Mentalworld

MENTALWORLD

**Creation of a Social Networking Platform
for a systemic approach to Mental Health**

Better MH for a better society (and vice versa)

FEBRUARY 2021

www.mentalworld.org

Breaking news: 28-01-2021

UN Secretary-General António Guterres calls for a global reset in 2021

Guterres stressed that massive investments in universal health coverage, **mental health care**, social protection and decent work among others were needed.

https://unric.org/en/un-secretary-general-antonio-guterres-calls-for-a-global-reset-in-2021/

MENTALWORLD - a Social Networking Platform for a systemic approach to Mental Health

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OVERVIEW

- **Definitions**
  «Mental health" is more than the mere lack of mental disorders. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: <u>Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.</u>
  Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and recognition of the ability to realize one's intellectual and emotional potential. It has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. »
  Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder. Mental health problems affect society as a whole, and not just a small, isolated segment. They are therefore a major challenge to global development. (……….) For all individuals, mental, physical and social health are closely interwoven, vital strands of life. As our understanding of this interdependent relationship grows, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries. Unfortunately, in most parts of the world, mental health and mental disorders are not accorded anywhere the same importance as physical health. Rather, they have been largely ignored or neglected.
  (https://www.who.int/mental_health/media/investing_mnh.pdf)

  <u>**"Systemic approach":**</u> A specific application of "information entropy" to the **probabilities of particular microstates of a system occurring in order to produce a particular macrostate**.

  More at "The Systemic Turn in Human and Natural Sciences" (Collective Volume, Springer, 2019)
  https://www.springer.com/gp/book/9783030007249

- **Mental disorders tend to become the main modern health problem not only due to their spread in the population but also because of their interaction with a number of areas of social and economic life and their relationship with the physical and mental health of individuals.**

- <u>**The mainstream approach**</u> **in the field of Mental Health is characterized by a fragmented and symptomatic treatment.** This contributes decisively to the ongoing and growing deterioration of all the characteristics of the field, an indisputable proof of the ineffectiveness of the current approach.. "EC: A European Health Data Space".
  https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12663-A-European-Health-Data-Space-

- **A systemic approach** offers significant opportunities for change and effective intervention. Due to the nature of the field, the possibility of active participation of individuals and entities is a condition of change and a prerequisite for a successful transformation.

- **Due to the universal dimension** of the field, only the evolution of modern communication and networking technologies can create the background for the development of a systemic approach.

- **Overall goal:** The creation of a Social Networking Platform for Mental Health as a means of systemic approach.

- **Technical features or business model information** are on purpose mixed up within the general context.

CHAPTER 1 - MENTAL HEALTH FACTS

A.1 The Global Mental Health context

Before COVID-19 emerged, statistics on mental health conditions (including neurological and substance use disorders, suicide risk and associated psychosocial and intellectual disabilities) were already stark:

• Depression affects 264 million people in the world. As many as 450 million people suffer from a mental or behavioural disorder.

• Nearly 1 million people commit suicide every year. Around half of all mental health conditions start by age 14, and suicide is the second leading cause of death in young people aged 15-29.

• Four of the six leading causes of years lived with disability are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder).

• One in four families has at least one member with a mental disorder. Family members are often the primary caregivers of people with mental disorders. The extent of the burden of mental disorders on family members is difficult to assess and quantify and is consequently often ignored. However, it does have a significant impact on the family's quality of life.

• More than 1 in 5 people living in settings affected by conflict have a mental health condition.

• People with severe mental conditions die 10-20 years earlier than the general population.

• In low- and middle- income countries between 76% and 85% of people with mental health conditions receive no treatment for their condition, despite the evidence that effective interventions can be delivered in any resource context.

• Globally there is less than 1 mental health professional for every 10,000 people.

• Human rights violations against people with severe mental health conditions are widespread in all countries of the world. In addition to the health and social costs, those suffering from mental illnesses are also victims of human rights violations, stigma and discrimination, both inside and outside psychiatric institutions. Of the 139 countries that have mental health plans and policies in place, fewer than half report having these aligned with human rights conventions.

1 https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response

2 Source: WHO https://www.who.int/news-room/facts-in-pictures/detail/mental-health

3 https://www.who.int/news-room/fact-sheets/detail/mental-disorders

4. https://www.who.int/mental_health/media/investing_mnh.pdf)

5. https://reliefweb.int/report/world/policy-brief-covid-19-and-need-action-mental-health-13-may-2020

A.2 The Europe Mental Health context

• People with mental disorders die 20 years younger than the general population.

• The estimated prevalence of mental disorders in the WHO European Region in 2015 was 110 million, equivalent to 12% of the entire population at any one time. Inclusion of substance use disorders increases that number by 27 million (to 15%), while

inclusion of neurological disorders such as dementia, epilepsy and headache disorders increases the total by more than 300 million, to 50%.

• Suicide deaths are strongly related to mental illness, with approximately 90% attributed to mental illness in high-income countries (12). In the WHO European Region, the suicide rate is unacceptably high. In 2015, the age-standardized suicide rate was 14.1 per 100 000 population for both sexes combined, above the global average of 13.6 (12). Moreover, 11 of the top 20

• Countries with the highest estimated suicide rates globally are in the European Region.

• The promotion and protection of physical and mental health require a multi-sectoral response, which in turn requires a whole-of-government approach. A strategic vision for integrating mental and physical health care and prevention must be linked to and engaged with many constituencies in and beyond the government and in and beyond the health sector, including social care, education and the environment.

• The median value of the MH workforce hides wide variation among countries. For instance, the number of psychiatrists per 100 000 population ranges from 48 per 100 000 in Norway and 24 in Poland to 7 in Bulgaria.

• Substantial differences in terms of the type and location of psychiatric beds: for example, in Azerbaijan, there are 38 mental hospital beds per 100 000 population and 5 beds per 100 000 population in community residential facilities. In France, there are 7 mental hospital beds per 100 000 population and 92 beds per 100 000 population in community residential facilities.

• A strategic vision for integrating mental and physical health care and prevention must be linked to and engaged with many constituencies in and beyond the government and in and beyond the health sector, including social care, education and the environment.

