# Narrative Review of Mental Health Promotion Interventions

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## ABSTRACT

Mental health promotion has become an essential component of contemporary public health practice, aiming to enhance psychological well-being and strengthen protective factors across the life course. Unlike prevention, which targets risk factors and individuals at elevated risk, promotion seeks to improve positive mental health across entire populations and settings. This narrative review synthesizes evidence from diverse interventions implemented in schools, workplaces, communities, and policy environments to examine their conceptual foundations, implementation processes, outcomes, and methodological challenges. Findings reveal substantial variation in definitions of mental health promotion, with many frameworks emphasizing human rights principles such as autonomy, dignity, equity, and fulfilment of basic needs. Population-wide interventions demonstrate potential for strengthening resilience, improving social and emotional competencies, enhancing mental health literacy, and reducing common indicators of psychological distress. Schools remain the most common implementation setting due to their universal reach, while workplace programmes address stress management, burnout, and organizational culture. Community-level strategies highlight multi-sector collaboration, public health campaigns, and structural interventions that promote mental health at social-ecological levels. Critical evidence suggests that programme success depends on implementation fidelity, contextual adaptation, scalability, and systematic measurement of outcomes. However, conceptual ambiguities, inconsistent methodologies, limited long-term evaluations, and insufficient attention to cultural and contextual variation remain significant barriers. This review identifies persistent knowledge gaps and presents priority directions for future research, including the need for clearer operational definitions, improved measurement tools, culturally responsive designs, and stronger alignment between promotion and broader health system policies.

**Keywords**: Mental Health Promotion, Population-Wide Interventions, Implementation Fidelity, Social and Emotional Learning, and Public Health Policy.

## INTRODUCTION

Mental health promotion aims to enhance psychological well-being and prevent mental disorders at the population level. Promotion is distinct from prevention. Promotion reinforces positive aspects of mental health, ideally reaching all members of society, while prevention targets risk factors and intervenes with subgroups already showing signs of distress. Most empirical studies of promotion in public settings nevertheless frame the goal in terms of prevention [1]. Promotion interventions target the entire population and form the core of public health programmes. Efforts exclusively devoted to prevention may overlook those who are neither already clinically impaired nor at clear risk [2]. Most mental health promotion interventions centre on enhancing conditions in schools, workplaces, communities, and other public settings.

### Conceptual Framework and Definitions

The following aspects of Mental Health Promotion and Protection stemmed from a review of 12 European country reports and their additional data collection: Some researchers take a broad approach that covers mental health promotion, illness prevention, rehabilitation, harm reduction for substance dependence, family violence, trauma rehabilitation, and many other issues closely linked to mental health promotion [3]. In contrast, others adopt a narrower focus on mental illness, which encompasses prevention, harm reduction, and early intervention,

all of which are recognized as distinct from promotion [7]. There is no universally accepted definition of Mental Health promotion in Cyprus. However, there appears to be widespread agreement about its elements, which closely resemble fundamental human rights. These include: respect, equality, equity, freedom, autonomy, and dignity, fulfillment of basic needs, personal security, and growth. Although no material was found that formally encapsulated the concept of mental health [3]. Some countries differentiate between uplifting individuals, communities, and organizations as opposed to the promotion of self, health, or a family [4]. The promotion of the community is said to encompass empowerment of the individual to aid their development, a key factor in the sustainability of a mental health promotion programme [3].

## Methodological Considerations for Narrative Reviews

Mental health promotion is a developing area of practice and research due to the rising mental disorders [3]. Interventions helping known risk or protective factors, boosting social support and coping strategy skills, and enhancing psychological well-being are employed. The specific importance of enhancing mental health is emphasized [5].

