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Collective mental health and social work. A window of opportunity for social-assistance new practices in the field of mental suffering

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Abstract. The aim of this article is to outline the paradigm of collective mental health, which has a long history in Latin America but is merely incipient in Spain, and to show how it can be applied to contemporary social work practice concerning mental health. The article offers a historical and conceptual review of the model and explores its connection with mental health care in Spain by reflecting on three discursive axes: social work in mental health as an emancipatory profession; interdisciplinarity as a practice combining both technical and non-technical knowledge; and understanding and approaching collective mental health from a feminist and intersectional perspective. The overall aim is to provide a potential conceptual framework for new, care-based forms of mental health-related social intervention that contribute to the development of the social work profession in this area.
Keywords: social work; emancipation; care; interdisciplinarity; feminisms.

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[es] Salud mental colectiva y trabajo social. Una ventana de oportunidad para nuevas prácticas en la atención social al sufrimiento mental

Resumen. El presente artículo tiene como objetivo aproximar al lector/a, al paradigma de la salud mental colectiva, de largo recorrido en Latinoamérica, pero de un incipiente desarrollo en el contexto español, mostrando al mismo tiempo su posible aplicabilidad actual a la práctica del trabajo social en salud mental. Partiendo de una aproximación histórica y conceptual al modelo, se busca su conexión con el contexto de la atención en salud mental en España a partir de tres ejes discursivos sobre los que me propongo reflexionar: el trabajo social en salud mental como profesión emancipatoria; la interdisciplinariedad como práctica de conjunción de saberes técnicos, pero también profanos, y la comprensión y el abordaje de la salud mental colectiva desde una perspectiva feminista e interseccional. Con todo ello, se pretende facilitar un posible marco conceptual sobre el que sustentar nuevas modalidades de atención social en salud mental basadas en el cuidado y que contribuyan al desarrollo de la propia profesión del trabajo social en el campo de la atención al sufrimiento psíquico.
Palabras clave: trabajo social; emancipación; cuidados; interdisciplinariedad; feminismos.

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Introduction

The field of mental health calls for considerations and intervention strategies properly suited to the kinds of ill-being which are produced by present society and, especially, to the demands of the affected persons themselves (Hall, 2016). It should incorporate actions to reinforce the connections and permeability between society and individuals (Bang, 2014; 2021), actions with a participatory character (Fernández de Sevilla & San Pio, 2014) which should be constructed from the recognition of the knowledge and the experience of the several actors involved,

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including those people in states of mental suffering (Chamberlin, 1984). Assuming the utility and legitimacy of the existing programmes and assistance mechanisms, the proposed new lines of action should include initiatives of a more flexible sort, conceived to confront the present situations of mental suffering from their own complexities (Stolkiner & Ardila, 2012). In this sense, social workers, thanks to their specific professional profile, may turn out to be key elements in the process of personal recovery and strengthening of people's relationship to their communities (Carballeda, 2012).

In order to devise and produce new forms of assistance following this approach, in this writing we shall introduce a paradigm—that of collective mental health (Fagundes, 1995; 2006)—which proposes to deal with mental health form a critical, non-hegemonic perspective and may act as a framework for the launching of some of the aforementioned initiatives. In any case, it does not exclude any other critical paradigms, something which would contradict its own epistemological essence (Almeida-Filho & Paim, 1999). On the contrary, it just comes to add up to those strategies which try to transform the present model of assistance in mental health to favour an increased production of care (Michalewicz et al, 2014; Serrano-Miguel & Martínez-Hernáez, 2020) as well as the recognition of the rights of diagnosed people (Porxas, 2019).

This is a paradigm that seeks to preside over action but also over our (re)thinking of and our implicit self-questioning about what our ethical-political positioning as social workers should be in matters of mental suffering and its causes, which, in some cases, has to do with the workings of the assistance system we are part of. Problems such as the increasing medicalization of populations, in general, and of specific groups, in particular (Linardelli, 2015); the absence of a rights perspective in clinical interventions (Püras, 2017); the active continuation of markedly coercive practices (Goodking et al, 2018); and the limited democratization of healthcare (Serrano-Miguel & Martínez-Hernáez, 2020) are just a few examples of the challenges we are confronted with.

