Social Factors Influencing Mental Health: Insights, Preventive Strategies, and

Policy Recommendations

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Abstract

Introduction: Mental health disparities are deeply entrenched within the fabric of societal inequalities, shaped by structural factors that perpetuate intergenerational cycles of disadvantage. Addressing these disparities is crucial for promoting social justice and improving public health outcomes. Aim: This paper aims to synthesize high-quality evidence to elucidate the causal relationships between social determinants and mental health outcomes. It prioritizes pervasive social determinants that influence major mental disorders across the life course and outlines preventive strategies to mitigate these effects. Methodology: A comprehensive literature review was conducted, focusing on publications from the Global North from 2014 to 2024, to explore the influence of social determinants on mental health. Keywords such as "social determinants," "mental health outcomes," "preventive strategies," and "vulnerable populations" guided the search across databases like PubMed and Google Scholar. Results: The review highlights significant associations between mental health and social determinants such as socioeconomic status, racial and ethnic marginalization, and exposure to adverse environments. It underscores the heightened vulnerability of marginalized groups, including refugees, LGBTQ+ individuals, and those living in poverty. The paper introduces a preventive framework to guide primary prevention efforts and reviews both primary and secondary strategies to improve mental health equity. Conclusion: Strategic interventions aimed at the root social causes of mental health disparities can substantially enhance public mental health. This paper provides seven strategic recommendations focused on social justice, offering a roadmap for researchers, policymakers, and public health professionals to address these pressing issues.

Keywords: Mental Health Equity, Social Determinants, Preventive Strategies, Marginalized Groups, Public Health Policy

1. INTRODUCTION

The social determinants of health offer critical intervention points that are currently the most adaptable for both averting the onset of mental health conditions and enhancing mental wellness across populations(1). These determinants form a comprehensive array of structural conditions that individuals encounter throughout their lives—from conception to death— that significantly shape mental health outcomes and contribute to disparities within and across communities(2). Key factors such as income, employment, socioeconomic status, education, food security, housing, and social support, along with exposure to discrimination and childhood adversities, play a crucial role(3). Additionally, the quality of neighborhood conditions, both social and physical, and access to quality healthcare are pivotal. Significantly, the exposure to either protective or adverse social determinants is shaped by the distribution of wealth, power, and resources on global, national, and local scales, influenced directly by policy decisions(4).

Current evidence robustly supports the notion that the likelihood of developing any mental health disorder is deeply intertwined with one's life circumstances, meaning that a greater burden of psychiatric conditions disproportionately affects

those marginalized within society(5). Since poor mental health serves as an invisible barrier suppressing life opportunities including lifespan and life quality—focusing on modifying social risk factors through effective prevention strategies is a vital social justice issue(6).

Recent decades have seen advances in the biomedical understanding of psychiatric disorders, the exploration of psychosocial factors as causes of mental disorders has been relatively overlooked in scientific research and clinical psychiatry(7). We have expanded our understanding of the genetic and neurobiological aspects of psychiatric disorders, which explain why some are more susceptible to various psychopathologies(8). However, this progress has also highlighted limitations in translating this knowledge into effective clinical applications, with standard treatments for major mental disorders remaining unchanged and the pharmaceutical industry retreating from psychiatric drug development(9–11).

Concurrently, the past two decades have witnessed significant shifts in the mental health landscape, including a rise in public awareness and advocacy, particularly in the Global North, leading to increased political pressure on institutions to address global psychiatric morbidity(10,12). This advocacy has now been recognized in global agendas like the United Nations Sustainable Development Goals, which include mental well-being alongside other health determinants to be addressed by 2030(13). Similarly, the World Health Organization has acknowledged the need to transform the environments affecting our mental health. Despite these advances, the actual provisioning for mental health services, especially in low- and middle-income countries, remains critically underserved, with a growing disparity between the need for and provision of mental health care(14).

This pronounced need for mental health services over the past two decades follows clear social, demographic, and economic lines, which also delineate the distribution of mental health challenges and access to care. This disparity is notably evident among children and young people, with adolescence being a critical period for various aspects of development and a time when many mental health issues first emerge(15). Research indicates significant increases in mental health service usage among youth, paralleled by rising incidences of depression, anxiety, and other mental health conditions among this demographic, highlighting a global trend(16,17).

In response to these challenges, this paper argues for the integration of a social determinants perspective into the biopsychosocial model of mental health and illness. Understanding the extent to which social determinants contribute to poor mental health and disparities in mental disorder risks is crucial. This knowledge will enable the development and implementation of evidence-based strategies targeting these determinants, thereby potentially transforming public mental health and reducing the extensive inequities in mental, physical, and social outcomes linked to mental health disparities.

2. OBJECTIVES AND RATIONALE

The objective of this paper is to examine how social factors influence mental health outcomes, focusing on vulnerable populations. It aims to identify key social determinants contributing to mental health disparities and propose preventive strategies and policy recommendations to promote mental health equity and social justice.

