



# Study on Welfare Policy Construction of Patients with Mental Disorders

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**How to cite this paper:** Xuelian Wang, Chokchai Suttawet, Kittawan Sarai. (2024) Study on Welfare Policy Construction of Patients with Mental Disorders. *Journal of Humanities, Arts and Social Science*, 8(2), 547-555.  
DOI: 10.26855/jhass.2024.02.044

**Received:** February 5, 2024

**Accepted:** March 3, 2024

**Published:** March 29, 2024

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## Abstract

According to the life cycle theory and life course perspective, the research divided the patients with mental disorders into three groups: adolescence, adulthood, and old age. It also proposed the establishment of development goals and welfare policies tailored to each stage. Juvenile patients with mental disorders require integrated treatment to establish a sustainable rehabilitation model involving hospital, community, family, and school. Adult patients with mental disorders require more occupational rehabilitation to reduce disease recurrence and functional damage. Elderly patients with mental disorders require additional care and support. In short, the comprehensive rehabilitation service system for mental disorders should integrate professional services such as day care, rehabilitation training, vocational training, social training, psychological counseling, preventive measures, crisis intervention, real-time support, and case follow-up. Studies have shown that approximately 350 million people worldwide suffer from depression. The COVID-19 epidemic has increased the number of depression patients worldwide to 70 million and anxiety patients to 90 million. Additionally, the number of insomnia patients has also doubled. International studies have shown that the overall response of patients with mental disorders to psychiatric drugs is suboptimal, and various adverse reactions after medication are also a medical concern. At the same time, patients are hesitant to seek medical treatment, and the phenomenon of "self-diagnosis" is becoming more serious.

## Keywords

Whole life cycle, patients with mental disorders, welfare policy

## 1. Introduction

Mental disorders are often caused by the "social environment", "genes", and "traits" and their interactive effects, and the behavioral symptoms also vary from person to person. Mental disorders often unable to use social expectations or allow methods to solve difficulties, easy tension, anxiety, or depression, some become back, shy, unsuitable, refuse to go to school or work, and some produce physical symptoms, such as headache, dizziness, fainting and stomach pain, others will use resistance, truant, fight, lying, etc. In terms of disorder classification, people with severe mental disorders go to a psychiatric hospital for treatment, with a doctor's diagnosis certificate.

### 1.1 Mental sleep disorder (originally called schizophrenia)

The main characteristics are delusions, hallucinations, disordered speech, disordered behavior or rigid action, and negative signs, which lead to social life disorders, obvious and long-term degeneration of work and interpersonal relationship.

## **1.2 Emotional diseases (depression or mania)**

When depression attacks, patients will last at least two weeks extremely depressed, melancholy, lose interest and happiness, internal force reduced, fewer words, slow action, attention, self-esteem, and self-confidence, feel worthless and useless, feel hopeless for the future, all feel pessimistic about the world. In addition, may also have a sense of guilt, serious will produce evil delusion, feel wrong, sorry, or false delusion, and think their abdomen is empty, and no property. Some patients will be pessimistic, evil, and other feelings, and have suicidal thoughts, and even put into practice.

When the onset of mania, patients will last for at least a week to increase mood, internal strength, faster thinking, words, confidence, generosity, an active and good adventure, increased interest, distraction, and other behaviors, serious people will have irritability, violent attacks or auditory hallucinations, delusion, and other phenomena.

## **1.3 Fear disease (also known as phobia)**

Phobias are for the outside world, and not immediately real dangerous situations or objects and fear of feeling, patients will present a heartbeat, shortness of breath, white, cold sweat, limbs trembling fear of physiological reaction, heart very anxiety, anxiety or tension, including fear high, social phobia, agoraphobia, claustrophobia, fear animal disease, fear, etc.

## **1.4 Anxiety disorders (also known as anxiety disorders)**

Anxiety patients often present inner anxiety, anxiety, tension, nightmares, insomnia, as if some terrible things can happen at any time, the body also often appears headache, stomachache, rapid heartbeat, dry mouth, difficulty breathing, sweating, muscle tension or shivering symptoms, serious fashion will feel limb fatigue, fatigue and back pain and memory loss.

