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Studying employment initiatives for people with mental health problems in developing countries: a research agenda

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Employment initiatives for people who have experienced mental health problems offer development strategies that could be seen to match the philosophy and circumstances of mental health services in developing countries. Simple strategies to develop employment initiatives with a strong emphasis on self-reliance would appear to fit with current thinking on the promotion of mental health in developing countries (Üstün and Jenkins, 1998). The need for effective models to act as exemplars for programme development has been noted (Üstün and Jenkins, 1998). There are numerous models of employment rehabilitation detailed in the literature that might offer ideas for direction and development, but much of the research has been focused on Western European and North American models. Little attention has been paid to such schemes in developing countries, and therefore what is required is a project to identify emerging and innovative models of employment rehabilitation at a global level. The insights gained would assist in the development of guidelines for working with existing organizations in supporting and promoting good practice in developing countries. Development projects do not take place within a sociocultural vacuum, and indeed their success or failure is inextricably linked to social structures and social interaction. This paper sets out a research agenda for understanding and evaluating employment projects using the concept of 'social capital' as a framework.

Key words: developing countries; employment; mental health; social capital

Introduction

This paper addresses the question of 'what needs to be considered when evaluating employment initiatives for people with mental health problems in developing countries'. This question is currently generating considerable debate within a number of institutions and organizations involved in researching and promoting employment schemes for users of mental health services. The paper is designed to take this debate to a wider audience, and to provoke discussion aimed at clarifying and working through some of the underlying concepts. Although the main focus of the paper is undoubtedly on the specific issues of employment and mental health in relation to cross-cultural comparison, the broad issues are far from esoteric. Work is inextricably bound up with notions of health and society, and is a key target area for health promotion. Similarly, social capital provides all primary health care practitioners with a framework for analysing the relationship between physical and psychological well-being and sociocultural and political influences. We shall begin by outlining why 'employment' for people with mental health problems should be considered an important issue for research and development in the context of international health and social care policy. Some of the conceptual issues raised by the traditional

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work paradigm in relation to cross-cultural analysis will be considered. We shall then introduce the concept of social capital and suggest linkages with employment-related development projects – that is, we shall put the case for using social capital as an evaluative framework. In the final section we shall look at the specific indicators of social capital and articulate some of the questions and issues that arise from these indicators.

Work, employment and mental health issues

Ransome (1996: 63), in his analysis of the concept of work, identifies 'principles of action', 'work expectations' and 'criteria of work' as the main conceptual strands of the contemporary work paradigm. The 'principles of action' include notions that it is through work that we demonstrate our fundamental desire to express ourselves through activity, to be creative and socially active and to satisfy a recognized need. 'Work expectations' are concerned with issues of income, security, creativity and social contact. The 'criteria of work' on which we base judgements as to what constitutes 'proper' work are that it requires mental or physical exertion, is a purposeful, expedient activity, is carried out in exchange for wages or salary, is a public activity and is recognized as work for official purposes such as taxation.

However, Ransome, in deconstructing some of these concepts, highlights the arbitrary and ambiguous nature of many of them, and it is this very uncertainty that raises interesting questions for research in this area of study. For example, many employment-related schemes for people with mental health problems do not meet all of the 'criteria for work'. Many projects do not pay wages (although this is a highly contentious issue), and therefore 'income' for many is not an 'expectation' of work. The value of employment under such circumstances may have more to do with 'principles of action' and the humanistic ideas that underpin them. Similarly, there may be considerable disparity in the criterion of perceived expediency between developed and developing countries. In emerging economies where there is more simultaneity between production and consumption of commodities, and where financial surpluses are more likely to be redirected into another needed commodity, value judgements around expediency are more straightforward (Ransome, 1996). However, in more developed market economies the link between what is produced and what is consumed is more tenuous, and therefore perceptions of what is expedient work may be very different.

