

Welcome, Bienvenue, Karibuni, Bemba, Swagatam, Bienvenido, to the Kick-Off Meeting of the International Consortium to Promote Community-led Resilience Networks Worldwide



Co-Sponsored By:



Supported by:



Bob Doppelt

Coordinator, International Transformational Resilience Coalition (ITRC)

Website: <http://itrcoalition.org> Contact: tr@trig-cli.org

In Chat: please briefly post your [name](#), [organization](#), and where you are [located](#).

Our Apologies:

We thought the Zoom language translation app would work but it does not.
We will fix this by the next meeting.

Also, the session is being [recorded](#) and will be sent to all consortium members afterwards.

Today's Agenda

- Brief introductions
- Why we are organizing the international consortium
- Purpose of the consortium
- The roles and responsibilities of consortium members
- Questions and dialogue
- Next steps

Key Message

“Community is Medicine”

Throughout human history our ability to band together and cooperate has always been key to surviving, adapting, and remaining healthy and resilient during crises... and solving complex challenges!



By forming local resilience networks
in urban neighborhoods, communities, and rural areas worldwide
we can do this again now!

Introductions

Please very briefly share your name, organization, where you are located, and why you are interested in participating in the international consortium.



The International Transformational Resilience Coalition (ITRC)

- Founded in 2013 by a team of people.
- Grounded in mental health and psychosocial wellness and resilience and climate and environmental science.
- A 2+ year global research project concluded that a “public health approach” to wellness and resilience is needed for the C-E-B emergency.
- In early 2024 became a member of the *(U.N.) High-Level Climate Champion Race to Resilience* Campaign.

Why Are We Forming the International Consortium?

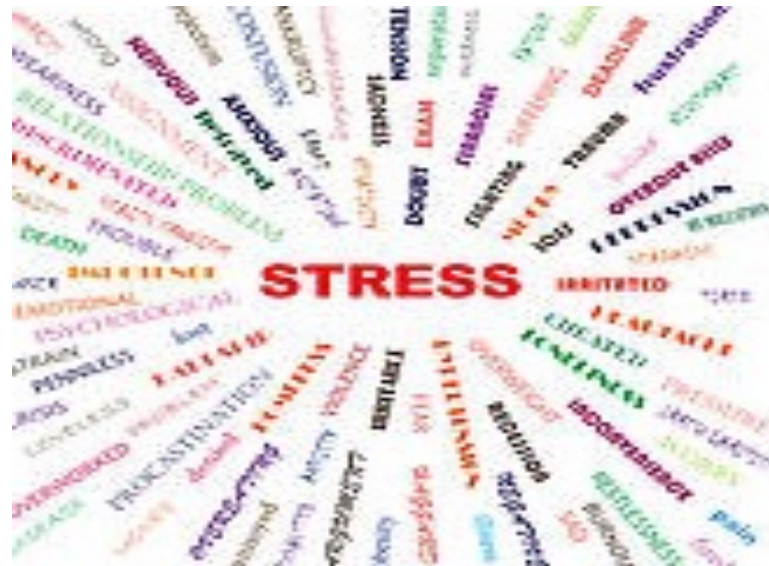
Because Traumatic Stressors are Pervasive Worldwide Today!

**Social Isolation
and Loneliness**

**Racism, Inequalities,
and Oppressions**

**Fear and Impacts of
Wars and Violence**

**Rising
Authoritarianism**



**Financial Struggles
and High Poverty**

**Political and Social
Polarization**

**Vast Economic and
Social Inequalities**

**Many Other Individual, Family,
Community, and Societal “Traumatic Stresses”**

On Top of These Traumatic Stressors Are Those Generated by the Global Climate-Ecosystem-Biodiversity (C-E-B) Emergency

- Global average surface temps. have now risen **by 1.5 C (2.7F)** above pre-industrial levels.
- The World Meteorological Organization recently said temperatures will rise **close to or by 2C (3.6F)**, at least temporarily, in many parts of the world **within 5 years**.
- Research led by noted climate scientist Dr. James Hansen projects that temperatures will rise **close to or by 2C (3.6F) permanently everywhere** not too many years later.