Obsessive-compulsive patients will have compulsive thoughts, impulses, and behaviors, although they know that it is unnecessary, but still can not be removed, are always disturbed by these compulsive thoughts and worry or compulsive behavior.

## **1.5 Attention-deficit hyperactivity disorder (ADHD)**

Attention deficit hyperactivity disorder, commonly known as hyperactivity disorder, is mainly manifested as a lack of attention, often causing distraction, forgetfulness, carelessness, inability to follow regulations, inability to concentrate on lectures or finish homework on time, and avoiding work or activities that are slightly difficult or must pay attention to details. Obviously excessive activity, such as often climbing up and down or running around, sitting still, even sitting, constantly twisting hands and feet, talking and not easily listening to people, having difficult playing quietly, or being unable to finish a thing and often change the ongoing activities or work.

In addition, it is easy to have impulsive behavior, show weak self-control ability, often have a scramble to talk, interrupt, interfere with or interrupt others to talk, and violate others' ongoing activities. In group activities or games, can not wait patiently, jump the queue first, and do not control themselves.

## **1.6 Multiple obstacles**

Multiple disorders refer to two or more disorders that are not related and not from the same cause. People with multiple disorders have great differences in cognition, behavior, physiology, interpersonal, and other aspects.

When these patients with different degrees of mental disorders are in rehabilitation and return to the community to live while taking medicine, they are called mental rehabilitation. The public usually to mental recovery is easy to misunderstand, often easy to see the two-word "spirit", and do not see they can be in a state of recovery, like chronic diseases such as hypertension, and diabetes, regular visits, under the maintenance of drugs they can maintain a stable state, like ordinary people into social life.

However, some patients with symptoms of mental illness, due to lack of awareness and attention to the illness, and confined to social discrimination of mental illness, did not go to medical treatment, so it is easy to lead to unstable conditions, life affected, relevant departments do not know, and many risks are unpredictable. Some recovery conditions will along with the development of the family cycle, and personal age their life cycle task adjustment and change, so mental disorder families face very complex situations, and need to be fully familiar with the development of mental

disorders progress and characteristics, in order to develop enough family resistance to support the whole life cycle of mental disorders, comprehensive rehabilitation. It is also necessary to do a good job in family guardianship and management, identify the mental conditions of people with mental disorders, whether they do social harm, whether they are treated reasonably, and whether their individual rights are guaranteed.

## 2. Research questions

It is interesting to investigate about what are the family's problems concerning caregiving to family members with mental disorders, what should be done, and how to solve this problem.

We will build a new mental health service system covering the whole life cycle of the whole population.

## 3. Theories about the welfare service for the mentally disordered persons

Theories about the persons with mental disorders and their families care giving:

(1) The family life cycle is divided into six stages: formation, expansion, stability, contraction, empty nest, and disintegration. The family life cycle is a process of the formation, development, and death of a family. Reflect the family from the formation to the disintegration of the circular movement of the change law. The transition and transition between the stages of the life cycle is the main period that is most prone to change in family relationships, tension, and anxiety of family members, and it is also the main factor that determines the growth and development of family members. The context of a family stage of development can make social workers better understand the general behavior form of a family. And the possible response of the family in the face of a crisis. This turning point is providing social workers with attention and focus for the families of people with mental disorders.

(2) The life course theory constructed by psychologist and sociologist Elder is a kind of interdisciplinary theory emerging in the world. It focuses on the study of the significant influence of drastic social changes on individual life and development and regards the life course of individuals as the product of greater social forces and social structure. Life course theory understands the life course of an individual as a sequence composed of multiple life events: 1. Life in a certain period of time and space, that is, which year an individual is born, which group of the same age, and where it is born, basically connecting people with some historical force. 2. In interrelated life, people always live in social relations composed of relatives and friends. It is through certain social relations that individuals are integrated into specific groups, and each generation is destined to be greatly influenced by the life events occurring in the life course of others. 3. The timing of life refers to the social time occurring during the life course and also refers to the coordinated development of the life course between individuals. The time of a life event is even more meaningful than the event itself, emphasizing the match between people and the environment. 4. Personal initiative. People always promote their own life course in a planned and selective way in a certain social system, emphasizing that even in constrained circumstances, individuals still have initiative. The choices made by people in society are influenced not by social scenarios but by personal experiences and personal personality traits. This has important implications for understanding the problems and needs of people with mental disorders and their families after the COVID-19 epidemic.

