"Public Policies And Their Role In Improving Mental Health In Health Institutions."

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Abstract:

The main purpose of this research was to review public policies on mental health in health establishments. The established research methodology is documentary type since written information was analyzed through scientific articles and with a descriptive design, allowing for analysis, search and organization of the information obtained. For data collection, recognized academic databases such as Ebsco, Web of Science (WoS) and Science Direct were consulted, using key terms such as "Mental Health Policies" and "Mental Healthpolicies". This search process resulted in the identification and selection of 40 relevant articles indexed in both English and Spanish. The selection criteria include the timeliness of the information, limited to publications from the last five years, and direct relevance to the topic of mental health. The results obtained from the review of scientific articles from the period 2019-2023 revealed that the implementation of efficient public policies in mental health is crucial for the development of national plans and strategies focused on improving the quality of life of the population. These findings underline the importance of structured mental health policies implemented in health facilities, highlighting how these policies contribute significantly to a more comprehensive and effective approach to mental health in society. In summary, this research highlighted the vital role that public policies play in improving the management and care of mental health in health facilities, evidencing the need for strategic and well-planned approaches to address the mental health needs of the population. citizenship effectively.

Key words: mental health, public management, decision making, public policies.

I.   INTRODUCTION

Over the past ten years, there has been a marked increase in awareness of the urgency of addressing the rise in neurological "mental disorders" and the growth in substance use. This transformation has led governments to recognize the vital impo[1]rtance of incorporating "Mental Health" (MENTAL HEALTH) as part of an essential element in "universal health coverage" (UHC), the prospect of which has garnered ever-increasing government support (Westcott et al., 2023).

Globally, it has been evidenced that people face difficulties in coping with "a public health crisis," where stress and uncertainty generate fear, these two predictors being difficult to manage affecting MENTAL HEALTH (Marroquín et al., 2020). The delivery of MENTAL

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HEALTH services globally has experienced a significant impact due to the COVID-19 pandemic, especially in many low- and middle-income countries, where demands for MENTAL HEALTH care are considerably high. they add to already fragile and fragmented care systems (Ding et al., 2020). Global concern about the psychosocial consequences of COVID-19 has led funding bodies and governments to increasingly solicit proposals to address these effects (Walsh et al., 2023).

In the last decade, MENTAL HEALTH research professionals have devoted considerable efforts to the development and evaluation of innovative approaches in the field of MENTAL HEALTH. Studies have been carried out, evidencing the economic viability and clinical efficacy of interventions within the framework of MENTAL HEALTH policies.

The clinical efficacy and cost-effectiveness of MENTAL HEALTH policy interventions have been evidenced by the trials. with the gradual goal of reducing high rates of mental illness, despite economic and social disparities, exacerbated by the pandemic globally (Gostin & Friedman, 2023).

To address the scarcity of services in 2018, the World Committee on MENTAL HEALTH and Sustainable Development (Lancet) has identified MENTAL HEALTH as an important component of UHC, which is why it was recognized that through the development of digital health, MENTAL HEALTH processes can be improved (Kola, 2020).

In March 2020, the alarmingly high spread of COVID-19 and a worsening of MENTAL HEALTH, showed that many public institutions at the international level such as Pakistan suffered from poor public management, resulting in limited resources for health personnel, as a result of the delay in negotiations, as a result of the sudden change in their policies, developing deficient programs in the healthcare industry, economic and life losses further aggravated people's MENTAL HEALTH (Wang et al., 2021)

Thus, myMENTAL HEALTHo Zhong et al (2021) mention that one of the great scientific challenges when analyzing the cost in MENTAL HEALTH lies in making invisible emotional trauma visible, and deciphering the key macro-scale sociotechnical factors involved. many of the countries in their health networks have developed their proposals to stop the deterioration of MENTAL HEALTH, based on two main models, which allow them to measure the level of MENTAL HEALTH at the governmental level and thus take different measures, the Crisis and Emergency Risk Communication (CERC) model and the Rosenstock Health Beliefs Model (HBM); For Meadows, et al (2019), the CERC model was originally proposed as an integrated framework for public health professionals to communicate with the public in a crisis situation, where they seek to mitigate stress and the threat of health risks, through the use of channels that improve the understanding of the message of programs or talks on those diseases that influence HEALTH MENTAL, where people can become aware of what actions to take to improve their lifestyle