Work and employment-related activity for people who have experienced mental health problems is undergoing a renaissance in mental health care in Europe, North America and other countries in the developed world. In a number of European countries, most notably Italy and Sweden, employment projects are a key element of of psychosocial rehabilitation, and in the USA 'vocational rehabilitation' is a major component of community care programmes (Perkins, 1993). There are a number of employment rehabilitation models in existence for people with mental health problems (see below). These differ in terms of their philosophical leanings and organizational structures, but not enough research has been done to allow judgements to be made as to which is the most appropriate in relation to socioeconomic, cultural or political circumstances. These models can be summarized as follows (Pozner *et al.*, 1996):

- sheltered work;
- work rehabilitation;
- sheltered employment;
- social firms and co-operatives;
- consumer-run enterprises;
- clubhouses (Transitional Employment Programmes);
- supported education and training;
- employment services;
- local exchange trading systems (LETS).

There are numerous factors underlying this revival of work as a therapeutic strategy, not least of which is a response to the aspirations of people with mental health problems to move away from the role of *service users* (Read, 1997), and to be recognized as contributing members of society. Work schemes for people with mental health problems are often regarded by health and social care professionals as merely an opportunity to engage clients in a form of activity, but clearly they offer far more than this. Work can and should be considered to be a medium for promoting mental well-being, as there are numerous factors linked to employment that influence psychological health.

Employment can be the vehicle by which we achieve our basic desire to act in a purposeful way. Notions such as *value*, *purpose* and *meaningfulness*, taken from a humanistic and existential viewpoint, explain a human need to find (or search for) meaning in our lived experience – in particular, having an awareness of the importance of what we do and a sense that it makes a difference in some way (Stevens, 1996). Employment is often the medium by which we strive to achieve *purposefulness* and *meaningfulness*. It is therefore worth contemplating how employment in its various forms measures up to such basic human objectives. Perhaps these considerations take on a greater significance when enquiring into the value of employment opportunities for people who may already have undergone or are currently experiencing existential anxiety (or even crisis). There are examples of work-related schemes in mental health care that have been seen to meet these existential goals. The provision of *real work* in which the processes have an obvious purpose and an end-product have been shown to provide a *meaningful occupation* for clients (Mitchell, 1998a). Conversely, more traditional forms of rehabilitative activity are not held in such high regard, as they often lack intrinsic value.

A major but often unplanned consequence of participating in a work rehabilitation scheme is a broadening of supportive social networks. Schemes offer greater opportunities for people who are experiencing mental health problems to access psychosocial support, and this is often viewed by clients as an important facet of work rehabilitation (Mitchell, 1998b). In addition to the emotional support given by staff, clients often value the sense of association and fraternization that results from supporting each other. There is also the added bonus that employment schemes frequently provide opportunities for people to develop social relationships outside a mental health context. This occurs in particular when the projects are sited within the local community and have integrated workforces. The relationship between social networks and mental health is well recognized (Aneshensel and Henderson, 1985; Cohen and Wills, 1985; Kaplan *et al.*, 1987; Simmons, 1994). Social networks fulfil a number of important functions, including intimacy, social integration or a sense of belonging, reassurance of worth, assistance, guidance and advice, access to new contacts and diverse information (Berkman, 1984, cited in Simmons, 1994: 283). If, therefore, employment schemes do broaden supportive social relationships, then this is likely to have a direct impact on psychosocial functioning. This may in turn result in fewer admissions to hospital for people with mental health problems. It has been demonstrated that individuals who experienced frequent and prolonged admissions to hospital were more likely to have limited social networks, with a higher percentage of *professional* and *user* members. In addition, these networks are likely to have a less stable network membership than those of individuals who have less frequent and shorter admissions (Froland *et al.*, 1979; Maguire, 1983; Beels *et al.*, 1984). This would suggest that developing social networks may help to decrease the likelihood of relapse and readmission, and preventing readmission is likely to improve the quality of social networks.