(Sources: WHO Europe – Mental Health: Fact sheet, 2019, SDG MH: Fact sheet 2018)
https://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-resources/fact-sheet-mental-health-2019
https://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-resources/fact-sheet-on-the-sdgs-mental-health-2018

A.3 MH economics
• The global economy loses more than US$ 1 trillion per year due to depression and anxiety.
• For every US$ 1 put into scaled up treatment for common mental disorders, there is a return of US$ 4 in improved health and productivity.
https://www.who.int/teams/mental-health-and-substance-use/mental-health-in-the-workplace
• Dramatically disproportionate underfunding: WHO Countries spend on average only 2% of their health budgets on mental health (….) Despite the massive global economic burden of mental health conditions, spending amounts only to 1% of total health expenditure by governments

in the WHO European Region. Of this spending, 69% was dedicated to government mental hospitals.

https://www.who.int/publications/i/item/978924012455

• Extremely weak prevention policies

http://eprints.lse.ac.uk/59520/1/__lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_Knapp%2C%20M_Economic%20case_Knapp_Economic%20case_2014.pdf

• The annual direct cost of depression was estimated to be €617 billion overall in the European Union in 2013 (27 Member States), with costs to employers (absenteeism) of €272 billion, to the economy (lost output through lost employment) of €242 billion, to the health sector (treatment of depression) of €63 billion and to the social welfare systems (disability benefits) of €39 billion (22).

CHAPTER 2 - A METAPHOR

We could liken the area of PS to a train station: Thousands of people are coming, thousands are on the trains, thousands have disembarked. And a number of people who became disabled or lost their lives in a train accident. The millions of people who are not expected to travel are not included in the picture but remain potential users of the rail network, a significant and predictable size.

At the station we will not only meet passengers. We will meet drivers, trainers, ticket issuers, cleaners and many more. We will not meet, because they remain invisible even though they are directly involved in the overall operation, the traffic regulators, those who decide on the regulations and the price of the tickets, those who calculate the traffic load trends, the necessary investments. At the station we will not only see people. We will also look at basic transport infrastructure (lines, power supply systems), or equipment (trains, ticketing systems, communication, security, waste sorting and collection).

But mainly at the railway station we will see relationships. From the simplest, such as A and B class on a train, to more complex, such as the ownership of the railway company (private or public body, ownership or management of public infrastructure). Competitive relationships between entities, such as between railway equipment manufacturers, between sectors such as between different travel options - air, rail, road. But also, symbiotic relationships such as those of passengers or employees. Conscious relationships such as the financial transaction for the transport services provided or unconscious relationships such as the use of stations as commercial advertising hubs. Relationships visible or even invisible (how well known are the connections of railway companies with other sectors of economic activity?). Institutional or market relations, such as the procedures for determining the amount of the fare or the rights of the passengers, but also collateral to underground, such as the process of determining the amount of railway investments in the wider national context of public investment.

But let us move away from the station, keeping it in our field of vision. If from this distance the person is difficult to distinguish, the field of relations on the contrary expands: the relationship of the railway station with the built environment in which it is integrated (land uses and costs, environmental burden, impact on the traffic management) is an element that distance provides us. In fact, if we increase this distance using Google Maps, then global relations emerge: supranational railway networks or multinational suppliers of railway equipment and services. The involvement of education, research or innovation is not insignificant in this big picture as well as cultural differences. Let

us just imagine the difference between the Chinese Harmony train of 350 km per hour and the South African Metrorail. But beyond the perceptible there are also the cognitive and the imaginary levels. Each train station includes its history as the current electric train as a means of public transport has its origins in 1804 as a mining train.

All the above are enough to highlight the complexity and interaction between a large number of factors to compose the landscape of the integrated operation of a railway junction. In this landscape, however, we can locate everyone (individual or entity) with a different property but each time depending on the focus point. This fragmented involvement, while providing authenticity or specialization, deprives individuals or clusters of the opportunity to intervene in the transformation of the services used, while by convention the railway system has as its sole aim the well-being of the citizen as an individual and society as a whole. And not only that: fragmented information allows the operation of forces that may oppose this sole (common) goal. The relations are described in the following 2 simple equations (using the mathematical symbols to format our idea) in which the value of the numerator must always be ≥ of the denominator. When this does not happen, and the ratio of equations is> 1, then the goal of prosperity is not achieved.

$$X = \frac{\text{Citizen}}{\text{Taxpayer, services' user, employee, family member, resident ……}}$$

$$Y = \frac{\text{Railway transportation system}}{\text{Citizen, private sector, state, research, political parties, trade unions, consumers …..}}$$

CHAPTER 3 – WHERE DOES MENTAL HEALTH TRAIN GO?

We used the rail transport metaphor for no other reason than to make it easier for us to consider Mental Health as a system. Following the above mapping we can create a first (chaotic, unclassified, and indicative only) list of involved factors or related situations (properties, entities and processes):

Citizen, future affected, mental health services users, survivors, health / MH professional, MH service delivery systems, National Health systems, scientific research, private business sector, politics / politicians, legislative / executive / judicial authorities, local and regional government, mass media, educational system, advertising, social networks, information, urban / rural environment, spatial planning, sport, art / culture, history, family, age segregation, gender segregation, employment / work environment, nutrition, physical activity, gene structure, religious backgrounds, national / supranational structures, social stereotypes, interaction with other health problems, human rights, gross national income etc.

A. It is relatively easy to quantify the above factors: a series of concentric circles are created where each of them adds one or more groups of stakeholders. However, starting from a cycle of a rare mental disorder with a minimal number of patients, this number is increasing exponentially according to statistics: *according to the latest IHME estimates, **more than one in six people** across EU countries -17.3%- had a mental health problem in 2016, 84 million people. Source: PROMOTING MENTAL HEALTH IN EUROPE: WHY AND HOW? HEALTH AT A GLANCE: EUROPE OECD/EUROPEAN UNION 2018*). This number is multiplied by 3 in case we include the close family environment of a patient who is affected respectively and reaches 252,000,000. And the final outer concentric circle reaches to cover the whole population when the dimension of prevention is added. Thus, from a very small initial total we reach 446,000,000 citizens of the EU or the total 747,000,000 citizens of the member states of the Council of Europe.

