

## MENTAL HEALTH MATTERS FOR VIOLENCE PREVENTION: A MULTI-FACETED APPROACH TO RISK FACTORS AND SOLUTIONS

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### **Abstract**

The Mental Health Matters for Violence Prevention project integrates research and grassroots components drawn from the experiences and knowledge of diverse people and groups. It utilizes approaches and solutions offered by community activists and community-based organizations, families affected by violence and professionals involved in helping individuals and families cope and heal. This collaborative effort allows people in affected communities to take ownership at different levels, and play a role in producing beneficial outcomes as a result of their combined expertise and efforts.

### **Introduction**

Many people think about mental health issues and picture a disheveled person talking to himself, walking down a street, motioning in the air. However, statistics show that most people diagnosed with significant mental illness like schizophrenia and severe depression often turn inward in their suffering. They are no more likely to inflict acts of violence on other people than a typical corporate executive, homemaker, high school or college student, or individual living in poverty. Consider recent, highly-publicized events nationwide.

To determine contributing factors to violence, an integrated approach is necessary based on diverse risk factors using a broader framework for understanding mental health issues on a continuum. It requires re-examination of beliefs and stereotypes about people in general, challenging simplistic assumptions and many things we take for granted.

Theoretically, at least, anyone is capable of violence. It often depends on the circumstance. But, while psychopathology associated with violence may be viewed primarily as an inner-city problem, there are subtle forms of violence within the larger society that also directly and indirectly damage lives and communities.

In Milwaukee, where more than 100 homicides occur each year, various efforts by local elected officials, including use of external consultants to conduct studies, have led to the implementation of different strategies. A Police Department Homicide Review Commission project has collected data about the facts of community violence – who, what, when and where. Even when the offenses are adjudicated, understanding the “why” of community violence is still elusive. And, the gap between awareness of community violence and public responsiveness to it remains significant.

Momentum is building in Milwaukee through a growing group of professionals, community-based organizations, grassroots activists, families and other concerned citizens engaged in shared leadership roles through the Mental Health Matters for Violence Prevention Project (MH MVP). They advocate the reduction and prevention of violence by increasing awareness of the “whys” through a public service approach in

different arenas. But, bringing greater clarity to this component should not be equated with lessening consequences for those who engage in violence. To the contrary, bringing clarity to the “whys” serves as a basis for promoting personal responsibility, collective ownership, and accountability for problem-solving among diverse segments of the community and entire city.

The MHMVP project’s integrated approach is based on (1) bio-psycho-social research foundations that shed light on risk factors and (2) behavioral science principles that offer solutions to facilitate healing, change and progress. This holistic perspective addresses such as issues as: How human beings behave as individuals and within groups and cultures; factors that influence the way people think, feel and act, including health status, cultural, family and peer influences; what roles people play when they are members of a group; why people value certain ideas, customs and traditions; what factors determine how individuals develop their identity, values and character, and how we deal with those who are different, in addition to relevant societal problems, the human condition and the potential for transformation in general.

The Police Homicide Review Commission provides statistics of significance for understanding the prevalence of community violence. But, law enforcement primarily must deal with the aftermath of crime, which necessarily involves legal issues and punitive outcomes.

The MHMVP project uses three primary theoretical models: The Medical Model, the Environmental Approach and the Youth Futures Model. They are the basis of a bio-psycho-social approach that deals directly with underlying issues – the “whys” – to promote in-depth solutions that force us to move beyond surface explanations about major social issues. The project’s integrated strategies make it possible for everyone in a community to participate in small and large ways through proactive problem-solving. Without these combined components, Milwaukee and other urban areas across the country will likely continue to see patterns of limited progress in reducing violence.

## **Program Summary**

The MHMVP Project kicked off on June 6 with a large display poster – featuring a “jungle” background theme – in The Shops of Grand Avenue mall in downtown Milwaukee, accompanied by a dedicated website with resource information available to the general public, and public service efforts including poster ads and articles in community-based newspapers and participation on local radio programs.

