

Beyond Surviving to Thriving: The Case for a 'Compassion towards Thriving' Approach in Public Mental Health Ethics

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Abstract

In this article, I argue for a novel understanding of compassion - what I call a 'compassion towards thriving' approach – to inform public mental health ethics. The argument is developed through two main parts. In the first part, I develop an account of compassion towards thriving that builds upon Martha Nussbaum's philosophical work on compassion. This account expands the ambit of compassion from a focus on the alleviation of existing suffering to the prevention of potential future suffering through the facilitation of personal growth based on a 'psychosocial' understanding of mental health. In the second part of the article, I discuss the aims of public mental health and examine compassion towards thriving's normative synergies with existing approaches in public health ethics. I explain how compassion towards thriving supports a vision of public health ethics which is concerned with solidarity, social justice and flourishing. I then apply this compassion towards thriving approach to evaluate the 'Every Mind Matters' public mental health campaign in England, highlighting its affinities with the ethos of the campaign. I also identify and explain two ways in which the application of a compassion towards thriving approach could enhance its delivery.

Introduction

In this article, I argue for a novel understanding of compassion - what I call a 'compassion towards thriving' approach – to inform public mental health ethics. My focus is on public mental health initiatives to promote good mental health and to prevent and intervene early in common mental health problems, such as anxiety and depression, rather than severe mental health problems.¹ This is for three reasons. Firstly, an increasing amount of attention has been devoted in recent years to public mental health ethics and law (Vilhelmsson *et al.*, 2011; Silva *et al.*, 2018; Radden, 2018; Bonnie and Zelle, 2019; Coggon and Laing 2019), alongside the existing heavy focus on physical health in public health ethics. As such, public mental health ethics is becoming a discrete area of enquiry in public health ethics.² However, the context of public health interventions for less severe mental health distress and suffering and to promote good mental health has until recently been overlooked, reflecting a broader ethico-legal focus on compulsory treatment (see for example, O'Brien *et al.*, 2018; Smith-Merry, 2018). Importantly, some commentators have begun to address this gap in the literature in recent years, although this work so far has focused on theorizing public mental health law frameworks (Coggon 2017; Coggon and Laing, 2019), examining the relationship between public mental health and psychiatric diagnosis (Cratsley, 2019) and mental wellbeing during the Covid-19 pandemic (Chan, 2021) without discussing compassion. And while compassion has been identified as a core element of a desirable public health ethics (Nihlén Fahlquist, 2019), this has not been explored in relation to public mental health ethics.

Secondly, recent studies have shown the benefits of public mental health programmes involving mental health promotion, prevention and early intervention (Fledderus *et al.*, 2010; Kalra *et al.*, 2012; Arango *et al.*, 2018; Campion, 2019). Since compassion has already been identified as a guiding feature of therapeutic interventions and service delivery in mental health (Tengland, 2001: 125; Gilbert, 2010: 3; Spandler and Stickley, 2011; Spandler, 2018), this raises the question of

¹ I use the terms 'mental distress', 'mental health suffering', 'mental health problems' and 'mental ill health' interchangeably in this article, and in preference to the medicalising term 'mental disorder'. For a succinct explanation of why 'mental disorder' is problematic despite its widespread use, see Kinderman *et al.* (2013) and Bielby (2019: 52 n 1).

² I would like to thank one of the reviewers for encouraging me to frame this point in this way.

how the normative foundations of compassion might support and inform public mental health ethics and interventions. Thirdly, the exploration of public mental health is topical, as it meshes with public mental health policy discussion and proposals in England over the past decade (HM Government, 2011; Department of Health / NHS England, 2014; Independent Mental Health Taskforce to the NHS in England, 2016; Faculty of Public Health and Mental Health Foundation, 2016; Cabinet Office and Department of Health and Social Care, 2019; Campion, 2019; Department of Health and Social Care and Cabinet Office, 2021), and within the European Union (EU Joint Action on Mental Health and Wellbeing, 2016). For reasons of space, I will focus my attention on a key public mental health campaign in England later in this article.

The argument is developed through two main parts. In the first part, 'The conceptual basis of a 'compassion towards thriving' approach for public mental health ethics', I develop an account of compassion towards thriving that builds upon Martha Nussbaum's prominent philosophical work on compassion (Nussbaum, 1996; 2001). This account expands the ambit of compassion from a primary focus on the alleviation of existing suffering to the prevention of potential future suffering through the facilitation of personal growth towards good mental health, drawing in particular on humanistic psychology (Rogers, 1951; 1961; 1981, reproduced 2013). This highlights compassion's proactive and anticipatory quality that seeks transformation in the sufferer's position so she does not merely survive her suffering but may "thrive" (Gearty, 2006: 49). It is based upon a normative understanding of personal growth towards good mental health as a form of flourishing and a 'psychosocial' (Kinderman, 2014: 4) understanding of mental health. This psychosocial approach emphasises the primacy of social and psychological influences on mental health distress as well as good mental health. This allows us to understand the 'mental health' element in public mental health (Vilhelmsson *et al.*, 2011: 212-213) from a compassion towards thriving perspective.

In the second part of the article, 'The implications of a compassion towards thriving approach for public mental health ethics', I discuss the aims of public mental health and then explain compassion towards thriving's synergies with existing approaches in public health ethics. In particular, I argue that compassion towards thriving furthers a vision of public health ethics which is concerned with solidarity (Dawson and

Verweij, 2012; Dawson and Jennings, 2012; Krishnamurthy, 2013; Jennings and Dawson, 2015) and social justice (Beauchamp, 1999; Powers and Faden, 2006), with its account of personal growth towards good mental health and wellbeing informing “a substantive notion of the good” (Dawson, 2011: 14) for public mental health ethics that connects with human flourishing. In the final section, I apply a compassion towards thriving approach to evaluate the most significant current public mental health campaign in England, the *Every Mind Matters* programme launched by Public Health England in 2019. I highlight the welcome affinities it shares with the ethos of the programme, though I also identify and explain two ways in which the application of a compassion towards thriving approach could enhance its delivery.

Part 1: The Conceptual Basis of a ‘Compassion towards Thriving’ Approach for Public Mental Health Ethics

Nussbaum’s Account of Compassion

As with most philosophical concepts, compassion resists a single authoritative definition (Feenan, 2017: 122). In the case of compassion, this is due to its association, or conflation, with related concepts such as empathy or sympathy (*ibid.*:122). Despite this lack of definitional precision, in this article I will employ a detailed and influential contemporary understanding of compassion which derives from Martha Nussbaum’s philosophical work on the concept (Nussbaum, 1996; Nussbaum, 2001). This has had a considerable impact on subsequent debates on compassion within philosophy, particularly in ethics (e.g. Deigh, 2004; Weber, 2005; Crisp, 2008). In this first section, I will analyse the key elements of Nussbaum’s account of compassion. This will allow us in the next two sections to explain how her account informs the ‘compassion towards thriving’ approach which will be applied to public mental health ethics in Part Two of the article.