The HBM model, for Zhou et al (2021) the model serves to explain why people do not adopt disease prevention measures or screening tests for the early detection of diseases. According to HBM, people begin to engage in health-related behavior when they perceive susceptibility to a disease that has serious consequences, where a deterioration in their behavior is seen

For Zhong, et al (2021) both international models allow the development of a proposal where it was possible to analyze the cost of MENTAL HEALTH, measuring the level of grievance they may have. In addition, through demographic measures according to the country, it is possible to have a better diagnosis of depression, stress and other secondary traumas that contribute to the cost of MENTAL HEALTH, which is why many of the public MENTAL HEALTH strategies of various countries focus on improving the quality of life. emotional and peer-to-peer.

II.   METHODOLOGY

The design was bibliographic, Hernández and Mendoza (2018), a literature review analysis is related to documented facts, such as bibliographic or hemerographic sources, based on observations about the facts or customs where the conclusions are interpreted and issued in an argumentative manner. The research was documentary, according to Bernal (2012), this study is a review of qualitative and quantitative data from primary studies that facilitated the purification of the information collected from the exhaustive search in different digital academic platforms (Ebsco, Sciencie direct, and Scopus), later the research was carefully submitted to inclusion and exclusion criteria in order to obtain only the necessary information for the study. I am a student. According to Sabino (1992), research is a dynamic process that aims to address research situations or problems, from which criteria that serve as research support are sought. According to Postigo (2021), platforms are defined as databases that are a source of information and where information from various authors is collected.
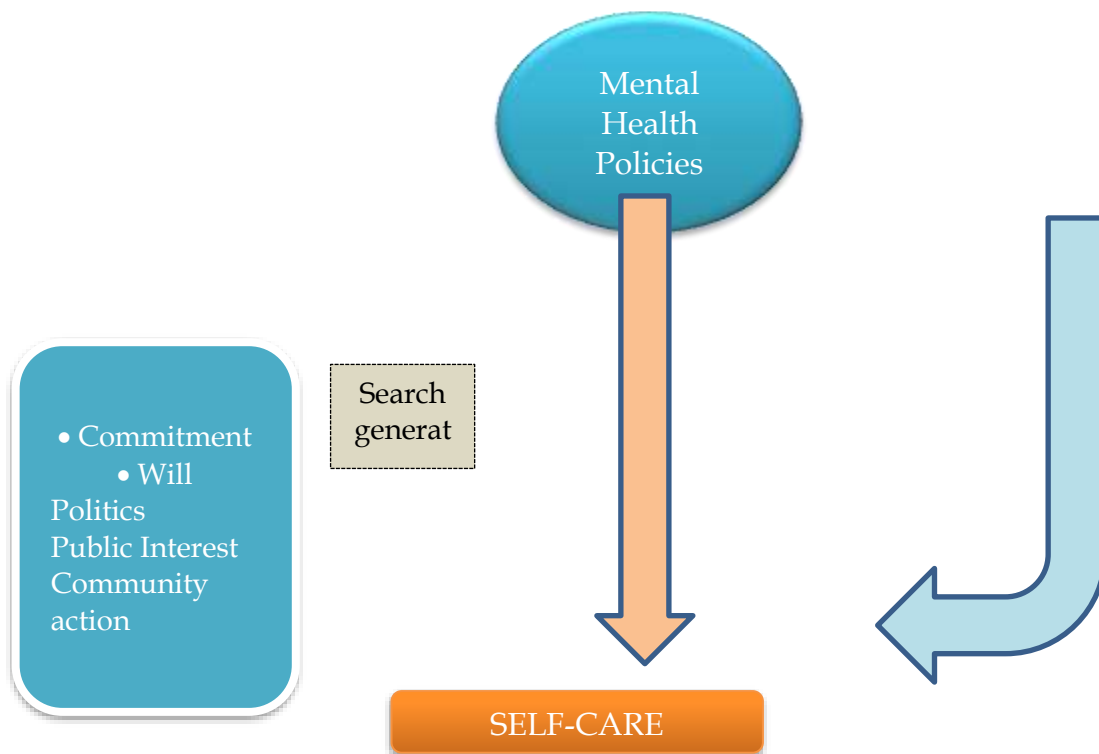
III.   RESULTS AND DISCUSSION

The complexity of the studies carried out on "Public Policies on Mental Health" (PPSALUD MENTAL) in various nations has become a limitation for the work carried out. Therefore, some studies that are most relevant to the research community have been analyzed.