## **Project Components**

Various project components to benefit the general public and targeted communities have included:

- Linkages to internet resources and telephone contacts (offered by a local help line) for information and referrals to behavioral health and counseling services in their area;
- Opportunities to participate in community education workshops on mental health and violence prevention (and separate trainings for staff at community-based organizations);
- Exposure to learning from the experience of families of victims and perpetrators of violence who are available to speak to various community-based groups;
- Access to articles and educational materials from diverse professionals, activists and other resource contributors through the project website at <http://www.leflorecommunications.com/> mental health matters; and
- Ability for youth and adults to participate in a Summer creative contest (essays and art relevant to mental health awareness and violence-prevention themes; the theme for essays is: "How I am Demonstrating the Change I Want to See in the World").

The project was supposed to benefit the city in general through a broad-based public service effort. The project addresses mental health issues on a continuum, emphasizing the need to go beyond either/or modes of thinking to develop multi-faceted approaches for solving problems related to community violence. The project's goal is to increase public awareness of multi-faceted behavioral/mental health and violence-prevention resources for individuals and families seeking help to cope with problems and other life challenges in productive ways, providing access to resources from organizations that serve diverse populations. The project engages diverse individuals, families and communities to be part of the solution by de-stigmatizing mental health, preventing and reducing negative and dysfunctional thinking, inappropriate coping skills and destructive patterns of behavior.

Why was it done? Violence is often a behavioral manifestation of negative feelings and thoughts, and also symptomatic of underlying distress due to larger societal issues that can negatively impact quality of life, options and access to resources for different people. For some communities, residents are affected by multiple stressors including poverty, unemployment, racism and family disintegration. The crippling effects of unrelenting struggles contributes to tremendous internal and external pressures. The need for integrated understanding of medical, environmental and psychosocial risk factors for violence is necessary in order to broaden awareness of the continuum that defines mental health and mental illness, in addition to addressing violence in its many forms, both physical and psychological, that can damage lives – the minds and spirits of human beings – and communities.

Who did it? The MH MVP Project is inclusive of diverse contributors, partners and supporters. The initial summer-long pilot effort was sponsored by Community Intervention Programs, Inc./LeFlore Communications, and funding options are being explored for future direction. The project integrates evidence-based research and grassroots components drawn from the experiences and knowledge of diverse people and groups. It utilizes approaches and solutions offered by community activists and community-based organizations, families affected by violence, and professionals and leaders. This collaborative effort allows people in affected communities to take ownership at different levels, and play a role in producing beneficial outcomes, as a result of their combined expertise and efforts.

## **Project Methodologies**

Three primary theoretical models serve as the foundation of the risk factors and problem-solving approaches integrated into the MH MVP Project. Mental illness is real, as the Medical Model concept suggests that certain conditions may have a genetic or organic component. Research into possible biological causes of certain kinds of abnormal behavior suggests that biological disturbance (including various forms of brain damage that may evolve from prolonged substance abuse or severe brain injury) may be accompanied by forms of psychological disturbance.

The Environmental Approach suggests that “problems in living” simply reflect the human condition. American Psychiatrist Thomas Szasz claimed that most of what the medical model calls mental illnesses are not illnesses at all but rather “problems in living” and these problems arise from difficulties with adapting to life, dealing with change and coping (the manner in which people deal with and manage stress in their lives). When people are unable to adapt and cope well, the result may be deviations from moral, legal and social norms of society. Szasz indicated that by labeling such deviations as “sick” deprives individuals of responsibility for their behavior – such as “if they’re sick, they can’t help it,” and relegates them to the passive role that impedes a return to normal behavior (Szasz, 1970).

The Youth Futures Model, which has been implemented at the University of Wisconsin-Extension, is a dynamic process for promoting community empowerment through collaboration among diverse stakeholders

(Jones, Ajrotutu, & Johnson, 1996). Youth Futures is an ecological, risk-focused, prevention-oriented model based on the following premises:

- Youth development is influenced by a mosaic of both risk and protective factors (Bronfenbrenner, 1986).
- Risk and protective factors exist at multiple levels of the child's social ecology (Hawkins, Lishner, & Catalano 1987).
- Preventing risky youth behaviors requires addressing risk and protective factors within the context of that social ecology, including the family, peers, community, school and work settings, individual attributes, media and religion (Garmezy, 1983).
- The best place to address risky youth behavior is where it primarily exists – within the community (Gardner, 1989; Lofquist, 1983).