- **7 of 9** critical “**Planetary Boundaries**” have now been **breached**: atmospheric conditions, loss of biodiversity, ecosystem changes, freshwater changes, modification of biochemical flows, introduction of exotic species, ocean acidification --- only aerosol & ozone are at “safe” levels.

Humanity is facing an accelerating

“Climate-Ecosystem-Biodiversity (C-E-B) Emergency”

One Traumatic Stressor is More Frequent, Prolonged, and Surprising Extreme Weather Emergencies and Disasters that Impact Billions

20-40% of those who are **directly** impacted can experience **physical health, mental health,** or **psychosocial issues**—as can **20% or more** who **know some** impacted or **view** it from afar.

**Wind, Rain, and
Snowstorms**



**Heat Waves
and Heat Extremes**



**Sea Level Rise and
Storm Surges**



Wildfires



Floods



Droughts



And many other previously unseen emergencies and disasters...

Combined with Cascading Disruptions to the

Ecological, Social, and Economic Systems People Rely on for Basic Needs

That In Different Times, Ways, & Magnitudes Will Distress or Harm Everyone!

- Water, food, and other key resource disruptions and shortages
- Damage and loss of homes and shelter
- Job and income losses and financial struggles
- New and surprising illnesses and diseases
- Loss of place, community, culture, and natural environment
- Disruption of close family and friend social support networks
- Involuntary migration and in-migration
- Heat and disaster-triggered crime, aggression, and violence
- Worries about our future and our children's future
- Many other often surprising “stress pileups”



Unless We Establish the “Social Infrastructure” to Prevent and Heal them
We Will Experience a Global Epidemic of Distresses and Traumas

Psychological, Emotional, and Spiritual “Distress”

“Individual Trauma”

“Community Trauma”

“Societal Trauma”

Without population-level prevention and healing initiatives worldwide the
C-E-B emergency will be the greatest societal trauma ever experienced!

Pervasive Distresses & Traumas Feed on Themselves and Can Become

Epidemic

Unaddressed trauma can become buried in the nervous system and cause people to Deny, Dissociate, Blame, Attack Others, Self-Sabotage or Reenact



As seen repeatedly throughout history the combination can

Unravel

Families, Groups, Communities, and Entire Societies!

“There is No Physical Health Without Mental Health”

Dr. Brock Chisholm, first Director-General of the World Health Organization (WHO)

“Comorbidity” between mental health and physical health is Very Common



Yet, few people understand this, which means that, left unaddressed, widespread C-E-B emergency-related distresses and traumas will

greatly accelerate both mental and physical health problems--
and increase demand for and the costs of health care



It is *Very* Important To Understand

The threat to families, communities, and society is ***NOT*** people with diagnosed symptoms or those who look, think, or act differently from the mainstream.

It is the vast majority of people now considered "normal" who, when their deeply-held views of the world and how they should act are shattered...
can act in ways that harm themselves, others, or the natural environment.



In different times, ways, and magnitudes
The Climate-Ecosystem-Biodiversity (C-E-B) Emergency
will impact EVERYONE!



This is a global population-level problem ...
that requires us to think and respond
through a population lens, not a siloed individual or small group one

We Must Quickly Get Organized to Address the Impacts

By Establishing the “Social Infrastructure” to Provide *Mutual Support For All!*

We Must Establish Methods To

- Help **everyone** remain physically, socially, psychologically, emotionally, and spiritually **safe**, **healthy**, and **resilient** during ongoing adversities, **and** use them as catalysts to find positive sources of **meaning**, **purpose**, and **hope** in life and **thrive**.
- Closely linked with **mobilizing** everyone to reduce **their contribution** to C-E-B emergency--especially those in industrialized nations—strengthen external **physical resilience**, **restore** ecological systems, **and** make the **changes** needed to set humanity on a **better path!**

