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World Psychiatric Association-Asian Journal of Psychiatry Commission on Public Mental Health

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ABSTRACT

Although there is considerable evidence showing that the prevention of mental illnesses and adverse outcomes and mental health promotion can help people lead better and more functional lives, public mental health remains overlooked in the broader contexts of psychiatry and public health. Likewise, in undergraduate and postgraduate medical curricula, prevention and mental health promotion have often been ignored. However, there has been a recent increase in interest in public mental health, including an emphasis on the prevention of psychiatric disorders and improving individual and community wellbeing to support life trajectories, from childhood through to adulthood and into older age. These lifespan approaches have significant potential to reduce the onset of mental illnesses and the related burdens for the individual and communities, as well as mitigating social, economic, and political costs. Informed by principles of social justice and respect for human rights, this may be especially important for addressing salient problems in communities with distinct vulnerabilities, where prominent disadvantages and barriers for care delivery exist. Therefore, this Commission aims to address these topics, providing a narrative overview of relevant literature and suggesting ways forward. Additionally, proposals for improving mental health and preventing mental illnesses and adverse outcomes are presented, particularly amongst at-risk populations.

Executive Summary

Background:

i. Public mental health includes both the prevention of mental illnesses and mental health promotion.
ii. These should be targeted throughout the lifespan, involving parenting skills training, the protection of children from adverse

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life events, school mental health, workplace mental health, and care for older adults etc.

iii. Aligning with frameworks of social justice, human rights, and cultural diversity, prevention is delivered over several levels: universal populations, families or communities, individuals, and at-risk groups.
iv. Prevention can be primary when strategies are implemented to stop individuals from developing mental illness.
v. Prevention can also be secondary, where the focus is on early detection and intervention, helping reduce the duration of untreated illnesses and thus improving outcomes.
vi. Once a mental illness has developed, tertiary prevention becomes necessary. This focusses on those who have developed a disorder, aiding recovery and reducing relapse risks.
vii. In addition, primordial and quaternary preventive approaches have been described.
viii. Health promotion schemes can boost mental wellbeing through enhanced resilience, protective factors, mental health literacy, education, and advocacy, amongst other initiatives.
ix. Protective factors for mental health include genetic factors, personality traits, age, gender, sexual orientation, socioeconomic factors, social determinants, equity, community support, relationships, and employment etc.
x. As a concept, mental wellbeing has assumed a burgeoning importance across psychiatric and non-psychiatric domains.

Challenges

i. Public mental health is not well recognised in medical curricula and there can be significant gaps in policy implementation.
ii. There are several aspects related to education, policy, and delivery that are often overlooked.
iii. A key part of public mental health delivery may ignore key stakeholders and communities as approaches may often be top-down.
iv. Public mental health often focuses narrowly on some groups, whilst ignoring others.

Solutions

i. Combined universal, selected, and indicated approaches are essential for identifying and setting priorities.
ii. Physical and mental health should be seen in an interdigitated and integrated manner. Hence, preventive programmes may focus on mental health but the impact of physical health on mental wellbeing and vice versa must underpin education and interventions.
iii. Policies around substance use, including alcohol and other drugs, should be an integral part of public mental health agendas.
iv. Physical activities such as exercise, walking, social and community engagement can support public mental health goals.
v. Cognitive and educational activities, like social prescribing, learning, and education, can strengthen mental health and wellbeing.
vi. Across various life stages, different levels of interventions can be delivered. Pre-school and school mental health, adolescent mental health, workplace mental health, mental health for older adults and for vulnerable populations should be developed and provided according to need.
vii. Policy development must account for various global factors, such as climate change, natural disasters, and burgeoning migration patterns.
viii. Early diagnosis and interventions can help improve outcomes from various psychiatric disorders.
ix. Early education to parents and support during parenting can help build resilience and other skills.
x. As part of integrated mental wellbeing, physical activity, cognitive exercises, social engagement, meditation, mindfulness, yoga etc., should be encouraged.
xi. Work based mental health promotion and stress management along with strengthening mental health literacy can be helpful.
xii. Promoting connected communities and social prescribing can improve social engagement and wider support provisions, in turn contributing to better mental health.
xiii. Artificial intelligence and digital technologies can be beneficial for improving programme coverage but the disadvantages of these tools need to be considered.
xiv. For addictions and substance misuse, easy access to physical interventions such as smoking cessation, can help improve physical and mental health and wellbeing. For alcohol, unit pricing and access restrictions needs to be considered. Means restrictions should also be explored for suicide prevention.
xv. Enhancing access to nutritional guidance for people of all ages and controlling commercial influences can significantly reduce mental health challenges linked to conditions like obesity, hypertension, osteoarthritis, and diabetes, and improve mental wellbeing. Managing geographical, geopolitical, and commercial determinants at a policy level can contribute to better mental health at a population level.
xvi. There would be real advantages in targeting funding towards public mental health schemes due to their cost-effectiveness and sustainability, especially where secondary and tertiary care resources are limited.

1. Introduction

Mental wellbeing and mental illness cannot be seen as two ends of the same spectrum and instead may often be overlapping phenomena. From a biopsychosocial perspective, mental health can be affected by a range of biological, social, and psychological influences. As described by the World Health Organization (WHO) (World Health Organization, 2004), the concept of mental health comprises mental wellbeing and salutogenic factors, such as optimism, resilience, and the capacity to cope with adversity. In its definition, WHO (World Health Organization, 2004) notes that quality of life (QoL) can be described as an individual's perception of their own position amidst the cultural and value systems in which they live, function, and perform in relation to their goals, experiences, standards, and concerns. Concomitantly, healthy communities, human capabilities, and individual and societal responsibilities to manage wellbeing, QoL issues, and other challenges, can be determined by socioenvironmental patterns. In turn, these can be informed by broader distal factors, including social and geopolitical dynamics. Equally, mental health and physical health, although traditionally having been seen separately (especially in Western allopathic medicine) are not detached but interdigitated, with one affecting the other.

In responding to these dynamics, public mental health (PMH) incorporates two intersecting foci through population-based approaches: the prevention of mental illnesses and adverse outcomes and mental health promotion. The target populations for these schemes must be seen through the framework of social justice. The capability to be mentally healthy can be shaped by individuals, families, communities, and policymakers working together. Thus, in order to implement PMH programmes, the multifaceted needs of both the general population and vulnerable groups should be considered. In this report, the latter comprises diverse populations, such as racial and ethnic minorities, children, women, older adults, sexual and gender minorities, individuals with intellectual disabilities, unhoused people, and incarcerated people.

Of course, a number of short- and longer-term strategies can be used to achieve PMH goals, which are contingent on cultural relativism, societal contexts, and delivery mechanisms. In many countries in Asia and beyond, religion and spirituality play a sizeable role and professionals can work with religious leaders, collaborating on educational strategies

and supporting mental health delivery. Promotion and prevention schemes can take place in a variety of settings, such as schools and workplaces. Similarly, PMH initiatives can be based around recent advances like mental health literacy training, alongside emerging digital-based developments in the form of social media and Artificial Intelligence (AI). However, these new platforms and technologies can also have complex implications for mental health and should be carefully and pragmatically integrated into PMH approaches.

Psychiatric training, akin to certain components of general medical education, prioritises the diagnosis and management of mental health disorders (Bhugra et al., 2023). This means that, in many settings, the objectives of population health, prevention, and health promotion are left to epidemiologists and other practitioners. Consequently, clinicians may not be aware of (and thus do not apply) principles of mental illness prevention and/or mental health promotion. Likewise, many countries in Asia are far advanced in teaching preventive and social medicine at an undergraduate level. Yet, typically, this does not include mental health and wellbeing and the onus is on managing infections (of which the mental health aspects are inconsistently covered).

For school children and students, mental health and wellbeing can influence their academic achievements and social and emotional development. Correspondingly, adolescents and young adults require all necessary information to stay mentally healthy. This is underscored by results from a prior large-scale survey in the United States showing that that around half of all adulthood psychiatric disorders start below the age of fifteen, and three quarters below the age of twenty-four (Kessler et al., 2005). In addition, attachment patterns in childhood can affect the development of brain structures and brain functioning. Hence, it is critical that PMH initiatives start at a very early age, continuing throughout the lifespan to support adulthood trajectories and healthy ageing.

With the impact of contemporary geopolitical crises, the effects of climate change and natural disasters, persistent socioeconomic and health disparities, and the escalating global burden of disease exacerbated by the COVID-19 pandemic, evolutions to mental health policy and care models are becoming increasingly necessary. Against this background, in October 2022, the World Psychiatric Association at the Asian Journal of Psychiatry established three Commission reports to explore different challenges (Bhugra et al., 2023; Bhugra et al., 2024). One of these centred around exploring the efficacy and value of PMH approaches in a changing world.

Specifically, this report begins by underlining the holistic scope of PMH and the key facets of prevention and promotion (Section 2). Subsequently, the document illustrates the applicability of PMH programmes and initiatives to address salient issues amongst the vulnerable groups delineated above, underpinned by goals of social justice and respect for human rights (Section 3). This is followed by an overview of key avenues for PMH delivery, including school and workplace mental health (Section 4 and Section 5), mental health literacy schemes (Section 6), and the interfaces of social media and digital technologies (Section 7). Finally, the report concludes with recommendations. Throughout this report, due to the heterogeneity of populational needs and inconsistencies in research quality, an emphasis was placed on evidence reviews, policy guidelines, and papers focussing on contexts of practice in Asia, where possible. These were gathered through apposite keyword searches of databases and snowballing techniques.

2. An overview of public mental health

2.1. Mental health and mental wellbeing

The United Nations, (2023a) distilled the expansive scope of PMH into two broad principles, namely: "there is no health without mental health" and "good mental health means much more than the absence of a mental impairment". The PMH Working Group from the World Federation of Public Health Associations described PMH as a "population approach to sustainably reduce the disease burden from mental health conditions and promote population mental wellbeing and resilience" (World Federation of Public Health Associations, 2023). Similarly, the World Psychiatric Association defined the scope of PMH as "a population approach to improve coverage, outcomes and coordination of PMH interventions" (World Psychiatric Association, 2023). These conceptualisations have previously been acknowledged at a policy level. For example, the United Kingdom Office for Health Improvement and Disparities, (2023) affirmed that PMH is underpinned by the conviction that "everyone, irrespective of where they live, should have the opportunity to achieve good mental health and wellbeing".

However, the premise of "good mental health and wellbeing" has attracted extensive scrutiny, primarily owing to its subjective interpretations and implications (e.g., ((Vaillant, 2012; Mackereth et al., 2014). Equally, as multifaceted concepts, it should be noted that psychiatric disorders do not necessarily preclude feelings of mental wellbeing and conversely, the absence of a disorder does not automatically imply optimal mental health (e.g., Westerhof and Keyes, 2010). Instead, dependent on individual circumstances, these may be closely related or largely disparate. Furthermore, notions of mental wellbeing vary according to social and cultural frameworks (Vaillant, 2012), i.e., perspectives from countries in Europe will likely diverge from societal values in countries in Asia. Compounding these aspects, difficulties can arise in the assessment and validation of mental wellbeing, particularly as a service objective (de Cates et al., 2015). Nonetheless, feelings of mental wellbeing have been found to protect against the onset or recurrence of mental disorders (Santini et al., 2022) and can have bidirectional associations with social capital, especially in distinct demographics (e.g., elderly groups (Nyqvist et al., 2013).

Recognising these complexities, for the purposes of this Commission, mental wellbeing encapsulates multidimensional components of subjective wellbeing (experienced, evaluative, and eudaemonic wellbeing), which includes aspects like life satisfaction, personal fulfilment, individual emotions, and a sense of purpose (Steptoe et al., 2015). Likewise, mental wellbeing demarcates previously-proposed functional capacities, such as effective emotional modulation, adaptive strategies for stress management and coping, fulfilling relationships, social functioning, empathy and flexibility, and contributions to the community, to name a few (Galderisi et al., 2015; World Health Organization, 2004). Albeit still a subjective definition, this aligns with multidimensional approaches towards mental health and general terminology adopted by the United Nations, (2023a) within the Sustainable Development Goal 3 – i.e., "Good Health and *Well-being*" (italics ours).

2.2. Mental illness prevention and mental health promotion

Across the world, mental illness and lower mental wellbeing can have far-reaching implications (The Lancet Global Health, 2020; de Oliveira et al., 2023). Significantly, mental disorders are estimated to cause ~418 million disability-adjusted life years (DALYs) with a financial value of USD 5 trillion (Arias et al., 2022). Untreated mental disorders constitute ~13 % of the global disease burden, and depression remains the second highest disability cause, substantially contributing to overall suicidality (Collins et al., 2011; Bachmann, 2018). The COVID-19 pandemic exacerbated these trends, with a ~25 % increase in common mental health disorders (CMDs) (World Health Organization, 2022a). Presently, the climate crisis, ongoing conflicts, and other geopolitical issues are intensifying extant problems (Smith et al., 2023; Cianconi et al., 2020).

Dependent on their severity and context, psychiatric symptoms may impair functional capabilities, decreasing social participation and QoL. Reduced QoL has been identified in individuals with alcohol use disorder, depression and anxiety, and schizophrenia (Lu et al., 2022; Hohls et al., 2021; He et al., 2022), amongst other conditions. Psychopathological risk factors have been shown to disproportionately affect minority social identities and were further intensified by COVID-19

(Mezzina et al., 2022; Nguyen et al., 2022). Additionally, the care-partners of individuals with mental health conditions might also experience reduced QoL and interrelated burdens (e.g., (Cheng et al., 2022). In sum, these issues call for holistic and practical responses (World Psychiatric Association, 2019).

PMH centres around comprehensive programmes and policies for populations, extending beyond individual-level strategies (Bhugra, 2023; Reininghaus et al., 2023; Wahlbeck, 2015). At its core, PMH is directed at ameliorating disease burdens amongst populations, communities, and individuals via prevention initiatives and health promotion (Lindert et al., 2017; Campion et al., 2020). Conceptual distinctions between prevention and promotion could be seen to follow the multidimensional model of mental health. In doing so, prevention aims to mitigate against mental illness and adverse outcomes across various stages and health promotion serves to strengthen mental wellbeing and resilience. Nevertheless, in practice, the scope, objectives, and target populations of PMH prevention and promotion frequently overlap.

From a broad perspective, prevention can be grouped around distinct responsibility domains: primary, secondary, and tertiary (Campion et al., 2012). Specifically, primary prevention addresses wide-ranging determinants for the general population or at-risk individuals; secondary prevention consists of interventions to moderate disorder progression, including timely detection; and tertiary prevention aims to facilitate recovery and reduce relapses (Bhugra, 2023). Other types of prevention, especially in the context of primary care, include primordial approaches, which focus on key causes and social determinants, such as policies for reducing substance use and gambling (AbdulRaheem, 2023). Quaternary prevention comprises the management of medically unexplained symptoms and somatisation, as described by Martins et al., (2018). The most recent classifications define this as an action taken to protect individuals (persons/patients) from medical interventions that may be likely to cause more harm than good. Furthermore, alternative models have been predicated on target populations e.g., universal (entire populations, specific groups, or environmental settings, notwithstanding risk), selective (groups or communities exhibiting higher risks or vulnerabilities) or indicated (individuals already presenting with psychiatric symptoms) (Compton and Shim, 2020).

PMH accentuates the importance of maintaining and augmenting mental wellbeing across the lifespan (Royal College of Psychiatrists, 2010). With that in mind, mental health promotion seeks to develop mental wellbeing, resilience, and psychosocial functioning. Correspondingly, PMH emphasises societal policies and programmes to provide mentally healthy environments, lessen stigma, and increase sensitivity towards mental health. Further, within this framework, there are differences between protective factors that mitigate adverse outcomes within high risk levels and promotive factors that support better outcomes for mental wellbeing across all levels of risk.

Akin to prevention approaches, PMH promotion can be classified over various domains (Campion, 2019). This can include encouraging protective and promotive factors (primary promotion), early interventions that promote mental wellbeing (secondary promotion), and schemes for individuals experiencing continual poor mental wellbeing (tertiary promotion). Across these areas, relevant activities may involve bolstering individual skills and capacities, developing positive interpersonal relationships, creating supportive environments, augmenting mental health awareness, alleviating stigma, enabling healthy lifestyles, and advocacy (World Health Organization, 2004).

Notwithstanding their theoretical distinctions, it should again be noted that the objectives of mental health prevention and health promotion recurrently interconnect, often making precise separations difficult (Tengland, 2010); notably, various types of therapies including cognitive behavioural therapy (CBT) or cognitive analytic therapy may help in both preventing relapses and promoting mental wellbeing. This is a pertinent consideration as the spaces and contexts where mental health issues manifest can be intersectant and influenced by a complex interplay between proximal and distal dynamics, thus requiring combined or complimentary aspects of prevention and promotion (Min et al., 2013; World Health Organization, 2022b).

Although a common understanding of PMH can be developed globally, relevant initiatives have to be locally applied and adapted. PMH may confer sizeable benefits in lower income countries where psychiatric concerns are persistently unaddressed (Rathod et al., 2017) owing to a number of causes, from entrenched stigma to insufficient resources and access barriers to professional services. For these reasons, PMH strategies may be critical in these settings for improving the identification and management of mental illnesses at a populational level, alongside boosting overall wellbeing (Meffert et al., 2021; Campion, 2018).

Equally, PMH prevention and promotion programmes can be cost-effective and scalable (e.g., (Le et al., 2021), heightening their applicability in resource-limited areas. Resultantly, PMH has been depicted as a major contributor to development objectives (Campion and Javed, 2022), exemplified by the inclusion of “mental health and well-being” in the United Nations’ Sustainable Development Goals (United Nations, 2023b). Nevertheless, despite its potential, significant implementation gaps remain due to a lack of measurable policy targets for PMH, resource restrictions, and adverse sociopolitical determinants (Meffert et al., 2021; Campion et al., 2020; Campion et al., 2022). Again, these paradigms can be more pronounced in low- and middle-income regions (LMICs) (Campion, 2018).

Generally, there may be limited training around PMH in medical curricula and beyond, which is crucial to equip future health professionals with the requisite skills to address growing mental health burdens. Furthermore, major psychiatric funders may prioritise more specified agendas than the populational approaches emphasised by PMH; for example, the National Institute of Mental Health in the United States has promoted brain systems research categories in its funding framework (Carcone and Ruocco, 2017). Yet, there could be real advantages in targeting funding towards PMH schemes in both high-income countries (HICs) and LMICs due to their cost-effectiveness and sustainability.

2.3. *Holistic features of public mental health*

Prevention and health promotion touch upon multidimensional dynamics, underpinning the populational and systematic goals of PMH. As consensus has shifted away from Cartesian mind-body dichotomies (Ventriglio and Bhugra, 2015; Bhui, 2018), mental health and physical health are generally no longer theoretically recognised as detached, but rather as closely interrelated (Prince et al., 2007). In sum, physical morbidities may exacerbate the onset, progression, and severity of mental health symptoms (and vice versa) (Ohrnberger et al., 2017), which should be recognised in holistic PMH approaches (e.g., McHugh, 2018).

Like physical morbidities, psychiatric disorders can be conditioned by diverse biopsychosocial influences, again underscoring the necessity of broad-based perspectives (e.g., Bhugra, 2023). For instance, genetic predispositions may impact disorder development and trajectories (Andreassen et al., 2023), and symptom presentation, help-seeking, and therapeutic engagements are often shaped by cultures. Similarly, epigenetic factors may contribute to the onset of psychiatric disorders, which also need to be understood in specific cultural contexts. Psychological aspects, like personality traits and cognitive processes, can influence vulnerabilities or protective factors, as can stress and critical life events (Hogg et al., 2023). As social determinants, restricted educational and employment opportunities might elicit psychosocial risk factors (Knifton and Inglis, 2020). Other dynamics, such as socioeconomic inequalities and health disparities, can constitute additional sequalae, as can discrimination and racism (Bhugra et al., 2023). Correspondingly, distal issues, such as geopolitical trends and commercial determinants, are being acknlowedged for their adverse effects on mental health and wellbeing at a proximal level (Sri et al., 2023).

Furthermore, cultural explanatory models recurrently shape individual and population-level attitudes towards mental illness and wellbeing (Dinos et al., 2017) and also towards help-seeking and therapeutic engagement. Traditional values regularly dictate cross-cultural divergences between "normal" and "abnormal" behaviours (e.g., in the context of psychotic experiences) (Luhrmann et al., 2015) and notions of "social" and "anti-social" behaviours (Ronningstam et al., 2018). Framing how communities attribute cause to psychopathology (whether through spiritual, biomedical, or psychosocial guises), sociocultural constructs and idioms of distress may concomitantly impinge upon other dynamics, such as help-seeking or treatment adherence . Culturally-specific child rearing patterns can also influence brain development (Stewart-Brown, 2005) as these may relate to attachment patterns in childhood . Additionally, individual or societal values can aggravate or reduce stigma. This is evident in regions in South Asia, where conventional views on depression differ drastically from North American ideas (Chandra et al., 2016). Moreover, spirituality and religiosity can entail both opportunities and challenges, serving as protective factors yet potentially contributing to harmful behaviours and coping mechanisms (Weber and Pargament, 2014).

Due to these wide-ranging issues and convergent areas, PMH interventions should be intrinsically interdisciplinary (Stewart-Brown, 2018; Stewart-Brown, 2015). To specify a few examples, PMH schemes can seek to emphasise timely identification of mental illnesses for at-risk groups (e.g., medicine, psychiatry), implement community-based programmes that develop supportive social environments (e.g., sociology, community psychology, public health), embed mental health education into curriculums to build resilience from an early age (e.g., education, developmental psychology), and strengthen national and international policies (e.g., policy sciences, political sciences).

As promotive and preventive factors are distinct and carry differential weight, interprofessional collaborations are commonly required, involving healthcare professionals, epidemiologists, sociologists, occupational psychologists, community-based organisations, and beyond. By definition, PMH schemes will also necessitate interactions with other stakeholders, including (but not limited to) parents, schools, employers, spiritual leaders, policymakers, political actors, and governments (Campion et al., 2022). Where possible, incorporating the lived experiences of people with mental health issues into PMH can ensure interventions are comprehensive and truly reflective of requisite needs.

Policy interventions can also be a major factor in reducing populational risks and improving overall mental wellbeing. Policymaking has been to target tobacco and alcohol use rates in countries in Asia through access and marketing restrictions and improved corporate responsibility (Amul and Etter, 2022). Likewise, certain commercial determinants of mental health, such as advertising and lobbying, can be addressed through policy, in turn potentially protecting against obesity, harmful alcohol use, and smoking related illnesses (Bhugra and Ventriglio, 2022; Tompson et al., 2022). Means restriction for suicide prevention can also be a useful populational prevention, either at community or societal levels (Yip et al., 2012). Given the substantial and composite trends in suicide in parts of Asia (e.g., Okada, 2022; Yadav et al., 2023; Kang et al., 2023), culturally sensitive and context-specific interventions may moderate risks and maladaptive behaviours. Previously, effective approaches have limited access to pesticides in India (Bonvoisin et al., 2020). In sum, these cases all illustrate how more can be done for PMH at policy levels if political will exists.

3. Public mental health and vulnerable populations

Vulnerable populations experience distinctive risk factors and disproportionate morbidity rates, with sociopolitical and socioeconomic determinants amplifying health inequities (e.g., Bhugra and Ventriglio, 2023). The COVID-19 pandemic accentuated these trends (e.g., Campion et al., 2022; The Lancet Global Health, 2020), reinforcing care barriers for marginalised populations, minorities, and gender-based identities. The ongoing effects of climate change and natural disasters are also having similarly harmful effects (Romanello et al., 2021).

Resultantly, in modern contexts, inclusive PMH interventions and policies are vital for preventing psychiatric disorders and adverse events and improving mental wellbeing; this can help to address prevalent concerns and intersectional disparities. Therefore, PMH aligns with human rights approaches and social justice by attenuating risks and promoting healthier environments (Sartorius et al., 2023). Below, we outline examples of how PMH prevention and promotion can be beneficial and viable for mitigating salient challenges and improving conditions amongst specific communities.

3.1. Racial and ethnic minorities

3.1.1. Prevention

Across the world, mental illnesses represent a substantial health burden for racial and ethnic minorities, driven by systemic pressures (e.g., McGuire and Miranda, 2008; Giacco et al., 2018). Individuals may encounter help-seeking barriers, including a lack of culturally-sensitive services and inaccessible care pathways (Chauhan et al., 2020). Addressing the needs of racial and ethnic minorities thus requires comprehensive and culturally relativist approaches (Cossu et al., 2018). Specifically, as Kirmayer et al., (2011) found in migrant populations, language constraints, acculturation stressors, critical life events, and disparate cultural explanatory models may contribute to disorder onset and trajectories.

Prevention programmes for ethnic and racial minorities should be sensitised to contextual and cultural frameworks through active stakeholder and gatekeeper engagement and appropriate venues of delivery. For example, this might involve trusted figureheads or spiritual leaders across communities or places of worship (e.g., Hankerson et al., 2021), also see (Bhugra et al., 2019). In this regard, Knifton and colleagues (Knifton et al., 2010) demonstrated the efficacy of community-led workshops in the United Kingdom for attenuating stigma and improving behavioural intent for Black and ethnic minority groups.

Family-centred interventions can be useful for mitigating risks and larger acculturative pressures for ethnic minorities and migrant communities (Apers et al., 2023). Working with Black families in the United States, Brody et al., (2012) found that involving family members over a period of five sessions helped reduce conduct problem behaviours, substance use problems, and depressive symptoms compared with a control group. Similarly, Perrino et al., (2014) showed that improving communication between parents and adolescents can limit the likelihood of internalising problems in a sample of Hispanic adolescents; these results also underline how PMH prevention programmes must consider developmental factors, which can be influenced by training. In an interesting study of Mexican American adolescents, Gonzales et al., (2012) highlighted how using the same language in programme delivery influenced the efficacy of preventive interventions.

Due to various factors, like discrimination and social inequities, disproportionate suicidality rates can be evident amongst different racial and ethnic minority groups, especially migrants and refugees (Basu et al., 2022). Per prior recommendations, suicide prevention schemes for migrants should encompass multi-layered models across indicated, selective, and universal levels. For example, this could encompass robust surveillance in health systems and communities (this could be facilitated through training for gatekeepers and support staff (see: Ingram et al., 2022), culturally appropriate helplines and support, self-help strategies, and means restriction (Haroz et al., 2018). However, there has generally been a sparsity of data around effective interventions and responses to suicidality in migrants, rendering this a critical area for further research and PMH development (Haroz et al., 2018).