Nussbaum conceives of compassion along broadly Aristotelian lines as “a painful emotion occasioned by awareness of another person’s undeserved misfortune” (Nussbaum, 2001: 301). The suffering which this entails for the other person must be

important rather than insignificant (*ibid.*: 307-311). It involves us as “the onlooker” (*ibid.*: 309) engaging in empathetic and sympathetic “imaginative reconstruction” (*ibid.*: 302) of the badness of this suffering (*ibid.*: 302) from our observer’s perspective (*ibid.*: 309). This serves to incline those who witness the suffering towards action to help the sufferer, since the experience of compassion motivates a desire to *relieve* suffering if this is at all possible (*ibid.*: 335; Feenan, 2017: 123; Bandes, 2017: 185).

Empathy is subsumed within this account of compassion but is not synonymous with it (Nussbaum, 2001: 327-335; Feenan, 2017:122). This is because compassion requires empathy in order for us to be able to imaginatively identify with the sufferer (Nussbaum, 2001: 302). But the evaluative judgment of the badness of the suffering (*ibid.*: 302) and the motivation towards remedial action (*ibid.*: 335; Feenan, 2017: 123; Bandes, 2017: 185) derive from the sympathetic dimension of compassion rather than empathy. This is because, unlike compassion, empathy can be “morally neutral” (Nussbaum, 2001: 333) and does not necessarily lead towards any subsequent action, including action that is motivated by relief of suffering (for a discussion, see Nussbaum, 2001: 328-333). Indeed, it is possible for empathy to be used to *inflict* suffering such as where a bully gains greater insight into how to torment a victim from imagining how the victim would respond and derives pleasure rather than pain from the suffering in question (for a similar example, see Nussbaum, 2001: 333; and more generally, Breithaupt, 2019). Thus, empathy is a necessary but not a sufficient condition for compassion despite its importance in identifying needs (Radden and Sadler, 2010: 118).

By contrast, the sympathetic dimension of compassion leads to a deeper concern for the well-being of another. Sympathy is predicated on a sense of “fellow feeling” (Nussbaum, 1996: 57; Feenan, 2017: 123; Roughley and Schramme, 2018: 9-13) or “solidarity” (Cartwright, 2008: 305; Wilkinson, 2017: 212) between oneself and the sufferer which recognises and focuses upon what we have in common in terms of “possibilities and vulnerabilities” (Nussbaum, 2001: 316).³ From this, we can create

³ In feeling compassion for someone whose circumstances we could never now experience ourselves, e.g. an adult feeling compassion for a child, the source of the recognition of similarity derives from the fact that we too experienced such vulnerability in our early life, even if we never experienced the suffering of the child in question. And, as Nussbaum (2001: 319; 333) and Feenan (2017: 123) note, it is possible to exercise compassion beyond

meaning from the witnessed or contemplated suffering by imagining the impact of such suffering on ourselves precisely because we too could suffer in such a way (*ibid.*). As such, the exercise of compassion rests upon a tacit account of what it means for a human being to flourish - an issue I will return to in the third section of Part One - and what the core challenges of human experience are (*ibid.*: 310).

This fundamental shared ability to suffer in similar ways due to disadvantages, challenges and harms reveals an “egalitarian” dimension to compassion (Nussbaum, 1996: 53). In this way, compassion serves a moral function as a “bridge to justice” (Nussbaum, 1996: 37) that gives us reasons to take others’ “well-being” seriously (*ibid.*: 28). This renders Nussbaum’s account of compassion broadly compatible with a wide range of post-Enlightenment rationalist positions in moral and political theory that emphasise respect for equal dignity and rights (*ibid.*: 28; 37, 47-48) as well as social justice (Williams, 2008: 8). But, as both Crisp and Nihlén Fahlquist observe, the exercise of compassion need not necessarily depend upon an account of who is deserving of our compassion to be meaningful (Crisp, 2008: 235-237; Nihlén Fahlquist, 2019: 216-217) as Nussbaum thinks it does (Nussbaum, 2001: 311-315). While debates over personal responsibility for suffering is not the focus of this article, we can at least acknowledge that the exercise of compassion does not need to be limited arbitrarily by judgments of fault or blame, even if suffering which is largely due to the sufferer’s own decisions and choices (Crisp, 2008: 235-237) may in certain circumstances act as a constraint on the exercise of our compassion.

Nussbaum’s account of compassion also reveals the importance of particularity. This is present in two senses. Firstly, it arises from the subjective experience of suffering in relation to adverse circumstances (Spandler and Stickley, 2011: 558-559). This is of significant relevance to the context of mental health suffering. Spandler and Stickley observe in the context of mental distress and ill health that “[u]nderstanding suffering is ... central to compassion” (*ibid.*: 559) in which we seek to accord meaning to psychological suffering “within an individual's experience and life history” (*ibid.*). An awareness of this subjective experience of suffering creates insights to consider sensitively where possibilities for developing “relational resilience” exist (as distinct from neoliberal understandings of resilience) (Höfler, 2014: 36; DeMichelis,

humanity towards non-human animals and other sentient living beings, although a discussion of this lies beyond the scope of this article.

2016: 1-2; Bielby, 2019: 53-54; Smith, 2021), which includes the availability of social, political and legal support as well as psychological coping resources (Friedli, 2009a: 11, 23, 25-37). The question of psychological coping resources and the relational support to develop this will be particularly relevant to how I conceptualise the aim of compassion towards thriving in terms of personal growth in the following two sections of the article.

Secondly, Nussbaum highlights how the suffering of another can affect one's own capacity to flourish, especially if the sufferer is a part of one's own life and important ends (Nussbaum, 2001: 321). But here we encounter a problem levelled at empathy - the fact that our concerns are typically greatest for the suffering of those closest to us (Bloom, 2016: 34) - which can create a tension with the egalitarian dimension of compassion (Nussbaum, 1996: 53). The exercise of compassion, like sympathy itself, can be influenced by the sufferer's proximity to us, how tangible they are, as well as whether we have also experienced the same disadvantage, challenge or harm (Loewenstein and Small, 2007). Consequently, an emphasis on difference rather than similarity, especially between groups in diverse societies, may constrain compassion (Williams, 2008: 12). In its most insidious form, compassion may be impeded through social and political biases, class, privilege, and power (van Kleef *et al.* 2008; Piff and Moskowitz, 2017). This presents particular difficulties in public health where our concerns to alleviate suffering are, as in politics and law more generally, not simply directed to individuals but to populations or groups such as children and young people, people who are socio-economically disadvantaged, migrants or people with mental health problems. However, compassion need not be constrained by distance, bias, power, or group affiliation: as Porter notes, it can "prompt a critical scrutiny of institutional structures" (Porter, 2006: 109) that follows from conceiving of "the pain of injustice" (*ibid.*, 108). This may be facilitated through "perspective-taking" (Piff and Moskowitz, 2017: 326-327). Since a willingness to adopt the perspective of another engages the simulative and motivational role of the imagination in contemplating that oneself also could suffer in similar ways, it is more likely to promote the sympathetic dimension of compassion than would empathy alone. This enables us to perceive the sufferer as a "concrete other" with a unique identity and personal narrative (Benhabib, 2011: 69). In doing so, it helps to

compensate for the risks associated with the proximity or resemblance of the sufferer to us determining the strength of our compassion.