Employment schemes are often structured to provide clients with new experiences, to develop skills in a progressive manner and to achieve visible and concrete results. This emphasis on stepwise progression would seem to have an affinity with Bandura's (1977) theory of *self-efficacy*. Bandura described self-efficacy as the belief an individual holds about how they would perform in a given situation – that is, whether they would be skilful, knowledgeable or competent enough to complete the activity. The notion of self-efficacy is a useful one in relation to employment rehabilitation, as pointed out by Crist and Stoffel, who argue that:

> To be successfully employed one must view oneself as employable. Employability is a match between work-related skill, one's judgements regarding work abilities, and the job itself . . . work skill is the ability to do work tasks. However, one's judgement regarding one's ability to work may be an even more important contributor to employability than work skills themselves.
>
> (Crist and Stoffel, 1992: 435)

On the other hand, employment should not be viewed as simply a therapeutic strategy, but rather as a right to which all citizens should have equal access. Traditionally, disabled groups have been marginalized and excluded from mainstream community life. People who have experienced severe

mental health problems often find it difficult to break out of the user/client role once they are launched on a career of 'illness'. Employment is just one life domain which many people take for granted but, as with other facets of life such as leisure, education/training, etc., disadvantaged groups such as those with serious mental health problems are frequently denied access or real choice. The notion of citizenship should be concerned with helping people to contribute to and engage with their local communities and society generally, ensuring that 'the world people will occupy will extend way beyond specialist services' (Simons, 1998: 60).

The importance of culture in relation to work, self-esteem and mental health rehabilitation is a neglected area of research. Much of the theoretical debate surrounding employment issues for people with mental health problems has taken place in Europe, North America and Australia. There is a tacit assumption that employment models and indeed the related psychosocial factors have a universal applicability, but this may be far from the truth. For example, in the USA, Australia and increasingly in the UK considerable emphasis is given to supported employment. However, it could be argued that its success in industrialized Western countries stems from its affinity with the prevailing sociocultural context. Work has long been held to be a key component of self-esteem and self-concept, and therefore strategies such as supported employment, which enhance an individual's self-belief, are held as a *sine qua non* for some employment rehabilitation programmes. Yet perhaps this appeal to individual progression would have less impact if it was applied in a different culture. Although it would be misleading to suggest that 'the West' can be viewed as a single entity with clearly defined cultural components, there has been enough research to suggest that many Western societies are highly individualistic – that is, they place great emphasis on ideas such as personal autonomy, privacy and self-development (see Stevens, 1996). Durkheim (1933) describes the development of the cult of the individual in which personal advancement and individual ambition have replaced the more traditional and communal motivators for working. In many parts of the world, concepts of self are inextricably bound up with social roles and consequently may require a more collectivist approach to employment rehabilitation. In addition, models that have been created to fit a Western society may fail to address other cultural issues such as gender. As a result, they may not, for example, take adequate account of the customs and conventions relating to the employment of women in certain societies.

Warner has suggested that 'the distinctly superior outcome from schizophrenia in the Third World is, in part, a result of the more rapid return of people recovering from psychosis to productive activity' (cited in Warner and Polak, 1995: 383). If this is indeed the case, then the processes and models of rehabilitation in developing countries are worthy of investigation. Warner and Polak (1995) describe new initiatives in developing countries to establish self-sustaining work opportunities for underprivileged groups. In one example, a group of Ethiopian refugees in Somalia with blacksmith skills produced carts for fellow refugees, who in turn generated income by charging for transportation services. Other initiatives in Bangladesh, India, Nepal and Vietnam produced and sold irrigation pumps to local peasant farmers (who in turn have generally achieved a 100% return on the investment through increased yields). Although these examples do not relate directly to people with mental health problems, there is a certain resonance with the difficulties faced and the potential for health gain. As Warner and Polak point out:

> Just as the economic development of the poor farmer has a broad impact on the health and welfare of the group, economic and vocational intervention has an impact on the health and stability of the mentally ill.
>
> (Warner and Polak, 1995: 383)

Murthy (1998) suggests a need to provide basic mental health care, using simple approaches to identified population groups. Such approaches, it is argued, would have an appeal not only to developing countries with a limited mental health infrastructure, but also to rural and isolated populations in more developed countries. Orley (1998: 470) supports this call for the application of 'simple technologies that can be used by people with relatively little training, emphasising self-help so that people (or communities) take responsibility for their own health'. The creation of such opportunities in developing countries should not merely be seen as a rational consequence of limited resources. Murthy (1998: 127) points out that such

strategies could be regarded 'as the primary method of mental health care, avoiding some of the problems of high institutional and professional group emphasis'.

