

erom community is located in the heart of Nigeria's north central city of Jos in Plateau state. Jos city, was once home of tin mining during tish colonial rule and is the first tlement area for westerners in 03 (Bingel, in press). About 9% of the population of Berom pple are Christians and have a 1 cultural heritage that portrays gwi (God) as their sovereign ieve. History has recorded the om people as great farmers and nters (Olisaeke, 2012). thermore, the typical traditional ss of Berom culture is made-up animal skin and is worn on cial occasions and festivals such Mandyeng, Nshok, Badu, ongchun, Vwana/Bwana, Mado Behwol (hunting festivals), mberom and Wusal berom tera. In these occasions, a itional horn xylophone also wn as 'Kundung' - a musical rument is use for entertainment roduce sense of humour and cation

m community could be seen as a of people who shares ancestral n and traditional values that link together with common interest

and belief system. On the other hand, community psychology is an applied discipline that acknowledges the influence of groups and social systems in understanding mental health and well-being (Colombo & Senatore, 2005). However, mental health is a relative concept and varies with the time, place, situation, culture orientation and social expectation of the group (Nelson & Prilleltensky, 2010). Although, it appears there is no single acceptable definition of mental well-being. However, the World Health Organisation (WHO) defines mental health to include the state of well-being as "one in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (Morgan et al., 2008). Therefore, the term 'mental health' and 'well-being' is used interchangeably throughout this paper.

The link between community and mental well-being seems to be as old as the history of humanity and thus, it appears to be indivisible variables. It is indivisible in the sense that it may be meaningless in mental health discourse to talk about individuals' well-being without the context of community or environment. This gave rise to the antecedents of community approaches to well-being as promulgated by the classical works of

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Martin-Baro in the early 1960s, when American scholars became more interested in social change and how environmental causes of mental distress can be prevented (Angelique & Culley, 2007). Again, the campaigns for promoting well-being and alleviating human distress include the South African anti-apartheid struggles of the 1980s staged to liberate South Africans from oppression and inequalities (Seedat, 2015). In the 1970/80s, Europe and United Kingdom (UK) witnessed a paradigm shift in the development of collective effort in the quest for social justice (Burton, Boyle, Psy & Kagan, 2007). There is a long history of community approaches to understand human suffering and apparently the above brief overview has established the antecedents of community effort in understanding the link between mental well-being from the community-based perspectives.

According to Wickrama, Merten & Elder Jr (2005), people become vulnerable in the face of adversities. Social forces of mental distress occurs in places such as government-neglected communities that are erode with high concentration of poverty and lack of basic local resource amenities, moral norms, and social values. This often provides breeding grounds for self-harming behaviours, especially among young people such as sexual immorality, substance abuse, school

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dropout, and other maladaptive lifestyles. In a prior literature, Kowaleski-Jones (2000) argued that communities who perceived themselves as disadvantaged are very reluctant to cultivate values of the neighbourhood and are less likely to build healthy relationships with others.

Human beings are social by nature and are fuse with social ties that provides a sense of purpose, meaning and connectedness, whereas isolated communities create a sense of hopelessness, disconnectedness and despair, which could result to mental distress (Williams & Merten, 2015). For instance, it has been argued that the deterioration of community values and social resources instigated by lack and physical hazards are highly link with depression (Greif & Dodoo, 2015). More illustratively, Williams et al (2015) examined the impact of early life community characteristics to predict mental health in the transition from adolescence to adulthood using 1,796 participants. The results indicates that community integration and connectedness were necessary factors for enduring mental well-being as a result of parental happiness and positive parent-child relationships whereas lack of social resources and community structural adversity are major predictors of depression. The studies cited above were published in peer-reviewed journals and were conducted in different countries. Therefore, the notion of community influence on mental well-being is generalised across national borders and ethnic groups.

It is arguably that daily stresses associated with ambient hazards that are often triggered by uncontrollable threatening situations or noxious environments have the potentials of causing harm and even when the thoughts of lack of basic survival needs impinges our mines could cause mental distress. For instance, lack of access to community facilities and services (e.g., healthcare or security) could generates feelings of psychological distress (Greif et al., 2015). Consider these two hypothetical examples; (1) a pregnant woman living in a community that has no emergency maternal services or nearby healthcare clinic might be susceptible to both pre- and post-natal psychological distress. (2) It could



also be hypothesise that, in a neighbourhood where there are frequent threats of armed robbery and assaults with no security outpost or any form of emergency rescue services, there may be tendency to experience one sort of mental distress or another. With the above classical examples, it could be inferred that community social resources influence mental health and well-being. However, it is sad that most Berom communities (including Kuru) are suffering from government neglect such as poor education facilities, poor roads network, lack of safe drinking water, limited access to healthcare

facilities, insecurity and reoccurrences of attack by Fulani herdsmen among other threats.