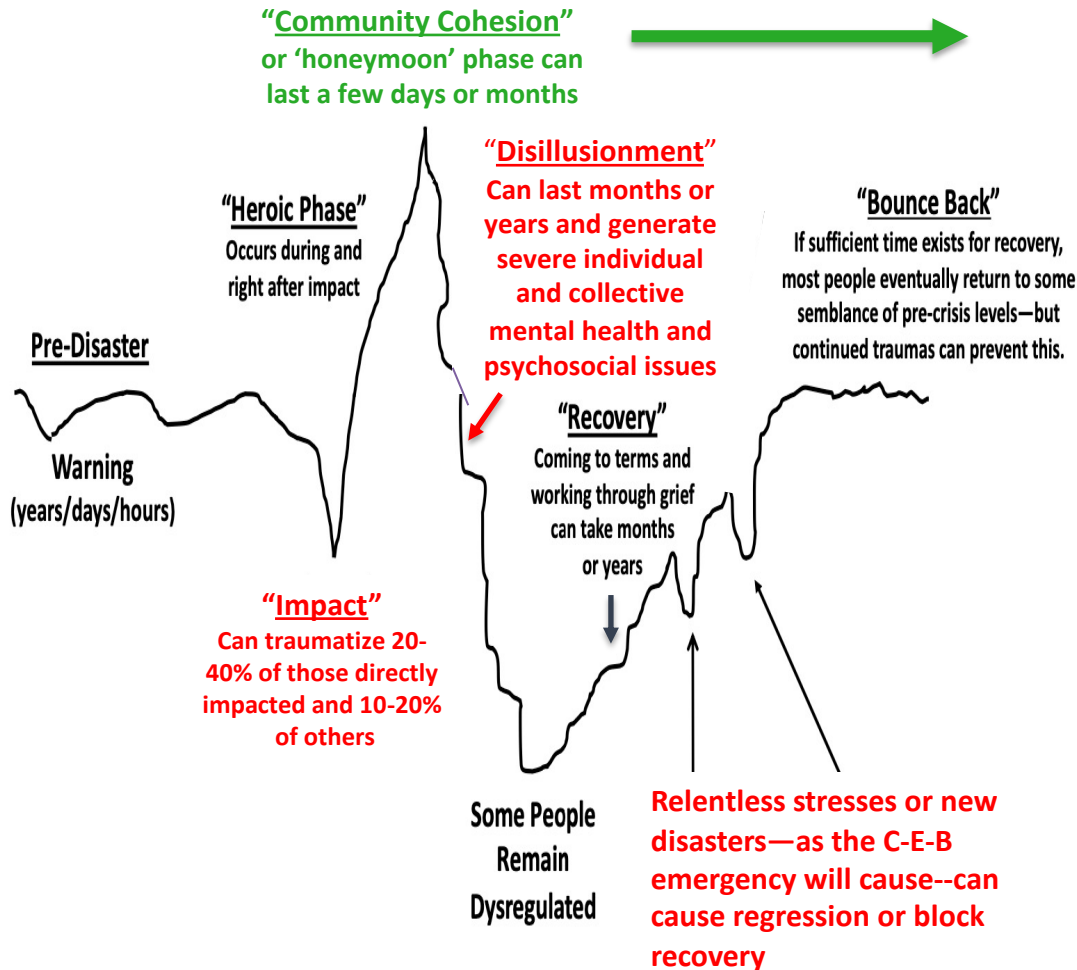


This is what we mean by “**Mutual Support For All**” and it requires forming the “**social infrastructure**” in neighborhoods, communities, and rural areas worldwide which are

Community--led Resilience Networks

“Mutual Support for All” occurs Naturally in Many Cultures and During Disasters--- The C-E-B Emergency Requires Us to Formalize and Sustain It Over Time

Common Phases of Disasters



So Why Local Resilience Networks?

Because the C-E-B emergency will:

- Continue and worsen for **decades...**
- Most mental health and psychosocial problems surface **months or longer after** emergencies and disasters occur
- So we need to form the **social infrastructure** that allows residents to **sustain community cohesion** for decades to come.
- Another term for “Community Cohesion” is **Mutual Support For All**

Mental Health and Human Service Programs Will Remain Important But Cannot Address These Challenges

Professional mental health and human service programs will remain important where, when, and for whom they exist.

But about 50% of people won't engage due to fear of stigmatization, racism, and other issues, and in many nations, communities, and rural areas there are few or no providers.



Mental health and human services also mostly focus “downstream” — they mostly treat individuals with symptoms only after they appear.

They do not proactively work “upstream” to prevent and heal widespread issues by building population-level wellness and “transformational resilience.”

Disaster Response and Disaster Mental Health Will Also Remain Important-- But Cannot Address the Challenges Generated by the C-E-B Emergency

Professional disaster response and mental health programs will also remain very important where, when, and for whom they exist.