Rationale:

The rationale for this review paper stems from the growing recognition that mental health disparities are deeply influenced by social determinants such as socioeconomic status, discrimination, and childhood adversity. Despite advancements in understanding mental health from a biomedical perspective, the role of social factors has often been overlooked. Addressing these factors is crucial to reducing mental health inequities, particularly among vulnerable populations. By synthesizing current evidence and proposing preventive strategies, this paper aims to fill the gap in research and provide actionable recommendations for policymakers and healthcare practitioners to promote mental health equity and social justice.

3. METHODOLOGY

To identify pertinent studies for this review on social factors influencing mental health, a structured search protocol was applied across multiple scholarly databases. These included PubMed, PsycINFO, Google Scholar, Scopus, and Web of Science. We focused on literature published from the years 2000 to 2024 to encompass a broad spectrum of developments in understanding social determinants of mental health over recent decades. The search utilized a set of keywords that encapsulated both broad and specific themes within the domain of mental health and its social influences. Keywords used were "social determinants of mental health," "inequality and mental health," "social support and mental health," "poverty and mental health," "discrimination and mental health outcomes," "housing and mental health," "employment and mental health," "leducation and mental health," "community impact on mental health," and "policy interventions for mental health." Inclusion criteria were set to select peer-reviewed articles that provided empirical data or theoretical analysis concerning the impact of social factors on mental health across different populations and settings. We excluded non-peer-reviewed articles, brief commentaries, and opinion pieces to ensure the focus remained on substantial academic contributions.

4. Influence Of Socioeconomic Factors On Mental Health Outcomes

Socioeconomic Influences at the Individual Level

Socioeconomic status significantly influences mental health throughout an individual's life. Studies in both high-income countries (HICs) and low-and-middle-income countries (LMICs) reveal strong socioeconomic gradients affecting various mental health outcomes(18). Socioeconomic status is a complex, multifaceted concept that encompasses education, financial stability, occupation, and living conditions—all of which correlate with mental health and disorder. Social inequalities in mental health often emerge from complex interrelated structural and cultural dynamics within societies(19,20).

Structural theories suggest that social stratification limits access to essential resources such as wealth and knowledge, which are crucial for shielding individuals from detrimental stressors(21). Greater wealth and income generally provide access to crucial elements of mental well-being, including quality housing, food security, and healthcare services. Conversely, financial downturns have a more significant negative impact on mental health compared to the positive effects of financial gains, with associated stressors like income fluctuation, job insecurity, and indebtedness exacerbating mental health deterioration(22–24). Importantly, the relationship between socioeconomic factors and mental health is often bidirectional, as poor mental health can also reduce earning capacity, contributing to socioeconomic decline. This cyclical interaction necessitates preventative strategies that halt the intergenerational perpetuation of mental health risks associated with socioeconomic disadvantages(25,26).

Impact of Early Socioeconomic Disadvantages on Mental Health

Exposure to socioeconomic disadvantages during early life has particularly detrimental effects on later mental health. A systematic review involving children and adolescents primarily from HICs showed that those from lower socioeconomic backgrounds are significantly more likely to develop mental health issues, with the risk magnified by both the duration and severity of the socioeconomic hardships(27). Similar patterns are observable concerning conditions such as attention deficit hyperactivity disorder (ADHD) and, as evidenced in Danish studies, schizophrenia risks independent of parental mental health and education(28,29). UK birth cohort studies further corroborate that children who grow up or fall into poverty exhibit higher incidences of mental health problems by the age of 11, irrespective of maternal mental health.

If these correlations are causal, early-life socioeconomic challenges could elevate the risk of mental health problems through several mechanisms, potentially involving biological, psychological, and social pathways(30,31). In LMICs, education, food security, and socioeconomic status are stronger predictors of mental disorders than income or employment. Financial hardship can lead to nutritional deficiencies that predispose individuals to psychiatric disorders like schizophrenia(32,33). Chronic economic stress can also impair parenting and destabilize the family environment, limiting children's future educational and employment opportunities(34). Lower educational levels are associated with poorer mental health and increased suicide risks, influenced by future socioeconomic outcomes and compounded by early-life adversities(35).

Impact of Prenatal and Perinatal Stress on Long-Term Child Mental Health Outcomes

Recent studies indicates that adversities during the prenatal and perinatal periods such as maternal stress and malnutrition significantly affect long-term mental health in children. These challenges vary among different populations, linked to social determinants like socioeconomic status and income inequality(36–38).

Research consistently shows that prenatal stressors like financial hardship and relational tensions can increase the likelihood of negative mental health outcomes in children, such as impaired neurocognitive development, emotional dysregulation, and behavioral issues, along with a higher risk of developing conditions like anxiety, depression, and psychosis(39–41). However, these associations vary and are not universally confirmed across all studies, with some evidence from case-control studies suggesting inconclusive causal links, particularly in conditions like ADHD and autism spectrum disorders(42).