B. It is obvious that random combinations of a limited number of factors in the above list would give completely different, often opposite, results for a request that would include them. It is also obvious that to date there is no common functional framework that is able to include, correlate and organize according to their characteristics and dynamics all the above factors as the initial arrangement of concentric circles seems to serve only quantitative representation needs. In the meantime, however, the dynamics increase dramatically as individuals / entities come together with multiple attributes that participate simultaneously in different cycles: a patient follows one or the other therapeutic direction, works in a pharmaceutical company, embraces the x religious doctrine, comes from the y state etc. Thus, the representation through concentric circles that we used to highlight the quantitative dimension proves to be insufficient as only new subsets as sets of sets are able to yield the dynamics
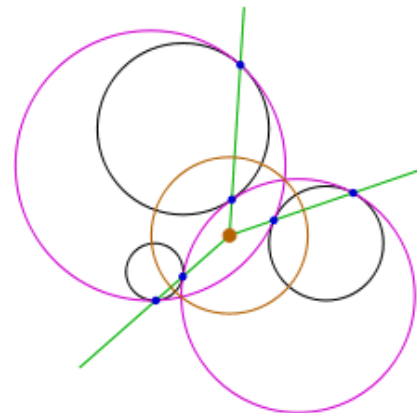
resulting from the interrelation. And this happens in a typical way only. A first sense of correlation as a Health"

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| GROUPS / STAKEHOLDERS INVOLVED	THERAPY & REHABILITATION	PROTECTION OF RIGHTS	PREVENTION	FIELDS	
G1 POLICY MAKERS	Full and official incorporation of PE in funded services provided by the NHS (G1, F2, F5)	European Charter of Patients' Rights (G1, G2, G3, F2, F4, F5)	Specific revision of the PE into Education - 1st & 2nd grades (G1, F3)	RESEARCH	F1
PUBLIC AUTHORITIES (EU, STATE, LOCAL, INTERNATIONAL)	Research and development of specific practices (G1, F1)	*Related articles:* 1 - Right to Preventive Measures	Public awareness on the values of PE/PA (G1, G2, G3, G5, F5, F8)	THERAPY	F2
EDUCATION	Guidelines per disorder and practice (G1, G2)	2 - Right of Access 3 - Right to Information 4 - Right to Consent	Massive PE/PA for MH programs (G1, G2, G3, F6)	EDUCATION	F3
CITIZENSHIP (COMMUNITY, NETWORKS, INDIVIDUALS)	Promotion of good practicies - Interactive Platform (G1, G2, F1, F2, F3)	5 - Right to Free Choice 8 - Right to the Observance of Quality Standards 9 - Right to Safety	Exploitation of PE in work places (G1, F7)	HUMAN / PATIENTS' RIGHTS: INFORMATION - PUBLIC AWARENESS - ADVOCACY	F4
G2 SERVICES' PROVIDERS	Information of the MH professionals (G1, F4)	10 - Right to Innovation 12 - Right to Personalized Treatment	Motivation for the general population (G1, G2, G5, F3)	PUBLIC MENTAL HEALTH FINANCING	F5
PROFESSIONALS (SPORT/ MH)	Training of professionals (G1, G2, F1, F3)	Official information procedure (Prorocol) for the patients on alternatives choices and their combination (G1, F4)	Development of specific indicators - Reporting (G1, F1, F2)	ENVIRONMENT - SPACIAL PLANNING - SUSTAINABLE DEVELOPMENT	F6
NHS	Creation and access to sport facilities (G1, G2, F5, F6)	Sport as an anti-stigma tool (F4)	Sport as a socialization process (G2, F2, F3)	WORK & EMPLOYMENT	F7
CORPORATE SECTOR	Scientific curricula in Higher Education (G1, F3)	Activation of the community and the general public (G1, F4)	Transfer of funds from drug therapy to prevention (G1, F1, F2, F5)	CITIZENSHIP, CULTURAL ASPECTS	F8
THIRD SECTOR	Spatial planning (G1, F2, F6)	Biannual European Sport & PE Event for MH (ESPEEMH) (G1, G2, F2, F4, F8)	Spatial planning & urban transportation (G1, F6)		
G3 MH SERVICES USERS	Aged population (G1, F3)		Strategic cooperation with the sport sector (G2, G3, F1, F2, F3)		
INDIVIDUALS	Youth population (G1, F3)		Biannual European Sport & PE Event for MH (ESPEEMH) (G1, G2, F4, F8)		
FAMILIES	Control of the drugs perscription (G1, F5)				
G4 MENTAL DISORDERS CATEGORIES	Operational specifications for MH services provides- programs, training & facilities (G1)				
TYPICAL MH DISORDERS	PE for MH in work places (G1, F7)				
DEMENTIA, ALZHEIMER	Massive PE/PA for MH programs (G1, G2, G3, F6)				
DRUG ADDICTIONS EATING DISORDERS	Revision of the mainstream therapeutic approaches (G2, F2, F5)				
POST NATAL	Connection of PE to Long Term Care (G1, G2, F2, F6)				
G5 COMMUNICATION	Research on PE as a offset for the research on drugs (G1, F1)				
MME	Full presentation of the impact of the use of drugs in physical condition of the individuals (G1, G2, F1, F2, F4)				
SOCIAL MEDIA	Support and Improve adherence (G1, G2, F1, F2)				

Click on every cell to see the related combinations

http://enalmh.eu/images/pdf/almh_movement_context_interactive_presentation2-min.pdf at www.enalmh.eu

Activating any cell in the table immediately displays only those associated with it according to the table's syntax parameters:

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Groups / Stakeholders involved

G2: SERVICES' PROVIDERS
PROFESSIONALS (SPORT/ MH)
NHS
CORPORATE SECTOR
THIRD SECTOR

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C. During the creation of the above interactive presentation, it was realized that any attempt for a complete and functional description of even a small part of the field would lead to an entire universe. The most inclusive term that could be used up to this point for Mental Health to facilitate the evolution of reasoning would be **"(global) social space"** in the sense that it is not only individual, nor imaginary but also is not defined / limited by borders or levels of development of any kind (historical, economic, social) However, the term **"space"** does not include *per se* functional characteristics, it is limited only to the elements and the shell of the set and does not provide any information about the existing dynamic relations (interactions) between the elements of this set. To the extent that our goal is a transformation intervention, as stated in the introduction, the only term that would provide us with the necessary vision (and methodology) is the "**system**". Generally speaking, in a "space" things are just located, while in a "system" things happen.
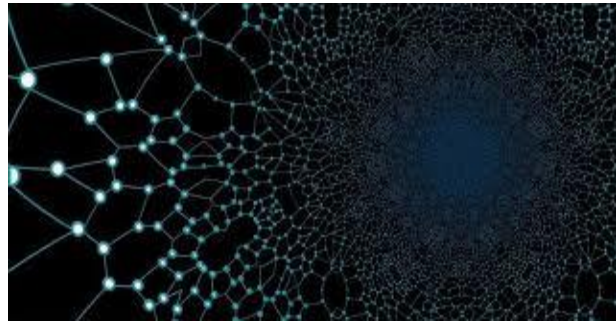
CHAPTER 4 - FROM THE "SOCIAL SPACE" TO THE "SYSTEM"

