LIFE AND HEALTH SCIENCES
Sector focus

Mental health

2022

Ajuntament de **Barcelona**

Barcelona Activa

Summary

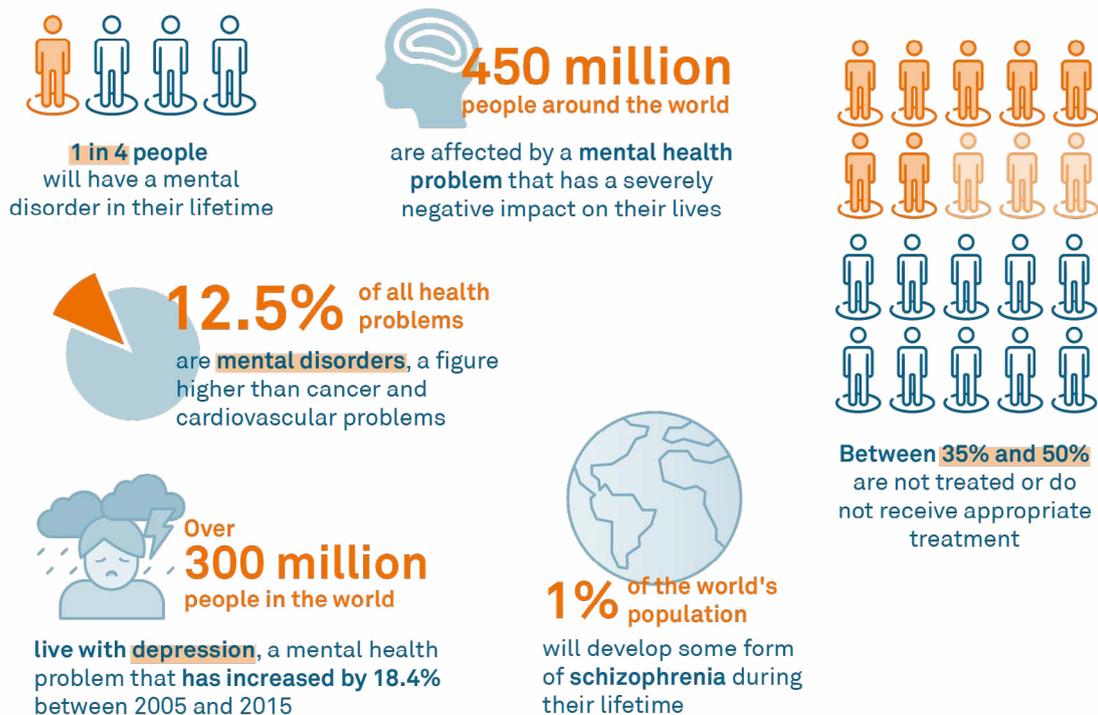# Mental health, a social and health care field

What is mental health?

There is no unique definition, but **mental health** is usually described as the **state of emotional**, **cognitive and behavioural balance** that allows the individual to develop responsibly in their family, social and work environment, as well as enjoy well-being and quality of life. Mental disorders are alterations that involve a dysfunction of thought, emotions, and behaviour and that have an impact on all areas of life.

The World Health Organisation (WHO) defines it as a well-being state in which the person is aware of their own abilities, can address normal tensions in life, can work fruitfully and make a contribution to their community.

Lack of mental health is a widespread disease. In fact, **one in four people will experience a mental health disorder in their lifetime**. Directly or indirectly, it is common to experience mental health-related issues. It is a condition in the same way as having a broken arm may be, even if there is no cast or sling that makes it externally obvious. However, 45% of people with mental health problems do not ask for the help they would need. Asking for help is the first step to deal with it.

Figure 1. Global key indicators of mental health

1 in 4 people will have a mental disorder in their lifetime

450 million people around the world are affected by a **mental health problem** that has a severely negative impact on their lives

12.5% of all health **problems** are **mental disorders**, a figure higher than cancer and cardiovascular problems

Over **300 million** people in the world live with **depression**, a mental health problem that **has increased by 18.4%** between 2005 and 2015

1% of the world's population will develop some form of **schizophrenia** during their lifetime

Between **35% and 50%** are not treated or do not receive appropriate treatment

Source: Prepared by the authors based on global data by the WHO.

