

## Social Support and Psychosocial Resilience: Evaluating the Impact of Community-Based Interventions on Mental Health

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Received : December 23, 2024

Accepted : January 19, 2025

Published : January 31, 2025

Citation: Ekayani, S. P., Cahyono, M. Y. M., Adiawaty, S. (2025). Social Support and Psychosocial Resilience: Evaluating the Impact of Community-Based Interventions on Mental Health. *Psychosocia : Journal of Applied Psychology and Social Psychology*, 3(1), 38-50  
<https://doi.org/10.61978/psychosocia.v3i1>

**ABSTRACT:** Mental health remains a critical global concern, particularly in settings where structural and social disparities limit access to appropriate care. This narrative review aims to examine the effectiveness of social support interventions—both interpersonal and community-based—in promoting mental well-being and reducing psychological distress. Using an integrative approach, literature was collected from academic databases such as Scopus and Google Scholar, utilizing key terms including "social support," "mental health interventions," and "community engagement." Studies meeting inclusion criteria featured diverse methodologies and participant populations across multiple geographic contexts. The results demonstrate that interpersonal support, particularly from partners and family members, significantly improves psychological outcomes by reducing symptoms of depression and anxiety, enhancing emotional regulation, and fostering cognitive resilience. Community-level interventions, especially those grounded in participatory models, were shown to increase mental health literacy, combat stigma, and facilitate access to care. However, systemic barriers such as poverty, discrimination, and healthcare inequity continue to undermine these efforts, particularly in low-resource settings. The discussion suggests that addressing mental health requires a multi-level response integrating interpersonal, communal, and policy-based strategies. The review advocates for culturally adapted, inclusive, and sustainable mental health programs, supported by strong policy frameworks and local engagement. By emphasizing social connectedness and institutional support, these interventions offer a promising pathway toward resilient mental health systems worldwide.

**Keywords:** Social Support, Mental Health Interventions, Community-Based Programs, Systemic Barriers, Interpersonal Relationships, Mental Health Policy, Psychosocial Well-Being.



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## INTRODUCTION

Social support is increasingly recognized as a critical determinant of mental health, particularly among vulnerable populations. In recent years, a growing body of literature has underscored the

influence of community connections and social networks on psychological well-being. Social support not only serves as a buffer against psychological distress but also promotes resilience and adaptive functioning in the face of adversity. For example, a study of adolescents living with HIV in Kenya revealed that psychosocial stressors significantly contribute to mental health challenges, which can be alleviated through community support and positive social interactions (Wanjala et al., 2024). Similarly, research within Black communities in the United States demonstrates a prioritization of mental well-being and calls for community-based intervention strategies that improve access to mental health services and reinforce social cohesion (Bauer et al., 2022; Nadkarni et al., 2024).

Community structure and social networks profoundly shape individual psychological outcomes, particularly in contexts marked by disaster, displacement, or social pressure. In the case of undocumented migrants in South Korea, for instance, the lack of social support and restricted access to health services have been associated with poor mental health outcomes. Lee et al. (2024) found that support from NGOs and local communities played an essential role in fostering psychological resilience among this population. Furthermore, structural factors such as socioeconomic inequality have been shown to restrict individuals' ability to access mental health resources, thereby exacerbating psychological vulnerabilities (Fung et al., 2023).

At the interpersonal level, robust social support has been consistently linked with reduced symptoms of depression and anxiety. Henshall et al. (2023) highlight the moderating role of social support in buffering against mental distress. In healthcare settings, particularly during the COVID-19 pandemic, workplace social support was instrumental in mitigating stress among frontline workers (Hennein et al., 2021). Furthermore, positive communication between healthcare providers and patients has been found to reduce stigma and improve mental health outcomes, emphasizing the significance of interpersonal interactions in health contexts (Evans et al., 2022).