Similarly, prenatal exposure to severe malnutrition, such as during famine conditions, has been strongly linked to an elevated risk of psychotic disorders, although causality remains contentious(43,44). Some studies suggest that prenatal multivitamin supplementation may confer a protective effect against autism spectrum disorder, although the evidence does not extend to most common mental disorders(45–47). Research suggests links between prenatal nutrition and childhood mood and behavioral outcomes, even when adjusting for maternal mental health and prenatal substance use(48). Additionally, while early life Vitamin D deficiency has been hypothesized to increase the risk of psychiatric disorders, recent studies using causally informed methods find insufficient evidence to support a direct causal link with conditions such as depression, schizophrenia, or Alzheimer's disease(49,50).

5. CHILDHOOD ADVERSITY AS A CRUCIAL SOCIAL DETERMINANT OF MENTAL HEALTH DISORDERS Understanding the Scope and Impact of Childhood Adversity

Childhood adversity represents a significant social determinant that has consistently been linked to the development of mental health disorders(51). Although there is no universally accepted definition, McLaughlin has described such adversities as

"experiences that necessitate substantial adaptation by an average child and which notably deviate from the normatively expected environment.(52)" Research has focused on a "core set" of adversities, including child maltreatment (abuse, neglect, exposure to domestic violence) and household dysfunction (substance abuse, mental illness, incarceration, parental separation or divorce)(53). A pivotal study found that these adverse childhood experiences can increase the risk of developing depression, attempting suicide, and substance abuse by four to twelve times(54).

The scope of childhood adversity has recently widened to encompass interpersonal adversities outside the home, such as bullying victimization. It is distressingly common for individuals to encounter these adversities during childhood, with the World Mental Health Surveys indicating that approximately 40% of individuals report experiencing at least one form of childhood adversity(55). These adversities often cluster in specific patterns and are disproportionately present in populations experiencing greater socioeconomic challenges, which may intensify parental and familial stress, potentially mediated through detrimental impacts on parental mental health(56).

Children facing heightened familial discord, those born to adolescent mothers, and those in single-parent households are notably more susceptible to encountering multiple adversities during childhood(57,58).

Epidemiological Evidence Linking Childhood Adversity to Mental Health Outcomes

There is robust epidemiological evidence linking childhood adversity—both measured prospectively and retrospectively to various adverse mental health outcomes across the lifespan, including general psychopathology, depression, anxiety, selfharm, psychosis, and suicidal behavior(59,60). This evidence underscores that interventions aimed at mitigating childhood adversities could substantially reduce the incidence of mental disorders across populations(61,62).

However, the relationship between childhood adversity and subsequent mental health disorders is intricate and still not fully understood. Ongoing research efforts in measurement methodologies and predictive modeling are critical for enhancing our understanding and developing effective policies and interventions. These strategies hold promise not only for mitigating the immediate impacts of childhood adversities but also for reducing their long-term effects on mental health across the lifespan.(56,58,59)

Mental Health Challenges and Social Determinants among Migrant Populations

Migrants encounter a unique and multifaceted set of social determinants that disproportionately affect their mental health, particularly with elevated incidences of psychotic disorders(63,64). Historical observations, such as those by Odegaard in 1932 among Norwegian migrants in the US, have established a pattern of increased psychotic disorders among various migrant groups and their descendants. This pattern persists among both economic migrants and refugees. Additionally, a significant prevalence of post-traumatic stress disorders (PTSD) has been documented among refugees and asylum seekers(65).

The prevalence of other psychiatric conditions such as depression, anxiety, non-psychotic bipolar disorder, and substance use disorders among migrants is less definitive, with some studies indicating potentially lower rates than those in non-migrant populations(66,67). However, the available evidence does suggest a higher prevalence of depression and anxiety among refugees and asylum seekers compared to the general population(68,69).

Several factors contribute to the complex mental health outcomes among migrants. Selection effects may influence who chooses to migrate, with those experiencing mental health issues less likely to move, although this is less relevant for forcibly displaced individuals(70). Contrary to this, both economic migrants and refugees exhibit higher rates of psychosis, particularly younger migrants, suggesting that positive selection effects are minimal for this group(71).

Migrants often endure chronic socioeconomic disadvantages and social adversities before, during, and after their migration, including poverty, unemployment, and exposure to conflicts and natural disasters. The migration process itself can be fraught with personal safety risks, stress, and trauma from violence, exploitation, and detainment, especially for asylum seekers(72). Post-migration, migrants face significant challenges such as discrimination, structural racism, social isolation, and exclusion, which can lead to psychosocial disempowerment and increase psychosis risks(73). Expectations of better opportunities that are unmet can also negatively impact mental health. Additionally, barriers to accessing quality, timely, and culturally appropriate psychiatric care further exacerbate mental health disparities among migrants and their descendants, with risks persisting across generations(70).

