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Thriving City Initiatives- What is a Thriving City? Towards Some Definitions.

Abstract

This paper is set to explore the Thriving City model in relation to Public Mental Health and Wellbeing. The initiative does not have an obvious coherence across the cities which implement it. Is there a consistent model as seen in other city-led public health initiatives such as resilient cities or WHO healthy cities? Can the Thriving City model continue to be adopted by urban areas worldwide? This paper explores the discourse of what it means to be a Thriving City Initiative and whether or not there are key ingredients which tie them all together, justifying the common name-branding. It will explore what aspects of Thriving City Initiatives (TCI) can be extrapolated to new places whilst maintaining something of an identity of the initiative.

INTRODUCTION

Thriving City Initiatives (TCIs), in the sphere of public mental health, have begun to appear in cities across the global north in the past decade. Broadly, Thrive can be understood as a population approach to mental health in cities. The name is the strongest commonality between the projects- but even that isn't a given. As of now, there is no outline, guidance, or framework that identifies what a TCI is. TCIs are seen as innovative and novel in the realm of urban public mental health initiatives (Figueroa et al., 2018). The original version of the initiative is broadly accepted to be New York's ThriveNYC in 2015 (Belkin, 2023). Since then, this project has inspired similar initiatives elsewhere, primarily in North America and Europe (see figure 1). Through knowledge exchange links with I-circle and IIMHL (now known as Global Leadership Exchange), this initiative has inspired and influenced public mental health policy internationally. These international organisations provided an initial platform for the exchange of knowledge and ideas leading to the introduction of versions such as Thrive Edinburgh, Thrive Ireland, and Thrive Amsterdam.

Figure 1: Map showing location of current TCIs, Source: Author's own work

Despite this initiative resonating with multiple geographic contexts and locations, there is little academic literature on TCIs. That which there is, is mostly specific to ThriveNYC (Belkin, 2023, Belkin and McCray, 2019). There is certainly little to no literature exploring the identity or conceptualisation of a TCI. One may assume, given that there is broadly a shared name, that there is some consistency to the *Thrive* brand and identity. Superficially, one may expect a relative congruency across the board as seen in other similar international city public health initiatives such as the WHO Healthy Cities (Lawrence, 2005). However, this is not the case. Urban goals are arguably enacted in place branding and materialise in policy initiatives (Alsayel et al., 2022). This is why a foundational understanding and conceptualisation of this initiative is needed- so that the goals for a more mentally healthy city, if sufficiently well-defined, can be enacted and materialised. Furthermore, branding and identity of places and their policy initiatives is vital for the coordination of various elements and actors in the city (Anttiroiko, 2014). A strong identity, which should be established for *Thrive*, can help trigger policy instruments further enabling related policy initiatives and policies such as onboarding, introducing, or collaborating with other public health policy within the urban areas (Oliveira, 2015).

Worldwide, there has been increased engagement with the adoption of labels for cities, such as *Thrive*, which play a role in city identity and branding (Alsayel et al., 2022, Green et al., 2016, Lucarelli and Olof Berg, 2011). These labels should be conceptually understood by both those who implement them and by those who live under them.

Therein lies the rationale for this paper. It aims to uncover what the key ingredients of a TCI are through exploring existing information and discussions with Thrive leaders. I have had opportunity to connect with members of ThriveNYC, ThriveLDN (London), Thrive Amsterdam, Thrive Edinburgh, Thrive West Midlands, Thrive Bristol, and Thrive Balbriggan (part of Thrive Ireland). Through these connections, discussions, and interviews, it has become apparent that *Thrive* does not have an overarching or consistent identity.

Furthermore, a similar urban initiative that in fact shares the same phrasing of a 'thriving city initiative' operates in many of the cities we see hosting the TCIs. This initiative instead focuses on "just and ecologically-safe cities" (Doughnut Economics Action Lab, 2020, Hjelmskog et al., 2023). This name-sharer actually has a much stronger and consistent foundation from which it can be identified by including a shared initial evaluative/explorative process creating a 'city portrait' which even has an official guide (Doughnut Economics Action Lab, 2020). This foundational commonality adds strength to the identity of the initiative much like with WHO Healthy Cities and Resilient Cities.