Social capital, evaluation and development

Social capital has been defined by the World Bank as 'the institutions, relationships, networks and norms that shape the quality and quantity of a society's social interactions. These relationships allow actions to mobilise greater resources and achieve commons goals' (World Bank, 1999a: 1). It has been suggested that social capital has added considerably to the debate on social approaches to public health, as well as providing a framework for examining the social processes and social connections that protect against the worst consequences of deprivation (Gillies, 1999).

A social capital framework is well suited to the evaluation of employment-related projects, as some of the early conceptual studies demonstrate. By considering existing social structures and the effect of sociopolitical changes, we can begin to make connections with the development of employment projects for people with mental health problems. For example, in a study conducted by Putnam *et al.* (1993), it was suggested that the greater number of voluntary associations between people in the north of Italy is linked to the region's economic success in comparison to southern Italy, where local associations are less frequent. Interestingly, the 'social firms' movement, which provides much employment for people with mental health problems and has been so successful in Italy, is concentrated in the north of the country.

Rose (1995) illustrated how some emerging economies from Central and Eastern Europe (particularly the former Soviet satellite countries) have adapted to the collapse of traditional government. The breakdown of state social and economic functions has led local people to rely on informal groups and networks to meet most of their needs. Activities such as growing and exchanging food, repairing houses and providing mutual help have become an integral part of the 'social economy', borne out of necessity, as opposed to merely reflecting fellowship or the way in which people spend their leisure time. Similarly, this would correspond to the establishment of a range of non-governmental organizations (NGOs) in these countries. A number have been specifically set up to promote mental health, and they often have an employment focus. The creation of such pluralistic, informal economies also appeals to the model of 'local exchange trading schemes' (LETS), which is generating interest as a vehicle for employment for people with mental health problems.

In order to understand the World Bank's interest in social capital, we need to consider the role and policy of the organization in relation to development in emerging economies. Founded in 1944, the World Bank is the world's largest source of development assistance, providing nearly $30 billion in loans annually to its client countries. The Bank has the principal aim of offering individual help to developing countries in order to establish stable, sustainable and equitable growth. The type of aid dispensed by organizations such as the World Bank and the International Monetary Fund (IMF) has often been criticized because these organizations tend to support policies that will encourage low-income countries to introduce radical economic reforms which are ultimately detrimental to economic growth. These methods involve insisting that, in return for interest-free loans, countries introduce structural adjustment programmes. These programmes involve the reduction of public spending, promotion of private enterprise, reduction of imports and an increase in exportation. Programmes such as this are difficult to adhere to because in many cases the country does not possess the economic, technological or resource infrastructure to support the programme. This type of support can be unhelpful to a fragile and under-resourced health service that is already under pressure (Kissinger, 1998).

In response to some of these criticisms, the World Bank has attempted to develop a more flexible approach to the fiscal aid that it administers. It has done this through the development of the Comprehensive Development Framework (CDF), which was launched in 1999, and through the recognition and development of social capital as a potential model for aid delivery. The CDF is intended to provide a more integrated approach to development, based on a structural plan that is articulated and 'owned' by the country itself. As such, the framework will have a more holistic approach, placing the country in the driver's seat,

both owning and directing the development agenda (World Bank, 1999b).