Psychology, ultimately, is the scientific study of individual behavior and the mental processes that cause and shape behavior. Psychosocial refers to the combination of psychological and social factors that affect our lives, inclusive of the culture and environment. These factors address what we learn and how we regard others and ourselves, and involve human emotions and motivation, which are complex matters.

The MHMVP Project further integrates components of research that identify violence prevention and mental health as priority areas for state and national public health agendas such as Healthy People 2010; the National Education Goals (1997), which call for safe and drug-free schools; the American Academy of Pediatrics' Health (AAP) Status Goals that call for a reduction in domestic, community, media, and entertainment violence; and research studies relevant to reducing and preventing violence from the Hamilton Fish Institute on School and Community Violence, to provide additional resources for a comprehensive framework.

Local activities for the project to date have involved recruitment of more families affected by violence to share their story in public and other forms, various community activists and project partners and other supporters taking part in media-related venues, organizations sharing their specific resources and exchanging information with others through the internet, email and other distribution efforts at different times. Future plans include implementation of community forums through a major Downtown mall where project posters have been on display the entire summer of 2007.

## **Discussion**

The MHMVP project shows that multiple risk factors are involved in violence. This requires a broader understanding of the continuum of mental health issues – the impact of both internal and external factors that potentially affect the functioning of an individual.

Aggression and crime – whether it involves child abuse or other domestic conflict, assaults, gang aggression, gunshots that result in death, disability or injury – affect entire communities in multiple ways. In the United States, thousands of lives are lost each year, and billions of dollars in medical care and direct and indirect losses are attributed to violence (Massey, 1998).

Consider environmental and cultural influences. In a world of instant information through easily-accessible media, violent images are frequently absorbed from popular culture (internet, video games, TV, music). Various experts interviewed for a recent (2006) A&E TV documentary titled “Copycat Crimes,” acknowledge that popular culture and media can negatively influence the thinking and behavior of many. The National Association for the Education of Young Children (NAEYC), in a publication titled “Media Violence & Children: A Guide for Parents” (1998), also cited several problems, including:

1. Children are more likely to behave in aggressive or harmful ways toward others when they see violence as a normal and acceptable means of resolving conflict;
2. Viewing violence stimulates children to view other people as “enemies,” and children may become less sensitive to the pain and suffering of others, as well as show less remorse about their own aggressive behavior;
3. Children may become more fearful of the world around them, and exposure to media violence may compound some children’s natural anxieties;
4. Violent programming presents limited models of language development when the development of language is critically important;
5. Media that regularly depict violence promote toys that encourage children to imitate the actual behaviors seen on TV or in movies and
6. When children are glued to a screen, they are not interacting actively and positively with the environment or absorbing the foundations they need for learning in school.

In 2005, the homicide toll in Milwaukee had reached 88 by mid-August, equal to the count for all of 2004. In 2006, Milwaukee experienced one of its most violent summers with 28 shootings on Memorial Day alone. The city’s death toll continues at 100 or more yearly due to gun violence. Almost one-fifth of gunshot victims are children; some were fatally wounded.

## **Consequences of Violence**

For many residents in inner-city communities most affected by violence, quality of life suffers. Exposure to frequent violence in some neighborhoods, substance abuse, poverty, racism and stigma are among stressors that contribute to multiple risk factors, and can take a toll on health, both physical and mental.

A November 2006 article in the *Milwaukee Journal-Sentinel* dealt with how lives are forever changed for those exposed to or victimized by violence. A 16-year-old girl no longer trusts anyone. A youth suffering an injury that resulted in the loss of his voice becomes periodically overwhelmed by sadness, and sometimes hopelessness. Another young person, left in a wheelchair, was still angry and waiting for an opportunity for revenge (Fauber & Diedrich, 2006).

Media coverage of incidents of violence often includes interviews with the mother, extended relatives and friends of a victim. Articles attempt to describe the immediate aftermath of a painful experience, with comments from survivors attempting to cope. Often there is no adequate explanation for what many perceive as perhaps an unnecessary loss, particularly when young lives are taken for no reason. However, newspaper headlines can never reveal the full impact.

