P201 / Who Governs Mental Health? Institutions, Actors and Participation in Public Policy

Topic : Governance, Policy Networks and Coalition

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GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

Mental health has become an increasingly prominent issue on public policy agendas worldwide. Growing recognition of mental health needs, changing models of care, the deinstitutionalization and demands for more accessible, inclusive and rights-based services have prompted governments to reconsider how mental health policies are designed, financed and implemented (WHO, 2022). Yet mental health remains a particularly fragmented policy field, spanning healthcare, social services, disability policy, education and employment, public health and prevention, and involving a wide range of public authorities, professionals, organisations and people with lived experience.

This fragmentation raises important questions for public policy research. Mental health is not only a matter of healthcare provision, but also a field of political negotiation, institutional change and competing definitions of public problems. Different professional, scientific and experiential perspectives coexist, sometimes challenging established arrangements and the legitimacy of public interventions (Brunn et al., 2026). At the same time, growing recognition of patients' rights, autonomy and participation calls into question established distributions of authority within mental health systems.

A central question for this panel is therefore who has the authority to define mental health problems, shape policy responses and participate in collective decisions. How is this authority distributed, negotiated or contested among public institutions, professionals, civil society organisations and people directly concerned?

The panel invites contributions examining how mental health policies are formulated, governed, implemented and transformed. Two interconnected, but non-exclusive, lines of enquiry are particularly relevant:

- Governance, institutions and policy instruments. How do political processes, institutional arrangements, professional interests and policy instruments shape mental health policies? Contributions may examine how mental health issues are framed, the fragmentation of responsibilities across sectors and levels of government, policy coordination, financing and regulatory arrangements, professional representation, and the conditions facilitating or constraining policy change (Lascoumes & Le Galès, 2007; Perera, 2022; Schneider and Ingram, 2005).

- Participation, rights and decision-making. How do people with lived experience contribute to shaping mental health policies, services and research? Contributions may investigate collective representation and mobilization, including the role of advocacy and peer-led movements in influencing policy agendas and policy change. They may also examine the recognition and legitimacy of different forms of knowledge, the power dynamics between professional and experiential expertise, participatory arrangements, and the distribution of decision-making authority. Contributions may further address the tensions between autonomy, care and coercion, and examine how established institutional and professional hierarchies are challenged or reproduced (Moreau & Marques, 2020; Hopkins et al., 2024).

These perspectives are not intended to necessarily constitute separate strands. Their intersection can raise broader questions about legitimacy, power, representation and the changing boundaries of mental health policy. The panel also welcomes contributions on other dimensions of the politics of mental health, including comparative policy analysis, agenda-setting, inequalities, policy implementation, evaluation and institutional innovation. It aims to foster dialogue between researchers from public policy analysis, political science, sociology, health policy and related disciplines, drawing on diverse empirical and national contexts.

CALL FOR PAPERS

This panel invites theoretical, empirical and comparative contributions examining mental health through the lens of public policy analysis.

Mental health is increasingly recognised as a major policy challenge, yet the processes through which mental health policies are formulated, negotiated and implemented remain insufficiently connected to broader debates in public policy research. The field is characterised by institutional and professional fragmentation, competing definitions of policy problems, and changing expectations regarding rights, participation and decision-making.

We particularly welcome papers exploring the governance of mental health policies and the distribution of authority among institutions, professionals and people with lived experience.

Possible research questions include:

- How do governments and other actors define mental health as a public policy problem, what is framed as a mental health policy problem, and how do these definitions shape policy responses?
- How do institutional arrangements, professional interests and policy instruments influence mental health policy formulation and implementation?
- How are responsibilities and resources distributed across healthcare, social care and other policy sectors?
- Under what conditions can people with lived experience meaningfully participate in and influence policy development, service governance and research?
- How do rights-based approaches, the recognition of different forms of knowledge and participatory practices challenge or reproduce established power relations?
- What can comparative analyses tell us about institutional change, policy coordination and the politics of mental health?

These questions are illustrative rather than exhaustive. Contributions addressing other aspects of mental health policy, including financing, regulation, inequalities, professional practices, public participation and institutional innovation, are equally welcome.

The panel is open to qualitative, quantitative, mixed-method and participatory research, including comparative case studies, institutional analysis, ethnography, policy process tracing and policy evaluation.

Contributions should engage explicitly with public policy questions and seek to connect empirical findings with broader theoretical debates on governance, legitimacy, participation and policy change.

Indicative references

Brunn, M., Chelle, E., Blanchet, A., et al. (2026). Santé mentale en tension : enjeux épistémologiques, politiques et cliniques d’un espace fragmenté. Annales Médico-Psychologiques.

Hopkins, I., Verlander, M., Clarkson, L., & Jacobsen, P. (2024). What do we know about sharing power in co-production in mental health research? A systematic review and thematic synthesis. Health Expectations, 27(5), e70014.

Lascoumes, P., & Le Galès, P. (2007). Introduction: Understanding public policy through its instruments. Governance, 20(1), 1–21.

Moreau, D., & Marques, A. (2020). Programmes de soins : quand la contrainte se déploie hors des murs de l’hôpital. L'Information psychiatrique, 96(3), 177–184.

Perera, I. M. (2022). Interest group governance and policy agendas. Governance, 35(3), 869–886.

Schneider, A. L., & Ingram, H. M. (Eds.). (2005). Deserving and Entitled: Social Constructions and Public Policy. State University of New York Press.

World Health Organization (2022). World Mental Health Report: Transforming Mental Health for All. Geneva: WHO.