Why do we talk about mental health and employment?

In terms of employment, the peculiarity of these diseases is that **they cannot be resolved solely from the health system** and with the involvement of health professionals (by placing attention on physical and organic health). Instead, the range of occupational profiles that intervene in the care and management of mental disorders, and which affect health aspects as well as family, social, educational, community, etc. must be opened up. Therefore, a **holistic vision** -a broad perspective- is needed to accompany people in their process of detection or identification, diagnosis, acceptance, recognition and treatment of mental illness, in collaboration with the other professional profiles associated with care services that, in most cases, are made up of socio-sanitary and multidisciplinary teams. Social awareness of the diversity of typologies and levels of affectation of mental health disorders also makes it more obvious that treatment cannot be limited to health care -interdisciplinary approaches are needed.

Mental health is undergoing, among other changes, a change in the organisation of professional services. The **integration of the health and social sphere** is the commitment for the future to strengthen the mental health care model, along with the community support required by the volume of population to be cared for and the complexity involved in providing good support. Employment in mental health care services focuses mainly on the fields of **prevention**, **care**, **rehabilitation**, **legislation**, **ethics** and also on **research** and **knowledge transfer**.

The context of the pandemic revealed the **fragility of mental health care services** and the shortcomings that persist in being able to accompany people with mental health problems and their families well. Labour uncertainty, economic crisis, fear of contracting COVID-19, the impossibility of saying goodbye to loved ones or the social isolation caused by the pandemic affected the mental and emotional health of many people, especially the most vulnerable groups (hospitalised persons, elderly people, people in isolation and/or with scarce or no social support, people who have experienced traumatic situations and/or consequences of the economic crisis, children and adolescents, women, carers, etc.).

In recent times, mental health has experienced increasing **visibility**. COVID-19 and post-pandemic moments have influenced mental health, but especially its visibility. Society has given these disorders more importance and they are no longer taboo and hidden diseases -they have gradually become destigmatised and they are beginning to come to light, to enter the political agenda, to reconfigure the care system and to increase specialist services.

The current context makes clear that the coverage of the care system is insufficient. This major challenge that has emerged needs to be addressed, mainly on the basis of the need to incorporate new professionals into the process of building and developing a new social health care model, because mental health care is going to grow. Here we have to mention the **increased capacity for an early diagnosis**, which will increasingly require multidisciplinary treatment. Mental illnesses affect not only people's health, but also their environment and ability to interact in different spheres. However, it involves a greater demand for care and more professional profiles that will intervene and that need to specialise in mental health.

Mental health care services

Facing stigma with awareness

Beyond access to specialised mental health services, the task of **community action** and the **association movement** must be highlighted, which work, among other things, in the fight against the stigma associated with people with a mental disorder. Knowledge and awareness campaigns among the population are the most effective way to achieve this. In Catalonia there are platforms striving for mental health awareness, such as Obertament, a sum of efforts dedicated to achieving a change in people's attitudes and behaviours. This platform is part of the Global Alliance Against Stigma, a global movement against stigma and mental health discrimination.

In this regard, there are also professionals in the field of social education working on programmes such as Ments Despertes (Awaken Minds), a course for prevention, health promotion and the fight against stigma. This resource is not on the public health network, as it is considered that classrooms are the space to encourage an individual and community change of attitude, the access to a more inclusive society. Specifically, it is a **training and prevention itinerary** led by people with mental health diagnosis targeted and adapted to the students of high school, Baccalaureate, Basic, Middle and Upper Grade Vocational Training Cycles and universities. The aim is to create community participation and promote healthy habits, as well as to bring the realities of mental illness closer to young people and students.