The 'Social Capital Initiative' launched by the World Bank in October 1996 set out to investigate the ways in which social capital impacts on project effectiveness – that is, to consider how the various elements of social capital interact to optimize the outcomes of development projects. In addition, it sought to reveal whether external aid could assist in the development of social capital, and also to establish indicators and methods to evaluate, measure and monitor social capital (World Bank, 1999c). There is a recognition that although there is considerable evidence to suggest that social capital plays a key role in effective development, the measurement of its impact and role in relation to other inputs is more problematic. This has led to a call by the World Bank for case studies in a variety of sectors (World Bank, 1999c). A multinational case study of work rehabilitation projects could address some of the questions raised by a social capital model with a specific focus on employment and mental health. In addition, it could address both macro- and micro-issues – that is, it could consider the broader institutional, legal and political influences on projects, as well as local organization and interaction. For example, a number of factors linked to social capital have been identified by the World Health Organization (WHO) and others as key to establishing an effective public health policy (Gillies, 1999). Close intersectorial working and partnerships between the statutory and voluntary sectors are seen to be a prerequisite for the promotion of public health. Making information and services for health and social care more accessible and involving local people in the planning and implementation of health promotion strategies both encourage social inclusion. Developing and utilizing existing social networks and promoting links between groups strengthens the social infrastructure. Helping the local population (especially the young) to develop and utilize the necessary social and civic skills in order to make the best use of social networks and ties empowers local people to achieve their own goals. These factors would clearly be of interest in the evaluation of employment projects in developing countries and, perhaps more importantly, the sharing of lessons learned across international boundaries. However, as Gillies (1999) points out, although there may be core features of social capital that might have universal applicability, not all aspects may apply to the same extent in different cultural contexts.

Indicators of social capital

There is a lack of conceptual clarity with regard to the measurement of social capital, which is not helped by a range of definitions. However, this absence of precision will allow indicators to 'evolve as the conceptual definition and . . . operational definition of social capital are developed' (World Bank, 1999c: 12). If they are to be meaningful, indicators need to evaluate the current state of social structures and processes, to identify and measure the relationship between policy and outcomes, and to consider policy options (World Bank, 1999c). Existing indicators have been identified by Gillies (1999: 1) as 'social relationships, social support, formal and informal social networks, group membership, shared norms, trust, reciprocity and community and civic engagement'. In addition, indicators should consider macroeconomic issues such as the effect of national institutions, political policy and legal frameworks (World Bank, 1999c). These indicators serve as a useful framework for the evaluation of employment projects in mental health at national and international level, as they raise issues of profound importance for policy, practice and research in this field. Consideration needs to be given to which of these indicators are relevant in the investigation of work-related schemes, and what questions arise from these broad concepts.

Social relationships are fundamental to social learning and hence the means by which social competence is achieved. In an evaluation of employment projects it would be useful to consider the extent to which such schemes assist people with mental health problems in establishing and maintaining social relationships. In addition, and in relation to this, it would be useful to investigate whether the development of social and teamworking skills is an integral part of the programme, and the nature and importance of the coworker/colleague relationship.

Social support as an indicator would raise questions about how projects enable individuals to draw on support (previously unavailable or not accessed from others). It would also demand consideration

of the types of support available (e.g., instrumental, advice and information, companionship, intimacy) and the extent to which these social supports 'buffer' individuals from the effects of stress-inducing life events.

Formal and informal social networks form the core of social capital and provide the interconnecting system of links and support structures that can allow developments to take root and grow. The process of investigating and interpreting the characteristics of social networks would require consideration of the degree and nature of individual networks (e.g., family, professional, nonprofessional, length of relationship) and an appraisal of the extent of interconnectedness between individual networks. A pivotal element in the success or otherwise of social networks is the relationship between statutory, voluntary and independent sectors. Any evaluation therefore needs to seek out examples of intersectorial working/partnerships between the statutory and voluntary sectors, identify stakeholders (e.g., commissioners, purchasers, care managers, support providers, housing providers, benefit administrators, local authorities, local employment services, employers' forum, etc.) and determine how these relationships impact on the project.