A.   A **"system"** is a complex information structure, with this information content potentially expressed materially and spatially, consisting of multiple building blocks that are autonomous, with individual identities and behaviors, but interact closely with each other. The simplest definition of a system is a network of interacting variables. This means that any change to any node of the system will cause changes to the other nodes as well - but they do not have to be predictable. Also, the system as a whole, through its parts, can interact with its environment. During this interaction it is able to accept secondary information content as input, process it and eliminate the information result of the processing back into the environment as output. This process can happen continuously or at regular intervals. A system can contain subsystems as building blocks, i.e. lower complexity systems that operate autonomously but at the same time interact with each other resulting in the original, higher structural complexity system." (Source: Wikipedia)

        A **"complex system"** is a complex structure, consisting of multiple interacting parts, whose behavior is different from any linear combination of behaviors of its parts (non-linear system). Complex systems are characterized by strong dependence and diversity between their parts, while on the contrary the symmetry in the structure of a system indicates low complexity. Complex systems are usually hierarchically self-organizing and exhibit emergent behaviors, i.e., novel collective behaviors that cannot be traced back to individual parts of the system but are due to their interactions and correlations. (…) A special category is the adaptive complex systems (Complex Adaptive Systems) which are dynamic (their state changes over time), mnemonic (always they retain information about their past states) and endoscopically (their evolution with time depends on the content of their memory). The term adaptability implies an evolutionary biological approach to the description of the system, in the sense that the system has the ability to learn and adapt to its environment. (Source: Wikipedia)

        The metaphor of the rail transport system was done for no other reason than to make it easier for us to consider Mental Health as a Complex Adaptive System that is by definition dynamic, mnemonic and endoscopic. A description of the correlation element (concepts, elements, domains, etc.) has already been attempted above. But it is not enough as no automated process is able to replace direct interconnectivity as a working condition and tool at the same time.

B.   We must take seriously the growing shortcomings of representative institutions around the world that are either ineffective or under-implemented. This inadequacy is the result of the "dislike" of isolated systems, such as systems of power or interests, despite the fact that their internal processes lead to disorganization (destruction by increasing their entropy).
This situation has given rise to pressing challenges at national or supranational levels, while dominant delegation relationships or management processes become often obstacles to individual or collective activation, i.e. the free exchange of energy (information and interactions) between system actors.

Consequently, an exclusive deposit of expectations for addressing Mental Health problems in the dominant structures and mechanisms of decision-making and implementation would be an evasion without the parameter of a direct involvement of interested parties, at least.
Note: the term "interested party" is used by definition in an "absolute" meaning without any sign of identification as any exclusion would lead to an "isolated" system and consequently its complete disorganization and final destruction.

  C.   However, if technical and other requirements have gradually led to significant homogenization of transport systems (railway line width, IATA, etc.), in the field of Mental Health a number of vertical divisions are found. The vertical divisions produced, perhaps for reasons of self-preservation of institutions and management mechanisms or corporate strategies, significantly limit the dynamics created by everyday conditions, even though they reach, without exclusive differentiation, larger and larger sections of the population or countries. Thus, it seems that a level of horizontal communication and interaction has a lot to offer in highlighting forces and processes that are capable of producing results.

Let us mention a recent example: The recent (2018) promotion (and only) in a limited number of EU Member States and for a limited time of a best practice in prescribing exercise for a number of diseases (including mental illness) was funded by the amount of € 1,350,000. It is certain that in the position of *ad hoc* top to bottom actions, an overall strengthening of horizontal communication with collective participation would have much wider and lasting results. However, the horizontalization of information, motivation and coordination is not a technological issue (regardless of the means it uses) but mainly a matter of developing relationships and communication at the fundamental social level (from bottom to bottom) and is based mainly, if not exclusively, on active citizenship. Relevant models prove to be particularly powerful as they are sole able to integrate:
- the power of personal experience and involvement
- the possibility of diffusion and popularization of scientific knowledge and
- the resistance to manipulation and misinformation

The following unprocessed response to the current situation with a qualitatively differentiated notion of "direct involvement" may be helpful:

• **Not only "I suffer" but "I act**" - I don't make with the status of the sufferer but I try to overcome the mental problem

• **Not just 'me' but 'others too'** - as responsible, supporters, services' providers, policy makers, etc.

• **Not only "today" but also "yesterday" and "tomorrow"** - not only today's sufferers but also tomorrow's or survivors of psychiatric experiences, not only the current conditions but also historical knowledge or statistical projections.

• **Not only "here" but also "elsewhere**" - either in the sense of cultural differences or with the need to extend the positive steps to supranational formations, etc.

• **Not only "accept" but "react"** - in any capacity and to any degree of involvement in policymaking and implementation processes.

Any horizontal communication process should of course not be considered a panacea as there is always a need for protection from misinformation / disinformation or copyright protection etc. but their power to develop motivation is incomparable.

On the other hand, horizontal communication does not imply the abolition of the autonomy of the entities operating in the field. On the contrary, they are offered the opportunity to communicate with the "big public" as "shops in the shop" responding to the "hunger" for information, the need to expand for sustainability purposes, the development of synergies promote their mission and address harmful practices. Once again, horizontal communication is not a panacea: stores of multinational sport or telecommunication brands are located next to each other in large shopping malls. But what about small family-owned stores in the neighborhood?

But a key question arises: whether the formation of a system leads to its entrenchment, that is, to another vertical separation like the ones we have mentioned as sources of malfunction, isolation and eventual disorganization. And especially when we refer to a social space like that of Mental Health that, not only historically, faces intense problems of stigma and exclusion. The answer is rather simple: to the extent that this process ends up (succeeding in) referring to the overall population, as shown above, then the formation leads from the outset to the confrontation of stigma, the elimination of discrimination and the release of forces.

In a deeper approach, additional objections may arise:

- Is this a way of expressing a perception of corporatism?

It should be emphasized here that the use of the term "system" is not accidental. Unlike the term "social body, category, group, class" or anything like ethnic group, religious or ideological current, "system" is a field of becoming without limits and not a framework for forming groups of common interest. Similar groups pre-exist or are formed outside of it and participate in it while the system functions as a field of communication with equal parameters the creation of consensus or the emergence of conflicts. In other words, the system does not presuppose any other identity despite any reference / interest of individuals or entities in Mental Health and no approval procedure can be provided by anyone for free access and use (that also applies to access to a railway station). The present use of the term "system" is functionally defined only, has a universal dimension and cannot be limited by any characteristic of individual or collective subjects as members of the system.

- What prevents the establishment of similar SNPs, based on, for example, education, taxation or coastal fishing?