3.1.2. Promotion

The inherent diversity within racial and ethnic minority groups makes uniform promotion objectives difficult to conceptualise and

achieve, and also means that prevention and promotion may intersect. This is not only because of demographic characteristics, intersectional experiences, and language challenges, but is also related to stigmatising attitudes and culturally nuanced explanatory models. Yet, generally, PMH promotion in these communities seeks to improve pertinent acculturative issues, engender protective factors, and enhance daily functioning.

A review of peer mentoring for migrant and refugee women indicated that these programmes could boost social support, empowerment, and measures of confidence, whilst lessening the effects of certain social determinants, like inadequate access to education (Gower et al., 2022). Nonetheless, insufficient financial resources have been cited as a major limiting factor for successful peer support schemes by Ho et al., (2022) in the context of migrant domestic workers, who also may experience other intersectional challenges. This illustrates the necessity of institutional and systems-based impetus to implement such schemes, alongside partnerships with community organisations, religious and community leaders, teachers, and others to emphasise lived experience.

Access to green spaces and increased physical activity amongst racial and ethnic minorities has yielded positive results for mental wellbeing (Rishbeth et al., 2019). These interventions are inexpensive but can be extremely effective. Significantly, a review by Gentin et al. suggested that engaging with nature can promote the learning of cultural customs and strengthen wellbeing in migrants (Gentin et al., 2019). Furthermore, promoting healthy nutritional habits and lifestyle choices can be protective factors (Elshahat et al., 2023; World Health Organization, 2023a). Although the quality of evidence remains heterogenous, mental health awareness schemes and salutogenic psychoeducation have been beneficial for stigma reduction and facilitating behavioural shifts in racial and ethnic minority communities, as demonstrated by past work (e.g., Lee-Tauler et al., 2018). In order to advance these aims, cultural sensitivity should be emphasised, again involving appropriate venues of delivery and active buy-in from community and spiritual stakeholders (Knifton et al., 2010; Knifton, 2012; Bhugra et al., 2019).

Broader pressures, such as prejudices and socioeconomic disadvantages, can worsen outcomes for care equivalence and individual mental wellbeing and QoL in ethnic and racial minorities (McGuire and Miranda, 2008; Berger and Sarnyai, 2015; Bhugra et al., 2023). As has been identified in healthcare settings, anti-racism courses and bias education have the potential to modulate discriminatory attitudes and behaviours; these initiatives should be underpinned by accountability mechanisms, resource provisions, and partnerships with racialised communities (Hassen et al., 2021). Likewise, anti-racism and cultural competency must be taught in medical training to inform culturally-sensitive clinical practices (Venkataramu et al., 2021). Educational goals can be bolstered through principles of transformative learning and tailored curricula materials (Sukhera et al., 2020; Bhugra et al., 2023).

Moreover, inclusive policies at national and regional levels should better address the systemic determinants that disadvantage racial and ethnic minorities, ideally designed in collaboration with these communities to incorporate lived experiences. Contingent on local frameworks and personal needs, this could involve initiatives that enrich integration and expand access to healthcare, affordable and secure housing, educational and occupational opportunities, employment protection, and social support (e.g., Juárez et al., 2019; Primm et al., 2010).

These considerations are especially essential for supporting migrant populations, who are vulnerable to disproportionate rates of incarceration, lack of housing, and poorer working conditions (Cohn et al., 2024; Kaur et al., 2021; Reza et al., 2019). However, at the time of writing, anti-migration rhetoric and restrictive immigration policies appear to be increasing, particularly within HICs in the Global North; it is conceivable that the resulting discrimination and the perception of this discrimination could further add to stress and distress amongst minority communities. This means that the role of professional advocacy may assume greater relevance in PMH. Psychiatrists must work to influence policies that create more open and health promoting conditions for migrants, regardless of prevailing sociopolitical pressures (Smith et al., 2023).

3.2. Women

3.2.1. Prevention

Internationally, evidence suggests that women are nearly twice as likely to experience mental disorders than men, particularly specific CMDs (e.g., anxiety disorders and affective disorders) (Yu, 2018; Bezerra et al., 2021; Seedat, 2009). Throughout the lifespan, psychopathological risks may be heightened by psychosocial factors together with socio-environmental and biological determinants, including issues related to pregnancy and menopause (Bezerra et al., 2021; Howard and Khalifeh, 2020; Alblooshi et al., 2023). Societal expectations and gender-based disadvantages can also provoke stressors, in turn contributing to symptoms and reduced QoL (e.g., Rodgers et al., 2023; Platt et al., 2016). Accordingly, PMH prevention strategies for women should be targeted at distinctive dynamics at each stage of the life trajectory.

Embedding mental health prevention into reproductive health and perinatal phases can be advantageous for timely detection and preventing maternal morbidity (Howard and Khalifeh, 2020; World Health Organization, 2022c). Targeting adolescent girls reaching puberty can help educate them about potential stressors related to reproduction but also build resilience. In some countries in Asia, perinatal screening has already been successfully implemented, albeit with different levels of coverage depending on the national setting (Lemon et al., 2023). Studies conducted in India and Singapore have shown how mental health screening is a useful component of holistic health assessments for pregnant women (Fellmeth et al., 2021; Poo et al., 2023).

Elsewhere, CBT and psychoeducation have demonstrated good feasibility and acceptability for mitigating anxiety and depression in the antenatal period (Waqas et al., 2022). Home visitation can provide an equitable prevention mechanism for perinatal mental health in low or high-risk scenarios (e.g., (Tabb et al., 2022). Furthermore, evidence about successful universal, selective, and indicated interventions specific to post-partum or post-natal mental illnesses remains inconsistent. Nevertheless, certain psychosocial and psychological schemes have had positive outcomes for women with elevated susceptibility for depression and anxiety in these periods (e.g., Mahdi et al., 2019; Werner et al., 2015).

Despite this, there can be prominent barriers that undermine the efficacy of perinatal and postpartum prevention and appropriate follow-up interventions (e.g., in underserved areas) (Hansotte et al., 2017; Webb et al., 2021). Ultimately, screening should only be adopted if it forms the basis for subsequent therapeutic regimens; optimal care pathways may be difficult to consistently ensure in resource-limited communities (Gjerdingen and Yawn, 2007; Waqas et al., 2022). Therefore, in LMICs in South Asia, researchers have called for capacity building at regional and national levels to support the early identification of CMDs in pregnancy (Mahendran et al., 2019). Correspondingly, in low-income regions, other perinatal preventive initiatives like task-sharing and task-shifting with volunteers and community health workers, technology-based schemes, and wider training programmes have been proposed (Waqas et al., 2022).

Akin to perinatal and postnatal phases, the importance of timely detection to inform tailored treatment and the role of healthy lifestyle management for menopausal transitions have been underlined (Lobo et al., 2014) . These could be especially timely in midlife cycles where women can experience low wellbeing (Brown et al., 2024). To that end, researchers have illustrated the preventive benefits of psychological interventions like CBT in these phases, alongside addressing distinct vulnerabilities (e.g., sleep disturbance and stress exposure) in indicated target populations of women at-risk for depression during the menopause (Brown et al., 2024).

In addition, the relationship between gender-based violence and the

development of CMDs and functional impairments in women has been well-established (Rees et al., 2011), rendering this a critical area of PMH prevention (World Health Organization, 2022d). Thus, multifactorial and multilayered schemes for gender-based violence should be prioritised through various individual-, community-, and policy-level and structural initiatives (United Nations Refugee, 2020; World Psychiatric Association, 2017). Furthermore, prevention programmes that engage men in gender-transformative discussions also have the potential to modulate distal sociocultural norms that naturalise injurious practices or patterns of behaviour (Casey et al., 2018).

3.2.2. Promotion

Gender-based disparities are continuing to disadvantage women in both HICs and LMICs, with concomitant implications for mental wellbeing (Cabezas-Rodríguez et al., 2021). Significantly, in Asia and across the world, gender-based socioeconomic inequities persist (e.g., gender pay gaps) (Kim and Shirahase, 2014), as do regressive traditions like child and adolescent marriages in certain countries, despite growing consensus and movements towards ending these practices (Kennedy et al., 2020). Thus, gender equity must be championed as a key facet of PMH, in accordance with social justice goals and human rights frameworks. Resultantly, purposeful schemes should be implemented to ameliorate relational and socioeconomic determinants of adverse mental wellbeing and promote healthier environments for women.

Internationally, gender inequities require targeted and context-specific interventions to empower women and enhance QoL through more equitable opportunities. Contingent on cultural dynamics, relevant initiatives must focus on enhancing access to education and vocational training, applying fair employment practices, providing legal protections against discrimination and violence, supporting reproductive rights, and ensuring participation in political and decision-making processes (Heise et al., 2019; Gonçalves et al., 2021; European Commission, 2023). These can be supplemented on local or community levels via programmes that challenge and modulate detrimental attitudes that contribute to stressors and widen inequalities. For example, based on data from South Asia, various approaches have been recommended for reducing stigma and gender-based social impediments around mental wellbeing, including small participatory programmes and the involvement of religious and community stakeholders (Khan et al., 2020).

Across the lifespan, other promotive programmes can be conductive for advancing PMH goals and promoting healthier environments. This can include need-supportive body-positive and physical empowerment campaigns to boost self-acceptance and self-esteem (Legault and Sago, 2022; Thøgersen-Ntoumani et al., 2022), possibly lessening the occurrence of maladaptive behaviours (e.g., harmful weight-management practices). Separately, reviews examining peer support groups for women during perinatal and postnatal phases suggest that these can engender positive outcomes for mental wellbeing and protective factors; that said, cultural and personal factors can mitigate these effects and therefore, more research is needed to identify and measure the success of these schemes (McLeish et al., 2023; Yamashita et al., 2022). Broader gender mobility considerations and transport planning should also be acknowledged by policymakers, since these can have differential impacts on mental wellbeing and QoL in women (e.g., Erinne et al., 2022; Dilmaghani, 2021). It is imperative that all PMH promotion plans include key stakeholders and have community ownership.

3.3. Children and adolescents

3.3.1. Prevention

Globally, approximately 13.4 % of children and adolescents experience mental ill-health (Polanczyk et al., 2015). Corresponding findings have been noted in a review specific to Asia, with prevalence estimates for mental illnesses ranging from 10 % to 20 % in these age groups (Srinath et al., 2010). Genetic predispositions and adverse brain development can detrimentally impact child mental wellbeing and developmental trajectories (see: Jami et al., 2021), as can socio-environmental factors and critical life events, particularly early exposure to violence and abuse (Scully et al., 2020; McKay et al., 2021; Liveri et al., 2023).

Accordingly, relevant PMH actions should be multifactorial, focussing on primordial and primary interventions, lessening psychosocial risks, and strengthening social environments and parental skills. Multimodal strategies and delivery mechanisms are useful and cost-effective for these goals. For example, as shall be discussed in greater detail (see Section 4), incorporating PMH schemes at pre-school and school-age phases can confer distinct benefits for development (e.g., Dougherty et al., 2015; Richter et al., 2022).

Additionally, regular screening could be conducted during paediatric appointments or community settings to ensure timely detection and sufficient management (e.g. (Wissow et al., 2013; Lim et al., 2017). However, specialised training may be required for health service providers and for task-shifting or task-sharing with lay actors and community health workers. Moreover, it must again be emphasised that mental health screening for children and adolescents should be culturally relativist and must only be enacted if it is supported by robust provisions for onward triage and treatment.

Furthermore, digital technologies can be harnessed for prevention in these groups. In this regard, universal, selective, and indicated technology-based initiatives for youth have been identified for substance use behaviours, including boosting drug-related awareness and e-therapy (Marsch and Borodovsky, 2016). Interventions such as these can be valuable given the correlations between adolescent substance use and comorbid symptoms, as has been demonstrated in Southeast Asia, the Western Pacific, and other regions (e.g., (Tian et al., 2021). Nevertheless, caution is required concerning the large-scale adoption of these technologies since many are still nascent (either in their development or implementation).

Prevention schemes should also aim to mitigate socioenvironmental risk factors in children and adolescents. As discussed below (see Section 4), anti-bullying schemes in schools can promote safer and inclusive environments. Other initiatives targeted at behavioural changes in parents and caregivers can be advantageous and should be widely endorsed (Campion et al., 2012; Jeong et al., 2021). Previous studies have highlighted the potential of home visitation and parental education for mitigating incidents of maltreatment (Mikton and Butchart, 2009), and schools have provided important venues for augmenting knowledge and self-protection skills in children for these issues (Gubbels et al., 2021). In different investigations, the role of whole population and situational preventive approaches for child sexual abuse have been underlined, though there is need for greater empirical evidence about the efficacy of these schemes (particularly in LMICs) to inform safeguarding procedures (Russell et al., 2020).

In pre-natal periods, maternal drug use can culminate in somatic problems, cognitive deficits, behavioural concerns, and neurodevelopmental disorders (Lee et al., 2010; Easey et al., 2019; Corrêa et al., 2022), which again is a salient issue requiring targeted prevention. To that end, studies indicate that psychosocial and behavioural interventions, particularly contingency management, can help reduce prevalent vulnerabilities for maternal substance use (Forray, 2016). For later developmental stages, low intensity parenting interventions have been shown to lessen or prevent substance use amongst youths and adolescents (Allen et al., 2016).

3.3.2. Promotion

For PMH promotion amongst children and adolescents, caregiving practices can create supportive environments, increasing self-esteem, resilience, and other competencies (Jeong et al., 2021; Chen et al., 2019). In LMICs, parenting interventions have been shown to enhance wellbeing in children and adolescents, including psychoeducation and boosting caregiver coping skills (Pedersen et al., 2019). As a specific

sub-population with intersectional vulnerabilities, an adapted initiative for migrant and displaced minors in Thailand illustrated how a project aimed at parents resulted in more protective factors amongst children (Annan et al., 2017) . Elsewhere, randomised controlled trials for psychosocial stimulation programmes in Bangladesh and Pakistan yielded promising results for cognitive development, primarily for vulnerable children (Tofail et al., 2013; Yousafzai et al., 2014).

Studies have suggested that there are associations between breastfeeding and improved intelligence and cognitive functioning in offsprings ((e.g., Lee et al., 2016), though these relationships may be confounded by other variables and could have restricted clinical relevance (McGowan and Bland, 2023; Tozzi et al., 2012). That said, different investigations have suggested that breastfeeding can have other positive implications for socioemotional and motor development in children (e.g., Krol and Grossmann, 2018; Hernández-Luengo et al., 2022), which may be an especially pertinent consideration as inconsistent and low breastfeeding rates have been noted in countries across Asia (Walters et al., 2016). Work from South Asia demonstrates that education and counselling can support this, though interventions to support breastfeeding must be targeted, with sufficient regularity and coverage (Benedict et al., 2018).

Moreover, the importance of basic needs within a child's cognitive and social development should again be reiterated, such as healthy nutrition, regular social interactions and stable relationships, physical activity, and good sleep quality (Plauché and Leventhal, 2018). Several of these have been identified as protective factors for adolescent suicidality (Wasserman et al., 2018) and could be promoted through digital technologies and gamification, dependent on resource availability and stakeholder buy-in (Gkintoni et al., 2024). Likewise, nature and green spaces have been increasingly recognised for their role in promoting mental wellbeing and self-regulation in children (Weeland et al., 2019). Relatedly, although high-quality evidence may be limited, certain literature indicates that access to arts-inclusive schemes and sports can be cost-effective for advancing resilience, protective factors, and social outcomes in young age groups (e.g., Birrell et al., 2024; Belcher et al., 2021).

At societal and governmental levels, health promotion targeted at social inclusion and educational and socioeconomic disparities can entail significant advantages for mental wellbeing for both individual children and adolescents and the wider community (Kirby et al., 2020). Bolstering household income through employment opportunities and enhancing the availability of stable housing should be addressed. Presently, persistent rates of child poverty and lack of secure housing are continuing across Asia and around the world (Knifton and Inglis, 2020), meaning these issues require greater prioritisation in governmental and developmental aid agendas.

Equally, robust environmental policies should also be implemented since air pollution and poor air quality can have a detrimental neurodevelopmental impact amongst children (Castagna et al., 2022). This is a timely consideration given increases in urban population density, the continuing use of non-renewables, and adverse outcomes for child mortality, as observed across Asia (Anwar et al., 2021).

3.4. Older adults

3.4.1. Prevention

Research from countries in Asia and other national settings demonstrates that elderly people can be susceptible for psychiatric conditions and brain disorders (Petrova and Khvostikova, 2021), leading to demographic-based DALYs and lower QoL (Ramaprasad et al., 2015). Chronic physical diseases and socioenvironmental determinants can exacerbate psychiatric vulnerabilities and the effects of cognitive decline (e.g., Seo et al., 2017; Cardona and Andrés, 2023), as can socioeconomic dynamics (Wang et al., 2016).

Conversely, research also suggests that mental wellbeing and health-related QoL do not necessarily decrease in later life, despite general physical and cognitive decline associated with ageing (Thomas et al., 2016). Known as the so-called "paradox of ageing", this has been observed in various national and cultural settings in Asia (e.g., Tseng et al., 2020; Li et al., 2022) and could be influenced by better emotional regulation and resilience during later stages of the lifespan.

Therefore, it is important to emphasise that diminished mental wellbeing and QoL are not necessarily a normal part of aging and can (and should) be prevented effectively. This is a salient consideration given the ageing profile of the global population and the economic dimensions of geriatric psychiatric concerns, with dementia care alone estimated to cost >1300 billion USD (Wimo et al., 2023). Consequently, populational PMH interventions are essential for supporting healthy ageing and protecting against adverse events (Rangarajan et al., 2021). This can include a range of gateway and connector services (Lee et al., 2022).

In this regard, multilayered suicide prevention has proven beneficial for older adults in Japan, Hong Kong, and other countries, reinforced by early detection and robust linkages across universal, selective, and indicated levels (Sakashita and Oyama, 2022). This has included a range of formal cross-level connections, such as professional referrals, and informal connections, like specialist advice and self-referrals (Sakashita and Oyama, 2022). Elsewhere, suicide prevention schemes for elderly adults have centred around stakeholder engagement and training, group interactions, digital tools, and restricting the availability of means and harmful substances (Oyama et al., 2005; Lapierre et al., 2011). In an investigation of older adults in Singapore, the importance of social services and limiting access to alcohol has been highlighted (Ho et al., 2014). Analogously, in rural regions in Asia, legislative pesticide restrictions have been helped improve suicide outcomes for older groups (Gunnell et al., 2017; Seneviratne et al., 2022).

As potential risk factors for CMDs, dementia, suicidality, and reduced wellbeing (Petrova and Khvostikova, 2021), schemes that ameliorate social isolation and loneliness can be valuable prevention strategies. Although longitudinal data on the causes of loneliness remain scarce (Dahlberg et al., 2022), for elderly adults in countries in parts of Asia, social support has been identified as a major determinant of life satisfaction and wellbeing (Khodabakhsh, 2022; Shorey and Chan, 2021). Accordingly, this can be developed through psychosocial community-based interventions, social connections and social prescribing, digital tools, and peer-led lay programmes (e.g., Mathias et al., 2023; Choi and Lee, 2021; Shorey and Chan, 2021), which may boost universal prevention aims, particularly in more sociocentric and collectivist societies.

Nonetheless, again, interventions must be tailored to culturally-specific and contextual demands, since individual and intersectional experiences can influence the applicability and success of relevant programmes. This concern has been noted for elderly migrants from countries in Asia, with researchers affirming that these individuals require adapted initiatives to mitigate the detrimental implications of social isolation and acculturative stressors (Shorey and Chan, 2021).

3.4.2. Promotion

With the aim of strengthening QoL and developing conducive environments for healthy ageing, PMH promotion should encourage interpersonal interactions and schemes that enhance mental health literacy. On a broader level, this can be supplemented by bespoke policies. Firstly, lifelong learning, educational activities, and peer support may advance mental wellbeing and lessen stigma in elderly individuals (Narushima et al., 2013; Conner et al., 2018). Elsewhere, in a US sample of n=9017 adults aged 65 or older, volunteering was found to induce positive attitudes to ageing and self-perception, predicting fewer depressive symptoms (Huo et al., 2021).

Exercise and healthy lifestyles can generate protective and promotive factors for elderly individuals (Lam and Chan, 2018; Pandey et al., 2022). For instance, Yoga tai-chi, and other meditative activities have interconnections with better mental health outcomes, such as improved

depression and anxiety symptoms, QoL, and self-esteem, based on work conducted in South Asia (Mazumder et al., 2023). Additionally, as was underlined by a study using n=9848 surveys of elderly adults in India, interventions that moderate lifestyle behaviours (e.g. unhealthy diets and tobacco and alcohol consumption) have helped to promote healthy ageing and enhance mental wellbeing (Bhandari and Paswan, 2021).

Separately, dependent on contextual dynamics, programmes tailored to families and care-partners should be considered and regularly monitored. For these target populations, psychoeducation, CBT, peer support, and leisure activities may ameliorate caregiver burdens and improve outcomes for older adults (Wiegelmann et al., 2021). Caregiver considerations are important in specific national contexts in Asia, where older adults can be revered and respected and families deem it to their duty to look after them, thus requiring more attention and research (Lemon et al., 2023). Notably, in China and other parts of East Asia, filial piety is a prevalent sociocultural phenomena, although attitudes towards this may be changing in modern frameworks (Woo, 2020).

At a legislative and governmental level, PMH promotion should be bolstered by sufficient health and social care structures (Rangarajan et al., 2021), as well as policies that aim to lower income-related and socioeconomic vulnerabilities (Campion et al., 2012). Equally, adaptations to the built environment should be incorporated into infrastructural and planning considerations to facilitate community participation and limit social isolation (Seneviratne et al., 2022), particularly given trends in expanding urbanisation throughout Asia and beyond. To that end, dedicated schemes can increase the accessibility of open areas through safer pedestrian paths and accessible public transport. Furthermore, the development of age-friendly urban environments and recreational spaces can enable sustainable opportunities for physical activity, in turn contributing to healthier ageing and better mental wellbeing (Zhou et al., 2022).

3.5. People living with intellectual disabilities

3.5.1. Prevention

People living with intellectual disabilities have significant psychiatric vulnerabilities, with an estimated prevalence rate of 33.6 % for co-occurring mental health disorders (Mazza et al., 2020). Internationally, these individuals can exhibit distinctive risk factors, which may include communication challenges, reliance on others, social exclusion, social deficits, stigma and discrimination, co-occurring physical health conditions, and poor-quality care (Smiley et al., 2018; Bhaumik et al., 2018).

PMH strategies have involved an emphasis on adequate identification and management for mental disorders in people living with intellectual disabilities, as well as schemes that enrich cognitive and social development (Yen et al., 2009). Researchers have discussed evidence around screening programmes, robust referral options, and inclusive education for people living with intellectual disabilities (Muller et al., 2022; Zisman-Ilani, 2022). Notably, the importance of early diagnosis and locally-sourced care for affected individuals and engagement with communities, families, and care-partners has been underlined in LMICs, particularly as these can often fulfil gatekeeper roles (Roy et al., 2021). However, all assessments must be tailored to specific needs, ensuring respect, dignity, and person-centred care (Bhaumik et al., 2018; Bouras and Holt, 2004). In a prior review, a lack of verifiable measures for mental health and mental wellbeing have been identified, thereby requiring further attention (Flynn et al., 2017).

The benefits of treatment-oriented strategies have been outlined for people with intellectual disabilities, comprising of dedicated mental health units, integrative treatment, and person-centred planning (Yen et al., 2009). More generally, encouraging self-determination and empowerment is important for upholding individual autonomy, especially around care decisions (Sullivan and Heng, 2018). For caregivers and care-partners, community-based prevention, like respite care, could be implemented more broadly, aiming to decrease stressors and risk factors (Lemon et al., 2023). This was demonstrated in a study of family caregivers for people with intellectual disability in Taiwan, where respite care had positive associations with social support and ameliorated psychological stress (Chou et al., 2008). Nevertheless, there are evidence gaps in this area, especially regarding the impact of respite care for families and caregivers in LMICs (Abrahams and Kleintjes, 2023).

3.5.2. Promotion

PMH promotion initiatives can be vital for supporting the mental wellbeing of people with intellectual disabilities, developing person-centred schemes, inclusive and accessible environments, and facilitating social inclusion, interpersonal relationships, and healthy lifestyles (Roll, 2018). Whilst research about health promotion for people with intellectual disabilities remains underrepresented in psychiatric and PMH literature (Roy et al., 2021), activities can include supporting healthy nutrition, technology and gaming programmes, performing arts, sports, and relationship building, all of which can boost QoL (Hankle et al., 2021; Naaldenberg et al., 2013). Moreover, mindfulness may reduce stressors and encourage positive behaviours for people living with intellectual disabilities (Singh and Hwang, 2020). In areas hindered by resource limitations, collaborations with volunteer groups and private sector entities should be strengthened to expand the availability of mental health promoting initiatives.

At a systemic level, effective policy design and legislative advocacy should be bolstered to advance the needs of individuals with intellectual disabilities, especially for situations or determinants that impinge upon human rights (e.g., Roy et al., 2012). Whilst more policy work can be conducted internationally, research into the governmental landscape found that all countries in Asia had at least one law or policy for promoting the wellbeing of these groups (e.g., employment-related programmes) (Jeevanandam, 2009). Menon and colleagues outlined a dedicated model from the Indian government to improve conditions and promote awareness for individuals with intellectual disabilities (Menon et al., 2017). Additionally, engagement with self-advocacy groups has been shown to have links with improved wellbeing and a range of promotive and protective factors (Tilley et al., 2020), again underscoring the importance of lived experiences across PMH.

3.6. Sexual minorities

3.6.1. Prevention

Same sex relations remain illegal in many countries, especially in Asia, rendering it difficult to obtain accurate rates of psychiatric disorders and evidence on successful prevention schemes. Despite existing limitations in data quality and study designs (Bränström and van der Star, 2013), lesbian, gay, bisexual and transgender (LGBT) communities often face mental health challenges, such as identity-related stressors and care inequities (e.g., Wittgens et al., 2022). Internalised stigma and social stigma both contribute to reduced self-esteem, which is then further complicated by minority stress.