To be clear, my aim in this article is not to develop an alternative foundation to Nussbaum's account of compassion, but rather to build upon this account by drawing out its features that are especially relevant to the normative foundations of public mental health, especially those which connect with flourishing in the context of mental health and wellbeing. This leads me to introduce what I call a 'compassion towards thriving' approach, which I turn to in the following section.

What is Compassion towards Thriving?

To understand compassion towards thriving, it is useful to begin by looking more closely at compassion's concern with the relief of suffering. There is an important forward-looking as well as backward-looking dimension to the motive to relieve suffering. This is under-explored compared with the focus on compassion as a response to pre-existing suffering. Although Nussbaum does claim "compassionate institutions are intensely concerned with tragic predicaments *and their prevention* [emphasis added]" (Nussbaum, 2001: 403) and identifies basic physiological health and emotional wellbeing as capabilities which societies should guarantee (*ibid.*: 416-417), she focuses upon constitutional protections of these goods to reflect their significance when denied (*ibid.*: 418) and how education, politics and law can engender and uphold compassionate attitudes more generally (*ibid.*: Chapter 8). This leaves open the question of what can be done to help an individual to avoid future suffering through meeting psychological needs. Referring to the context of meeting babies' needs, Paul Gilbert notes that "*compassion must involve* evaluating and providing for needs that prevent suffering" (Gilbert, 2017:10, emphasis in original). This example highlights not only the immediate physiological needs (food, shelter, etc.) but also the immediate psychological needs of a baby (love, secure attachment to a care giver) which if not met in infancy can lead to psychological suffering both in childhood and in later life (Bowlby, 1988; Gerhardt, 2014). The idea can be extended to any context where suffering is foreseeable if needs are not met – such as the

context of mental health – and involves empathy to appreciate what these needs are (Gilbert, 2017: 10). As such, it dovetails with Nussbaum’s idea of “imaginative reconstruction” (Nussbaum, 2001: 302) of the suffering’s negative impact, even if the suffering is yet to occur, or never does so. This is because we can anticipate the likely consequences of acting or not acting in certain ways to minimise the risk of future suffering occurring.

If we accept that compassion’s primary focus is not just on pre-existing suffering, but also an awareness of the possibility or probability of future suffering arising from any given circumstances, then we need to consider what an effective response to the prospect of future suffering involves. Fundamentally, this requires an understanding of what may allow one to cope with, overcome or avoid suffering where this suffering is capable of attenuation or resolution, or is not inevitable. This understanding reveals the forward-looking dimension of compassion to be both preventative *and* developmental, complementing the more familiar remedial dimension that looks backward to already experienced suffering. On this basis, the relationship between flourishing and compassion identified in the previous section is as much about the promotion of flourishing to guard against possible future suffering as it is about addressing existing suffering. This means there is a clear *prospective* sense to Nussbaum’s claim that compassion tacitly incorporates a view of what it means for a human being to flourish (*ibid.*: 310).

We can see this developmental dimension captured in claims made about compassion elsewhere. As Gearty puts it, “compassion ... is about ... enabling the other to thrive rather than simply bearing with him or her” (Gearty, 2006: 49), echoed in Bloom’s claim that compassion is about “wanting [people] to thrive” (Bloom, 2016: 50). However, neither commentator offers any sustained exploration of this association between compassion and thriving, so it is important at this stage to explain why I consider that Gearty and Bloom are right to draw this connection between compassion and thriving. The developmental dimension of compassion means that the action to prevent future suffering involves addressing wherever possible both the social and structural causes of suffering *and* empowering the sufferer psychologically in terms of promoting psychological well-being and resilience. The aim of this psychological empowerment is to enable an individual to better cope with the subjective experience of suffering through helping her

understand and, to the fullest extent, withstand it should it arise (Spandler and Stickley, 2011: 558-559). It is important to acknowledge here that discourse around 'well-being' is contestable, not least because it can be used for political purposes, furthering neoliberal ends of "responsibilisation" (Pilgrim, 2015: 111; Smith, 2021) in which public health narratives are driven by the language of "lifestyle" rather than "structural critiques" (Pilgrim, 2015: 111-112) and where structural problems in society are "depoliticized" (Oliver and Barnes, 2012: 86). In recognition of this, psychological well-being is understood here instead as a complex interaction of structural factors with human agency which involves "an inward journey, outward social action, or even some combination of these, according to the vagaries and contingencies of our particular lives" (Pilgrim, 2015: 109).

The psychological capabilities to avert or reduce future suffering include coping resources, self-awareness and direction, positive self-evaluation and engagement with meaningful social support (Tudor, 1995: 63-82). Enabling the development of such psychological capabilities is especially important when addressing the structural causes of poor mental health involves more systematic and deep-rooted (though no less urgent) political and social change (Wilkinson and Pickett, 2018). On this basis, the prevention of future suffering and the facilitation of psychological wellbeing are interconnected. This is also reflected elsewhere in the recognition that the objectives behind the prevention of ill-health and the promotion of good health can overlap (Tengland, 2010: 339). As such, the significance of Gearty's claim that compassion involves "enabling" thriving (2006: 49) becomes clearer.

I call this future-orientated, developmental approach 'compassion towards thriving'. 'Towards' highlights that facilitating psychological wellbeing for the person who is suffering or who may encounter future suffering is the intended outcome of the exercise of compassion. As such, compassion towards thriving builds upon Nussbaum's account of compassion to highlight how compassion is concerned with the developmental and proactive prevention of anticipated future suffering as well as a reactive response to antecedent suffering (Gilbert, 2017: 10). This means compassion towards thriving incorporates a developmental and a remedial component. The developmental dimension is anticipatory and prospective, in order to help the sufferer develop insights that will render her more resilient to future suffering by offering opportunities to enhance her psychological wellbeing.

