

---

# Promoting Mental Health and Well-Being in Public Health Law and Practice

*Jill Krueger, Nathaniel Counts, and Brigid Riley*

**M**ental health, our cognitive and affective tools for processing and making decisions about the world, is one of the most meaningful resources in maximizing our well-being.<sup>1</sup> When we talk about mental health and well-being, too often our conversations move immediately to mental illness. We have neither built a vocabulary to clearly express what “mental well-being” means, nor communicated the findings of scientific research that illuminate the connection between the brain and the body. We have been slow to recognize mental health and well-being as amenable to efforts at disease and injury prevention, health promotion, and population-wide interventions. But, as research finds that mental health is especially influenced by social determinants of health, and related morbidity can be mitigated or entirely prevented, these attitudes are changing.<sup>2</sup>

This article begins with a review of individual stress and its relationship to well-being in cultural context. It then offers examples of laws, policies, and programs to promote mental health and well-being, and examines how collective impact contributes to well-being.

## **Individual Stress and Its Relationship to Well-Being in Cultural Context**

Our bodily systems are in constant communication, and those studying the interactions of mind, body, and behavior are pushing us to recognize the “biological pathways and mechanisms by which thoughts, emotions and life experiences can influence susceptibility

---

*Jill Krueger, J.D., is Director of the Northern Region of the Network for Public Health Law, based at the Public Health Law Center at Mitchell Hamline School of Law. Nathaniel Counts, J.D., is Director of Policy at Mental Health America. Brigid Riley, M.P.H., is Principal Consultant at Willow Consulting.*

or resistance to disease.”<sup>3</sup> As a result of these biological pathways, positive thoughts, emotions, and life experiences — the foundation of mental well-being — can create an “inoculation” effect against disease processes, acting as a wellness reserve from which to draw when experiencing life stress.<sup>4</sup> Conversely, the presence of stressful, negative thoughts, emotions, and life experiences sets up conditions so that life stress may have a negative effect on health, creating fertile ground for disease processes to put down roots.

Experiencing stress can lead to both physical and behavioral responses. The physical response, often described as the fight-or-flight response, includes increased blood pressure and heart rate as well as the release of stress hormones. Continuous stress exposure leads to ongoing strain on the body’s systems. This can eventually affect the body at the genetic level. Although exposure to all types of stress can lead to changes in health and well-being, ongoing strain on the body from routine stress may be the least noticeable, and too often receives inadequate attention.<sup>5</sup> Behavioral responses may include coping behaviors, such as smoking, drinking, over-eating and over-working, which offer short-term stress relief, but can eventually lead to a course of disease. Both types of stress reactions can lead to diminished mental well-being and set up conditions for chronic diseases to take hold. While stress and its effects are not the only contributors to the disease process, they represent an area of promising intervention.

Two main routes have emerged for addressing negative interactions with stress: managing the stress response and addressing its causes.<sup>6</sup> Improving one’s ability to manage life stress may improve mental well-being. Many stress management methods have demonstrated results, including regular exercise, healthy

foods, the Mindfulness-Based Stress Reduction program,<sup>7</sup> yoga, sufficient sleep, spending time outdoors, and engagement in the arts. Improving relationship skills and addressing social and economic conditions have been effective in addressing causes of stress.<sup>8</sup>

Unfortunately, the persistent connotation of mental well-being and mental health with mental illness prevents many from seeking support because of the social stigma associated with mental illness.<sup>9</sup> This is espe-

Recently, the Centers for Medicare & Medicaid Services (CMS) announced that maternal depression screening and family therapy may be covered under a child's Medicaid policy, as a direct benefit to the child.<sup>13</sup>

Inability to afford diapers can lead to rashes and infections for babies and create a reduced sense of competence in parents.<sup>14</sup> The Community Diaper Program involves a partnership with the private and nonprofit sectors to fill the diaper gap. A pilot in San Francisco uses federal TANF dollars to address diaper need, and several states exempt diapers from sales tax.

While direct legal intervention is one approach to improving population-level mental health and well-being, law can also be used to promote alignment between health care, public health, and other sectors toward maximizing mental health and well-being. This type of approach is known as collective impact, or “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.”

cially true in many cultures and communities where using the word “mental,” as in “mental well-being,” may discourage potential engagement before it can start.<sup>10</sup> Also, some cultural groups do not have words for mental well-being, or do not have access to providers familiar with their culture. Research suggests that efforts to promote mental well-being are more likely to succeed when they include culturally and linguistically appropriate frameworks and services.<sup>11</sup>

### **Laws and Programs to Promote Mental Health and Well-Being**

Laws and programs may improve mental well-being by bolstering stress management skills or addressing social and economic conditions. This section describes recent examples of legal and policy interventions in the contexts of maternal and child health, education, and law enforcement.