The important inclusion of MENTAL HEALTH, within the OBD (Sustainable Development Goals), comes to represent a commitment at the international level in terms of quality of life, productivity, social well-being, as well as in the socio-economic development and stability of societies (MENTAL HEALTHith et al. in 2023).
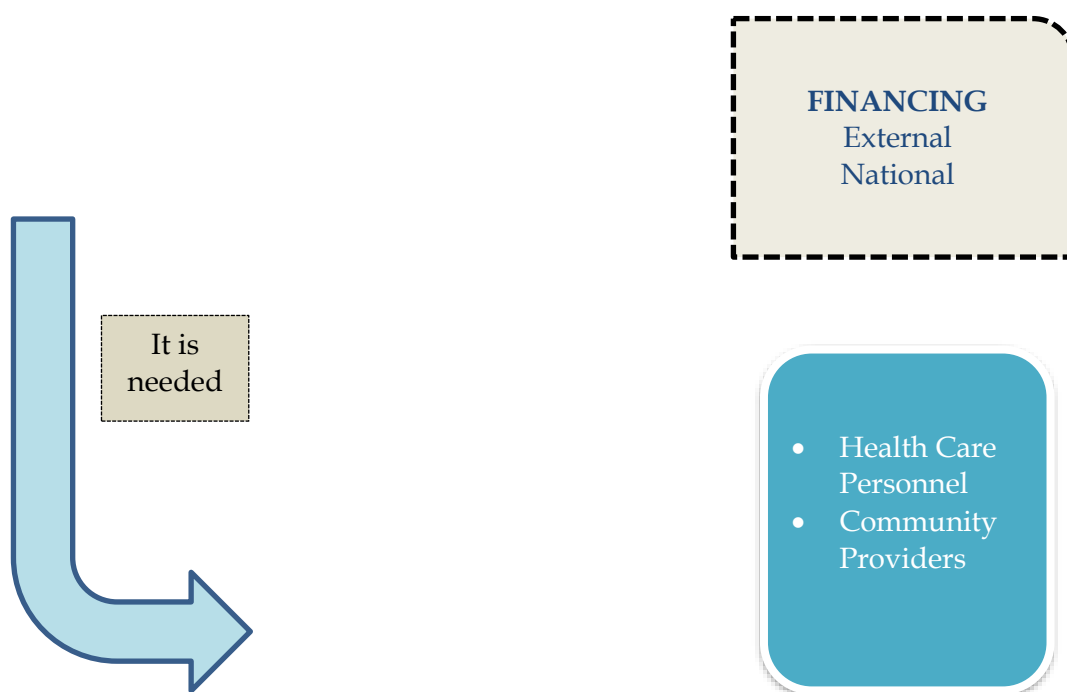
Figure 1.

Operation of Mental Health Poicies

Mental
Health
Policies

• Commitment
• Will
Politics
Public Interest
Community
action

Search
generat

SELF-CARE

Source: Authors' own creation

Therefore, in order to address the existing gap in MENTAL HEALTH care, policies must be aimed at promoting universal access to MENTAL HEALTH services, reducing the stigma and discrimination associated with mental disorders, and strengthening community support systems. Investment in MENTAL HEALTH translates into a strengthening of human and social capital, contributing to the construction of more resilient and healthy societies as a whole. Figure 1, generated internally, illustrates this commitment and its importance in the context of the SDGs.

FINANCING
External
National

It is
needed

- Health Care Personnel
- Community Providers

The figure also shows us to visualize that the SDG does require that "MENTAL HEALTH" be addressed as an investment strategy through policies, since its suffering has been the iceberg of new degenerative psychological diseases.

As MENTAL HEALTH has presented complex and multifaceted challenges, these challenges include the need to understand varied cultural and socioeconomic realities, as well as adapt intervention strategies to specific contexts.