Prevention from the education and family sphere

Mental disorders can affect people of any age, but **more than half of these disorders** -between 60% and 70%- **begin in adolescence**. Furthermore, major psychiatric syndromes -schizophrenia, bipolar disorder and recurrent depression -typically manifest between the ages of 18 and 30, which is a time of major changes, and we must be alert to the noticeable and persistent changes in the minds of young people.

In the first instance, therefore, we must highlight all the professionals dedicated to the educational, family, social, community and health fields working in the detection, prevention and treatment. This attentive look at adolescence -from families and schools- is essential to **prevent mental health problems from appearing and becoming more serious.** Early prevention and treatment are essential for positive development.

In the field of education, the growing trend is to provide health and social **complementary training** for professionals to recognise alarm signals. Knowledge about mental health is necessary to become early detector agents. An attentive look, a trained eye and some tools can help the educational community in this task.

One of the resources that is important to highlight are Espais Situa't, reference points that provide information, guidance and accompaniment on any aspect relating to mental health (general services, legal information, paperwork, listening, etc.). This resource also monitors cases that would not normally reach the mental health centre, so it is often linked to the associative movement of the territory and in contact with a team of multidisciplinary professionals.

Social support networks and community action

Social support networks refer to the **social and emotional environment** of people and the relationships established there. These networks are generated informally and are vital in the everyday environment because they facilitate emotional well-being. To recover from a mental health problem, having healthy relationships with the nearby environment and having these social support networks is key.

In this sense, the Catalan Mental Health Federation is the leading social movement that hosts more than 70 entities dedicated to care and support for people with mental health problems and their families.

In addition, there are efforts to work closely with the field of **research**, such as with the OpenSystems research group at the University of Barcelona, to identify and characterise these social support networks, through the CoAct for Mental Health project, a citizen science project based on a Telegram chatbot.
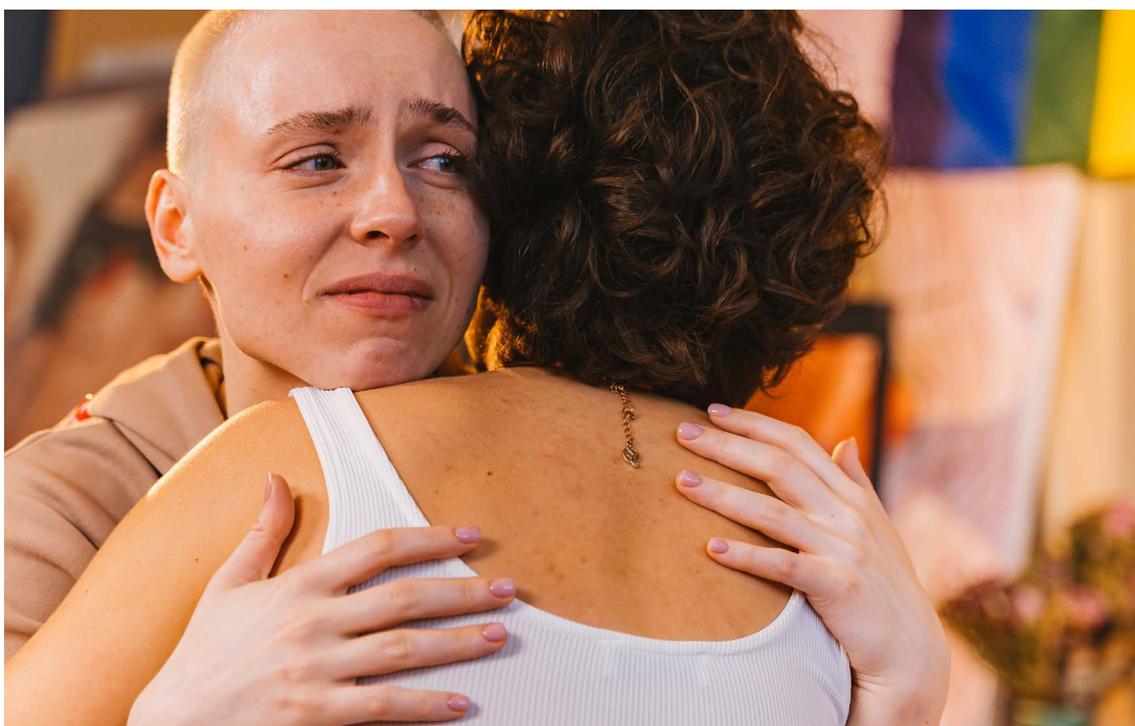
Specialised social services