(3) The theory of structural tension regards mental illness as an adaptive response to the degree of structural tension or social integration and holds that social structure or organization plays an important role in the origin and prevalence of mental illness, and will eventually become the cause of mental illness. Sociologist R.K. Merton (Strain Theory), also known as the Anomie Theory, tries to explain deviant behavior including mental illness. Merton believes that American culture regards success and wealth as important values, leading to a desire for economic success weighing far above other goals. However, the reality is that most people in society have seen the path to success systematically blocked, the poor and minorities have limited and relatively poor educational resources, lack other resources such as financial support, and suffer from class or racial discrimination in schools and labor markets. As a result, such people are more likely to achieve their desires due to frustration, and more likely to suffer from mental illness. Therefore, in the face of increasing psychological and mental health problems, we need to make adjustments from the level of social policy and resource integration.

## 4. The answers through the review of the literatures and investigation

### 4.1 Family problems of older people with mental disorders

Older mental disorders, usually with the growth of the age of the body more and more poor, suffering from several

chronic diseases at the same time, care demand increased greatly, but because the family accumulated over a long period of care pressure is very big, easy to lead to inter-generational neglect, lack of resources, family conflicts, and the other family physical and mental health and daily life, family is easy to fall into a vicious circle. Older mental disorders due to physical and mental condition is not suitable, unable to marry a new family, they usually only have their native family resources, but as they enter old age, their parents died, the family have no sufficient support for older mental disorders.

Elderly patients with mental disorders usually have chronic diseases and need to take a variety of drugs, which leads to irregular medication, reduces the effectiveness of psychiatric drugs on the elderly, and the overall mental disorder and poor physical condition. Patients and their families should be helped to fully communicate with various specialists during their visit to a doctor. The psychotic symptoms of the elderly have certain significance, and it is difficult to fully recover. Through services, we can assist the elderly to establish a regular life, develop social relations, expand interests and hobbies, and enhance the connection between the elderly and reality, so as to reduce the impact of mental symptoms such as hallucinations and delusions on life.

Elderly mental disorders face mental disorders, care for difficulties, insufficient social support. We have to build a low-cost, efficient service system to meet older disorders' different needs. Protecting the mental disorders as they getting older and older, even when the external environment changed can provide maintenance and intervention to guarantee their quality of life. Strengthen community support and integration through increasing public awareness of the elderly and the mentally ill, to improve public attitudes and create an accessible social environment. social workers should provide care skills to train caregivers and link the community elderly care services to support the family; those whose family members cannot take care should assist the elderly to apply for institutional elderly care services; If the institution does not meet the needs of all disabled elderly in the community, diversified commercial services also can provide. According to the different conditions of the elderly, classify management, promote understanding between the family and the community, improve disease management planning, and provide adequate support for the family.

## **4.2 Family problems of adult mental disorders**

Different from the elderly or minors, adults are not easy to be accepted and protected by the public as a vulnerable group. On the whole, seemingly strong adults are in the golden period of employment, which is the age group of creating value and contributing strength. Insufficient employment in the workplace will increase the burden on families and aggravate the conflict of family interaction. Patients with mental disorders appear to have no physical pain, but they stay at home all day and do not work, which is easy to be disliked by their families and eliminated by society (Holm et al., 2020). Therefore, it is necessary to make full use of medical and mental health resources, enhance family support, promote social integration, reduce family stigma, and improve the overall rehabilitation effect in vocational rehabilitation (Ran et al., 2009). Comprehensive, coordinated application of medical, social, education, vocational, and other measures, to reduce the consequences caused by the disease factors, try to improve its social function, improve the ability of mental disorders, recover or maximize its functional level, and with equal power to participate in social life, fully complete its age, gender, social and cultural factors adapt to meet the normal role, fulfill social responsibilities.

