Reframing Welfare States Through the Social Determinants of Mental Health: A Holistic Well-being Perspective

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Abstract: Mental health has emerged as one of the most pressing challenges confronting contemporary societies; yet dominant policy frameworks continue to treat it predominantly as an individual, biomedical concern rather than as a systemic outcome shaped by social, economic, and political conditions. This paper argues that welfare state architectures must be fundamentally reconceptualised through the lens of the social determinants of mental health (SDMH) in order to adequately address the mounting global burden of psychological distress. Drawing on a comparative conceptual analysis of liberal, conservative, and social democratic welfare regime typologies, the paper examines how structural features of welfare states — including income redistribution, social protection floors, labour market regulation, housing provision, and access to higher education — mediate mental health outcomes across populations. Grounded in a holistic well-being theoretical framework that integrates Amartya Sen's capabilities approach, the World Health Organization's social determinants model, and critical social policy theory, the paper contends that mental health cannot be decoupled from the broader configuration of social rights and welfare provisioning. Particular attention is paid to the higher education context, where precarious student and faculty conditions intersect with structural inequalities to generate distinctive mental health vulnerabilities. The paper advances four principal policy recommendations: the adoption of mental health equity audits within welfare reform processes; the institutionalisation of universal psychosocial support as a social right; the integration of SDMH indicators into higher education quality assurance frameworks; and the recalibration of austerity-era social spending to reflect mental health as a public good. The paper concludes that the reframing of welfare states as mental health-enabling institutions is not merely a policy aspiration but a normative and empirical imperative for holistic human development.

Keywords: welfare states, social determinants of mental health, holistic well-being, social policy, higher education, capabilities approach

INTRODUCTION

The global prevalence of mental health disorders has reached unprecedented levels. According to the World Health Organization (2022), approximately one billion people worldwide live with a mental disorder, with depression and anxiety representing the most

common conditions. These figures have been further exacerbated by the COVID-19 pandemic, economic precarity, and the deepening inequalities that characterise contemporary neoliberal governance. Despite the scale of this crisis, policy responses have remained largely individualised and pharmacologically oriented, failing to address the structural conditions that generate and sustain mental ill-health at a population level (Lund et al., 2018).

This paper contends that such an approach is fundamentally inadequate. Mental health is not merely a product of individual psychology or genetic predisposition; it is profoundly shaped by the material and social circumstances in which people are born, grow, live, work, and age — what the WHO Commission on Social Determinants of Health famously termed the "causes of the causes" (Marmot et al., 2008, p. 1661). The architecture of welfare states, as systems of institutionalised social protection, constitutes a primary mechanism through which these social determinants are structured and distributed across populations.

The research problem this paper addresses is the persistent disjuncture between what the evidence tells us about the social origins of mental distress and how welfare states are designed and evaluated. Welfare regimes are typically assessed through economic efficiency metrics — poverty rates, employment levels, GDP contribution — with mental health outcomes remaining peripheral to the evaluative gaze of social policy scholarship (Bambra, 2011). This gap is not merely academic; it has profound consequences for the millions of individuals whose psychological well-being is shaped by the contours of social protection they inhabit.

The objectives of this paper are fourfold. First, to situate mental health within the broader social determinants framework and establish its relevance to welfare state theory. Second, to examine how different welfare state regimes differentially produce mental health outcomes. Third, to articulate a holistic well-being theoretical framework that can reorient social policy analysis toward mental health equity. Fourth, to derive concrete policy recommendations applicable to welfare reform and, specifically, to the higher education institutional context.

The paper proceeds through a structured review of the relevant literature, a theoretical exposition, a conceptual-qualitative analytical methodology, and a discussion section that synthesises findings before turning to policy implications and conclusions.

LITERATURE REVIEW

Welfare State Typologies and Social Outcomes

The foundational typology of welfare states established by Esping-Andersen (1990) in The Three Worlds of Welfare Capitalism remains the touchstone for comparative social policy analysis. His distinction between liberal (Anglo-Saxon), conservative-corporatist (Continental European), and social democratic (Nordic) regimes has generated an extensive body of comparative research examining differential outcomes across health, poverty, gender equality, and labour market participation. Social democratic regimes, characterised by universalism, high social expenditure, and strong decommodification, consistently produce superior outcomes on a range of social indicators compared with liberal regimes, which rely more heavily on means-tested assistance and market provision (Bambra, 2006).

