feel supported by and confident about confiding in.
3. Students cannot be considered passive recipients of an intervention. They should be an active part of designing intervention and feel ownership to achieve the desired outcomes.
4. Take a whole school approach—encompassing administration, teachers, students, parents – and recognize interlinkages among these groups.

Proposed provocations to share with implementors and city-level decisionmakers

1. Beware of unintended consequences

Before deciding to implement a mental health-specific intervention, make sure that resource constraints are considered and that it will not come at the expense of other broader activities that are beneficial for mental health, e.g., time spent on physical activity.

2. Look for synergies

Prioritize the provision of synergistic activities that reduce inequities and address social determinants of health, e.g., employment, income, housing

3. See those with lived experience as co-pilots

Decisions about provision of mental health interventions should be made in collaboration with those who have lived experience expertise—from initiation to evaluation.

4. Learn from others or look to generate learning

Be led by the evidence about what works for who and why and, if the evidence is not there, look to implement your intervention in a way that generates new evidence that others can learn from.

Appendix A:

1. Alegría M, NeMoyer A, Falgas I, Wang Y, Alvarez K. Social Determinants of Mental Health: Where We Are and Where We Need to Go. Curr Psychiatry Rep. 2018;20(11):95. doi:10.1007/s11920-018-0969-9
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3. Fazel M, Hoagwood K, Stephan S, Ford T. Mental health interventions in schools in high-income countries. The Lancet Psychiatry. 2014 Oct 1;1(5):377-87.
4. Lu W, Todhunter-Reid A, Mitsdarffer ML, Muñoz-Laboy M, Yoon AS, Xu L. Barriers and facilitators for mental health service use among racial/ethnic minority adolescents: a systematic review of literature. Frontiers in Public Health. 2021 Mar 8;9:184.
5. García-Carrión R, Villarejo-Carballido B, Villardón-Gallego L. Children and adolescents mental health: a systematic review of interaction-based interventions in schools and communities. Frontiers in psychology. 2019 Apr 24;10:918.
6. Shahraki-Sanavi F, Ansari-Moghaddam A, Mohammadi M, Bakhshani NM, Salehiniya H. Effectiveness of school-based mental health programs on mental health among adolescents. Journal of education and health promotion. 2020;9.
7. Kingsbury M, Clayborne Z, Colman I, Kirkbride JB. The protective effect of neighbourhood social cohesion on adolescent mental health following stressful life events. Psychological medicine. 2020 Jun;50(8):1292-9.
8. Urzua CB, Ruiz MA, Pajak A, Kozela M, Kubinova R, Malyutina S, Peasey A, Pikhart H, Marmot M, Bobak M. The prospective relationship between social cohesion and depressive symptoms among older adults from Central and Eastern Europe. J Epidemiol Community Health. 2019 Feb 1;73(2):117-22.

Appendix B: visual representation of the results from Room 3 poll on foundational vs actionable areas for mental health interventions. Room 3 Members were asked to rate (on a scale of one to 10) each of 10 intervention areas along two dimensions: "actionable" and "foundational." Actionable refers to intervention areas that are relatively easier to implement through public or private means; foundational refers to intervention areas that will likely have a more substantial impact on the population. Results in the graph represent the ranking of each issue across these two dimensions, with 1 representing a top rank and 10 representing a bottom rank.