#### *Maternal and Child Health*

The parenting support and education provided by evidence-based home visiting programs improve maternal and child well-being. Since implementation of the maternal, infant, and early childhood home visiting block grant program under the Affordable Care Act, home visits have quadrupled.<sup>12</sup>

#### *Education*

Changing school conditions may help students affected by trauma to attend regularly and learn effectively.<sup>15</sup> The Every Student Succeeds Act (ESSA), the new federal education law, offers opportunities for state and local education agencies to improve school climate.<sup>16</sup> Importantly, ESSA addresses equity issues with respect to economic disadvantage, race and ethnicity, gender, disability, English proficiency, migrant status, rural status, and homelessness.<sup>17</sup>

Social and emotional learning skills include self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. While frameworks for these “soft skills” vary, and assessment poses a challenge, teaching these skills improves academic performance and increases the likelihood of students choosing positive health behaviors.<sup>18</sup> Similarly, delayed high school start times provide opportunities for healthy sleep, with benefits for academic outcomes as well as mental and physical health.<sup>19</sup>

#### *Law Enforcement*

Improving relationships between community members and police could increase well-being for both. Emerging law enforcement training programs distinguish mental illness from criminal activity, teach de-escalation skills, and address implicit bias. Research should evaluate the comparative effectiveness of mindfulness, Mental Health First Aid, crisis intervention teams, and community policing.<sup>20</sup>

### **Public Health, Health Care Reform, and Promoting Mental Health and Well-being**

While direct legal intervention is one approach to improving population-level mental health and well-being, law can also be used to promote alignment

between health care, public health, and other sectors toward maximizing mental health and well-being. This type of approach is known as collective impact, or “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.”<sup>21</sup>

For example, Track 3 of the Accountable Health Communities pilot from the Centers for Medicare and Medicaid Innovation requires health care systems to work with a third-party organization to convene community stakeholders and create a common strategy to meet the community’s health-related needs.<sup>22</sup> This is significant because health care systems tend to be one of the most well-resourced community stakeholders in terms of financing, technology, and infrastructure. There is also important work in health care reform, such as the “continuously learning system” model in which real-time data within a system is used to identify and scale up effective practices. These practices can be used in collective impact models to help the entire community more effectively promote well-being.<sup>23</sup>

Policy influencers can support the success of these new community collaborations and ensure that they focus explicitly on mental health and well-being. First, they can have stakeholders adopt common metrics for understanding problems and measuring success that specifically encompass mental health and well-being. This can be accomplished in part by unifying the many community needs assessments required under laws like the Affordable Care Act and ESSA. For example, the 100 Million Healthier Lives Initiative is developing a community-level well-being metric and provides links to others currently in use,<sup>24</sup> and Vermont’s new all-payer Accountable Care Organization model focuses on minimizing state-wide rates of suicide and substance use.<sup>25</sup> Second, influencers can implement an innovative shared financing model that allows stakeholders to promote greater cross-sector investment and more fairly share the benefits of an intervention, such as a wellness trust in which funds are pooled in order to invest in effective prevention measures.<sup>26</sup> Finally, they can require stakeholders to share data in a way that protects individual privacy, but gives access to enough information to allow community-level decision-making and to foster the success of a collective impact model.<sup>27</sup>

By implementing some of these policies, policy influencers can enable health care, public health, and allied sectors to align so that communities can most efficiently maximize their own well-being.

## Conclusion

Mental health and well-being are a crucial part of health and public health. By promoting skills to man-

age stress and by ameliorating social and economic sources of stress, public health laws and programs, in alignment with laws in other sectors, have already begun to promote well-being in powerful new ways.

