A NECESSARY PRESENCE—AN ESSENTIAL CONTRIBUTION: 25 YEARS OF THE *CANADIAN JOURNAL OF COMMUNITY MENTAL HEALTH*

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How pleasant it is to get together with the "veterans" of the 1980s! We remember a time when it was a novel idea to take into account people's living conditions and surroundings when trying to understand their mental illness; when a debate could be started by proposing that mental health (not to mention mental illness) was not just a personal matter; when collective (group and network) or community-centred forms of intervention were first being suggested and taken seriously as a complement to clinical interventions.

A LOOK AT THE PAST

In the decades that followed, these ideas became more accepted. The Epp Report (1986), the Ottawa Charter (World Health Organization,1986), and especially the work of those at the initiative of the Canadian Institute for Advanced Research (CIAR) provided evidence to legitimize the notions of "population health" and "determinants of health" (Evans, Barer, & Marmer, 1996; Evans & Stoddard, 1990). These documents had considerable influence on subsequent health policies (Legowski & McKay, 2000). The International Classification of Functioning, Disability and Health (ICF; World Health Organization, 2001) represented a break with the medical model of health and acknowledged the impact of environmental factors on people's health. Two recent publications of the World Health Organization on prevention and promotion in mental health (World Health Organization, 2002, 2004) are based on the same principles, which are now widely supported. In short, since the first issue of the *Canadian Journal of Community Mental Health* (CJCMH) appeared in 1982, the "conceptual environment" has changed radically.

The Journal has been a forum for these changes in perspective, contributing to their development and dissemination. The nine determinants of health proposed in the documents above have reverberated through many of the articles and special issues appearing in the Journal.[1] In fact, its first special supplement (1983) dealt with "Psycho-social Impacts of Resource Development in Canada." Following this issue were theme issues entitled: "Public Policy, Social and Economic Development, and the Power of Ideas" (1989); "Work, Private Life, and Mental Health: The New Role of the Community" (1992); "Power and Oppression in Mental Health" (1996); and the recent "Globalization and Community Mental Health" (2004).

Throughout the years, the Journal has also facilitated the emergence of a field with which I am more familiar—psychosocial rehabilitation for people with severe and persistent mental illness. Programs of this kind, which have been extensively described in the Journal, are now considered "current," basic approaches (Phillips & al., 2001) and recognized as "best practices." For example, when the British Columbia Ministry of Health issued a series of seven reports on best practices, the topics covered were housing, in-patient/out-patient services, Assertive Community Treatment, crisis services, consumer involvement and initiatives, family support and involvement, and psychosocial rehabilitation and recovery (British Columbia Ministry of Health and Ministry Responsible for Seniors, 2002). The Journal has contributed to the development of a body of knowledge large enough to be reviewed by the Cochrane Collaboration. Its special issue on "Community Mental Health Services for the Chronically Mentally Disabled" (1987), along with numerous other articles that have appeared in the Journal were included in the Cochrane Collaboration's reviews of case management (Marshall, Gray, Lockwood, & Green, 1998) and Assertive Community Treatment (Marshall & Lockwood, 1998).

Given these contributions and the results of the content analysis carried out for the Journal's 25th anniversary, it may be that community mental health has found its niche, and concomitantly, that CJCMH has fulfilled its mission. The results presented in the content analysis provide a number of signs that bear witness to the Journal's maturity: the gender balance achieved in the last 5 years, the use of both qualitative and quantitative research methods in published articles, and the proportional publication of articles in English and French. The diversity of sources and content of articles reflects another sign of its maturity. Moreover, it is a pleasure to see authors originating from a steadily increasing number of universities and organizations. The Journal's special issues represent the wide range of interests covered in the field of community mental health, while the articles it publishes bear witness to the diversity of clinical and organizational practices. In this respect, it is impressive to see the extent to which the Journal has tackled both emerging social issues, such as lesbian, gay, and queer issues and mental health (2003) and globalization (2004), and more established topics such as aging and mental health (2005).

The advances of recent years provide a large body of evidence in support of the community approach to addressing mental health problems. Public health has become a more prominent approach, while an emphasis on population health has engendered discussion and research in the areas of promotion and prevention. The relevance of partnerships and inter-sectoral activities is increasingly recognized. The emphasis on reducing health inequalities and making health care accessible to vulnerable groups reflect the central focus of community mental health.

A LOOK TOWARDS THE FUTURE

Mission accomplished? I am not so sure. The veterans are in need of fresh troops. The community approach to mental health is not the only one that has made progress in the last 25 years. Neuroscience and genetics have advanced as well. At the same time, knowledge mobilization, evidence-based decision-making, and the establishment of effective and efficient programs have become increasingly central

preoccupations. These developments raise issues that call for supporters of community mental health to reposition themselves.

The principles of community mental health need to be asserted and—even more important—solidly documented. There are many examples of the importance of these objectives. One of my favourites has to do with the prevention of mental health and behaviour problems in children and adolescents. Through genetic, physiological, and longitudinal studies, risk factors (or vulnerability factors) contributing to the appearance of some of these problems have been rigorously investigated and are now established in the literature. In the wake of these studies, prevention programs have been developed and targeted at young children who present the identified risk factors. The programs have been evaluated with results demonstrating the accomplishment of objectives (e.g., skill development) and overall effectiveness.