## Population-Wide Mental Health Promotion Interventions

Population-wide mental health promotion interventions seek to enhance the well-being of the entire population and counter the growth of common mental health disorders in a cost-effective manner [1]. Such initiatives often target linked risk and protective factors before lifetime onset [2]. The strategic objective is to assist individuals or sub-populations through one or several links that can reasonably be expected to lower risk or boost protective and resilience factors across multiple life domains [2]. To optimize public health impact, population-wide interventions should be compatible with high-impact, low-cost, and accessible delivery platforms [4]. Schools emerged as preferred venues, given their universal reach to a distinct age group undergoing crucial psychological development [2]. Most classroom-based programs during or shortly following school hours foster acquisition and practice of pro-social skills, emotional self-regulation, life-skills, stress-coping techniques, resilience, and/or recognize and refer pathways to additional support[2]. Targeted ages vary across systems; 4 to 12 years, 5 to 10 years, 5 to 18 years, 8 to 14 years, and 0 to 14 years represent different jurisdictions. Beyond age specifications, content domains across jurisdictions embrace social-emotional skills (building relationships, self-awareness, problem-solving), resilience (self-perspective, emotions, peer relationships), and mental-health literacy (recognition, coping, referring) [3]. Evaluation metrics, notably fostered pro-social attitudes, prevalence of bullying behaviour, preparation for potential job-market difficulties, and balanced lifestyle orientation further characterize the domain [3].

## School-Based Programs

Population-wide mental health promotion interventions aim to increase the overall mental health of whole populations, rather than improving the mental health of specific individuals [2]. Such interventions focus on defining mental health and identifying mechanisms that enhance it, such as coping skills, self-esteem, emotional literacy, healthy lifestyle choices, social and emotional learning, and reducing stigma [5]. They are delivered through various platforms within schools, the workplace, and the broader community. As rising mental illness has become a significant global burden, population-wide interventions and supporting policies are catalysts for an essential transformation to improve mental health at scale [4]. School-based mental health promotion programmes cater to children and adolescents aged 5 to 19. Implementation occurs from kindergarten to higher secondary education [3]. The primary target group includes students, with accompanying training or materials for teachers or parents to facilitate broader access. Programmes promote social and emotional learning, resilience, and mental health literacy, addressing skills such as emotion management, problem-solving, communication, assertiveness, mindfulness, and coping [1].

## Workplace Initiatives

Mental health promotion interventions delivered within the workplace span a range of organizational approaches, with diverse delivery formats [3]. Aspects such as stress reduction, well-being programs, improvement of organizational culture, availability of professional mental health services, and supportive implementation strategies are important in such initiatives. The outcomes thereby considered include frequency of absenteeism due to mental health problems, perceived support and workplace burnout, psychological well-being, life satisfaction, turnover intention, and engagement [4, 5].

## Community and Public Health Campaigns

Community interventions promote mental health at all social-ecological levels, encompassing individual, interpersonal, organizational, community, and policy domains [6]. Individual-level initiatives frequently leverage relationships with lay health workers and adapt evidence-based models for delivery in non-traditional locations. Interpersonal-level interventions often target parents and families and are typically implemented by locally based workers. Organizational efforts seek to enhance the capacity of non-healthcare programs to address mental health needs, with school-based initiatives comprising a prominent example [5]. Evidence regarding community-wide

interventions remains scant [2]. Existing studies typically feature multi-sector collaborations that develop plans for managing depression and preventing youth substance use and violence. Large-scale resource-based interventions such as cash transfers and land revitalization further contribute to community health [4]. Health and public policies, although beyond the present scope, constitute crucial levers for enhancing mental health equity and improving access to care. Relevant examples include mental health insurance parity, integrated health services, and civic campaigns like Thrive NYC, which mobilizes substantial budgets and initiatives to foster mental well-being [8].

## Policy and Environmental Approaches
Mental health-favouring policy initiatives span an extensive range, comprising investment, legislation, regulation, and taxation. Success hinges on suitable amplification, clarifying precise intentions and advantageous co-benefits, alongside paired inter-agency efforts ensuring procedural harmony across sectors [6].