## References

1. T. E. Kottke et al., “‘Well-Being in All Policies’: Promoting Cross-Sectoral Collaboration to Improve People’s Lives,” *Preventing Chronic Disease* 13 (2016): 160155, available at <[https://www.cdc.gov/pcd/issues/2016/16\\_0155.htm](https://www.cdc.gov/pcd/issues/2016/16_0155.htm)> (last visited January 13, 2017).
2. J. Purtle et al., “Prevalence and Correlates of Local Health Department Activities to Address Mental Health in the United States,” *Preventive Medicine* (January 2016): 20-27; Mental and Community Wellness, “Arkansas Department of Health Strategic Map: CY 2016-2019,” available at <<http://www.healthy.arkansas.gov/aboutADH/Documents/StrategicPlan-Sup2016.pdf>> (last visited January 13, 2017).
3. J. Kabat-Zinn, *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* (New York: Bantam Trade Paperbacks, 2013).
4. *Id.*
5. *Id.*
6. M. M. Barry, “Addressing the Determinants of Positive Mental Health: Concepts, Evidence and Practice,” *International Journal of Mental Health Promotion* 11, no. 3 (2009): 4-17.
7. P. Grossman et al., “Mindfulness-Based Stress Reduction and Health Benefits: A Meta-Analysis,” *Journal of Psychosomatic Research* 57, no. 1 (2004): 35-43.
8. A. Cooke et al., *Mental Well-Being Impact Assessment: A Toolkit for Well-Being*, 3rd ed. (London: National MWIA Collaborative, 2011).
9. B. Link and M. Hatzenbuehler, “Stigma as an Unrecognized Determinant of Population Health: Research and Policy Implications,” *Journal of Health Politics, Policy, and Law* 41, no. 4 (2016): 653-673; RAND Corporation, *California’s Statewide Mental Health Prevention and Early Intervention Initiatives Show Promising Early Results, But Sustained Investment Is Needed* (2015), available at <[http://www.rand.org/pubs/research\\_briefs/RB9863.html](http://www.rand.org/pubs/research_briefs/RB9863.html)> (last visited January 13, 2017).
10. B. Riley et al., *Promoting Mental Well-being through Policy, Systems, and Environments: A Local Level Assessment*, American Public Health Association Annual Conference (2015), available at <<https://apha.confex.com/apha/143am/webprogram/Paper331236.html>> (last visited January 13, 2017) or from the author.
11. Governor’s Task Force on Mental Health, *Final Report* (2016), at Recommendation 3, available at <[https://mn.gov/dhs/assets/mental-health-task-force-report-2016\\_tcm1053-263148.pdf](https://mn.gov/dhs/assets/mental-health-task-force-report-2016_tcm1053-263148.pdf)> (last visited January 13, 2017).
12. Health Resources and Services Administration, *Demonstrating Improvement in the Maternal, Infant, and Early Childhood Home Visiting Program: A Report to Congress* (2016), available at <<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/reportcongress-homevisiting.pdf>> (last visited February 22, 2017).
13. *Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children*, CMS Informational Bulletin (2016), available at <<https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf>> (last visited January 13, 2017).
14. M. Smith et al., “Diaper Need and Its Impact on Child Health,” *Pediatrics* 132, no. 2 (August 2013): 253-259, available at <<http://pediatrics.aappublications.org/content/early/2013/07/23/peds.2013-0597>> (last visited January 13, 2017).
15. Oregon Laws 2016, Chapter 68, *An Act Related to Chronic Absences and Declaring an Emergency*, available at <[https://www.oregonlegislature.gov/bills\\_laws/](https://www.oregonlegislature.gov/bills_laws/)>

- lawsstatutes/2016orLaw0068.pdf> (last visited January 13, 2017).
16. Healthy Schools Campaign and Alliance for a Healthier Generation, *State ESSA Plans to Support Student Health and Wellness: A Framework for Action* (2016), available at <<https://healthyschoolscampaign.org/wp-content/uploads/2016/11/ESSA-State-Framework-Second-Edition.pdf>> (last visited January 13, 2017).
  17. The Aspen Education & Society Program and the Council of Chief State School Officers, *Advancing Equity through ESSA: Strategies for State Leaders* (2016), available at <<http://www.ccsso.org/Documents/2016/ESSA/AdvancingEquityThroughESSA101316.pdf>> (last visited January 13, 2017).
  18. J. A. Durlak et al., *Handbook of Social and Emotional Learning: Research and Practice* (2016).
  19. J.A Owens et al., "School Start Time Change: An In-Depth Examination of School Districts in the United States," *Mind, Brain, and Education* 8, no. 4 (2014): 182-213.
  20. *Mental Health First Aid or CIT: What Should Law Enforcement Do?*, available at <<https://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2016/01/FINAL-MHFA-CIT-White-Paper-Announcement.pdf>> (last visited January 13, 2017); U.S. Department of Justice, *Community Policing Defined* (2014), available at <<http://www.cops.usdoj.gov/pdf/vets-to-cops/e030917193-cp-defined.pdf>> (last visited January 13, 2017).
  21. J. Kania and M. Kramer, "Collective Impact," *Stanford Social Innovation Review* 36 (Winter 2011).
  22. Centers for Medicare and Medicaid Services, *Accountable Health Communities (AHC) Model Fact Sheet*, available at <<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-01-05.html>> (last visited January 13, 2017).
  23. National Academy of Medicine, *Vital Directions for Health and Health Care: A National Conversation* (2016), available at <<https://nam.edu/initiatives/vital-directions-for-health-and-health-care>> (last visited January 13, 2017).
  24. 100 Million Healthier Lives, "Measure What Matters: Whose Life Is Getting Better Because We Are Here?" available at <<http://www.100mlives.org/measure>> (last visited January 13, 2017).
  25. Centers for Medicare and Medicaid Services, "Vermont All-Payer ACO Model," available at <<https://innovation.cms.gov/initiatives/vermont-all-payer-aco-model/>> (last visited January 13, 2017).
  26. J. A. Hester and P. V. Stange, *A Sustainable Financial Model for Community Health Systems*, Discussion Paper, Institute of Medicine, Washington, D.C. (2014).
  27. M. Smith et al., *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*, Institute of Medicine (2013).