Those low- and middle-income nations (LMICs), such as South Africa, that contemplate the expansion of the MENTAL HEALTH system in the context of broader health system transformations related to Universal Health Coverage (UHC), require detailed and specific estimates, taking into account local resources and existing limitations in the MENTAL HEALTH system (Baião & Marcolan, 2020).

In South Africa, Docrat et al. (2019) in FY 2018, it was highlighted that approximately 5.0% of the global public health budget was allocated to public spending on MENTAL HEALTH. At the provincial level, the budget allocation for MENTAL HEALTH ranged from 2.1 per cent to 7.7 per cent of provincial health budgets. Most provinces, specifically six out of the nine, allocated less than 5% of their budgets to this area. It has been estimated that, in order to reach levels comparable to the most comprehensive MENTAL HEALTH systems globally, countries should be expected to allocate up to 10%, with a minimum of 5% of the total health budget allocated to mental health

Despite the fact that South Africa allocates an amount close to the minimum limit set for the provision of care in MENTAL HEALTH, modelled estimates suggest that around 7.5% of the South African population that is uninsured and requires care has received some form of inpatient or outpatient treatment. This finding shows a considerable gap in the approach

to mental disorders, epilepsy and intellectual disability, which is close to 92%. In the field of public policies related to MENTAL HEALTH, support for these measures is linked to people's acceptance of the policies implemented by the government. Previous studies have indicated that the perception of risk associated with a public health crisis is connected to policy support (Maciej Serda et al., 2020)

Generally, when people believe that government responses can effectively address the public health crisis, they are more likely to support government policies (Priyadarshini et al., 2023). Also, in theory, effective policies can strengthen people's sense of security, which helps reduce anxiety and restlessness. Therefore, policy support should be considered when analyzing the relationship between risk perception and people's MENTAL HEALTH (Zhang et al., 2019). In a public health crisis, prevention and control policies play an important role in relieving people's anxiety. Prevention and control policies at the central, local, and community levels can serve as social-emotional stabilizers (Hoagwood et al., 2021).

Table 1 MENTAL HEALTH Policies in Latin America

	Countries	MENTAL HEALTH Policies	Actions to monitor compliance with MENTAL HEALTH policies
Latin America	Brazil	The Government established the Psychosocial Care Network Information System with the aim of collecting, processing and examining data on the supply, demand and quality of MENTAL HEALTH services in the region. In addition, the National Programme for the Promotion of Well-being and Self-Esteem was launched, focusing on promoting, preventing and intervening in MENTAL HEALTH aimed at the most vulnerable populations, such as children, adolescents, young people, indigenous people and LGBTI people.	With the intention of monitoring policies in Latin American nations, the collection and analysis of information from the data allowed us to recognize how they control policies concerning community centers that offer MENTAL HEALTH services, as well as the frequency of mental disorders and accessibility to care. Regarding the analysis of an evaluation control and monitoring of compliance with the established policies and standards. They are carried out through audits and independent reviews, involving ministries and centers that have participated in talks and trainings on the different types of mental illness. Responsibility and transparency were promoted in the administration and allocation of resources aimed at MENTAL HEALTH, where the government, through the various strategies, seeks a participation that is activated among groups of patients, families, miMENTAL HEALTHor health professionals and the various interest groups ("educational institutions, university centers and some private companies") generating a
	Colombia	With the purpose of strengthening the management of MENTAL HEALTH, the Government presented the Information System for the Management of MENTAL HEALTH, focused on collecting data on MENTAL HEALTH, resources and effectiveness of interventions, this system is also aimed at evaluating the National Policy on MENTAL HEALTH and the Ten-Year Plan for Public Health. At the same time, the Intersectoral Committee on MENTAL HEALTH was set up with the aim of coordinating and dismantling actions between different sectors and actors related to MENTAL HEALTH. Its main function is to redefine and revise plans, programs and projects in this area.	
	Mexico	On the other hand, the Government announced the National Strategy for MENTAL HEALTH and Emotional Distress with the purpose of weakening access to MENTAL HEALTH services, worsening the quality of care,	

		discouraging MENTAL HEALTH in the community, promoting risk factors and violating the rights of people with mental disorders. This strategy is based on four pillars: primary neglect in MENTAL HEALTH, specialized neglect in MENTAL HEALTH, community mental neglect and mental neglect in emergency situations.	constant evaluation and improvement of MENTAL HEALTH policies.

