Hello I am Dr Helena Ann Mitchell, a member of the ARCLIGHT research team. I am going to tell you how we applied Bronfenbrenner’s framework to the ARCLIGHT project focused on community mental health resilience.

The Bronfenbrenner framework is a social ecological approach that demonstrates how individuals interact and relate to each other. The framework emphasizes the importance of studying people in multiple settings. This includes people and the wider agencies and services that influence and support them. There are five levels in the framework. Changes or problems in any one of them will impact on the others. It can be applied by health and social care practitioners to facilitate social support for protecting individuals from adverse life changing events.

The Arclight team concentrated on four of the levels which we applied to the three communities being studied.

Here are some of the extracts for the four levels applied during the project for the Refuge, Enmore and Yupukari communities.

The first level is the microsystem where the focus is on the immediate environment, especially how family members and the neighbourhood supported participants faced with adversity. Many found that family and neighbourhood friends were supportive.

For the women in the refuge their concerns were lack of support from their community and family when they returned home. This made the transition from the refuge to the home more challenging. Re-entering their communities proved to be problematic for the women who had no fixed abode or inappropriate living conditions. They often felt neglected and spurned by their families. They missed the refuge acting as a safety net for them as it was a supportive community environment for women experiencing violent and aggressive situations in their home lives. Whilst they recognised it was transitory, they knew that they could return if similar issues arose again.

The emotional support was crucial when participants interacted with family and other key contacts. It helped them maintain their resilience.

At the mesosystem level consideration was given to who else supported the participants and intervened when help was required. Important connections included the school system, mental health services, religious organisations, peer groups, and other neighbourhood groups. This can play a major role in supporting individuals during a crisis. For instance, faith played a significant role in the lives of the Enmore and the refuge communities. They regularly prayed regardless of religious beliefs and attended church services and other places of worship when needed. These helped them to be more resilient. Linking with mental health services was pivotal in establishing wellbeing.

Whilst all three communities acknowledged that services in Guyana were limited, mental health was an important discussion topic. The participants recognized the stigma of mental illness. They believed fear prevented many from seeking help in case they were taken to the ‘mad house’. The name used for the psychiatric hospital situated in a rural area of Guyana. They would like the health care system to be more supportive of individuals exhibiting mental health problems. Anecdotal evidence from the Yupukari participants identified a need for more proactive community action to tackle mental health challenges.

The exosystem level is concerned with the external environment and how it supports the community. Institutions such as the government, workplaces, extended family members and service providers were discussed. The women in the refuge felt more support was needed when they returned with their children to their respective communities. There was inadequate transport in some areas and the water clogged roads prevented participants from accessing vital services. Communication channels within neighborhoods to support those in need and provide continuity of care were also lacking for some. Access to doctors and other health care services were limited unless you could pay. Public health care system appeared to be fragmented and over stretched. The Enmore community has a polyclinic described as one of the best examples in Guyana. A range of services are provided by the clinic, but it was evident that more health care resources were needed. A social worker has been employed to work with families, but the research team realised they needed more staff to meet the challenging and changing needs of the community. Extended family members provided support for some participants in all three communities.

The Macrosystem level is the outer level of the framework that considers a range of factors such as cultural characteristics, economic and social conditions. When these are disrupted or fail it can exacerbate the issues for individuals, families, groups, and communities. It is the most important level as it supports the systems in the framework. A particular economic factor was the high unemployment in one of the communities. Enmore’s sugar factory closure impacted on many families relying on it for ‘their economic survival’. However, there were examples of positive changes that took place in that community. Families took on various jobs regardless of type and income to provide for their children. Women became more assertive and roles were beginning to change as they too sought jobs and contributed to the family income. They were moving away from the ‘traditional wife’ model where they were expected to stay at home and care for their children.

The chronosystem level is the influence of time and changes a person comes to experience over time. This level was not fully addressed in the project due to the COVID 19 pandemic. The project was time limited and the team could not return to Guyana due to the closure of borders in Guyana and lock down processes in the UK, but contact was maintained with the communities via the online platforms.

To summarise the framework was used to enable the research team to get a broader understanding of the factors that can impact on community mental health resilience. It assisted them in identifying strategies for dealing with the challenges participants faced and to encourage opportunities they could take to promote their mental health resilience