In public mental health, it follows that compassion towards thriving's focal aims in terms of alleviating existing and future suffering involve the prevention of psychological suffering *and* promotion of psychological wellbeing (in the way that the prevention of physical ill-health *and* promoting physical wellbeing are focal aims of other areas of public health).⁴ I will refer to the process of developing and maintaining the capabilities relevant to psychological wellbeing as 'personal growth' (Ryff and Keyes, 1995). To be clear, I will use the term 'psychological well-being' as synonymous with good mental health given the clear synergies between these concepts (Bielby, 2019: 54-55) and with the psychological sense of thriving used in this article. In the next section, I offer a more detailed examination of personal growth as compassion towards thriving's account of human flourishing, and set out the understanding of mental health which underpins it. This is so we can explore in the second part of the article compassion towards thriving's synergies with and implications for public mental health ethics.

Thriving, Personal Growth and Mental Health

Compassion towards thriving understands the intended aim of 'thriving' in terms of facilitating personal growth. Personal growth is associated with a humanistic or person-centred approach towards mental health pioneered by humanist psychologist Carl Rogers (Rogers, 1951; 1961; Bohart, 2013; Tengland, 2001: 41-45; and Freeth, 2007: especially chapters 1, 2 and 4). It is grounded in the belief "that human beings have an inherent tendency towards growth and development, such that movement towards becoming fully functioning will happen automatically when people encounter an empathic, genuine and unconditional relationship in which they feel valued and understood" (Joseph, 2017: 3). As such, personal growth is a form of 'self-actualization', also associated with fellow humanist psychologist Abraham Maslow (Bohart, 2013: 85). However, it is the more inclusive Rogerian sense of "using one's potential *in the moment* to solve problems and grow" (Bohart, 2013: 93, emphasis in original), arising from an "actualising tendency" shared by all (Bohart: 2013: 86-87) that relates more closely to compassion towards thriving rather than

⁴ Which is not to suggest that public mental health is, or should be, oblivious to the overlap between mental and physical health.

Maslow's understanding of self-actualisation as a state that is available only to those whose prior needs have been satisfied (Bohart, 2013: 85).

Personal growth is therefore a *relational* experience. This means that although growth occurs at an individual level, the journey towards psychological well-being, and the process of maintaining and improving existing psychological well-being, depends upon the supportive interactions of others throughout life. Since we saw in the previous section that the developmental dimension of compassion is about “enabling” thriving (Gearty, 2006: 49) through personal growth, the action taken cannot guarantee the extent to which the sufferer will in fact thrive, as this inevitably depends upon subsequent decisions that she makes and the context in which she makes them. Instead, the purpose of the action taken is to provide a supportive opportunity for an individual to experience personal growth and psychological well-being. However, it also involves promoting self-compassion as a crucial element of a constructive self-relationship (Neff, 2003: 86-87; 90-91) which can be nurtured by such supportive interactions. This is particularly important in sustaining good mental health over time (Neff, 2003; Allen and Knight, 2005; Gilbert and Irons, 2005; Hall, 2013; Huppert, 2017; Trompetter *et al.*, 2017), and is often overlooked when compassion is conceived as an orientation towards another.

In this sense, personal growth is constitutive of a certain type of humanistic flourishing (Ryan, Huta and Deci, 2008). It is particularly evident in Carl Rogers' notion of the “fully functioning person” (Rogers, 1963) which identifies factors such as self-discovery, self-trust, self-acceptance and openness to experience as part of a continual life-long process of self-actualization, which is nurtured by relationships with others where the self is unconditionally valued (*ibid.*; Robbins, 2008: 98; Proctor *et al.*, 2016: 505-507). Personal growth therefore involves a positive transformation in the individual's situation so that she may realise her potentialities through enjoying psychological wellbeing, and in doing so, to live as far as possible “fully, vibrantly and meaningfully” (Robbins, 2008: 101), while also desiring this for others (Embleton Tudor *et al.*, 2004: 126).

These humanistic goals of thriving and flourishing are inherently normative (Robbins, 2008: 103-106). Beyond humanistic psychology, we can see related ideas of flourishing present in a less overtly psychological way within contemporary normative

ethical approaches to self-fulfilment (Gewirth, 1998), egalitarian political philosophy (Synnwich, 2017), virtue-based eudaimonic theories (Annas, 2005; Baril, 2014; Hursthouse and Pettigrove, 2016, section 2.1) as well as Nussbaum's own 'capabilities approach' developed with Amartya Sen (Nussbaum, 1997). But since personal growth is especially concerned with *realising human potential* to enable thriving, it has an inherent psychological connection to particular individual lived experiences which is less evident in conventional ethical theories (for a discussion in relation to virtue ethics, see Robbins, 2008: 106). Equally, compassion towards thriving also differs from accounts of compassion that seeks the promotion of happiness alone. Steve Bein, for instance, offers an ostensibly similar account of compassion as "concerned with satisfaction as well as suffering" (Bein, 2013: 89), although his understanding of satisfaction as "multiplying happiness" (*ibid.*: 88) does not capture the traits and experiences relevant to thriving identified above as clearly as personal growth.

Yet the very idea of mental health underpinning personal growth, psychological well-being and also public mental health is one which is contested by different explanatory models – principally the biomedical model and the psychosocial models (Davidson *et al.*, 2016: Chapter 1-3). Being clear about how compassion towards thriving understands mental health is very important as public mental health ethics needs an understanding of what the 'mental health' component of public mental health is before we can explore its 'public' dimension (Vilhelmsson *et al.*, 2011: 212-213). In the context of mental ill health, compassion's empathic dimension involves "imaginative reconstruction" (Nussbaum, 2001: 302) of the person's suffering and distress, including its causes, form and impact as a part of developing a sensitive awareness of that person's particular lived experience of this distress and suffering (Johnstone *et al.*, 2018, 8-9; Radden and Sadler, 2010: 121). It rests upon a view of human nature that emphasises our shared capacity to create meaning and value from our circumstances and coexistence with others as well as our potential to influence how our lives unfold. These are values that lie behind the view of personal growth presented above but also allow us to understand psychological suffering. From the perspective of Rogerian humanistic psychology, Warner claims:

"To be a human being is to experience oneself as a person able to make sense of one's own situation, to choose one's own next steps in living, and

to live in relationships in which one can understand and be understood, value and be valued ... [i]n terms of human compassion, [this view of being human] emphasises the need to recognise the depth of human affliction that is experienced when one is unable to process and make sense of lived experience in these ways – a suffering that is often experienced as organismic panic, personal emptiness, fragmentation or existential despair” (Warner, 2017: 111).

On this basis, we have good reasons to see mental health suffering as intelligible and meaningful. Compassion towards thriving is disposed to elicit this meaning making essential for future growth as it enjoins us to listen attentively to the sufferer’s account of her experience (Zion *et al.*, 2012: 74), including where the meaning of mental distress is not clear to the person herself. By the same token, the empathic process of understanding mental health suffering offers an opportunity to recognise how “distress is nearly always an understandable response to trauma, abuse and social deprivation” (Johnstone, 2011: 97) and that mental health suffering is “a normal, not abnormal part of human life” (Kinderman *et al.*, 2013: 2), in place of a reliance on psychiatric diagnostic labels (Kinderman, 2014: 25) that conceive of such suffering primarily through the lens of a disease-based biomedical model (for a discussion, see Davidson *et al.*, 2016: Chapter 1).