The expansion of this typology to include Southern European familialist regimes (Ferrera, 1996) and East Asian developmental welfare states (Holliday, 2000) has enriched comparative analysis, revealing that the relationship between welfare architecture and social outcomes is mediated by cultural, historical, and institutional factors that resist easy generalisation. Nevertheless, the core insight — that the institutional form of welfare provisioning systematically shapes life chances and social conditions — provides the foundational premise for this paper's argument.

Social Determinants of Mental Health

The social determinants of health (SDH) framework, canonically elaborated by the WHO Commission's final report (CSDH, 2008), identifies income inequality, social exclusion, unemployment, inadequate housing, and limited access to education as primary drivers of population health disparities. The application of this framework specifically to mental health — producing the social determinants of mental health (SDMH) literature — has grown substantially over the past two decades (Allen et al., 2014; Lund et al., 2018; Patel et al., 2018).

Income inequality emerges as a particularly robust predictor of population-level mental health. Wilkinson and Pickett's (2009) landmark comparative analysis demonstrated that more unequal societies, regardless of absolute wealth, exhibit higher rates of mental disorder. This relationship operates through multiple pathways: heightened status anxiety, reduced social cohesion, diminished trust, and the chronic psychosocial stress associated with relative

deprivation. Subsequent research has corroborated these findings across diverse national contexts (Pickett & Wilkinson, 2010; Muntaner et al., 2013).

Employment and working conditions constitute another critical SDMH domain. Precarious employment — characterised by job insecurity, low wages, variable hours, and limited benefits — is independently associated with elevated rates of anxiety, depression, and psychological distress (Benach et al., 2014). The growth of platform economy labour arrangements and the erosion of standard employment contracts under neoliberal labour market deregulation have thus created conditions structurally conducive to mental ill-health at scale (Standing, 2011). Housing insecurity and homelessness similarly generate severe and compounding psychological harm, with evidence documenting bidirectional relationships between housing precarity and mental disorder (Padgett, 2020).

The higher education environment has emerged as a distinctive SDMH terrain. Substantial research documents elevated rates of depression, anxiety, suicidal ideation, and burnout among both students and academic staff globally (Eisenberg et al., 2016; Guthrie et al., 2017). The structural drivers of this crisis — financial debt, performance pressures, competitive academic cultures, uncertain career trajectories, and inadequate institutional support — are amenable to structural policy intervention rather than individual therapeutic responses alone (Morrish, 2019).

A growing body of comparative research shows a clear and consistent relationship between welfare state design and mental health outcomes. For example, Bergqvist et al. (2013) find that higher levels of social expenditure are associated with lower rates of mental disorder across European countries, even when differences in GDP and demographic structure are taken into account. Similarly, analyses based on the EU-SILC dataset indicate that individuals living in social democratic welfare regimes tend to report lower levels of psychological distress than those in liberal or conservative systems (Muntaner et al., 2015; Eikemo et al., 2008). Taken together, these findings suggest that institutional arrangements are not merely background conditions but play an active role in shaping population mental health.

Several mechanisms help explain how welfare states influence mental well-being. First, material pathways operate through the provision of income support, access to healthcare, and secure housing, all of which reduce exposure to chronic stressors associated with poverty and

insecurity. Second, psychosocial pathways are linked to the broader social environment: more egalitarian societies tend to reduce status anxiety, social exclusion, and stigma, thereby supporting psychological well-being. Third, behavioural pathways arise from the conditions that enable healthier ways of living, including opportunities for physical activity, social participation, and adequate nutrition, which are more accessible in generous welfare contexts (Bambra, 2011). These pathways are not isolated; rather, they interact in complex ways to produce cumulative effects on mental health across the life course.

The impact of welfare state retrenchment further reinforces this relationship. The period following the 2008 financial crisis offers a particularly stark illustration. Karanikolos et al. (2013) show that austerity-driven reductions in social spending in Southern European countries were accompanied by increases in depression, suicidal behaviour, and broader indicators of psychiatric morbidity. Such evidence moves beyond simple correlation and points toward a causal connection between welfare policy and mental health outcomes. In this sense, changes in welfare provision are not neutral adjustments in public finance but interventions with direct and measurable consequences for psychological well-being at the population level.

THEORETICAL FRAMEWORK

This paper adopts a holistic framework of well-being that brings together three complementary intellectual traditions: Amartya Sen's capabilities approach, the World Health Organization's social determinants of health model, and critical social policy theory. Each of these perspectives contributes a distinct lens, but in combination they offer a more comprehensive way of understanding how welfare states shape mental health. Importantly, this framework is both normative and analytical: it not only explains how outcomes are produced but also provides criteria for evaluating whether those outcomes are just.