Specialised public services are organised according to the typology of situations and needs of people with mental illness. Understanding the role of each of these resources is essential to approach the multiple professional profiles involved in the configured health system. As mentioned above, this is done through a social and health care approach in which social services and health network services come together. Specifically, **social services specialised in mental health** are the following:

Specialised social service	Target population	Care provided
Autonomy assistance services in the home	People with social problems caused by mental illness living alone, in partnership or living together with other people, who have certain needs or shortages that they cannot satisfy themselves.	Support is provided for self-care, domestic and community activities to improve self-management and independent life.
Home residence service	People with long-term mental illness and social problems.	Residential, temporary or permanent shelter service, where people can live and receive support from a multidisciplinary team of professionals. They offer accommodation, personal support, accompaniment, and foster habits of personal autonomy and co-living, through the promotion of interpersonal and social relations.
Home service with assistance	People with mental illness who enjoy a good level of autonomy and need occasional external support.	Housing service where three or four people live with occasional external support. They provide a suitable and home-based substitute environment adapted to the needs of the person in order to enhance personal and social autonomy, promoting integration into community life. It is therefore a service that constitutes an intermediate resource between residence homes and autonomous life.
Social club service	People with social problems arising from mental disorder. Those wishing to participate must be in a period of clinical stability of their disorder, and maintain sufficient motivation and autonomy to perform the activities proposed by the service.	It is a service based on the creation and promotion of relational links to improve the sense of belonging of the collective in the fight against social stigmatisation.
Pre-employment service	People with stabilised and compensated severe mental disorder.	Service dedicated to training and enabling the person to start a work placement pathway to achieve their social and employment integration.

Specialised social service	Target population	Care provided
Guardianship service	People with mental illness who are legally incapacitated or protected by guardianship positions appointed by the courts.	The service is carried out by non-profit legal persons, who are involved in the protection of incapacitated persons, when natural persons who have their guardianship can no longer take care of them. The entity represents the person, guarantees their protection, administers and saves their property and ensures that they have a good quality of life.

Mental health services network

Despite the fact that mental health care it prioritises integration into the community and combines several possibilities of care, as mentioned above, interdisciplinary care is offered from the health field, with teams of professionals from **psychiatry**, **psychology**, **social work** and **nursing**, among others.
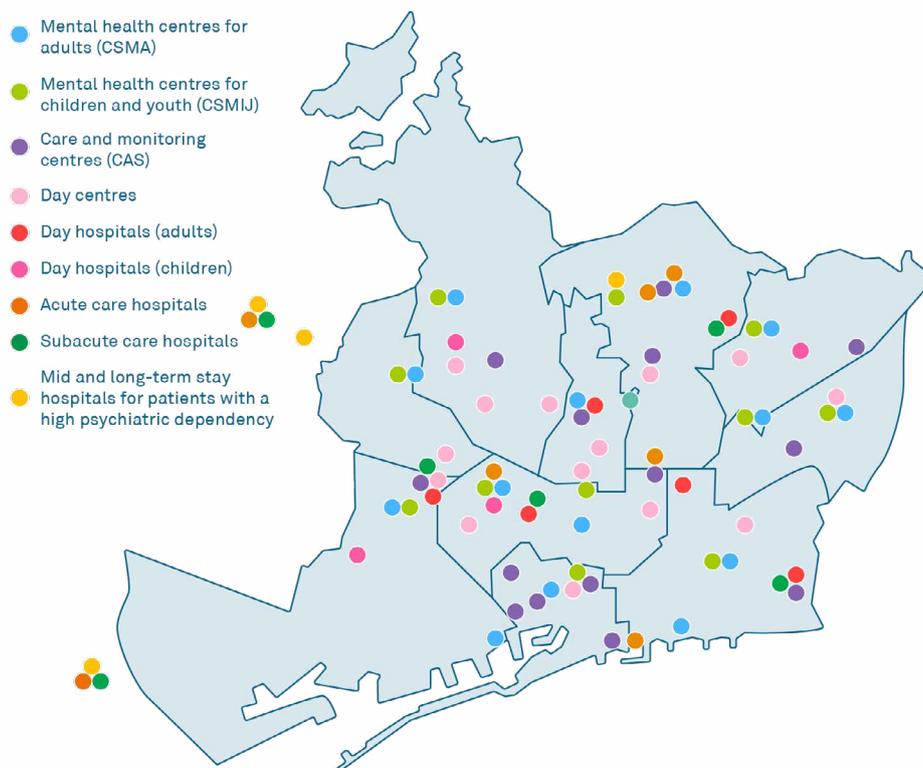
Primary care is a key player in the early detection of mental health problems, where milder cases of anxiety and depression are also treated. A team of mental health specialists support primary care teams and integrate into primary care centres. Furthermore, and for more serious cases, mental health care services are provided from different **specialised services**. Specifically:

Specialised social service	Target population	Care provided
Mental health centres	People derived from primary care, through Adult mental health centres (CSMA) -for psychiatric outpatient care and for primary care support for over 18 years of age- and juvenile child mental health centres (CSMIJ) -for psychiatric outpatient care and for primary care support for children and adolescents up to the age of 18.	Multidisciplinary teams made up mainly of psychiatrists, psychologists, social workers and nursing staff, to provide specialised care in outpatient care.
Psychiatric hospitals	People with severe and persistent symptoms, chronic evolution with significant social and family maladjustment, limitations on autonomous functioning and personal and social risks.	Service dedicated to people who need a prolonged period of hospitalisation to ensure their reintegration into the community under conditions of clinical stability.
Mental health day centres	People with mental disorders without committal needs.	Partial hospitalisation services that combine pharmacological, psychotherapy and rehabilitation treatments.

Specialised social service	Target population	Care provided
Mental health day centres	People with serious mental disorders, with a degree of autonomy and stability of the disease, who do not have severe situations of decompensation and who continue in their family environment.	Services focused on achieving a certain degree of autonomy and stability, through rehabilitating treatment of personal skills and social skills.
Care and monitoring centres	Drug users with an addiction to alcohol, cocaine, ecstasy, heroin and other addictive substances requiring health, psychological and social support.	Mental health care in addictions has several mechanisms. Some of them are outpatient services such as drug addiction care and monitoring centres (CAS). Others are inpatient services such as hospital detoxification units, dual pathology units, crisis centres; and others are residential ones, such as day centres, rehabilitation apartments and therapeutic communities.

The services and facilities for mental health care and health network addictions throughout the city of Barcelona work together:

Figure 2. Map of mental health services and facilities in Barcelona

Legend:
- Mental health centres for adults (CSMA)
- Mental health centres for children and youth (CSMIJ)
- Care and monitoring centres (CAS)
- Day centres
- Day hospitals (adults)
- Day hospitals (children)
- Acute care hospitals
- Subacute care hospitals
- Mid and long-term stay hospitals for patients with a high psychiatric dependency

Source: Prepared by the authors based on global data by Consorci Sanitari de Barcelona.

Impact of mental health on employment

Mental health is a multi-faceted reality, impacting on different aspects. There are many occupations in the social and health care field that will have to incorporate specialisations and new professional skills to adequately address mental health and the problems arising from it.

However, in the set of services previously mentioned, dedicated to the treatment of people with mental disorders, work is carried out by interdisciplinary teams of professionals specialised in psychiatry, clinical psychology, social work, occupational therapy, social integration, social education, and nursing staff specialised in mental health, among others.