The demand for mental health interventions that integrate social network and community dynamics is thus both urgent and necessary. Social-ecological frameworks offer a promising avenue for designing more effective, accessible, and culturally relevant programs. These models advocate for multilevel strategies that address not only individual and interpersonal factors but also community and policy-level determinants of mental health (Bauer et al., 2022; Castillo et al., 2019). Incorporating such perspectives is essential for enhancing psychological resilience and mitigating the adverse effects of social stressors.

However, designing and implementing social support interventions in low- and middle-income countries (LMICs) remains fraught with challenges. One primary obstacle is the limited availability of quality mental health resources. In many LMICs, entrenched stigma surrounding mental illness deters individuals from seeking help. Research confirms that systemic stigma and discrimination obstruct help-seeking behaviors, particularly among vulnerable groups such as women experiencing intimate partner violence (Koly et al., 2025). Moreover, in numerous communities, mental health services are neither integrated into primary care nor adequately distributed, making access highly uneven and exclusionary (Peterson et al., 2021).

Another challenge concerns the variable efficacy of community-based interventions across different demographic groups. Evidence suggests that the effectiveness and acceptance of mental

health programs vary by age and gender. For instance, younger individuals often express unique needs and preferences compared to older adults, which influences their engagement with interventions (Bauer et al., 2022). In rural India, significant gender disparities were found in the uptake of mental health services, with women facing greater obstacles in accessing support due to cultural and logistical barriers (Mukherjee et al., 2022). These findings underscore the inadequacy of one-size-fits-all approaches and highlight the necessity for demographic-specific strategies.

Further research confirms these demographic disparities in intervention outcomes. A study by Nadkarni et al. (2024) revealed divergent responses to community-based mental health programs among different population segments, with younger women and adult men showing markedly different engagement patterns. The study emphasizes that socio-economic and cultural contexts significantly shape the effectiveness of interventions, calling for tailored programs that reflect the lived realities and priorities of target populations (Aguilera-Mijares et al., 2022).

Compounding these issues are systemic constraints such as insufficient training for healthcare providers and inadequate local resources. These limitations hinder the scalability and sustainability of social support interventions. Administrative and financial barriers, including the lack of long-term funding mechanisms, further compromise the continuity of services (Nadkarni et al., 2024). Addressing mental health in LMICs, therefore, requires a holistic and context-sensitive approach that dismantles stigma, builds local capacity, and ensures equitable access to care.

Despite a growing interest in community and interpersonal interventions for mental health, significant gaps remain in the literature. While numerous studies have evaluated program efficacy in general populations, there is a paucity of research on their applicability to marginalized and intersectionally disadvantaged groups. For instance, LGBTQ+ individuals continue to encounter structural barriers in accessing culturally competent mental health services (Peterson et al., 2021). Moreover, interventions designed for immigrants and individuals living with chronic illnesses, such as HIV, are often insufficiently adapted to their specific needs and socio-cultural circumstances (Lee et al., 2024; Wanjala et al., 2024).

This narrative review aims to synthesize existing research on the effectiveness, limitations, and contextual influences of interpersonal and community-level mental health interventions. Specifically, it seeks to identify which intervention strategies are most successful in promoting psychological well-being among diverse demographic groups, including children, adolescents, women, and minority populations. In addition to examining clinical outcomes, the review incorporates social and cultural dimensions, thus providing a holistic understanding of intervention efficacy (Bauer et al., 2022). As prior research has demonstrated, interventions effective in one setting may not yield similar results elsewhere due to contextual variability (Amate & Rosa, 2025).

The scope of this review is geographically focused on low- and middle-income countries, where systemic challenges often limit the reach and impact of conventional mental health services. Studies conducted in Asia and Africa are particularly emphasized, as these regions represent contexts where community-based interventions have been both essential and innovative. For example, in India and Kenya, such interventions have demonstrated the capacity to enhance

mental well-being among adolescents and women facing complex socio-economic constraints (Lee et al., 2024; Wanjala et al., 2024).