Even though this paradigm has a long history in countries like Brazil and Argentina, it is still incipient in Spain. In relation to this, for a few years now, we have witnessed the development of some initiatives which try to adapt the collective mental health paradigm to the Spanish context, especially in the fields of medical anthropology (Martínez-Hernáez & Correa-Urquiza, 2017), pedagogy (Pié- Balaguer et al, 2021) and critical psychiatry (Deviat & Moreno, 2012; Desviat, 2016). These initiatives have encouraged the gradual construction of a shared epistemological frame which seeks to open a space of possibility in the local context for, among other actions: designing innovative practices of social intervention (Correa-Urquiza, 2021); fostering circularity of knowledge (Martino, 2017); producing approaches that politicize discomfort (Pié-Balaguer et al, 2021); and updating communitarian processes and practices of care by re-thinking them from a collective perspective (Desviat & Moreno, 2012)

In this line of work, this article's goal is to introduce the reader to the paradigm of collective mental health, starting with its links to the Southern European context, and then dealing with the subject of its applicability to the Spanish context of professional social work practices. With this, our aim is not to present a thorough theoretical-practical description of such paradigm, something which has been extensively done by authors like Testa (1993), Almeida-Filho (1999), Campos et al (2012), Romero (2012), and which is beyond the reach of this piece of writing. On the contrary, we shall explore its connection to the context of mental health treatment in Spain, based on three discursive axes: social work in mental health as an emancipatory profession; interdisciplinarity as a kind of practice combining both expert technical knowledge and non-expert one; and an understanding of collective mental health from a feminist and intersectional perspective.

Methodologically, this article is grounded on a mixed type of literature review combining systematic and derivative review. As for the systematic literature review, we carried out a search in Web of Science (WOS) up to 2021 and in the Latin American databases Scielo and Redalyc for the keywords "salud mental colectiva", "saúde mental coletiva", and "collective mental health". Most of the articles that we found had been published in countries like Argentina, Brazil, Ecuador and Colombia. The resulting references belong to a variety of academic disciplines, most prominently psychology, psychiatry, nursing, education and social work. The rest of the referenced publications are derived from this systematic review of literature, as well as from my own previous experience as a researcher in the field of medical anthropology and from the literature review included in my PhD thesis (Serrano-Miguel, 2018). Based on this review and on its dialogue with emerging practices in the treatment of mental health, this article proposes the creation of a possible conceptual framework on which to ground new modes of social intervention in the area of mental health, modes which are based on care and contribute to the development of the social-work profession itself.

1. Collective mental health: historical and conceptual description

The paradigm of collective mental health emerges in Latin America in the 1070s and develops in three different dimensions: as a school of thought, as a social movement, and as a form of professional practice (Nunes, 1994). As an epistemological approach, from the beginning it sought to differentiate itself from possible reductionist approaches in healthcare for which assistance is mainly focused on alleviating the effects of illness—attention to the physical bodies—; instead, it favoured focusing attention on the social bodies (Casallas, 2017). In this way, it sought to overcome the dichotomy between prevention-promotion of health, as standard approach of the Public Health paradigm, on one hand, and the healing actions which characterize medical assistance, on the other, and it pointed to a "broader

notion of health" (Ceccim, 2007: 30) on adopting a plural view of what it means to fall ill, one including biological, social, cultural and psychological aspects and, thus, far from the causal reductionism which is typical of biological determinism.

As a social movement, Collective Health takes the shape of a political movement for the right to health of all citizens, who take on a double role: that of users of health services, and that of activists in favour of the right to health. A relevant example of this is the Brazilian experience in the 1980s, when the movement surrounding the collective health paradigm and the subsequent creation of the public healthcare system—known as *Sistema único de Saúde* (SUS)—became a source of mobilization against the dictatorship (Abrantes & Almeida, 2002). In this sense, from its beginnings, the Brazilian experience acknowledged social movements as health-generating instances while it simultaneously became a social movement itself. Thus, it represented the emergence of a kind of scientific and conceptual production which identified itself with social struggles and was very critical of the hegemonic healthcare practices embodied in practices of a positivist sort, while, at the same time, advocated for a type of practice which gives a prominent role to the people in a state of suffering in their own processes of healthcare assistance (Ceccim, 2007).[2]