No matter the underlying cause of violence, a major consequence for individuals affected directly or indirectly by violence is often psychological pain, whether depression, anxiety, isolation, trauma or other reactions that affect the inner life and external functioning. Symptoms of this psychological pain vary in intensity and frequency, becoming manifest through a variety of feelings, thoughts and behaviors. Children whose innocence is shattered are often scarred. Families of those killed and those who kill often endure hidden burdens, and the extent of their wounding and suffering cannot be captured by research data. Resources for spiritual nourishment and psychological healing to protect people’s mind are often considered a luxury. It all comes at the expense of mental health (Bell & LeFlore, 2006).

Sue McKenzie, Director of Programs for InHealth Wisconsin, a non-profit health education organization, said (2007):

In my work, I have had the honor of interviewing about 75 people in the Milwaukee area,

from teens to the elderly, about their experiences with depression. I have been struck by the sense of extreme frustration described by many, over not being able to "pull themselves up by their boot straps" and engage in life in a positive manner. Their own stigma and lack of knowledge about depression led them to simply increase their expectations of themselves without having the tools or support to deal with their depression. Many mentioned violence (words and/or actions) to self or others being the result of this frustration with how they felt and behaved, and how they thought they should feel and behave. Add to that the stigma and unrealistic expectations put on these people by others, and you understand the growing frustration that explodes into violence.

We are hearing more people talking about the idea that violence (their own or a loved one's) may be the result of depression and the stigma that keeps people from self-awareness and reaching out for assistance. It then becomes normalized and even expected from certain groups. I believe we need to help youth and adults name violence as a desperate act of someone who is hurting at some level. Maybe this would lessen the tendency to see violent people as powerful and even someone to idolize. Imagine if teens' response to a peer who is angry and out of control is to feel concern for their mental health rather than thinking that supporting a violent friend means getting violent with them. Teens want to talk about this issue! They tell us that they see depression in their friends before adults do, and that they really want to know how to be a good friend in such times.

## **A Variety of Risk Factors**

Given various psychosocial stressors and cultural influences that contribute to risk factors for violence, underlying and unresolved mental health issues require more attention.

Michael Bell, a psychiatrist based in Milwaukee, believes impulsivity is a common factor in most violent acts, and that senseless violence can be deemed a result of a special kind of insanity that encompasses mental, environmental and psychosocial components. His assessment is based on neuropsychiatric research that describes how the frontal lobe of the human brain takes almost two decades to fully develop and mature. The frontal lobe has been called the "CEO of the Brain," and the pre-frontal cortex is associated with executive functioning that deals with our ability to appreciate consequences, plan for future events and understand and integrate a proper sequence of activities for goal-directed behavior. Given that this portion of the brain is very sensitive to injury through alcohol, direct trauma and various psychiatric disorders, people tend to become more impulsive when this part of the brain is injured or compromised, said Dr. Bell (2006).

Bell cited this scenario: A 15 year-old male with a history of witnessing violence and perhaps abusing alcohol finds a Raven-25 handgun (a popular model in Wisconsin). A closer look reveals at least five risk factors for impulsivity and violence. These include an undeveloped prefrontal cortex secondary to the young man's age, and the fact that males are typically more aggressive in physical ways. He has witnessed violence and is abusing alcohol, both of which can result in poor blood flow to the prefrontal cortex, possibly leading to impulsivity. He also has access to a handgun, one of the most impulse-driven instruments of death known to mankind. It takes fractions of a second to form a thought of hurting someone else or oneself, and then pulling the trigger, according to Bell.

Most people think of potential consequences prior to acting out impulses of anger and frustration. However, when the socialization process becomes distorted, what is truly inappropriate or unfitting behavior can become skewed as appropriate. Inappropriate patterns of coping can become ingrained in some families, generation after generation. Youth who view going to jail as a rite of passage or lack empathy enough to kill someone for petty reasons, such as for articles of clothing, are among the most troubling. Many people –

young and old – unconsciously embrace the “abnormal” for various reasons including peer pressure, ignorance and indifference, feeling helpless, fearful or intimidated about confronting these discrepancies in themselves or others.<sup>1</sup>