Yet as repeatedly seen, when multiple or widespread disasters occur, the services that exist will often be stretched thin or unable to assist all impacted areas and populations.

And many nations, communities, and rural areas do not have the capacity to form or continually maintain these services over time.



While important, these services alone cannot address the many emergencies and disasters that will occur as temps. rise toward 2C (3.6F).

We must grasp that humanity has entered a new era, think differently, and actively engage residents in providing Mutual Support For All!

To provide “Mutual Support For All” we must embrace what in Western nations is called a

Public Health Approach

to

Wellness and Resilience



Like Any Public Health Approach

A Public Health Approach to Social, Psychological & Emotional Wellness & Resilience

- Focused on the Entire population--- not one that merely focuses on individuals with symptoms or high-risk groups—but they are fully included:

Our mantra must be “Leave No One Behind.”

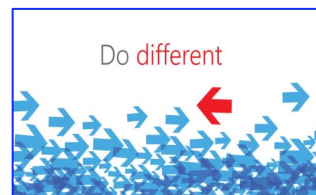
- Prioritizes Preventing issues before they emerge --- not merely treating them afterwards—and integrates healing methods into the prevention strategies:

We must always remember that “Prevention is the Cure!”

- Does so by strengthening “Protective factors” that sustain healthy thinking and behaviors -- not just fixing deficits or treating individuals with symptoms:

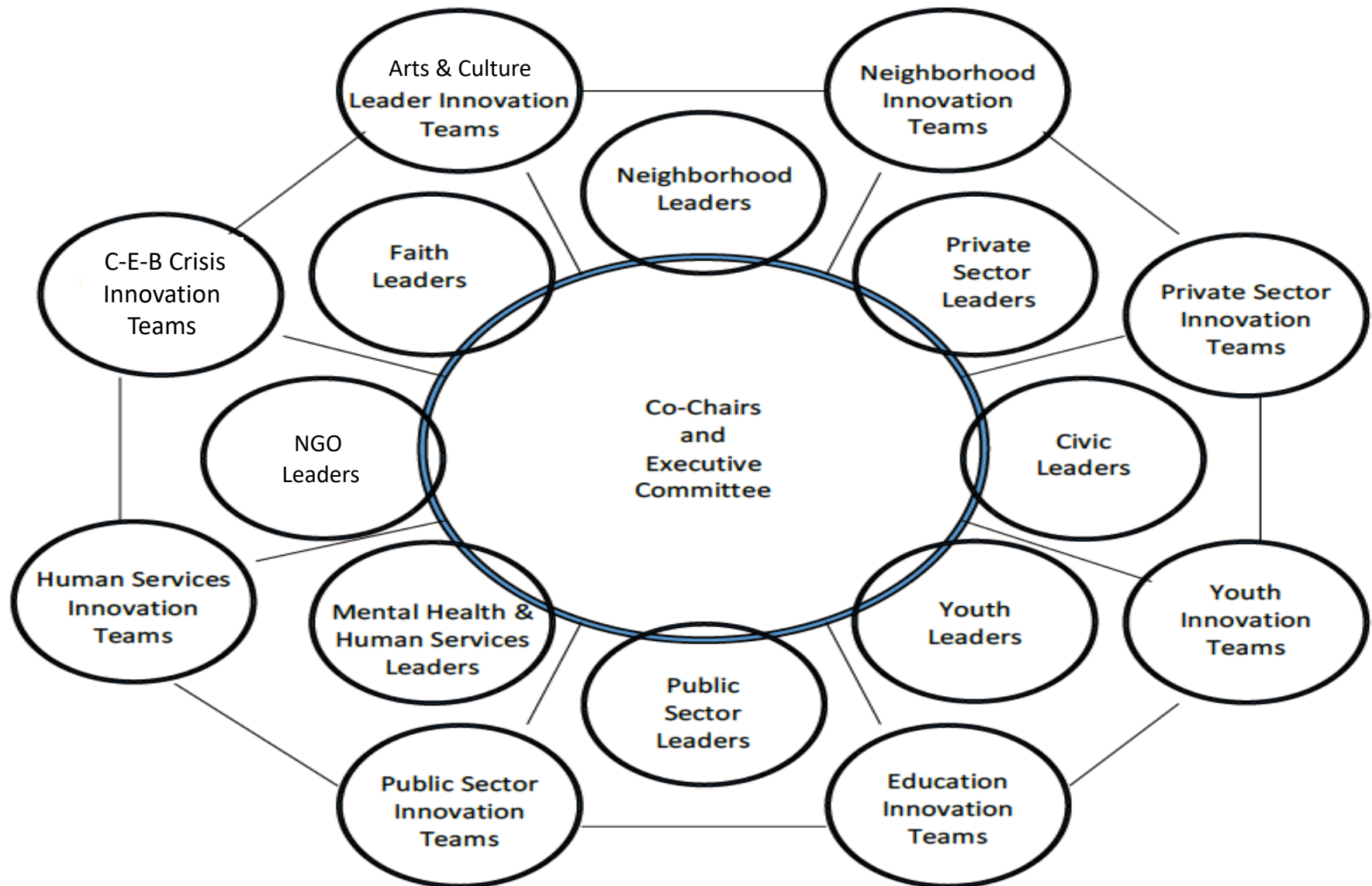
We must “Enhance Social Connections, Strengths, and Resources”