Group membership and shared norms as indicators raise questions about the balance of interests between the individual and network groups, and can tease out issues such as social inclusion and empowerment. The degree to which projects promote a sense of 'community' and 'identity' for their members is an important consideration. The social organization of community life will affect the 'environment' for group support. It would therefore be useful to consider questions such as the following. Do projects promote mutual understanding, tolerance and support? What are the boundaries to decision making? Are there opportunities to discuss/share problems? Do projects provide opportunities for cross-organizational learning and development? Do projects offer a 'social learning experience'? Are there implicit and explicit values, attitudes and norms which help individuals to adapt to their environment? Do projects involve themselves in awareness training (e.g., to employers) and/or promote their aims, objectives and achievements?

The importance of *trust* in relation to the development of social capital lies in the idea that, in order for health promotion strategies to succeed in the medium to longer term, individuals and groups need to rely on and have confidence in the dependability of others within the network. Trust therefore needs to be viewed at both the individual and group level and considered alongside notions of responsibility and obligations. Questions that might stem from such considerations could include the following. Is learning to trust others a feature of the coworker/colleague relationship? Are there established trusting relationships between the group (project) and those outside (e.g., suppliers, customers, employers)? Do projects encourage knowledge sharing between partner organizations/networks? Do projects increase individual responsibility and involvement in decision making? Do projects develop trust of 'self' and promote 'self-efficacy'?

Allied to the concept of trust is the idea of *reciprocity* – that is, the notion of 'give and take' and the exchange of goods or services for mutual benefit. Reciprocity within social networks can build trusting relationships, and as a consequence is regarded as an essential feature of social capital. This would require an exploration of the degree of reciprocity between the individual and network members (i.e., for whom the individual is important and for whom the individual provides help) and whether projects promote learning to care for each other. In addition, the degree of reciprocity between the project group and external individuals/groups would need to be considered.

Community and civic engagement, like *group membership and shared norms*, is concerned with issues of social inclusion. Those who experience serious mental health problems, like other disadvantaged groups, are often excluded from taking a full and active part in society. The extent to which employment projects prepare individuals for community and civic engagement is consequently an appropriate indicator for evaluation and raises issues such as the following. In relation to skills development, do projects teach basic numeracy, literacy, specific job skills, work discipline and structure, information and communication technology, and assertiveness? Are individuals helped to engage with services? In relation to outputs, do projects result in valued roles such as 'work colleague', 'student', 'customer', 'associate', 'homeowner' or 'neighbour'? Are there pathways from one level of integration to another (e.g., from

employment to social, to leisure, to civic or to neighbourhood integration)? In relation to their situation within local society, do projects seek integration with the local community? Do schemes provide goods and services that are of direct benefit to the local population? Do they reflect local social and cultural traditions? What effect does the local infrastructure have on projects and the individual's ability to engage with services (e.g., public transport, further education establishments, social and leisure facilities, etc.)? In relation to the local economy, to what extent do projects interact with the local social economy, and what supports exist for marginalized groups? Is there a supportive transport and telecommunications infrastructure?

Can local groups access/develop sites to establish new enterprises? Do local people have access to advice and guidance, particularly those who are normally excluded from mainstream services (e.g., people with mental health problems)? Of course, in many countries of the world the mentally ill are stigmatized and socially excluded. Efforts to promote community and civic engagement, build social networks and integrate people into society as fully contributing members will inevitably be influenced by prevailing sociocultural attitudes to mental illness. There are examples of countries where a high level of integration has been achieved, most notably northern Italy, which raises the question of what the necessary cultural prerequisites are for the social integration of people who have serious or enduring mental health problems (or indeed any form of disability).