However, not all micro-identities within LGBT groups share the same pressures and instead, intersectional aspects can shape individual experiences. In this regard, for example, transgender persons appear to have a higher incidence of depressive symptoms and suicidality compared to non-transgender LGB individuals (Su et al., 2016) . Various risk factors and barriers to care underpin the mental health disparities faced by LGBT groups (Moagi et al., 2021), which can diverge on an individual level. Generally, discrimination and violence based on sexual orientation or gender identity may contribute to the onset or recurrence of psychiatric symptoms (Meyer, 2003). Internalised homophobia or transphobia, identity difficulties, feelings of otherness, and minority stress may impact mental wellbeing (Bhugra, 2022) , as can societal prejudices, such as around LGBT parenting or role expectations (Farr and Vázquez, 2020).

PMH prevention needs to target society as a whole and, within this, work with key stakeholders to reduce stigma, minority stress, and

increase acceptance. In many countries, laws against same-sex behaviours date back to colonialist systems and achieving meaningful change can be difficult. Presently, legal frameworks surrounding LGBT rights differ widely across the world, impacting stressors (King, 2019). Although progress is being made in some regions, anti-LGBT legislation and anti-gender politics are continually being reinforced in certain countries.

In the US, Wang et al., (2016) highlighted how the proliferation of religious exemption legislation curtails equal access to mental health services. In a study of n=90 gay and lesbian couples seeking to adopt a child in the US, restrictive legal frameworks around same-sex adoption aggravated symptoms of anxiety and depression (Goldberg and Smith, 2011). Transformations in legislative frameworks and ensuring sufficient criminal justice responses can help prevent gender-based violence against sexual minorities, like trans individuals (Wirtz et al., 2020), and tailored education provisions in schools and other settings can be beneficial for these issues, as shown by Domínguez-Martínez and Robles, (2019); these should emphasise lived experiences to integrate theoretical knowledge and practical understanding.

Moreover, universal education and awareness campaigns can reinforce identity affirmation and facilitate positive dialogues. In a qualitative study of LGBT people in Ireland, the efficacy of national anti-stigma and mental health campaigns has been recognised (McCann and Sharek, 2014). For accessibility, LGBT-competent mental health programmes could be integrated within existing healthcare structures (e.g., Hadland et al., 2016). These might involve the provision of LGBT affirmative care, encompassing psychotherapy, support groups, and crisis services. Familial acceptance and identity development should be emphasised within PMH, since these can represent significant determinants of health and wellbeing, as found in trans individuals (Katz-Wise et al., 2016).

3.6.2. Promotion

Mental health promotion in sexual minority communities needs to be directed at two separate foci: the general population at large as they can induce minority stress and individual minority groups. This again means the goals of prevention and promotion can coalesce, whilst also raising specific challenges as dominant heteronormative cultures and homophobia and biphobia can contribute to discriminatory ideologies. Activities like pride parades and other campaigns can help raise awareness and disseminate educational resources but non-biased health promotion that attends to cultural needs is a necessity. Consequently, advocacy for LGBT mental health can be productive for countering systemic patterns (Stevenson, 2007). Nevertheless, sociolegal dynamics can render this challenging, necessitating international-level efforts to advance global mental health equity, social justice, and human rights.

Health promotion and policy-level initiatives for LGBT groups must be convergent and should be instituted through anti-discrimination and equality laws, cultivating more accepting societies and potentially reducing mental health inequities (Bialer and McIntosh, 2017). Notably, in the Netherlands, researchers demonstrated how the introduction of same-sex marriage laws improved mental wellbeing in both married and non-married LGBT groups, attenuating sexual orientation gaps in mental health (Chen and van Ours, 2022). Hatzenbuehler et al., (2012) showed that establishing in equality in law lessened rates of psychiatric disorders in gay and lesbian populations in jurisdictions within the United States where equality legislation had been introduced.

In healthcare contexts, stigmatising views may be exhibited by service providers, affecting treatment outcomes for sexual minorities (Veltman and Chaimowitz, 2014). Even in HICs, culturally-competent mental health structures may not always be available (Williams and Fish, 2020) and stigmatisation continues, in turn affecting help-seeking and therapeutic engagement. Hence, structured cultural competency training must be prioritised in healthcare development and education. For the latter, Fadus, (2019) has recommended that culturally-competent communication, bias training, and community panels can progress psychiatric curricula in LGBT contexts. In Romania, Lelutiu-Weinberger and Pachankis, (2017) reported positive results from a gender-affirming educational pilot scheme involving mental health professionals.

3.7. Unhoused people

3.7.1. Prevention

Unhoused individuals (i.e., those who lack access to regular and secure housing) may present with complex or comorbid symptoms or dual-diagnoses (Hossain et al., 2020). Notably, elevated rates of mental illnesses have been identified for unhoused people in countries in Asia (e.g., Yim et al., 2015; Smartt et al., 2019). Symptoms can be intensified by distinctive vulnerabilities and stressors, such as exposure to violence, critical life events, and insufficient access to basic needs. Internationally, people can lack secure and functional housing due to heterogenous proximal and distal factors, including socioeconomic disparities, poverty, unstable interpersonal networks, inadequacies in affordable housing, limited social support, or extraneous events like conflicts and natural disasters (e.g., Shelton et al., 2009).

Previous work has established a bidirectional relationship between mental health disorders and a lack of stable housing, (Smartt et al., 2019; Ul Hassan et al., 2019; Hwang and Burns, 2014), necessitating complimentary prevention and promotion. Universal prevention schemes for unhoused people have the potential to address social determinants that disrupt or worsen individual living arrangements. Evidence indicates that permanent housing programmes may be valuable for boosting mental health outcomes, wellbeing, and QoL, and temporary housing may improve measures of anxiety and depression (Onapa et al., 2022). As an established policy in parts of North America, Europe, and elsewhere, Housing First prioritises immediate and unconditional access to permanent housing. This has been shown to confer mental health benefits in distinct settings, though detailed research is required to scale up this policy and understand its wider ameliorative effects in diverse populations and non-Western frameworks (Aubry et al., 2020).

As help-seeking barriers can be prohibitive for unhoused individuals adapted or integrated service models may be beneficial for optimising support and prevention (Hwang and Burns, 2014). To that end, past investigations demonstrated how accessible mental health screening and early intervention services in sheltered accommodation and drop-in centres provide ongoing assistance and treatment for unhoused individuals with mental health issues (Lynch et al., 2015; Kalahasthi et al., 2022). Training provisions to enable task-shifting and task-sharing with non-specialist stakeholders, alongside employing digital tools, could broaden their efficacy and coverage (Maddock et al., 2021; Kalahasthi et al., 2022; Lynch et al., 2015), though difficulties may remain in ensuring successful referral and adherence.

Equally, where feasible, selective screening protocols could help in identifying mental health issues in people who are unhoused due to conflict or natural disasters and may be living in refugee camps or different forms of sheltered accommodation (e.g., Christensen and Ahsan, 2023; Khan et al., 2019). As geopolitical conflicts intensify around the world, these groups are a becoming an increasingly salient priority for PMH prevention. However, this can provoke resource challenges and ethical and moral issues, meaning any psychiatric screening in these environments must be culturally-sensitive and should only be conducted to provide subsequent interventions. Tailoring PMH initiatives to other at-risk groups, like veterans or sexual minorities, and promoting interpersonal relationships and shared-decision making between patient and provider, can bolster applicable prevention programmes to mitigate intersectional vulnerabilities (O'Campo et al., 2009; Spicer, 2010; O'Toole et al., 2018).

3.7.2. Promotion

Various proximal and distal PMH promotion strategies have been proposed for unhoused people. In Southeast Asia, interventions that

encompassed yoga and aerobic exercises had links to positive mental health outcomes for depression and anxiety symptoms (Maddock et al., 2021). Separately, certain CBT schemes had correlations with better mental wellbeing and resilience (Maddock et al., 2021). Furthermore, peer support initiatives have enhanced protective factors, QoL, and mental wellbeing (Barker and Maguire, 2017).

Awareness and stigma reduction campaigns are also crucial for improving conditions for unhoused individuals. Akin to other vulnerable groups, stigma has been observed amongst healthcare providers, exacerbating marginalisation, and could be addressed through sensitivity campaigns or further training (Reilly et al., 2022), in turn promoting help-seeking behaviours amongst unhoused people. For people in refugee camps, WHO (World Health Organization, 2023b) has recommended a mix of short-term and long-term promotive interventions, though there are challenges as cultural explanatory models may vary and resources may be sparse; one approach could be to integrate aspects of physical and mental health promotion for these groups.

Other universal strategies can advance healthier environments and accentuate the availability of safe housing through policy evolutions (Bhugra, 2023). As a pressing distal determinant, particularly following amidst global financial crisis in 2008 and the current cost of living crisis in many countries, austerity measures have impeded public investment in affordable housing. Consequently, this should warrant a revaluation of the structural effects of these policies, supporting efforts to augment housing accessibility and social welfare and combat adverse social determinants (Padgett, 2020). In India, researchers have underlined the importance of legislative regulations and the role of NGOs in providing holistic provisions for unhoused individuals (Ul Hassan et al., 2019). High-level efforts must be bolstered by health promotion on a community-based level, such as employment assistance, financial planning, and skill development programmes, to develop better conditions and self-care (e.g., Helfrich and Fogg, 2007).

3.8. Incarcerated people

3.8.1. Prevention

Incarcerated populations are prone to experiencing the onset or recurrence of mental health disorders and suicidality (Gómez-Figueroa and Camino-Proaño, 2022). Incarcerated individuals may present with varying mental and physical comorbidities, further exacerbating care needs (e.g., Baranyi et al., 2022). Post-release, reintegration can be complex and detrimental to overall wellbeing, with a range of dynamics contributing to recidivist cycles (e.g., Semenza and Link, 2019; United Nations Office of Drugs and Crime, 2018).

Against this background, the intersections between criminal justice and PMH prevention can raise multiple challenges in intramural settings, predominantly due to the practical and environmental constraints of prisons. That said, previously implemented prevention schemes have proven effective for modulating suicidality and self-injurious behaviours. Here, relevant multicomponent programmes have incorporated screening, staff training, staff and inmate communication, restricted access to means, supervision of high risk inmates, and debriefing and review protocols (Stijelja and Mishara, 2022). Likewise, in other settings, the value of early detection and subsequent referral have again been reiterated (e.g., Chow et al., 2018). Significantly, alongside improved mental health outcomes, a study of n=2115 incarcerated people in the United Kingdom found that screening reduced the rates of return to prison (Evans et al., 2017). Yet, presently, routine screening is not consistently conducted internationally. For example, in national contexts in Asia (e.g., Bangladesh), a deficiency of systematic screening protocols in intramural domains has been identified (Khan et al., 2021).

In the United Kingdom, specific NHS trusts have integrated mental health care into general healthcare services in prisons. With the aim of addressing the shortage of mental health professionals, this form of integrated care provides training for general health workers to identify and manage psychiatric disorders prior to referral (National Health Service, 2018). As a cost-effective prevention measure, mental health training for prison staff can yield benefits, underpinned by continuous education and systems change (Darani et al., 2021). This has been introduced in both high- and low-income regions to generate awareness of mental illnesses, enabling staff to better detect these conditions and recognise grounds for professional intervention (Darani et al., 2021).

Reintegration programmes can aid selective and indicated prevention, redirecting individuals with mental health disorders or vulnerabilities from the criminal justice system into psychiatric services. Although strategies often centre around lessening recidivism, other projects have been designed to ensure individuals receive tailored support (Simpson et al., 2022). As an example, mental health courts may help support specialised rehabilitative interventions, involving collaborations between legal professionals and mental health specialists. Albeit contingent on individual circumstances, certain data suggests that these can reduce recidivism whilst improving clinical outcomes (Saretschi et al., 2011). Owing to this, researchers have called for the introduction of mental health courts in specific jurisdictions in Asia, such as the Philippines (Guinigundo, 2021). Additionally, housing programs, vocational training, and connections to community mental health services can ease reintegration and maintain treatment continuity (Jacobs and Gottlieb, 2020; Jacobs et al., 2022).

3.8.2. Promotion

For PMH promotion and developing salutogenic environments for people living in detention, the importance of whole-prison approaches, consisting of systematic services and activities (e.g., Baybutt and Chemlal, 2016). These can be especially important as socio-environmental risk factors in prisons often entail adverse implications for mental wellbeing (Baranyi et al., 2019). Hence, again, it is worth noting that there is likely to be an overlap between the focus on the of mental ill-health and the promotion of mental wellbeing for these communities.

In this regard, cessation programmes for prevalent substances in prisons (e.g., tobacco) have been advantageous. Evidence indicates that harm reduction schemes, such as nicotine replacement therapy and behavioural counselling, can underpin the likelihood of cessation and abstinence post-release (De Andrade and Kinner, 2016). Furthermore, sports-based interventions and physical activity can be beneficial for the mental wellbeing of incarcerated individuals, as can nutritional education (Woods et al., 2017; Battaglia et al., 2015). Notably, correlations have been identified between activities like yoga and meditation and better mental health outcomes (Sfendla et al., 2018; Rabiya and Raghavan, 2018) and mindfulness and psychological skills courses might help to counteract stress and promote protective factors (Auty et al., 2017; Lo et al., 2020; Simpson et al., 2022). Equally, health education in prisons can empower individuals to take ownership of their wellbeing (National Guideline Centre, 2016) and facilitating access to nature can boost subjective mood and facilitate self and societal connections for incarcerated individuals (Reddon and Durante, 2019).

Policy advocacy can also play a pivotal role in offender-based contexts, upholding principles of human rights and social justice, primarily in jurisdictions where prevailing sociopolitical ideologies favour punitive responses towards criminality. In turn, these distal paradigms can undermine the application of local public health programmes and initiatives to improve health outcomes for incarcerated individuals (e.g., Nicholson-Crotty and Nicholson-Crotty, 2004). Consequently, alongside the proximal schemes outlined above, other detrimental dynamics should be addressed in policy design, influenced by lived experiences. This can include stable living conditions on release, robust care provisions (both inside and outside of intramural environments), and an end to injurious practises, like solitary confinement (Luigi et al., 2020; Wallace and Wang, 2020).

Additionally, repressive drug laws and legislation that impinges upon the rights of incarcerated people, like restrictions on democratic participation, still endure internationally, including in many countries

in Asia (e.g., Culbert et al., 2016; Prasrath, 2016). In parallel, there are growing calls for alternative models to mass incarceration, as in cases of non-violent offending or where a mental health diagnosis has been established. In India, initiatives like free legal aid for mentally-ill offenders have already been implemented (Malathesh et al., 2021). Whilst attitudes towards criminal justice can differ cross-culturally and these discussions go beyond the scope of this Commission, PMH strategies that lower overall prison populations could better focus resources on rehabilitation and community-based support, creating more conducive environments for mental health promotion and disrupting recidivist cycles.

4. Preschool and school mental health

Mental health and wellbeing can be foundational for supporting life courses and developmental outcomes in pre-school and school-age phases, necessitating proactive PMH prevention and promotion schemes. The value of this is exemplified by the fact that, as has been outlined, a large proportion of mental health symptoms manifest before the age of fourteen or throughout adolescence (Kessler et al., 2005).

Alongside salient parent-child interventions described in Section 3.3, at a pre-school level, PMH can centre around social interactivity, resilience, and emotional regulation, in turn boosting skills to support school readiness and healthy development. As a conceptual framework for evidence-informed educator-led practices, the Teaching Pyramid has shown promise in promoting social-emotional development and identifying behavioural risks during this life stage (Hemmeter et al., 2006). This comprises tiered support ranging from universal objectives to create nurturing environments to apposite interventions for at-risk infants (Hemmeter et al., 2006). In varying national settings, preschool teachers have focussed on different dimensions of this model. For example, in China, researchers noted that the universal aspects of the Teaching Pyramid were predominantly being used by educators (Luo et al., 2017). Nonetheless, elsewhere, studies have illustrated approaches for higher levels of risk within the Teaching Pyramid in preschool domains, such as regular instruction, peer-mediated interventions, and individual assessments for children with specific vulnerabilities (Blewitt et al., 2021).

In another investigation, qualitative interviews of preschool educators underlined the importance of structured routines, collaborations with parents, pleasant environments, and affirmative practices in upholding mental wellbeing in preschool (Isaksson et al., 2017). Across underserved areas, task-shifting training can enable teachers to identify atypical emotional and behavioural challenges to inform follow-up interventions (Huang et al., 2014) and dedicated curricula programmes and play-therapy may have potential merits (Ocasio et al., 2015). Moreover, the mental wellbeing of preschool should be strengthened in relevant prevention schemes, since this can have concurrent implications for children and educational quality (Narea et al., 2022; Qian et al., 2023).

As the setting where many children and adolescents around the world spend much of their time, experiences in school can influence life trajectories and development (World Health, 2021) . Detection and intervention during these stages can allow for the mitigation and management of mental disorders both in the short- and longer-term. Resultantly, school mental health (SMH) should be an important component of PMH agendas, offering an accessible venue for the prevention of mental illness, early interventions, and the promotion of mental wellbeing (Adelman and Taylor, 2006; Tennant et al., 2007; Willmot et al., 2022).

A key cornerstone of SMH is predicated on timely prevention strategies, which can benefit children and adolescents, families, and wider communities (Weare and Nind, 2011). Previous programmes in HICs have been universal, selective, or indicated in their design and scope (Fazel et al., 2014) . In a meta-analysis, Durlak et al., (2011) outlined various universal approaches, calling for attention from policymakers and key stakeholders. Where resources permit, routine and universal screening in schools may be effective for expanding outreach and support (Weist et al., 2007). Nevertheless, the potential for harm has been cited in various studies within both primary and secondary education, underscoring crucial concerns about the sensitive planning and design of such programmes (e.g., Soneson et al., 2018; Braund et al., 2024; Foulkes et al., 2024).

Universal curriculum-embedded interventions, like social and emotional learning and mindfulness, can potentially advance mental health outcomes (Yu et al., 2022). Analogously, a systematic review (Amado-Rodríguez et al., 2022) determined that literacy programmes can expand students' mental health knowledge but were not effective in stigma reduction or expanding help-seeking. For schoolteachers, increasing mental health literacy and training has been highlighted as a concern for supporting task-shifting and identification (Whitley et al., 2013; Cruz et al., 2021). Educators should be encouraged to practise good self-care to avoid burnout and protect against the onset of psychiatric disorders (Weare, 2018). For example, in this context, Yager and O'Dea reported on a successful scheme to diminish body image expectations and eating disorder risk for physical education teachers (Yager and O'Dea, 2010).

Prevention can include early intervention strategies in schools for at-risk groups. To that end, Fazel et al., (2014) noted how service provision diverges internationally and can involve a combination of teachers, counsellors, school nurses, and/or community mental health practitioners, depending on the region. Early interventions have been designed for younger refugee age groups (Tyrer and Fazel, 2014) and students with vulnerabilities for substance use (Tinner et al., 2022). In SMH, various behavioural interventions have also been implemented with moderate to strong evidence of their efficacy, including CBT and efforts to reduce aggressive and externalising behaviours (Murphy et al., 2017). Furthermore, the integration of AI and emerging technologies in conventional schooling and the increasing familiarity with digital tools creates an opportunity to utilise them for PMH goals; this will likely become a growing area of SMH in future years (e.g., for surveillance and monitoring (Adnan et al., 2020).

In conjunction with preventive schemes, health promotion can help develop enriching environments for children and adolescents . The delivery of basic services, like quality education, must be reiterated, since this is conducive to better mental wellbeing and social and cognitive skills (Schuller et al., 2004). In the United Kingdom, Public Health England (Public Health England, 2016) have produced a toolkit around mental wellbeing in schools. Comprising mechanisms for evaluation and assessment, this emphasises systems-based considerations and teaching life skills, shaping a supportive environment and ethos, and building positive character traits like self-management and teamwork, amongst others (Public Health England, 2016).

Again, recognising the interdigitated association between physical and mental health, SMH must promote healthy eating, oral health, physical activity, and learning materials on topics like addiction and sexual health. Facilitating interactions beyond school and into the community, pastoral care can be valuable for building capacity and connections to further resources and stakeholders (Cowie, 2022). Likewise, extracurricular opportunities for children and adolescents beyond the school environment, such as volunteering, can enrich wellbeing and lower mental illness risks (Lanza et al., 2023). Additional schemes may include boosting intercultural understanding, cooperative teaching methods, student participation in decision-making, and efforts to ameliorate exam stress (Council of Europe, 2023).

Separately, other programmes have aimed to create supportive school environments, engender positive interpersonal relationships between peers or students and teachers, build resilience and self-esteem, and decrease loneliness, bullying, and school-based violence (e.g., UNICEF, 2022; . In particular, bullying has established associations with adverse psychiatric and developmental implications; in a sample of n=32,722 adolescents in Sweden, exposure to bullying culminated in an elevated likelihood for mental health issues (Källmén and Hallgren,

2021). Though evidence and success measures remain underdeveloped, bullying prevention has focussed on behavioural changes, empowerment, and awareness in children and adolescents. Relevant aims have been actioned through improved supervision and parental and teacher engagement, amongst other factors (Gaffney et al., 2021). Individual interventions for children who have experienced bullying have included CBT and peer support, which have demonstrable potential to attenuate internalising symptoms (Guzman-Holst et al., 2022).

At a policy level, legislative provisions or institutional procedures that explicitly integrate age-appropriate mental health schemes into schools are evident in many parts of Asia, such as Japan and the Philippines (Estrada et al., 2020). However, many barriers can undermine the comprehensive application of SMH, especially in Asia (Ogasawara et al., 2022). Particularly in LMICs, mental health stigma, a scarcity of resources and funding, different cultural explanatory models, shortages of mental health professionals in schools, and access disparities in services can be pronounced (Bhugra, 2024). Different obstacles may include a lack of parent and staff buy-in and confidentiality and safety concerns (Girio-Herrera et al., 2019).

Taken together, this foregrounds the need for concerted efforts from policymakers, educators, parents, students, and the broader community to prioritise connections between SMH and PMH. Again, policy advocacy could be needed to underline the preventive and protective aspects of SMH and encourage adoption globally (Weist, 2005). Finally, the goals of SMH must not stop in child and adolescent life stages but should continue in higher education systems where stressors and mental health issues can continue to impede individual trajectories (Dessauvagie et al., 2022), thereby strengthening mental health and wellbeing throughout the lifespan.

5. Workplace mental health

Akin to schools, workplaces provide a conducive setting for targeting large groups of individuals. On the one hand, stable work can confer mental health advantages and offer opportunities for interpersonal exchanges (Minshall et al., 2024). Equally, higher levels of mental wellbeing in the workplace can increase productivity and contribute to social capital (Bhugra, 2024). Conversely, lower employee wellbeing and the manifestation of psychiatric symptoms can be detrimental at an individual level, as well as causing wider economic costs (Goetzel, 2018). Broadly, WHO (World Health Organization, 2022e) estimates that ~15 % of working adults experience mental health issues.

Workplaces can be stress-inducing due to socioenvironmental determinants (e.g., precarious labour conditions, job insecurity etc.) but good employers invest in the mental health and wellbeing of their employees (World Health Organization, 2022e). Consequently, integrative occupational interventions can underpin PMH aims and may encompass three components: attenuating work-related risk factors and burnout; promoting mental health and developing employee capacities; and addressing mental health conditions amongst employees, irrespective of cause (LaMontagne et al., 2014). These should be available at all levels of employment, regardless of demographics and hierarchies. Typically, workplace mental health requires interdisciplinary and interprofessional partnerships across psychiatry, psychology, occupational health and medicine, and management sciences, amongst other domains (LaMontagne et al., 2014).

Workplace prevention strategies should focus on reducing psychosocial vulnerabilities and strengthening protective factors, including high demands, low job control, and inadequate colleague and supervisor support (World Health Organization, 2022e). Although evidence around its efficacy remains limited, psychiatric screening has been introduced in various settings as a selected or indicated approach (Strudwick et al., 2023). Employee assistance programmes can facilitate access to confidential counselling and referral services for at-risk individuals or those exhibiting symptoms (Attridge, 2019). Likewise, Gardner et al., (2005) outlined results from a CBT scheme for employees reporting ill-health.

Contingent on the setting, e-health techniques may prove viable for mental health prevention across universal, selective, and indicated levels (Miguel et al., 2023). Furthermore, when a psychiatric disorder has been identified, companies and employees must consider flexible work arrangements to support personal circumstances, as endorsed at a legislative level and within supranational human rights laws (e.g., reasonable accommodation arrangements in the United Kingdom and Europe) .

Universal education and training programmes can be worthwhile in equipping employees with the knowledge and skills to manage their mental health and wellbeing by developing protective factors (European Commission, 2017). From a survey of n=1821 workers in Japan, where burnout can be a prominent societal concern, Otsuka et al., (2009) identified how refined coping skills lessened the adverse effects of long working hours. With that in mind, Dobson et al., (2019) described positive findings from an extensive workplace mental health programme in Canada, which enhanced self-reported resilience and coping. Employee assistance schemes may also have a crucial role to play in promoting wellbeing and ameliorating stigma (Attridge, 2019), as can staff wellbeing hubs, though barriers to access must be considered (Keyworth et al., 2022).

Employers should seek to promote healthy work patterns and adhere to best practices, especially given trends towards digital working accelerated by the COVID-19 pandemic and the intensification of behaviour-based and time-based work-life conflicts (Chan et al., 2022). Similarly, childcare support and flexible scheduling can boost mental health and lower psychiatric symptoms in the workplace, as was previously demonstrated (Perry-Jenkins et al., 2017). Dietary interventions have been adopted, with one study highlighting improved symptoms of depression and anxiety and increased productivity (Agarwal et al., 2015). As shown by results from Bretland and Thorsteinsson, universal physical activity interventions have the potential to attenuate workplace burnout (Bretland and Thorsteinsson, 2015).

Occupational mental health must prioritise supportive organisational cultures, where open dialogue and diversity is encouraged, social identities are recognised and valued, and where employees feel secure (Barkway, 2006; Randel, 2023). With this in mind, companies should establish clear mental health commitments, outlining strategies and resources and defining roles and responsibilities within the organisation, alongside anti-discrimination and anti-bullying policies. Successful implementation may necessitate leadership development and clear communication and should be created in consultation with employees, ensuring their needs and perspectives are represented (Gray et al., 2019). These must be backed by legal frameworks and anti-discrimination legislation, which in can promote equity and may engender better outcomes for individual employees and company performance (e.g., Hossain et al., 2020). Correspondingly, occupational mental health schemes can incorporate education and training about minority groups with the aim of attenuating minority stress.