There are no obstacles. In the end we are not talking about a new social model but a tool of vision and communication. It all depends on the dynamics that can be emanated. If Education, for example, could be the building block due to its universality, it would not be as easy for Coastal Fishing as the relationship with it of large sections of the world's population living on continental areas is far inferior and only a subsystem could compose.

- Is such an endeavor able to protect itself and its intentions?

The question cannot act as a deterrent. However, it is extremely useful in identifying potential outset of such risks and establishing response mechanisms.

CHAPTER 5 - A SOCIAL NETWORK <u>FOR</u> AND <u>OF</u> MENTAL HEALTH.

Why not a group (s) at the existing social media?

It is obvious that the possibility of elaborating, developing and implementing such a process is made possible by the existing communication and networking technologies.

Orientation towards the use of existing universal social networks would lead to the perpetuation of fragmentation as we would seek Mental Health as part of the social contacts of individuals (Facebook), as a professional occupation (LinkedIn) or as a circulation and commentary of relevant news and tweets (Tweeter). But all three examples are strong evidence of the dynamics expressed by wide-ranging or global networks. And not only. It is clear that the field of Mental Health is not very attractive for creating OPEN SOCIAL NETWORKS. Unnumbered entities and communities of any kind, corporate sponsored or not, are found:

- Online communities
  https://in2mentalhealth.com/2014/02/03/14-global-mental-health-information-and-network-websites/
- Mental Health NGOs/user-organizations around the World
  https://in2mentalhealth.com/2011/06/23/50-mental-health-ngosuser-organizations-around-the-world/
- Fundraising Options for Global Mental Health
  https://in2mentalhealth.com/2012/10/25/fundraising-options-in-global-mental-health/
- ONLINE SUPPORT GROUPS
  https://www.self.com/story/online-support-groups
- MH JOURNALS (545!)
  https://www.scimagojr.com/journalrank.php?category=2738

But fragmentation is produced, expanded, and sustained either intentionally (as a means of controlling and limiting information) or instinctively: a series of entities create enhanced exclusivity / specialization profiles or customer relationships as a means of ensuring their viability regardless of the unconscious or conscious development models.

In this light, a project for the development of a Social Networking Platform as described requires three conditions:

1. **Autonomy – Independence**
   A practice to avoid:
   For years, the relation between a global brand and an international health communication network was hidden. Right after a bribery scandal, there was no reason to keep this cooperation secret and an official business contract was announced.
2. **Non- profit orientation**
   Business operating models of **Wikipedia** https://wikimediafoundation.org/ or Mozilla https://www.mozilla.org/ provide quite sufficient frameworks to be explored.
   At first sight a hybrid of nonprofit – direct participation is the innovation core of MENTALWORLD.

3. **Participation / interconnectivity / interaction**
   The provision of the above 3 conditions can only come from the dynamics of the system and its ability to provide answers to its critical questions:

- **transparency**
- **liability,**
- **data protection,**
  Internal (self)regulatory) capabilities would not be considered as valid as those of an external collaboration such as this with "Privacy International" https://privacyinternational.org/
- **usability,**
- **efficacy / operational capacity** and
- **sustainability**.

CHAPTER 6 - MENTALWORLD (MW) FEATURES

Concerning the strict technology aspect, MW must follow and incorporate the state-of-the-art features on social networking platforms:
• Home / News: Displays posts, photos, files, videos, and maps posted by friends / followers, as well as history filters, watch / friend suggestions, and a list of user activities. • User Timeline: Displays the user profile with posts, photos, videos posted and shared by the user. • Pages • Groups • Social Video Support, Photo Album • Cover image - Profile image • User privacy: Check who can send messages, post in timeline, follow, confirm tracking requests or not, last time, etc. • User profile information: Displays the user profile information (birthday, site, gender, social media, last time, etc.). • Notifications - #Hashtags - @Mentions: • Post Publisher: Status, Sound cloud, YouTube, Vine, Google Maps, videos, files, photos and emoticons. • Delete & Edit Posts - Save posts • Current user situations: The user can share his current situation, such as emotions etc.

Regarding privacy and cyber security controls: in the application architecture blueprint by default in order to comply with the increasingly demanding National and European regulatory environment, e.g. GDPR. A fundamental requirement for the secure design, build and operation of a contemporary social network, is the design and implementation of a **Next Generation Information Security Management System (NG-ISMS)**. Based on the de facto security industry standard **ISO/IEC 27000 series of security standards** , the NG-ISMS has at its core i) a modular security architecture, ii) the establishment of a security policy, iii) the performance of a continuous risk assessment and the effective management of the resultant risks, iv) the selection and implementation of management, technical and physical security controls and v) the certification of the network in accordance with ISO/IEC 27001:2013, and taking into consideration ISO/IEC 27017:2015 cloud security controls and ISO/IEC 27018:2014 cloud privacy and ISO/IEC 27701:2019 privacy information management system extension, since the initial core services will be offered from the cloud.

In general terms MENTALWORLD must be:

Global	No restrictions related to country, religion, beliefs
Independent	No connection to any kind of established interests
Open / Free	No exclusions, no barriers
Transparent	Simple and clear legal status, accountability, auditing, code of ethics
Community based	Motivation, enhancement, facilitation of participation
Non-profit	Non-profit
Technologically advanced	Innovative services, advanced data mining, self-learning
Inclusive	MH Stigma, gender equality, respect of diversity, multilingual, accessible for disabled people
Safe	GPDR, protected against malicious attacks
Reliable	High quality assurance control against mis /disinformation
Attractive	To users and potential collaborators.
Visionary	With eyes deep into the future, leave free space for the invisible
Active / responsive	Developing of own initiatives (services, events)
Creative	High esthetic standards
Preventive	Focused on mental health for all – not limited to mental ill health

What services MENTALWORLD would provide?

Based on the current level of idea processing the following initial table of content / services is available (indicative non exhausting list)

ADMINISTRATOR'S SERVICES		MEMBERS' ACTIVITIES	MEMBERS' INTERACTIONS	
WHAT	HOW	WHAT	WHAT	HOW
Access to Information sources	Cooperation to Open Sources	Individual or entities' accounts	Interpersonal relations	
Open data - Research promotion	Data mining and process. Lists per topic	Events promotion	Exchange of experiences	Thematic online forums
Digital libraries	Libraries	Coordination of collective initiatives	Community or professional online support	Online communities
Dissemination of scientific knowledge and information	Instant messages on new entries	Dissemination of scientific knowledge	Participation in research conduction	Ad hoc thematic groups
Training seminars	Paid service	Volunteerism	Volunteerism	National, local, thematic or ad hoc groups
Events	Free or paid participation	Campaigns	Evaluation of services	National, local, thematic or ad hoc groups
Job supply / demand data base	Free service		Participatory policy making - Public consultations	National, local, thematic or ad hoc groups
Directories	Professionals, units, state authorities etc		Interdisciplinary groups	
Advertisement	Paid service under the code of ethics			
Campaigns	Own or members' initiatives			

Sustainability of the SNP

The hybrid of ICT and direct participation of individuals, entities and the community provides a framework able to attract, motivate, engage and support individuals and entities to connect to the proposed SNP

Given the non-profit profile of the business there are two kind of "customers": these interested on the process (investors, donors, supporters) and these interested on the final product/ services (members of the MENTALWORLD open community).

