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Moving Social Policy from Mental Illness to Public Wellbeing

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Abstract

In the face of global epidemics of mental ill-health, the future of social policy lies with promotion of public wellbeing. This article aims to provide an explanatory rationale and methods for a fundamental shift in social policy; away from a remedial focus on mental ill-health defined in terms of disease or aberrant behaviour and toward a focus on universal access to social conditions favourable to psychological wellbeing. The paper begins with prefacing argument about the urgent need for such a shift, noting the high rates of mental ill-health globally and the failure of current biomedical responses to reduce these. Building on recent theoretical work on public wellbeing and evidence on social determinants of mental health, the paper then proposes nine domains for social policy and broader public policy action, to create conditions supportive of wellbeing abilities. Finally, the paper presents several conceptual issues relating to the challenge of putting such action into practice and concludes that contemporary understanding of wellbeing offers a theory of change to shift social policy from mental illness to public wellbeing.

Keywords: wellbeing; mental health; social determinants of health; health promotion; theory of change

Introduction

The purpose of social policy is to improve human wellbeing (McClelland, 2015) and, while physical health is important, wellbeing is also widely understood as a synonym of positive mental health; otherwise described as subjective wellbeing, psychological wellbeing, or flourishing (Huppert and Ruggeri, 2018; Fisher, 2019). Yet, this is an area in which current social policy appears to be failing. Many societies are experiencing high and sometimes increasing rates of psychological distress and mental ill-health (Jorm et al., 2017; Vigo et al., 2016) and despite expenditure on mental health services, the scale of the problem is not reducing (Jorm et al., 2017). In 2016, common mental health disorders accounted for 20-30% of disease burden in years lived with disability (Rehm and Shield, 2019; Vigo et al., 2016). The burden of ill-health falls more heavily on those subject to socioeconomic disadvantage (Fryers et al., 2003). Chronic stress and associated mental ill-health can also have adverse

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effects on social relationships (Maslach et al., 1986) and health behaviours (Krueger and Chang, 2008), and increase vulnerability to psychological manipulation (Fisher, 2019).

One key reason for this failure in social policy is many governments' wholesale adoption of a biomedical theory of mental 'health' that defines various putative forms of disease according to abnormalities in individual psychology, neurophysiology or behaviour (Farre and Rapley, 2017). This biomedical stance is operationalised in policy as delivery of remedial services to treat mental illness (Fisher et al., 2016), and persists despite abundant evidence that mental health is significantly shaped by social conditions over the life course, the social determinants of mental health (SDMH) (Fisher and Baum, 2010). Bambra et al. (2005) argue that biomedicalism has served to depoliticise 'health' by equating it with healthcare and separating it from broader questions about social and economic conditions.

For matters of public policy, theory can be understood as ideas intended to define a phenomenon as a matter of concern and explain how taking certain actions will lead to desired outcomes (Green, 2000; Stewart et al., 2011). Such theory of change within policy matters because it determines and delimits how policy problems are conceptualised and addressed (Connolly and Seymour, 2015). A biomedical view of mental 'health' is having just this effect in current social policy; defining problems and 'solutions' in ways that are inadequate to the facts on SDMH (Fisher et al., 2016).

However, dissatisfied with narrow economic indicators of social welfare, some governments are applying theories of wellbeing to inform new policy strategies (e.g. Treasury New Zealand, 2019; Government of Scotland, 2021). This shift has potential to unsettle dominant biomedical views of mental 'health'. However, wellbeing theory also can define wellbeing in an individualised way, as (merely) a set of personal attributes, and thus inform strategies that, again, leave the SDMH unaccounted (Atkinson, 2011).

This paper builds on a recently published theory of public wellbeing (Fisher, 2019). The work differs from other wellbeing theories (Huppert and Ruggeri, 2018) by developing an account of wellbeing based on evidence from across several discipline areas on the role of stress responses in social cognition and behaviour. From this position, it explains why certain social conditions give rise to chronic stress. Such an account is especially relevant to public health and social policy because chronic stress is widely recognised as a key mediator of adverse effects of social environments on population mental health (Chrousos, 2009; Fisher and Baum, 2010; Thoits, 2010; Kristenson et al., 2004). Wellbeing is then conceptualised in terms of the exercise of seven 'wellbeing abilities', which conduce to psychological wellbeing and reduce or avoid chronic stress. These are defined as abilities to:

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1. Engage in constructive, self-controlled goal-directed activity within complex social environments in a way that exercises skills, is experienced as meaningful, and avoids chronic stress
2. Adjust social behaviour rapidly and flexibly in response to social cues
3. Engage in self-controlled, creative, goal-directed activity 'outside' constraints of social demands and expectations
4. Engage in positive, reciprocal social relationships
5. Engage in present-focused activities of a sensory, meditative, creative, playful or aesthetic nature including regular contact with nature
6. Achieve a balance between socially engaged, goal-directed activity and other kinds of activity
7. Understand the nature of wellbeing and the conditions required to attain it, and work to ensure these are available to the self and others

This is similar to Sen's capability approach (2008) in that wellbeing is conceptualised in terms of the exercise of certain abilities, 'negotiated' at the intersection between individuals and their environment. However, the grounding of Fisher's theory in evidence on stress and social cognition is very different from Sen's more philosophical and economistic approach. Examination in this article of ways in which social and public policy can promote psychological wellbeing is intended to bring a fresh public health viewpoint to the broader literature critically examining intersections between wellbeing, environments and politics from perspectives such as development studies (Alkire, 2015), political economy (Büchs and Koch, 2017) and sustainability (Gough, 2015).

Below I set out several areas of social policy action essential for development and exercise of wellbeing abilities, discuss conceptual and political challenges related to implementing this approach, and propose a theory of change model. The proposed action areas were derived by synthesising ideas from the selected theory of wellbeing with contemporary evidence on SDMH (Fisher and Baum, 2010; Thoits, 2010; Cacioppo and Cacioppo, 2014) and research on how public policy can address social determinants of health (Fisher et al., 2020; de Leeuw, 2017).

Domains of social policy action for public wellbeing

There are several key areas in which social policy can act to create basic conditions required for development and exercise of wellbeing abilities. Most will be familiar to experienced social policy practitioners. In re-describing them here my intent is not to pretend invention, but to link these action areas together within a coherent explanatory framework.

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Basic material conditions for health

As the selected theory is focused on psychological wellbeing (Fisher, 2019) it does not examine in detail the material conditions required for general child development and health such as good nutrition, decent housing, sanitation, healthcare and protection from toxic substances and contagious disease vectors. However, I acknowledge that physical health and mental health are intimately related, such as with nutrition and mental health (Rucklidge and Kaplan, 2016). Physical ill-health is a risk factor for psychological distress and chronic stress affects both physical and mental health (Chrousos, 2009). Therefore, social policy for psychological wellbeing must pay attention to material conditions for general good health. My reasons for focusing on conditions required for psychological wellbeing in particular are not to downplay the importance of these other factors, but rather to recognise something about how SDMH work.

There are many ways that social conditions can affect health which don't exploit a stress pathway. However, with SDMH, the role of acute stress in regulation of social cognition and the potential for chronic stress come to the fore as pathways for those effects (Chrousos, 2009; Fisher, 2019; Fisher and Baum, 2010; Thoits, 2010). Thus, my focus here is on particular conditions that affect psychological wellbeing, because they are identified as determinants of health with a specific relation to social cognition, self-regulation and the role of stress.

Meaningful work

Human beings find it rewarding to do work that exercises skills and has a sense of meaning related to completing a task, achieving a goal, meeting family needs, or contributing to society. Meaningful work is not limited to paid employment. Work that is felt to make a positive difference to others is particularly valuable (Fisher, 2019). Conversely, there is a range of ways in which workplace matters such as management styles, employment security and working conditions can cause chronic stress (Wilkins and Beaudet, 1998).

To advance the exercise of wellbeing ability #1, people should have access to work that exercises skills and is meaningful and socially rewarded. To advance ability #6, we should be working shorter hours in conventional employment, leaving more time for other self-directed pursuits as per ability #3. To cultivate abilities #4 and #5, *more* paid work should be available caring for children and other adults, and caring for nature. A sense of meaning in work is enhanced when it is publically valued and offers a realistic sense of making a positive difference to broader social or environmental problems.

The task of social policy is to address access to meaningful work, education for learning salient skills, and workplace and employment conditions as potential causes of stress. Although a market economy can supply access to skilled, meaningful work, it won't deliver universal access of its own accord. Both

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governments and communities have an essential role, to broaden the scope and availability of meaningful work.