With all this inconsistency, overlap, and vagueness – it is clear that there is a need to create or establish a stronger identity for the TCIs within the public mental health realm. This may relate to the funding, or lack thereof, with some TCIs having almost one billion dollars of funding (such as ThriveNYC) and others having only small injections in the low thousands (such as Thrive Balbriggan), with most falling somewhere between.

A TCI, also referred to as *Thrive*, can be broadly understood as a public mental health initiative attempting to improve the mental health and wellbeing of all in a city. They often employ prevention and promotion tactics in order to achieve this.

Each TCI is unique - with an inconsistent overarching identity. The similarities broadly end with the shared concept name and the overall aim of promoting mental health and wellbeing. Even the shared name is not a given with initiatives such as Flourish Glasgow identifying themselves within the *Thrive* family. TCIs largely cater the structure and ambitions to their own populations which can be considered to be more authentic than some prescribed or exportable cookie-cutter initiatives. This can be considered a strength but does not absolve the initiative of the issues surrounding its conceptualisation. There are some further commonalities that will be discussed in this paper that can help understand the key ingredients of this novel mental health initiative. The extent to how similar these aspects are to each other varies widely and include aspects such as partnerships, prevention and promotion, and tackling stigma.

Why are definitions of policies and initiatives important?

Defining an initiative, or at the very least understanding its key components is imperative for realising and implementing a global initiative. Within public health, definitions are provided to operationalise these sometimes loosely-applied terms (Wallerstein, 1992). A definition enables comparability and feasibility. A definition has implications, and appropriateness should be considered.

A contributor to the ambiguity which surrounds a policy approach may be attributable to a weak notion definition (Alsayel et al., 2022). This may not be the only contributor of ambiguity to this notion, with mental health more broadly also facing ambiguity with contested notions.

Given the lack of academic literature on TCIs as a whole, collating definitions, or in fact defining the initiatives proves to be difficult. In literature regarding ThriveNYC it can be seen that a lack of communication and understanding may have been a key contributor to its downfall (Belkin, 2023). There is a link between failure of understanding and a lack of definition. Background and transparency of expectations were not articulated, and difference in expectations were evident (ibid.). Managing expectations is something that can be controlled through a strong conceptualisation and definition. Despite this it may be naïve to think that there was no motivation behind the blurriness, with full transparency, the feasibility of receiving just shy of $1 billion for a novel public health initiative may have been less likely. This public health politics of transparency and vying for funding and support can contribute to issues down the line. In an intensely political field such as public mental health, success and longevity of initiatives is not solely down to evidence but also political power and support; a stronger conceptualisation therefore may help obtain this.

