

RENEWING SOCIAL, EMOTIONAL & SPIRITUAL LIFE

HOW DO WE CULTIVATE EMOTIONAL
STRENGTH, GROW RESILIENCE &
CARE FOR OTHERS?

WHOLE HEALTH
A COMMUNITY-CENTERED
WORKFORCE
LEADING CAUSES OF LIFE



RENEWING SOCIAL, EMOTIONAL & SPIRITUAL LIFE

GROWING RESILIENCE

TROUBLING TRENDS

An epidemic within the pandemic: deaths of despair may claim 27,644 to 154,037 more lives²⁹

Suicide, the 10th leading cause of death overall, is the 2nd leading cause of death among 12- to 19-year olds³⁰

70% of adults in the United States have experienced some type of traumatic event at least once in their lives³¹

Many people receive mental health and addiction treatment, not in community settings, but while incarcerated³²

1/3 of adults 45 and older feel lonely and nearly 1/4 of adults 65 and older report being socially isolated³³

OUR SOCIAL, EMOTIONAL, AND SPIRITUAL LIFE is tied to how we understand ourselves, relate to others, and experience belonging and purpose. It is about our thoughts, feelings, perceptions, memories, and states of being. This sense of self is further shaped by culture, early life experience, faith, ZIP code, and other factors. Our social, emotional, and spiritual life guides our decisions, influences our actions, and helps us know who we are.

Too many of our lives are compromised by trauma, exclusion, and violence. Too few of us receive the care that is essential for strong social and emotional health. Too often, our differences and biases drive us apart and disrupt connections to each other and our better selves. The structures meant to promote social and emotional health are hobbled by fragmentation, over-specialization, and inaccessibility.

This legacy moment has exposed the systems that create prolonged toxic stress, harming social and emotional health across generations. We must create institutions and places that allow us all to flourish, experience belonging, and reach our full potential. We can heal our nation's pain by preventing further harm, treating distress, and investing in our whole selves and whole communities.

SIGNS OF MOMENTUM

- **Two-generation initiatives**, which support children and their parents, are creating intergenerational cycles of opportunity.³⁴
- **87% of American adults agree that having a mental health disorder is nothing to be ashamed of**, and 86% believe that people with mental health disorders can get better.³⁵
- **Free college courses** and experiences in 46 states are enabling older adults to find social connection.³⁶
- **School-based social and emotional instruction** is improving academic achievement and self-confidence while also reducing depression, anxiety, and social withdrawal.³⁷
- **Knowing the mental and physical benefits of nature**, US mayors are ensuring that all residents have a safe park within walking distance.³⁸
- **Health care and faith partnerships are increasing positive outcomes** for patients and providing health education to congregations.³⁹


LEGACY QUESTIONS

FOR RENEWING SOCIAL, EMOTIONAL, & SPIRITUAL LIFE

How do we **foster human thriving** from day one?

How do we **cultivate caring and compassion**?

How do we **break the cycle** of intergenerational trauma?



COVID-19 opens a window of opportunity to reflect on what is not working and to create a new paradigm for mental health in America. From mental health's humble beginnings in public policy, there was always a vision that community was part of the solution. The goal of President Kennedy's landmark 1963 Community Mental Health Act was to transition care from psychiatric hospitals to the community, where people in need could find a continuum of effective care. More than a half-century later, we have yet to fulfill that vision. But through a comprehensive and integrated plan, we can do it now.

WELL BEING TRUST

TREND BENDERS

WHOLE HEALTH

HOW DO WE FOSTER HUMAN THRIVING FROM DAY ONE?

Prioritize the first 1,000 days of life by investing in early childhood, when children's brains are growing, developing, and vulnerable. More protection and prevention needs to be done not only for children, but also for and with families of our youngest people.

Guard against mental health crises through effective primary prevention policies, such as housing-first, and issue-specific policies, such as suicide prevention.

Integrate mental and physical care to heal the whole person, improve diagnostic rates, increase treatment success, and lower costs for those with mental health concerns.

A COMMUNITY-CENTERED WORKFORCE

HOW DO WE CULTIVATE CARING & COMPASSION?

Shift tasks to trained caregivers—faith leaders, teachers, community health workers—who all have roles in addressing basic mental health needs. Redistribute mental health knowledge and interventions to expand care and ease the strain on frontline clinicians.

Localize care to build trust and credibility. Deliver care that is participatory and culturally competent. Recognize the power of community networks to provide best-fit care.

Reduce stigma and encourage community members to seek care by talking openly about social, emotional, and spiritual health. Share information and treatment options in plain language. Meet people where they are.

LEADING CAUSES OF LIFE

HOW DO WE BREAK THE CYCLE OF INTERGENERATIONAL TRAUMA?

Connection: When we have a thick weave of relationships, we are able to mitigate the impacts of trauma now and later in life.

Coherence: When we craft our own story of healing, we claim a sense of control and are better able to embrace challenges as opportunities for growth.

Agency: When we take action, no matter how small, we make a difference in our circumstances and alleviate feelings of depression and anxiety.

Inter-generativity: When we recognize our relationship to those who have come before us and those who will follow, and when we care for those close to us, our physical and mental health improves.

Hope: When we have a positive orientation toward the future, we are better able to continue our life, work, and relationships, even through adversity.



MEASURES THAT MATTER

Whole Health

- Individuals uninsured or underinsured
- Mental health disorders and addiction
- People identified and treated for mental health

Community-Centered Workforce

- Out-of-pocket costs
- Workforce shortage rates
- Net promoter scores
- Rates of drug and alcohol misuse

Leading Causes of Life

- Adverse childhood experiences (hope, meaning in life, sense of agency)
- Child abuse and domestic violence
- Co-located social emotional programs
- Deaths of despair

Building Community Resilience (BCR), a national collaborative led by George Washington University, seeks to improve the health of children, families, and communities by fostering engagement across sectors. BCR focuses on developing a protective buffer against the pair of ACEs: adverse childhood experiences and adverse community environments.

The BCR connects 45 cross-sector organizations in nine states and Washington, D.C., who use the BCR process and tools to help their communities bounce back from adversity and “bounce forward” to new vitality and strength.

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