As a rapidly-evolving shift, technological advancements and AI will likely culminate in substantial changes in labour structures and job roles, meaning that future occupational mental health schemes will need to be adaptive and flexible. Consequently, routine assessment and monitoring protocols can ensure that intended objectives are being addressed and can be changed if necessary (World Health Organization, 2022f). Here, validated tools and ongoing data collection can collate insights into the efficiency of relevant prevention and promotion schemes. Several instruments have been designed for this purpose (e.g., Jeon and Kim, 2018; Nebbs et al., 2023) but more detailed research is needed to adapt these to specific strategic and cultural contexts.

6. Mental health literacy training

Improving mental health literacy in multiple settings, such as schools, universities, workplaces, places of worship, and other community settings through dedicated training initiatives may have the

potential to strengthen PMH at populational levels. This includes established lifestyle frameworks, such as the Act-Belong-Commit mental health campaign, which originated in Australia and has since been expanded across different areas of the world (Donovan et al., 2021). Moreover, akin to physical first aid, other responsive schemes have been developed (i.e., mental health first aid (MHFA) and psychological first aid (PFA)), which may advance the broader goals of PMH.

MHFA programmes consist of education and resources for non-psychiatric specialists about how to assist someone who is developing a mental health disorder or is experiencing a mental health crisis. The premise is to allow for immediate support until clinical care becomes available (e.g., in instances of suicidality (Ross et al., 2014)). Accordingly, it should be noted that MHFA is not intended to supersede professional assistance, thereby aligning with physical first aid objectives. In a systematic review, Morgan et al., (2018) found that those who received MHFA training exhibited deeper knowledge about recognising mental health disorders and requisite treatment, higher intent to help, and lower stigma. Elsewhere, in a study of n=458 participants from varying cultural backgrounds, Morawska et al., (2013) demonstrated comparable findings.

Researchers have illustrated instances of MHFA training via e-learning (Jorm et al., 2010) and simulated patient encounters (El-Den et al., 2018). Correspondingly, there have been discussions around AI tools (e.g., ChatGPT) in MHFA delivery (Aminah et al., 2023). Embedding MHFA within diverse venues can broaden its reach, as demonstrated by prior studies conducted in the workplace and in schools (Kitchener and Jorm, 2004; Jorm et al., 2010). For the latter, in a study of "teen-to-teen" MHFA in schools, Wilcox et al., (2023) suggested that such programmes may offer sustainable and scalable options for mental health literacy and stigma reduction.

Nonetheless, it should be noted that research concerning the impact of MHFA is currently limited and evidence quality is inconsistent (Maslowski et al., 2019), as was reiterated in a recent systematic review by Richardson et al., (2023). Consequently, in-depth investigations are needed to fully understand the benefits of MHFA as a PMH strategy, underpinned by cross-comparisons to the outcomes of different mental health literacy interventions (Richardson et al., 2023). Further, as with other PMH schemes, all MHFA projects must be guided by sociocultural sensitivities and values; singular approaches are unlikely to be optimal and tailored, culturally-contingent guidelines for MHFA are essential (Jorm and Ross, 2018).

Like MHFA, PFA can provide people with initial emotional and practical support following disasters or critical life events by teaching non-specialists basic psychological skills (American Psychological Association, 2019; Everly and Lating, 2017). As a community-focussed approach, PFA can reduce distress, engendering resilience and short and long-term adaptive functioning and coping (Jacobs et al., 2016; Vernberg et al., 2008). Amidst ongoing geopolitical crises and the proliferation of climate shocks and natural disasters, PFA could become increasingly complimentary to holistic PMH strategies, particularly in LMICs where proximal and immediate care needs may go unaddressed. In this context, Minihan et al., (2020) discussed the role of PFA during the COVID-19 pandemic and the potential of PFA in conflict zones has also been outlined (Schafer et al., 2015).

However, again like MHFA, PFA should be considered as just one feature of comprehensive PMH strategies and evidence quality needs to be developed (Dieltjens et al., 2014). Whilst it can help individuals in the aftermath of a critical event, culturally-sensitive mental health care is imperative for supporting a sustained recovery beyond PFA (World Health Organization, 2011). Equally, there may be paucity of trained professionals to deliver PFA education, combined with limited studies examining its appropriateness across disparate cultural settings, which both need to be appraised for the purposes of implementation and policy planning .

7. Social media, artificial intelligence, and public mental health

Contemporary innovations in social media and AI are continuously developing, creating advantages and consequences for preventive interventions and health promotion within PMH. Firstly, social media platforms can be useful for providing supportive mechanisms and sharing evidence-based resources. Whereas conventional methods of information delivery may be limited in their dissemination, social media channels encompass vast user-bases across diverse geographical locations, age groups, and cultures. This is underscored by the fact that, at the time of writing, >4 billion people worldwide use some form of social media (Ruby, 2023).

Given its reach, social media can stimulate dialogues and boost awareness and assistance amongst individuals and groups (Berry et al., 2017). Currently, across several platforms, online health communities are emerging where users can seek advice, discuss coping strategies, and provide mutual support. This can be valuable for people who may be socially isolated due to their symptoms (Johansson et al., 2021). Disorder-specific communities on Reddit enable users to share their experiences, whilst reducing fear of stigma through anonymous username-based interactions (Proferes et al., 2021). This was apparent during the COVID-19 pandemic, where subreddits were a source of support and information for people with mental health issues (e.g., Bunting et al., 2021; Low et al., 2020).

Analogously, the intrinsic connectivity of social media networks can be leveraged for mental health promotion; hybrid or digital schemes across different levels of risk and social media platforms have been enacted. These have included initiatives related to raising mental health awareness, enhancing access to screening services, and promoting positive behavioural and lifestyle changes (e.g., Mat Ruzlin et al., 2021; Naslund et al., 2018; Wishart et al., 2022; Alonzo and Popescu, 2021; Yu et al., 2020), though evidence from LMICs still remains sparse. Furthermore, social media influencers with substantial follower bases can function as mental health advocates and on Twitter, distinctive hashtags can attract constructive discourse, facilitating larger public discussions (e.g., Park and Hoffner, 2020).

Another PMH opportunity offered by digital technologies is their potential for real-time monitoring, which can allow for selected or indicated preventive interventions. Significantly, one investigation using vignettes indicated that ChatGPT-4 possessed a comparable ability level as mental health professionals in its capacity to identify suicidality (Levkovich and Elyoseph, 2023). Additionally, AI chatbots have been used for immediate interventions, like CBT techniques, helping users to manage their mental health independently (Gual-Montolio et al., 2022). These tools can enable users to gain applicable professional help. Here, algorithms have also been developed to detect social media posts indicating that a person may be in crisis, facilitating timely intervention, which can be applied using natural language processing and machine learning (Jickson et al., 2023).

Equally, certain social media platforms have instituted features that provide information or direct help-seeking resources when users search for specific content (e.g., around suicidality or self-harm). This includes Instagram, which introduced a feature classifying content related to self-harm, enabling users to report relevant posts, and directing users to bespoke safeguarding materials. Studies suggest that this has been a practical tool for addressing self-harm risks on Instagram's platform (Record et al., 2020). However, contingent on the company and its commercial circumstances, the implementation and coverage of these features is not universally stable. Notably, after the purchase of X (formerly Twitter) in 2022, suicide-based resources were discontinued, before being restored owing to public pressure. In a similar vein, AI models, like ChatGPT, have safeguards in place for identifying prompts that entail risks for harm, but these can be circumvented.

Despite its benefits, social media can contribute to mental health problems, especially amongst younger users and vulnerable demographics, including risks for cyberbullying, hate speech, comparison

culture, cyber stressors, excessive use, and adverse events (Karim et al., 2020). Choukas-Bradley et al. (Choukas-Bradley et al., 2022) highlighted how social media influencers can intensify body image pressures for adolescents through idealised depictions (i.e., so-called "fitspiration" or "thinspiration"). Elsewhere, concerning trends have emerged around psychiatric self-assessments, leading to the self-diagnosis of various conditions and the pathologising of normal behaviours, which can engender concurrent harms (e.g., (Rutter et al., 2023).

Consequently, social media can be prone to misinformation and may be used to disseminate erroneous content, which can have detrimental impacts on mental health and induce or exacerbate stressors (Borges do Nascimento et al., 2022). This was underlined by a recent study of 133 videos associated with autism on TikTok, in which 41 % were flagged as containing inaccurate information (Aragon-Guevara et al., 2023). Researchers are establishing novel strategies to mitigate this, including tailored toolkits and psychoeducation programmes, as demonstrated by work on TikTok (Motta et al., 2024).

Thus, taken together, whilst social media and emergent technologies can be viable venues for advancing PMH, balanced and ethically-informed approaches are needed to maximise their advantages and lessen harmful applications. For example, digital literacy schemes can help. Moreover, the wider use of digital tools in mental health care raises considerations about privacy, algorithmic accuracy, and the propensity for an over-reliance on technology (Fiske et al., 2019). Accordingly, like MHFA and PFA, social media and AI should be integrative parts of wider strategies in the context of PMH delivery, underpinned by appropriate evidence and realistic, well-defined goals.

8. Recommendations

8.1. Principles

i. Combined universal, selected, and indicated approaches are essential in laying the foundations for identifying and establishing PMH priorities contingent on national and cultural contexts.
ii. Preschool, school, and adolescent mental health programmes must be prioritised. However, these need to be effective with clear interprofessional collaborations. These also must be sustainable and regularly evaluated to measure effectiveness so that schemes can be refined and lessons can be shared widely.
iii. Prevention can be primary in using strategies to stop individuals from developing mental illness. It can be secondary with a focus on early detection and intervention reducing duration of untreated illness. Tertiary prevention involves working with individuals who have developed a disorder, aiding recovery and reducing possibilities of relapse. These types of prevention must be targeted at several levels: whole populations, family or communities, individuals, and vulnerable groups.
iv. Early diagnosis and intervention with school-based prevention and promotion can be useful.
v. Early education to parents and support during parenting can help build resilience and improve child development.
vi. As part of integrated mental wellbeing, physical activity, cognitive exercises, social engagement, meditation, mindfulness, yoga, healthy sleeping, and healthy eating etc should be encouraged.
vii. Treating physical conditions and assessing their impact on mental health and wellbeing is essential, for which suitable training must be provided.
viii. Psychological health and mental wellbeing can be improved with education and training.

8.2. Policy

i. The burden of mental illness and resulting inequities are often ignored in policymaking. The PMH impact of all policies must be noted.
ii. Policies promoting strength and resilience and social and emotional learning are essential for managing stress and adverse outcomes, especially through physical education and activities to be encouraged in schools, prisons, hospitals and universities as well as workplaces. Policy design and implementation needs to reflect this.
iii. Work based mental health promotion and teaching stress management alongside mental health literacy can be critical. Providing easy access to occupational health at educational institutions and workplace through company policies and legislation is essential.
iv. It is well-recognised that social factors such as unemployment, poor housing, overdebtness, poverty, and overcrowding can contribute to poor mental health and wellbeing. Consequently, interventions are needed at both policy and personal levels. Reducing unemployment, debt, and improving financial capabilities and housing conditions can strengthen mental wellbeing.
v. At a policy level, it is crucial to look at pricing, age limits, access restrictions, and to reduce harmful patterns of substance use. These all require careful evaluation and implementation involving key stakeholders.
vi. Policy initiatives that promote physical activity through simple interventions, such as access to green spaces where people are able to walk and meet others, can augment social capital.
vii. Managing geographical, political, and commercial determinants at policy level can contribute to better mental health at population level.
viii. Emphasising women's health and wellbeing, gender equality, and the prevention of interpersonal domestic violence can help build mentally-well communities.
ix. Supporting minority groups and ascertaining the impact of policies on their. wellbeing is important.

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References

AbdulRaheem, Y., 2023. Unveiling the significance and challenges of integrating prevention levels in healthcare practice, 21501319231186500 J. Prim.Care Community Health 14. https://doi.org/10.1177/21501319231186500.

Abrahams, T., Kleintjes, S., 2023. Respite care models and practices for persons with intellectual disability: a scoping review. Afr. J. Disabil. 12, 1115. https://doi.org/10.4102/ajod.v12i0.1115.

Adelman, H.S., Taylor, L., 2006. Mental health in schools and public health. Public Health Rep. 121 (3), 294–298. https://doi.org/10.1177/003335490612100312.

Adnan, H.S., Srsic, A., Venticich, P.M., Townend, D.M.R., 2020. Using AI for mental health analysis and prediction in school surveys. Eur. J. Public Health 30 (Supplement_5)) ckaa165-336.

Agarwal, U., Mishra, S., Xu, J., Levin, S., Gonzales, J., Barnard, N.D., 2015. A multicenter randomized controlled trial of a nutrition intervention program in a multiethnic adult population in the corporate setting reduces depression and anxiety and improves quality of life: the GEICO study. Am. J. Health Promot 29 (4), 245–254. https://doi.org/10.4278/ajhp.130218-QUAN-72.

Alblooshi, S., Taylor, M., Gill, N., 2023. Does menopause elevate the risk for developing depression and anxiety? Results from a systematic review. Australas. Psychiatry 31 (2), 165–173. https://doi.org/10.1177/10398562231165439.

Allen, M.L., Garcia-Huidobro, D., Porta, C., Curran, D., Patel, R., Miller, J., Borowsky, I., 2016. Effective parenting interventions to reduce youth substance use: a systematic review. Pediatrics 138 (2), e20154425. https://doi.org/10.1542/peds.2015-4425.

Alonzo, D., Popescu, M., 2021. Utilizing social media platforms to promote mental health awareness and help seeking in underserved communities during the COVID-19 pandemic. J. Educ. Health Promot 10, 156. https://doi.org/10.4103/jehp.jehp_21_21.

Amado-Rodríguez, I.D., Casañas, R., Mas-Expósito, L., Castellví, P., Roldan-Merino, J.F., Casas, I., Lalucat-Jo, L., Fernández-San Martín, M.I., 2022. Effectiveness of mental health literacy programs in primary and secondary schools: a systematic review with meta-analysis. Children 9 (4), 480. https://doi.org/10.3390/children9040480.

American Psychological Association., 2019. Understanding Psychological First Aid. ⟨https://www.apa.org/practice/programs/dmhi/psychological-first-aid⟩ [Accessed 13th July 2023].

Aminah, S., Hidayah, N., Ramli, M., 2023. Considering ChatGPT to be the first aid for young adults on mental health issues. J. Public Health. https://doi.org/10.1093/pubmed/fdad065.

Amul, G.G.H., Etter, J.F., 2022. Comparing tobacco and alcohol policies from a health systems perspective: the cases of the Philippines and Singapore. Int. J. Public Health 67, 1605050. https://doi.org/10.3389/ijph.2022.1605050.

Andreassen, O.A., Hindley, G.F.L., Frei, O., Smeland, O.B., 2023. New insights from the last decade of research in psychiatric genetics: discoveries, challenges and clinical implications. World Psychiatry 22 (1), 4–24. https://doi.org/10.1002/wps.21034.

Annan, J., Sim, A., Puffer, E.S., Salhi, C., Betancourt, T.S., 2017. Improving Mental Health Outcomes of Burmese Migrant and Displaced Children in Thailand: a Community-Based Randomized Controlled Trial of a Parenting and Family Skills Intervention. Prevention science : the official journal of the Society for Prevention Research 18 (7), 793–803. https://doi.org/10.1007/s11121-016-0728-2.

Anwar, A., Ullah, I., Younis, M., Flahault, A., 2021. Impact of air pollution (PM2.5) on child mortality: evidence from Sixteen Asian Countries. Int. J. Environ. Res. Public Health 18 (12), 6375. https://doi.org/10.3390/ijerph18126375.

Apers, H., Van Praag, L., Nöstlinger, C., Agyemang, C., 2023. Interventions to improve the mental health or mental well-being of migrants and ethnic minority groups in Europe: a scoping review. Glob. Ment. Health 10, e23. https://doi.org/10.1017/gmh.2023.15.

Aragon-Guevara, D., Castle, G., Sheridan, Vivanti, G., 2023. The reach and accuracy of information on Autism on TikTok. J. Autism Dev. Disord. https://doi.org/10.1007/s10803-023-06084-6.

Arias, D., Saxena, S., Verguet, S., 2022. Quantifying the global burden of mental disorders and their economic value. EclinicalMedicine 54, 101675. https://doi.org/10.1016/j.eclinm.2022.101675.

Attridge, M., 2019. A global perspective on promoting workplace mental health and the role of employee assistance programs. Am. J. Health Promot 33 (4), 622–629. https://doi.org/10.1177/0890117119838101c.

Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., Alkhateeb, Q., Xie, E., Mathew, C., Hannigan, T., Costello, C., Thavorn, K., Stergiopoulos, V., Tugwell, P., Pottie, K., 2020. Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: a systematic review. Lancet Public Health 5 (6), e342–e360. https://doi.org/10.1016/S2468-2667(20)30055-4.

Auty, K.M., Cope, A., Liebling, A., 2017. A systematic review and meta-analysis of yoga and mindfulness meditation in prison. Int. J. Offender Ther. Comp. Criminol. 61 (6), 689–710. https://doi.org/10.1177/0306624×15602514.

Bachmann, S., 2018. Epidemiology of suicide and the psychiatric perspective. Int. J. Environ. Res. Public Health 15 (7), 1425. https://doi.org/10.3390/ijerph15071425.

Baranyi, G., Scholl, C., Fazel, S., Patel, V., Priebe, S., Mundt, A.P., 2019. Severe mental illness and substance use disorders in prisoners in low-income and middle-income countries: a systematic review and meta-analysis of prevalence studies. Lancet Glob. Health 7 (4), e461–e471. https://doi.org/10.1016/S2214-109X(18)30539-4.

Baranyi, G., Fazel, S., Langerfeldt, S.D., Mundt, A.P., 2022. The prevalence of comorbid serious mental illnesses and substance use disorders in prison populations: a systematic review and meta-analysis. Lancet Public Health 7 (6), e557–e568. https://doi.org/10.1016/S2468-2667(22)00093-7.

Barker, S.L., Maguire, N., 2017. Experts by experience: peer support and its use with the homeless. Community Ment. Health J. 53 (5), 598–612. https://doi.org/10.1007/s10597-017-0102-2.

Barkway, P., 2006. Creating supportive environments for mental health promotion in the workplace. Conte Nurse 21 (1), 131–141. https://doi.org/10.5172/conu.2006.21.1.131.

Basu, A., Boland, A., Witt, K., Robinson, J., 2022. Suicidal behaviour, including ideation and self-harm, in young migrants: a systematic review. Int. J. Environ. Res. Public Health 19 (14), 8329. https://doi.org/10.3390/ijerph19148329.

Battaglia, C., di Cagno, A., Fiorilli, G., Giombini, A., Borrione, P., Baralla, F., Marchetti, M., Pigozzi, F., 2015. Participation in a 9-month selected physical exercise programme enhances psychological well-being in a prison population. Crim. Behav. Ment. Health 25 (5), 343–354. https://doi.org/10.1002/cbm.1922.

Baybutt, M., Chemlal, K., 2016. Health-promoting prisons: theory to practice. Glob. Health Promot. 23 (1 Suppl), 66–74. https://doi.org/10.1177/1757975915614182.

Belcher, B.R., Zink, J., Azad, A., Campbell, C.E., Chakravartti, S.P., Herting, M.M., 2021. The roles of physical activity, exercise, and fitness in promoting resilience during adolescence: effects on mental well-being and brain development. Biol. Psychiatry Cogn. Neurosci. Neuroimag. 6 (2), 225–237. https://doi.org/10.1016/j.bpsc.2020.08.005.

Benedict, R.K., Craig, H.C., Torlesse, H., Stoltzfus, R.J., 2018. Effectiveness of programmes and interventions to support optimal breastfeeding among children 0-23 months, South Asia: a scoping review. Matern. Child Nutr. 14 Suppl 4 ((Suppl 4), e12697 https://doi.org/10.1111/mcn.12697.

Berger, M., Sarnyai, Z., 2015. More than skin deep": stress neurobiology and mental health consequences of racial discrimination. Stress (Amst., Neth.) 18 (1), 1–10. https://doi.org/10.3109/10253890.2014.989204.

Berry, N., Lobban, F., Belousov, M., Emsley, R., Nenadic, G., Bucci, S., 2017. #WhyWeTweetMH: understanding why people use twitter to discuss mental health problems. J. Med Internet Res 19 (4), e107. https://doi.org/10.2196/jmir.6173.

Bezerra, H.S., Alves, R.M., Nunes, A.D.D., Barbosa, I.R., 2021. Prevalence and associated factors of common mental disorders in women: a systematic review. Public Health Rev. 42, 1604234 https://doi.org/10.3389/phrs.2021.1604234.

Bhandari, P., Paswan, B., 2021. Lifestyle behaviours and mental health outcomes of elderly: Modification of socio-economic and physical health effects. Ageing Int. 46 (1), 35–69.

Bhaumik, S., Michael, D.M., Kiani, R., Hiremath, A., Gangavati, S., Jesu, A., 2018. The social determinants of mental health in. In: Bhugra, D., Bhui, K., Shan Wong, S.Y., Gilman, S.E. (Eds.), Oxford Textbook of Public Mental Health. Oxford University Press, Oxford, pp. 265–272.

Bhugra, D., et al., 2022. IRP commission: sexual minorities and mental health: global perspectives. Int Rev. Psychiatry 34 (3-4), 171–199. https://doi.org/10.1080/09540261.2022.2045912.

Bhugra, D., 2023.). Public Mental Health. In: Mental Health for All Nations. MIT Press, Boston, MA.

Bhugra, D., 2024. School mental health. In: Mental Health for All Nations. MIT Press, Boston, MA (forthcoming).

Bhugra, D., 2024. Workplace mental health. In: Mental Health for All Nations. MIT Press, Boston, MA (forthcoming).

Bhugra, D., Ventriglio, A., 2022. Commercial determinants of mental health. Int. J. Soc. Psychiatry 69 (5), 1065–1067. https://doi.org/10.1177/00207640231175047.

Bhugra, D., Ventriglio, A., 2023. Political determinants of mental health. Int J. Soc. Psychiatry 69 (3), 521–522. https://doi.org/10.1177/00207640231168544.

Bhugra, D., Ventriglio, A., Bhui, K., 2019. Practical Cultural Psychiatry. Oxford University Press, Oxford.

Bhugra, D., Smith, A., Liebrenz, M., Ventriglio, A., Gnanapragasam, S.N., Buadze, A., Pemberton, M., Poulter, D., 2023. Otherness", otherism, discrimination, and health inequalities: entrenched challenges for modern psychiatric disciplines. Int Rev. Psychiatry 35 (3-4), 234–241. https://doi.org/10.1080/09540261.2023.2192275.

Bhugra, D., Smith, A., Ventriglio, A., Hermans, M.H.M., Ng, R., Javed, A., Chumakov, E., Kar, A., Ruiz, R., Oquendo, M., Chisolm, M.S., Werneke, U., Suryadevara, U., Jibson, M., Hobbs, J., Castaldelli-Maia, J., Nair, M., Seshadri, S., Subramanyam, A., Patil, N., Liebrenz, M., 2023. World Psychiatric Association-Asian Journal of Psychiatry Commission on Psychiatric Education in the 21st century. Asian J. Psychiatry 88, 103739. https://doi.org/10.1016/j.ajp.2023.103739.

Bhugra, D., Smith, A.J., Ventriglio, A., Rao, N., Ng, R., Javed, A., Chisolm, M.S., Malhi, G., Kar, A., Chumakov, E., Liebrenz, M., 2024. World Psychiatric Association-Asian Journal of Psychiatry Commission on the mental health and wellbeing of international medical graduates. Asian J. Psychiatry 93, 103943. https://doi.org/10.1016/j.ajp.2024.103943.

Bhui, K., 2018. The social determinants of mental health. In: Bhugra, D., Bhui, K., Shan Wong, S.Y., Gilman, S.E. (Eds.), Oxford Textbook of Public Mental Health. Oxford University Press, Oxford, pp. 173–176.

Bialer, P.A., McIntosh, C., 2017. Discrimination and LGBT mental health. J. Gay Lesbian Ment. Health 21 (4), 275–276. https://doi.org/10.1080/19359705.2017.1356138.

Birrell, L., Barrett, E., Oliver, E., Nguyen, A., Ewing, R., Anderson, M., Teesson, M., 2024. The impact of arts-inclusive programs on young children's mental health and wellbeing: a rapid review. Arts & health. Advance online publication, pp. 1–23. https://doi.org/10.1080/17533015.2024.2319032.

Blewitt, C., O'Connor, A., May, T., Morris, H., Mousa, A., Bergmeier, H., Skouteris, H., 2021. Strengthening the social and emotional skills of pre-schoolers with mental health and developmental challenges in inclusive early childhood education and care settings: A narrative review of educator-led interventions. Early Child Dev. Care 191 (15), 2311–2332.