Source: Authors' own creation

Table 2 MENTAL HEALTH Policies in Europe

	Countries	MENTAL HEALTH Policies	Actions to monitor compliance with MENTAL HEALTH policies
Europe	Germany	In order to collect and analyse data on the prevalence, incidence, burden and treatment of mental disorders in the population, the Government introduced the MENTAL HEALTH Monitoring System, which facilitates the monitoring and evaluation of MENTAL HEALTH measures and programmes, and was accompanied by the enactment of the Psychotherapeutic Care Reform Act. The objective of this law is to improve access to psychotherapeutic care, reduce waiting times, increase the transparency and quality of care, and strengthen the participation of patients and professionals in the planning and supervision of care.	In the European Union, the 27 member states have agreed on a uniform framework for MENTAL HEALTH as part of the priorities established during the Spanish presidency. This agreement involves ensuring the existence of appropriate laws and regulations that support and reinforce MENTAL HEALTH policies. In addition, it seeks to take advantage of the knowledge derived from pilot

Italy	In order to monitor and evaluate the situation of MENTAL HEALTH in the country, as well as the degree of implementation and compliance with the National MENTAL HEALTH Plan and the Psychiatric Reform Act, the Government established the National MENTAL HEALTH Observatory. In addition, this observatory plays a role in the generation and dissemination of information and knowledge about MENTAL HEALTH.	experiences in various countries to address MENTAL HEALTH as a global problem, focusing on the protection of vulnerable groups, the fight against stigma and discrimination, as well as the expansion of support models, such as the telephone service for people with suicidal behavior.
Sweden	In addition, the System of Mental Health Indicators was implemented in order to measure and evaluate the state of MENTAL HEALTH and well-being of the population, social and environmental determinants, MENTAL HEALTH resources and services, as well as the performance and quality of care.	

Table 3 MENTAL HEALTH Policies in Africa

	Countries	MENTAL HEALTH Policies	Barriers and actions to monitor compliance with MENTAL HEALTH policies
Africa	Ghana	There is no formal national council system for MENTAL HEALTH policies; there are only private entities that carry out campaigns to raise awareness about MENTAL HEALTH problems. Therefore, it seeks to promote a more active participation of the various actors involved in MENTAL HEALTH. In Africa, the shortage of MENTAL HEALTH professionals is evident, with less than one child MENTAL HEALTH worker (0.2) and fewer than two adult specialists (1.6) per 100,000 population, despite the high prevalence of mental disorders among adolescents and children.	On the African continent, the presence of professionals specialized in children's mental health is less than one per 100,000 inhabitants (0.2), while in the case of adult mental health experts, the figure is less than two per 100,000 inhabitants (1.6), this shortage of specialized professionals represents a significant challenge to ensure access to mental health care. especially in regions with a high prevalence of mental disorders among adolescents and children.
	South Africa	The purpose of the MENTAL HEALTH Monitoring and Evaluation System, implemented by the Government, is to collect and analyze data on the prevalence, incidence, burden and treatment of mental disorders in the population. In addition, this system facilitates the monitoring and evaluation of the National	In nations such as Angola, Central African Republic, Republic of Congo, among others, an increase in alcohol consumption among the young population has been observed. In addition, Africa has the highest rate of "deaths by suicide"

| Uganda | Mental Health Strategy and the National MENTAL HEALTH Action Plan.

The National Committee on MENTAL HEALTH was established by the Government, additionally, with the function of coordinating and supervising the implementation and enforcement of the National MENTAL HEALTH Policy and the MENTAL HEALTH Act. In addition, this committee prepares periodic reports on the situation of MENTAL HEALTH and the actions carried out. | globally, underscoring the urgency of implementing more effective mental health and fostering greater awareness.
Faced with this situation, WHO has urged governments to establish a National Committee on MENTAL HEALTH. The responsibility of this committee is to coordinate and oversee the implementation and enforcement of the National MENTAL HEALTH Program and the MENTAL HEALTH Act. |

Generally, the effectiveness of prevention and control policies is reflected in the high level of public recognition and support for these policies. In addition, effective prevention and control policies are more likely to reduce public anxiety. Conversely, ineffective prevention and control policies can lead the population to higher levels of anxiety and restlessness (Barari et al., 2020)