Child development and parenting

Early childhood is crucial for neuro-psychological and behavioural development (Mustard, 2008). Maternal stress in pregnancy and child exposure to stressors are both risk factors for children's health (Morsy and Rothstein, 2019). Wellbeing abilities are developed in children by being *exercised* in nascent form and parents or other caregivers have an essential role to play. Ability #4 is developed through warm nurture and active, face-to-face child-parent interaction from birth, leading on to shared play and active conversation, among other things. Semi-structured activities such as drawing, painting, building with blocks or being read to enable development of ability #1 and form a foundation for positive expectancy states about more complex tasks as the child grows (Kristenson et al., 2004). Development of ability #2 is aided by non-violent discipline between ages of around 1 to 5 years, when a parent or carer decisively intervenes in anti-social behaviour, and requires specified changes in behaviour before activity and affectionate relations are resumed. Free play and contact with nature begins to develop ability #5. The task of social policy is to engage with parents and care givers on a universal basis, to build skills and gradually embed the required practices as social norms. In the process, parents should learn about wellbeing, contributing to ability #7.

Social relatedness

On average, people subject to social isolation have worse mental and physical health than those with positive social relationships, and increased stress arousal is strongly implicated in this effect (Cacioppo and Cacioppo, 2014). Wellbeing ability #4 is the ability to maintain and enjoy social relationships based on mutual care, affection and respect. This is different from relationships in, say, a work situation where stress-arousing contingencies of expectation and conditional approval are at play (Fisher, 2019). The business of social policy is obviously not to curate social relationships directly but to cultivate social conditions and personal skills that favour social relatedness and reduce isolation. Other parts of this discussion speak to ways of doing this, such as those on child development and active communities. Indigenous philosophies put social relatedness and the thriving community at the centre on their conceptions of wellbeing (Dudgeon et al., 2014) and hold crucial lessons for societies at large. Obviously, wider socio-cultural conditions can affect people's capacities to conduct positive social relationships, and I will discuss those below.

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Connection with and care for nature

Contact with 'nature' in various forms is beneficial for mental health, and stress reduction plays a significant part in this benefit (Bratman et al., 2012). Contact with and active caring for nature can contribute to the exercise of wellbeing abilities #1, #3 and #5. However, in modern societies contact with nature may be limited to short periods of 'escape' to places outside of one's normal environs, for those who can afford it. Low income areas may have poor access to local 'greenspace' (McGreevy et al., 2020). Even when in a pleasant natural environment, people may not know how to 'relax into' a contemplative, sensory state. Learning how to do so contributes to wellbeing abilities #5 and #7. Indigenous peoples' philosophies commonly understand connectedness with the natural world as fundamental to human existence in practical, cultural and spiritual ways (Dudgeon et al., 2014). Again, these philosophies represent a rich source of understanding to promote wellbeing.

The role of social policy is to shift social norms and living conditions toward a situation where contact with and care for nature is universally available and valued as part of everyday life. Active and aware human engagement with land and seas as responsible farmers, fishers, gardeners, protectors of natural heritage and contemplators of natural beauty constitutes a huge, untapped potential for wellbeing.

Neighbourhoods and active communities

Modern urban environments can affect human health and wellbeing in multiple ways and inequalities in access to healthy urban conditions contribute to health inequities (McGreevy et al., 2020). Although macro-scale features such as telecommunications or transport infrastructure are relevant to our discourse, a focus on conditions for wellbeing demands special attention on the localised scale of urban living described as 'neighbourhood', 'community' or 'town'. Localised communities that are safe, have high-quality housing and greenspace (street trees, parks, water courses), and provide walkable access to local businesses and services are good for wellbeing (McGreevy et al., 2020). They support exercise of wellbeing abilities #1, #4, #5 and #6. They are an essential venue for social policy action in other key areas such as access to primary health and education services.

For social policy purposes, theoretic clarity on wellbeing as *activity* – as the exercise of wellbeing abilities – also demands strategies that engage individuals and communities as active participants in localised processes of cultivating conditions for wellbeing. This participatory element of wellbeing promotion raises challenges for social policy governance, discussed below.

Contemporary market economies require people to have specialised skills as paid producers while increasingly, as consumers, they can function without the ordinary skills of cooking, growing, making things, playing games or music and

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so on; relying instead on passive consumption of digital media, drugs or take-out food. However, these 'ordinary skills' are *not* out-of-date chores but constitute essential opportunities for exercising wellbeing abilities. Again the local domain is an essential venue in which opportunities for gaining and exercising these ordinary skills can be available to all. The commercialised imagery of success (and wellbeing) as the single-minded application of a specialised skill to gain popular acclaim or material wealth is deeply flawed.