Bonvoisin, T., Utyasheva, L., Knipe, D., Gunnell, D., Eddleston, M., 2020. Suicide by pesticide poisoning in India: a review of pesticide regulations and their impact on

suicide trends. BMC Public Health 20 (1), 251. https://doi.org/10.1186/s12889-020-8339-z.
Borges do Nascimento, I.J., Pizarro, A.B., Almeida, J.M., Azzopardi-Muscat, N., Gonçalves, M.A., Björklund, M., Novillo-Ortiz, D., 2022. Infodemics and health misinformation: a systematic review of reviews. Bull. World Health Organ. 100 (9), 544–561. https://doi.org/10.2471/BLT.21.287654.
Bouras, N., Holt, G., 2004. Mental health services for adults with learning disabilities. Br. J. Psychiatry 184, 291–292. https://doi.org/10.1192/bjp.184.4.291.
Bränström, R., van der Star, A., 2013. All inclusive Public Health—what about LGBT populations? Eur. J. Public Health 23 (3), 353–354. https://doi.org/10.1093/eurpub/ckt054.
Braund, T.A., Baker, S.T.E., Subotic-Kerry, M., Tillman, G., Evans, N.J., Mackinnon, A., Christensen, H., O'Dea, B., 2024. Potential mental health-related harms associated with the universal screening of anxiety and depressive symptoms in Australian secondary schools. Child Adolesc. Psychiatry Ment. Health 18 (1), 46. https://doi.org/10.1186/s13034-024-00734-y.
Bretland, R.J., Thorsteinsson, E.B., 2015. Reducing workplace burnout: the relative benefits of cardiovascular and resistance exercise. PeerJ 3, e891. https://doi.org/10.7717/peerj.891.
Brody, G.H., Chen, Y.F., Kogan, S.M., Yu, T., Molgaard, V.K., DiClemente, R.J., Wingood, G.M., 2012. Family-centered program deters substance use, conduct problems, and depressive symptoms in black adolescents. Pediatrics 129 (1), 108–115. https://doi.org/10.1542/peds.2011-0623.
Brown, L., Hunter, M.S., Chen, R., Crandall, C.J., Gordon, J.L., Mishra, G.D., Rother, V., Joffe, H., Hickey, M., 2024. Promoting good mental health over the menopause transition. Lancet (Lond., Engl.) 403 (10430), 969–983. https://doi.org/10.1016/S0140-6736(23)02801-5.
Bunting, A.M., Frank, D., Arshonsky, J., Bragg, M.A., Friedman, S.R., Krawczyk, N., 2021. Socially-supportive norms and mutual aid of people who use opioids: An analysis of Reddit during the initial COVID-19 pandemic. Drug and alcohol dependence 222, 108672. https://doi.org/10.1016/j.drugalcdep.2021.108672.
Cabezas-Rodríguez, A., Utzet, M., Bacigalupe, A., 2021. Which are the intermediate determinants of gender inequalities in mental health?: a scoping review. Int. J. Soc. Psychiatry 67 (8), 1005–1025. https://doi.org/10.1177/00207640211015708.
Campion, J., 2018. Public mental health: key challenges and opportunities. BJPsych Int. 15 (3), 51–54. https://doi.org/10.1192/bji.2017.11.
Campion, J., 2019. Public mental health: Evidence, practice and commissioning. Royal Society for Public Health. ⟨https://www.rsph.org.uk/static/uploaded/b215d040-2753-410e-a39eb30ad3c8b708.pdf⟩. accessed 6th July 2023.
Campion, J., Javed, A., 2022. WPA Working Group on Public Mental Health: objectives and recommended actions. World Psychiatry 21 (2), 330–331. https://doi.org/10.1002/wps.20981.
Campion, J., Bhui, K., Bhugra, D., European Psychiatric Association, 2012. European Psychiatric Association (EPA) guidance on prevention of mental disorders. Eur. Psychiatry 27 (2), 68–80. https://doi.org/10.1016/j.eurpsy.2011.10.004.
Campion, J., Javed, A., Vaishnav, M., Marmot, M., 2020. Public mental health and associated opportunities. Indian J. Psychiatry 62 (1), 3–6. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_687_19.
Campion, J., Javed, A., Lund, C., Sartorius, N., Saxena, S., Marmot, M., Allan, J., Udomratn, P., 2022. Public mental health: required actions to address implementation failure in the context of COVID-19. Lancet Psychiatry 9 (2), 169–182. https://doi.org/10.1016/S2215-0366(21)00199-1.
Carcone, D., Ruocco, A.C., 2017. Six Years of Research on the National Institute of Mental Health's Research Domain Criteria (RdoC) initiative: a systematic review. Front. Cell. Neurosci. 11, 46. https://doi.org/10.3389/fncel.2017.00046.
Cardona, M., Andrés, P., 2023. Are social isolation and loneliness associated with cognitive decline in ageing? Front Aging Neurosci. 15, 1075563 https://doi.org/10.3389/fnagi.2023.1075563.
Casey, E., Carlson, J., Two Bulls, S., Yager, A., 2018. Gender transformative approaches to engaging men in gender-based violence prevention: a review and conceptual model. Trauma, Violence Abus. 19 (2), 231–246. https://doi.org/10.1177/1524838016650191.
Castagna, A., Mascheroni, E., Fustinoni, S., Montirosso, R., 2022. Air pollution and neurodevelopmental skills in preschool- and school-aged children: a systematic review. Neurosci. Biobehav. Rev. 136, 104623 https://doi.org/10.1016/j.neubiorev.2022.104623.
de Cates, A., Stranges, S., Blake, A., Weich, S., 2015. Mental well-being: an important outcome for mental health services? Br. J. Psychiatry 207 (3), 195–197. https://doi.org/10.1192/bjp.bp.114.158329.
Chan, X.W., Shang, S., Brough, P., Wilkinson, A., Lu, C.Q., 2022. Work, life and COVID-19: a rapid review and practical recommendations for the post-pandemic workplace, 10.1111/1744-7941.12355 Asia Pac. J. Hum. Resour.. https://doi.org/10.1111/1744-7941.12355.
Chandra, R.M., Arora, L., Mehta, U.M., Asnaani, A., Radhakrishnan, R., 2016. Asian Indians in America: the influence of values and culture on mental health. Asian J. Psychiatry 22, 202–209. https://doi.org/10.1016/j.ajp.2015.09.011.
Chauhan, A., Walton, M., Manias, E., Walpola, R.L., Seale, H., Latanik, M., Leone, D., Mears, S., Harrison, R., 2020. The safety of health care for ethnic minority patients: a systematic review. Int J. Equity Health 19 (1), 118. https://doi.org/10.1186/s12939-020-01223-2.
Chen, S., van Ours, J.C., 2022. Mental health effects of same-sex marriage legalization. Health Econ. 31 (1), 42–56. https://doi.org/10.1002/hec.4441.
Chen, Y., Haines, J., Charlton, B.M., VanderWeele, T.J., 2019. Positive parenting improves multiple aspects of health and well-being in young adulthood. Nat. Hum. Behav. 3 (7), 684–691. https://doi.org/10.1038/s41562-019-0602-x.
Cheng, W.L., Chang, C.C., Griffiths, M.D., Yen, C.F., Liu, J.H., Su, J.A., Lin, C.Y., Pakpour, A.H., 2022. Quality of life and care burden among family caregivers of people with severe mental illness: mediating effects of self-esteem and psychological distress. BMC Psychiatry 22 (1), 672. https://doi.org/10.1186/s12888-022-04289-0.
Choi, H.K., Lee, S.H., 2021. Trends and Effectiveness of ICT Interventions for the Elderly to Reduce Loneliness: A Systematic Review. Healthcare 9 (3), 293. https://doi.org/10.3390/healthcare9030293.
Chou, Y.C., Tzou, P.Y., Pu, C.Y., Kröger, T., Lee, W.P., 2008. Respite care as a community care service: factors associated with the effects on family carers of adults with intellectual disability in Taiwan. J. Intellect. Dev. Disabil. 33 (1), 12–21. https://doi.org/10.1080/13668250701832500.
Choukas-Bradley, S., Roberts, S.R., Maheux, A.J., Nesi, J., 2022. The perfect storm: a developmental-sociocultural framework for the role of social media in adolescent girls' body image concerns and mental health. Clin. Child Fam. Psychol. Rev. 25 (4), 681–701. https://doi.org/10.1007/s10567-022-00404-5.
Chow, K.K., Chan, O., Yu, M.W., Lo, C.S., Tang, D.Y., Chow, D.L., Siu, B.W., Cheung, E.F., 2018. Prevalence and screening of mental illness among remand prisoners in Hong Kong. East Asian Arch. Psychiatry 28 (4), 134–138.
Christensen, L.R., Ahsan, H., 2023. The trouble of stigma in the age of datafication: screening for mental health issues in a refugee camp in Jordan. Med. Anthropol. 42 (7), 623–636. https://doi.org/10.1080/01459740.2023.2250060.
Cianconi, P., Betrò, S., Janiri, L., 2020. The impact of climate change on mental health: a systematic descriptive review. Front. Psychiatry 11, 74. https://doi.org/10.3389/fpsyt.2020.00074.
Cohn, E.G., Coccia, M., Kakar, S., 2024. Disparate incarceration rates of foreign citizens in Europe compared to Anglo-Saxon countries. Sociol. Compass 18 (1), e13167.
Collins, P.Y., Patel, V., Joestl, S.S., March, D., Insel, T.R., Daar, A.S., Scientific Advisory Board and the Executive Committee of the Grand Challenges on Global Mental Health, Anderson, W., Dhansay, M.A., Phillips, A., Shurin, S., Walport, M., Ewart, W., Savill, S.J., Bordin, I.A., Costello, E.J., Durkin, M., Fairburn, C., Glass, R. I., Hall, W., Stein, D.J., 2011. Grand challenges in global mental health. Nature 475 (7354), 27–30. https://doi.org/10.1038/475027a.
Compton, M.T., Shim, R.S., 2020. Mental Illness Prevention and Mental Health Promotion: When, Who, and How. Psychiatr. Serv. 71 (9), 981–983. https://doi.org/10.1176/appi.ps.201900374.
Conner, K.O., McKinnon, S.A., Roker, R., Ward, C.J., Brown, C., 2018. Mitigating the stigma of mental illness among older adults living with depression: The benefit of contact with a peer educator. Stigma Health 3 (2), 93–101. https://doi.org/10.1037/sah0000076.
Corrêa, M.L., da Silva, B.G.C., Wehrmeister, F.C., Horta, B.L., Gonçalves, H., Barros, F., Menezes, A.M.B., 2022. Maternal smoking during pregnancy and children's mental health at age 22 years: Results of a birth cohort study. J. Affect. Disord. 300, 203–208. https://doi.org/10.1016/j.jad.2021.12.125.
Cossu, G., Preti, A., Carta, M.C., 2018. Treatment of mental health problems in refugees and asylum seekers. In: Bhugra, D., Bhui, K., Shan Wong, S.Y., Gilman, S.E. (Eds.), Oxford Textbook of Public Mental Health. Oxford University Press, Oxford, pp. 289–304.
Council of Europe, 2023. Improv. well-being Sch. ⟨https://www.coe.int/en/web/campaign-free-to-speak-safe-to-learn/improving-well-being-at-school⟩ accessed 10th July 2023].
Cowie, H., 2022. Pastoral care in education today: its continuing role in promoting mental health in children and young people. Pastor. Care Educ. 40 (3), 321–327. https://doi.org/10.1080/02643944.2022.2093955.
Cruz, C.M., Lamb, M.M., Hampanda, K., Giri, P., Campbell, M., Chowdhury, B., Giardina, A.A., Gaynes, B.N., Matergia, M., 2021. Teacher Nomination of School-aged Children for Mental Health Services in a Low and Middle Income Country. Glob. Health Action 14 (1), 1861921. https://doi.org/10.1080/16549716.2020.1861921.
Culbert, G.J., Pillai, V., Bick, J., Al-Darraji, H.A., Wickersham, J.A., Wegman, M.P., Bazazi, A.R., Ferro, E., Copenhaver, M., Kamarulzaman, A., Altice, F.L., 2016. Confronting the HIV, Tuberculosis, Addiction, and Incarceration Syndemic in Southeast Asia: Lessons Learned from Malaysia. J. Neuroimmune Pharmacol. 11 (3), 446–455. https://doi.org/10.1007/s11481-016-9676-7.
Dahlberg, L., McKee, K.J., Frank, A., Naseer, M., 2022. A systematic review of longitudinal risk factors for loneliness in older adults. Aging Ment. Health 26 (2), 225–249. https://doi.org/10.1080/13607863.2021.1876638.
Darani, S., Simpson, S., McMaster, R., Wolff, E., Bonato, S., Glancy, G., Quinn, J., 2021. Mental health training for correctional officers: a systematic review. BJPsych Open 7 (Suppl 1), S18. https://doi.org/10.1192/bjo.2021.104.
De Andrade, D., Kinner, S.A., 2016. Systematic review of health and behavioural outcomes of smoking cessation interventions in prisons. Tob. Control 26 (5), 495–501. https://doi.org/10.1136/tobaccocontrol-2016-053297.
Dessauvagie, A.S., Dang, H.M., Nguyen, T.A.T., Groen, G., 2022. Mental Health of University Students in Southeastern Asia: a systematic review. Asia-Pac. J. Public Health 34 (2-3), 172–181. https://doi.org/10.1177/10105395211055545.
Dieltjens, T., Moonens, I., Van Praet, K., De Buck, E., Vandekerckhove, P., 2014. A systematic literature search on psychological first aid: lack of evidence to develop guidelines. PloS one 9 (12), e114714. https://doi.org/10.1371/journal.pone.0114714.
Dilmaghani, M., 2021. The fast and the female: Gender differences in wellbeing and wage consequences of commute impedance. Transp. Res. Part F: Traffic Psychol. Behav. 80, 295–312.
Dinos, S., Ascoli, M., Owiti, J., Bhui, K., 2017. Assessing explanatory models and health beliefs: An essential but overlooked competency for clinicians. BJPsych Adv. 23 (2), 106–114. https://doi.org/10.1192/apt.bp.114.013680.

Dobson, K.S., Szeto, A., Knaak, S., 2019. The working mind: a meta-analysis of a workplace mental health and stigma reduction program. Can. J. Psychiatry 64 (1_suppl), 39S–47S. https://doi.org/10.1177/0706743719842559.
Domínguez-Martínez, T., Robles, R., 2019. Preventing transphobic bullying and promoting inclusive educational environments: literature review and implementing recommendations. Arch. Med. Res. 50 (8), 543–555.
Donovan, R.J., Koushede, V.J., Drane, C.F., Hinrichsen, C., Anwar-McHenry, J., Nielsen, L., Nicholas, A., Meilstrup, C., Santini, Z.I., 2021. Twenty-One Reasons for Implementing the Act-Belong-Commit-'ABCs of Mental Health' Campaign. Int. J. Environ. Res. Public Health 18 (21), 11095. https://doi.org/10.3390/ijerph182111095.
Dougherty, L.R., Leppert, K.A., Merwin, S.M., Smith, V.C., Bufferd, S.J., Kushner, M.R., 2015. Advances and directions in preschool mental health research. Child Dev. Perspect. 9 (1), 14–19.
Durlak, J.A., Weissberg, R.P., Dymnicki, A.B., Taylor, R.D., Schellinger, K.B., 2011. The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. Child Dev. 82 (1), 405–432. https://doi.org/10.1111/j.1467-8624.2010.01564.x.
Easey, K.E., Dyer, M.L., Timpson, N.J., Munafò, M.R., 2019. Prenatal alcohol exposure and offspring mental health: A systematic review. Drug Alcohol Depend. 197, 344–353. https://doi.org/10.1016/j.drugalcdep.2019.01.007.
El-Den, S., Chen, T.F., Moles, R.J., O'Reilly, C., 2018. Assessing mental health first aid skills using simulated patients. Am. J. Pharm. Educ. 82 (2), 6222 https://doi.org/10.5688/ajpe6222.
Elshahat, S., Moffat, T., Gagnon, O., Charkatli, L., Gomes-Szoke, E.D., 2023. The relationship between diet/nutrition and the mental health of immigrants in Western societies through a holistic bio-psycho-socio-cultural lens: A scoping review. Appetite 183, 106463. https://doi.org/10.1016/j.appet.2023.106463.
Erinne, J., Ermagun, A., Fan, Y., 2022. Just because I'ma woman: Gender happiness gap in human mobility. Travel Behav. Soc. 29, 224–235.
Estrada, C.A.M., Gregorio, E.R., Jr, Kanyasan, K., Hun, J., Tomokawa, S., Dumlao, M.C., Kobayashi, J., 2020. School health promotion in South-East Asia by Japan and partners. Pediatr. Int.: Off. J. Jpn. Pediatr. Soc. 62 (9), 1029–1038. https://doi.org/10.1111/ped.14284.
European Commission, 2017. Promoting mental health in the workplace: Guidance to implementing a comprehensive approach. ⟨https://op.europa.eu/en/publication-detail/-/publication/c1358474-20f0-11e8-ac73-01aa75ed71a1⟩ [accessed 18th July 2023].
European Commission., 2023. The gender pay gap situation in the EU. ⟨https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/equal-pay/gender-pay-gap-situation-eu_en⟩ [accessed 14th July 2023].
Evans, C., Forrester, A., Jarrett, M., Huddy, V., Campbell, C.A., Byrne, M., Valmaggia, L., 2017. Early detection and early intervention in prison: Improving outcomes and reducing prison returns. The Journal of Forensic Psychiatry & Psychology 28 (1), 91–107.
Everly, J.R.G., Lating, J.M., 2017. The Johns Hopkins Guide to Psychological First Aid. Johns Hopkins University Press, Baltimore.
Fadus, M., 2019. Mental Health Disparities and Medical Student Education: Teaching in Psychiatry for LGBTQ Care, Communication, and Advocacy. Acad. Psychiatry 43 (3), 306–310. https://doi.org/10.1007/s40596-019-01024-y.
Farr, R.H., Vázquez, C.P., 2020. Stigma Experiences, Mental Health, Perceived Parenting Competence, and Parent-Child Relationships Among Lesbian, Gay, and Heterosexual Adoptive Parents in the United States. Front Psychol. 11, 445. https://doi.org/10.3389/fpsyg.2020.00445.
Fazel, M., Hoagwood, K., Stephan, S., Ford, T., 2014. Mental health interventions in schools 1: Mental health interventions in schools in high-income countries. The lancet. Psychiatry 1 (5), 377–387. https://doi.org/10.1016/S2215-0366(14)70312-8.
Fellmeth, G., Harrison, S., Opondo, C., Nair, M., Kurinczuk, J.J., Alderdice, F., 2021. Validated screening tools to identify common mental disorders in perinatal and postpartum women in India: a systematic review and meta-analysis. BMC Psychiatry 21 (1), 200. https://doi.org/10.1186/s12888-021-03190-6.
Fiske, A., Henningsen, P., Buyx, A., 2019. Your Robot Therapist Will See You Now: Ethical Implications of Embodied Artificial Intelligence in Psychiatry, Psychology, and Psychotherapy. J. Med Internet Res 21 (5), e13216. https://doi.org/10.2196/13216.
Flynn, S., Vereenooghe, L., Hastings, R.P., Adams, D., Cooper, S.A., Gore, N., Hatton, C., Hood, K., Jahoda, A., Langdon, P.E., McNamara, R., Oliver, C., Roy, A., Totsika, V., Waite, J., 2017. Measurement tools for mental health problems and mental well-being in people with severe or profound intellectual disabilities: A systematic review. Clin. Psychol. Rev. 57, 32–44. https://doi.org/10.1016/j.cpr.2017.08.006.
Forray A., 2016. Substance use during pregnancy. F1000Research, 5, F1000 Faculty Rev-887. ⟨https://doi.org/10.12688/f1000research.7645.1⟩.
Foulkes, L., Andrews, J.L., Reardon, T., Stringaris, A., 2024. Research recommendations for assessing potential harm from universal school-based mental health interventions. Nat. Ment. Health 2 (3), 270–277.
Gaffney, H., Ttofi, M.M., Farrington, D.P., 2021. Effectiveness of school-based programs to reduce bullying perpetration and victimization: An updated systematic review and meta-analysis. Campbell Syst. Rev. 17 (2), e1143 https://doi.org/10.1002/cl2.1143.
Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., Sartorius, N., 2015. Toward a new definition of mental health. World Psychiatry 14 (2), 231–233. https://doi.org/10.1002/wps.20231.
Gardner, B., Rose, J., Mason, O., Tyler, P., Cushway, D., 2005. Cognitive therapy and behavioural coping in the management of work-related stress: An intervention study. Work Stress 19 (2), 137–152. https://doi.org/10.1080/02678370500157346.
Gentin, S., Pitkänen, K., Chondromatidou, A.M., Præstholm, S., Dolling, A., Palsdottir, A. M., 2019. Nature-based integration of immigrants in Europe: A review. Urban For. Urban Green. 43, 126379.
Giacco, D., Laxhman, N., Priebe, S., 2018. Prevalence of and risk factors for mental disorders in refugees. Semin Cell Dev. Biol. 77, 144–152. https://doi.org/10.1016/j.semcdb.2017.11.030.
Girio-Herrera, E., Ehrlich, C.J., Danzi, B.A., La Greca, A.M., 2019. Lessons Learned About Barriers to Implementing School-Based Interventions for Adolescents: Ideas for Enhancing Future Research and Clinical Projects. Cogn. Behav. Pr. 26 (3), 466–477. https://doi.org/10.1016/j.cbpra.2018.11.004.
Gjerdingen, D.K., Yawn, B.P., 2007. Postpartum depression screening: importance, methods, barriers, and recommendations for practice. J. Am. Board Fam. Med.: JABFM 20 (3), 280–288. https://doi.org/10.3122/jabfm.2007.03.060171.
Gkintoni, E., Vantaraki, F., Skoulidi, C., Anastassopoulos, P., Vantarakis, A., 2024. Promoting Physical and Mental Health among Children and Adolescents via Gamification-A Conceptual Systematic Review. Behav. Sci. 14 (2), 102. https://doi.org/10.3390/bs14020102.
Goetzel, R.Z., et al., 2018. Mental Health in the Workplace: A Call to Action Proceedings From the Mental Health in the Workplace-Public Health Summit. J. Occup. Environ. Med 60 (4), 322–330. https://doi.org/10.1097/JOM.0000000000001271.
Goldberg, A.E., Smith, J.Z., 2011. Stigma, social context, and mental health: Lesbian and gay couples across the transition to adoptive parenthood. J. Couns. Psychol. 58 (1), 139–150. https://doi.org/10.1037/a0021684.
Gómez-Figueroa, H., Camino-Proaño, A., 2022. Mental and behavioral disorders in the prison context. Revista espanola. De. Sanid. Penit. 24 (2), 66–74. https://doi.org/10.18176/resp.00052.
Gonçalves, V.N., Ponchio, M.C., Basílio, R.G., 2021. Women's financial well-being: A systematic literature review and directions for future research. Int. J. Consum. Stud. 45 (4), 824–843.
Gonzales, N.A., Dumka, L.E., Millsap, R.E., Gottschall, A., McClain, D.B., Wong, J.J., Germán, M., Mauricio, A.M., Wheeler, L., Carpentier, F.D., Kim, S.Y., 2012. Randomized trial of a broad preventive intervention for Mexican American adolescents. J. Consult. Clin. Psychol. 80 (1), 1–16. https://doi.org/10.1037/a0026063.
Gower, S., Jeemi, Z., Forbes, D., Kebble, P., Dantas, J.A.R., 2022. Peer Mentoring Programs for Culturally and Linguistically Diverse Refugee and Migrant Women: An Integrative Review. Int. J. Environ. Res. Public Health 19 (19), 12845. https://doi.org/10.3390/ijerph191912845.
Gray, P., Senabe, S., Naicker, N., Kgalamono, S., Yassi, A., Spiegel, J.M., 2019. Workplace-Based Organizational Interventions Promoting Mental Health and Happiness among Healthcare Workers: A Realist Review. Int J. Environ. Res Public Health 16 (22), 4396. https://doi.org/10.3390/ijerph16224396.
Gual-Montolio, P., Jaén, I., Martínez-Borba, V., Castilla, D., Suso-Ribera, C., 2022. Using Artificial Intelligence to Enhance Ongoing Psychological Interventions for Emotional Problems in Real- or Close to Real-Time: A Systematic Review. Int J. Environ. Res Public Health 19 (13), 7737. https://doi.org/10.3390/ijerph19137737.
Gubbels, J., van der Put, C.E., Stams, G.J.M., Assink, M., 2021. Effective Components of School-Based Prevention Programs for Child Abuse: A Meta-Analytic Review. Clin. Child Fam. Psychol. Rev. 24 (3), 553–578. https://doi.org/10.1007/s10567-021-00353-5.
Guinigundo, D.A.G., 2021. A path to restorative justice: Applicability of mental health courts in the Philippines. Asian J. Leg. Educ. 8 (2), 205–219.
Gunnell, D., Knipe, D., Chang, S.S., Pearson, M., Konradsen, F., Lee, W.J., Eddleston, M., 2017. Prevention of suicide with regulations aimed at restricting access to highly hazardous pesticides: a systematic review of the international evidence. Lancet Glob. Health 5 (10), e1026–e1037. https://doi.org/10.1016/S2214-109X(17)30299-1.
Guzman-Holst, C., Zaneva, M., Chessell, C., Creswell, C., Bowes, L., 2022. Research Review: Do antibullying interventions reduce internalizing symptoms? A systematic review, meta-analysis, and meta-regression exploring intervention components, moderators, and mechanisms. J. Child Psychol. Psychiatry, Allied Discip. 63 (12), 1454–1465. https://doi.org/10.1111/jcpp.13620.
Hadland, S.E., Yehia, B.R., Makadon, H.J., 2016. Caring for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Inclusive and Affirmative Environments. Pedia Clin. North Am. 63 (6), 955–969. https://doi.org/10.1016/j.pcl.2016.07.001.
Hankerson, S.H., Crayton, L.S., Duenas, S.C., 2021. Engaging African American Clergy and Community Members to Increase Access to Evidence-Based Practices for Depression. Psychiatr. Serv. 72 (8), 974–977. https://doi.org/10.1176/appi.ps.201900412.
Hankle, Z.J., Bluestone, D.C., Kramer, J.K., Bassi, P., Goreczny, A.J., 2021. What activities individuals with intellectual disabilities do for fun: exploration into self-care. Int J. Dev. Disabil. 68 (5), 712–722. https://doi.org/10.1080/20473869.2021.1884788.
Hansotte, E., Payne, S.I., Babich, S.M., 2017. Positive postpartum depression screening practices and subsequent mental health treatment for low-income women in Western countries: a systematic literature review. Public Health Rev. 38, 3. https://doi.org/10.1186/s40985-017-0050-y.
Haroz, E.E., Decker, E., Lee, C., 2018. Evidence for suicide prevention and response programs with refugees: A systematic review and recommendations Geneva: United Nations High Commissioner for Refugees.
Hassen, N., Lofters, A., Michael, S., Mall, A., Pinto, A.D., Rackal, J., 2021. Implementing Anti-Racism Interventions in Healthcare Settings: A Scoping Review. Int. J. Environ. Res. Public Health 18 (6), 2993. https://doi.org/10.3390/ijerph18062993.
Hatzenbuehler, M.L., O'Cleirigh, C., Grasso, C., Mayer, K., Safren, S., Bradford, J., 2012. Effect of same-sex marriage laws on health care use and expenditures in sexual minority men: a quasi-natural experiment. Am. J. Public Health 102 (2), 285–291. https://doi.org/10.2105/AJPH.2011.300382.

He, X.Y., Migliorini, C., Huang, Z.H., Wang, F., Zhou, R., Chen, Z.L., Xiao, Y.N., Wang, Q. W., Wang, S.B., Harvey, C., Hou, C.L., 2022. Quality of life in patients with schizophrenia: A 2-year cohort study in primary mental health care in rural China. Front. Public Health 10, 983733. https://doi.org/10.3389/fpubh.2022.983733.