- Research and ample experience shows that wellness and resilience *can be enhanced*.
- The **most effective way** to do so is to:
 - establish the “**horizontal social infrastructure**” in neighborhoods, communities and rural areas—that is a **Community-led Resilience Network**
 - that actively engages a **broad and diverse array** of neighborhood, faith/spirituality, youth, education, civic, and many other NGO, private sector, public, and other “community champions”..
 - in developing age and culturally-appropriate **strategies** to strengthen **existing** protective factors and form **additional ones** to enhance the entire populations capacity for wellness and resilience.



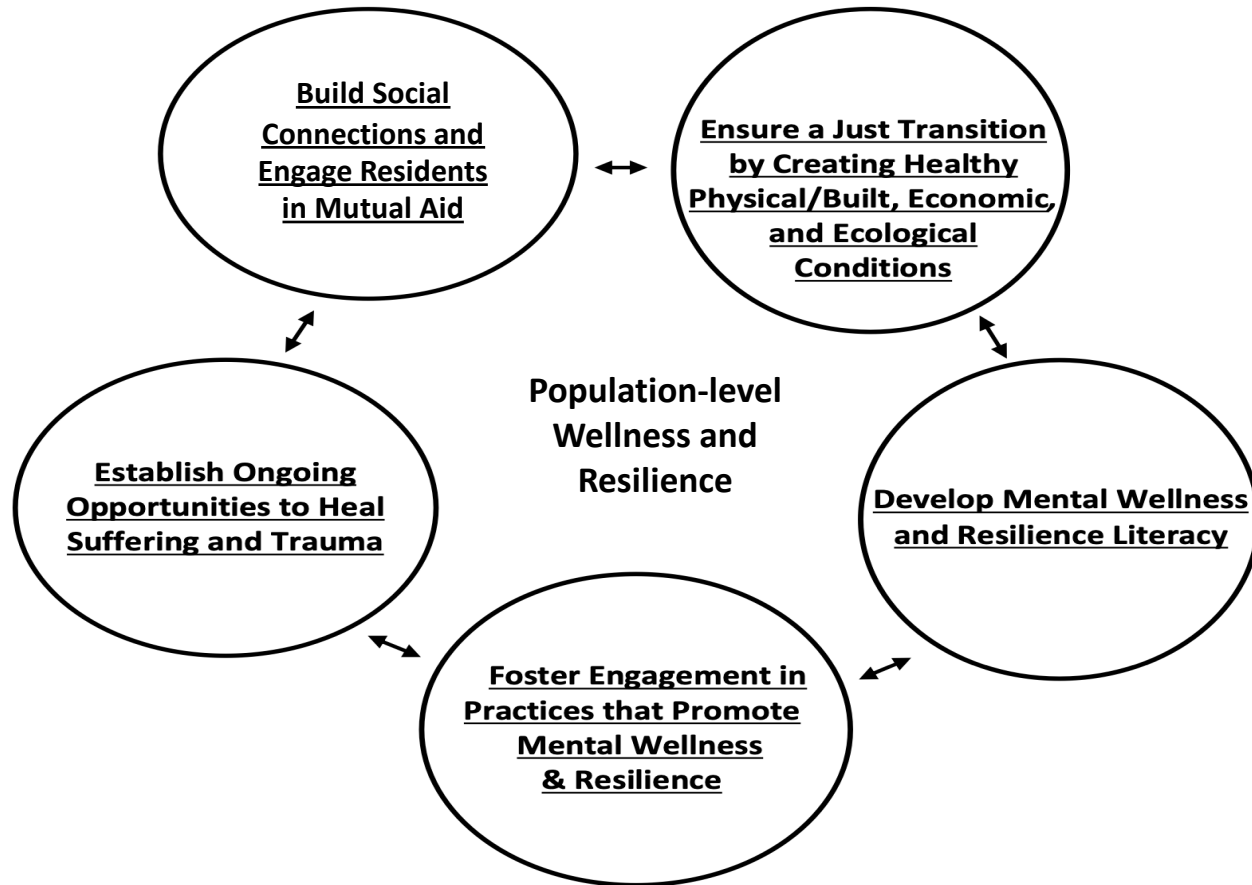
A Sample "Ideal" Community-Led Resilience Network