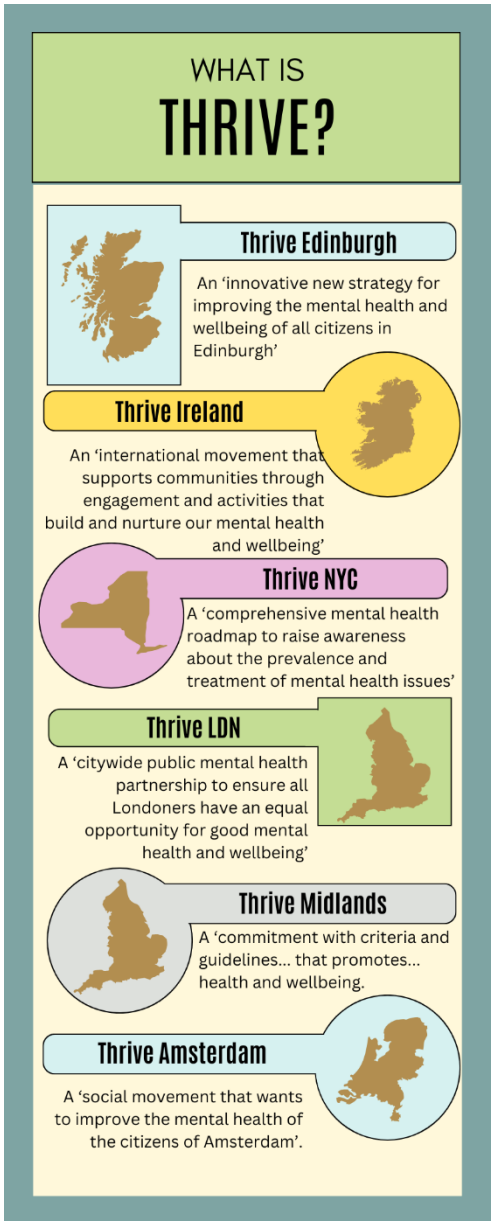

Figure 2: How TCIs label themselves, Source: Author's own work

Buchalter et al. (2023) identify that a consensus enables increased consistency and improved communication; particularly through a clarified and simplified definition. Concerning simplification, criticisms of poor definitions include suggestions that vaguely defined concepts are seen to meet the needs of all stakeholders, yet instead act as a smokescreen in which discrepancies can occur (McKenzie, 2004). Furthermore, if the definition or conceptualisation is too broad, it can be considered too general to be useful- particularly the usefulness of all-purpose indicators to academic discourse may be seen to be questionable (McKenzie, 2004). This means that how stringently TCIs might be defined could impact its usefulness.

Some TCIs consider themselves to be movements, strategies, partnerships, road maps, or a commitment (see figure 2.). Further literature has since considered ThriveNYC to be an 'all-of-society response' to public mental health issues (Belkin, 2023). With such differences it is difficult to uncover a meaningful understanding and conceptual identity. As explained by Robichau (2011, p. 114) in the context of governance; "As with many debated topics, the source of confusion… begins with its definition.". Objectives change when people define their parameters- which in turn, changes the outcomes.

An aspect which can cause inconsistencies with initiative identities for TCIs is their differing target populations. Most TCIs such as Thrive LDN and Thrive Edinburgh work across their cities' populations and geographies. Others such as Thrive at Work Midlands and Thrive Toronto (2024) can be seen to place a greater emphasis on the mental health and wellbeing of their working population. It makes sense that initiatives targeting distinct groups will form varying identities in order to achieve aims relating to these. Different approaches are needed for different groups and aims. This alludes to the apparent place-based nature of these initiatives.

Defining TCIs on both a broad, conceptual level but further adding another identity at a local level appears to be appropriate. How one defines a project will impact its implementation. It can be seen that a

broad definition allows for conceptual applications at macro and microlevels (Robichau, 2011), thus arguably the establishment of a definition, or at minimum the key ingredients, of a TCI would be useful for the expansion and further development or implementation of the public mental health initiatives. In order for TCIs to identify as such, under an umbrella term, this is a necessity. The export of such initiatives may rely on a strong identity that can be advertised and understood universally. The initiative risks dilution with weak definition and conceptualisation.

There is research across the public health spectrum that highlights the significance of defining the terms of any work and the implications this can have on outcomes. This is pertinent to both the outcomes of the initiatives themselves as projects, and the outcomes for their populations' health and how these are tracked and/or evaluated. In the public health arena, it is evident that definitions are an important foundation to understanding (Buchalter et al., 2023, Heather and Webster, 2020, Jung et al., 2022). These papers highlight how there are differing perspectives and arguments on definitions and outcomes yet there is a converging on a central theme of clarity on outcomes of research and practice.

Without having clear parameters there is no quantifiable and replicable way of implementing and evaluating the projects. "It is impossible to define a condition without reference to some of its features" (McKenzie, 2004, p. 15). In order to be defined, the key components or indicators of a TCI must be made apparent. The following sections will explore some commonalities of current TCIs and whether or not these should be considered to be *defining* features.

Ingredients

Partnerships

Many TCIs partner with existing services, groups, and facilitators in their respective cities. "By themselves, mental health professionals cannot stem the tide of one of our society's most difficult and pervasive health challenge." (Thrive Edinburgh, 2020, p. 8). ThriveNYC emphasised a need to partner with the communities of New York in order to have a lasting impact and this has been adopted and continued with the following TCI iterations (Belkin, 2023, Belkin and McCray, 2019, Figueroa et al., 2018).

Thrive Balbriggan, the first Thrive Ireland location, appears to be taking a rather more grassroots approach than its international predecessors. This version of a TCI partners with the community and enables them to take control of the identity of thrive in that area by catering to their own identified needs as a community and partnering with those who may not feel that they may usually have an impact on mental health and wellbeing such as local volunteers, trade workers, and others. The emphasis on coproduction, instilled by Mental Health Ireland, means partnership is central to the existence and functioning of Thrive Balbriggan, albeit in a different form to its predecessors.