Comprehensive primary health care

Engaging community members in localised actions for wellbeing does not remove from governments' responsibilities to provide high quality social services. In order to promote wellbeing two basic forms of social service stand out; comprehensive primary health care and education services (discussed next). The proposition that these are basic to population health is hardly new. However, comprehensive primary health care (CPHC) is of particular importance because it has potential to contribute to several basic conditions required for wellbeing.

CPHC is first level health care that includes but extends beyond primary medical care to address health promotion, disease prevention and social determinants of health, through community-engaged services in localised settings (Fisher et al., 2020). Thus, CPHC can address access to first-level medical care as a basic material need while also contributing to meaningful work, child development and parenting, social relatedness and active communities (Fisher et al., 2021). Having theoretical clarity about wellbeing as such and conditions required to promote it can only strengthen CPHC.

Importantly, an appreciation of wellbeing abilities can offer new directions in mental health care. Structured opportunities to exercise wellbeing abilities, offered alongside or instead of conventional biomedical treatments, is likely to aid recovery from states of dysregulated social cognition and behaviour that we currently name as mood, anxiety or substance abuse disorders; because a lack of such exercise is a root cause of these states.

Education

Education is a known social determinant of health and there is no need to add anything on that general front here. However, there are three particular ways in which education can contribute to wellbeing. First, CPHC and early child education services – functioning in localised spaces – have an essential role in supporting healthy pregnancies, parenting and child development. Second, education during childhood and adolescence can cultivate a variety of physical, social and cognitive skills useful for exercise of wellbeing abilities #1, #2, #3 and #4. Third, while abilities #4, #5, #6 and #7 can be commenced in early life, they are likely to mature later, and thus are a suitable focus of adult education.

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The ideational environment

There are two broad issues of concern in the way the ideational (or 'informational') environment interacts with social cognition and vulnerability to chronic stress (Fisher, 2019). First, functions of social cognition involved in 'reading' and evaluating the social environment do not necessarily discriminate between actual and virtual social stimuli. Second, because cognitive *interpretation* (based on prior learning) plays a role in these evaluation processes, the beliefs people hold about the world can enter into and shape their stress responses (Ochsner et al., 2004). The first issue is of particular concern because the ideational environment we now occupy includes textual, spoken, visual and aural information conveyed via 24-hour digital media. The second issue matters because ideas taken on about the world have the potential to support or undermine exercise of wellbeing abilities.

On the negative side of this equation, ideas taken on as beliefs about threats can contribute to chronic stress and adversely affect social behaviour and mental health. This vulnerability can affect individuals' lives in many ways, but also exposes populations to risks in the forum of public ideas where it is easy to circulate exaggerated or false beliefs which position an 'us' against some 'other' group represented as a threat. These messages work as social manipulation precisely because they exploit stress arousal, and they undermine wellbeing ability #4.

Information about real threats such as climate change will also act as a source of chronic stress for many, especially when people feel powerless to respond. Twenty-four hour media environments can contribute to stress arousal though continual presentation of decontextualized, often sensationalised information about violent, disturbing or otherwise threatening events.

However, there are also many ways in which the ideational environment can contribute to wellbeing, by offering ways for people to have a sense of safety, hope, meaningful contribution and connectedness to other people and the natural world. The question of shared social values must be considered, because these can act as normative ideas about the world able to condition social cognition and behaviour. Social values favourable to wellbeing are likely to be those that reinforce the natural leanings of social cognitive processes toward empathy (Fisher, 2019) and set norms for the treatment of others as *persons* first and foremost, across (perceived) differences of gender, race, ethnicity, sexuality, age or ability.

The role of social policy here – and public policy more broadly – is to be literate about the ideational environment as a determinant of wellbeing, to raise issues of concern from that position, and provide leadership. Regulation of digital media must be considered.

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Perspectives on the task

Favourable conditions in the areas described above are required for wellbeing abilities to be exercised and thus *realised*. Therefore, the goal of social policy for public wellbeing must be to ensure universal access to these conditions. However, specification of these conditions also brings into focus several other issues concerning how social policy is conceived and practiced by governments now, and the need for change in order to advance public wellbeing effectively. Some relate to policy agenda for action on social determinants of health (Commission on the Social Determinants of Health, 2008). In general, the following critiques of conventional social policy do not assert that current ideas and practices are wrong, but rather that they are too *limited* and, as institutional norms, are blocking needed change.