As a professional practice, the collective health paradigm proclaims the need for people in a state of suffering and healthcare professionals to work together, not only to improve the conditions of healthcare assistance, but also to create a stronger quotidian commitment of the former in their own care practices (Merhy, 1997). In this sense, training and professional practice become both key elements for the development of the collective health paradigm, which understands health as "a complex disciplinary field where objects, knowledge and practices must be approached from different paradigms or epistemic perspectives" (Casallas, 2017: 399). Here, training does not only involve the acquisition of specific technical knowledge, but also the person's connection to a societal project committed to individual and communitarian health, a sort of *activism* in the area of healthcare (Ceccim, 2007).

This series of initiatives, which take place in a context of progressive involvement of professionals, increasing social change, and deployment of welfare devices themselves, will provide the base for the emergence, in the field of treatment of psychic suffering, of a practice known as "collective mental health" and defined as "a process by which social subjects are produced who trigger the transformation of ways of thinking and feeling, of doing politics and science, and of handling society's mediating structures by putting an end to traditional practices and replacing them with new ones capable of generating life projects" (Fagundes, 2006: 60).

This paradigm is born out of an attempt to produce a kind of healthcare assistance which incorporates into its practice the experiences and subjectivity of people in states of mental suffering, and recognizes their right to take part in the decisions concerning their own processes of health care/assistance. With this goal in mind, it will seek to retrieve the particular experiences of all the different actors—professionals, administrators, but also the ailing people themselves and their families—involved in the "de-pyschiatricalization" of insanity and the managing of processes of self-change and change of one's environment (Fagundes, 2006; Stolkiner & Ardila, 2012).

Thus, a collective mental health approach entails a certain epistemological self-positioning from which to deal with processes of health/illness and care (Menéndez, 2003) in a context of assistance to psychic suffering. It favours pluralism and the complementarity of different kinds of knowledge, and it proceeds horizontally and from the recognition of the experiences of people who have been through states of suffering (Martínez-Hernáez & Correa-Urquiza, 2017). In this way, it seeks to produce assistance strategies capable of retrieving a person's singular and subjective elements and their relation to their environment; thus, the community becomes an inseparable part of the healthcare process (Campos et al, 2012).

Treating mental malaise from this approach, with its acknowledgement of a person's subjectivity, leads us to part with the hegemonic, biomedical knowledge (Linardelli, 2015) which has prevailed until now, and to a greater recognition of the social causes of psychic suffering. This approach makes us deal with the phenomenon from an interdisciplinary and de-hierarchizing standpoint (Püras, 2017), but also a de-patriarchal and feminist one (Couto et al, 2019), and it leads to a notion of mental suffering as a complex issue involving the collectivity (Desviat, 2021).

2. Dealing with mental suffering in the post-COVID era

In recent decades, the global context has been marked by increasing complexity of the problems to be faced (Carballeda, 2008), with mental suffering, especially in advanced capitalist countries, under the influence of a neoliberal subjectivity which atomizes and fragments the subjects (López, 2009; Moya & Ollé, 2017). To this subjective configuration characterizing our times and its implicit mental suffering (Desviat, 2021), now we must add the social and economic effects of the epidemiologic crisis caused by COVID-19 (Padilla & Gullón, 2020). In this situation, understanding mental health from a collective perspective and conceiving of it as a right is essential when it comes to launching new care methods that are democratic and democratizing.

[2] One of the initiatives was the so-called "Popular education" programme, which is considered by many as a social movement originated in the 1960s in connection with the ideas of educationalist Paulo Freire. The Popular education programme aims to rescue people's knowledge and incorporate it into the body of shared knowledge and is mainly characterized by creating spaces for dialogue, reunion and reflexion, and by directing its actions to the grassroots.