Social Determinants Influencing Mental Health Outcomes in the LGBTQ+ Community

Recent scholarly attention has focused on understanding the social determinants of health and mental health within the LGBTQ+ community, revealing significant strides in acceptance and social inclusion from the late 1970s through the early 2010s, with continuing progress anticipated in the current decade(74). Despite these advancements, LGBTQ+ individuals still face substantial challenges due to persistent marginalization and moral panics, which adversely impact their mental health(75). Discrimination, stigma, anti-queer and anti-trans policies, alongside bullying, harassment, and other forms of

violence at both micro and macro levels—including microaggressions and systematic denials of rights and health services contribute to elevated risks of social exclusion and loneliness among these populations(76).

The concept of minority stress is crucial for understanding the mental health challenges faced by LGBTQ+ individuals. It highlights the chronic stress from stigmatization and discrimination. Evidence shows that prejudice, stigma, violence, and cis-heteronormative pressures significantly impact their mental health, often forcing conformity to mainstream cisgender and heterosexual norms and marginalizing other identities(77,78). Support systems are crucial for LGBTQ+ youth's mental health, particularly parental, peer, and romantic support, which can boost self-esteem and reduce depression. However, encountering homophobia, biphobia, and transphobia, along with cis-heteronormative pressures, significantly raises their risk of depression, anxiety, and suicidality(79,80).

Gender Differences in Psychiatric Disorders: The Role of Biological and Social Factors

Research shows that the prevalence and incidence of psychiatric disorders vary significantly by sex, influenced by both biological and social factors(81). Women are more likely to suffer from depression and anxiety disorders, with rates approximately twice that of men, while non-affective psychotic disorders and higher suicide rates are more prevalent in men(82). Bipolar disorder and externalizing disorders like substance use are more uniformly distributed across sexes, although males exhibit a higher lifetime prevalence for the latter(83).

The role of biological factors such as hormones and neurotransmitters is substantial, yet the significant variation in the prevalence of these disorders across different countries suggests that social determinants like societal norms, family environment, and socialization also play crucial roles. For example, cultural norms and gendered socialization can significantly impact mental health outcomes(84). Gendered risks, such as higher rates of intimate partner violence faced by women, highlight the need for targeted preventive measures through education, legal reforms, and societal interventions(85). Furthermore, conditions like eating disorders are much more prevalent in females, whereas autism spectrum disorder (ASD) is more commonly diagnosed in males. This disparity is partly attributed to diagnostic biases where criteria may overlook symptoms more typical in females. This underdiagnosis calls for a reevaluation of diagnostic practices to ensure they capture the full spectrum of symptomatology across sexes(86,87).

Societal structures that privilege cisgender men also influence these disparities. Interestingly, countries with higher levels of gender equality have reported wider gaps in depression rates, possibly due to mismatches between expectations of equality and real-life experiences, or the increased burden on women who face multiple roles without equivalent support or shared responsibilities at home(88–90). In contrast, countries with more equitable sharing of domestic and childrearing tasks between sexes tend to show smaller disparities in mental health risks. This underscores the complex interplay of biological, social, and cultural factors in shaping psychiatric disorder prevalence by sex(1).

Loneliness and Social Isolation: Impact on Mental Health

In recent years, the focus on loneliness and social isolation as critical social determinants of mental health has significantly increased. Understanding the distinction between these conditions is vital for delineating causal pathways and developing effective interventions(91).

Social isolation is quantitatively assessed based on the number of social connections an individual has, including the size of their social network and the number of meaningful relationships they maintain(92). In contrast, loneliness is a subjective experience marked by a distressing discrepancy between the desired and actual quality or quantity of social interactions. It is possible for individuals to have numerous social connections and yet feel lonely, or to have few connections but not feel lonely(93).

Transient episodes of social isolation or loneliness are common and can occur after life events such as relocation, migration, or the loss of a loved one. These instances may serve as catalysts for individuals to seek out new social ties, suggesting that loneliness might have an evolutionary benefit by motivating social connection(94).

Strategic Framework for Preventing Mental Health Disorders through Addressing Social Determinants

Preventive strategies in psychiatry are essential for substantive progress in mitigating the prevalence and impact of social determinants adversely affecting population mental health. Prevention encompasses efforts to reduce or eliminate risk factors and enhance protective elements associated with mental disorders(88). The ultimate goal of such strategies is to decrease the incidence, prevalence, and recurrence of mental disorders, thereby alleviating the burden on individuals, families, and society. Given the significant direct and indirect costs associated with mental disorders, there is a compelling ethical and economic rationale for prioritizing prevention in the field of psychiatry(95).