In this point of view must be attractive for both customer groups, institutional stakeholders (State, Foundations, CSR programs as responding in their current needs or social sensitivities) and members of

the MW platform (individuals or entities "consuming" the content and services provided by participating and exploiting the MW platform features). This second not typical "consumer profile" creates the potential to make MW attractive to the first "customer" category. So, the MW value proposition is "better MH for a better society (and vice-versa)".

Business profile: Global – Thematic - Non-profit – Independent - Community based - Technologically Advanced

Target groups (SNP users / members) indicative non exhausting list:

POPULATION	PROFESSIONALS	PUBLIC SECTOR	PRIVATE SECTOR	THIRD SECTOR	OFFICIAL INSTITUTIONS	TRANSNATIONAL ENTITIES
MH services' users	Psychiatrists	State authorities	Pharmaceuticals	MH services provider units	Global	Networks (NGOs)
Not diagnosed	Psychologists	National Health Systems	Sport - Wellbeing	National Local networks	EU	Professional Federations
Families	Nurses	State Agencies and services	Insurance industry	Foundations	Education - Research centers	Foundations
General population (prevention)	Social workers	Local Government	Education - Research centers	Community structures		Think tanks
	Physiotherapists		Publications			
	Physical educators		Creative industry			
	National / local associations		Advertisement industry			
	Alternative therapists					

Funding sources*

- Institutional funding
- CSR programs
  - Direct donations in cash
  - Corporate in-kind donations
- Advertisement income at a low prefixed limit under the code of ethics to be conducted (in order to insure independence)
- Specific projects funding related to the mission of the initiative.
- Crowd funding
- Events revenue.
  https://www.mozillafestival.org/en/tickets/?utm_source=engALL&utm_medium=email&utm_campaign=ticket-announcement&utm_content=ticketscta

*Note: Wikimedia Nonprofit Foundation: 2020 annual income 120.000.000 $.

Mozilla Foundation / Subsidiaries: Net income 2018 $ 89.900.000

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CHAPTER 7 - IS THAT ALL? HOW DO WE HANDLE DATA?

But the imprint of each individual or collective access and use is in itself a rich material. A structured, protected and permanently linked framework can create a background for collecting and processing information that to date remains fragmented, not accessible or static, that is, not updated or correlated.

This fragmentation has been recognized by the European Union with the initiative for "**A European Health Data Space**"

"There is fragmentation of digital standards and limited digital interoperability between healthcare systems. Recommendations on a European Electronic Health Record Exchange Format exist. Nevertheless, in practice they are not sufficiently applied, which reduces interoperability between systems and creates barriers in the Single Market. Few Member States apply the voluntary eHealth Network guidelines. The resulting market fragmentation hampers the free movement of digital health products and services with duplications and increased costs for healthcare systems, patients, researchers and public institutions. This fragmentation poses a significant challenge for businesses and enterprises and national healthcare systems when integrating innovations in healthcare. Access to, and exchange of, health data for scientific research and innovation, policy-making and regulatory activities remains very limited in Europe (secondary use of health data)."
https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12663-A-European-Health-Data-Space-

But the simple collection and provision of quantitative data can become the curtain behind which fragmentation remains invisible in the untouchable. While a productive, smart, systematic utilization of them can, and must, deliver the quality interventions and results we need.

Examples:

1. Transparency service

   A top request is the publication of the results of all research of pharmaceutical actions, at least those carried out with institutional external financial resources. (**Mental Health Europe: Shedding light on transparent cooperation in healthcare: The way forward for sunshine and transparency laws across Europe** "report https://www.mhe-sme.org/shedding-light/). For this to happen we must first know what research is underway. Imagine a list that is compiled as a result of collective activation without requiring the response / compliance of the research body or the funder. **The absence of registration of the link would indicate the lack of public disclosure, creating the necessary pressure for publication.**

RESEARCH OBJEVTIVE	INSTITUTION	FUNDER	LINK
A	X	1	www.xxx@eu
B	Z	2	NO

2. Drugs side effects.

   The latest announcement of the European Medicine Agency for a widely used antidepressant drug dates back to 2006 and came from a relevant request of the manufacturer to extend its use to ages 8-17 years while the product has been on the market since 1999.
   https://www.ema.europa.eu/en/documents/referral/xxxxxx-article-6-12-referral-annex-i-ii-iii_el.pdf
   Advanced National Health Systems provide general up-to-date information for product groups without mentioning specific products and research sources.
   "https://www.nhs.uk/conditions/antidepressants/side-effects/
   Page last reviewed: 16 August 2018
   Next review due: 16 August 2021"
   Information provided by users or official data from related clinical trials would provide an enriched and timeless picture.

3. Campaigns, Joint statements, Joint actions.

   The final result of an action depends not only on its initial design and content but also on the scope of the actors taking the initiative, which by definition acts as a limiting factor. The extent of the existing fragmentation becomes particularly apparent when examining the characteristics of the partner groups for a joint action, while the fragmentation results are highlighted by the quantitative data reported in the final scope of the action. As there is never a reference set then every result is considered (self)satisfactory.

   In contrast, **placing each initiative in a broad dynamic support framework would not only yield much stronger results but would also demonstrate the degree of interest that the energy would encounter, with whatever conclusions can be drawn from it.**

4. Impact evaluation

   The basic publicity of policies / funding tools / actions-projects is provided by two main sources:
   a) by own means of the implementing bodies.
   b) by means of funding bodies.
   In both cases the evaluation of the final results is usually treated as a formal response to equally formal *ex ante* or *ex post* evaluation requirements. With this approach it is quite easy to confirm / reproduce an opaque cycle of prioritization / assignments that is often far removed from both actual needs and goals.
   Public evaluation processes.

5. Research

   Research always remains a critical factor. The social network cannot take on similar tasks and cannot be turned into a research body. But it can develop strategic partnerships for free access to research evidence (https://www.operas-eu.org/ - https://pkp.sfu.ca/ - https://www.relx.com/) or to be used as research potential.
   Both parameters can contribute to the creation of metadata - comparative analyzes.