It is much more difficult to demonstrate comparable results for a prevention approach that is ecological in nature. When the objectives are to provide young children with enriched surroundings, develop mutual aid among parents, and encourage connections among neighbours and neighbourhood life, indicators and criteria of success are much more difficult to establish. In terms of evidence, effectiveness, and efficiency, complex and comprehensive programs are at a disadvantage both because they are integrated with other forces in settings and because they are also sensitive to harmful factors in these settings.

Along the same lines, systematic follow-up and the established operationalizing of criteria of "success" can sometimes hamper the evaluation of innovative services. For example, a number of social economy enterprises, while historically aiming to provide members with a context for social and occupational involvement, are simultaneously providing low-cost goods and services, and even creating jobs. Similarly, independent living programs are supporting the movement towards participatory democracy by encouraging people with disabilities to exercise their citizenship rights. Introducing new objectives of this kind that go beyond the expected outcomes of rehabilitation program, may result in these new additions being overlooked when program effectiveness is evaluated. In this sense, while supporters of community mental health can count on greater recognition of the basic principles of their approach, they must also continue to fight for inclusion of emerging principles on which recognition and legitimacy are based. This is a difficult task, because the most innovative interventions are ultimately "outside the box" and "cut across" existing policies and programs.

In today's context, research can serve to make these new community mental health programs better known. Perhaps the most significant way in which research has progressed in recent years has been in the change in the status of research itself. Research has become a recognized actor (among others, of course) in decision-making, and its resulting political character has become accentuated. Epidemiology, research into services, and program evaluation are especially in demand. Parallel to this change, qualitative data are more and more frequently used in developing conclusions. Over time, methods for analyzing qualitative material have become more rigorous and sophisticated, and their use is no longer limited to merely exploratory research. The challenge for today's researcher is to keep

abreast of these new possibilities and to use them to study and evaluate innovative approaches in the face of the existing validated approaches.

Another challenge lies in integrating the new ideas and innovative approaches in community mental health into research practices. There are two issues that need to be addressed. First, how can the principles of empowerment and citizenship be respected with regard to involving vulnerable populations in research? This issue takes several forms: How can we translate the "culture of research" to people who are very far from that culture? How can we ensure that when we ask someone to participate in a study, participation will have benefits for that person as well? How can we communicate with participants so that they really understand the research? These questions may also challenge the highly ritualized process of obtaining free and informed consent.

The second issue has to do with finding avenues for the transmission of results that will be understandable and meaningful, and ultimately make a difference. A fair amount of work has been accomplished to date identifying appropriate indicators of community needs or for measuring the accomplishment of objectives by innovative programs. However, the results of this work often has implications for different levels of government (local and regional) or for more than one sector. One example of this kind of situation may include new initiatives to mediate between neighbourhood residents (municipal level) and an agency providing respite to injection drug users (social service, public safety, and industrial sectors). Another would be a homework assistance program intended to reduce loneliness among seniors, ensure the transmission of local heritage, and keep potential drop-outs in school (education, heritage, and health sectors). The inter-sectoral approach may appear complementary to community mental health (White, Jobin, McCann, & Morin, 2002), but there is much to do in order to translate it into a practice model, a form of inter-organizational communication, or a research method.

CONCLUSION

Since the first issues of the *Canadian Journal of Community Mental Health*, many basic principles of community mental health have been integrated into current practices. What was initially considered a "movement" has become a recognized "conceptual model," put into practice through policies centring on population health and the determinants of health. But during this period, the playing field and the rules of the game have also changed radically. Knowledge has advanced in the area of neuroscience and genetics, which has occupied centre stage since the "decade of the brain." Increasingly, management techniques in mental health are rationalized in the context of processes based on accountability, effectiveness, and efficiency. Evidence and standards of practice—notions that were rarely mentioned in the 1980s—are now taken into account in establishing guidelines for introducing changes and innovations.

Community mental health needs to take up the challenge of re-defining itself in light of this new culture. As the major publication in this area in Canada, CJCMH is called upon to play a substantial role in establishing a balance between validating best practices through rigorous research and recognizing the forces of innovation at work in different contexts. The Journal needs to continue the work it

began by publishing special issues on "Positive Innovations in Mental Health" (1999) and "Innovation in Community Mental Health: International Perspectives" (2002)—that is, it needs to pay heed to changes in its environment, the emergence of new sets of issues, and research and evaluation at the social and community levels. Above all, the Journal must continue to elicit reflection on, speak for, and bear witness to the values and conceptual bases that are particular to community mental health. In addition, its continued presence in the discussion of reducing health inequalities, making resources more accessible to vulnerable populations, encouraging social participation and access to citizenship, and protecting and promoting people's rights will be invaluable.

NOTE

1. These social determinants are: biological and genetic heritage; personal health practices and coping skills; development in early childhood; social support networks; education; employment and working conditions; income and socio-economic status; physical environment; and health services.

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