Understanding and Implementing Prevention Strategies

Effective prevention strategies are grounded in a solid understanding of the epidemiological characteristics of the relevant mental health conditions and a plausible model of causation(96). While this review focuses on interventions targeting social

determinants of mental health, it is acknowledged that screening, early detection, and diagnostic testing are integral components of a comprehensive prevention strategy(97).

The World Health Organization delineates three levels of prevention: primary, secondary, and tertiary. Although secondary and tertiary prevention—focusing on early intervention and ongoing management—are crucial, the primary prevention of social determinants is the foundation for reducing the onset of mental disorders. Primary prevention strategies are categorized as universal, selective, or indicated, depending on the risk level of individuals or sub-populations(96,98).

6. UNIVERSAL PREVENTION AND ITS IMPLICATIONS

Universal prevention strategies are applied to entire populations regardless of the risk status. Examples include public health measures like fluoridation of drinking water and educational programs on mental health for school children(99). However, these approaches must consider that risk factors are not evenly distributed across the population. Most mental health burdens arise not from those at highest risk but from a larger number of individuals at moderate risk. This distribution challenges the efficiency of universal interventions, which may not benefit everyone equally(100).

The concept of shifting the population risk mean to reduce the prevalence of mental disorders, known as Rose's prevention paradox, suggests that broader population-focused interventions might prevent more cases than strategies targeting only high-risk individuals. While universal strategies involve costs and may offer minimal direct benefits to many individuals, the overall population health can significantly improve(101).

Selective and Indicated Strategies

In addition to universal approaches, effective prevention must incorporate selective and indicated strategies. Selective prevention targets individuals or groups at higher risk than the general population, potentially interrupting pathways from risk factors to mental disorders. Indicated prevention focuses on those who already exhibit symptoms but have not met the diagnostic threshold for a mental disorder. These strategies are particularly effective when implemented early and can be critical for high-risk populations(102–104).

Integrating Multiple Levels of Prevention

Preventive strategies often benefit from a multi-tiered approach, especially in settings like schools where interventions can be adjusted based on individual risk levels. These systems provide universal interventions to all, with additional selective and indicated measures for those at greater risk(105,106). This structured approach to mental health prevention, emphasizing a nuanced understanding of risk distribution and the integration of various preventive measures, holds promise for significantly reducing mental health disparities. The model discussed here not only aligns with contemporary research but also provides a blueprint for future preventive efforts in psychiatry, as explored in large-scale studies and ongoing discussions within the field(105,106).

Elevating Primary Prevention in Psychiatry: Transformative Strategies for Addressing Social Determinants

In the field of psychiatry, a shift towards primary prevention is recognized as crucial, especially as advancements in treatments for established mental disorders plateau. Psychiatry often lacks the preventive approaches seen in other medical fields, typically focusing more on secondary and tertiary interventions. This imbalance hinders efforts to reduce the onset and burden of mental disorders(96,103).

The potential of primary prevention lies in modifying social determinants such as socioeconomic status, education, and community support, which are highly alterable and have a profound impact on mental health outcomes(1). By enhancing primary prevention, psychiatry can make significant strides in reducing the incidence and prevalence of mental disorders, shifting from symptom management to building a healthier society from the start(107).

This paper critically evaluates the efficacy of primary prevention strategies that target key social determinants of mental health, utilizing evidence from systematic reviews, randomized controlled trials (RCTs), and quasi-experimental studies. It also considers secondary and tertiary strategies important for recovery in individuals with established conditions.

Special emphasis is given to early life interventions, recognizing that many mental health conditions begin by age 18, with critical precursors set early on. Addressing these determinants from the prenatal stage through adolescence is essential for disrupting intergenerational cycles of mental health issues and tackling the rising rates among youth(17,52,97,108). This focus is not only pivotal for advancing social justice but also promises significant economic benefits by reducing long-term healthcare demands. The realignment of psychiatry towards primary prevention could mirror success seen in other medical fields, enhancing both public health and ethical outcomes(17,97,107).

Universal Prevention Strategies:

Enhancing Child Mental Health Through Parenting Interventions

Parenting significantly influences the emotional and behavioral development of children, leading to the creation of various programs aimed at enhancing parental behaviors(109). These interventions, typically group-based and lasting 8-12 weeks,

utilize proactive and positive techniques to improve parent-child relationships, boost children's self-esteem, and reduce behavioral issues, proving to be cost-effective(110).

Empirical evidence from systematic reviews and multiple trials robustly supports these programs' efficacy in improving child mental health and parent-child interactions. Notably, interventions like the Triple P and Incredible Years programs are particularly effective in mitigating disruptive behaviors in young children, with significant impacts also noted for internalizing symptoms(111). Economic analyses highlight the efficiency of these interventions, with some studies showing a remarkably low number needed to treat (NNT) to prevent one case of adolescent anxiety. This suggests these interventions are not only effective but also provide substantial economic benefits(112,113).