These professionals also have the role of **promoting self-care** and **preventing risk factors** in mental disorders. The medical, social, work and family consequences of mental health diseases are also addressed, rehabilitating altered skills, reintegrating people into society and supporting their main carers as well.

In the development of all these functions, professional figures include:

Neuropsychologist: specialist in the field of neurosciences who deals with the assessment, diagnosis and treatment of difficulties in **cognitive**, **psychological**, **emotional and behavioural** processes. Their aim is to work with people suffering from neuropsychological disorders, detecting which pathology may be the cause and offering a treatment or rehabilitation plan, which will help improve their quality of life or, at the very least, mitigate their deterioration.

Clinical psychologist: psychology focused on the clinical field is incorporated into the **diagnosis and treatment of mental disorders**. There are multiple methodologies (behaviourism, cognitive, psychoanalysis, humanism, Gestalt, and systemic family therapy, among others) and tools used by these professionals vary according to the fields of specialisation, which can be in child clinical psychology, neuropsychological rehabilitation, oncologic psychology, intervention in families, etc.

Psychiatrist: a medical practitioner dedicated to the diagnosis, treatment and rehabilitation of mental illnesses. Through neurosciences, clinical psychology and psychiatry design and study more efficient and effective ways to address the **functioning of the human brain** and **continuity of care** throughout the therapeutic process.

Mental health nurse: a health professional who offers nursing care specialised in mental health at different levels (promotion, prevention, treatment and rehabilitation of mental health). Their scope is broad, insofar as they may be in both hospital care and community action through mental health centres, primary care, home care or social institutions aimed at mental health rehabilitation activities. The differential trait of the mental health nurse is their orientation, directed primarily at interpersonal **relationships between nurse and patient** or patient groups. They use this relationship as a therapeutic tool by initiating, promoting and maintaining a supportive relationship with the person, family or group receiving the care for a certain period of time.

Occupational therapist: professional health profile that in the field of mental health which plays an important role in the stage of rehabilitation, recovery and inclusion. Their intervention consists of implementing strategies to **train and help empower the person** to participate in the activities of daily life, offering greater self-confidence, adapting and redefining their everyday life in conjunction with the family, taking into account the new diagnosis or the new physical and mental situation of the person.

Social worker: Social work in mental health is a professional activity aimed at researching the **psychosocial factors** that affect the health process, as well as the treatment of the psychosocial problems that arise in relation to the situations of the disease, whether they are catalysts or consequences of it. Beyond the biological scheme that deals with psychiatry, the influence that the social environment has on the genesis, evolution and prognosis of mental health and, therefore, community-centred attention becomes the strategy of this professional, which is present in healthcare policy teams, considered both in the social services portfolio and in the health services network.

Social educator: this professional's work in the field of mental health is highly multidisciplinary, in that it creates the possibility of caring for the individual from a **more transversal**, **holistic and biopsychosocial perspective**. As teams expand and become more democratic, the participation of social educators helps to generate new contexts within the social health system, a fact that encourages users of services to be able to opt for accompanying life and/or change processes. This professional figure plays a **pedagogical role** dedicated to generating educational contexts and mediating and training actions to increase psychological and social well-being, facilitating the processes of integration and empowerment of people. They can address a wide diversity of groups and act in different fields of intervention: in leisure education, in day-to-day or residential care services, in home care, in the socio-sanitary field, civic and community action, cultural, justice, social services, social and work integration, awareness, networks and support for entities, international cooperation, etc. It also actively participates in social entities that work to stop stigmatising this collective.

Social integrator technician: professional dedicated to carrying out **socio-educational interventions** aimed at accompanying a person with a mental disorder or an addition in their community inclusion process. They develop their social and educational activity -mainly within the framework of an interdisciplinary team- in the field of health promotion, prevention and rehabilitation. In particular, they organise and implement various activities that promote the inclusion and autonomy of individuals. Workshops that apply resources and methodological strategies that can be associated with themes such as social, self-care and instrumental skills, self-esteem and self-concept, etc. In addition, these figures often take on a professional role as a reference in social relations in their unit of coexistence. They are also actively involved in the development of intervention projects linked to awareness and mental health prevention aimed at the population as a whole.