Based on this, we can say that public policies towards the management of scarce economic resources and our public goods, such as the health of our nations, are provoking what an economist would call an economic endogeneity of psychological resilience. In other words, psychological resilience depends partially on the economic and public policy implemented in a country (Kola et al., 2021; Moreno et al., 2020)

However, in policy evaluation, the individual is no longer the center of attention. MENTAL HEALTH is viewed differently and is typically analyzed with respect to the point of institutionalized MENTAL HEALTH care provision and is analyzed this way even in some of the more socially behavior-focused studies (Tubadji et al., 2022; Venkatesh & Edirappuli, 2020)

In this perspective we find Foucault's theory where he emphasizes that MENTAL HEALTH is not only relevant, but its care is a matter of national interest, so the public discourse also affects the MENTAL HEALTH of the general public. In which he explains how the mentally ill have been treated differently through public policies in different historical periods, and how this has dramatically and negatively affected their quality of life, especially institutionalizing rather than allowing them to remain in a social environment. Foucault's reasoning has been particularly influential in the anti-psychiatry movement and this was reflected in the shift from public policy towards hospitalization, which is a policy shift that has encountered mixed feelings throughout the space (Blasco-Belled et al., 2022; Tubadji et al., 2022)

For Sallis et al (2020) crucial elements for the formulation of effective policies and plans aimed at addressing MENTAL HEALTH include strong and committed leadership by governments, active participation of stakeholders, clear definition of areas of action, implementation of evidence-backed and financially supported measures, explicit attention to equity, as well as respect for the inherent dignity and human rights of people experiencing mental disorders and psychosocial disabilities. These approaches, therefore, seek to protect vulnerable and marginalized groups.

In the United States, the MENTAL HEALTH Act is a stand-alone legislative document, integrated by other health-related laws, codified based on key principles, values, and objectives of MENTAL HEALTH policy, e.g., by establishing legal and oversight mechanisms, promoting the protection of human rights, and the development of social and mental health services accessible to the community (Fagan et al., 2019).

In Brazil, due to the pandemic, technical advice was provided to guide policies and field activities related to MENTAL HEALTH. However, the loss of effective leaders due to turnover, including political cycles, is also a common challenge in public systems (Baião & Marcolan, 2020)

In addition, globally, only a minority of people with a mental disorder receive any treatment, and coverage of interventions that prevent associated effects is even poorer, while coverage of interventions to prevent mental disorder or promote mental well-being is negligible. This failure in implementation contravenes the right to health and leads to preventable suffering at the population level, with associated effects and economic costs amplified during crises, such as COVID-19

Based on the findings found in each of the articles, it was possible to determine that during the pandemic, the implementation of public policies for MENTAL HEALTH was based on

the following steps; First; assess the size, impact, and cost of unmet needs, which would anticipate the development of public policy interventions in MENTAL HEALTH, taking into account the effects of a pandemic, natural disaster, social problems, scarcity, financial crisis, or any phenomenon that impetuously develops damage (Ding et al., 2020).

Second; For the identification of appropriate public MENTAL HEALTH interventions, the estimation of the impact and economic benefits associated with improving the coverage of these interventions must be analyzed, these steps are required first at the national level, informing both policies and transparent decisions about the acceptable coverage of different interventions, so this process, in turn, it informs the scope of coverage, resources needed, commissioning, and coordination between providers of different interventions (Goldman et al., 2020; Kä Mpfen et al., 2020).

Third; The implementation of public mental health interventions agreed upon by a government should be based on the evaluation of coverage and outcomes, even for high-risk groups (Goldman et al., 2020). Communication should be adequate and clear to the general population and health professionals, where supporting the implementation of these interventions improves awareness, understanding, and reduces distress associated with uncertainty (Tubadji et al., 2022).

Room; There are several ways to improve the population's access to public interventions in MENTAL HEALTH, one way is through the training of health professionals and related professionals to strengthen their understanding of public mental health. It is also essential to improve the general population's knowledge of mental health, especially in critical situations such as the pandemic (Aknin et al., 2022; Oster et al., 2023).