Compassion towards thriving, in keeping with its origins in Nussbaum’s account, also provides a justification for why there should be a presumption of intelligibility in mental distress as it arises from the experience of a person who is relevantly similar to ourselves and shares the same “possibilities and vulnerabilities” (Nussbaum, 2001: 316; see also Hoffman, 2014: 74 and Bielby 2019: 54; 58). This is true notwithstanding the subjective experiences of mental distress that are informed by a person’s own past life experiences and current circumstances (Spandler and Stickley, 2011: 559), insights which have recently been endorsed and adopted by the British Psychological Society within *The Power Threat Meaning Framework* (Johnstone *et al.*, 2018). This can provide the basis for personal insight involved in future personal growth towards good mental health, illustrated well by the concept of ‘post-traumatic growth’ (Tedeschi and Calhoun, 2004; Joseph, 2004). Together, this fusion of understanding, empathy and particularity supports a more psychosocial approach to understanding mental ill-health and distress where social and

psychological factors causal factors are more significant than biological factors (Kinderman, 2014: 4, 24-25, 38; Tew, 2011; Johnstone, 2011; Rose, 2019, especially chapter 9). This supports public health responses to mental health suffering and distress that focus on social and psychological causes of such suffering (Kinderman, 2014: 25). While Kinderman is no doubt correct that such an approach “would ... lead to more *empathy*, more *compassion*, more *understanding* of people’s needs both by professionals and in wider society ...” (*ibid.*, emphasis in original), as we have seen, the impetus for this actually derives from the conceptual foundations of compassion towards thriving itself.

Taken together, these insights allow us to appreciate what is distinctive about the role of personal growth in a compassion towards thriving approach. The sympathetic concern for the current or future psychological suffering of another justifies offering an intervention to facilitate personal growth to enhance an individual’s ability to cope with, overcome or avoid psychological suffering. The aim of this intervention is to strengthen her ability to be resilient to suffering should it persist or return as well as nurturing her ability to avoid this suffering should she not yet have experienced it. A compassion towards thriving approach seeks wherever possible to bring about an enduring positive difference via this intervention so that her life is more likely to go better (understood in terms of personal growth towards psychological wellbeing) after the current suffering or anticipated future suffering than it would have done without the intervention. If successful, the individual no longer merely survives her current or future suffering, but the personal growth she experiences as a result of this compassionate intervention equips her with insights to enhance her psychological wellbeing, such as greater self-understanding, self-acceptance and other psychological coping resources, to withstand current suffering or its potential future occurrence. Consequently, she is more likely to be resilient to future psychological suffering and mental distress. The normative value of personal growth derives from its contribution towards preventing or minimising the impact of this current or future suffering, thereby improving psychological wellbeing on which thriving depends. In short, this transformative process of personal growth is the desired outcome of compassion towards thriving.

This means that what fundamentally distinguishes compassion towards thriving is that the “object” of compassion (Feenan, 2017: 121) can be thought of not only as

“suffering” (*ibid.*) or “misfortune” (Nussbaum, 2001: 301) in a limited sense but expanded to include a current or future impediment to personal growth towards good mental health and psychological wellbeing. An awareness of the role that personal growth plays in developing the capabilities we have identified relevant to psychological wellbeing minimises the risk of being mistaken about what counts as suffering (*ibid.*: 310) or how thriving can be enabled, which could otherwise lead compassion to metamorphose into paternalism under a different guise. In this way, a compassion towards thriving approach imbues compassion with a tangible sense of purpose as a social, political and legal value.⁵ In the second part of the article, I discuss the synergies between a compassion towards thriving approach and existing perspectives in public health ethics and, towards the end, will use it to evaluate a key public mental health intervention currently in use in England. To begin with, I will consider the aims of public mental health using Dawson’s understanding of public health (Dawson, 2011) as a frame of reference.

Part 2: The Implications of a Compassion towards Thriving Approach for Public Mental Health Ethics

The Aims of Public Mental Health

So far, the discussion of compassion towards thriving has focused primarily upon its impact upon individuals. In this second part of the article, we move to consider its implications for public mental health. Dawson’s understanding of public health’s defining features is a useful starting point here (Dawson, 2011). According to this, firstly, public health focuses on population health rather than on individual health alone (*ibid.*: 1, 3), viewing health as being considerably influenced by social determinants (*ibid.*: 3). Secondly, public health is concerned with prevention or amelioration of harms to health as well as health promotion, so that interventions are not only triggered following the occurrence of harm to health but preventatively in

⁵ A recent cross-political party proposal in the UK to make compassion a test for legal validity demonstrates further possibilities for compassion as a legal value (Compassion in Politics, 2020; Stewart, 2019).

anticipation of this harm (*ibid.*: 3-4). Thirdly, public health necessitates “collective action” to attain goals that are unattainable by individuals acting alone (*ibid.*: 4-5).

Aspects of this understanding of public health are echoed in the specific context of public mental health. Friedli defines public mental health “as the art, science and politics of creating a mentally healthy society” (Friedli, 2009b: 273), focusing on what protects against poor mental health at the level of whole populations (*ibid.*: 273; see also Gable and Gostin, 2010: 160). Gable and Gostin make the relationship between collective action towards mental health prevention and promotion and the social determinants of mental health more explicit, stating that “[g]overnments can ... positively affect mental health by improving the underlying societal conditions that would otherwise negatively impact the mental health of populations” (Gable and Gostin, 2010: 161). These include the social determinants of mental distress and ill-health, such as (but not limited to) inequality (Pickett and Wilkinson, 2013; Wilkinson and Pickett, 2018), early life adverse experiences (Koplan and Chard, 2015), inadequate housing (Brown *et al.*, 2015: chapter 2), loneliness (Monbiot, 2017: 16-17, 42-43; Rose, 2019: 57-60), poor employment conditions (Marmot, 2015: chapter 6), and the psychological impact of pandemics such as Covid-19 (O’Shea, 2020) which bear upon population mental health and psychological wellbeing.⁶ Together, this mirrors much of Dawson’s understanding of public health, highlighting contextual societal influences that require state involvement and political will to address (Dawson, 2011: 5). For this reason, the aims of public health and public mental health bear a close relationship.