SOCIAL DETERMINANTS AND STRUCTURAL ANALYSIS

The WHO Commission on Social Determinants of Health (CSDH, 2008) offers a useful framework for understanding how social conditions shape health outcomes by distinguishing between structural and intermediary determinants. Structural determinants include the broader socioeconomic and political context, as well as systems of social stratification such as income, education, occupation, gender, race, and ethnicity. These factors define individuals' positions within society and shape their life chances. Intermediary determinants,

by contrast, refer to the more immediate conditions of everyday life—material circumstances, psychosocial environments, and health-related behaviours—through which structural inequalities are translated into health outcomes.

This distinction aligns closely with welfare state analysis. Welfare regimes operate primarily at the structural level: they organise income distribution, regulate labour markets, determine access to education and housing, and establish the scope and generosity of social protection. In doing so, they shape the material and psychosocial conditions that people encounter in their daily lives. The design of welfare institutions therefore does not simply influence health indirectly; it actively structures the environments in which mental health is produced and sustained.

A key implication of the CSDH framework is its emphasis on the primacy of structural interventions. While individual-level approaches—such as behaviour change initiatives, mental health awareness campaigns, or early therapeutic interventions—can be valuable, they address symptoms rather than underlying causes. Without changes to the broader social conditions that generate psychological distress, such interventions have limited and uneven impact. From this perspective, welfare state reform is not a secondary or complementary aspect of mental health policy but a central and foundational one.

Critical Social Policy Theory

Critical social policy perspectives (Williams, 1989; Lister, 2003) deepen this analysis by drawing attention to the power relations and ideological struggles that shape welfare state development. Welfare regimes are not neutral or purely technical systems; they are the outcome of political contestation between competing interests, including those of capital and labour, as well as broader social movements advocating different visions of social citizenship. The relative neglect of mental health within welfare state evaluation reflects specific ideological orientations—particularly the prioritisation of market solutions, individual responsibility, and fiscal restraint—that have come to dominate policy discourse in many contexts. Recognising this opens space for challenging these assumptions and reasserting mental health as a collective and political concern.

Feminist contributions to social policy scholarship (Williams, 1989; Orloff, 1993) further highlight how welfare systems are embedded within gendered social relations. Women disproportionately bear the burden of unpaid care work, domestic labour, and exposure to

gender-based violence, all of which are closely linked to elevated risks of depression and anxiety. These dynamics underscore the importance of adopting an intersectional perspective within the SDMH framework. Mental health outcomes are not distributed evenly across populations but are shaped by the interaction of class, gender, race, disability, and other axes of inequality. A comprehensive analysis of welfare states must therefore account for these intersecting forms of disadvantage.

METHODOLOGY

This paper adopts a conceptual-qualitative methodology, centred on a theoretically informed comparative analysis of welfare state regimes and their implications for mental health. The choice of method reflects the paper's primary aim: to reframe how welfare states are understood in relation to mental health, rather than to generate new empirical data. Such an approach is well established in comparative social policy research (Esping-Andersen, 1990; Bambra, 2011) and is particularly suited to developing theoretical insights that can guide future empirical investigation and policy design.

The analysis proceeds in three stages. First, it undertakes a systematic review of existing literature on welfare states and mental health, drawing on research from political science, public health, sociology, and social policy published mainly between 2000 and 2024. Second, it maps the relationship between welfare regime characteristics and the domains of the social determinants of mental health, using Esping-Andersen's typology as an organising framework while incorporating later refinements and critiques. Third, it develops a normative assessment of policy implications by integrating insights from the holistic well-being framework with the empirical literature.

Although the paper does not present new data, it is grounded in a substantial body of quantitative and comparative evidence, including epidemiological studies and cross-national surveys. Its contribution lies in bringing together strands of research that are often treated separately—welfare state theory, social determinants of health, capabilities theory, and higher education mental health—into a unified analytical framework with clear policy relevance. At the same time, this approach has limitations, including the risk of simplifying complex national differences and the inherent difficulty of establishing causal relationships within multifaceted social systems.

ANALYSIS AND DISCUSSION

Welfare Regime Variation and Mental Health Outcomes

Comparative evidence strongly supports the view that welfare regime type is closely linked to population mental health. Social democratic regimes—such as those in Denmark, Sweden, Norway, and Finland—consistently perform best across standard indicators. These systems are characterised by high levels of social spending (typically 25–30% of GDP), universal access to services, robust labour protections, active labour market policies, and relatively low levels of income inequality (Esping-Andersen, 1990; OECD, 2021). The broader social environments they create—marked by higher levels of trust, lower status anxiety, and stronger civic participation—appear to support mental well-being in a systematic way.