In parallel, and paradoxically, this same globalized system has enabled the emergence of "new circuits for cooperation and collaboration that make an unlimited number of encounters possible" (Hardt & Negri, 2004: 15). We refer to initiatives that try to re-connect a person's ill-being to the context where she lives and, from there, to confront it with strategies that could be labelled as "commons". In contrast with the traditional meaning of the term "community", by which a person's individuality gets dissolved into a moral unity which is placed above the population and their interactions with the sovereign powers, the "commons" are based on communication between singular beings, on social processes of cooperation and production which are the expression of a new kind of democratic sovereignty, a context in which it makes sense to speak of "we" with an emancipatory intention and "to be able to collectively create and transform our conditions of existence" (Garcés, 2013: 22).

The need of the other and the acknowledgement of our reciprocal interdependency may offer us a road to our re-affirmation as individuals, thus becoming one of the components of that common space where solidarity acquires its meaning and the conceptualization of autonomy involves the—more or less adequate—managing of one's relationships (Silveira & Veiga, 2019) and the necessary acceptance of one's own vulnerability as a subject (Pié-Balaguer, 2019). Often, autonomy has been misconceived as something based on individual attainment of personal achievements in order to fulfil a self-realization project (López, 2019). In this sense, the COVID-19 pandemic has been a complex social fact in which the existing social bonds and the collective solidarity strategies set in motion (Pastor-Seller, 2021) have enabled the physical and mental survival of a significant portion of the population (Desviat, 2021), in particular, of those in a situation of greater precarization (Crespo, 2021).

In these circumstances, the possession of a social network becomes an irreplaceable way of subsistence, resistance and mutual caring (Menéndez, 2020). Getting previous bonds back or creating new ones and restoring the relationship between the individual and the community become once again issues that have to be taken into consideration when it comes to prevent ill-being and achieving a satisfactory process of recovery of people suffering from mental health problems (Dabas, 2007). Thus, the restoration of an individual's subjective and social aspects becomes one of the key elements in this process of recovery where "success in the field of mental health means its disappearance and its incorporation into social practices of health-illness-care in which the social and subjective dimensions have been restored" (Stolkiner & Ardila, 2012: 58).

3. Conceiving of the practice of social work from the perspective of collective mental health

In this complex social framework where collaboration and mutual help emerge as basic strategies to uphold life, social-work professionals may be a key element for the activation of solidarity networks and the accompanying of people in their processes of personal and social recovery (Raya & Caparrós, 2014). These processes imply the acknowledgement of people's individual autonomy (Martín-Palomo, 2010) and require professionals to adopt a position which includes from greater professional/political involvement in the lives of the people being accompanied, to the upholding and respect of their exercising of their agency.

With respect to this, I shall suggest now three issues deserving reflection and revealing the possible connection between this paradigm and the present practice of social work in the field of mental health. Firstly, there is the underlying idea in our field, and in its ethical-political orientation, that the aim of professional practice in mental health is the emancipation of individuals. Secondly, there is the complexity of dealing with mental suffering and the necessary involvement of several disciplines and kinds of knowledge in it; this will lead us to speak of a broadened interdisciplinarity, including the recognition and incorporation into our professional practice of the knowledge of people in states of mental suffering. Lastly, I approach the issue of collective mental health from a feminist and intersectional comprehension of the phenomenon. These three discursive axes do not exhaust the multiple connections that can be established between this perspective and the practice of social work, but they do establish a starting point from which to open up new paths for reflection.

3.1. On social work as emancipatory practice

The practice of social work is often linked to the tasks of healthcare institutions or resources. Such a context marks the development of the duties assumed as part of the profession (Carballeda, 2012) and, in the particular case of post-reform mental health, these have taken as their main point of reference the so-called "rehabilitation services" (Rodriguez, 2002). Even though healthcare institutions have gradually evolved to include new professional approaches—e.g., to what a person's recovery consists of (Rosillo et al, 2013)—and new models of assistance—like the "social model" (Cazorla & Parra, 2017)— which have had a critical and renovating effect, it is also true that their internal workings have been subordinated to the notions of normativity and individual recovery, while they provided the assisted individuals with guidelines to establish themselves as physically, psychically and socially effective subjects (Rodriguez, 2002). This is a form of assistance which is based on the establishment of a certain common sense on diagnosed individuals (Martínez-Hernáez, 2013) and contributes to the continuity of a model of understanding and handling of mental ill-being which ends up encapsulating the social component.