We can divide particular public mental health interventions themselves into ‘universal’ and ‘targeted’ approaches (Faculty of Public Health and Mental Health Foundation, 2016: 32). Targeted approaches can be further divided into ‘selective’ and ‘indicated’ approaches (*ibid.*). Universal approaches to public mental health are those which concern the entire population (*ibid.*). A key example of a universal approach is Public Health England’s *Every Mind Matters* campaign launched in

⁶ There are possibilities for law here, too: Krueger *et al.* (2017) contrast what they term “direct legal intervention” in mental health and well-being promotion with the use of law “to promote alignment between health care, public health, and other sectors towards maximizing mental health and well-being” (*ibid.*: 38-39), although for reasons of space, these cannot be explored here.

2019, which aims to enable all people to care more effectively for their mental health (Mental Health Foundation, 2019; NHS / Public Health England, 2021a). Given the prominence and reach of this programme, in the third section of this second part of the article I go on to evaluate *Every Mind Matters* as an example of a public mental health intervention in terms of a compassion towards thriving perspective.

‘Selective’ targeted approaches concentrate on particular demographic groups or communities where susceptibility to mental health suffering is greater or where people have experienced adversities which impact negatively on mental health (Faculty of Public Health and Mental Health Foundation, 2016: 32). Examples of this approach include mental health first aid in a public authority setting (Faculty of Public Health and Mental Health Foundation, 2016: 38; Future Learn/Public Health England, 2021) as well as mental health and well-being support ‘hubs’ for NHS staff in the wake of the Covid-19 pandemic (NHS, 2021) and proposals for depression screening for pregnant and postpartum women in the USA (Siu *et al.*, 2016). By contrast, ‘indicated’ targeted approaches focus in a targeted way on those individuals where evidence of mental health suffering is already present (Faculty of Public Health and Mental Health Foundation, 2016: 32). An example of this type of public mental health intervention involves developing “trauma informed care” services for young people who have experienced early adverse life experiences, such as physical or sexual abuse or exposure to domestic violence (*ibid.*: 38; Sara and Lappin, 2017; Bush, 2018), which is being increasingly recognised “as a priority public health concern throughout the UK” (Bush, 2018: 44).

Of course, there is another key sense in which public mental health is related to public health: like public health, public mental health is also inherently normative (Patel, 2015: 43; Coggon and Laing, 2019: 52), making “assumptions about necessary features of the human good” (Dawson, 2011: 1) with a focus upon collective values such as solidarity (*ibid.*:18) and social justice (*ibid.*: 17). These go beyond more individualistic values present in contemporary medical ethics such as autonomy and non-interference (*ibid.*: 1). For this reason, before we use compassion towards thriving as an evaluative perspective in public mental health, it is important to understand why it supports these collective values, and how this relates to the idea of flourishing it endorses.

Normative Synergies between Compassion towards Thriving and Public Health Ethics

Compassion towards thriving's origin in Nussbaum's account of compassion and its view of human flourishing involving personal growth towards psychological wellbeing offers specific reasons to endorse values of solidarity and social justice in public mental health ethics, as well as providing an understanding of what is "the human good" in public mental health (Dawson, 2011: 1). As acknowledged in the first section of Part One of this article, Nussbaum's account of compassion recognises that the motivation to address suffering and distress is based upon sympathy from "fellow-feeling" (Nussbaum, 1996: 57; Feenan, 2017: 123; Roughley and Schramme, 2018: 9-13) and emphasises what we have in common in terms of "possibilities and vulnerabilities" (Nussbaum, 2001: 316). This supports Dawson and Jennings's understanding of the significance of solidarity in public health ethics, where "[s]olidarity allows us to see that your condition is actually inextricably related to my condition" (Dawson and Jennings, 2012: 77). Indeed, Jennings and Dawson in later work gesture towards the connection between solidarity and mental health when they observe that "standing up as" solidarity, which they claim represents how human difference is rooted in our shared experience of the human condition, "may contribute to discussions about how to respond to ... mental distress and illness on a population level" (Jennings and Dawson, 2015: 37).

Moreover, compassion towards thriving's account of personal growth towards good mental health and psychological wellbeing developed in the third section of Part One addresses Dawson's claim that public health is interested in "a substantive notion of the good" (Dawson, 2011: 14). This is because personal growth represents a specific understanding of humanistic flourishing (Ryan, Huta and Deci, 2008) as a core element of what counts as a 'good life' for all, which can serve as a foundational principle for guiding public mental health interventions. To this end, the relational and developmental nature of personal growth within compassion towards thriving deriving from Carl Rogers's humanistic psychology provides a foundation for Jennings and Dawson's claim that public health ethics' concern with "relational human flourishing" involves a relationality which is "an enabling or empowering

medium of self-realisation” (Jennings and Dawson, 2015: 32-33). And, by extension, compassion towards thriving’s humanistic understanding of personal growth towards good mental health and psychological wellbeing can also support an understanding of what it means to create “a mentally healthy society” (Friedli, 2009b: 273), since living in such a society can be thought of as a heavily public “common interest” (Dawson, 2011: 15-17).

Compassion towards thriving also aligns with social justice approaches to public health ethics (Beauchamp, 1999; Powers and Faden, 2006), especially those that emphasise the connection between social justice and wellbeing (Powers and Faden, 2006: 15). This alignment can be seen in both compassion towards thriving’s preventative and developmental dimensions. Given its origins in Nussbaum’s account of compassion, compassion towards thriving justifies conventional preventive approaches to reduce the possibility of poor mental health due to its concern with the alleviation of suffering. Moreover, from a compassion towards thriving perspective, we have seen that mental health suffering prevention involves promotion of psychological wellbeing through facilitating personal growth. This is why a compassion towards thriving approach in public mental health is similarly concerned with mental health promotion, minimising the possibility of preventive approaches allowing people still to languish with limited psychological wellbeing (Brown *et al*, 2015: 12).

The developmental dimension of compassion towards thriving has a crucial role here in addressing lower levels of psychological wellbeing at the population level in order to fairly distribute opportunities (Daniels *et al.*, 2004: 76) for better mental health for all who stand to benefit from them. This includes those who are at greatest disadvantage (Gostin and Powers, 2006: 1054) and requires a fair allocation of the burdens involved in making these opportunities happen (Beauchamp, 1999: 107-108). As such, compassion towards thriving’s support for public mental health prevention and promotion to offer fair opportunities for personal growth resonates strongly with Powers and Faden’s claim that “social justice is the foundational moral justification for public health” (Powers and Faden, 2006: 86). Yet there are connections here also *between* values of social justice and solidarity in a compassion towards thriving approach, since the “egalitarian” dimension of compassion (Nussbaum, 1996: 53) and recognition of our common “possibilities and

vulnerabilities” (Nussbaum, 2001: 316) better allows us to appreciate the challenges to our mental health that we all share (Bielby, 2019: 54; 58), paralleling how political solidarity involves action influenced by an egalitarian “collective identification” (Krishnamurthy, 2013: 130-132).