6. Misinformation - Disinformation

   Much more, however, the social network can function as a means of protecting scientific validity and tackling deliberate misinformation. The presentation of Professor P. Ekekakis (Iowa University) is revealing:
   http://eventsproject.eu/images/Exercise_as_antidepressant_Oct24_2018_Athens_Ekkekakis.pdf

7. OPEN or BIG DATA?

   Let us distinguish at this early stage OPEN from BIG DATA as for the second category due to the quality processing parameter included in the term, any approach must be particularly careful as politically and functionally sensitive.
   More info:
   Institute Human Rights Centre https://www.essex.ac.uk/centres-and-institutes/human-rights
   Human Rights, Big Data and Technology Project https://www.hrbdt.ac.uk/ (στο project μετέχει και ο WHO)

CHAPTER 8 - MENTALWORLD AND COVID 19

The MENTALWORLD initiative is not an opportunistic one. The ongoing pandemic has not created any new elements in the field of Mental Health either in the form of specific symptoms / disorders or in the form of new therapeutic approaches. However, its spread has a particularly important contribution to the understanding of the operation of the field both independently and as part of the wider Health System.

> *"COVID-19: Mental Illness, a "Parallel Pandemic"*
>
> *The COVID-19 pandemic has generated a "parallel epidemic" of deteriorating mental health, especially among young people. The World Health Organization (WHO) is establishing a new mental health coalition to help states address this problem.*
>
> *"Mental illness is taking its toll, both on those who were already at risk, as well as on those who have never sought mental health support before," Dr Hans Kluge, director of WHO Europe, told a press briefing on 28 January.*
>
> *https://unric.org/en/covid-19-mental-illness-a-parallel-pandemic/*

A. First of all, the pandemic mainly expresses and intensifies fear, insecurity and isolation / loneliness, conditions that are inherently characteristic of modern social and personal life. However, the intensity of the phenomena is found at extreme levels and this degree generates, reveals and intensifies in turn a series of reactions and behaviors: misinformation, domestic violence, questioning of institutions, denial of compliance, generation gaps, increased substance use and more. To the extent that massification and the degree of intensity continue their growth rate then the possibility of creating that critical mass that will turn quantitative into qualitative change is open. In other words, it is different to have depressed people in one society and it is different to talk about a depressed society. And of course, although every society expresses itself based on the current cultural context of the given time period, it subconsciously develops and incorporates behaviors that will define it far beyond that: the handshake gradually replaced the previous forms of greeting (bowing, revealing head, military greetings) at the time of the "Black Death", the medieval plague epidemic, as a means of empirical thermometry and avoidance of transmission through personal contact. When the root cause disappeared, the behavior remained, opening up new eras for physical contact as an element of communication, the expression of trust, and the signaling of social stratification.

Imagine a society that subconsciously adopts elbow contact or rejects the kiss of encounter, consciously applies the withdrawal of people from the streets with nets like dog catching (images we saw at the Chinese media), or the indiscriminate adoption of sanitary passports.

The above means that the new situation cannot be addressed by adding additional telephone lines of psychological support or by increasing the administration of antidepressants by 80% as shown by data from some countries. We need to be more proactive and this can only happen with fundamental level processes that only the collective intelligence of a MENTALWORLD can offer.

B. A second equally important contribution of the pandemic is the highlighting of the necessity of the systemic approach and its pervasive absence mainly at the level of managing authorities whether they are supranational institutions or national authorities.

Evidence of this absence is unfortunately provided by all actions, strategic or tactical, related to dealing with the pandemic. Regardless of the quantitative weight of the results, in terms of interaction and multifactorial context, the pandemic only resembles a world war or climate crisis. Nevertheless, or perhaps because of them, all the big decisions to deal with the crisis lag obviously behind. Typical examples:

- Vaccine and vaccination management
- Transnational transport regulations and restrictions on domestic movement
- Role of primary health and prevention
- Design of National Health Systems
- Dealing with financial implications

All of the above highlighted the characteristic shortcomings of the non-systemic approach:

- Interruption of USA funding to WHO in the midst of the pandemic.
- Vaccine development process – Supplier selection criteria
- No synergies between UN, IFM and World Bank

In this second context the educational character of MENTALWORLD can be particularly important at two levels:
- Contributing to the formation of a systemic way of thinking and planning
- Creating strong pressure for the systemic approach to this great challenge.

CHAPTER 9 - SOCIAL IMPACT OF MENTALWORLD

The fundamental belief in the expediency of MENTALWORLD lies in its contribution to the improvement of the field of Mental Health through the following axes:
• Collection, creation, exploitation of data
• Reduction of aggravating factors
• Activation / coordination of wider potential
• Improving policies and practices
• Diverse support to affected individuals and groups
In these terms the expected social impact is presented in brief as follows:

INDIVIDUALS	PUBLIC SECTOR / NHSs
Less suffering	**Development of effective policies due to the systemic approach**
Addressing stigma and exclusion	**Better results of applied policies due to wide evaluation processes**
Personal development – social functionality	**Public economics:**
Life protection (suicides)	Savings on social benefits budgets after more effective community-based treatments
Better self–management = Better physical health	Savings due to prevention policies
Better family life= healthy childhood	increased taxpaying capacity of economically active population
SOCIETAL CHALLENGES	**Sustainability of the NHSs:**
Integration of MH services' users to the full life circle	Less MH incidences
Family relief from the care of patients	Increased protection against physical health problems due to effective self-management
Inclusive societies addressing stigma	**Research**
Crime reduction (related to substances' addictions)	
ECONOMY AT LARGE	
GDGs	**PRIVATE SECTOR**
No 1: No poverty	**Workplace**
No 3: Good health and well-being	Reduction of work absenteeism
No 8: Decent work and economic growth	Higher productivity
No 10: Reduced inequalities	**Increased personal income = increased spending power**
	Directly benefited sectors.
	Sport / Wellbeing (as part of therapeutic schemes)
	Insurance (less accidents, less physical health costs)

CHAPTER 10 - CREATIVITY AND SOCIAL NETWORKING PLATFORM FOR MH

The systemic approach to the field of Mental Health is not limited to the structured description and correlation with the factors that interact. Statistics or network architectures, topicality or entity relationships, social or economic layers, and any other factors could not give a complete picture if they did not include the purely internal dimension that only through individuality can we approach. The relationship of the term "Mental Health" with the multiple intakes of the concept of "soul", the large yet uncharted part of the human brain or the always indeterminate space-time of the collective unconscious, to name just a few of the great scientific uncertainties that characterize Mental Health, reveal an area of the system that, although we are not able to describe definitively, we know exists.