Nonetheless, significant research gaps persist in specific domains. Despite increased attention to mental health among minority groups, data remain scarce concerning LGBTQ+ populations in developing countries. Transgender individuals, for instance, frequently experience compounded stigma and limited service access, yet are rarely the focus of targeted interventions (Nie et al., 2018). This underscores the need for multidimensional research approaches that engage with diverse identities and contextual realities.

Overall, this review contributes a comprehensive analysis of how social support interventions operate within complex social systems. By identifying effective practices, highlighting underexplored areas, and offering contextually relevant insights, it aims to inform future policy and research agendas. Ultimately, this work underscores the necessity of inclusive, adaptive, and evidence-based strategies to optimize mental health outcomes across different socio-cultural settings (Mittal & Anshu, 2024; Bakhtari et al., 2020).

## **METHOD**

The methodological framework for this narrative review was constructed to ensure a comprehensive and rigorous synthesis of current evidence on the relationship between social support and mental health, with a particular focus on interpersonal and community-based interventions. This section describes the systematic approach adopted to identify, select, and analyze relevant literature from major academic databases. In doing so, it adheres to established standards in literature review methodology to ensure the credibility and relevance of findings.

The literature collection process began with a structured search in two major electronic databases: Scopus and Google Scholar. These databases were chosen for their breadth of coverage in the fields of public health, psychology, sociology, and mental health studies. The search was conducted over a defined period between January 2015 and April 2025, capturing the most recent and relevant studies in the field. The selection of this ten-year window aimed to ensure the inclusion of contemporary practices, theories, and intervention outcomes that reflect the current state of mental health support systems, especially in low- and middle-income country contexts.

To identify relevant studies, a combination of specific and broad keywords was employed. These keywords were carefully selected based on preliminary readings of seminal literature in the field, existing systematic reviews, and expert consultations. Key search terms included: "Social support and mental health," "Interpersonal interventions," "Community-based mental health interventions," "Psychosocial support," "Mental health promotion," "Community mental health services," "Intervention effectiveness," "Support networks and mental health," "Social capital and mental well-being," and "Cultural competence in mental health interventions." These keywords were used in various Boolean combinations (e.g., AND, OR) to capture a comprehensive set of articles that addressed both the theoretical and applied aspects of social support in mental health contexts. In several instances, additional search refinements were made by including terms such as

"low-income countries," "vulnerable populations," and "health equity," depending on the focus of the database filtering tools.

The application of inclusion and exclusion criteria was central to the integrity and reliability of the review. Studies were included if they met the following conditions: they were published in peer-reviewed journals, they focused on mental health outcomes in relation to social support or interventions involving interpersonal or community-level mechanisms, and they employed qualitative, quantitative, or mixed-methods research designs. Furthermore, studies that specifically examined intervention outcomes in diverse demographic groups, including adolescents, women, migrants, or LGBTQ+ individuals, were prioritized to align with the review's emphasis on vulnerable populations.

Exclusion criteria were similarly applied to eliminate sources that could compromise the validity of the synthesis. Studies were excluded if they did not directly address the relationship between social support and mental health, such as those focusing solely on pharmacological treatments without any psychosocial component. Articles that involved populations without clear social interaction dynamics, such as experimental animal studies or highly clinical inpatient samples lacking community integration, were also excluded. In addition, literature not available in English or inaccessible in full text through institutional subscriptions was removed from consideration to ensure uniform comprehensibility and transparency in the analysis process.

This methodological rigor in setting boundaries ensured that the resulting body of literature was both relevant and of high quality. By focusing only on studies that explicitly addressed interpersonal and community-level interventions, the review was able to capture the nuances of social dynamics and the effectiveness of context-based strategies. It also avoided the risk of drawing erroneous generalizations from heterogeneous sources that may not share comparable frameworks or target populations.