### **4.2.1 Develop suitable jobs for mental disorders**

(1) Rehabilitation counselors: It can be called "peer commissioner" (Certified Peer Specialist), as a person to share their experiences and coping strategies, provide support and guidance to other mental disorders and their families, provide psychological counseling and support, help them deal with various mental health problems, help mental disorders rehabilitation find suitable for their ability and interest, and provide employment training and support. Mental health education activities in schools, communities, or organizations to raise awareness and understanding of mental health issues; provide support and resources in the community to help people with mental disorders integrate and establish support networks.

(2) Creative art therapists and handmade art producers: Many mental survivors have special talents and abilities. They can use art, music, dance, and other creative forms to help those with mental disorders express their emotions, improve their confidence, and promote recovery. For example, making handicrafts, painting, carving, etc., these works can provide creative emotional catharsis, emotional expression, ability display, and social communication opportunities.

(3) Office civilian work, customer service, and farm work: Such as salesmen, cashiers, waiters, clerks, customer service representatives, etc. These jobs can provide opportunities to interact with people and help improve social skills and self-confidence. Data entry staff, farm farming, cleaning, and maintenance work, which can provide physical exercise and a regular working and living environment, as well as mental training to promote personal growth and development.

(4) Social media managers and related online work: With the advent of intelligent society, the objects and space for communication and interaction among people with mental disorders have been greatly expanded. Many online work, such as remote customer service, web editing, web design, etc., can provide flexible working hours and environment and reduce stigma.

#### 4.2.2 Build a policy system to support mental disorders

The global pandemic increased 27.6% of patients with severe depressive disorder in 2020, with a prevalence of 3152.9/1010,000, about 249 million in 2020, 25.6% of patients with a prevalence of 4802.4/1010,000, and about 379 million in an estimated 12 trillion in the global economy due to depression and anxiety.<sup>1</sup> In order to actively respond to the changes and challenges of mental health work, on September 28, 2022, the World Health Organization (WHO) published the mental health guidelines in the World Health Organization, and with the International Labor Organization (ILO) jointly issued the WHO / ILO joint policy briefing, called on the government and employers in the field of mental health and occupational health supportive intervention measures, to protect and promote the mental health of workers.

(1) Anti-discrimination laws: Many countries have enacted anti-discrimination laws that prohibit employers from refusing to hire or fire employees because of mental disorders. These laws are designed to protect the employment rights of people with mental disorders and ensure that they can participate equally in the labour market.

(2) Reasonable adjustment and adaptation measures: The employer is required to provide reasonable adjustment and adaptation measures to meet the special needs of patients with mental disorders at work, including flexible working hours, working environment adjustment, providing necessary support and training, etc.

(3) Vocational rehabilitation and training programs: Provide vocational rehabilitation and training programs to help patients with mental disorders improve their employment skills and self-confidence, and provide career planning, career guidance, skills training, internship opportunities, etc., to help them better adapt to the working environment. (Li, Huang, & Liu, 2023).

(4) Employment support policy: a special employment support service agency has been set up to provide employment consultation, career guidance, job introduction, and other support for patients with mental disorders, to help them find suitable jobs, and to provide necessary support and guidance (Song, 2015).

(5) Advocating and publicizing laws and regulations: Carry out advocacy and publicity activities to promote the public's understanding and understanding of the employment rights and interests of patients with mental disorders. Reduce discrimination and prejudice against people with mental disorders and create an inclusive and supportive work environment for them.

These policies are very important for promoting employment opportunities and equal rights for people with working-age mental disorders, and for helping them realize their self-worth and social integration.

#### 4.2.3 Provide support for the supportive training program

The risk of lifelong illness is only 17.5%, and the vast majority of them are mild mental disorders. Only 1% are, people with severe psychosis, but even those with severe psychosis can be treated and adhere to medication, participate in some simple work, and will not be aggressive to others.<sup>2</sup>

Supportive employment is the continuous training of people with mental disorders in a competitive workplace to improve their workability, environmental adaptation, and interaction with colleagues. When the performance of people with mental disorders meets the requirements of the workplace, the employment counselor gradually exits from the work site and provides services instead of tracking.