Liberal welfare regimes, including the United States, United Kingdom, Australia, and Canada, tend to show less favourable outcomes. These systems are associated with higher prevalence of mental disorders, greater inequalities in access to care, and more pronounced socioeconomic gradients in psychological distress. The United States is a particularly striking example: despite very high levels of health expenditure, it experiences comparatively poor mental health outcomes. This pattern reflects structural features such as high income inequality, fragmented social protection, and the marketisation of healthcare, including mental health services (Wilkinson & Pickett, 2009; OECD, 2021).

Conservative-corporatist regimes occupy an intermediate position. While they provide more extensive social protection than liberal systems, they are organised around occupational status and contributory principles that tend to reinforce existing social hierarchies. Access to benefits, including mental health services, is often tied to stable employment, leaving those outside standard labour market arrangements—such as young people, informal workers, and caregivers—at greater risk of exclusion (Bambra, 2006). This creates uneven patterns of support that can translate into differentiated mental health outcomes within these societies.

Social Determinants Pathways in Welfare State Architecture

The analysis identifies four key pathways through which welfare state structures influence mental health. The first is income security. Policies such as unemployment benefits, disability support, housing assistance, and minimum income schemes reduce exposure to the chronic stress associated with financial insecurity. Evidence from basic income experiments, including those conducted in Finland and Kenya, suggests that income stability improves

mental well-being not only by alleviating material hardship but also by reducing anxiety and increasing individuals' sense of control over their lives (Kangas et al., 2019).

The second pathway concerns labour market regulation. The quality and security of work are shaped by institutional rules governing employment protection, working hours, workplace safety, and collective bargaining. Stronger regulation can mitigate the psychological strain associated with insecure, low-quality, or highly demanding work. Conversely, the long-term trend toward labour market deregulation across many OECD countries has contributed to the spread of precarious employment, which is closely linked to adverse mental health outcomes (Benach et al., 2014).

Third, education systems—and higher education in particular—play a significant role as environments in which mental health is shaped. In more market-oriented systems, characterised by high tuition fees and reliance on student debt, higher education can become a source of financial stress and uncertainty. Students may face pressure related to debt, performance, and future employment prospects, while academic staff often work under increasingly precarious conditions. By contrast, systems with low or no tuition fees and stronger public funding reduce these pressures and allow for more secure and supportive educational experiences (Morrish, 2019).

The fourth pathway is housing. Although often overlooked in discussions of mental health, housing conditions are a critical determinant of well-being. The decline of social housing and the increasing reliance on market-based provision in many countries have led to rising levels of housing insecurity and unaffordability. These pressures disproportionately affect younger people, low-income households, and migrants, contributing to heightened stress and instability (Padgett, 2020). Welfare regimes that maintain substantial social housing sectors and regulate rental markets more effectively can therefore provide an important buffer against housing-related mental distress.

The Higher Education Context

Higher education institutions occupy a distinctive position within the relationship between welfare states and the social determinants of mental health. They are not only shaped by broader social and economic structures but also actively reproduce and mediate them. In this sense, universities function both as sites where mental health is influenced and as institutional actors embedded within welfare systems. The widely documented mental health crisis in

higher education—observed across diverse national contexts—reflects this dual role. It emerges from the interaction between macro-level conditions, such as income inequality, labour market insecurity, and housing pressures, and meso-level institutional dynamics, including performance pressures, managerial oversight, competitive evaluation systems, and the weakening of collegial academic cultures (Guthrie et al., 2017; Morrish, 2019).

The increasing marketisation of higher education illustrates how broader welfare regime logics are translated into institutional practice. The introduction of market principles into university governance, funding, and employment relations has reshaped the academic environment in profound ways. Empirical research links these changes to rising levels of burnout among academic staff, as well as increased anxiety and depression among students who are required to navigate costly, debt-financed education with uncertain future returns (Eisenberg et al., 2016). At the same time, the emphasis on metrics, competition, and productivity tends to erode the intrinsic motivations that sustain academic work, such as curiosity, intellectual engagement, and a sense of shared purpose. These outcomes are not incidental side effects but reflect the structural consequences of policy choices embedded in higher education systems.