In most occasions, emancipatory professional practices emerge from disagreement and discomfort with the institutional context where action is taken and which may be leading to a normativitized, bureaucratized, hierarchical form of operation which causes suffering to the involved professionals as well (Leal, 2009). In response to this, critical movements have been organized which advocate separating the subject-user from the goals of the institution and fostering their recovery as subject-citizen from an emancipatory approach (Ortiz-Lobo, 2017). In this sense, understanding mental health from a collective approach may make it easier for the political implications of this approach to go beyond the physical boundaries of the assistance institution, which requires the implication and complicity of its professionals, and their adoption of a rights perspective in their practice, for its continuous reform.

A kind of social work with emancipatory pretensions implies the adoption of a global approach to, and the dealing with, the causes of people's suffering, beyond the restrictive and simplifying process of the hegemonic bio-medical interpretation, which takes diagnostic classification as the starting point for its actions. This reductionist interpretation of ill-being has led to the institutionalization of therapeutic and social interventions fostering assistance processes focused on the individual, more than practices based on mutual help and collective mobilization. An example of this is the increasing medicalization of individuals in a context of increasing social problems as a cause and a consequence of mental malaise (Boso & Salvia, 2006). Thus, an emancipatory kind of professional practice would have to overcome the internal logics of a system like that of healthcare assistance and prioritize the social component as a useful tool for the recovery of mental health and the transformation of the context surrounding the afflicted people.

From the standpoint of this emancipatory approach, there have emerged initiatives that have gradually permeated social workers and have increasingly become sources of inspiration, development, and personal and professional encounters. Non-static assistance devices that enhance communitarian life and where professionals have a chance to acquire new, more flexible roles (Fernández & Serra, 2020), work spaces based on dialogic methodologies (Serrano-Miguel, 2014; Marfà et al, 2020) and co-managed by people with and without a mental diagnose (Vinyals & Eiroa-Orosa, 2017) are marking the emergence of an incipient activism in the field of mental health (Ibáñez, 2018). All these processes and practices are in keeping with the needs reported by afflicted individuals and emerge as strategies of resistance in the face of possible institutionalizing inertias within certain assistance devices. With this, the practice of social work finds ways to recover the ethical-political character it was conceived for (Zamanillo & Martín, 2011; Durán, 2012) and which demands an active disposition towards the social problems it deals with and a critical stance towards their causes.

3.2. An exercise of broadened interdisciplinarity (and inclusion of different areas of knowledge in our professional practice)

The issue of interdisciplinarity in the area of mental health has been extensively dealt with and reviewed in the light of the collective health paradigm (Stolkiner, 1999; Almeida-Filho, 2006) and from the standpoint of social work itself (García, 2005; Garcés, 2010; Muñoz, 2011; Solana, 2016), which have showed its importance for achieving an optimal professional practice, though it is not without obstacles still pending solution. However, we shall not be dealing here with the related epistemological aspects, but with the practical dimension of interdisciplinarity and its implementation from the perspective of collective mental health.

Following Stolkiner's reflexive proposal (1999), it can be stated that interdisciplinarity entails a dialogic kind of work, as well the construction of a common reference framework involving cooperative work, and not the mere juxtaposition of disciplines. Therefore, to speak of interdisciplinarity in the field of mental health is to take as our point of departure the complexity that characterizes the phenomenon of mental suffering itself and which requires the activation of multiple kinds of knowledge, insights and experiences to be dealt with.

Consequently, it could be said that to speak of interdisciplinarity is to declare a shortage, but it is also to recognize an error: that of trying to divide knowledge up into fields and producing a reductionist vision of events, with the implicit risk of being "caught up" which handling mental health from the dominant medical model entails (Menéndez, 2003). With respect to this, the collective mental health paradigm supports professional interventions based on mutual learning and recognition of knowledge disciplines that, in their turn, constitute different attempts to comprehend the complexity of the phenomenon of mental suffering. In this sense, as opposed to hyper-specialization and the erection of borders between disciplines (Bru, 2012), it proposes the creation of working, training and research experiences fostering mutual recognition between areas of knowledge. In this line of work, in Latin America we witnessed the emergence of several experiments surrounding the "Multi-professional residences in mental health" (Ceccim & Ferla, 2003; Bedoya-Gallego et al, 2019), where professionals coming from different areas, such as psychiatry, nursing, but also psychology, social work, occupational therapy and physical education, among others, improved their knowledge in collaboration with each other.[3]