Rehabilitation professionals and employment counselors may provide the necessary support and training based on the interests, abilities, and degree of rehabilitation of psychiatric survivors. Provide personalized advice and support

<sup>1</sup>Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *The Lancet*. October 08, 2021.

<sup>2</sup>Wei Xueli, Zhang Fan, Wei Xuezh. Employment status and countermeasures of patients with mental illness [J]. *Medicine and Society* 2016 (29): 27-29.



to help them find the right job. Do things you are good at and like, and it is easier to gain psychological satisfaction and achievement. Reasonable evaluation of ability and job needs, according to personal conditions. As far as possible, avoid the need for high-intensity mental activities and noisy and noisy work, as well as more stimulating work, or more detailed work, and do not face greater work pressure at the beginning of the work. Can allow intermittent, interpersonal relationships will not be too complex, their ability can be competent for the job. Try not to let their illness exposed, in the scope of laws and regulations, and prepare for the plan to bear the corresponding consequences. When encountering stress, or setbacks, you can use effective solutions, such as listening to music, sports, and seeing psychological or psychiatrists.

#### **4.2.4 Support and respect the marriage and family needs**

Some people think that a patient with mental disorders, should not fall in love under any circumstances, emotional problems are too complex, not particularly well recovered, do not consider, the risk is too much... but love is the envy of all, as a person want to have emotional belonging, sexual desire and family yearning, some life issues to experience, therefore, can only provide perfect service as far as possible to escort them.

(1) Provide psychological support: people with mental disorders may face additional challenges and confusion in the process of love and marriage. Providing psychological support, including counseling and psychotherapy, can help them deal with emotional problems, increase self-confidence, and build healthy relationships.

(2) Provide information and education: provide patients with mental disorders about love and marriage information and education, help them understand healthy relationship patterns, communication skills, and conflict resolution methods, as well as patients with mental disorders that need extra attention, this helps them more smoothly establish a stable and satisfactory partnership.

(3) Social support and community participation: encourage people with mental disorders to actively participate in social activities and community organizations, and expand their social circle. This could provide more opportunities to meet potential partners and share similar experiences and support with others.

(4) Provide appropriate medical and rehabilitation support: to ensure that people with mental disorders receive appropriate medical and rehabilitation support to stabilize their condition and improve their quality of life. This helps them better cope with the challenges in love and marriage and maintain healthy relationships.

(5) Legal protection and protection of rights and interests: to ensure that patients with mental disorders enjoy equal legal protection and rights and interests in love and marriage. This includes fighting against discrimination, protecting personal privacy and autonomy, and providing the necessary legal support and relief measures.

### **4.3 Family problems of adolescent mental disorders**

The influencing factors of adolescent mental health diseases are multifaceted, including genetic factors, biological factors, psychological factors, and environmental factors. Some mental diseases have genetic tendencies in the family, such as depression, anxiety, and schizophrenia, genetic factors may increase the risk of individual illness; biological factors such as Neurochemicals imbalance, brain structure, and functional abnormalities may be related to the occurrence of mental diseases, adolescent storm, academic stress, interpersonal problems, family problems may have negative effects on mental health; poor family interaction, violence, abuse, poverty, and other factors may increase the risk of mental illness.

#### **4.3.1 Mental health illness limits learning and growth**

Most teenagers with mental and emotional behavior disorders have learning adaptation and interpersonal interaction problems, do not know how to get along with others, tend to be isolated in group reports; or side effects of drugs (such as drowsiness), or disorders (forgetfulness or emotional distress with difficulty in learning or getting up), limited learning content, resulting in slow writing speed and difficulty in recalling knowledge information; inattention, distraction, hyperactivity problems are rejected by others. All of these require home-school cooperation, maintaining communication with school teachers, obtaining various assistance and care, and teaching life management and interpersonal interaction. It also requires the tolerance, acceptance, respect, understanding, and integration of students and their parents.