The following is a graphical approach to **where the different professional profiles listed are involved**, bearing in mind that a large part of the services work in interdisciplinary teams to respond to the different needs of people with mental problems and their families:

Figure 3. Professional profiles by scope of action
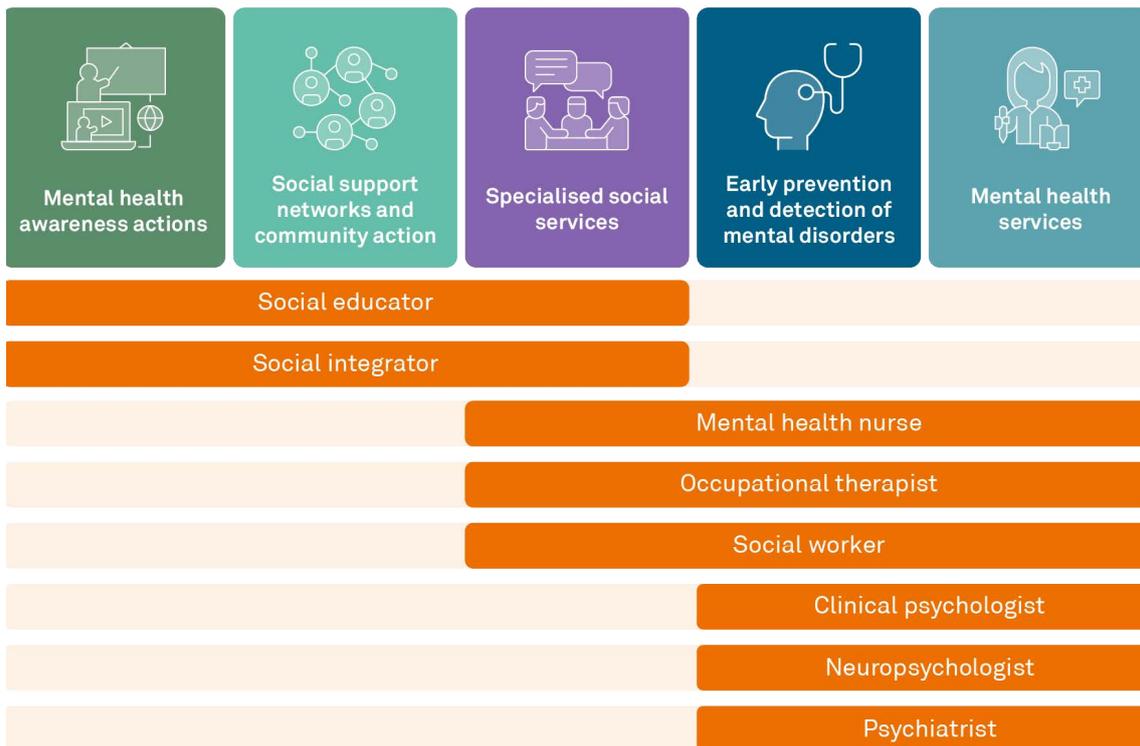
Source: prepared by the authors.

Innovation in the field of mental health

New technologies can improve people's treatments and quality of life. We must bear in mind that currently it is estimated that **less than 50% of people with mental disorders are receiving treatment** and, of these, less than half are receiving adequate treatment. However, the arrival of research results must be facilitated in order to generate impact on people with mental disorders and their families and incorporate the participation of affected and family members in the field of research in order to advance with **collaborative and bidirectional models** that allow the continuous interaction of technologies, services and products in the process of innovation.

Alongside the set of entities involved in the various social and health care areas for mental health, there is an ecosystem dedicated to promoting **innovation** and **talent** to improve mental health and autonomy throughout the life cycle. Essentially, these entities develop projects and technologies applied mainly in mental health, neurosciences and the ageing of population. For example, the initiative Care & Autonomy Living Lab is a space for interaction between companies, public bodies, universities, users and other interest groups, to collaborate in the creation, prototyping, validation and testing of new technologies, services or products linked to the fields of mental health.