[3] In this same line of work, in Spain, there exists specific training in the field of mental health with the "Postgraduate course in collective mental health" promoted by the Universitat Rovira i Virgili, which gets together professionals with different profiles with the aim of created a shared space for learning and mutual recognition between the participants. Finally, another initiative that we can mention here as an example of promotion of encounters and permeability between disciplines is that implemented by the "Laboratorio italo-brasileño de formação, pesquisa e práticas em saúde coletiva", which, for nearly two decades, has exchanged scientific works and training practices regarding collective health by getting together the experiences of healthcare professionals and social science experts (Martino, et.al, 2016).

This process of joint training and mutual recognition between disciplines is at the same time the reflexion of a need attested by people in situations of mental suffering themselves, who find in each of the different professionals involved some of the elements needed to cope with the complexity of a process of recovery which demands a type of practice guided by mutual understanding and teamwork. In this sense, recent research on the medicalization of mental health carried out by experts at the Universitat Rovira i Virgili (URV) and the Universitat Oberta de Catalunya (UOC) has revealed what the assessment of the work of different kinds of professionals by people affected by mental suffering is. Social work—in conjunction with other disciplines such as psychology or social education—stands out as the forerunner of the implementation of a sort of intermediate care (Pié-Balaguer et al, 2020) that provides spaces for the mediation, conversation and dialogue needed so that pharmacologic treatment takes place in a framework of rights and inter-subjective recognition.

Yet interdisciplinarity also faces the challenge of including among its comprised areas of knowledge the insights of afflicted people themselves: non-disciplinary knowledge (Stolkiner, 1999) or profane knowledge (Correa-Urquiza, 2015) seeking for legitimate recognition in order to conceive of a new epistemology "from the base" (Martín-Baró, 2006: 12), but also for spaces of impact where practices of co-management of the therapeutic process can be promoted. At this respect, the stance adopted by the different professionals involved and the permeability (Martínez-Hernáez & Correa-Urquiza, 2017) displayed by them will prove decisive.

At this respect, throughout its process of configuration, the collective mental health paradigm has based its practices on the combination of the several kinds of knowledge involved, including that of people in states of mental suffering themselves, and has incorporated this approach into its professional practice. This trait has translated into several initiatives, such as collaborative research (Onocko-Campos et al, 2012), the incorporation and shared prominence of the affected people in professional training (Leal & Domont, 2009), or the creation of organizations for direct participation in healthcare bodies, like the "Comitês de cidadãos" (Passos et al, 2013). All these initiatives are based on a form of individuals' participation that goes beyond mere consultation and favours a role of greater prominence and appropriation of decision-making spaces.

In line with this, the collective mental health paradigm is committed to the intrinsic acknowledgement of a person's subjectivity in assistance processes and practices, and it advocates the de-construction of the logics of power which prevail in the dominant practices in healthcare—which are stigmatizing and producers of hierarchies—, and facilitates the achievement of greater autonomy and solidarity between people. Thus, it is sensitive to the building up of new knowledge from the multiple experiences of a person's family members, carers and social network, in a process that leads the professionals to question themselves and invites them to adopt an acknowledging position vis-à-vis the person being attended.

In this process, the adoption of a biographical approach by social-work professionals becomes a basic strategy to approach an individual's history and render it visible, and a way of incorporating his or her subjective narrative into the practices of assistance. This history can be reconstructed by means of "grief narratives" (Martínez-Hernáez, 2008), which makes it possible to contextualize suffering and make sense of it based on hermeneutic interpretation—as stated by Rodríguez del Barrio in a recent interview (González, 2021)—and avoiding possible simplifying and reductionist readings. In practice, an encounter with the other and its history represents a privilege and a fundamental action so that social-work professionals start their process of accompaniment and assistance to people in states of mental suffering. In this sense, for the social work professional, taking a biographical approach might involve adopting a position similar to that of the ethnographer in the research field, on using a "not knowing" position as the basic strategy to deal with and understand the experience of the other *(ibid),* which is needed to get access to the origin of someone's suffering in a context of social assistance.

