MENTAL HEALTH IN SOCIAL POLICIES

**Key messages**

- **Integrating Mental Health in the benefit systems**: Benefit systems are based on two core areas, income support and unemployment/activation benefits. Users in both areas may have mental health problems, and benefit systems need to be designed to respond to their needs at different moments of people's lives.

- **Key social services’ role in supporting people with mental health problems**: Social services manage, fund, and coordinate vital care and support for people experiencing social exclusion and poverty. This support can take many forms, for example children in care, disadvantaged young people, long-term unemployed or isolated older people, as those groups are more likely to face mental health problems due to vulnerable life contexts.

- **Mental Health promotion and mental ill health prevention through social policy**: Mental health promotion and illness prevention should be implemented through the identification of effective, person-centred social provisions with the view to supporting people to participate actively in society in a manner suitable to their individual life situations.

**What is mental health?**

Mental health is not just the absence of illness. Mental health is a state of wellbeing, in which every individual realises their potential, can cope with stress, can work productively, and is able to contribute to their community. Mental health requires cognitive, emotional, and social skills, which develop when we provide people with a sense of identity and self-respect, meaning in life, belonging, safety, and social support.

**Why is it important to integrate mental health in social policy?**

Social policies impact on mental health by influencing people’s sense of security, their wellbeing and future opportunities, and a safety net. Therefore, social policy decisions can improve or harm people’s mental health. However, this connection has not yet been recognised widely enough and needs greater public awareness.

**What are the benefits of incorporating mental health in social policies?**

Having mental health incorporated in social policies can improve population's mental health and reduce the negative effects of welfare dependence. From a whole-society perspective, the integration of mental health in social policy can reduce social inequalities as well as poverty, and increase people's psycho-emotional resilience and achieve associated positive outcomes such as improved individual wellbeing, longevity, healthy behaviour, educational achievement, workplace performance, psycho-emotional resilience, or pro-social behaviour. Mental health professionals, who are crucial in delivering general and emergency support, come mostly from social work. For instance, in the UK 96% of Approved Mental Health Professionals are social workers, who are employed and trained mainly by local authorities.

**Recommendations**

- Mental health should be a key element of any needs assessment undertaken by social services.
- Social service professionals should implement services in a person-centred approach. People’s skills, expectations, and needs should be reflected in individualised action plans, so that users commit to jointly agreed measures like a particular treatment or training, and develop full ownership of their lives.
- In the development of social policies, mental health should be more prominently featured in relevant legislation, strategies, and plans. For instance, plans may be based on objectives and tools like improving wellbeing and mental health, mental wellbeing impact assessment, and guidelines for users’ involvement in policy and practice development.
- Mental health capacity in the social workforce needs to be built up. Social workers and case managers should receive training to detect mental health problems early, to refer to other services, and involve users in services.
- Community-based mental health services need to be supported by social policy to offer alternatives to institutional services.
- The effectiveness of mental health-related support in regards to labour market (re-)integration and improvement should be monitoring and evaluated in order to better understand success drivers and barriers of supporting people with mental health problems in accessing employment.

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More information on the EU Joint Action More information on the EU Joint Action for Mental Health and Wellbeing by the DG SANTE and Member States can be found at www.mentalhealthandwellbeing.eu
Facts

- **Discrimination of people with mental health problems in the welfare system** may span across various fields, such as social security, employment, pension, housing, education, care, and others. This impedes on their ability to fully participate in all spheres of society and to act as equally accepted members of society.

- **Challenges**: Growing social policy expenditure and shrinking public budgets in Europe pose a barrier for the integration of mental health in social services and in the benefit system. Investment in reinforcing mental health in social policy is perceived to be costly, as it is often seen as a form of resource-intensive specialist support. Therefore, more focus on community-based preventative support and the cost-effectiveness of these initiatives are key in switching the focus to promotion and prevention.

- **Over-representation of people with mental health problems among welfare recipients**: Given the amount of risk factors to which people with mental health problems are potentially exposed, evidence suggests a significant over-representation of people with mental health problems among welfare recipients. Among the risk factors are poverty, (long-term) unemployment, social exclusion, discrimination, (self) stigma, debt, or material deprivation. However, there is variation across countries in the proportion of people who receive social welfare benefits because of mental health problems. Whilst in Denmark it is close to 45%, it is below 10% in Ireland. However, the proportion has often increased in recent years across Europe.

- **The link between mental health and social inequality**: Poor mental health can be both a cause and a consequence of social, economic and environmental inequalities. For example, areas with higher social inequalities have often a higher prevalence of mental health problems.

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**Good practice of mental health integration in social policies: Person-centred recovery approach**

Across Europe, there is a growing movement towards person-centred services. This involves co-production in the sense that users are not passive service recipients but their choices and wishes are taken into account through their participation in service design. **Recovery** promotes the expectation that people using services can and want to take as much control as possible over their own lives. It can be seen as a journey towards better quality of life. In the **City of Aarhus, Denmark**, recovery begins with an **initial evaluation** in which the user and a team of professionals from the Department of Social Psychiatry summarise the situation and draft together an **action plan**, which may include medical and/or psychiatric treatment, education, employment and social initiatives. A **personal coordinator/case manager** supports the user to follow the action plan and access the different services. In the **City of Dublin, Ireland**, psychiatric and community mental health services operate through **multidisciplinary teams** of consultants, psychologists, occupational therapists, nurses and social workers. The service includes emergency accommodation units for homeless people experiencing mental health problems and users on rehabilitation after hospital discharge. Social workers use ‘Wellness & Recovery Action Plan’ (WRAP), which provides a systematic action plan to support people in their social recovery.

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**Further readings**

- SCIE (2008): Mental health and social work
- SOPHIE project (2015): Social and economic policies matter for health equity
- UK Department of Health (2016): Social work for better mental health: A strategic statement