The effect of national institutions is an indicator that asks questions about the nature of *formal and informal social networks* and, in particular, that can probe the relationship between local network groups and larger national associations. For example, is the project linked to a national umbrella organization? Is the project linked to other organizations (statutory/voluntary)? Is the project helped or hindered by national structures? Is funding available for training and supporting local community groups? Is funding available through national institutions for the development of local economies, including commercial and social enterprises, upskilling and improving the physical and social infrastructure of communities? Intuitively, the support of larger national associations and groups would be beneficial in the development of social capital, as they can often provide the financial, administrative and management infrastructure that is not usually available to small, local collectives. However, this assumption needs to be tested empirically.

Any development project will inevitably be bound up with the prevailing legal and political circumstances at a local, national and even international level. It would therefore seem entirely appropriate to consider indicators of *political policy* and *legal frameworks* when evaluating employment projects in developing countries. Social inclusion and active participation are crucial for facilitating human development and helping disadvantaged groups to move into the economic mainstream. Political policies and legal frameworks can create the necessary conditions for social capital to develop by supporting and promoting participation. It has been pointed out that whilst governments cannot actually impose participation, government policy on participation is important – at least encouraging and legitimizing action at grass-roots level. Moreover, where participation challenges power hierarchies it will inevitably cause a certain amount of unrest, requiring high-level political support to be sustained (O'Brien *et al.*, 1999). It would therefore be important to determine the extent to which any project is influenced or affected by national and local government policies (e.g., on employment, health and social care, social security/welfare) and by legislation (e.g., on mental health, disability discrimination). Deacon (1999) has suggested that one of the keys to successful social development is the role of the government in providing responsive governance, socially friendly economic policies and universal social services. It has also been suggested by Deacon that social well-being can only be achieved on an equitable basis when the government plays the lead role as both provider and regulator. Once again, these suppositions need to be tested.

Conclusion

In this paper we have put forward the case for moving the issue of employment for people with mental health problems up the research and development agenda for international mental health policy. As identified above, there are numerous models of employment rehabilitation detailed in the literature but, as previously stated, much of the

research has been focused on Western European and North American models, with little investigation of schemes in developing countries. A number of factors may have contributed to this lack of coverage. Murthy (1998) believes that limited funds result in 'small-scale' projects with restricted aims, activities and target groups. There is often a lack of co-ordination that is compounded by poor intersectional collaboration, 'territoriality' and 'lack of awareness of ongoing work'. Innovative programmes for promoting mental health only receive 'national recognition when international organisations study them and share them with other countries' (Murthy, 1998: 126). The WHO would seem to be ideally suited to be the lead organization in supporting evaluative and illustrative studies. The WHO is a United Nations agency which has responsibility for activities that promote international health, and it has developed research-based policies, strategies and technologies to support this aim (Costa e Silva, 1998). International organizations such as the WHO can play a significant role in helping to create and shape health policy and programme development by sharing knowledge and expertise, supporting national efforts, promoting intersectorial co-operation and funding new innovations (Murthy, 1998). In the words of Murthy (1988: 127), the WHO is well placed to 'play the role of "mediator", breaking barriers and building bridges within and across national initiatives'.

The need for research to underpin innovative community mental health projects is clear. Bosanquet and Bosanquet (1998: 133) assert that all such 'innovative methods of treatment should be systematically evaluated at a local level before being introduced more widely'. Murthy (1998: 125) also supports the call for increased research in this area, believing that it is necessary to 'define the boundaries of care, as well as placing community care on a sound foundation from a professional, administrative and organisational point of view'. We have suggested social capital as an evaluative framework, as we believe that, although it is still rather a loose concept at present, it does offer a useful model for developing a clearer research agenda. This agenda has wider implications than the evaluation of community mental health projects. As suggested in the introduction, we believe that the concept of social capital resonates with many of the questions faced by researchers and practitioners in primary health care. 'Research' and 'development' should be accepted as two sides of the same coin. We need to underpin development projects with evidence of effectiveness, and ensure that the lessons learned are disseminated within both the policy and practice arenas. The development of more sophisticated methodological tools for evaluating the sociocultural and political influences on development projects can only help this process, and social capital may prove to be the broad framework that is required to shape such efforts.

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