This incorporation of lay, non-expert knowledge into our professional practice does not only represent an act of epistemic justice (Fricker, 2007), but it is also a political act that seeks to have a certain effect. Thus, as receivers of people's histories, social workers can act so that these histories resound over the professional practices aimed at the individual-family/social network and at the community they belong to.

3.3. On the understanding of collective mental health from a feminist and cross-sectional stance

Dealing with psychic suffering from this kind of stance enables de-hierarchizing practices, as well as practices fostering mutual recognition between experiences and kinds of knowledge. Thus, the collective mental health paradigm, as a non-hegemonic model in healthcare, can be useful as a vehicle for what can be defined as a feminist and cross-sectional look on mental health. Cross-sectionality, understood as "a trans-disciplinary theoretical-methodological perspective aimed at apprehending the complexity of identities and its relationship to social inequalities" (Couto et al, 2019: 2) makes it possible to conceive of the phenomenon of mental suffering in such a way that the different social indicators that condition it are incorporated into its analysis, and so is the intersection of the several inequality axes cutting through people's subjectivity (Crenshaw, 1991) and giving rise to processes of suffering that can hardly be dealt with by using models that simplify their causes and their processes of attention.

At the same time, a feminist look makes it easier for us to "put strict disciplinary boundaries into question" (Couto et al, 2019: 2) when reflecting on the processes of social assistance in the field of mental health, and to conceive of assistance from a dialogical and horizontal model which includes acknowledgement of the narratives produced

from subordinate positions. This is a proposal that connects well with the demands of people suffering from mental ill-being gathered at the "first-person movement" (Huertas, 2020) and that would also include the above-mentioned interdisciplinary approach.

In the same way, introducing a feminist and cross-sectional look prompts us to re-think certain positions in mental health practice and, for example, work in order to reverse the increasing medicalization and over-diagnosing affecting women (Linardelli, 2015), as well as trans (Vipond, 2015) and inter-sex (Davis, Dewey & Murphy, 2016) identities, and other subordinate groups. In this case, we are faced with an especially delicate issue: that of dealing with the question of diagnosis taking into account the several kinds of social violence that this often conceals and refuting multiple myths that attach certain labels to women just for being women (García & Pérez, 2017).

Finally, adopting a feminist perspective facilitates the reflection on the social consideration granted to care and, particularly, to those in charge of it. In this sense, it is essential to politicize care (Pié-Balaguer, 2019) and, especially, to get rid of the paternal approach commonly taken on the issue, assuming that in many cases it is women who are responsible for cares.

4. Conclusion

Collective mental health appears as a paradigm that creates a window of opportunity to produce new assistance practices in social work within the framework of care, new practices that may be described as transformative. The proposed new forms of assistance must deal with increasingly complex social realities which require to be dealt with from and within the collectivity.

This new scheme urges social-work professionals to adopt flexible, non-dogmatic, fundamentally emancipatory practices which place *handling* over *treatment* and are better focused on improving people's quality of life. These are practices capable of creating synergies between social professionals and those in other disciplines, but also with those professionals which are traditionally found at a certain hierarchical distance. Additionally, all this is carried out while implementing care methods which integrate the personal network of those individuals afflicted by mental suffering.

This model also seeks to acknowledge the value of the experiential knowledge and personal strategies of the afflicted people and make them be a means to transform the collective. In this sense, joint, collaborative work with people in states of mental suffering fosters on the part of social-work professionals, their permeability and their acknowledgement of different kinds of knowledge, as well as their including lay people in their practice and adopting a dialogical perspective in their daily work.

Finally, incorporating a feminist and cross-sectional perspective into the processes and practices of collective mental health also represents a stance which helps reflecting on the origin of ill-being, on its complexity and on how suffering is treated in the current spaces of assistance. In regard to this, it recognizes that present society, with its relational logics and its patriarchal socialization, is often a source of malaise, something which particularly affects people in exclusion spaces like women or migrants, among other groups.

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