Heise, L., Greene, M.E., Opper, N., Stavropoulou, M., Harper, C., Nascimento, M., Zewdie, D., Gender Equality, Norms, and Health Steering Committee, 2019. Gender inequality and restrictive gender norms: framing the challenges to health. Lancet (Lond., Engl.) 393 (10189), 2440–2454. https://doi.org/10.1016/S0140-6736(19)30652-X.

Helfrich, C.A., Fogg, L.F., 2007. Outcomes of a life skills intervention for homeless adults with mental illness. J. Prim. Prev. 28 (3-4), 313–326. https://doi.org/10.1007/s10935-007-0103-y.

Hemmeter, M.L., Ostrosky, M., Fox, L., 2006. Social and Emotional Foundations for Early Learning: A Conceptual Model for Intervention. Sch. Psychol. Rev. 35 (4), 583–601.

Hernández-Luengo, M., Álvarez-Bueno, C., Martínez-Hortelano, J.A., Cavero-Redondo, I., Martínez-Vizcaíno, V., Notario-Pacheco, B., 2022. The relationship between breastfeeding and motor development in children: a systematic review and meta-analysis. Nutr. Rev. 80 (8), 1827–1835. https://doi.org/10.1093/nutrit/nuac013.

Ho, R.C., Ho, E.C., Tai, B.C., Ng, W.Y., Chia, B.H., 2014. Elderly suicide with and without a history of suicidal behavior: implications for suicide prevention and management. Archives of suicide research : official journal of the International Academy for Suicide Research 18 (4), 363–375. https://doi.org/10.1080/13811118.2013.826153.

Ho, K.H.M., Yang, C., Leung, A.K.Y., Bressington, D., Chien, W.T., Cheng, Q., Cheung, D. S.K., 2022. Peer Support and Mental Health of Migrant Domestic Workers: A Scoping Review. Int J. Environ. Res Public Health 19 (13), 7617. https://doi.org/10.3390/ijerph19137617.

Hogg, B., Gardoki-Souto, I., Valiente-Gómez, A., Rosa, A.R., Fortea, L., Radua, J., Amann, B.L., Moreno-Alcázar, A., 2023. Psychological trauma as a transdiagnostic risk factor for mental disorder: an umbrella meta-analysis. Eur. Arch. Psychiatry Clin. Neurosci. 273 (2), 397–410. https://doi.org/10.1007/s00406-022-01495-5.

Hohls, J.K., König, H.H., Quirke, E., Hajek, A., 2021. Anxiety, Depression and Quality of Life-A Systematic Review of Evidence from Longitudinal Observational Studies. Int. J. Environ. Res. Public Health 18 (22), 12022. https://doi.org/10.3390/ijerph182212022.

Hossain, M., Atif, M., Ahmed, A., Mia, L., 2020. Do LGBT workplace diversity policies create value for firms? J. Bus. Ethics 167 (4), 775–791.

Hossain, M.M., Sultana, A., Tasnim, S., Fan, Q., Ma, P., McKyer, E.L.J., Purohit, N., 2020. Prevalence of mental disorders among people who are homeless: An umbrella review. Int. J. Soc. Psychiatry 66 (6), 528–541. https://doi.org/10.1177/0020764020924689.

Howard, L.M., Khalifeh, H., 2020. Perinatal mental health: a review of progress and challenges. World Psychiatry 19 (3), 313–327. https://doi.org/10.1002/wps.20769.

Huang, K.Y., Nakigudde, J., Calzada, E., Boivin, M.J., Ogedegbe, G., Brotman, L.M., 2014. Implementing an early childhood school-based mental health promotion intervention in low-resource Ugandan schools: study protocol for a cluster randomized controlled trial. Trials 15, 471. https://doi.org/10.1186/1745-6215-15-471.

Huo, M., Miller, L.M.S., Kim, K., Liu, S., 2021. Volunteering, Self-Perceptions of Aging, and Mental Health in Later Life. Gerontologist 61 (7), 1131–1140. https://doi.org/10.1093/geront/gnaa164.

Hwang, S.W., Burns, T., 2014. Health interventions for people who are homeless. Lance 384 (9953), 1541–1547. https://doi.org/10.1016/S0140-6736(14)61133-8.

Ingram, J., Lyford, B., McAtamney, A., Fitzpatrick, S., 2022. Preventing suicide in refugees and asylum seekers: a rapid literature review examining the role of suicide prevention training for health and support staff. Int. J. Ment. Health Syst. 16 (1), 24. https://doi.org/10.1186/s13033-022-00534-x.

Isaksson, P., Marklund, B., Haraldsson, K., 2017. Promoting mental health in Swedish preschool-teacher views. Health Promot. Int. 32 (1), 53–61. https://doi.org/10.1093/heapro/dat084.

Jacobs, G.A., Gray, B.L., Erickson, S.E., Gonzalez, E.D., Quevillon, R.P., 2016. Disaster Mental Health and Community-Based Psychological First Aid: Concepts and Education/Training. J. Clin. Psychol. 72 (12), 1307–1317. https://doi.org/10.1002/jclp.22316.

Jacobs, L.A., Gottlieb, A., 2020. THE EFFECT OF HOUSING CIRCUMSTANCES ON RECIDIVISM: Evidence From a Sample of People on Probation in San Francisco. Crim. Justice Behav. 47 (9), 1097–1115. https://doi.org/10.1177/0093854820942285.

Jacobs, L.A., Branson, Z., Greeno, C.G., Skeem, J.L., Labrum, T., 2022. Community Behavioral Health Service Use and Criminal Recidivism of People With Mental, Substance Use, and Co-occurring Disorders. Psychiatr. Serv. 73 (12), 1397–1400. https://doi.org/10.1176/appi.ps.202100530.

Jami, E.S., Hammerschlag, A.R., Bartels, M., Middeldorp, C.M., 2021. Parental characteristics and offspring mental health and related outcomes: a systematic review of genetically informative literature. Transl. Psychiatry 11 (1), 197. https://doi.org/10.1038/s41398-021-01300-2.

Jeevanandam, L., 2009. Perspectives of intellectual disability in Asia: epidemiology, policy, and services for children and adults. In: Current opinion in psychiatry, 22. https://doi.org/10.1097/YCO.0b013e32832ec056.

Jeon, S.W., Kim, Y.K., 2018. Application of Assessment Tools to Examine Mental Health in Workplaces: Job Stress and Depression. Psychiatry Invest. 15 (6), 553–560. https://doi.org/10.30773/pi.2016.10.24.

Jeong, J., Franchett, E.E., Ramos de Oliveira, C.V., Rehmani, K., Yousafzai, A.K., 2021. Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. PloS Med. 18 (5), e1003602 https://doi.org/10.1371/journal.pmed.1003602.

Jickson, S., Anoop, V., Asharaf, S., 2023. Machine Learning Approaches for Detecting Signs of Depression from Social Media. In: Anwar, S., Ullah, A., Rocha, Á., Sousa, M. J. (Eds.), Proceedings of International Conference on Information Technology and Applications. Springer, Singapore, pp. 201–214.

Johansson, V., Islind, A.S., Lindroth, T., Angenete, E., Gellerstedt, M., 2021. Online Communities as a Driver for Patient Empowerment: Systematic Review. J. Med Internet Res 23 (2), e19910. Doi:10.2196/19910.

Jorm, A.F., Ross, A.M., 2018. Guidelines for the public on how to provide mental health first aid: narrative review. BJPsych Open 4 (6), 427–440. https://doi.org/10.1192/bjo.2018.58.

Jorm, A.F., Kitchener, B.A., Sawyer, M.G., Scales, H., Cvetkovski, S., 2010. Mental health first aid training for high school teachers: a cluster randomized trial. BMC Psychiatry 10, 51. https://doi.org/10.1186/1471-244X-10-51.

Jorm, A.F., Kitchener, B.A., Fischer, J.A., Cvetkovski, S., 2010. Mental health first aid training by e-learning: a randomized controlled trial. Aust. N. Z. J. Psychiatry 44 (12), 1072–1081. https://doi.org/10.3109/00048674.2010.516426.

Juárez, S.P., Honkaniemi, H., Dunlavy, A.C., Aldridge, R.W., Barreto, M.L., Katikireddi, S.V., Rostila, M., 2019. Effects of non-health-targeted policies on migrant health: a systematic review and meta-analysis. Lancet Glob. Health 7 (4), e420–e435. https://doi.org/10.1016/S2214-109X(18)30560-6.

Kalahasthi, R., Wadsworth, J., Crane, C.A., Toole, J., Berbary, C., Easton, C.J., 2022. Establishing behavioral health services in homeless shelters and using telehealth digital tools: best practices and guidelines. Adv. Dual Diagn. 15 (4), 208–226.

Källmén, H., Hallgren, M., 2021. Bullying at school and mental health problems among adolescents: a rpeated cross-sectional study. Child Adolesc. Psychiatry Ment. Health 15 (1), 74. https://doi.org/10.1186/s13034-021-00425-y.

Kang, J., Park, J., Lee, H., Lee, M., Kim, S., Koyanagi, A., Smith, L., Kim, M.S., Rahmati, M., Fond, G., Boyer, L., López Sánchez, G.F., Elena, D., Cortese, S., Kim, T., Yon, D.K., 2023. National trends in depression and suicide attempts and COVID-19 pandemic-related factors, 1998-2021: A nationwide study in South Korea. Asian J. Psychiatry 88, 103727. https://doi.org/10.1016/j.ajp.2023.103727.

Karim, F., Oyewande, A.A., Abdalla, L.F., Chaudhry Ehsanullah, R., Khan, S., 2020. Social Media Use and Its Connection to Mental Health: A Systematic Review. Cureus 12 (6), e8627. https://doi.org/10.7759/cureus.8627.

Katz-Wise, S.L., Rosario, M., Tsappis, M., 2016. Lesbian, Gay, Bisexual, and Transgender Youth and Family Acceptance. Pedia Clin. North Am. 63 (6), 1011–1025. https://doi.org/10.1016/j.pcl.2016.07.005.

Kaur, H., Saad, A., Magwood, O., Alkhateeb, Q., Mathew, C., Khalaf, G., Pottie, K., 2021. Understanding the health and housing experiences of refugees and other migrant populations experiencing homelessness or vulnerable housing: a systematic review using GRADE-CERQual. CMAJ Open 9 (2), E681–E692. https://doi.org/10.9778/cmajo.20200109.

Kennedy, E., Binder, G., Humphries-Waa, K., Tidhar, T., Cini, K., Comrie-Thomson, L., Vaughan, C., Francis, K., Scott, N., Wulan, N., Patton, G., Azzopardi, P., 2020. Gender inequalities in health and wellbeing across the first two decades of life: an analysis of 40 low-income and middle-income countries in the Asia-Pacific region. Lancet Glob. Health 8 (12), e1473–e1488. https://doi.org/10.1016/S2214-109X(20)30354-5.

Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E., 2005. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch. Gen. Psychiatry 62 (6), 593–602. https://doi.org/10.1001/archpsyc.62.6.593.

Keyworth, C., Alzahrani, A., Pointon, L., Hinsby, K., Wainwright, N., Moores, L., Bates, J., Johnson, J., 2022. Barriers and enablers to accessing support services offered by staff wellbeing hubs: A qualitative study. Front. Psychol. 13, 1008913 https://doi.org/10.3389/fpsyg.2022.1008913.

Khan, A.A., Ryland, H., Pathan, T., Ahmed, H.U., Hussain, A., Forrester, A., 2021. Mental health services in the prisons of Bangladesh. BJPsych Int. 18 (4), 88–91. https://doi.org/10.1192/bji.2021.34.

Khan, M.A., Jafree, S.R., Jibeen, T., 2020. Social Barriers to Mental Well-Being in Women of South Asia. In: Jafree, S. (Ed.), The Sociology of South Asian Women's Health. Springer, Cham. https://doi.org/10.1007/978-3-030-50204-1_7.

Khan, N.Z., Shilpi, A.B., Sultana, R., Sarker, S., Razia, S., Roy, B., Arif, A., Ahmed, M.U., Saha, S.C., McConachie, H., 2019. Displaced Rohingya children at high risk for mental health problems: Findings from refugee camps within Bangladesh. Child.: care, Health Dev. 45 (1), 28–35. https://doi.org/10.1111/cch.12623.

Khodabakhsh, S., 2022. Factors affecting life satisfaction of older adults in Asia: A systematic review. J. Happiness Stud. 23 (3), 1289–1304.

Kim, Y.M., Shirahase, S., 2014. Understanding intra-regional variation in gender inequality in East Asia: Decomposition of cross-national differences in the gender earnings gap. Int. Sociol. 29 (3), 229–248.

King, M., 2019. Stigma in psychiatry seen through the lens of sexuality and gender. BJPsych Int 16 (4), 77–80. https://doi.org/10.1192/bji2019.12.

Kirby, N., Wright, B., Allgar, V., 2020. Child mental health and resilience in the context of socioeconomic disadvantage: results from the Born in Bradford cohort study. Eur. Child Adolesc. Psychiatry 29 (4), 467–477. https://doi.org/10.1007/s00787-019-01348-y.

Kirmayer, L.J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A.G., Guzder, J., Hassan, G., Rousseau, C., Pottie, K., Canadian Collaboration for Immigrant and Refugee Health (CCIRH), 2011. Common mental health problems in immigrants and refugees: general approach in primary care. CMAJ 183 (12), E959–E967. https://doi.org/10.1503/cmaj.090292.

Kitchener, B.A., Jorm, A.F., 2004. Mental health first aid training in a workplace setting: a randomized controlled trial [ISRCTN13249129. BMC Psychiatry 4, 23. https://doi.org/10.1186/1471-244X-4-23.

Knifton, L., 2012. Understanding and addressing the stigma of mental illness with ethnic minority communities. Health Sociol. Rev. 21 (3), 287–298.
Knifton, L., Inglis, G., 2020. Poverty and mental health: policy, practice and research implications. BJPsych Bull. 44 (5), 193–196. https://doi.org/10.1192/bjb.2020.78.
Knifton, L., Gervais, M., Newbigging, K., Mirza, N., Quinn, N., Wilson, N., Hunkins-Hutchison, E., 2010. Community conversation: addressing mental health stigma with ethnic minority communities. Soc. Psychiatry Psychiatr. Epidemiol. 45 (4), 497–504. https://doi.org/10.1007/s00127-009-0095-4.
Krol, K.M., Grossmann, T., 2018. Psychological effects of breastfeeding on children and mothers. Psychol. Eff. Des. Stillens auf Kinder und Mütter. Bundesgesundheitsblatt, Gesundh., Gesundh. 61 (8), 977–985. https://doi.org/10.1007/s00103-018-2769-0.
Lam, L.C.D., Chan, W.C., 2018. Recognizing mental health problems in the ageing community. In: Bhugra, D., Bhui, K., Shan Wong, S.Y., Gilman, S.E. (Eds.), Oxford Textbook of Public Mental Health. Oxford University Press, Oxford, pp. 259–264.
LaMontagne, A.D., Martin, A., Page, K.M., Reavley, N.J., Noblet, A.J., Milner, A.J., Keegel, T., Smith, P.M., 2014. Workplace mental health: developing an integrated intervention approach. BMC Psychiatry 14, 131. https://doi.org/10.1186/1471-244X-14-131.
Lanza, K., Hunt, E.T., Mantey, D.S., Omega-Njemnobi, O., Cristol, B., Kelder, S.H., 2023. Volunteering, Health, and Well-being of Children and Adolescents in the United States. JAMA Netw. Open 6 (5), e2315980. https://doi.org/10.1001/jamanetworkopen.2023.15980.
Lapierre, S., Erlangsen, A., Waern, M., De Leo, D., Oyama, H., Scocco, P., Gallo, J., Szanto, K., Conwell, Y., Draper, B., Quinnett, P., International Research Group for Suicide among the Elderly, 2011. A systematic review of elderly suicide prevention programs. Crisis 32 (2), 88–98. https://doi.org/10.1027/0227-5910/a000076.
Le, L.K., Esturas, A.C., Mihalopoulos, C., Chiotelis, O., Bucholc, J., Chatterton, M.L., Engel, L., 2021. Cost-effectiveness evidence of mental health prevention and promotion interventions: A systematic review of economic evaluations. PloS Med. 18 (5), e1003606 https://doi.org/10.1371/journal.pmed.1003606.
Lee, C., Kuhn, I., McGrath, M., Remes, O., Cowan, A., Duncan, F., Baskin, C., Oliver, E.J., Osborn, D.P.J., Dykxhoorn, J., Kaner, E., Walters, K., Kirkbride, J., Gnani, S., Lafortune, L., NIHR SPHR Public Mental Health Programme, 2022. A systematic scoping review of community-based interventions for the prevention of mental ill-health and the promotion of mental health in older adults in the UK. Health Soc. care Community 30 (1), 27–57. https://doi.org/10.1111/hsc.13413.
Lee, H., Park, H., Ha, E., Hong, Y.C., Ha, M., Park, H., Kim, B.N., Lee, B., Lee, S.J., Lee, K. Y., Kim, J.H., Jeong, K.S., Kim, Y., 2016. Effect of Breastfeeding Duration on Cognitive Development in Infants: 3-Year Follow-up Study. J. Korean Med. Sci. 31 (4), 579–584. https://doi.org/10.3346/jkms.2016.31.4.579.
Lee, S.H., Shin, S.J., Won, S.D., Kim, E.J., Oh, D.Y., 2010. Alcohol Use during Pregnancy and Related Risk Factors in Korea. Psychiatry Investig. 7 (2), 86–92. https://doi.org/10.4306/pi.2010.7.2.86.
Lee-Tauler, S.Y., Eun, J., Corbett, D., Collins, P.Y., 2018. A Systematic Review of Interventions to Improve Initiation of Mental Health Care Among Racial-Ethnic Minority Groups. Psychiatr. Serv. (Wash., D. C.) 69 (6), 628–647. https://doi.org/10.1176/appi.ps.201700382.
Legault, L., Sago, A., 2022. When body positivity falls flat: Divergent effects of body acceptance messages that support vs. undermine basic psychological needs. Body Image 41, 225–238. https://doi.org/10.1016/j.bodyim.2022.02.013.
Lelutiu-Weinberger, C., Pachankis, J.E., 2017. Acceptability and Preliminary Efficacy of a Lesbian, Gay, Bisexual, and Transgender-Affirmative Mental Health Practice Training in a Highly Stigmatizing National Context. LGBT Health 4 (5), 360–370. https://doi.org/10.1089/lgbt.2016.0194.
Lemon, C.A., Svob, C., Bonomo, Y., Dhungana, S., Supanya, S., Sittanomai, N., Diatri, H., Haider, I.I., Javed, A., Chandra, P., Herrman, H., Hoven, C.W., Sartorius, N., 2023. Priorities for research promoting mental health in the south and east of Asia. Lancet Reg. Health Southeast Asia 23, 100287. https://doi.org/10.1016/j.lansea.2023.100287.
Levkovich, I., Elyoseph, Z., 2023. Suicide Risk Assessments Through the Eyes of ChatGPT-3.5 Versus ChatGPT-4: Vignette Study. JMIR Ment. Health 10, e51232. https://doi.org/10.2196/51232.
Li, J., Lai, D.W.L., Chappell, N.L., 2022. The Older, the Happier?: A Cross-Sectional Study on the “Paradox of Aging” in China. Res. Aging 44 (1), 34–43. https://doi.org/10.1177/0164027521994225.
Lim, C.G., Loh, H., Renjan, V., Tan, J., Fung, D., 2017. Child Community Mental Health Services in Asia Pacific and Singapore's REACH Model. Brain Sci. 7 (10), 126. https://doi.org/10.3390/brainsci7100126.
Lindert, J., Bilsen, J., Jakubauskiene, M., 2017. Public mental health. Eur. J. Public Health 27 (suppl_4), 32–35. https://doi.org/10.1093/eurpub/ckx163.
Liveri, K., Dagla, M., Sarantaki, A., Orovou, E., Antoniou, E., 2023. Abuse of Girls During Childhood and Its Impacts on the Health of Their Adult Lives: A Systematic Review. Cureus 15 (2), e34981. https://doi.org/10.7759/cureus.34981.
Lo, L., Iasiello, M., Carey, M., van Agteren, J., 2020. Improving the Wellbeing of Female Prisoners via Psychological Skills Training: A Feasibility Study. Int. J. Offender Ther. Comp. Criminol. 64 (15), 1571–1586. https://doi.org/10.1177/0306624×20928029.
Lobo, R.A., Davis, S.R., De Villiers, T.J., Gompel, A., Henderson, V.W., Hodis, H.N., Lumsden, M.A., Mack, W.J., Shapiro, S., Baber, R.J., 2014. Prevention of diseases after menopause. Clima.: J. Int. Menopause Soc. 17 (5), 540–556. https://doi.org/10.3109/13697137.2014.933411.
Low, D.M., Rumker, L., Talkar, T., Torous, J., Cecchi, G., Ghosh, S.S., 2020. Natural Language Processing Reveals Vulnerable Mental Health Support Groups and Heightened Health Anxiety on Reddit During COVID-19: Observational Study. J. Med. Internet Res. 22 (10), e22635 https://doi.org/10.2196/22635.
Lu, J., Yang, Y., Cui, J., Xu, W., Wu, C., Li, J., Li, X., 2022. Alcohol use disorder and its association with quality of life and mortality in Chinese male adults: a population-based cohort study. BMC Public Health 22 (1), 789. https://doi.org/10.1186/s12889-022-13146-4.
Luhrmann, T.M., Padmavati, R., Tharoor, H., Osei, A., 2015. Differences in voice-hearing experiences of people with psychosis in the U.S.A., India and Ghana: interview-based study. Br. J. Psychiatry 206 (1), 41–44. https://doi.org/10.1192/bjp.bp.113.139048.
Luigi, M., Dellazizzo, L., Giguère, C.É., Goulet, M.H., Dumais, A., 2020. Shedding Light on "the Hole": A Systematic Review and Meta-Analysis on Adverse Psychological Effects and Mortality Following Solitary Confinement in Correctional Settings. Front. Psychiatry 11, 840. https://doi.org/10.3389/fpsyt.2020.00840.
Luo, L., Snyder, P., Clark, C.L., Hong, X., 2017. Preschool teachers' use of pyramid model practices in Mainland China. Infants Young-.-. Child. 30 (3), 221–237.
Lynch, S., Wood, J., Livingood, W., Smotherman, C., Goldhagen, J., Wood, D., 2015. Feasibility of shelter-based mental health screening for homeless children. Public Health Rep. 130 (1), 43–47. https://doi.org/10.1177/003335491513000105.
Mackereth, C.J., Brown, J.S., Learmonth, A.M., 2014. Promoting Public Mental Health and Well-being. Jessica Kingsley Publishers, London.
Maddock, A., Blair, C., Ean, N., Best, P., 2021. Psychological and social interventions for mental health issues and disorders in Southeast Asia: a systematic review. Int. J. Ment. Health Syst. 15 (1), 56. https://doi.org/10.1186/s13033-021-00482-y.
Mahdi, A., Dembinsky, M., Bristow, K., Slade, P., 2019. Approaches to the prevention of postnatal depression and anxiety – a review of the literature. J. Psychosom. Obstet. Gynaecol. 40 (4), 250–263. https://doi.org/10.1080/0167482X.2018.1512577.
Mahendran, R., Puthussery, S., Amalan, M., 2019. Prevalence of antenatal depression in South Asia: a systematic review and meta-analysis. J. Epidemiol. Community Health 73 (8), 768–777. https://doi.org/10.1136/jech-2018-211819.
Malathesh, B.C., Nirisha, P.L., Kumar, C.N., Madegowda, R.K., Vajawat, B., Basavarajappa, C., Math, S.B., 2021. Free legal aid for persons with mental illness and other marginalized group of population. Asian J. Psychiatr. 59, 102654 https://doi.org/10.1016/j.ajp.2021.102654.
Marsch, L.A., Borodovsky, J.T., 2016. Technology-based Interventions for Preventing and Treating Substance Use Among Youth. Child Adolesc. Psychiatr. Clin. N. Am. 25 (4), 755–768. https://doi.org/10.1016/j.chc.2016.06.005.
Martins, C., Godycki-Cwirko, M., Heleno, B., Brodersen, J., 2018. Quaternary prevention: reviewing the concept. Eur. J. Gen. Pract. 24 (1), 106–111. https://doi.org/10.1080/13814788.2017.1422177.
Maslowski, A., LaCaille, R., LaCaille, L., Reich, C.M., Kilngner, J., 2019. Effectiveness of Mental Health First Aid: a meta-analysis. Ment. Health Rev. J. 24 (4), 245–261. https://doi.org/10.1108/MHRJ-05-2019-0016.
Mat Ruzlin, A.N., Chen, X.W., Yunus, R.M., Samsudin, E.Z., Selamat, M.I., Ismail, Z., 2021. Promoting Mental Health During the COVID-19 Pandemic: A Hybrid, Innovative Approach in Malaysia. Front. Public Health 9, 747953. https://doi.org/10.3389/fpubh.2021.747953.
Mathias, K., Jain, S., Fraser, R., Davis, M., Kimijima-Dennemeyer, R., Pillai, P., Deshpande, S.N., Wolters, M., 2023. Improving mental ill-health with psycho-social group interventions in South Asia-A scoping review using a realist lens. PLOS Glob. Public Health 3 (8), e0001736. https://doi.org/10.1371/journal.pgph.0001736.
Mazumder, H., Faizah, F., Gain, E.P., Sharmin Eva, I., Ferdouse Mou, K., Saha, N., Rahman, F., Das, J., Islam, A.M.K., Nesa, F., Hossain, M.M., 2023. Effectiveness of mental health interventions for older adults in South Asia: A scoping review. PloS One 18 (7), e0287883. https://doi.org/10.1371/journal.pone.0287883.
Mazza, M.G., Rossetti, A., Crespi, G., Clerici, M., 2020. Prevalence of co-occurring psychiatric disorders in adults and adolescents with intellectual disability: A systematic review and meta-analysis. J. Appl. Res Intellect. Disabil. 33 (2), 126–138. https://doi.org/10.1111/jar.12654.
McCann, E., Sharek, D., 2014. Challenges to and opportunities for improving mental health services for lesbian, gay, bisexual, and transgender people in Ireland: a narrative account. Int J. Ment. Health Nurs. 23 (6), 525–533. https://doi.org/10.1111/inm.12081.
McGowan, C., Bland, R., 2023. The Benefits of Breastfeeding on Child Intelligence, Behavior, and Executive Function: A Review of Recent Evidence. Breastfeed. Med.: Off. J. Acad. Breastfeed. Med. 18 (3), 172–187. https://doi.org/10.1089/bfm.2022.0192.
McGuire, T.G., Miranda, J., 2008. New evidence regarding racial and ethnic disparities in mental health: policy implications. Health Aff. 27 (2), 393–403. https://doi.org/10.1377/hlthaff.27.2.393.
McHugh, M., 2018. Mental and Physical Health. In: Bhugra, D., Bhui, K., Shan Wong, S. Y., Gilman, S.E. (Eds.), Oxford Textbook of Public Mental Health. Oxford University Press, Oxford, pp. 181–190.
McKay, M.T., Cannon, M., Chambers, D., Conroy, R.M., Coughlan, H., Dodd, P., Healy, C., O'Donnell, L., Clarke, M.C., 2021. Childhood trauma and adult mental disorder: A systematic review and meta-analysis of longitudinal cohort studies. Acta Psychiatr. Scand. 143 (3), 189–205. https://doi.org/10.1111/acps.13268.
McLeish, J., Ayers, S., McCourt, C., 2023. Community-based perinatal mental health peer support: a realist review. BMC Pregnancy Childbirth 23 (1), 570. https://doi.org/10.1186/s12884-023-05843-8.
Meffert, S.M., Lawhorn, C., Ongeri, L., Bukusi, E., Campbell, H.R., Goosby, E., Bertozzi, S. M., Kahonge, S.N., 2021. Scaling up public mental health care in Sub-Saharan Africa: insights from infectious disease. Glob. Ment. Health 8, e41. https://doi.org/10.1017/gmh.2021.41.
Menon, D.K., Kishore, M.T., Sivakumar, T., Maulik, P.K., Kumar, D., Lakhan, R., Banerjee, R., 2017. The National Trust: A viable model of care for adults with intellectual disabilities in India. J. Intellect. Disabil.: JOID 21 (3), 259–269. https://doi.org/10.1177/1744629517709832.