In terms of political partnership, this varies again across the board. The flagship ThriveNYC was heavily linked to politics, particularly the Mayor of New York City (Gratzer and Goldbloom, 2019). This connection contributed heavily to the fragility, scrutiny, and eventual reabsorption of the initiative, particularly in the US where appointments within health are often inevitably connected to politics. In the UK this lesson has been learned with ThriveLDN and Thrive Edinburgh avoiding being linked to a particular party or politician where possible. There are naturally still links with government and governing bodies in order to enact practices and forge connections across the city, however, much more similarly to ThriveNYC's replacement HealthyNYC, the TCI is more integrated into the healthcare and health policy systems of the cities such as the NHS (ThriveLDN) and the Edinburgh Health and Social Care Partnership (Thrive Edinburgh).

This does mean that in many cases, the work results of a TCI cannot be easily or directly attributed to the initiative as it supports existing social and environmental infrastructure in the city to support mental health and wellbeing. For example, Thrive Edinburgh has plentiful partnerships within Edinburgh. In this Thrive context this is appropriate as Thrive Edinburgh identifies itself as a strategy, meaning that this

TCI in itself is less involved in direct on the ground activities. Instead, it acts as a supporter of groups such as the Cyrenians and Health in Mind. The funding and knowledge support that Thrive Edinburgh provides is a key component of its partnerships. Arguably, the employment of these many partnerships across Edinburgh dilutes the Thrive identity further. It impedes the identification of what is Thrive Edinburgh and what is instead a partner group's independent work. To an average Edinburgher, it may be difficult to identify which impacts they have experienced are directly related to Thrive; despite its far-reaching capabilities and actions. It could seem that the TCI identity is less obvious to the general public than it is to those in the health policy and governance spheres of the city.

One may argue that this suggests the identity of a TCI is greater than itself. It could be portrayed as a more modest initiative, not looking for recognition and praise at every turn, instead placing emphasis on team work and inter-disciplinary actions to improve the mental health and wellbeing of the population. However, creating an initiative that appropriately engages with communities can be seen to be key in creating inclusive initiatives (Neville et al., 2021), therefore outward identity and an easily graspable concept are vital.

A key aim of *Thrive* in an Irish context is to include actors who may not see themselves as influential or impactful on public mental health and get them engaged and actively involved. This was also seen in New York; "ThriveNYC put a whole range of skills in many hands and places outside the conventional care system, and connected that system to coach, empower, and back them up." (Belkin, 2023). *Thrive* appears to fundamentally want to involve all levels of urban ecosystems in improving the wellbeing and mental health of their communities and themselves through partnerships (Figueroa et al., 2018). It takes on an 'everyone-and-everywhere' approach (Belkin, 2023).

Prevention and promotion

Partnerships are vital to the success and identity of a TCI as it is the partnerships- both formal and informal- which instigate the change in prevention and promotion of public mental health in the cities. In terms of ThriveNYC, promotion was seen to be fuelled and propelled by whole communities. It therefore sought to promote and empower people themselves as sources of support, care, and prevention to fill and prop up gaps in more specialised or formal care routes (Belkin, 2023). Promotion from a grassroots level seems to be key in a TCI even if the set-up itself may appear to be top down. A decision was made to partner with existing resources and facilities, however to a lesser extent than exhibited by Thrive Edinburgh and ThriveLDN. This may have been due to its generous budget allowing for greater opportunity to independently establish novel initiatives within the city but also because of differing healthcare systems, resources, and structures.

As *Thrive* works across their cities and communities, it allows for groups to generate their own theories of change and identify root causes of poor mental health to focus on in their specific contexts (Belkin, 2023), particularly social determinants of health. As noted, each Thrive is unique and as the Ottawa Charter notes, "health promotion strategies and programmes should be adapted to the local needs and possibilities … and take into account differing social, cultural and economic systems" (World Health Organization, 1986, p. iii). This elucidates that TCIs can be seen to facilitate and support prevention and promotion relevant to individual community or group circumstances, often incorporating community development approaches. One area of a city will face completely different issues and determinants to another. This broad and flexible approach to prevention and promotion with space for adaption to meet specific local needs can be seen as both a key component and a strength of Thrive (Figueroa et al., 2018). This links strongly with the concept of place-based initiatives and the links between health outcomes and local social and environmental determinants (Amobi et al., 2019, Hood et al., 2016). Perhaps the reason TCIs can function without concrete conceptualisation is due to their place-based nature which enables a greater flexibility and independence from other iterations of the initiative. This also means that the initiative can be implemented in diverse urban settings ranging from megacities to towns. In fact, Thrive

Ireland has recently shifted the identity of Thrive to encapsulate all settlements, with a Thrive initiative implemented in Connemara; a rural area in the West of Ireland. It is the first rural community where Thrive is being implemented. In Ireland, the narrative of Thrive places emphasis on promotion with their documents emphasising the aim to "promote mental health and wellbeing through activities that benefit the local community" (Mental Health Ireland, 2024, p. 3).

