INTRODUCTION

SPECIAL ISSUE

INTRODUCTION

**INNOVATION IN COMMUNITY MENTAL HEALTH:
INTERNATIONAL PERSPECTIVES**

STEVE LURIE,
CMHA Toronto

MICHAEL McCUBBIN, and BERNADETTE DALLAIRE
Laval University

The search for innovative mental health systems and practices is akin to the search for the Holy Grail: the journey is at least as important as the destination. In the CJCMH special issue on "Canadian community mental health: Our past, our future," Dr. Leonard Denton (2000) noted that the historical problems of underfunding, government organizational problems, and tensions among service providers identified in a review of Canadian mental health services almost 20 years ago (Lurie, 1984) are "still applicable as we move into the 21st century" (p. 129). In the hope of changing this pattern, this special issue invites readers to reflect on innovations from outside Canada and see how these experiences could be used to inform policy and practice here.

We received more than 20 submissions for this special issue. Following peer review, we were able to select articles that present a great variety of topics and geographical settings: promising practices in program delivery and policy from Africa, Asia, Australia, Europe, the Middle East, and the United States. The last stop in this "world tour" is a book review that critically analyzes recent developments in Australian community mental health.

The first article, by Allott, Loganathan, and Fulford, is in a category by itself. While pertaining mostly to British literature and experiences, this thoughtful perspective on recovery should inform the debate here in Canada, as many are advocating or attempting to apply the recovery metaphor to mental health system reform. With their focus on modern approaches to providing psychosocial supports and services in various aspects of clients' lives, the authors establish a context for all the following papers.

Three papers deal with systemic issues regarding mental health services. In the first of these, McGrath, Hinkley, and Groom describe the Mental Health Council of Australia and show how mobilization among professional, political, client, and family stakeholders, combined with political will, can make possible meaningful changes in mental health systems. Such mobilization can be key to overcoming the barriers to achievement of psychosocial community mental health systems that have often been noted in historically oriented literature (e.g., McCubbin, 1994). However, the nature of these barriers is ever-changing, depending on circumstances and location. Thus, Rochefort examines why, over the long term, the political and bureaucratic will to achieve mental health reform has been absent in the contem-

porary United States. Ilves and colleagues describe Canadian-assisted efforts in the Baltic republics, following decades of Soviet rule, to transform their mental health systems from almost entirely hospital-based towards community-based systems.

The next series of papers present rehabilitation interventions and programs designed for specific populations and problems. Kimura, Mukaiyachi, and Ito take us inside a Japanese psychiatric rehabilitation centre where clients are involved in a creative approach to rehabilitation through social economy and client-led enterprises, which build and foster community on a number of levels. In a sadly different political and social climate, Schuster provides us with a perspective on the role that philosophical counselling can play in helping people in Israel—or elsewhere—cope with large-scale trauma, which is unfortunately becoming commonplace in our post-9/11 world. On a smaller scale, Holdcraft and Comtois present and evaluate an American evidence-based intervention for addressing the increasingly recognized complexity of co-morbidity (more simply, clients with multiple problems)—in this case, substance abuse combined with mental health problems among women. Education is emerging as a key psychosocial recovery factor, and in this context Mowbray, Korevaar, and Bellamy compare employment support programs in the Netherlands and the United States and highlight the value of international exchange and collaboration in developing such programs.

The two remaining articles depict innovations taking place in areas where the western approach to mental health and illness, and the related resources and technologies, are far from dominant. They provide striking evidence that the development of community mental health organizations, services, and interventions relies not only on financial resources, important as those are, but also on the involvement of dedicated field workers, field leaders, and community members.

Thara describes original approaches to implanting community rehabilitation programs in rural and urban zones of India, a populous country where limited resources mean that many citizens with severe mental health conditions have no access to community mental health services. The situation in the Côte d'Ivoire depicted by Morin, Attoungbré, and Dallaire is even more marked by shortage and poverty. However, ordinary citizens and mental illness survivors have developed a grassroots organization which mobilizes community capacity and some international (notably Canadian) support to create concrete psychosocial supports for people with mental illness. Like the program described by Kimura and colleagues, this organization also contributes to community development *per se*. The demonstration of a close link between community mental health supports and community development makes this paper highly significant with regard to the implementation, in extremely difficult circumstances, of a comprehensive bio-psychosocial approach. As a result, we are taking the exceptional step for CJCMH of presenting it in both French and English.

In all, this special issue will provide readers with a cornucopia of perspectives, ideas, concrete situations, and experimentations regarding mental health services and policy. We were aware from the outset that wisdom on mental health issues is certainly not restricted to North America, or even the developed world (indeed, it was this awareness that motivated the choice of theme for the issue). Nevertheless, it has been humbling for us to consider and reflect upon these diverse international perspectives and experiences. What we have learned through our work as guest

INTRODUCTION

editors for this issue is intimately grounded in the need (both explicitly acknowledged and implicitly applied) to implement a real recovery approach at the community, regional, and national levels worldwide. The Law of Inverse Relevance states, "The less you intend to do about something, the more you have to keep talking about it" (Lynn & Jay, 1984, p. 21). We hope you will find that this issue of the Journal confounds that law.

REFERENCES

- Denton, L. (2000). From humane care to prevention. *Canadian Journal of Community Mental Health, 19*(2), 127-133.
- Lurie, S.W. (1984). Mental health services in Canada: More for the mind—Have we got less? In J. Draper, R.C. Hain, & M.D. Nair (Eds.), *Issues in Canadian human services* (pp.166-185). Toronto: OISE Press.
- Lynn, J., & Jay, A. (1984). *The complete Yes Minister*. London: BBC Books.
- McCubbin, M. (1994). Deinstitutionalization: The illusion of disillusion. *Journal of Mind and Behavior, 15*, 35-53.