Meyer, I.H., 2003. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychol. Bull. 129 (5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674.
Mezzina, R., Gopikumar, V., Jenkins, J., Saraceno, B., Sashidharan, S.P., 2022. Social Vulnerability and Mental Health Inequalities in the "Syndemic": Call for Action. Front Psychiatry 13, 894370. https://doi.org/10.3389/fpsyt.2022.894370.
Miguel, C., Amarnath, A., Akhtar, A., Malik, A., Baranyi, G., Barbui, C., Karyotaki, E., Cuijpers, P., 2023. Universal, selective and indicated interventions for supporting mental health at the workplace: an umbrella review of meta-analyses. Occup. Environ. Med 80 (4), 225–236. https://doi.org/10.1136/oemed-2022-108698.
Mikton, C., Butchart, A., 2009. Child maltreatment prevention: a systematic review of reviews. Bull. World Health Organ. 87 (5), 353–361. https://doi.org/10.2471/blt.08.057075.
Min, J.A., Lee, C.U., Lee, C., 2013. Mental health promotion and illness prevention: a challenge for psychiatrists. Psychiatry Investig. 10 (4), 307–316. https://doi.org/10.4306/pi.2013.10.4.307.
Minihan, E., Gavin, B., Kelly, B.D., McNicholas, F., 2020. COVID-19, mental health and psychological first aid. Irish journal of psychological medicine 37 (4), 259–263. https://doi.org/10.1017/ipm.2020.41.
Minshall, D., Tracy, D.K., Tarn, M., Greenberg, N., 2024. Mental health at work: societal, economic and health imperatives align; it's time to act. Br. J. Psychiatry.: J. Ment. Sci. 224 (4), 115–116. https://doi.org/10.1192/bjp.2024.3.
Moagi, M.M., van Der Wath, A.E., Jiyane, P.M., Rikhotso, R.S., 2021. Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review. Health SA = SA Gesondheid 26, 1487. https://doi.org/10.4102/hsag.v26i0.1487.
Morawska, A., Fletcher, R., Pope, S., Heathwood, E., Anderson, E., McAuliffe, C., 2013. Evaluation of mental health first aid training in a diverse community setting. Int J. Ment. Health Nurs. 22 (1), 85–92. https://doi.org/10.1111/j.1447-0349.2012.00844.x.
Morgan, A.J., Ross, A., Reavley, N.J., 2018. Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. PloS one 13 (5), e0197102. https://doi.org/10.1371/journal.pone.0197102.
Motta, M., Liu, Y., Yarnell, A., 2024. Influencing the influencers:" a field experimental approach to promoting effective mental health communication on TikTok. Sci. Rep. 14 (1), 5864. https://doi.org/10.1038/s41598-024-56578-1.
Muller, K., Helmes, A., Kleischmann, A., Bengel, J., 2022. Assessing Psychiatric Symptomatology in Adults with Intellectual Disabilities: Psychometric Properties of German Versions of the PAS-ADD Checklist and the Mini PAS-ADD. J. Ment. Health Res. Intellect. Disabil. 15, 111–129. ⟨https://www.tandfonline.com/doi/abs/10.1080/19315864.2022.2029645⟩.
Murphy, J.M., Abel, M.R., Hoover, S., Jellinek, M., Fazel, M., 2017. Scope, Scale, and Dose of the World's Largest School-Based Mental Health Programs. Harv. Rev. Psychiatry 25 (5), 218–228. https://doi.org/10.1097/HRP.0000000000000149.
Naaldenberg, J., Kuijken, N., van Dooren, K., van Schrojenstein Lantman de Valk, H., 2013. Topics, methods and challenges in health promotion for people with intellectual disabilities: a structured review of literature. Res. Dev. Disabil. 34 (12), 4534–4545. https://doi.org/10.1016/j.ridd.2013.09.029.
Narea, M., Treviño, E., Caqueo-Urízar, A., Miranda, C., Gutiérrez-Rioseco, J., 2022. Understanding the Relationship between Preschool Teachers' Well-Being, Interaction Quality and Students' Well-Being. Child Indic. Res. 15 (2), 533–551. https://doi.org/10.1007/s12187-021-09876-3.
Narushima, M., Liu, J., Diestelkamp, N., 2013. The Association Between Lifelong Learning and Psychological Well-Being Among Older Adults: Implications for Interdisciplinary Health Promotion in an Aging Society. Act., Adapt. Aging 37, 239–250. https://doi.org/10.1080/01924788.2013.816834.
Naslund, J.A., Aschbrenner, K.A., Marsch, L.A., McHugo, G.J., Bartels, S.J., 2018. Facebook for Supporting a Lifestyle Intervention for People with Major Depressive Disorder, Bipolar Disorder, and Schizophrenia: an Exploratory Study. Psychiatr. Q 89 (1), 81–94. https://doi.org/10.1007/s11126-017-9512-0.
National Guideline Centre, 2016. Physical Health of People in Prison: Assessment, Diagnosis and Management of Physical Health Problems. National Institute for Health and Care Excellence (NICE), London. Nov. (NICE Guideline, No. 57.) 7, Promoting health and wellbeing.
National Health Service., 2018. Service Specification Integrated Mental Health Service For Prisons in England ⟨https://www.england.nhs.uk/wp-content/uploads/2018/10/service-specification-mental-health-for-prisons-in-england-2.pdf⟩ [accessed 11th July 2023].
Nebbs, A., Martin, A., Neil, A., Dawkins, S., Roydhouse, J., 2023. An Integrated Approach to Workplace Mental Health: A Scoping Review of Instruments That Can Assist Organizations with Implementation. Int. J. Environ. Res. Public Health 20 (2), 1192. https://doi.org/10.3390/ijerph20021192.
Nguyen, L.H., Anyane-Yeboa, A., Klaser, K., Merino, J., Drew, D.A., Ma, W., Mehta, R.S., Kim, D.Y., Warner, E.T., Joshi, A.D., Graham, M.S., Sudre, C.H., Thompson, E.J., May, A., Hu, C., Jørgensen, S., Selvachandran, S., Berry, S.E., David, S.P., Martinez, M.E., Chan, A.T., 2022. The mental health burden of racial and ethnic minorities during the COVID-19 pandemic. PloS One 17 (8), e0271661. https://doi.org/10.1371/journal.pone.0271661.
Nicholson-Crotty, J., Nicholson-Crotty, S., 2004. Social construction and policy implementation: Inmate health as a public health issue. Soc. Sci. Q. 85 (2), 240–256.
Nyqvist, F., Forsman, A.K., Giuntoli, G., Cattan, M., 2013. Social capital as a resource for mental well-being in older people: a systematic review. Aging Ment. Health 17 (4), 394–410. https://doi.org/10.1080/13607863.2012.742490.
O'Campo, P., Kirst, M., Schaefer-McDaniel, N., Firestone, M., Scott, A., McShane, K., 2009. Community-based services for homeless adults experiencing concurrent mental health and substance use disorders: a realist approach to synthesizing evidence. J. Urban Health 86 (6), 965–989. https://doi.org/10.1007/s11524-009-9392-1.
Onapa, H., Sharpley, C.F., Bitsika, V., McMillan, M.E., MacLure, K., Smith, L., Agnew, L. L., 2022. The physical and mental health effects of housing homeless people: A systematic review. Health & social care in the community 30 (2), 448–468.
O'Toole, T.P., Johnson, E.E., Borgia, M., Noack, A., Yoon, J., Gehlert, E., Lo, J., 2018. Population-Tailored Care for Homeless Veterans and Acute Care Use, Cost, and Satisfaction: A Prospective Quasi-Experimental Trial. Prev. Chronic Dis. 15, E23 https://doi.org/10.5888/pcd15.170311.
Ocasio, K., Van Alst, D., Koivunen, J., Huang, C.C., Allegra, C., 2015. Promoting preschool mental health: Results of a 3 year primary prevention strategy. J. Child Fam. Stud. 24, 1800–1808.
Ogasawara, R., Yamanaka, H., Kobayashi, J., Tomokawa, S., Sugita, E., Hirano, T., Kigawa, M., Nishio, A., Akiyama, T., Nam, E.W., Gregorio Jr, E.R., Estrada, C.A.M., Thongthien, P., Kanyasan, K., Devkota, B., Hun, J., Ma, Y., Yamamoto, B.A., 2022. Status of school health programs in Asia: National policy and implementation. Pediatr. Int.: Off. J. Jpn. Pediatr. Soc. 64 (1), e15146 https://doi.org/10.1111/ped.15146.
Ohrnberger, J., Fichera, E., Sutton, M., 2017. The relationship between physical and mental health: A mediation analysis. Soc. Sci. Med 195, 42–49. https://doi.org/10.1016/j.socscimed.2017.11.008.
Okada, M., 2022. Is an increase in Japan's suicides caused by COVID-19 alone? Asian J. Psychiatry 78, 103320. https://doi.org/10.1016/j.ajp.2022.103320.
de Oliveira, C., Saka, M., Bone, L., Jacobs, R., 2023. The Role of Mental Health on Workplace Productivity: A Critical Review of the Literature. Appl. Health Econ. Health Policy 21 (2), 167–193. https://doi.org/10.1007/s40258-022-00761-w.
Otsuka, Y., Sasaki, T., Iwasaki, K., Mori, I., 2009. Working hours, coping skills, and psychological health in Japanese daytime workers. Ind. Health 47 (1), 22–32. https://doi.org/10.2486/indhealth.47.22.
Oyama, H., Watanabe, N., Ono, Y., Sakashita, T., Takenoshita, Y., Taguchi, M., Takizawa, T., Miura, R., Kumagai, K., 2005. Community-based suicide prevention through group activity for the elderly successfully reduced the high suicide rate for females. Psychiatry Clin. Neurosci. 59 (3), 337–344. https://doi.org/10.1111/j.1440-1819.2005.01379.x.
Padgett, D.K., 2020. Homelessness, housing instability and mental health: making the connections. BJPsych Bull. 44 (5), 197–201. https://doi.org/10.1192/bjb.2020.49.
Pandey, N.M., Tripathi, R.K., Kar, S.K., Vidya, K.L., Singh, N., 2022. Mental health promotion for elderly populations in World Health Organization South-East Asia Region: Needs and resource gaps. World J. Psychiatry 12 (1), 117–127. https://doi.org/10.5498/wjp.v12.i1.117.
Park, S., Hoffner, C.A., 2020. Tweeting about mental health to honor Carrie Fisher: How #InHonorOfCarrie reinforced the social influence of celebrity advocacy. Comput. Hum. Behav. 110, 106353 https://doi.org/10.1016/j.chb.2020.106353.
Pedersen, G.A., Smallegange, E., Coetzee, A., Hartog, K., Turner, J., Jordans, M.J., Brown, F.L., 2019. A systematic review of the evidence for family and parenting interventions in low-and middle-income countries: child and youth mental health outcomes. J. Child Fam. Stud. 28, 2036–2055.
Perrino, T., Pantin, H., Prado, G., Huang, S., Brincks, A., Howe, G., Beardslee, W., Sandler, I., Brown, C.H., 2014. Preventing internalizing symptoms among Hispanic adolescents: a synthesis across Familias Unidas trials. Prev. Sci.: Off. J. Soc. Prev. Res. 15 (6), 917–928. https://doi.org/10.1007/s11121-013-0448-9.
Perry-Jenkins, M., Smith, J.Z., Wadsworth, L.P., Halpern, H.P., 2017. Workplace Policies and Mental Health among Working-Class, New Parents. Community Work Fam. 20 (2), 226–249. https://doi.org/10.1080/13668803.2016.1252721.
Petrova, N.N., Khvostikova, 2021. Prevalence, Structure, and Risk Factors for Mental Disorders in Older People. Adv. Gerontol. 11 (4), 409–415. https://doi.org/10.1134/S2079057021040093.
Platt, J., Prins, S., Bates, L., Keyes, K., 2016. Unequal depression for equal work? How the wage gap explains gendered disparities in mood disorders. Soc. Sci. Med 149, 1–8. https://doi.org/10.1016/j.socscimed.2015.11.056.
Plauché, J., Leventhal, B., 2018. Children and Adolescents. In: Bhugra, D., Bhui, K., Shan Wong, S.Y., Gilman, S.E. (Eds.), Oxford Textbook of Public Mental Health. Oxford University Press, Oxford, pp. 247–258.
Polanczyk, G.V., Salum, G.A., Sugaya, L.S., Caye, A., Rohde, L.A., 2015. Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. J. Child Psychol. Psychiatry 56 (3), 345–365. https://doi.org/10.1111/jcpp.12381.
Poo, Z.X., Quah, P.L., Chen, H., Wright, A., Teoh, T.G., Tan, L.K., Tan, K.H., 2023. Knowledge, Attitude and Perceptions Around Perinatal Mental Health Among Doctors in an Obstetrics and Gynaecology Academic Department in Singapore. Cureus 15 (5), e38906. https://doi.org/10.7759/cureus.38906.
Prasrath, R.N., 2016. Voting right of prisoners: a comparative study. Indian J. Law Leg. Res. 4 (6), 1–9.
Primm, A.B., Vasquez, M.J., Mays, R.A., Sammons-Posey, D., McKnight-Eily, L.R., Presley-Cantrell, L.R., McGuire, L.C., Chapman, D.P., Perry, G.S., 2010. The role of public health in addressing racial and ethnic disparities in mental health and mental illness. Preventing chronic disease 7 (1), A20.
Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M.R., Rahman, A., 2007. No health without mental health. Lancet 370 (9590), 859–877. https://doi.org/10.1016/S0140-6736(07)61238-0.
Proferes, N., Jones, N., Gilbert, S., Fiesler, C., Zimmer, M., 2021. Studying reddit: A systematic overview of disciplines, approaches, methods, and ethics. Soc. Media+ Soc. 7 (2), 20563051211019004.
Public Health England., 2016. Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges. ⟨https://www.corc.uk.net/me

dia/1176/201609mental_health_toolkit_for_schools_and_colleges.pdf⟩ [accessed 10th July 2023].
Qian, G., Wu, Y., Wang, W., Lei, R., Zhang, W., Jiang, S., Huang, Y., Zhang, Z., 2023. Perceived Stress and Mental Health Literacy Among Chinese Preschool Teachers: A Moderated Mediation Model of Anxiety and Career Resilience. Psychol. Res. Behav. Manag. 16, 3777–3785. https://doi.org/10.2147/PRBM.S422311.
Rabiya, S., Raghavan, V., 2018. Prison mental health in India. Indian J. Soc. Psychiatry 34 (3), 193–196.
Ramaprasad, D., Rao, N.S., Kalyanasundaram, S., 2015. Disability and quality of life among elderly persons with mental illness. Asian J. Psychiatr. 18, 31–36. https://doi.org/10.1016/j.ajp.2015.10.007.
Randel, A.E., 2023. Inclusion in the workplace: A review and research agenda. Group & Organization Management. https://doi.org/10.1177/10596011231175578.
Rangarajan, S.K., Sivakumar, P.T., Manjunatha, N., Kumar, C.N., Math, S.B., 2021. Public Health Perspectives of Geriatric Mental Health Care. Indian J. Psychol. Med. 43 (5 Suppl), S1–S7. https://doi.org/10.1177/02537176211047963.
Rathod, S., Pinninti, N., Irfan, M., Gorczynski, P., Rathod, P., Gega, L., Naeem, F., 2017. Mental Health Service Provision in Low- and Middle-Income Countries, 1178632917694350 Health Serv. Insights 10. https://doi.org/10.1177/1178632917694350.
Record, R.A., Straub, K., Stump, N., 2020. Selfharm on #Instagram: Examining User Awareness and Use of Instagram's Self-harm Reporting Tool. Health Commun. 35 (7), 894–901. https://doi.org/10.1080/10410236.2019.1598738.
Reddon, J.R., Durante, S.B., 2019. Prisoner exposure to nature: Benefits for wellbeing and citizenship. Med. Hypotheses 123, 13–18. https://doi.org/10.1016/j.mehy.2018.12.003.
Rees, S., Silove, D., Chey, T., Ivancic, L., Steel, Z., Creamer, M., Teesson, M., Bryant, R., McFarlane, A.C., Mills, K.L., Slade, T., Carragher, N., O'Donnell, M., Forbes, D., 2011. Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function. JAMA 306 (5), 513–521. https://doi.org/10.1001/jama.2011.1098.
Reilly, J., Ho, I., Williamson, A., 2022. A systematic review of the effect of stigma on the health of people experiencing homelessness. Eur. Child Adolesc. Psychiatry 30 (6), 2128–2141. https://doi.org/10.1111/hsc.13884.
Reininghaus, U., Rauschenberg, C., Schick, A., Hartmann, J.A., 2023. Public Mental Health in internationaler Perspektive: vom Shifting the Curve zur Inklusion vulnerabler Populationen [Public mental health from an international perspective: from "shifting the curve" to inclusion of vulnerable populations]. Bundesgesundheitsblatt, Gesundh., Gesundh. 66 (4), 371–378. https://doi.org/10.1007/s00103-023-03673-9.
Reza, M.M., Subramaniam, T., Islam, M.R., 2019. Economic and social well-being of Asian labour migrants: A literature review. Soc. Indic. Res. 141, 1245–1264.
Richardson, R., Dale, H.E., Robertson, L., Meader, N., Wellby, G., McMillan, D., Churchill, R., 2023. Mental Health First Aid as a tool for improving mental health and well-being. Cochrane Database Syst. Rev. 8 (8), CD013127. https://doi.org/10.1002/14651858.CD013127.pub2.
Richter, A., Sjunnestrand, M., Romare Strandh, M., Hasson, H., 2022. Implementing School-Based Mental Health Services: A Scoping Review of the Literature Summarizing the Factors That Affect Implementation. Int J. Environ. Res Public Health 19 (6), 3489. https://doi.org/10.3390/ijerph19063489.
Rishbeth, C., Blachnicka-Ciacek, D., Darling, J., 2019. Participation and wellbeing in urban greenspace: 'curating sociability' for refugees and asylum seekers. Geoforum 106 (11)), 125–134. https://doi.org/10.1016/j.geoforum.2019.07.014.
Rodgers, R.F., Laveway, K., Campos, P., de Carvalho, P.H.B., 2023. Body image as a global mental health concern. Glob. Ment. Health 10, e9. https://doi.org/10.1017/gmh.2023.2.
Roll, A.E., 2018. Health promotion for people with intellectual disabilities – A concept analysis. Scand. J. Caring Sci. 32 (1), 422–429. https://doi.org/10.1111/scs.12448.
Romanello, M., McGushin, A., Di Napoli, C., Drummond, P., Hughes, N., Jamart, L., Kennard, H., Lampard, P., Solano Rodriguez, B., Arnell, N., Ayeb-Karlsson, S., Belesova, K., Cai, W., Campbell-Lendrum, D., Capstick, S., Chambers, J., Chu, L., Ciampi, L., Dalin, C., Dasandi, N., Hamilton, I., 2021. The 2021 report of the Lancet Countdown on health and climate change: code red for a healthy future. Lancet 398 (10311), 1619–1662. https://doi.org/10.1016/S0140-6736(21)01787-6.
Ronningstam, E.F., Keng, S.L., Ridolfi, M.E., Arbabi, M., Grenyer, B.F.S., 2018. Cultural Aspects in Symptomatology, Assessment, and Treatment of Personality Disorders. Curr. Psychiatry Rep. 20 (4), 22. https://doi.org/10.1007/s11920-018-0889-8.
Ross, A.M., Kelly, C.M., Jorm, A.F., 2014. Re-development of mental health first aid guidelines for suicidal ideation and behaviour: a Delphi study. BMC Psychiatry 14, 241. https://doi.org/10.1186/s12888-014-0241-8.
Roy, A., Roy, A., Roy, M., 2012. The human rights of women with intellectual disability. J. R. Soc. Med. 105 (9), 384–389. https://doi.org/10.1258/jrsm.2012.110303.
Roy, A., Courtenay, K., Odiyoor, M., Walsh, P., Keane, S., Biswas, A., Marston, G., Thirulokachandran, S., Munir, K., 2021. Setting priorities for people with intellectual disability/intellectual developmental disorders across the lifespan: a call to action by the World Psychiatric Association. BJPsych Int 18 (3), 54–57. https://doi.org/10.1192/bji.2021.6.
Royal College of Psychiatrists., 2010. No health without public mental health. ⟨https://www.rcpsych.ac.uk/pdf/PS04_2010.pdf⟩ [accessed 30th June 2023].
Ruby, D., 2023. Social Media Users 2023 — (Global Demographics). ⟨https://www.demandsage.com/social-media-users/⟩ [accessed 20th July 2023].
Russell, D., Higgins, D., Posso, A., 2020. Preventing child sexual abuse: A systematic review of interventions and their efficacy in developing countries. Child Abus. Negl. 102, 104395 https://doi.org/10.1016/j.chiabu.2020.104395.
Rutter, L.A., Howard, J., Lakhan, P., Valdez, D., Bollen, J., Lorenzo-Luaces, L., 2023. I Haven't Been Diagnosed, but I Should Be"-Insight Into Self-diagnoses of Common Mental Health Disorders: Cross-sectional Study. JMIR Form. Res. 7, e39206 https://doi.org/10.2196/39206.
Sakashita, T., Oyama, H., 2022. Suicide Prevention Interventions and Their Linkages in Multilayered Approaches for Older Adults: A Review and Comparison. Front. Public Health 10, 842193. https://doi.org/10.3389/fpubh.2022.842193.
Santini, Z.I., Ekholm, O., Koyanagi, A., Stewart-Brown, S., Meilstrup, C., Nielsen, L., Fusar-Poli, P., Koushede, V., Thygesen, L.C., 2022. Higher levels of mental wellbeing predict lower risk of common mental disorders in the Danish general population. Ment. Health Prev. 26, 200233 https://doi.org/10.1016/j.mhp.2022.200233.
Saretschi, C., Vaughn, M., Kim, K., 2011. Assessing the effectiveness of mental health courts: A quantitative review. J. Crim. Justice 39 (1), 12–20. https://doi.org/10.1016/j.jcrimjus.2010.11.003.
Sartorius, N., Gill, N., Virani, S., Salvador-Carulla, L., 2023. Fighting for Human Rights and Social Justice and the Promotion of Mental Health: Complementary Efforts. World Soc. Psychiatry 5 (2), 97–100.
Schafer, A., Snider, L., Sammour, R., 2015. A reflective learning report about the implementation and impacts of Psychological First Aid (PFA) in Gaza. Disaster Health 3 (1), 1–10. https://doi.org/10.1080/21665044.2015.1110292.
Schuller, T., Preston, J., Hammond, C., Brassett-Grundy, A., Bynner, J., 2004. The Benefits of Learning The Impact of Education on Health, Family Life and Social Capital. Routledge, Oxford.
Scully, C., McLaughlin, J., Fitzgerald, A., 2020. The relationship between adverse childhood experiences, family functioning, and mental health problems among children and adolescents: A systematic review. J. Fam. Ther. 42 (2), 291–316.
Seedat, S., et al., 2009. Cross-national associations between gender and mental disorders in the World Health Organization World Mental Health Surveys. Arch. Gen. Psychiatry 66 (7), 785–795. https://doi.org/10.1001/archgenpsychiatry.2009.36.
Semenza, D.C., Link, N.W., 2019. How does reentry get under the skin? Cumulative reintegration barriers and health in a sample of recently incarcerated men. Soc. Sci. Med 243, 112618. https://doi.org/10.1016/j.socscimed.2019.112618.
Seneviratne, V.L., Ranaweera, S., Atkins, M., 2022. Elder suicides: A reminder from the forgotten generation ……. Asian J. Psych. 71, 103028 https://doi.org/10.1016/j.ajp.2022.103028.
Seo, J., Choi, B., Kim, S., Lee, H., Oh, D., 2017. The relationship between multiple chronic diseases and depressive symptoms among middle-aged and elderly populations: results of a 2009 korean community health survey of 156,747 participants. BMC Public Health 17 (1), 844. https://doi.org/10.1186/s12889-017-4798-2.
Sfendla, A., Malmström, P., Torstensson, S., Kerekes, N., 2018. Yoga Practice Reduces the Psychological Distress Levels of Prison Inmates. Front Psychiatry 9, 407. https://doi.org/10.3389/fpsyt.2018.00407.
Shelton, K.H., Taylor, P.J., Bonner, A., van den Bree, M., 2009. Risk factors for homelessness: evidence from a population-based study. Psychiatr. Serv. (Wash., D. C.) 60 (4), 465–472. https://doi.org/10.1176/ps.2009.60.4.465.
Shorey, S., Chan, V., 2021. The experiences and needs of Asian older adults who are socially isolated and lonely: A qualitative systematic review. Arch. Gerontol. Geriatr. 92, 104254 https://doi.org/10.1016/j.archger.2020.104254.
Simpson, A.I.F., Gerritsen, C., Maheandiran, M., Adamo, V., Vogel, T., Fulham, L., Kitt, T., Forrester, A., Jones, R.M., 2022. A Systematic Review of Reviews of Correctional Mental Health Services Using the STAIR Framework. Front Psychiatry 12, 747202. https://doi.org/10.3389/fpsyt.2021.747202.
Singh, N.N., Hwang, Y.S., 2020. Mindfulness-based programs and practices for people with intellectual and developmental disability. Curr. Opin. Psychiatry 33 (2), 86–91. https://doi.org/10.1097/YCO.0000000000000570.
Smartt, C., Prince, M., Frissa, S., Eaton, J., Fekadu, A., Hanlon, C., 2019. Homelessness and severe mental illness in low- and middle-income countries: scoping review. BJPsych Open 5 (4), e57. https://doi.org/10.1192/bjo.2019.32.
Smith, A., Gonzalez Smith, D.T., Ogunwale, A., Bhugra, D., Buadze, A., Ventriglio, A., Liebrenz, M., 2023. Geopsychiatry, the United Nations' Sustainable Development Goals, and geopolitical challenges for global mental health. Int. J. Soc. Psychiatry, 207640231219169. Adv. Online Publ. https://doi.org/10.1177/00207640231219169.
Soneson, E., Childs-Fegredo, J., Anderson, J.K., Stochl, J., Fazel, M., Ford, T., Humphrey, A., Jones, P.B., Howarth, E., 2018. Acceptability of screening for mental health difficulties in primary schools: a survey of UK parents. BMC Public Health 18 (1), 1404. https://doi.org/10.1186/s12889-018-6279-7.
Spicer, S.S., 2010. Healthcare Needs of the Transgender Homeless Population. J. Gay Lesbian Ment. Health 14 (4), 320–339. https://doi.org/10.1080/19359705.2010.505844.
Sri, A., Bhugra, D., Persaud, A., Tribe, R., Gnanapragasam, S., Castaldelli-Maia, J.M., Torales, J., Ventriglio, A., 2023. Global mental health and climate change: A geo-psychiatry perspectiv. Asian J. Psychiatry 84, 103562. https://doi.org/10.1016/j.ajp.2023.103562.
Srinath, S., Kandasamy, P., Golhar, T.S., 2010. Epidemiology of child and adolescent mental health disorders in Asia. Curr. Opin. Psychiatry 23 (4), 330–336. https://doi.org/10.1097/YCO.0b013e32833aa0c1.
Steptoe, A., Deaton, A., Stone, A.A., 2015. Subjective wellbeing, health, and ageing. Lancet 385 (9968), 640–648. https://doi.org/10.1016/S0140-6736(13)61489-0.
Stevenson, M.R., 2007. Public Policy, Mental Health, and Lesbian, Gay, Bisexual, and Transgender Clients. In: Bieschke, K.J., Perez, R.M., DeBord, K.A. (Eds.), Handbook of Counselling and psychotherapy with lesbian, gay, bisexual, and transgender clients. American Psychological Association, Washington DC, pp. 379–397.
Stewart-Brown, S., 2018. Principles of public health: Application to public mental health. In: Bhugra, D., Bhui, K., Shan Wong, S.Y., Gilman, S.E. (Eds.), Oxford Textbook of Public Mental Health. Oxford University Press, Oxford, pp. 3–16.