For similar reasons, compassion towards thriving’s support for a psychosocial approach to understanding mental health reinforces the solidaristic and social justice values of public mental health. There is some evidence to suggest that acceptance of a psychosocial approach is becoming part of public mental health discourse already. Coyle identifies two factors relevant to the psychosocial approach that inform the idea of public mental health: first, the solidaristic fact that “everybody experiences psychological distress within their lives at some point” (Coyle, 2009: 225) of varying severity, and second, the “process by which a person’s mental health is mediated” is “social”, going beyond the conventional biomedical model of mental health suffering (*ibid.*: 225). This is relevant to how social inequality and disadvantage undermines mental health and wellbeing (Wilkinson and Pickett, 2018). Conceiving of public mental health in this way does not involve a separation between rights to mental and physical health (Gable and Gostin, 2010: 158), or a denial of the relationship between mental and physical health (Coggon, 2017: 213), but rather foregrounds the social determinants identified in the previous section that bear on mental health and well-being in particular. This renders the explanation of mental ill health, the inequalities in how it is experienced at a population-level, and public mental health preventive and promotion strategies in response questions of social justice (Callard *et al.*, 2012: 54; Patel, 2015; Wilkinson and Pickett, 2018) – indeed, as Callard *et al.* affirm, “mental health promotion can play an important role in combating social injustice” (Callard *et al.*, 2012: 149).

Through founding its concerns with solidarity and social justice upon “fellow-feeling” (Nussbaum, 1996: 57) and common “possibilities and vulnerabilities” (Nussbaum, 2001: 316) as well as an account of human flourishing as personal growth underpinned by a psychosocial explanatory view of mental health and distress, compassion towards thriving can inform a “substantive” orientation for public mental health ethics (Dawson, 2011: 12), offering much potential for both public mental health ethics and practice. In order to demonstrate the difference a compassion towards thriving approach makes to an actual public mental health intervention, the

final section considers how it may be applied to evaluate the *Every Mind Matters* public mental health programme in England.

Evaluating the *Every Mind Matters* Public Mental Health Campaign in England from a Compassion towards Thriving Perspective

Public Health England in conjunction with the NHS launched the *Every Mind Matters* campaign in late 2019 (Mental Health Foundation, 2019; Public Health England, 2020, NHS / Public Health England, 2021a). As part of its high-profile public launch, it received endorsement from public figures and celebrities (including from the Dukes and Duchesses of Cambridge and Sussex). *Every Mind Matters* is an online public mental health initiative aimed at all members of the public in England from adults to young people. It combines advice about managing and improving mental well-being, including dealing with the specific mental health challenges posed by the Covid-19 pandemic and lockdown, with dedicated sections that allow members of the public to identify, understand, self-manage and access support in relation to anxiety, stress and depression (Public Health England, 2020; NHS / Public Health England, 2021a). The central aim behind the campaign is to enhance population level “mental health literacy” in England so people are better equipped to understand and support their own and others mental health (Mental Health Foundation, 2019). In doing so, it seeks to address omissions in mental health promotion and prevention in England identified in the Independent Mental Health Taskforce to the NHS in England’s *Five Year Forward View for Mental Health* (Independent Mental Health Taskforce to the NHS in England, 2016: 39).

A distinctive feature of the initiative is that it allows members of the public to produce a personalised online ‘Mind Plan’ (NHS / Public Health England, 2021b). This involves taking a quiz made up of five questions based on self-reporting experiences of positive or negative well-being, such as prevalence of anxiety, low mood and the reasons behind this such as financial, employment and housing problems, relationship difficulties and substance misuse. Depending on the answers given, the Mind Plan offers practical advice for managing one’s own mental health, ranging from anxiety-reducing and mood enhancing psychological techniques to addressing loneliness and increasing physical exercise (which an individual can swap for

another relevant suggestion if they prefer). It also includes links to external advice, support and further information online that go beyond psychological and mental health services, such as Citizens Advice, debt advice, homelessness support, and job-seeking guidance. By January 2021, more than two-and-a-half million such plans had been created since the campaign began (Public Health England, 2021). Although Public Health England have stressed that the campaign is not about treatment provision (University of Liverpool, 2019), the *Every Mind Matters* website nonetheless signposts to the Improving Access to Psychological Therapies (IAPT) service for people who wish to access psychological therapy or “urgent support” for people who are experiencing, or supporting others who are experiencing, a mental health crisis (NHS / Public Health England, 2021g).

The *Every Mind Matters* programme represents a significant step towards online public mental health provision. This is a reflection of the considerable reach that digital mental health prevention and promotion activities now offer (Mook, 2014). From a compassion towards thriving perspective, there are a number of welcome areas of congruence in the campaign. Firstly, the approach taken seeks to be empathetic and solidaristic, emphasizing commonalities and connections in the universal experience of mental health in accessible layperson’s terms to dispel internalised stigma and shame. For example, the opening statement under the ‘Mental Health Issues’ topic reads “[w]e all have mental health, and life is full of ups and downs for us all” (NHS / Public Health England, 2021c). This is reiterated under other headings specifically addressing anxiety, stress and low mood, reinforcing the idea that mental health distress is an understandable and widespread life experience. Secondly, there is encouragingly explicit endorsement of a psychosocial approach towards understanding mental health and wellbeing, highlighted by the statement under the ‘Dealing with life’s challenges’ topic which reads “[o]ur genes, life experiences, upbringing and environment all affect our mental health and influence how we think and respond to situations” (NHS / Public Health England, 2021d). This helps to offset medicalised preconceptions about such suffering which some members of the public may bring to their encounter with the programme (since the Clinical Advisor for Public Health England providing oversight for the material in the campaign was Prof. Peter Kinderman (Kinderman, 2019), whose support for a

psychosocial approach to mental health we considered in the third section of the first part of this article, this is perhaps less surprising).

Thirdly, mental health and wellbeing is understood not simply as the absence of mental ill-health but in a way which is broadly consistent with how personal growth towards good mental health can confer resilience against the prospect of future challenges to our mental health. For example, the programme explicitly acknowledges under the 'Mental wellbeing tips' topic that "[w]e all need good mental health and wellbeing – it's essential to living happy and healthy lives" (NHS / Public Health England, 2021e) and that "[i]t [good mental health and wellbeing] can also help us deal with difficult times in the future" (*ibid.*). To this end, there is also advice on practising self-care, particularly for young people (NHS / Public Health England, 2021f) as part of developing self-awareness to protect oneself from the causes of mental distress. This chimes with the importance of self-compassion and self-awareness as psychological capabilities associated with personal growth towards good mental health.