The innovation processes in mental health basically seek to generate internal and external synergies to implement valorisation and transfer strategies to **accelerate the arrival to society of the results of research** by research groups and institutions, primarily focusing on technology and mental health. A reference in this regard is the New Mental Health Technologies Innovation Network (TECSAM).

A focus on mental health

The future of mental health will soon rely on the **National Mental Health Pact**, which will become a new framework for establishing this problem as a priority within the public policy agenda. A precedent capable of tackling mental health from a broad perspective, incorporating new professionals into care, combining a coordinated social health care area and closely collaborating with social entities dedicated to accompanying people and their families.

We are starting from a reality where interdisciplinary teams of mental health professionals are already working together. This starting point is key to responding to the multiplicity of areas where mental health impacts, although **new skills must still be given to other social agents** who are also involved in prevention, detection, accompanying or rehabilitation, such as teachers and other members of the educational community, educational psychologists, primary caregivers, etc.

The involvement of **research and knowledge transfer groups** working to improve the medical, social, work and family consequences of mental health diseases also paint a new picture in the area of technology and social innovation. This horizon promises to safeguard the quality of life of people with mental health problems and their families.

In short, there is a wide range of professional profiles that will go upwards that will help to build and develop the social health area that mental health requires, broadening services and adapting to the wide diversity of situations and needs for care.
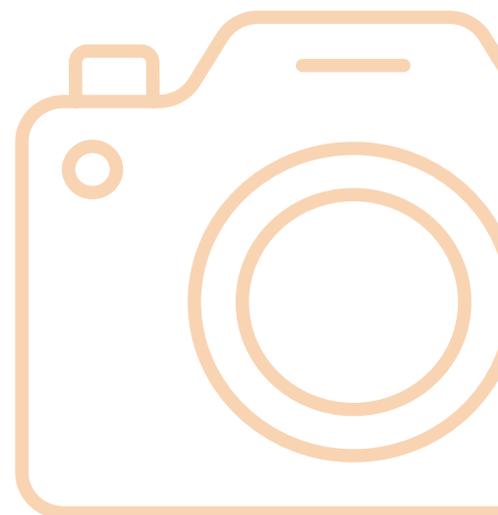
Sources consulted

- Associació Catalana de Professionals de Salut Mental.

- Salut Mental Catalunya.

- Confederación Salud Mental España. La salut mental en xifres.

- Obertament per la salut mental.

- Organització Mundial de la Salut (2021). World Mental Health Day 2021.

- Agència de Salut Pública de Catalunya (2017). Prevenció i promoció de la salut mental.

- Nou Barris. Associació Centre Higiene Mental. Què és la Salut Mental.

- BBVA Aprendemos Juntos (2021). Decàleg per tenir cura de la salut mental dels adolescents.

- Salut Mental Sabadell (2020). Commemoració Dia Mundial de la Salut Mental.

- Viquipèdia (2022). Salut mental.

- Servei Català de la Salut (2020). Resum anual Consorci Sanitari de Barcelona.

- Amic Media (2021). Carme Valls: "Es recepten cinc vegades més antidepressius a les dones que als homes".

- Pou, T. Diari ARA.(2021). Un "xatbot per investigar com afrontar millor els problemes de salut mental.

- Col·legi d'Educadores i Educadors Socials de Catalunya (2021). L'educació social en l'àmbit de la salut mental: mirades, experiències i reptes.

Image credits

- BRET KAVANAUGH. Cover and Summary image.
- TIMA MIROSHNICHENKO. Page 4.
- ANTONI SHKRABA. Page 6.
- RODNAE PRODUCTOIONS. Page 7.
- COTTONBRO STUDIO. Page 11.
- ARIADNA CREUS I ÀNGEL GARCÍA. Page 14.
- NATHAN DUMLAO. Page 15.

This report has been prepared by **Utrans.**