

“From The Field”

Published in the July 18, 2005 issue of Mental Health Weekly

I heard the term resiliency used many times this past week. In behavioral health, “resiliency” is frequently applied to youth and families and paired with recovery. Technically, resilience refers to an entity’s capacity to recover from trauma or periods of stress. This past week we all heard it used in the broadest sense. London was “resilient” in the wake of the bombings– a familiar and haunting theme from talk about New York City, post 9/11. Businesses need “resiliency” or a capacity to recover from terrorist disruptions. Finally the stock market has shown “resiliency” in the wake of the bombings.

Maybe it’s the social psychologist in me, but the behavioral health field needs to be part of the solution in building resilient and mentally healthy communities, not just increasing resiliency in kids and families. The two are tightly interconnected. In fact, many argue that the more highly connected our communities are, the greater our individual capacity will be to recover from trauma. Neither will come from more “treatment” or case management, per se.

Many providers are positioned within each of their communities to take the needed leadership. Carl Bell’s work with youth in Chicago is a great example. Canada and the Agency for International Development provide other examples. “Social capital” (connectedness in the community) is also a very similar concept. We can learn a lot from the prevention work of the Center for Substance Abuse Prevention but it hasn’t been broadly enough applied to “building mentally healthy communities”. Children’s System of Care initiatives have sought to increase “resiliency” in local communities but they have generally limited their focus to kids with SED and their families.

This should be a natural for us and for our organizations, but many of us don’t apply our skills in the broader community – or we don’t have the time! Where do we begin? We probably need a guide and some training to get started, but these must be simple. They are necessary, not sufficient. We need to improve collaboration and communication with similar organizations in the community. Break down the silos! We need positive messages about health promotion. We need news to give us hope not to document the reasons for despair. We need a sense that we are in control even if terrible things happen. I could go on. You get the message!

Day to day, the needed skills are used by many of us to provide more integrated health and behavioral health services, to work with schools, and to collaborate with our law enforcement and justice agencies. There are probably many stories that each of you have about your own efforts and the efforts of your communities to increase “resiliency”, but for each of these examples there are many more communities that need to improve.

How do we best disseminate the existing innovations? What should we do to more actively promote community resiliency? First, let’s each find some small way to make a contribution to our communities, through the organizations we work in, through our faith

communities and through the people we know. Yes, we probably do need some small amounts of funding to get our attention and to support the needed local efforts. But keep it small. It may need to be “seeded”, but it must come from within.

This is the future we leave our kids. I think we’d all like to leave it a little stronger, a little more resilient, than it was before. If not us, who will do it?

Richard H. Dougherty, Ph.D.