Often, in the aftermath of violence, deep fears about living in an unsafe community are magnified. A common question counselors often get is essentially, “How can we keep our sanity, when all around us people are losing theirs?”<sup>2</sup>

An unsettling reality about the human condition may be difficult to contemplate: All people are vulnerable to being victimized by violence and at risk of developing mental health issues to varying degrees (Peck, 1978). This applies not only to people who commit violence, but to those who are decent and would never harm another unless in self-defense. It applies as well to those who would never physically hurt someone’s body, yet remain oblivious to inflicting psychological forms of violence that, although often subtle, have potential to destroy minds and spirits (Peck, 1983)

### **A Continuum of Mental Health Issues**

We live in a nation where nearly half of all Americans have a psychiatric disorder at some time in their lives – usually depression, problem drinking or some kind of phobia (Archives of General Psychiatry), and where one in every five Americans experiences mental health issues or mental illness in any given year (U.S. Surgeon General’s Report). A strong need exists to shift perceptions and reduce the stigma and barriers to seeking help for mental health.

A comprehensive 1999 U.S. Surgeon General’s Report defined mental health issues as marked by alterations in thinking, mood and behavior that cause distress or impair a person’s ability to function. The Diagnostic and Statistical Manual, published by the American Psychiatric Association, cites five categories of psychiatric diagnoses: adjustment, affective (mood), anxiety, behavioral and thought disorders.

Due to the persistence of various assumptions, stereotypes and stigma, there is limited understanding about the continuum that defines mental health issues. Yet, many patterns of dysfunction that may be accepted in the mainstream society as “normal” deserve closer scrutiny (Vaillant, 1977).

Among behavioral science breakthroughs that have laid a foundation for our understanding of psychology and mental health are theories of the unconscious by Sigmund Freud and the concept of the “Shadow” by Carl Jung. Abraham Maslow’s Hierarchy of Human Needs indicates that when basic human needs go unmet, functioning and quality of life suffers. It is understandable how people affected by severe stressors can act in primitive ways versus focus on becoming more conscious for the purpose of self-actualizing (Corey, 1991). The issue of human evil is also relevant to mental health, according to M. Scott Peck, a psychiatrist and author of the ground-breaking books on psychology and spirituality.

Peck (1983) wrote:

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<sup>1</sup> These observations and assessments came from psychotherapists working in an inner-city Milwaukee community health center in 2004.

<sup>2</sup> These comments are from the author’s casework practice in Milwaukee over ten years working with diverse residents in individual, group and family counseling.

There is a tendency among lay persons to think that people who see a psychiatrist are abnormal, that there is something radically different about them in comparison to the ordinary population. This is not so. Like it or not, the psychiatrist sees as much psychopathology at cocktail parties, conferences and corporations as in her or his office. I'm not saying there are absolutely no differences between those who visit a psychiatrist and those who do not, but the differences are subtle and, as often as not, reflect unfavorably upon the "normal" population. The process of living is difficult and complex, even under the best of circumstances. We all have problems. Do people see a psychiatrist because their problems are greater than average or because they possess greater courage and wisdom with which to face their problems more directly? Sometimes one reason is the motive, sometimes the other, sometimes both (pp. 85-86).

Mental health requires acknowledgment of one's need to grow, and is essential to spirituality. Goodness, the opposite of evil, promotes life and liveliness, Peck wrote. Evil is that which opposes the life force, and specifically murder, unnecessary killing – killing that is not required for biological survival. Peck illuminated the concept by saying that killing is not restricted to corporeal murder; it also includes that which kills spirit. "There are various essential attributes of life – particularly human life – such as sentience, mobility, awareness, growth, autonomy, will. It is possible to kill or attempt to kill one of these attributes without actually destroying the body. Thus, we may "break" a horse or even a child without harming a hair on its head" (Peck, 1983, pp. 42-43).

According to Peck, so-called "normal" people can be evil when they engage in chronic scapegoating, attacking others instead of facing their own shortcomings and failures. The concept of human evil is further described by Psychologist Erich Fromm using a broadened definition of necrophilia to include the desire of certain people to control others: Seeking to make others controllable, to foster their dependency, to discourage their capacity to think for themselves, to diminish their unpredictability and originality, to keep them in line. The "necrophilic character type," according to Fromm, aims to avoid the inconvenience of life by transforming others into obedient automatons, robbing them of their humanity. Necrophilia is distinguished from a "biophilic" person who appreciates and fosters the variety of life forms and the uniqueness of the individual.