However, in the absence of governmental support, the Berom communities can independently promote mental health and well-being through strengthening their sense of togetherness, social amities and harmonious working relationships within the neighbourhoods. This is achievable through three examples of community-based activities that promotes social cohesion such as town hall meetings, commiserating with bereaves and community festivals. First, the town-hall meetings may provide Berom communities with a more sense of togetherness and serves as a forum for community . expressions of collective interest in terms of education, security, health etc. This can also be a collective effort to draw public attention to the immediate needs of the community (Entwisle, 2007; Hou & Myles, 2005). Secondly, According to Clark (1987); Aborampah (1999), in separate studies shows that communities with high sense of togetherness in commiserating with bereaves, the bereaved tend to recover more quickly from their psychological trauma of losing love ones compare to deserted communities where there is no sense of neighbourhood in sympathising with the bereaves.

Thirdly, evidence from literature on community festivals has demonstrated its positive influence on mental health and well-being. For example Quinn, Shulman, Knifton & Byrne (2011) conducted a study to evaluate the impact of festive events on mental health using 415 participants in 20 different festivals, the results indicates a strong positive relationship between arts and mental

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health which includes positive representations of community involvement, connectedness and increased positive attitudes. Quinn et al (2011) earlier hypothesised that arts and festive metaphors can change the stigma associated to mental distress by reconstructing a cheerful meaning that engages the emotional level of the audience to a more positive perspective. This study recommended that '...community-based arts festivals should form an integral part of national programmes to address stigma and to promote mental health and well-being, alongside traditional social marketing and public education approaches' (Quinn et al., 2011 p.78). Therefore, the Berom community could benefit more by reinstating and restructuring their cultural festivals (e.g. Mandyeng, Nzem-berom etc.), as part of the concerted effort in portraying and reuniting Berom people and would serve as a true reflection of their cultural heritage.

In conclusion, Berom community is made-up of people who share similar ancestral origin and belief system. This paper has depicted that organised community that is socially well equipped and united is positively impactful on the mental health and well-being of the populace. Thus, aside from governmental efforts, the community has major stake in promoting mental health and well-being of her people through activities that promotes social cohesion such as town hall meetings, commiserating with bereaves and community festivals.

REFERENCES

Aborampah, O. M. (1999). Women's Roles in the Mourning Rituals of the

Akan of Ghana. *Ethnology*, 257-271.

Angelique, H. L., & Culley, M. R. (2007). History and theory of community psychology: An international perspective of community psychology in the United States: Returning to political, critical and ecological roots. *International Community Psychology* 37-62.

Bingel, B. T. (in press). The transformation of Beromland from pre-colonial to the present.

Burton, M., Boyle, S., Psy, C., & Kagan, C. (2007). Community psychology in Britain. *International Community Psychology*, 219-237.

Clark, C. (1987). Sympathy biography and sympathy margin. *American Journal of Sociology*, 290-321.

Colombo, M., & Senatore, A. (2005). The discursive construction of community identity. *Journal of community & applied social psychology*, 15(1), 48-62.

Entwisle, B. (2007). Putting people into place. *Demography*, 44(4), 687-703.

Gest, S. D., & Rodkin, P. C. (2011). Teaching practices and elementary classroom peer ecologies. *Journal* of Applied Developmental Psychology, 32, 288–296.

Greif, M. J., & Dodoo, F. N. A. (2015). How community physical, structural, and social stressors relate to mental health in the urban slums of Accra, Ghana. *Health &* place, 33, 57-66.

Kowaleski-Jones, L. (2000). Staying
Out of Trouble: Community Resources
and Problem Behaviour among
High-Risk Adolescents. *Journal of Marriage and Family, 62*(2), 449-464.
Morgan, A., Currie, C., Due, P.,
Gabhain, S. N., Rasmussen, M.,
Samdal, O., & Smith, R. (2008).

Mental well-being in school-aged children in Europe: associations with social cohesion and socioeconomic circumstances. Social cohesion for mental well-being among adolescents. Geneva: World Health Organisation.

Olisaeke, f. I. (2012). Harnessing the potentials of the traditional horn xylophone (kundung) of the berom of plateau state for contemporary composition (doctoral dissertation, department of music, faculty of arts, Nnamdi Azikiwe University, Awka).

Quinn, N., Shulman, A., Knifton, L., & Byrne, P. (2011). The impact of a national mental health arts and film festival on stigma and recovery. *Acta Psychiatrica Scandinavica*, 123(1), 71-81.

Seedat, M. (2015). Oral history as an enactment of critical community psychology. *Journal of Community Psychology*, 43(1), 22-35. Wickrama, K. A. S., Merten, M. J., & Elder Jr, G. H. (2005). Community influence on precocious transitions to adulthood: Racial differences and mental health consequences. *Journal of Community Psychology*, 33(6), 639-653.

Williams, A. L., & Merten, M. J. (2015). Characteristics of early community adversity, social resources, and adolescent long-term mental health. *Journal of Community Psychology*, 43(2), 125-141.

DUNG JIDONG (BSc MSc MBPsS) Excellence PhD Scholarship Award Holder University of East London United Kingdom (UK).

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