'Well-Coordinated Decentralization' using a 'Ring Team' or 'Hub & Spoke' approach



Five Common Foundational Protective Factors

They are interconnected and each is applied in locally-appropriate ways



Examples of U.S. “Resilience Networks”

- North Carolina SmartStart Healthy and Resilient Communities Initiative: Has 50 focused on “4 ACEs”: Adverse Child, Community, Climate, and Cultural Experiences.



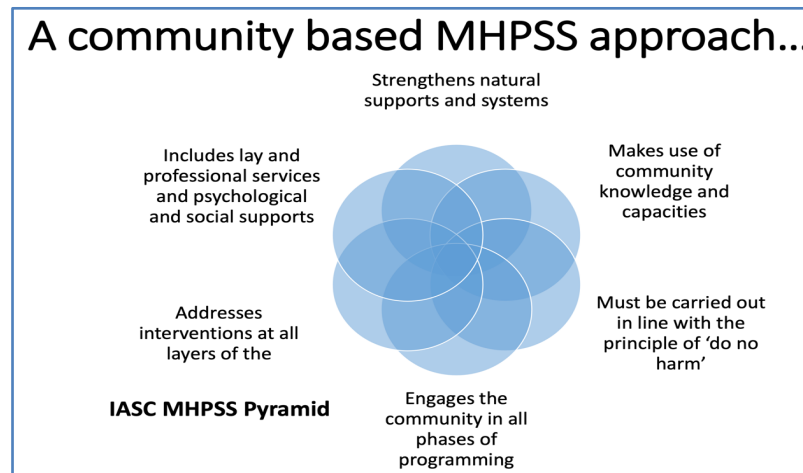
- Mutual Aid Disaster Relief a grassroots network working mostly in marginalized communities.
- Virginia’s Trauma-Informed Community Networks has 32 “building resilience and preventing and mitigating the impacts of trauma in their communities.”
- Peace4Tarpon in Tarpon Springs, Florida
- Community Resilience Initiative, Walla Walla, Washington.
- Many others supported by NGOs, faith-based organizations, and others

Numerous examples in the Majority World with many called *Mental Health and Psychosocial Support Groups (MHPSS)*

Most focus on humanitarian issues, child protection, and emergency settings.

“A Community-Based MHPSS approach puts individuals, communities and social systems at the centre of the intervention, in all phases of the response.”

Inter-Agency Standing Committee



For more information go to:

Mental Health and Psychosocial Support Network (<https://MHPSS.net>)

- Only a few of these initiatives describe their work as a public health approach.
- Each starts by addressing the issues present in their community, and are tailored to meet the age, demographic, and cultural needs of their population.
- Each is therefore unique— there is NO “one-size-fits-all” approach.
- Many form only after crises—not before crises occur
- And only a few are yet explicitly focused on the C-E-B emergency.

But they all use common principles and methods.



And they show how

Community is Medicine



If those not focused on the C-E-B emergency expand to address it,
and thousands of new community initiatives are launched worldwide,
we CAN prevent and heal the impacts of the C-E-B emergency—
and activate transformational changes!