### **Potential for Harm in Many Forms**

It can be easy to point to hoodlums associated with the most visible chaos in urban areas. Although less obvious, psychological violence can be perpetuated on many levels (D'Andrea, 1992). Disregard for the basic human dignity and rights of others is among a defining characteristic of the phenomenon of racism (Sniderman, Piazza, Tetlock, & Kendrick, May 1991). Several studies on racism suggest it should be deemed a mental disorder – specifically a relational disorder. Other studies cite harm to health – both mental and physical – for those victimized by racism (Essed, 1990; Fernando, 1984; Wright, 1975).

Racism is a form of "crazy-making" due to inherent double standards that result in privileges for some and victimization for others based on distorted perceptions about those who are "different." When institutions in society engage in racism and other anti-human behaviors, it is often reinforced by the individuals who make up those institutions (Symposium on Racism and Mental Illness, 1984). It can be easy to blame the "system" or other external factors. However, honest exploration ultimately requires looking in the mirror (among the MHMVP strategies suggested by various sources involved in project).

Given the prevalence of violence, both passive and aggressive components involved in racism and other conflict-based human interactions that can create conditions for violence require greater scrutiny.

The reality is that many people simply do not care – for different reasons that are often legitimate. Not caring can be a result of burnout, limited psychic resources, callousness, learned helplessness or other reasons. People can avoid certain realizations, complain and attempt to place entire responsibility elsewhere, but the question remains whether all of us share some responsibility – individually and collectively.

Certainly, we are not responsible for the negative thinking and inappropriate behaviors of other people. And certainly, others must face consequences for poor choices and be accountable if decisions they make result in loss of life or other senseless violence.

Not caring is one thing. Actively engaging in activities that promote and support the conditions for violence is another. Do many of us – and to what extent, if so – contribute to the problem? Do we help facilitate change and promote life-affirming values in our immediate environments at home, work and the larger communities in which we live? Are we invested in maintaining the status quo for a variety of reasons? Do we walk our talk when it comes to truly helping urban communities most affected by poverty and crime? Do we, in subtle ways, attempt to scapegoat others in order to prevent facing our own limitations?

Do we have a sense of entitlement to privileges, but seek to deny others access to resources even if they are willing to work hard to achieve a quality life? Behind the scenes, directly or indirectly, do we attempt to prevent real progress? Do we treat people like stereotypes to support our own prejudices? Do we disown our own shadow and project all that is deemed bad about the human condition onto “those people?” Do we continue electing to office politicians whose words and actions are incongruent? Do we overlook systems and policies that harshly and disproportionately affect some communities more than others?

Do we use race and socioeconomic status as reasons to discount urban areas as places worth investment to create family-supporting jobs? Do we pretend to care about all human life, but engage in behaviors that suggest otherwise? Do we preach “stop the violence” but fail to support conditions for non-violence? Do we help provide adequate resources to promote healing after violence, and prevention efforts before the likelihood of violence evolves? Do we believe victims of violence and their families deserve more than teddy bears and flowers at crime scenes? If so, why are families within restricted resources often denied access to appropriate mental health treatment and other practical support, or rendered invisible and sidelined in other ways?

On the surface, these rhetorical questions may seem idealistic in nature, but they are important considerations to explore in greater depth when we consider that violence is in some ways predictable, and treatment interventions or prevention are possible in many situations.

Certainly, a need exists to reconsider impressions about criminal pathology. Mainstream media portrayal of violence that affects poor, city residents is usually less in-depth compared to coverage of violence involving middle-class or suburban residents. The stories about the latter group often include detailed explanations of the “whys,” which help to humanize those involved. In many ways, inner-city residents are simply stigmatized and ultimately dehumanized by stereotypes based on race and socioeconomic factors, and historical perceptions reinforce simplistic images. When multi-faceted components go unexamined, the result is often denial about common denominators of violence including underlying risk factors.