#### **4.3.2 Easily broken families of people with mental disorders**

Parents can hardly work together, and families of adolescents with mental disorders are often difficult. On the one hand, some children are sick for their parents, their parents also have certain emotional health problems or relationship

problems, the behavior and emotional problems of teenagers is the tip of the iceberg; on the other hand, adolescent mental illness is a reminder to the family, opportunities, and challenges, sometimes can unite family members to deal with, sometimes accelerate the disintegration of the family. Teenagers with mental disorders are still in the juvenile stage, the disease is in the initial stage, the individual and family have not fully accepted the disease, there are still a lot of fantasy and expectations, and some families are not willing to accept medical identification, trying a variety of possible effective treatment and rehabilitation, family treatment expenses are huge. At the same time, sick teenagers usually need to have parents to take care of the company and are unable to work, leading to a family burden on the other parents, family income spending is very easy due to sickness and poverty, one parent under high pressure and choose to escape, family rupture cases often, specific see family each subsystem and its interaction with the outside world. The change of family problems of patients with mental disorders does not exist in the children, nor the family, but when a child meets challenges in the process of growing up, people need to "experiment" with different ways to deal with problems together. Families who are willing to participate, try, and reflect can often get out of trouble and grow.

In fierce competition in modern society, underage teenagers actively prepare for society, to learn knowledge, and closely interact with the school system, usually mental illness is also in privacy secret status, but whether illness is unknown or known, the current students, parents for students with mental disorders is exclusion and bias. Therefore, the integration challenge of the school system is huge for adolescents with mental disorders, who are more likely to retreat back to their families. Many families in different ways to keep contact with the school system, but there are a lot of uncertainty and risks, the final family is the only rely on, many families feel stress, sickness poverty, due to illness, but are constrained by parents to children always selfless dedication, stick, so adolescent mental disorders family need to learn scientific interaction mode, this for adolescent mental disorder rehabilitation is a positive effect.

#### **4.3.3 Diverse trends in adolescents with mental disorders**

Teenagers are in a state of development and dynamic development, the initial condition and symptoms are not too serious, in some cases, due to the natural progression of the disease itself, or due to the influence of external factors (such as pressure, environmental changes, etc.), the symptoms of adolescent mental disorders may gradually worsen. Some patients may experience a stable period of symptoms when the condition is relatively stable and the symptoms are no longer obvious or severe. In this case, patients are better able to adapt and manage their disease. With appropriate treatment and support, some adolescents with mental disorders can achieve rehabilitation and improvement, and they have to learn to deal with and manage symptoms, improve their quality of life, and gradually return to normal function.

For some patients, mental disorders represent a long-term challenge and require long-term treatment and support to maintain a stable condition and normalize life function. Families of adolescent mental disorders should not give up, early diagnosis, use personalized treatment and comprehensive support system, and consciously develop the skills that teenagers can integrate into the workplace, so as to promote their rehabilitation and healthy development with their roles in different life cycles.

#### **4.4 More than one mental disorders in one family**

Because of the genetic factors at the physiological level of mental disorders, there is inter-generational inheritance. Some families with mental disorders have the problem of multiple disabilities, such as two disabled children, a disabled mother and a disabled child, a disabled father and a disabled child, and even two patients with mental disorders in one family. Some families and regions have a large number of registered disabilities, and there are no psychiatric hospitals in the jurisdiction, so the medical resources are relatively limited. It is necessary to strengthen the cooperation with community doctors, promote the treatment compliance of the disabled in terms of medical and health referrals, and reduce psychiatric symptoms. As a legal system, voluntary guardianship stipulates that adults with full capacity for civil conduct may determine their guardians in writing through prior consultation with their close relatives or other organizations or individuals who are willing to act as guardians. Social workers should do a good job in consultation in advance. When the guardians lose or partially lose their civil capacity, the guardians of the disabled should ensure that the disabled get appropriate guardianship and care. Social workers should pay attention to the methods when providing family services, reduce their psychological pressure, and actively link policy support resources.

In conclusion, the families of people with mental disorders face many dilemmas, including but not limited to the

following aspects:

1) Lack of knowledge and cognition: Many people lack of knowledge and cognition of mental disorders, which leads to social prejudice and discrimination against patients and their families.