A primary focus on immediate conditions for wellbeing

When the basic conditions required for exercise of wellbeing abilities are specified it becomes readily apparent that many can be cultivated in the environs of daily living: home and family, neighbourhood or town, the workplace or local primary school. Therefore, it is right for social policy to conceptualise these immediate conditions of living as *fundamental* to the task of cultivating public wellbeing, by ensuring universal access to conditions for wellbeing. This is not to idealise the local or say that the broader dynamics of the economy or public policy are less important. It's about positioning universal access to these immediate conditions as a primary objective. If the moral purpose of social policy is to promote human wellbeing (McClelland, 2015), then its primary *operational purpose* must be to ensure access to the relevant conditions. Wider issues and policy settings can then be approached as ancillary issues, to be tackled according to how they help or hinder this primary goal.

Putting the conditions required for wellbeing at the operational centre also demands some fundamental changes in conventional social policy structures and practices, which tend to consist in 'top-down' forms of governance where central agencies fund and regulate social services to meet 'needs' conceptualised in terms of social, biomedical or behavioural deficits (Fisher et al., 2020). Recognition of community engagement and participation as valuable elements of wellbeing strategies demands governance mechanisms operating at a more local scale, with co-design and flexibility to adjust around local conditions (Bradford, 2005; Fisher et al., 2020; de Leeuw, 2017). In Australia, Indigenous communities have led the way in calling for such changes (Fisher et al., 2021).

A new social psychology

Appreciating the role of stress arousal as an ubiquitous feature of social cognition bridges space between individual and population perspectives on

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mental health and explains human vulnerability to chronic stress (Fisher, 2019). Chronic stress is likely when a person is exposed recurrently to social-environmental stressors and cannot find any way to resolve or avoid them (Kristenson et al., 2004; Fisher and Baum, 2010). Changes in population exposures to stressors can shift the distribution of mental health toward or away from wellbeing (Fisher, 2019). This basic understanding of human social cognition is needed as an explanatory social psychology and theoretical foundation for effective public policy to promote wellbeing. However, efforts to bring this explanatory framework forward as a basis for social policy will inevitably confront other constructs used to explain human psychology and behaviour, embedded in social, cultural or institutional norms and practices. The dominant biomedical view of mental 'health' is but one of these. Others take the form of 'folk' psychology; the everyday, ingrained ways in which people explain their social worlds and their own or others' behaviour, which may differ between cultures (Newman, 1993). Of particular concern for social policy are the folk psychologies embedded in particular political outlooks; for example, explanations of poverty as resulting from individual 'laziness'. As a general rule, folk psychologies latch onto selected, descriptive aspects of human social psychology or behaviour and inflate them into 'sufficient' explanations. Thus, they may have intuitive appeal while simultaneously failing to offer explanations adequate to a more complex reality.

The challenge for social policy actors is to advance a critical social psychology of stress and wellbeing in the face of entrenched constructs, on the basis (I claim) that it offers more adequate explanations of the social facts with which social policy is concerned. (This is the test of good theory.) Sometimes, the argument can be made that it is not about replacing one theoretical construct with another, but applying different constructs for different purposes.

Acting on social determinants of health and health inequities

Models of social determinants of health (SDH) are consistent with my suggested approach insofar as they recognise that it is people's conditions of daily living that directly affect their health (Commission on the Social Determinants of Health, 2008). However, advocacy for policy action on SDH has tended to focus on health inequities, drawing attention to the political conditions that *distribute* socioeconomic resources. Equally, in health policy, a focus on inequities can be operationalised as a need for targeted healthcare interventions (Fisher et al., 2016). The first approach is too diffuse, the second is too narrow. Once again, for social policy purposes it is better to position universal access to daily living conditions for wellbeing as the primary operational goal,

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informed by salient theory. This step establishes definite areas for policy action that can be treated as the intermediary steps in a theory of change aiming to promote wellbeing, as in Figure 1. Commitments to universality can then be used to drive commensurate change in socioeconomic inequalities.

Recognition of SDH has also fuelled arguments that policy action for population health cannot be confined to the Health sector, but must be the business of all policy sectors (Commission on the Social Determinants of Health, 2008); leading to various strategies that seek to motivate healthy public policy in practice. Some strategies, such as 'Health in All Policies', identify government agencies as the primary target for change, intending that they acknowledge and address the health impacts of their own policies (de Leeuw, 2017). With respect, this is a mistake. The above outline of domains of action for wellbeing makes clear that, for all those concerned with immediate conditions of living, actions in one area naturally intersect with actions in others. I would argue that these intersections are the substance of the more integrative approach to public health that policy advocates and actors have envisioned; but the integration occurs organically in the spaces where people actually live and work, rather than in agreements between government agencies. Thus, once again, the primary operational goal should be universal access to living conditions for wellbeing and then the ancillary issue is to ensure government agencies *play their role*, each according to their particular mandate, to achieve this outcome. A collaborative approach to healthy public policy can only be effective when the operational purpose is clear.