Given the project’s emphasis on personal power for individual and collective responsibility, a foundation is provided for re-examining assumptions and many things taken for granted, in an effort to facilitate solutions at multiple levels that increase options for hope over despair.

## **Implications**

There are severe consequences due to unacknowledged mental health issues that contribute to violence. If we look at violent incidents as a study of human behavior, it does not equate necessarily that individuals not be held responsible for their actions. On the contrary, mental health requires personal responsibility and accountability. People always have choices in a given situation, and most consider options other than violence.

The premises of the Medical, Environmental and Youth Futures models are relevant foundations for the MHMVP Project's integrated bio-psycho-social approaches. They allow us to address the roots of violence in-depth, based on three realms of behavioral science relevant to human functioning: thoughts, feelings and action. They also help expand our perspective about why mental health matters for violence prevention.

However, as we explore potential solutions, we need to come to terms with whether we see a need to promote mental health as crucial to overall health and well-being across the lifespan.

Jenni Sevenich, Chief Executive Officer for Westside Healthcare Association, Inc., said (2007):

People often talk about needing to take care of the whole self – body, mind and soul. We are encouraged to eat healthy, exercise, and get regular checkups for the body. It is acceptable to attend church, synagogue, or mosque, or just pray or meditate by oneself to take care of the soul. So why is there still a stigma attached to the practices that help us take care of our minds? People seem very concerned about the level of violence in our community and say we need to do something. We can make an effort to take guns off the street, but unless we address the issues that make someone angry enough, depressed enough, or apathetic enough to want to shoot another in the first place, we are spinning our wheels.

### **Assumptions about Power and Responsibility**

A traditional view has persisted to suggest that law enforcement, public officials, psychiatrists, counselors and others should be held more responsible than others for improving lives and changing communities most affected by violence. However, this view is placed in proper perspective as a result of a major concept promoted by the MHMVP Project – “personal power” – to encourage individuals and families to hold themselves and each other more accountable for problem-solving, not just depend on the “experts.”

In the process, average citizens can learn to reconsider passive approaches, challenge assumptions and unrealistic expectations that are based in part on learned helplessness, tendencies to blame external sources, and other misperceptions. They can demonstrate that individuals and groups have potential as change agents to make a difference in their immediate environment. For individuals, this may mean attending to their own mental health and the needs of those for whom they are responsible. This might involve parents voluntarily attending parenting classes or otherwise seeking help rather than ignoring ongoing distress or other concerns in their family. This internalized “ownership” discourages dependency and victim mentality as a way of life, and encourages possibilities for hope, healing and other life-affirming choices that promote options for change with self and others.

The project makes it possible for communities to become more empowered through shared leadership from diverse stakeholders, with ownership by participants engaged in problem-solving at the level where they have the most “power.” This applies to individuals and families, grassroots activists, health and other professionals, community organizations, business, public and civic officials, and others who can directly impact the environments where they exercise authority or influence. Given that power can be used for good or ill, moral and ethical considerations cannot be underestimated.

Addressing what constitutes power requires reframing assumptions. People who've historically felt they do not have political power often overlook the personal power they can wield. Personal power evolves from positive mental health based on acceptance of personal responsibility. It requires willingness to examine ourselves, to gain clarity about and embrace our strengths as well as recognize our limitations, as we seek to change those things within our control individually and learn to accept things we cannot control.

### **Making a Difference as Change Agents**

It is often easy to dismiss a kid who appears to be unruly or disrespectful in their interactions with others. Stereotypes that become self-fulfilling prophecies can limit their potential and options when some youth are perceived to only have interest in basketball or rap music, but not viewed as capable of excelling in math or science. However, what if we took a closer look at some young people with challenging attitudes. Perhaps they have not had access to goodwill and encouragement for developing a positive self-concept.

Education about mental health needs to become integrated in schools and reinforced through health care and community-based organizations in order to reduce the stigma. All individuals are potential change agents when they understand the impact of underlying issues that affect their thoughts, feelings and behavior.

Mental health support can encourage the development and practice of personal power by helping individuals learn to adjust their attitudes and not view every situation as black-or-white, life-or-death. Males can learn to limit impulsivity by considering alternatives and consequences of actions. Violence can be reframed as being only acceptable for self-defense. Friends can encourage and support peer in walking away from slights or insults. Relatives can help diffuse minor conflicts before a family situation results in domestic or community violence. Families can emphasize the importance of education and discourage the idea that going to prison is an "achievement."