2) Financial burden: The treatment and rehabilitation of people with mental disorders require a lot of time and money. Families may have to pay high medical costs while shouldering the financial stress of patients being inability to work.

3) Difficulties in social integration: People with mental disorders often face difficulties in social integration, including limited employment opportunities, insufficient educational resources, and narrow social circles. These difficulties can also impose an additional burden on the family.

## **5. Suggestions and references on the construction of the welfare system for patients with mental disorders**

In order to effectively support families to help patients recover better, the following social welfare policy measures can be adopted:

### **5.1 Provide comprehensive health care**

The government can establish a sound health insurance system to ensure that people with mental disorders have access to affordable medical services and drug treatment.

### **5.2 Strengthen social support networks**

Establish more rehabilitation centers and community support organizations to provide support services such as psychological counseling, rehabilitation training, and social activities for patients and families.

### **5.3 Provide vocational training and employment opportunities**

The government can work with enterprises to provide vocational training and employment opportunities for people with mental disorders, to help them reintegrate into society and become self-sufficient.

### **5.4 Strengthen educational resources**

Provide more special education resources to ensure that people with mental disorders can receive appropriate education and improve their quality of life and self-development ability.

### **5.5 Publicity and education**

Strengthen the publicity and education of mental disorders, reduce social discrimination and prejudice against patients and families, and create a social environment of understanding and support.

The implementation of these measures requires the joint efforts of governments, social organizations, and families to ensure that people and their families with mental disorders can receive effective support and care. The practice of some international countries is also worth learning from, for instance.

### **5.6 International welfare policies and experiences**

The UK uses third parties to stop mental disorders (Liu, 2013), and the UK mental health law requires an independent third-party review of a "mental health court" or a "mental health board" for the diagnosis of mental disorders. If a doctor wants to admit a patient with a mental disorder for more than 28 days, he must submit the proposal and treatment protocol to the mental health court. Ensure the public interest of the mental health court and the mental health committee. In the UK, legal aid is also an important auxiliary means for people with mental illness to protect their rights and interests.

Japan uses convenient medical treatment and welfare to promote mental health. Japanese people have an open-minded attitude towards psychological counseling. A large number of psychological clinics are set up around residential communities, making it more convenient for people to see a doctor. The Japanese government treats mental illness as a priority level of cancer, brain hemorrhage, heart disease, and diabetes. For people suffering from mental illness, the government and society also maintain their mental health through various preferential and protective



measures, such as tax reduction, lower treatment fees, introduced insurance, and arranged vacations.

China's Mental Health Law encourages and supports different medical systems to participate in the prevention and treatment of mental disorders, "encourages and supports the development of mental health science and technology research, the development of modern medicine, traditional Chinese medicine and psychology, and improves the scientific and technological level of the prevention, diagnosis, treatment, and rehabilitation of mental disorders." Traditional medicine refers to traditional Chinese medicine (ethnic medicine), Chinese traditional Chinese medicine therapy advocates "the mind is the main god", and traditional Chinese medicine has a long history of treating mental disorders (Luo, 2020). The Huangdi Neijing established the name of two mental disorders: epilepsy and madness, which are also embodied in the Mental Health Law. In recent years, the participation of TCM in the treatment of mental disorders has been widely recognized by all sectors of society.

## 6. Results and discussion

Adolescent mental disorders onset time is short, and for family treatment and education rehabilitation, social prevention is critical, adult mental disorders disease recurrence control management and occupational rehabilitation, social rehabilitation is very important, and older patients with mental disorders can be given priority to with care, need more affordable policy support. Mental illness is becoming more and more popular, and the public needs to pay more attention to mental health. It is suggested to establish a four-level intervention mechanism, the first level is the adjustment of self-pressure, the second level is psychological counseling, the third level is psychological treatment, and the fourth level needs to increase medical intervention. Countries all over the world are speeding up the exploration of mental clusters, classified management plans, and the construction of integrated and innovative governance programs and service systems.

### Funding

Characteristic innovation project of ordinary universities in Guangdong Province "Research on Family Resistance and Family Welfare Policy of People with Mental Disorders in Guangdong" (Project No.: 2022WTSCX249).

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