However, while these programs yield immediate improvements in child behavior and parental stress, findings indicate that the effects may diminish over time without ongoing support. Additionally, these interventions bring considerable positive outcomes for parents themselves, including reduced depression and anxiety, enhanced confidence, and improved relationship satisfaction(114,115). Parenting programs have demonstrated effectiveness globally, even in lower-income regions, emphasizing their wide applicability. Nonetheless, key challenges remain, such as enhancing the long-term sustainability of benefits, determining the optimal timing for interventions, and deciding whether to apply these universally or target high-risk families specifically(111,116).

Further research is needed to optimize these interventions and explore other early-life strategies, such as home visits during pregnancy, to ensure continued advancement in this crucial area of public health.

School-Based Mental Health Programs

Schools serve as critical platforms for implementing public health strategies aimed at mental health, given their broad reach. Various school-based programs target mental health promotion and prevention, from universal approaches to more specific selective and indicated interventions(117). A primary focus within these initiatives is to enhance mental health literacy, reducing stigma and fostering help-seeking behaviors among students. Though systematic reviews affirm that these programs improve mental health literacy and diminish stigma, the long-term impact and their effect on actual help-seeking actions require further exploration(118).

Effective long-standing interventions target disruptive behaviors through strategies like the Good Behavior Game, which has shown to decrease conduct issues and yield long-term benefits, such as reduced suicidal tendencies in adulthood(119). Similarly, interventions using cognitive behavioral therapy (CBT) techniques are designed to mitigate depression and anxiety, showing modest success, particularly when tailored to higher-risk groups(120).

Recent additions to school programs include mindfulness-based interventions, which aim to enhance present-moment attention to manage stress and emotional responses. These have had some success in alleviating anxiety and depression, though the benefits often do not extend beyond the program's duration and are mostly seen in targeted interventions rather than universal applications(121,122). School-based suicide prevention programs, combining awareness education, gatekeeper training, and screening initiatives, have been notably effective in reducing suicidal thoughts and behaviors, with some studies indicating sustainable benefits over decades(123).

Despite these successes, the cost-effectiveness of these interventions remains underexplored, with estimates suggesting a high number of participants is needed to prevent a single mental health disorder case(124). Additionally, while most research stems from high-income countries, there is increasing interest in adapting these interventions for low- and middle-income countries, though challenges such as disparities in school enrollment and potential distress from interventions call for careful evaluation and implementation to ensure both efficacy and safety(99,123,125).

Assessing Interventions Targeting Loneliness to Mitigate Mental Health Issues

The potential of interventions aimed at combating loneliness to prevent mental health issues remains underexplored, with the existing evidence base relatively scant. The stigma associated with loneliness may deter participation in targeted programs, suggesting the need for a hybrid approach that combines universal, selective, and indicated strategies to effectively address this issue(126). Currently, there is some interest in modifying the built environment to reduce loneliness, which has shown potential in community acceptability. However, conclusive evidence on their effectiveness in improving mental health is lacking, indicating a critical area for further research(127).

Most systematic reviews of interventions designed to address loneliness do not adequately assess the subsequent mental health outcomes, revealing a significant oversight in the research. This gap underlines the need for more comprehensive evaluations that consider both mental and physical health impacts(128,129). To advance the field, significant research investment is required to explore the efficacy of these interventions and their broader health implications. Future studies should aim to develop and refine strategies that effectively bridge mental health and social connectivity, offering more comprehensive solutions to the challenges of loneliness(130).

Selective Prevention Strategies: Economic Interventions to Address Socioeconomic Disadvantages

Selective interventions aimed at improving the economic standing of individuals can significantly enhance population mental health due to the strong link between socioeconomic status, poverty, and mental health issues(1). Economic disparities impact not just the poorest but can influence broader mental health outcomes across entire populations. Therefore, policies designed to reduce economic inequality may provide universal mental health benefits(131).

Historical data from a guaranteed income experiment in Manitoba, Canada, showed that ensuring a minimum income for families led to a significant reduction in hospitalizations due to mental health issues, with effects lasting beyond the program's end(132). Similarly, systematic reviews have indicated that cash transfer programs, especially those targeting children and adolescents, result in improvements in mental health by lifting families out of poverty. These benefits are particularly evident in lower- and middle-income countries, where poverty alleviation has a strong correlation with improved mental health outcomes(133).

However, the effectiveness of these programs can vary based on several factors, including economic context, implementation specifics, gender, and cultural nuances. While conditional cash transfers, like Mexico's Oportunidades program, have shown benefits for child behavior through requirements such as school attendance and health program participation, they are sometimes criticized for not addressing deeper structural causes of poverty and potentially adding burdens to specific subgroups, such as adolescent girls(134,135).

Early-Life Home Visitation Programs: Targeting Perinatal Stress and Child Development

Public health initiatives are increasingly targeting perinatal stress through home visitation programs aimed at pregnant or postpartum mothers, their partners, and children(136). These programs focus on families at risk of social disadvantages and negative health outcomes, often prioritizing low-income families and mothers who are young, unmarried, socially isolated, or from ethnoracially minoritized backgrounds(137).

