



Relational Wellbeing (RWB) is an integrative approach to understanding, assessing and advancing wellbeing.

RWB Brief 5 describes how we apply this to research and intervention in mental health

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### Applying RWB to mental health: the basics

Relational wellbeing looks beyond individual psychology or behaviour to the underlying processes that promote health environments and happy lives. Applied to mental health this means:

- **An embodied approach:** that emphasises the grounding of mental health in how people are doing economically, politically and socially
- **A positive approach:** supporting people in securing their needs
- **An inclusive approach:** mental health is a continuum – everyone has strengths and everyone experiences difficulties

RWB is part of a broader movement towards systems and complexity thinking.

It has much in common with work on social, economic, environmental and commercial determinants and socio-ecological models of mental health.

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### Mental health or mental illness?

We believe population-wide mental health is promoted by a broad range of policies and programmes that may not be primarily health focused.

While acknowledging the importance of clinical responses to mental illness, we are cautious of approaches that frame mental health in individualised, narrowly clinical or pathological terms.

We believe responses to mental illness should explore and address the underlying (economic, social and/or political) causes not simply treat the symptoms (e.g. farmer suicides in India).

In clinical responses to mental illness, we emphasise relational aspects of treatment: that people should feel listened to, better connected, and be supported to navigate with more agency their interactions with others.

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### Some principles

An RWB approach to mental health is based on the following principles:

- **Rights-based:** People with mental ill-health have the right to appropriate treatment and information. Those who care for them have the right to support to fulfil this role.
- **Culture-aware:** Culture makes a difference to the way that mental health is perceived, labelled and diagnosed. This may either obscure its incidence or accentuate it.
- **Socially and politically aware:** Social identities can affect how mental ill health manifests itself and is perceived. Mental illness may also have social and/or political/economic consequences.
- **Socio-ecological:** Mental health is affected by the interactions across levels (micro to macro) and between society, economy, policy and environment

## Taking a relational approach to education (and mental health)



[Bopkhel school](#) is located in a low-income neighbourhood of Pune, India. The school fosters friendly, informal relations between teachers and children, who are all seen as individuals, with their own learning styles and pace. Parents are encouraged to see themselves as partners in the school community. As the children are mostly the first generation in their families to go to an English medium school, the school puts on classes for parents to build up their own skills, confidence and ability to support their children’s learning. Parents are also encouraged to team up and support each

other. Where the school becomes aware of issues in the community that are affecting the children’s attendance and learning – such as domestic violence – they hold meetings and develop street theatre to raise awareness and provoke discussion. While not imposing its own ideas, the school particularly aims to increase aspirations – especially for girls, whose education just a generation ago was seen as less important than boys’.

Figure 1 shows how we would use the three dimensions of the RWB approach to identify key wellbeing outcomes to assess this programme. Figure 2 uses a socio-ecological model to suggest variables to assess the school’s impact on mental health.

Figure 1: Improved wellbeing

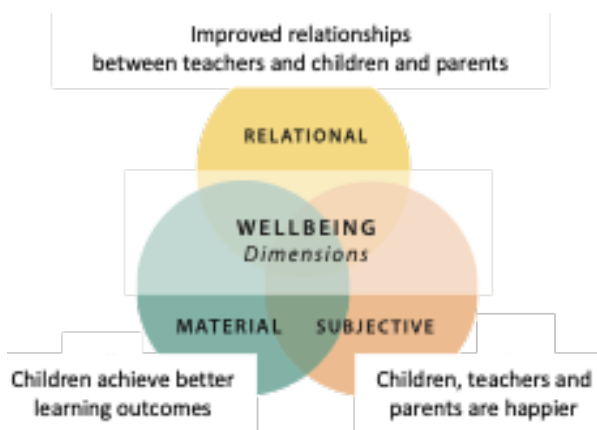


Figure 2: Improved mental health

Measure	
<b>Individual</b>	Children can sustain their mental health better with increased knowledge, awareness and skills
<b>Organisation</b>	School environment is mental-health friendly School can identify mental health difficulties early and provide appropriate support
<b>Community</b>	Children can access community based mental health (MH) resources MH awareness raised and stigma reduced
<b>Policy</b>	Education department recognises the value of the model and replicates across the region Education and health departments work more closely together in an integrated approach

## Using a relational approach to design a wellbeing and mental health intervention

Variable	Key question
<b>Context is taken seriously</b>	Does the programme design involve initial and periodic monitoring of the context of intervention?
<b>Diversity is taken seriously</b>	Are data disaggregated by sex; age range; socio-economic status; ethnicity; dis/ability; location (country; urban-rural)?
<b>Connections are considered across different aspects of life</b>	Does the programme design consider people’s lives in the round, rather than abstracting mental health alone?
<b>Practice aims to ‘thicken the weave’ as the basis of longer-term sustainability: fostering interaction between different people, sectors and levels</b>	Does the programme design involve building relationships with other services, within communities etc?
<b>Reflexive and responsive - alert to complexity and changes over time</b>	Does the programme design build in space for reflection and scope for re-direction?

For more on the theory and practice of RWB see:  
[RWB Briefs](#)

Or contact us:  
[info@rwb-collab.co](mailto:info@rwb-collab.co)