## Targeted and Universal Approaches: Comparisons and Complementarities
Interventions aimed at improving the mental health of broad populations can be classified as universal or targeted, depending on whether individuals' need for support is assessed prior to intervention delivery [2]. Universal initiatives target an entire population without prior assessment, whereas targeted interventions deliver services to individuals deemed at elevated risk or in need of support [4]. For universal interventions, assignment is according to a pre-defined category, such as location or life stage, rather than a specified degree of need. Meta-analyses demonstrate that universal strategies can be as efficacious as targeted approaches [7]. The selection of universal or targeted interventions can be informed by several factors. Where a population is affected by pervasive stressors, universal promotion is often warranted; individuals may retain subjective uncertainty about need, and messages underscoring general health may enhance engagement [6]. Contextual equilibrium, perceived service availability, intersectoral activity, and the relative prioritisation of individuals' needs all shape implementation. A parallel framework further delineates initiation, scale-up, and sustained delivery as independent process dimensions.

## Implementation Processes, Fidelity, and Scalability
Implementation processes, fidelity, and scalability are critical to establishing effective, widespread mental health promotion interventions. Implementation encompasses the actions and factors that affect the delivery process of interventions [7]. Fidelity refers to the degree to which a program is delivered as intended [8]. High fidelity is thought to predict better outcomes. A program's ability to maintain its core elements while being adapted to fit local needs is essential to achieving fidelity. Unplanned alterations that lead to significant loss of the intended implementation or core components, often termed "drift," are detrimental [9]. In addition to fidelity, the concept of scalability is relevant, referring to the degree to which a successful intervention can be expanded or adapted for broader delivery [2]. Martin et al. (2020) distinguish nine attributes that influence the scalability of public health interventions: demand, social capital, accountability, fit, resource adequacy, interoperability, sustainability, performance, and authority [3]. To aid implementation and sustain high fidelity, programs should incorporate specific strategies and processes such as pre–post training evaluation, workshop follow-up sessions, the establishment of an implementation team and structure, provision of on-site support, and feedback mechanisms [3]. In addition to these general strategies, adequate resources for spatial and material needs as well as sufficient budget, staff, and programming time specifically for the mental health focus are important supports for successful implementation [6].

## Outcomes and Measurement of Mental Health Promotion
Indicators of mental health widely differ, often including concepts such as happiness, life satisfaction, well-being, and quality of life [2]. It appears challenging to devise a measure that can be accurately labeled as an indicator of mental health. Promotion of mental health has gained enhanced attention and considerable overlap with measures of positive mental health, well-being, and resilience [5]. Promotion of mental health is concerned with the understanding of determinants of mental health, a key concept in the definition of mental health promotion. Consequently, promotion-specific measures indicating such factors and the likelihood of attaining higher levels of mental health are indicated [7]. Monitoring the impact of the mental health promotion programs over time also requires measures that allow assessment of consequent changes to the mental health of targeted recipient groups. Different forms of collected data enable estimation of most measures, allowing for an understanding of common psychometric properties, including reliability and validity [6]. Instruments based on volunteer self-reporting may engage those to whom at least some of the underlying issues linked to mental health apply, while other forms, such as reluctance to provide personal data, leave out a substantial portion of communities on whose behalf these measures are requested. Therefore, a balance through active reporting, passive reporting, and aggregated reporting overcomes barriers of coverage that other individual measures have encountered [3]. Timing of data collection also depends critically on the systems' above specifications. Target monitoring after completion of the first phase of collection systems produces a crude linear approximation of the subsequent growth of the measure of mental health [4]. It appears quite common to select the reporting period of twelve months or the degree to which

the person experienced the state [5]. Nevertheless, promotion-focused mental health individuals who endorsed mental health would commonly possess the lowest level of exposure to mental health issues identified. Data collection is then not simply a question of selecting the most valid, reliable, or commonly used measure; timing continues to engage [5]. The most common measures, hence, deal with the impact of psychological stress, frequently linked with a deterioration of general health. Concentrating upon the impact of an intervention that promotes mental health on the mental health literature demonstrates a considerable emphasis upon just one of what emerges to be numerous mechanisms [6]. The degree to which a person suffers from psychological stress varies widely upon the healthy status of a person, fully containing substantial positive shifts in the determination of mental health. Distorted measurement tends to follow from the predetermined understanding of the boundaries and, consequently, the construction of measurement [7].