While in these respects *Every Mind Matters* is closely wedded to a compassion towards thriving approach, there are two areas in particular where this approach could enhance the focus and delivery of this public mental health campaign. The first area where a compassion towards thriving approach could make a positive difference is in terms of relational support the campaign can offer. As we acknowledged earlier in the third section of Part One, for personal growth to occur to overcome existing suffering or to avoid future suffering, an individual needs to experience a relationship characterised by empathy, sincerity and unconditionality that promotes understanding and positive regard (Joseph, 2017: 3). Although an online platform can convey these values to an extent, online *only* interaction with the programme in its role as a public mental health campaign presents challenges for creating the conditions to foster such a relationship for those whose mental health needs would benefit from it. One possibility would be to give members of the public the option to engage with a trained healthcare professional in creating a 'Mind Plan' at an accessible public location in towns and cities (such as a general practice surgery, community centre or leisure facility). This could be done at least initially via a selective targeting approach discussed previously in the first section of this second part of the article (Faculty of Public Health and Mental Health Foundation, 2016: 32),

involving local healthcare authorities inviting adults and young people from the most socio-economically deprived areas to create a Mind Plan. Such prioritization could be justified on the basis of what is known about the negative impact of socio-economic inequalities and disadvantage on mental health and wellbeing (Mental Health Foundation, 2020: 18-32; Wilkinson and Pickett, 2018). Since NHS England does not currently support any dedicated public mental health screening activities (NHS, 2018; UK Government, 2021), a selective targeted approach of this kind offers the potential to address unmet need in terms of sub-population mental health and wellbeing, reducing the limitations of an online only programme.

Extending the principles of the *Every Mind Matters* campaign along these lines would seem worthy of further exploration, since it would offer the opportunity to deepen and personalise the relationship involved for those who had such a preference, giving an opportunity for members of the public to ask questions and share details that they would not be able to do otherwise via the existing online Mind Plan quiz. This initial encounter may also serve to cultivate a sense of inclusivity and trust for those who might otherwise lack confidence in seeking support for their mental health, which is particularly important for those who may then choose to go on to access services such as IAPT in establishing an effective therapeutic relationship. Although such an approach would involve committing additional funding and resources to the campaign, its feasibility could be investigated on a smaller scale via a pilot study in a particular regional population. But, equally, the ease and accessibility of having online public mental health self-assessment may be sufficient and preferable for many people's needs, so a face-to-face approach would be intended to complement rather than replace the existing online Mind Plan creation tool, in keeping with compassion towards thriving's recognition of how particular lived experiences should inform the nature of responses to existing or future suffering.

The second area where a compassion towards thriving approach could make a positive difference is in terms of emphasizing the structural and social determinants of mental health suffering and distress. As already observed, *Every Mind Matters* is rightly informed by a psychosocial approach to mental health distress and suffering, recognising causal influences between, for example, poverty, debt, insecurity, bullying and discrimination in the workplace and poor mental health (NHS / Public Health England, 2021d; 2021h; 2021i). However, the socio-economic and structural

origins of these causal influences, such as poor pay and employment conditions, ongoing structural bias and prejudices, political choices over welfare spending and labour market regulation, etc. are not acknowledged. Raising awareness of this is supported by compassion towards thriving's concern to make the psychosocial origins of mental health suffering intelligible to the sufferer and to others. Furthermore, it would serve to advance the campaign's aims of promoting population-level mental health literacy by encouraging a deeper understanding of societal influences on mental health and well-being.

It is certainly possible to foster a basic awareness of the social causes of mental distress and suffering among the general public without a government-funded public mental health campaign itself taking a stand on politically controversial issues. It would be possible to do this by signposting users to clear, trustworthy and well-informed sources of information on freely accessible platforms such as the BBC (e.g. McMenamin, 2021) and *The Conversation* (e.g. Cain, 2018), in a similar way to the inclusion of links to reputable external websites offering practical support with housing and debt advice already present. Such awareness raising may also enhance the potential the campaign offers to further social justice, by helping people appreciate how the sources of mental health distress and suffering, as well as impediments to personal growth towards good mental health, are heavily influenced by social adversity in one's present and past life as well as structural injustices. In doing so, the campaign could make a contribution towards countering narratives of "responsibilisation" (Pilgrim, 2015: 111, Oliver and Barnes, 2012: 52-3, 86-87; Smith, 2021) for mental health suffering and distress discussed in the second section of Part One of this article and help to bring about an empowering 'reflexive' and 'critical' mental health literacy among citizens (for a discussion of 'critical health literacy', see Chinn, 2011).

Conclusion

In this article, I have argued for what I call a 'compassion towards thriving' approach to inform public mental health ethics. I have done this by drawing out a forward-looking and developmental dimension latent within Martha Nussbaum's influential philosophical account of compassion and connecting this to a humanistic

model of personal growth towards good mental health and wellbeing and a psychosocial view of mental health and distress. This understanding of personal growth provides us with compassion towards thriving's account of human flourishing. A compassion towards thriving approach therefore aims not simply to relieve suffering, but to facilitate such a transformative process of personal growth towards good mental health and psychological wellbeing. This process seeks to develop those psychological capabilities such as coping resources, self-awareness and direction, positive self-evaluation and engagement with meaningful social support (Tudor, 1995: 63-82) to enhance the person's ability to manage, overcome or avoid suffering. In doing so, it aims both to strengthen her ability to live with suffering should it persist or return as well as nurturing her ability to avoid this suffering should she not yet have experienced it. The psychosocial view of mental health which underpins personal growth provides a justification for why experiences of mental distress and ill-health should be regarded as meaningful, highlighting the link between the explanation of mental health suffering, impediments to personal growth and the social determinants of mental health. While compassion towards thriving brings together these insights for public mental health ethics in a novel way, its normative basis is consistent with existing perspectives in public health ethics which emphasise values of solidarity and social justice, also reinforced by the psychosocial view of mental health it endorses.

I also showed how compassion towards thriving supports the recently established *Every Mind Matters* public mental health campaign in England, especially the ways in which the campaign is consistent with the empathic, solidaristic, developmental and psychosocial dimensions of compassion towards thriving. However, there are two areas in which compassion towards thriving could make a positive contribution to the delivery of this programme. The first is by offering an opportunity to deepen the relationship that the public encounters when engaging with the campaign for those who would benefit from it. The second is by highlighting the structural and social determinants of mental distress and suffering to entrench the psychosocial view of mental health the campaign rightly endorses to promote social justice and a deeper mental health literacy. A valuable direction for future public mental health research would be to explore how this could be done, as well as how a compassion towards thriving approach could inform the delivery of more targeted and selective public

mental health programmes for certain sub-populations, such as for NHS healthcare workers or children and young people who have experienced early life adversity, in addition to shaping public mental health policy objectives more widely. Nonetheless, the *Every Minds Matters* programme in England represents an encouraging recent step towards a public mental health initiative consistent with compassion towards thriving. Continuing in this direction is crucial to sustain a normative vision of public mental health that is not content with the mere psychological survival of a population but rather seeks its psychological thriving.

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