Knowing what will work to promote wellbeing

Under the mantra of 'evidence-based policy' social policy agencies appear to have widely taken up a particular operational perspective on what that means. This is to implement a quasi-biomedical approach where a tightly prescribed 'intervention' is implemented and quantitative information on intended outputs or outcomes is gathered and assessed. If the target output/outcomes are attained then the intervention 'works'. If not, then we'll move on to the next fashion. This approach may be appropriate for testing the efficacy of new biomedical treatments. However, in social policy and public health research where the broad aim is to promote public health and healthy social conditions, my observation is that – apart from consistent commitments to medical care – social policy tends to cycle through interventions and evaluations without arriving at any broader, more enduring *understanding* of what it is they're trying to achieve. What is lacking is good theory that provides cogent evidence-based understanding of a broad social policy goal such as wellbeing and the conditions required to promote it. Along with empirical evidence, good theory is required to design effective policies and sustain them over time (Green, 2000).

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A basic theory of change

When the proposed domains of social policy action and further perspectives on the task are combined, then a basic theory of change model can be derived, as shown in figure 1 below:

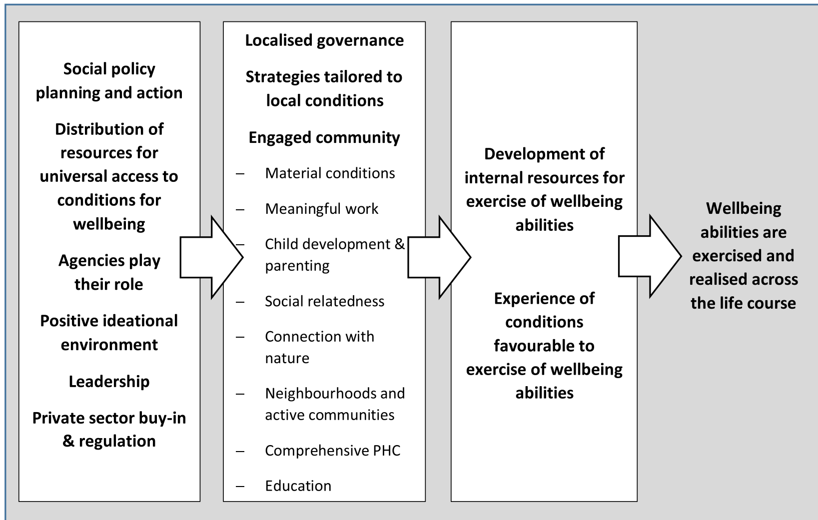

FIGURE 1. Social policy for wellbeing: A basic theory of change model.

Conclusion

Our lives are shaped by a multitude of ideas that purport to explain human welfare. Some of these are influential in determining public policy, among them a biomedical view of health, and of mental 'health' in particular, which has shaped both health policy and social policy more broadly (Fisher et al., 2016; Bambra et al., 2005). In countries such as the UK and Australia we also live with the fragile legacies of post-war social democratic ideas that conceptualised welfare in terms of universal access to public healthcare, education and housing. Arguably, these have supported gains in public health, but have little to say about the impacts of stress in modern social environments. More recently, even these gains have been eroded by a neoliberal philosophy that conceptualises welfare as the maximisation of 'utility' through the satisfaction of personal preferences (Huppert and Ruggeri, 2018), or more prosaically as material wealth attained through the individual initiative and effort that some 'just' have and others supposedly lack.

Part of the point of formulating theory on public wellbeing is to expose the deficiencies of that which is otherwise on offer, and to see there are cogent,

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evidence-based alternatives available. With the accumulated evidence and understanding of social cognition and stress arousal and the role these play in population health (Fisher and Baum, 2010) we have the information required to formulate explanatory perspectives on human wellbeing more adequate to the salient facts (Fisher, 2019) and put them into practice. In this article I have sought to bring a public health view of wellbeing into broader debates about wellbeing and public policy. Here, I believe, there is an opportunity for social policy makers and practitioners to challenge current norms and change direction, away from failed efforts to 'treat' epidemics of disturbed psychology and social dysfunction and toward the promotion of public wellbeing.

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Competing interests

Competing interests: The author(s) declare none.

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