Fifth; Digital technology can become a favorable public MENTAL HEALTH policy, where we work together with caregivers and professionals to reduce people from social isolation, providing public training in MENTAL HEALTH, and tracking those serious cases. However, implementing this policy also generated major drawbacks as many of the people did not have access to technology (Artvinli & Uslu, 2023; Oster et al., 2023).

Sixth; Digital healthcare can be personalized for daily life, by directly delivering psychological treatment to patients, a pathway that also addresses barriers related to cost and stigma to healthcare. From a research perspective, digital technology provides an efficient and cost-effective way to recruit patients and provide easy access to care, particularly in this time of physical distancing (Esperidião et al., 2020; Tausch et al., 2022)

Seventh; Group and environment approach policies allowed the implementation of public MENTAL HEALTH interventions in large sectors of the population, such as schools and workplaces, including through digital means during confinement or quarantine r an important support for the implementation of public MENTAL HEALTH measures (Bruns et al., 2019).

Eighth; Policymakers should allocate resources to train professional staff in MENTAL HEALTH services to meet these growing MENTAL HEALTH needs and increase financial support for MENTAL HEALTH services for older adults. popularize knowledge of MENTAL HEALTH and publicize professional psychological counseling and treatment services (Chen et al., 2023; Lazarus et al., 2021).

Based on the policies analyzed, it should be noted that policies at the federal, state, and

local levels may present obstacles or opportunities that could be addressed with legislative changes. Although the procedures for passing bills, ordinances, and other mental health mechanisms differ by locality, elected representative bodies are generally required to pass proposed legislation which is then signed into law by the leader of the executive branch. Types of laws include funding allocations for new and existing programs, authorizations for new agencies and programs and reorganizations of existing ones, and mandates for oversight and reporting activities (Backholer et al., 2021; Campion et al., 2022)

Financing is a critical point of health policy. Although funding mechanisms are typically controlled by government legislative and regulatory activities through direct allocations, federal block grants, or public payers (i.e., Medicare and Medicaid), organizations such as private insurance companies (including managed care plans), philanthropic organizations, and foundations are also affected by changes in mental health policy. Therefore, the sustenance of MENTAL HEALTH programs is generally based on a combination of reimbursements for clinical services, including public funds, private contracts and grants, and other sources of income (Goldman et al., 2020)

In the case of COVID 19, in order to prevent the anticipated effects of on the MENTAL HEALTH of the population, there is an urgent need to implement effective public MENTAL HEALTH interventions at the population scale, supported by the practice and innovation of public MENTAL HEALTH (Enos, 2023).

VII.   CONCLUSIONS

The compilation of the findings of the different articles allowed us to make the following conclusions:

In health institutions, one of the problems of managing public policies in terms of MENTAL HEALTH is deficient leadership; One example is that supervisors had little or no administrative experience of knowledge of the health programs they run.

The effective implementation of public policies in MENTAL HEALTH can mitigate the impact of the pandemic on mental well-being, prevent the onset of disorders and reduce relapses. However, despite a favorable legislative and policy environment in countries such as Iran, Brazil, the United States, and Poland, and in nations such as Pakistan and South Africa, there is a lack of explicit monitoring of essential health system resources and contributions.

Challenges persist in meeting MENTAL HEALTH policy objectives, particularly in governments with inefficient resource management, underscoring the need to address these inefficiencies to improve the provision of critical MENTAL HEALTH services within an integrated primary care model.

There is a need to implement interventions that make following public health protocols more attractive, such as virtual social interactions designed to mitigate social isolation. However, attention should be paid to ensuring access to these digital services for vulnerable populations. The Lancet Commission on Global Mental Health suggests adopting digital interventions that complement traditional treatments, rather than replacing them entirely.

As the pandemic progresses, the psychosocial burdens resulting from measures such as physical distancing, loneliness, loss of loved ones, and unemployment will become more apparent. Responding to these MENTAL HEALTH needs offers researchers a vital opportunity to apply existing knowledge and advance MENTAL HEALTH goals within

universal health coverage.

Practices in MENTAL HEALTH are often limited by political barriers, as has been observed in areas such as telepsychiatry, integrated care, and medication-assisted treatment. These models could benefit greatly from sustaining policy changes induced by the COVID-19 crisis, providing valuable lessons for the future of MENTAL HEALTH services.

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