Home visitation programs aim to enhance the home environment to support healthy child development by providing social support to new parents, educating them about child development, offering training on positive parenting techniques, and facilitating effective mother-child interactions(138). Systematic reviews of randomized controlled trials and quasi-experimental studies have demonstrated these programs' effectiveness in improving parenting behaviors and the overall home environment(139).

Significant long-term benefits have been observed in notable trials, such as fewer behavioral problems and reduced aggression in children, decreased alcohol consumption, and lower involvement in criminal activities by adolescence. Additionally, these interventions have proven cost-effective, yielding substantial savings by reducing welfare and justice system involvement(119,123).

Despite the success in targeted populations, the feasibility of implementing these programs universally remains uncertain, with ongoing research needed to explore their potential broad applicability. This underscores the importance of early-life interventions in public health strategies and highlights the significant long-term potential of home visitation programs to improve outcomes for children and their families. As these programs evolve, assessing their scalability and sustainability to ensure widespread benefits in diverse settings remains crucial.

Targeted Public Mental Health Interventions for Vulnerable Populations

Selective interventions are crucial for addressing mental health disparities, particularly among populations disproportionately at risk due to minoritization and socioeconomic disadvantages. Evidence-based interventions tailored to specific groups, such as refugees and ethnoracially minoritized communities, have shown promise in mitigating mental health inequalities.

Psychosocial Interventions for Refugees

Refugees, often facing significant mental health challenges due to trauma and displacement, benefit from psychosocial interventions that effectively reduce PTSD and depressive symptoms, as demonstrated by systematic reviews of randomized controlled trials (RCTs). While these interventions show promise, the sustainability of their benefits is uncertain, pointing to a need for more robust, ongoing support. Community-based interventions that enhance social capital are particularly effective, helping refugees integrate into new communities and build essential social networks, which are vital for their psychological well-being(68,69,72,140).

Support for Sexual and Gender Minority Groups

Emerging evidence highlights that selective interventions, including policy changes, family-focused strategies, and coordinated mental health services, significantly enhance mental health outcomes for sexual and gender minority groups. These interventions effectively reduce mental health issues, substance use, and bullying victimization. Additionally, improving cultural competence among healthcare professionals is crucial for reducing mental health disparities faced by

LGBTQ+ individuals. However, like other minoritized groups, these populations often face barriers to healthcare due to systemic mistrust, underscoring the need for initiatives that improve access to timely and preventive mental health care and support(76,77,82,83,90,141).

Optimizing Indicated Prevention Strategies in Youth Mental Health

Indicated prevention strategies in youth mental health are designed to target individuals showing early signs of psychopathology or those at genetic risk, aiming to prevent the progression to full-blown mental disorders(52). These strategies range from specialized early psychosis detection in secondary care to broad-spectrum, disorder-agnostic services in primary care, integrating clinical staging models that adapt to varying contexts and extend through digital and community platforms(17,97,122). Contemporary approaches emphasize multi-channel delivery in primary care settings, employing clinical therapies, peer advocacy, and psychosocial strategies to boost resilience and enhance social support(55,79,120).

However, the effectiveness of these strategies is often limited by social inequities that affect access to care and the likelihood of early detection, particularly among socioeconomically disadvantaged, migrant, and ethnoracially minoritized groups. These populations are frequently underrepresented in mental health services and research, partly due to diagnostic tools and methods that do not adequately reflect their experiences(30,98,142).

To address these gaps, there is a critical need for more inclusive, transdiagnostic approaches implemented in community and educational settings that consider both psychological factors and broader social determinants of mental health. Such strategies would help to expand the reach and impact of indicated prevention, potentially reducing the incidence and prevalence of mental disorders across diverse populations. Advancing these integrated, equity-focused prevention efforts is essential for enhancing public mental health and ensuring that interventions are accessible and effective across all societal segments.

Advancing Secondary and Tertiary Prevention Strategies in Mental Health

This overview addresses existing social interventions aimed at enhancing recovery aspects for individuals with established mental disorders, covering a spectrum from community-based support to employment facilitation and family-focused strategies.

Social Prescribing in Mental Health Care

Social prescribing connects individuals with mental disorders to community resources such as volunteering and hobby groups, primarily in primary care settings. While it shows promise in enhancing mental health, the evidence base remains underdeveloped and methodologically weak. Reviews indicate positive effects, but often on uncontrolled samples and not broadly applicable. Additionally, minoritized groups frequently face financial, linguistic, and cultural barriers that restrict their access to and participation in these programs(143,144).