Community organizations and professionals can take seriously the symptoms people show before the last and final sequence of events erupt and lead to violence. This means neither ignoring nor always responding by criminalizing everything. Some youth can learn from mistakes before making life-altering choices. Intervening before some situations escalate can be as simple as exploring with youth their interests, complimenting them on a situation handled well, encouraging positive alternatives, and engaging in conversations by sharing our own professional experiences to be helpful about career options. We do not need to attempt to become Good Samaritans in ways that put ourselves or our own families and neighbors at risk of harm. However, we can act to intervene in meaningful ways beyond routine talk.

Stephanie Harrison, Executive Director, Wisconsin Primary Health Care Association, said (2007):

For far too long, mental health has been relegated to the back seat of the overall health care delivery system, which only perpetuates the stigma that patients feel when they experience difficulties in life and want to seek out help. More and more, research demonstrates that mental health has a profound impact on a person's overall health, and the health care industry is beginning to take notice. . . Yet, Wisconsin remains one of a handful of states that does not require parity for mental illness in insurance coverage (*Milwaukee Journal-Sentinel*, May 31, 2007).

The education and health care fields, if looked at from a lifespan and quality of life perspective, should involve consideration of both physical and mental health needs. Professionals can seek clarification about an individual's mental state during a routine meeting or check-in, offer support, make referrals and do follow-up with clients. We can make greater attempts to extend positive regard for others when possible, communicate more with parents, teachers and youth workers who influence the lives of clients we serve.

Finally, although violence will likely always be with us in one form or another, our reaction to it can evolve from simply watching the news and shaking our heads in disdain, by attending to our own mental health. The American Mental Health Counselors Association (AMHCA) – the first author is a professional member – is spearheading efforts nationwide to promote more public awareness of mental health as opposed to just mental illness. After all, “mental health” is a positive term that emphasizes wellness rather than illness, and also reflects an orientation toward people healing, growing and becoming more aware and conscious.

For these and other reasons, broadening our discussion of mental health is important. Mental health exists on a continuum, although evidence-based research is generally known primarily by professionals in the education, mental health and psychology fields, not the general public. Widespread coverage in mainstream media is not likely. In fact, the editor of one newspaper responded to the project’s theoretical models by saying the issues presented were too “technical” for her readership. However, we need to increase mainstream awareness of resources for mental health and violence prevention.

The MHMVP Project is ultimately about people becoming empowered to take ownership and responsibility for problem-solving, not just looking to professionals, law enforcement or elected officials to “lead” and tell them what they should do.

Given the human condition, the quest for mental wellness can seem elusive. However, when people understand the concept of “personal power,” they realize they have options and can actively improve their mental health, to be in a better position to make life-affirming choices.

The general public can obtain information about the MHMVP Project from the project website at [www.leflorecommunications.com/mental](http://www.leflorecommunications.com/mental) health matters.

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## End Note

The whole point of this project is for partners with professional understanding of research-based approaches to make evidence-based information more accessible to the general public without intimidating them by over-use of technical language and imposing a hierarchy. The “experts” interact with the “grassroots” components of the community to promote solutions through “shared leadership” with families and youth, rather than just impose on people. This means professionals (law enforcement, counselor and psychiatrists, public officials, etc.) engage in problem-solving through exploration of many questions to support individuals and families in developing “personal power” that allows them to take “ownership” within different parts of the community where they have influence. This is a non-traditional approach, of course, but the “shared leadership” part works for allowing non-professionals to have the spotlight while professionals take a background or consultative role in many forums – whether a presentation takes place in a church or community radio program discussion.

The authors demonstrate the range of issues and questions the project attempts to raise with the general public and in different, community-based forums, in order to increase awareness of the evidence-based resources available to the general public for their own use. Within this paper, the author changed the “Discussion” section” to come after the MHMVP program section, rather than before. Also, the quotes from McKenzie, Sevenich, and Harrison come from personal and public communication by individuals who are MHMVP partners and contributors, whose comments are posted on the project website.