From the perspective of holistic well-being, universities should be understood not merely as sites of knowledge production but as social environments that shape the conditions for human flourishing. This shift in perspective has practical implications. It points toward institutional cultures that prioritise meaningful engagement, community, and participation rather than narrowly defined productivity metrics. It suggests the need for staffing models that allow time for reflection, recovery, and sustained intellectual work. It also highlights the importance of integrating student support into the core academic experience, rather than treating it as a separate or remedial function. Finally, it calls for governance structures that distribute voice and decision-making power more broadly across the academic community, strengthening a sense of collective ownership and belonging.

Policy Implications and Recommendations

The analysis presented in this paper points to a set of policy recommendations that operate across two closely connected levels: the broader design of welfare states and the governance of higher education institutions. These recommendations aim to bring mental health more firmly into the centre of social policy thinking and practice.

Mental Health Equity Auditing in Welfare Reform

One key recommendation is the introduction of mental health equity audits as a routine part of welfare reform. Drawing on existing approaches such as health impact assessments, these audits would require policymakers to consider how proposed changes are likely to affect the social determinants of mental health. This includes examining how impacts are distributed across different groups, particularly in relation to income, gender, ethnicity, and age (Allen et al., 2014). Embedding such assessments into policymaking processes would help ensure that mental health is not treated as an afterthought, but as a core consideration shaping policy design and evaluation.

Institutionalisation of Psychosocial Support as a Social Right

A second recommendation is to recognise psychosocial support as a universal social right, on a par with access to healthcare and education. In many OECD countries, mental health services remain uneven in quality and access, often reflecting wider social inequalities (Patel et al., 2018). Moving toward a rights-based approach would provide a stronger foundation for sustained public investment in community-based and accessible forms of support. It would also shift the framing of mental health away from an individual responsibility toward a shared societal commitment.

Integration of SDMH Indicators into Higher Education Quality Assurance

A third area of reform concerns higher education governance. Existing quality assurance systems tend to prioritise indicators such as research productivity, student satisfaction, and graduate outcomes. Expanding these frameworks to include measures related to the social determinants of mental health—such as student financial pressure, staff workload and burnout, access to support services, and the broader campus environment—would provide a more complete picture of institutional performance (Morrish, 2019). This would not only improve accountability but also encourage institutions to take greater responsibility for the well-being of their communities.

Reversal of Austerity-Driven Social Spending Cuts

Finally, the paper highlights the need to reverse austerity-driven reductions in social spending, particularly in areas with clear links to mental health, such as housing, employment services, education, and community care. While austerity has often been justified on

economic grounds, both theoretical critiques and empirical evidence have called its effectiveness into question (Blyth, 2013; Karanikolos et al., 2013). Recognising mental health as a public good—with tangible economic benefits, including lower healthcare costs and improved productivity can help strengthen the case for reinvestment within existing policy frameworks

CONCLUSION

This paper has argued that welfare states need to be rethought through the lens of the social determinants of mental health if they are to support genuine human flourishing. The evidence reviewed indicates that key features of welfare systems—such as income redistribution, labour market regulation, housing policy, and access to education—are not peripheral influences but central factors in shaping how mental health is distributed across populations. Different welfare regimes produce distinct outcomes, with social democratic systems generally offering more supportive conditions through their emphasis on universal provision and reduced inequality.

The holistic framework developed here, which brings together the capabilities approach, the social determinants model, and critical social policy theory, provides a way of understanding both how these outcomes arise and why they matter. It positions mental health equity as a question of social justice and highlights the need to address the structural conditions that underlie psychological distress, rather than focusing solely on individual-level interventions.

Within higher education, these issues take on particular urgency. Universities are not only influenced by welfare state arrangements but also play an active role in shaping the environments in which students and staff live and work. The shift toward market-oriented models of higher education has contributed to a set of institutional conditions that place increasing strain on mental well-being. Addressing this requires structural changes, both within universities and in the broader policy frameworks that govern them. The recommendations outlined in this paper—ranging from mental health equity auditing to the recognition of psychosocial support as a social right—offer concrete steps in this direction.

There remain important avenues for further research. Longitudinal studies could examine how mental health outcomes evolve as countries transition between different welfare models. More detailed intersectional analyses are needed to understand how experiences vary across different social groups. In addition, participatory research within higher education institutions

could help to test and refine integrated approaches that address both structural and psychosocial dimensions of mental health. Reframing welfare states as institutions that enable mental well-being is not a final solution but an ongoing project—one that invites continued engagement across disciplines in response to a challenge of growing global significance

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