Stewart-Brown, S.L., 2015. Public mental health: an interdisciplinary subject? Br. J. Psychiatry 207 (3), 192–194. https://doi.org/10.1192/bjp.bp.114.157966.
Stewart-Brown, S., 2005. Interpersonal relationships and the origins of mental health. J. Public Ment. Health 4 (1), 24–29. https://doi.org/10.1108/17465729200500007.
Stijelja, S., Mishara, B.L., 2022. Preventing suicidal and self-Injurious behavior in correctional facilities: A systematic literature review and meta-analysis. EclinicalMedicine 51, 101560. https://doi.org/10.1016/j.eclinm.2022.101560.
Strudwick, J., Gayed, A., Deady, M., Haffar, S., Mobbs, S., Malik, A., Akhtar, A., Braund, T., Bryant, R.A., Harvey, S.B., 2023. Workplace mental health screening: a systematic review and meta-analysis. Occup. Environ. Med. https://doi.org/10.1136/oemed-2022-108608.
Su, D., Irwin, J.A., Fisher, C., Ramos, A., Kelley, M., Mendoza, D.A.R., Coleman, J.D., 2016. Mental Health Disparities Within the LGBT Population: A Comparison Between Transgender and Nontransgender Individuals. Transgender health 1 (1), 12–20. https://doi.org/10.1089/trgh.2015.0001.
Sukhera, J., Watling, C.J., Gonzalez, C.M., 2020. Implicit Bias in Health Professions: From Recognition to Transformation. Acad. Med. 95 (5), 717–723. https://doi.org/10.1097/ACM.0000000000003173.
Sullivan, W.F., Heng, J., 2018. Supporting adults with intellectual and developmental disabilities to participate in health care decision making. Can. Fam. Physician Med. De. Fam. Can. 64 (Suppl 2), S32–S36.
Tabb, K.M., Bentley, B., Pineros Leano, M., Simonovich, S.D., Nidey, N., Ross, K., Huang, W.D., Huang, H., 2022. Home Visiting as an Equitable Intervention for Perinatal Depression: A Scoping Review. Front Psychiatry 13, 826673. https://doi.org/10.3389/fpsyt.2022.826673.
Tengland, P.A., 2010. Health promotion or disease prevention: a real difference for public health practice? Health Care Anal. 18 (3), 203–221. https://doi.org/10.1007/s10728-009-0124-1.
Tennant, R., Goens, C., Barlow, J., Day, C., Stewart-Brown, S., 2007. A systematic review of reviews of interventions to promote mental health and prevent mental health problems in children and young people. J. Public Ment. Health 6 (1), 25–32. https://doi.org/10.1108/17465729200700005.
The Lancet Global Health, 2020. Mental health matters. Lancet Glob. Health 8 (11), e1352. https://doi.org/10.1016/S2214-109X(20)30432-0.
Thøgersen-Ntoumani, C., Litster, J., Del Casale, R., Stenling, A., 2022. Is a female physical empowerment campaign effective in improving positive body image, motivation for physical activity, and physical activity behavior in young female adults? A two-study experimental test of "This Girl Can. Body Image 42, 150–159. https://doi.org/10.1016/j.bodyim.2022.06.001.
Thomas, M.L., Kaufmann, C.N., Palmer, B.W., Depp, C.A., Martin, A.S., Glorioso, D.K., Thompson, W.K., Jeste, D.V., 2016. Paradoxical Trend for Improvement in Mental Health With Aging: A Community-Based Study of 1,546 Adults Aged 21-100 Years. J. Clin. Psychiatry 77 (8), e1019–e1025. https://doi.org/10.4088/JCP.16m10671.
Tian, S., Zhang, T., Chen, X., Pan, C.W., 2021. Substance use and psychological distress among school-going adolescents in 41 low-income and middle-income countries. J. Affect. Disord. 291, 254–260. https://doi.org/10.1016/j.jad.2021.05.024.
Tilley, E., Strnadová, I., Danker, J., Walmsley, J., Loblinzk, J., 2020. The impact of self-advocacy organizations on the subjective well-being of people with intellectual disabilities: A systematic review of the literature. J. Appl. Res. Intellect. Disabil.: JARID 33 (6), 1151–1165. https://doi.org/10.1111/jar.12752.
Tinner, L., Palmer, J.C., Lloyd, E.C., Caldwell, D.M., MacArthur, G.J., Dias, K., Langford, R., Redmore, J., Wittkop, L., Watkins, S.H., Hickman, M., Campbell, R., 2022. Individual-, family- and school-based interventions to prevent multiple risk behaviours relating to alcohol, tobacco and drug use in young people aged 8-25 years: a systematic review and meta-analysis. BMC Public Health 22 (1), 1111. https://doi.org/10.1186/s12889-022-13072-5.
Tofail, F., Hamadani, J.D., Mehrin, F., Ridout, D.A., Huda, S.N., Grantham-McGregor, S. M., 2013. Psychosocial stimulation benefits development in nonanemic children but not in anemic, iron-deficient children. J. Nutr. 143 (6), 885–893. https://doi.org/10.3945/jn.112.160473.
Tompson, A.C., Mulrenan, C., Hartwell, G., Petticrew, M., van Schalkwyk, M.C.I., Maani, N., 2022. Commercial determinants of mental health. BMJ 378, o2034. https://doi.org/10.1136/bmj.o2034.
Tozzi, A.E., Bisiacchi, P., Tarantino, V., Chiarotti, F., D'Elia, L., De Mei, B., Romano, M., Gesualdo, F., Salmaso, S., 2012. Effect of duration of breastfeeding on neuropsychological development at 10 to 12 years of age in a cohort of healthy children. Dev. Med. Child Neurol. 54 (9), 843–848. https://doi.org/10.1111/j.1469-8749.2012.04319.x.
Tseng, H.Y., Löckenhoff, C., Lee, C.Y., Yu, S.H., Wu, I.C., Chang, H.Y., Chiu, Y.F., Hsiung, C.A., 2020. The paradox of aging and health-related quality of life in Asian Chinese: results from the Healthy Aging Longitudinal Study in Taiwan. BMC Geriatr. 20 (1), 91. https://doi.org/10.1186/s12877-020-1446-y.
Tyrer, R.A., Fazel, M., 2014. School and community-based interventions for refugee and asylum seeking children: a systematic review. PloS One 9 (2), e89359. https://doi.org/10.1371/journal.pone.0089359.
Ul Hassan, F., Nagavarapu, L.S., Prasad M, K., Raj, A., Sekhar, K., 2019. Homelessness in mental illness: Opportunities & prospects in the Indian context. Asian J. Psychiatry 45, 28–32. https://doi.org/10.1016/j.ajp.2019.08.011.
United Nations Refugee Agency., 2020. UNHCR Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence, 2020. ⟨https://www.unhcr.org/fr-fr/en/media/unhcr-policy-prevention-risk-mitigation-and-response-gender-based-violence-2020-pdf⟩ [accessed 4th March 2024].
UNICEF., 2022. Five essential pillars for promoting and protecting mental health and psychosocial well-being in schools and learning environments. ⟨https://www.unicef.org/media/126821/file/Promoting%20and%20protecting%20mental%20health%20in%20schools%20and%20learning%20environments.pdf⟩ [accessed 10th July 2023].
United Kingdom Office for Health Improvement and Disparities., 2023. Public Mental Health. ⟨https://www.gov.uk/government/collections/public-mental-health⟩ [accessed 29th June 2023].
United Nations., 2023a. The right to mental health. ⟨https://www.ohchr.org/en/special-procedures/sr-health/right-mental-health⟩ [accessed 29th June 2023].
United Nations., 2023b. Sustainable Development Goal 3 Good Health and Well-being. ⟨https://turkiye.un.org/en/sdgs/3⟩ [accessed 19th July 2023].
United Nations Office of Drugs and Crime., 2018. Introductory Handbook on The Prevention of Recidivism and the Social Reintegration of Offenders. ⟨https://www.unodc.org/documents/justice-and-prison-reform/18-02303_ebook.pdf⟩ [accessed 11th July 2023].
Vaillant, G.E., 2012. Positive mental health: is there a cross-cultural definition? World Psychiatry 11 (2), 93–99. https://doi.org/10.1016/j.wpsyc.2012.05.006.
Veltman, A., Chaimowitz, G., 2014. mental health care for people who identify as lesbian, gay, bisexual, transgender, and (or) queer. Can. J. Psychiatry 59 (11), 1–8.
Venkataramu, V.N., Vajawat, B., Raghuraman, B.S., Chaturvedi, S.K., 2021. Cultural competency training for psychiatry residents and mental health professionals: A systematic review. Int J. Soc. Psychiatry 67 (7), 833–839. https://doi.org/10.1177/0020764020981610.
Ventriglio, A., Bhugra, D., 2015. Descartes' dogma and damage to Western psychiatry. Epidemiol. Psychiatr. Sci. 24 (5), 368–370. https://doi.org/10.1017/S2045796015000608.
Vernberg, E.M., Steinberg, A.M., Jacobs, A.K., Brymer, M.J., Watson, P.J., Osofsky, J.D., Layne, C.M., Pynoos, R.S., Ruzek, J.I., 2008. Innovations in disaster mental health: Psychological first aid. Prof. Psychol.: Res. Pract. 39 (4), 381–388. https://doi.org/10.1037/a0012663.
Wahlbeck, K., 2015. Public mental health: the time is ripe for translation of evidence into practice. World Psychiatry 14 (1), 36–42. https://doi.org/10.1002/wps.20178.
Wallace, D., Wang, X., 2020. Does in-prison physical and mental health impact recidivism? SSM - Popul. Health 11, 100569. https://doi.org/10.1016/j.ssmph.2020.100569.
Walters, D., Horton, S., Siregar, A.Y., Pitriyan, P., Hajeebhoy, N., Mathisen, R., Phan, L. T., Rudert, C., 2016. The cost of not breastfeeding in Southeast Asia. Health Policy Plan. 31 (8), 1107–1116. https://doi.org/10.1093/heapol/czw044.
Wang., T., Geffen., S., Cahill., S., 2016. The Current Wave of Anti-Lgbt Legislation. The Fenway Institute. ⟨https://fenwayhealth.org/wp-content/uploads/The-Fenway-Institute-Religious-Exemption-Brief-June-2016.pdf⟩ [accessed 10th July 2023].
Waqas, A., Zafar, S.W., Meraj, H., Tariq, M., Naveed, S., Fatima, B., Chowdhary, N., Dua, T., Rahman, A., 2022. Prevention of common mental disorders among women in the perinatal period: a critical mixed-methods review and meta-analysis. Glob. Ment. Health (Camb., Engl.) 9, 157–172. https://doi.org/10.1017/gmh.2022.17.
Waqas, A., Koukab, A., Meraj, H., Dua, T., Chowdhary, N., Fatima, B., Rahman, A., 2022. Screening programs for common maternal mental health disorders among perinatal women: report of the systematic review of evidence. BMC Psychiatry 22 (1), 54. https://doi.org/10.1186/s12888-022-03694-9.
Wasserman, D., Iosue, M., Carli, V., 2018. Suicidal behaviour among adolescents: Risk and protective factors and universal evidence-based suicide preventive programmes. In: Bhugra, D., Bhui, K., Shan Wong, S.Y., Gilman, S.E. (Eds.), Oxford Textbook of Public Mental Health. Oxford University Press, Oxford, pp. 359–368.
Weare, K., 2018. Promoting mental health and well-being: What can schools do? In: Bhugra, D., Bhui, K., Shan Wong, S.Y., Gilman, S.E. (Eds.), Oxford Textbook of Public Mental Health. Oxford University Press, Oxford, pp. 389–398.
Weare, K., Nind, M., 2011. Mental health promotion and problem prevention in schools: what does the evidence say? Health Promot Int 26 (Suppl 1), i29–i69. https://doi.org/10.1093/heapro/dar075.
Webb, R., Uddin, N., Ford, E., Easter, A., Shakespeare, J., Roberts, N., Alderdice, F., Coates, R., Hogg, S., Cheyne, H., Ayers, S., MATRIx study team, 2021. Barriers and facilitators to implementing perinatal mental health care in health and social care settings: a systematic review. Lancet Psychiatry 8 (6), 521–534. https://doi.org/10.1016/S2215-0366(20)30467-3.
Weber, S.R., Pargament, K.I., 2014. The role of religion and spirituality in mental health. Curr. Opin. Psychiatry 27 (5), 358–363. https://doi.org/10.1097/YCO.0000000000000080.
Weeland, J., Moens, M.A., Beute, F., Assink, M., Staaks, J.P., Overbeek, G., 2019. A dose of nature: Two three-level meta-analyses of the beneficial effects of exposure to nature on children's self-regulation. J. Environ. Psychol. 65, 101326.
Weist, M.D., 2005. Fulfilling the promise of school-based mental health: moving toward a Public Mental Health Promotion approach. J. Abnorm Child Psychol. 33 (6), 735–741. https://doi.org/10.1007/s10802-005-7651-5.
Weist, M.D., Rubin, M., Moore, E., Adelsheim, S., Wrobel, G., 2007. Mental health screening in schools. J. Sch. Health 77 (2), 53–58. https://doi.org/10.1111/j.1746-1561.2007.00167.x.
Werner, E., Miller, M., Osborne, L.M., Kuzava, S., Monk, C., 2015. Preventing postpartum depression: review and recommendations. Arch. Women'S. Ment. Health 18 (1), 41–60. https://doi.org/10.1007/s00737-014-0475-y.
Westerhof, G.J., Keyes, C.L., 2010. Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. J. Adult Dev. 17 (2), 110–119. https://doi.org/10.1007/s10804-009-9082-y.
Whitley, J., Smith, J.D., Vaillancourt, T., 2013. Promoting mental health literacy among educators: Critical in school-based prevention and intervention. Canadian Journal of School Psychology 28 (1), 56–70. https://doi.org/10.1177/0829573512468852.
Wiegelmann, H., Speller, S., Verhaert, L.M., Schirra-Weirich, L., Wolf-Ostermann, K., 2021. Psychosocial interventions to support the mental health of informal caregivers

of persons living with dementia - a systematic literature review. BMC Geriatr. 21 (1), 94. https://doi.org/10.1186/s12877-021-02020-4.
Wilcox, H.C., Pas, E., Murray, S., Kahn, G., DeVinney, A., Bhakta, S., Rosenbaum, L., Hart, L.M., 2023. Effectiveness of teen Mental Health First Aid in Improving Teen-to-Teen Support Among American Adolescents. J. Sch. Health. https://doi.org/10.1111/josh.13364.
Williams, N.D., Fish, J.N., 2020. The availability of LGBT-specific mental health and substance abuse treatment in the United States. Health Serv. Res 55 (6), 932–943. https://doi.org/10.1111/1475-6773.13559.
Willmot, R.A., Sharp, R.A., Amir Kassim, A., Parkinson, J.A., 2022. A scoping review of community-based mental health intervention for children and adolescents in South Asia. Glob. Ment. Health (Camb., Engl.) 10, e1. https://doi.org/10.1017/gmh.2022.49.
Wimo, A., Seeher, K., Cataldi, R., Cyhlarova, E., Dielemann, J.L., Frisell, O., Guerchet, M., Jönsson, L., Malaha, A.K., Nichols, E., Pedroza, P., Prince, M., Knapp, M., Dua, T., 2023. The worldwide costs of dementia in 2019. Alzheimers Dement. https://doi.org/10.1002/alz.12901.
Wirtz, A.L., Poteat, T.C., Malik, M., Glass, N., 2020. Gender-Based Violence Against Transgender People in the United States: A Call for Research and Programming. Trauma, Violence Abus. 21 (2), 227–241. https://doi.org/10.1177/1524838018757749.
Wishart, T.E., DeMars, D., McKinley, G.P., 2022. The self appreciation project: An exploratory study of social media for youth mental health promotion. Ment. Health Prev. 28, 200248.
Wissow, L.S., Brown, J., Fothergill, K.E., Gadomski, A., Hacker, K., Salmon, P., Zelkowitz, R., 2013. Universal mental health screening in pediatric primary care: a systematic review. J. Am. Acad. Child Adolesc. Psychiatry 52 (11), 1134–1147.e23. https://doi.org/10.1016/j.jaac.2013.08.013.
Wittgens, C., Fischer, M.M., Buspavanich, P., Theobald, S., Schweizer, K., Trautmann, S., 2022. Mental health in people with minority sexual orientations: A meta-analysis of population-based studies. Acta Psychiatr. Scand. 145 (4), 357–372. https://doi.org/10.1111/acps.13405.
Woo, J., 2020. The myth of filial piety as a pillar for care of older adults among Chinese populations. Adv. Geriatr. Med. Res. 2 (2).
Woods, D., Breslin, G., Hassan, D., 2017. A systematic review of the impact of sport-based interventions on the psychological well-being of people in prison. Ment. Health Phys. Act. 12, 50–61.
World Federation of Public Health Associations, 2023. Public Mental Health: A New Working Group. ⟨https://www.wfpha.org/public-mental-health-a-new-working-group/⟩ [accessed 18th March 2024].
World Health Organization., 2004. Promoting mental health: concepts, emerging evidence, practice. ⟨https://apps.who.int/iris/handle/10665/42940⟩ [accessed 4th July 2023].
World Health Organization., 2011. Psychological first aid: Guide for field workers. ⟨https://www.who.int/publications/i/item/9789241548205⟩ [accessed 13th July 2023].
World Health Organization., 2022a. Mental disorders. ⟨https://www.who.int/news-room/fact-sheets/detail/mental-disorders⟩ [accessed 19th July 2023].
World Health Organization., 2022b. World mental health report. ⟨https://iris.who.int/rest/bitstreams/1433523/retrieve⟩ [accessed 18th March 2024].
World Health Organization., 2022c. WHO guide for integration of perinatal mental health in maternal and child health services. ⟨https://www.who.int/publications/i/item/9789240057142⟩ [accessed 5th March 2024].
World Health Organization., 2022d. Preventing intimate partner violence improves mental health. ⟨https://www.who.int/news/item/06-10-2022-preventing-intimate-partner-violence-improves-mental-health⟩ [accessed 19th July 2023].
World Health Organization., 2022e. Mental health at work. ⟨https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work⟩ [accessed 4th July 2023].
World Health Organization., 2022f. WHO guidelines on mental health at work. ⟨https://www.who.int/publications/i/item/9789240053052⟩ [accessed 12th July 2023].
World Health Organization., 2023a. Strategy to promote the health and well-being of refugees, migrants, internally displaced persons and other displaced groups in the Eastern Mediterranean Region. ⟨https://www.emro.who.int/refugees-migrants-health/strategy_to_promote_health_and_well-being_of_migrants_in_emr.pdf⟩ [accessed 8th March 2024].
World Health Organization., 2023b. Promoting the health of refugees and migrants: experiences from around the world. ⟨https://www.who.int/publications/i/item/9789240067110⟩ [accessed 17th March 2024].
World Psychiatric Association., 2017. WPA Position Paper on Intimate Partner Violence and Sexual Violence Against Women. ⟨https://globalalliancematernalmentalhealth.org/wp-content/uploads/2018/03/WPA_position_Intimate_Partner_Violence_Sexual_Violence_Against_Women29012018.pdf⟩ [accessed 15th August 2023].
World Psychiatric Association., 2019. Public Mental Health. ⟨https://www.wpanet.org/public-mental-health⟩ [accessed 30th June 2023].
World Psychiatric Association., 2023. WPA Position Statement on Public Mental Health. ⟨https://www.wpanet.org/_files/ugd/842ec8_5a9b415394c546b78059f086eebb7a8f.pdf⟩ [accessed 18th March 2024].
Yadav, S., K K, A., Cunningham, S.A., Bhandari, P., Mishra, U.S., Aditi, A., Yadav, R., 2023. Changing pattern of suicide deaths in India. Lancet Reg. Health Southeast Asia 16, 100265. https://doi.org/10.1016/j.lansea.2023.100265.
Yager, Z., O'Dea, J., 2010. A controlled intervention to promote a healthy body image, reduce eating disorder risk and prevent excessive exercise among trainee health education and physical education teachers. Health Educ. Res 25 (5), 841–852. https://doi.org/10.1093/her/cyq036.
Yamashita, A., Isumi, A., Fujiwara, T., 2022. Online Peer Support and Well-being of Mothers and Children: Systematic Scoping Review. J. Epidemiol. 32 (2), 61–68. https://doi.org/10.2188/jea.JE20200079.
Yen, C.F., Loh, C.H., Lin, J.D., 2009. Prevention of mental health problems in people with intellectual disability. Curr. Opin. Psychiatry 22 (5), 447–451.
Yim, L.C., Leung, H.C., Chan, W.C., Lam, M.H., Lim, V.W., 2015. Prevalence of Mental Illness among Homeless People in Hong Kong. PloS One 10 (10), e0140940. https://doi.org/10.1371/journal.pone.0140940.
Yip, P.S., Caine, E., Yousuf, S., Chang, S.S., Wu, K.C., Chen, Y.Y., 2012. Means restriction for suicide prevention. Lancet 379 (9834), 2393–2399. https://doi.org/10.1016/S0140-6736(12)60521-2.
Yousafzai, A.K., Rasheed, M.A., Rizvi, A., Armstrong, R., Bhutta, Z.A., 2014. Effect of integrated responsive stimulation and nutrition interventions in the Lady Health Worker programme in Pakistan on child development, growth, and health outcomes: a cluster-randomised factorial effectiveness trial. Lancet 384 (9950), 1282–1293. https://doi.org/10.1016/S0140-6736(14)60455-4.
Yu, S., 2018. Uncovering the hidden impacts of inequality on mental health: a global study. Transl. Psychiatry 8 (1), 98. https://doi.org/10.1038/s41398-018-0148-0.
Yu, T., Xu, J., Jiang, Y., Hua, H., Zhou, Y., Guo, X., 2022. School educational models and child mental health among K-12 students: a scoping review. Child Adolesc. Psychiatry Ment. Health 16 (1), 32. https://doi.org/10.1186/s13034-022-00469-8.
Yu, Y., Li, Y., Li, T., Xi, S., Xiao, X., Xiao, S., Tebes, J.K., 2020. New Path to Recovery and Well-Being: Cross-Sectional Study on WeChat Use and Endorsement of WeChat-Based mHealth Among People Living With Schizophrenia in China. J. Med. Internet Res. 22 (9), e18663 https://doi.org/10.2196/18663.
Zhou, J.J., Kang, R., Bai, X., 2022. A Meta-Analysis on the Influence of Age-Friendly Environments on Older Adults' Physical and Mental Well-Being. Int. J. Environ. Res. Public Health 19 (21), 13813. https://doi.org/10.3390/ijerph192113813.
Zisman-Ilani, Y., 2022. The Mental Health Crisis of Individuals With Intellectual and Developmental Disabilities. Psychiatr. Serv. 73 (3), 245–246. https://doi.org/10.1176/appi.ps.202200022.
World Health Organization., 2021. Mental Health in Schools: A Manual. Avaliable from: https://applications.emro.who.int/docs/9789290225652-eng.pdf?ua=1 [accessed 5th March 2024].