Q&A

Do forming community-led resilience networks make sense to you?

Can you see a way to help promote and support the formation of community-led resilience networks in your region or community?

The International Consortium

Purpose

To develop and promote strategies that lead to the formation of community-led resilience networks in all urban neighborhoods, mid- and small-size communities & rural areas worldwide
within 5 years

We know this is an extremely ambitious goal!

We also know there are certain to be surprising challenges along the way and we will continually try to learn, adapt, and improve.

The Three Primary Roles of Consortium Members

To Voluntarily

(we have no funds to provide members)

- Help develop a global strategy to promote the formation and operation of community-led resilience networks worldwide, and then help tier it down to strategies tailored to different regions, subregions, and nations of the world (with talking points, “elevator speeches etc.):

We will provide a draft global strategy to get started.

- Share the strategies and related materials developed by the consortium with your staff, members, partners, and others, and encourage them to help form, operate, and engage in community-led resilience networks;
- Share your expertise, methods, and materials with other members of the consortium, problem solve together, and in other ways help enhance each other’s efforts to promote the formation and operation of community-led resilience networks worldwide.

The International Consortium

Member Obligations

There are no financial obligations to participate in the consortium.

Members are also under no obligation to devote a specific amount of time to any of the activities. You can engage as your time, energy, and interests allow.

Decision Making

Decisions will be made by unanimous approval, or majority vote when that is not possible.

The International Consortium

Communications

The Global Mental Health Action Network (GMHAN) will host the consortium's communications on their Circle platform (<https://gmhan.org/>)

After your organization signs the “Member Agreement” please send it with your logo to us along with emails of everyone you would like to include in the GMHAN Circle platform.

The GMHAN will then add your emails to the Circle platform and you can begin communicating with others.

Please remember to always communicate respectfully, and only share information relevant to the goals of the consortium.

Five Year Action Plan

Draft--the action plan will be refined and improved each year

Year One

- Agree on a global strategy, as well as subsets of the strategy for different geographic regions and subregions of the world, to educate people about the need, methods, and many benefits of forming community-led resilience networks worldwide.
- As part of the strategies, highlight the community-led resilience networks that exist in different geographic regions of the world.
- Invite “community champions” from different nations to participate in a Community of Practice to learn how to form and operate a community-led resilience network.
- Through the above, continually expand organizational membership in the consortium.

Year Two

- Begin implementing the strategies at the global, regional, national, and community levels.
- Establish personnel (volunteer or paid if we can raise the funds) in different geographic regions and/or subregions of the world to coordinate the initiative.
- Highlight existing and work with local “community champions” to establish new local resilience networks in different regions of the world.
- Train a group of “community champions” in how to run a Community of Practice in their region the help residents learn how to form and operate local resilience networks.
- Try to raise sufficient funds to provide small start-up grants to enable local resilience networks to get organized.
- Begin to advocate for policies to support and fund community-led resilience networks (possibly modeled after the *Community Mental Wellness and Resilience Act* introduced in the U.S. Congress)

Years Three, Four, and Five

- Continue and improve the actions taken in Years 1 and 2.
- Annually we will help different regions and nations hold celebrate the existing community-led resilience networks

In Year 5 hold a high-profile global event celebrating the formation of community-led resilience networks that people of all ages and from all walks of life participate in worldwide.

Q & A

Next Steps

- Please read, sign, and send the Consortium “Member Agreement” to us.
- When you do this also send your organization’s logo to include in consortium promos and the emails of people you want to be included in the GMHAN communications platform
- After we receive this, you will be added to the GMHAN Circle communications platform.
- After we receive a sufficient number of signed member agreements, we will share a first draft outline of a global strategy to promote local resilience networks worldwide for your review, edits, and comments.
- We will also share handbooks and other information we have developed to inform you about forming and supporting local resilience networks

For those interested we will hold a Community of Practice this Thursday April 9 focused on engaging residents in Mutual Aid. To join the almost 200 people registered go to:

<https://forms.gle/HYD5uZYSGEDJZW9R9>



We hope you found this kick-off session helpful.

**And we hope you will sign the Participant Agreement and
formally join the consortium!**

For questions contact: tr@trig-cli.org