Thrive seems to be an initiative that aims to change policy and governing attitudes to public mental health. Belkin (2023) identifies that many cities such as New York face the issue of aiming public health solutions at subsets of the mentally ill instead of being scrutinous over social and environmental conditions that put *everyone* at greater risk of negative experiences and outcomes. The paper further identifies that this mindset in policy and governance is a hard habit to break. This project inspired change makers across other cities and countries to attempt to break that habit in their own localities through instigating TCIs and put emphasis on prevention and promotion for all.

The original Thrive project was designed to break through a "static, overmedicalized and undersocialized illness treatment paradigm" (Belkin, 2023, p. 118). This represents the initiatives' aim to improve mental health for all in a city, including but not limited to those with the most serious mental health issues. It broadens the scope of mental health treatment to look further into environmental and social determinants of mental health and wellbeing outcomes (Figueroa et al., 2018). The initiatives continue to work with mental health professionals alongside laypeople in order to prevent poor mental health outcomes and promote positive mental health and wellbeing. This is reminiscent of the idea of health in all policies (World Health Organization, 2023), creating an alliance across sectors with the vision of improving the health of the population. Every sector and discipline can hold influence over health outcomes. This pivotal feature of the flagship project was a key influence on the initiatives which followed suit and should therefore be understood as a key component and defining feature of a TCI.

Thrive Edinburgh's strategy roadmap (2020) understands that, at the most basic level, a public health initiative such as this should think big and differently and include prevention of illness, and promotion of mental health as two of its key elements. It states that Thrive Edinburgh is an opportunity to "not only reduce the toll of mental illness, but also promote and protect the citizens of Edinburgh's mental health, resilience, self-esteem, family strength, and joy." (Ibid. p.8).

It should be noted that this does not come without heavy criticism. A broad prevention and promotion approach appears to be at the core of *Thrive*, however it also may be seen to be central to its vulnerability. Allison et al. (2022, p. e24) suggest that ThriveNYC and the following initiatives "disregard the moral imperative to prioritise care for the most unwell and most disadvantaged". This statement includes emotive and evocative language. If TCIs were to make clear through their conceptualisation and definitions that they aim to create a better environment for all urban dwellers, this criticism would be easier to manage or rebuff. The initiatives do not claim to have a perfect solution. Being rather novel in their approach, and arguably having not had time to prove either way success or failure may limit their outward identities and open them up to criticism. It is well known that health promotion and prevention initiatives struggle with (in)direct attribution and evaluation due to the complex nature of health determinants and outcomes (Henderson et al., 2019, Meyer et al., 2018). This is particularly true when it goes against the grain of historical urban mental health initiatives which have focused on particular groups or categories which have had many years, nay decades, to evaluate and prove impact.

Despite this vulnerability to criticism and increased difficulty with attribution, the focus on prevention and promotion on a population-level should be considered and identified as a key ingredient of Thrive.

Tackling stigma, changing conversations

The stigmatisation which is associated with poor mental health is pervasive, appearing to be a primary deterrent to getting help and transcending race and social class (Coffey et al., 2022). Stigma can be

understood as "the identification of a trait, quality, or attribute as a 'blemish' or a deficiency that separates the owner from others" (Jones, 1997, p. 265).

Tackling stigma appears to be a core focus across the *Thrive* initiatives, at least to some degree. This is implemented in a variety of ways such as through creating conversations, training up the population to have mental health awareness and skills, and acting as social movements creating spaces and avenues for discussion and wider alertness of mental health and wellbeing in the target cities. Some have been critical of this focus of TCIs, particularly in the case of ThriveNYC. There are discourses which suggest that stigma is no longer as pressing a public mental health issue. This sentiment is echoed by some of those involved in TCIs, including NYC health commissioner Dr Vasan during a 2024 seminar on TCIs at the University of Strathclyde. Having stigma as a key component of the TCI identity thus increases vulnerability to criticism. Evaluations of similar population-level anti-stigma programs have been seen to have weak, if any, long-term effects with serious concerns raised over possible externalities and unintended consequences (Walsh and Foster, 2021).