Vocational Interventions: Enhancing Socioeconomic Stability

Vocational interventions, particularly those following the Individual Placement and Support (IPS) model, play a crucial role in secondary and tertiary prevention by assisting individuals with severe mental health issues in obtaining and maintaining competitive employment. IPS has demonstrated effectiveness across diverse settings, showing superiority over traditional vocational rehabilitation methods. However, the success of such programs often depends on the individual's motivation and self-efficacy, potentially compounding existing inequalities for those facing structural disadvantages(3,19,32,145).

Family Interventions: Reducing Relapse and Enhancing Support

Family interventions have proven effective in reducing the risk of relapse in individuals with psychosis and are beneficial in mitigating depression and suicidal ideation in adolescents. These interventions can also alleviate parental stress and improve parenting practices, thereby potentially disrupting the intergenerational transmission of mental health risks(146,147). The efficacy of family interventions extends to low- and middle-income countries (LMICs), where they are often delivered by non-specialist workers, emphasizing their adaptability and broad applicability(18).

Trauma-Informed Interventions for Comprehensive Recovery

Trauma-informed care models, including Eye Movement Desensitization and Reprocessing (EMDR) and trauma-focused Cognitive Behavioral Therapy (CBT), are crucial for addressing mental health disparities caused by trauma. These approaches are particularly beneficial for individuals impacted by violence, discrimination, and the challenges faced by refugees. Although effective, their outcomes can be inconsistent due to study design variability and cultural differences. For children and adolescents exposed to trauma, these interventions have been moderately effective in treating PTSD and reducing symptoms of PTSD, depression, and anxiety, showing benefits across diverse global settings.(148–151)

Strategies for Public Mental Health Equity: Key Recommendations

This paper discusses the impact of social inequalities like poverty and discrimination on mental health, emphasizing the need for primary prevention strategies within universal care systems to improve outcomes and promote social justice. It advocates for integrating these strategies as cost-effective solutions, especially in resource-limited settings. The paper concludes with

recommendations for mental health professionals, policymakers, and researchers to focus on social determinants to enhance population mental health and reduce disparities.

Sr. No.	Component	Summary			
1	Social Justice in Mental	Emphasize social justice in public mental health interventions			
	Health	to address socioeconomic and environmental conditions that			
		contribute to mental health disparities, ensuring fairness and			
		equitable resource distribution.			
2	Broad-Spectrum Benefits of	Invest in cross-sectoral interventions that impact multiple			
	Health Interventions	aspects of well-being, such as mental, physical health, and social stability, to improve overall quality of life.			
3	Early Life Interventions	Focus on early developmental stages from prenatal to			
		adolescence to prevent mental health issues and break cycles of			
		trauma and disadvantage, enhancing the long-term health of			
		future generations.			
4	Tackling Poverty to Improve	Prioritize poverty alleviation interventions that provide			
	Mental Health	economic support and access to education to address			
		fundamental drivers of mental health disparities.			
5	Enhancing Research	Strengthen causal inference in research on social determinants			
	Methodology	and mental health outcomes through rigorous methodologies			
		and interdisciplinary collaboration to identify effective			
		interventions.			
6	Inclusive Mental Health	Establish systematic, inclusive longitudinal monitoring of			
	Monitoring	mental health to ensure diverse population representation and			
		adapt public health strategies to evolving needs.			
7	Balanced Mental Health	Ensure equal investment in primary, secondary, and tertiary			
	Prevention Strategies	prevention strategies to comprehensively address mental health			
		needs across the spectrum, from prevention to treatment and			
		maintenance.			

Table Com	oonents: Strategic	Recommendations for	or Enhancing	Public Menta	l Health Equity

Table 1 Showing Strategic Recommendations for Enhancing Public Mental Health Equity

In conclusion, integrating mental health into the broader public health and social policy framework is crucial. This requires expanding research to elucidate the causes of mental health disparities, improving community-based monitoring for targeted interventions, and ensuring parity between prevention, treatment, and recovery in mental health efforts (see Table 1). Adopting a holistic and justice-oriented approach will significantly reduce mental health inequalities and enhance the well-being of populations, especially in underserved and disadvantaged communities.

7. CONCLUSION

In this review, we have elucidated the profound impact of social determinants on the perpetuation of intergenerational mental health inequalities. While further research is necessary to solidify the causal links for some determinants, the evidence supports the efficacy of primary prevention strategies targeted at ameliorating social inequalities from early life. These strategies are crucial in mitigating the population-wide burden of mental health issues that frequently manifest during adolescence. Discriminatory practices and structural inequalities, such as racism, significantly intensify these intergenerational disparities in mental health. We propose seven strategic recommendations centered on principles of social justice. These recommendations are designed for policymakers, healthcare practitioners, and clinicians, urging them to embrace and implement measures that address the modifiable social determinants critically shaping mental health outcomes. By adopting these recommendations, there is an opportunity to significantly advance public health initiatives and reduce the pervasive impact of social inequilities on mental health across populations.

Conflict of Interest- None to declare

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