## Critical Appraisal of Evidence and Synthesis

Mental health promotion interventions increase public well-being and tackle problems that arise at early stages of life. A narrative overview of mental health promotion interventions identifies settings and approaches implemented worldwide [9]. Population-wide interventions deliver universal programmes that target entire populations regardless of potential risk. Mental health is defined as a state of well-being in which individuals cope successfully with normal life stressors. Mental health promotion is any initiative designed to enhance mental well-being [7]. Community-wide initiatives include mass media campaigns, community mobilisation, and policy and environmental approaches. School-based interventions support learning and promote students' well-being and resilience [6]. Population-wide mental health promotion interventions reduce common indicators of psychological distress and consumption of addiction-related substances. These initiatives promote healing and acceptance of common traumatic events, such as natural disasters, pandemics, and health-related losses. Programmes delivered at particular life-course stages can provide increased support. School-based initiatives describe activities targeted at children and young people [8]. Stress-reduction programmes assist individuals in coping with high-stress periods. Workplace initiatives focus on employee well-being [6]. Implementation of any intervention proceeds through planning, initiation, and execution stages. Implementation fidelity refers to the degree of adherence to the prescribed intervention. Fidelity may decrease during implementation due to drifting away from original content or unanticipated environmental influences that compel adaptation of content. Adjustments made to improve the acceptance or feasibility of interventions still constitute fidelity if overall component structures and mechanisms remain intact [5]. The extent of environment-related adjustment tolerated during implementation depends on the nature and purpose of the programme [7]. Measuring intervention effectiveness involves documenting indicators of mental health or well-being and timeframes of measurement [3]. At a minimum, typical indicators of mental health should be recorded. For promotion-related initiatives, specific measures of the promoted constructs should also be included to determine the degree of impact [6]. The timing of data capture should encompass baseline, completion, and follow-up. Information on the population-level or environmental context in which a study is conducted is critical for assessing the generalisability of findings. Community-wide campaigns may spread by communication channels rather than direct contact with service providers. Materials produced for promotion may be available for scrutiny and patterning analysis across projects [8]. A systematic scoping review examined school-based mental health promotion and prevention initiatives in low- and middle-income countries [7]. Twenty-seven studies evaluating twenty-five interventions were identified across seventeen countries. Coverage included randomised controlled trials, quasi-experimental designs, and cohort studies with quality ratings ranging from strong to weak. Sample sizes varied from 29 to 10,202 participants, predominantly from lower socio-economic backgrounds. Thirteen interventions adopted a universal, mental-health-promotion-only approach; five adopted both promotion and prevention; six focused on primary prevention; and one constituted a whole-school health programme [3]. Targeted skills included social and emotional abilities, resilience, mindfulness, mental-health literacy, and stress reduction. Delivery was mostly face-to-face in primary, middle, and secondary schools, involving teachers, psychologists, researchers, or trained community members. Training durations ranged from one day to one week [6]. A systematic review of reviews addressed interventions promoting mental health and preventing mental health problems in children and youth [2]. Twenty-seven reviews selected addressed parenting, anxiety, depression, self-esteem, violence, aggression, and school-based programmes [5]. Targeted risk and protective factors spanned diverse populations. Despite widespread lack of methodological rigour, evidence indicated several effective interventions that enhance positive well-being and mitigate key mental-illness risk factors, with modest effect sizes. An additional review summarised school-based mental-health-promotion interventions [1]. Achieving intervention goals hinges on high-quality evidence; however, much work lacks a sufficient foundation [6]. Further rationalisation and operationalisation of theoretical frameworks, explicit application procedures, and comprehensive teacher training and support are warranted. The pervasive "one approach fits all" strategy impedes systematic development attuned to relevant factors across distinct populations, school systems, and cultural contexts [7]. The narrative synthesis examines gaps in knowledge and delineates