Consequently, the need to integrate a tool of expression, description, and interpretation of this area that is none other than creativity, which at its primary and main level is an individual process with privileged fields of expression Aesthetics and Art, is highlighted.

There are no guaranteed ways to claim to be able to create a template aesthetic that is appropriate and relevant to the project. Something similar could only result from the feedback process (a process in which part of the instantaneous output of a system is redirected and fed back into the system as a new input. The latter is used internally for the system to self-regulate its behavior or structure with based on its immediately preceding exit and some innate rules).

To make it somewhat understandable let us imagine the AMBLIGHT function of a Smart TV. The backlight / side emitted to facilitate watching is dynamically adjusted to the color range of the displayed content, so that the lighting changes during watching. The adoption of this function in the network, more precisely the construction of a relevant algorithm, could lead to modifications of the texture and color or other elements of the templates. An additional change processing background could provide additional data on the trends of network users as a multifactorial system (collective intelligence, swarm intelligence)

Accepting fluidity means matching the principle of indeterminacy (physical engineering) to the function of the imagination (psychology). These terms are not mentioned for reasons of scientific inquiry or impression, others in charge will deal with them. It is only done to justify the need to leave a 20% free from the beginning, whether this is storage space, or a way of designing the network architecture or whatever. This percentage will be covered on the way by what we cannot imagine or organize today. And to go a little further, it is a statement of acceptance of the indefinite percentage of the soul in the term Mental Health. Let us entrust Art to express and implement this specific aspect with its special presence in this project. Because in no case can we expect or demand such a thing from websites of public authorities, statistics and others necessary in the initiative.

EPILOGUE

A. The need for a systemic approach to Mental Health is not placed in a virgin realm. Corporate growth and communication strategies in the field of Health are now central to the core activities of the international communication giants as the traditional business sectors have now given up their once dominant position.

B. Of course, the only common denominator of the above activities with the examined systemic approach is the in-depth study of the behaviors of the target groups (consumers, actors) and the intense use of technologies / means of networking and communication. But always operating quite invisibly for obvious reasons, these strategies rarely result in the development of transparent stand-alone branded media.

C. This trend points to the feasibility of a socially targeted systemic approach, as described, as it draws significant momentum from its operation in the opposite of relevant corporate practices despite the fact that no element of the system is excluded from its inclusion: pursuit of interactions is an identical feature of the system.

D. But there is another fact that reinforces MENTALWORLD's feasibility:

Regarding terminology, the term "Mental Health" is used in a foggy way and certainly not in contrast or equivalent to the term "Physical Health". Typical examples we draw from the most authoritative / largest health organization WHO: following the main menu of the WEB Site https://www.who.int/ , in the drop-down menu of "**Health topics**" a "Mental health" option appears while nowhere will we find an entry «Physical health».
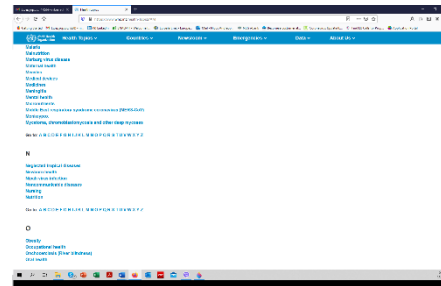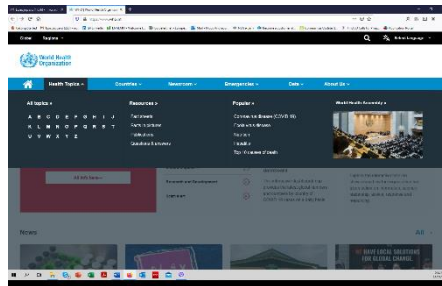
For a "strange" reason mental disorders are often considered in association with "non-communicable diseases" while a precise and official list of the above diseases is missing. The confusion turns out to be much greater when these two terms are listed at the same time:

MENTALWORLD - a Social Networking Platform for a systemic approach to Mental Health
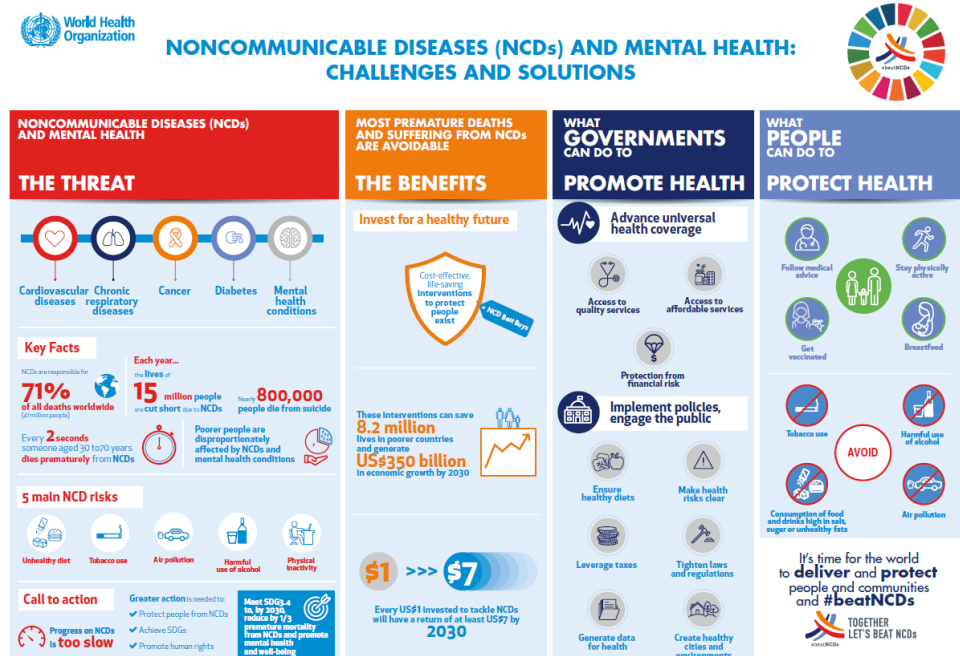
"NONCOMUNICABLE DISEASES AND MENTAL HEALTH" is the title of the WHO Infographic where if the descriptive adjectives "noncommunicable" and "mental" are removed, the essential "diseases" and "health" remain connected and equated semantically!
https://www.who.int/nmh/publications/ncd-infographic-2014.pdf?ua=1

The above scientific failures and the methodological confusion caused by these arbitrary - anti-systemic connections are not accidental. However, it seems to provide the ability to obscure the image and inadequate processing of real data.