Much of the work of TCIs revolves around 'changing conversations' or similar notions. This can be exemplified across the board. In Ireland, Thrive is seen to be empowering the community to break down stigma and hosts events such as Thrive n' conversations and Connect Cafes to support this (Dublin Gazette, 2023). ThriveNYC strived to "publicly reshape the conversation around mental health by sharing positive messages about resiliency and recovery and the City's new resources to connect New Yorkers to services" (Johnson and Dromm, 2019, p. 3).

Some TCIs, however, have taken a shift from stigma to focus more on prevention and other pressing public mental health factors. Thrive LDN is an example of this. At its conception, tackling stigma was at the heart of the project, however as time moved on and priorities changed, crisis management is now a top priority- particularly working with world events and how these might impact the mental health and wellbeing of Londoners (ThriveLDN, 2023). The Covid-19 pandemic can be seen as the trigger for this change in both London and other *Thrive* cities such as Amsterdam.

The focus on tackling stigma also appears to be shifting in terms of use of language. Language, and by association how an initiative aligns and identifies itself, is very important. Through discussions with key informants working on *Thrive* initiatives globally, it was clear that there is a belief that addressing 'stigma', whilst a key factor in designing the approach a decade ago at the inception of ThriveNYC and its consequential initiatives, seems to have taken a back seat since. Stigma with some groups, particularly younger populations, is much less of an issue. One key informant described stigma using the black elephant analogy- when you tell someone not to think about a black elephant, they will automatically conjure up the image. There is a concern that too much focus and use of the language of stigma will bring this to the forefront of people's minds rather than tackling the issue.

These changes seen in the priorities and key components of TCIs suggest that the identity and concept of a TCI is rather malleable, adaptable, and once again inconsistent. One may argue that this is a strength of the initiative, allowing it to be flexible in changing times both in terms of needs of the population but also perceptions of the people *Thrive* aims to support. It does however, once again, point to an inconsistent and misunderstood brand identity which highlights the question of how solid the brand of *Thrive* actually is? And is there a way to truly extrapolate the model in a way in which one can confidently label themselves as a TCIs within the network of Thrive?

Conclusion

This paper has identified that it is imperative that TCIs create some form of consensus on identity or concept. Despite the proliferation of TCIs across countries, a consistent model or identity across the different implementations is lacking. This raises questions about the efficacy and coherence of the initiative compared to established or past public health initiatives. Establishing a clear conceptualisation and definition is crucial for effective implementation and coordination across the different cities. A more

consistent approach may also pave the way for greater and more meaningful opportunities for knowledge exchange and learning.

The lack of consensus on concept and model further makes it difficult to conduct meaningful evaluation, particularly across initiatives. Understanding impact and effect is made more difficult by inconsistencies. Social change may take decades and it is difficult to identify and attribute shifts in the early stages. To ensure effective communication, implementation, and evaluation of these projects, a stronger identity is needed. This could involve creating a clear definition, further refining key components, and fostering a shared understanding across the board.

Several key ingredients of TCIs have emerged, including partnerships, a focus on prevention and promotion, and changing perceptions of mental health and wellbeing. Partnerships with services, communities, and political entities emerge as fundamental pillars of TCIs; adding depth, strength, and sustainability. Thrive emphasises prevention and promotion strategies which improve mental health outcomes for all, broadening the scope of urban mental health policy and implementation. Finally, conversations, perceptions, and public understanding of mental health and wellbeing appear to be fundamental yet adaptable- evolving with local needs.

These key ingredients can be extrapolated to new places whilst ensuring that there is a shared identity and understanding of what Thrive represents. The identification of these commonalities supports the use of a unified name branding and shared baseline, however there is work to be done to further bolster this. Establishing a more comprehensive definition and conceptualisation through more in-depth analysis and examination will further streamline potential to export this concept in a way in which maintains integral features that make a place *Thrive*. Policy transfers of this kind can be hit or miss and will not always translate neatly, a stronger baseline or outline would enable a smoother transition and support the expansion of population level approaches to mental health and wellbeing in cities. This will be further explored in future papers using evidence from PhD data collection as part of an explorative project aiming to learn more about TCIs.

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