

Restoring mental health safety nets



Social safety nets refer to the networks of assistance that are available to individuals or families who are vulnerable or who are experiencing poverty. Mental health safety nets can encompass traditional assistance, such as food and cash transfers, as well as behavioral health services and medication coverage – much-needed resources around the world.

Whether we are now living in a post-COVID-19 world is a matter of debate, but there is some consensus that we are now through the most acute stages of this pandemic and approaching a point at which an ending of sorts can be declared. World Health Organization Director General Tedros Adhanom Ghebreyesus has publicly indicated¹ that it is likely that the World Health Organization will announce at some point in 2023 that the pandemic has formally ended.

Much as in other periods of major social and economic transition, such as the end of World War II or the Great Recession of 2008, attention to inequality has now become heightened – especially to inequality that stems from failures or lapses in social protection. These are crucial moments in time for reevaluating social contracts to identify governmental and social support commitments that are necessary for protecting and promoting individual security, physical health, and mental health and well-being. With a potential ‘end’ in sight to the COVID-19 pandemic, and given the staggering income inequality, inflamed cultural conflicts that affect ethnic, racial and social minorities, and a burgeoning mental health crisis, the window is open to reconsider the current state of resources and to fortify social safety net functions, such as adequate housing, access to healthcare and mental health services, and non-contributory assistance, including food and cash transfers.

Looking specifically at the United States, the grim effects of a patchwork and fraying social safety net are evident. Life expectancy has continued to fall in the United States, while



maternal, child and adolescent mortality² have all increased. The US Surgeon General released a report³ in 2021 highlighting the disconcerting increase in mental health issues in young people, as well as the pressing need for expansion, coordination and funding for services and interventions. Counterintuitively, this constellation of negative health outcomes is present in the United States, which has the highest gross domestic product (GDP) (\$20.89 trillion in 2022)⁴ globally, yet has wholly inadequate investment in the social safety net. The United States is an economically powerful country, but one beset by social struggles and the erosion of other dimensions of national prosperity, well-being and quality of life.

In this issue, *Nature Mental Health* publishes a [Perspective](#) that delves into new ways to assess social welfare and national prosperity. Occhipinti et al. put forth an alternative to the gross domestic product, ‘mental wealth’, that seeks a more nuanced and holistic measurement of infrastructure and brain capital and that benefits collective social well-being. Benchmarking the mental wealth of nations may be a first step toward better evaluation of the contribution and integration of

investments, social contributions and human development that promote and protect health and well-being.

Scrutiny of social safety nets cannot be limited to times of crisis but should be a continuous process. The COVID-19 pandemic has provided a backdrop to a series of additional disasters, the effects of which have been superimposed and compounded, making desperately clear where resources are most limited and where a lack of social infrastructure has been devastating. The massive 7.8-magnitude earthquake that struck Syria and Turkey on 6 February 2023 claimed over 50,000 lives in a region that has borne an inordinate share of tumult, including protracted civil war and economic and humanitarian crises. In a [Comment](#) piece, Garfin and Silver discuss the ramifications of ecological and environmental disaster as being both acute and potentially delayed in individual people and communities. Absorbing short-term effects, such as deaths, can give way to longer-term recovery processes and issues with functioning, including post-traumatic stress disorder. In another [Comment](#), Patwary et al. underscore the severe limitations for Syrian providers who

are simultaneously addressing the massive increase in mental health needs, particularly for children, in the aftermath of the earthquake in a decimated healthcare system. What is certain is that bolstering basic infrastructure through ongoing humanitarian aid, de-escalation and stabilization is urgently needed.

Social safety nets should also operate in a responsive and forward-thinking way to mitigate the effects of crises. As the COVID-19 pandemic has made abundantly clear, in an age of global interconnectivity, our experiences are linked. In a [Correspondence](#) from Sinyor et al., the authors warn of the potential for widespread mental health consequences in the face of global economic downturn. Indeed, as they suggest, suicide is one of the most pernicious and devastating outcomes. Previous public health work has shown that certain measures,

such as early detection and intervention for substance misuse in the face of mental health challenges, can be a means for intervention and for protecting individuals. Although countries have varying capacity to commit resources to preventative programs, these mechanisms need to be prioritized in funding for mental healthcare delivery.

In the winding down of the COVID-19 pandemic, with the potential for global recession looming, and with inevitable natural and human-caused disasters before us, there will continue to be human-borne costs. How we fare in response to those threats depends largely on the strength and commitment of our social contracts, and mental health may lie in the balance. Protecting and promoting well-being, security and social capital will require collaborative restoration of mental health

safety nets by reinforcing the areas at which individuals and communities are experiencing the greatest inequities and need.

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