future directions for research [6]. Priority questions encompass priority outcomes; mental-health-promotion programmes tailored to young, elderly, disadvantaged, and marginalised persons; evidence appraisal and development for school-based universal programmes; delivery methods for programmes targeting traumatic experiences; precise definition of promotion; definition of mental-health literacy; characterisation of lay perceptions; and prioritisation of implementation rather than development[7]. Methodological improvements include bias- and limitation-reduction protocols; extended search spans and languages; regular update of reviews on broad promotion; and expansion of children-and-youth reviews to include new-systematic-endorsement candidate promotion determinants. Policy-relevant recommendations encompass detailed attention to broad-ranging promotion; articulation of objectives between health promotion and mental-health promotion; and explicit identification of approaches that deliver substantial mental-health benefits for selected groups [9].

## Knowledge Gaps and Future Directions

Mental ill health continues to present a major threat to global health at multiple levels: individual, family, community, organisational, societal, and national [8]. It is widely recognised that mental health promotion and prevention offer the most effective and systemic means of addressing this issue. However, despite substantial global investments in such programmes, it has been documented that excessive inequity continues to exist in the addressment of school-based mental wellbeing and youth mental health promotion [7-12]. While significant progress has been achieved in establishing a well-defined evidence base for mental health interventions, overwhelming amounts of unknowns are yet to be addressed in order to guarantee the survival of whole segments of the population. Therefore, in order to assist with the closure of these gaps in knowledge and uncertainty, seven essential elements have been identified as the focus for future advancement in these crucial matters [13-15].

## CONCLUSION

Mental health promotion interventions represent a vital strategy for strengthening population well-being, reducing the burden of mental disorders, and building supportive environments across the life course. Evidence reviewed demonstrates that promotion is most effective when delivered universally in settings where people live, learn, work, and interact, such as schools, workplaces, and communities. School-based programmes show significant promise in enhancing emotional regulation, resilience, and mental health literacy among children and adolescents, while workplace initiatives improve stress management, organizational culture, productivity, and employee well-being. Community-level and policy-driven approaches broaden the reach of mental health promotion by addressing structural determinants, mobilizing local resources, and creating environments that foster psychological safety and social cohesion. Despite these strengths, the review identifies substantial conceptual and methodological challenges. Definitions of mental health promotion vary widely across countries and disciplines, contributing to inconsistent programme design and evaluation. Implementation fidelity remains a critical concern: while adaptation is often necessary for cultural or contextual relevance, excessive deviation from core components can reduce programme effectiveness. Measurement challenges, including the absence of universally accepted indicators, insufficient longitudinal data, and reliance on self-report instruments, limit the ability to compare interventions and draw generalizable conclusions. Moreover, existing evidence disproportionately reflects high-income contexts, leaving significant gaps regarding low- and middle-income settings where mental health needs are substantial and resources are limited. Addressing these limitations requires a coordinated research and policy agenda. Future efforts should focus on refining conceptual frameworks, developing validated and culturally sensitive measurement tools, and strengthening implementation science to support scalability and sustainability. Promotion initiatives must also adopt a more inclusive and equity-driven approach, ensuring that marginalized, underserved, and high-risk populations are not overlooked in universal strategies. Multi-sector collaboration integrating education, health, social services, labour, and policy sectors is essential to creating environments that actively support mental well-being. Overall, this review highlights the transformative potential of mental health promotion interventions. When grounded in robust evidence, implemented with fidelity, and supported by enabling policies, they offer a powerful pathway to building resilient individuals, empowered communities, and healthier societies.

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