The types of research included in this narrative review spanned a range of methodologies to allow for triangulation of findings and to capture a diversity of perspectives. Quantitative studies included randomized controlled trials (RCTs), quasi-experimental designs, cohort studies, and cross-sectional surveys that evaluated the efficacy or impact of specific interventions. These studies provided empirical measures of mental health outcomes such as changes in depression, anxiety, stress levels, or psychological well-being. Qualitative studies were also integrated into the review due to their value in exploring lived experiences, contextual insights, and the perceived acceptability and feasibility of interventions. These studies typically utilized thematic analysis, grounded theory, or phenomenological approaches based on in-depth interviews, focus groups, or ethnographic fieldwork. Additionally, mixed-methods research contributed to a holistic understanding by combining numerical outcome data with interpretative analyses of intervention contexts and mechanisms.

The selection process for the literature followed a multi-stage screening procedure. First, all titles and abstracts returned by the database searches were screened independently by two reviewers for relevance. Duplicate records were removed at this stage using Mendeley reference management software. The remaining articles were subjected to full-text review to assess eligibility against the inclusion and exclusion criteria. Any disagreements between reviewers regarding article inclusion



were resolved through discussion or consultation with a third reviewer to ensure consistency in judgment.

After the full-text review, a total of 122 articles were identified as meeting the criteria for inclusion. These articles were then subjected to a thematic categorization process, where findings were organized into major conceptual domains such as interpersonal support (e.g., family, peers, healthcare providers), community-based interventions (e.g., NGO-led programs, neighborhood support groups), and structural or policy-level factors (e.g., accessibility, stigma, integration of services). The thematic structure was guided by the social ecological model, allowing for an analysis that spans multiple layers of social influence. This process helped clarify not only the direct effects of support networks on mental health but also the mediating factors that influence intervention success.

To evaluate the quality of the studies, a narrative appraisal approach was employed, guided by relevance, methodological transparency, sample size, and ethical rigor. While this review did not conduct a formal risk of bias assessment as in systematic reviews, efforts were made to note any methodological limitations in the literature, such as small sample sizes, lack of longitudinal follow-up, or potential conflicts of interest. Studies with significant methodological weaknesses were flagged during synthesis but retained if they contributed valuable context or highlighted under-researched populations.

Overall, the methodological design of this review was constructed to provide a robust, contextually grounded, and interdisciplinary synthesis of existing knowledge. The combination of targeted search strategies, stringent selection criteria, and thematic organization ensures that the findings presented in subsequent sections are both evidence-based and reflective of the complex realities of mental health interventions. The process underscores the need for continued research that is methodologically diverse, demographically inclusive, and sensitive to cultural and contextual variations in the provision of mental health support.

## **RESULT AND DISCUSSION**

This section presents the key findings of the narrative review based on three thematic dimensions: interpersonal-level interventions, community-level interventions, and cross-national comparisons. Each dimension reflects a synthesis of evidence from the selected literature, highlighting the empirical outcomes, contextual influences, and comparative insights on social support and mental health.

### **Interpersonal-Level Interventions**

Interpersonal relationships, particularly those involving spouses, family members, and close friends, have been consistently identified as crucial protective factors for mental health. Studies have shown that emotional and practical support from intimate partners plays a significant role in alleviating depressive symptoms and enhancing overall well-being. Fujii et al. (2021) reported that

spousal support significantly predicted lower levels of depressive symptoms among women, emphasizing the importance of emotional availability and companionship in romantic relationships. Derges et al. (2014) further demonstrated that active emotional engagement from a partner not only mitigates stress but also improves life satisfaction, particularly among individuals navigating chronic psychological distress.

Family support, especially during adolescence, also serves as a strong buffer against the development of mental health disorders. According to Konstantinou et al. (2024), adolescents who perceived higher levels of familial support were less likely to report symptoms of depression and anxiety. This protective effect is especially pronounced in contexts of high environmental stress, where consistent support from caregivers fosters resilience and emotional regulation.

Beyond depression and anxiety, interpersonal support interventions have been linked with improvements in various clinical and functional outcomes. For instance, Chesler et al. (2015) found that individuals embedded in robust social networks demonstrated superior cognitive functioning, including memory performance and executive functioning. Similarly, structured interventions that facilitate supportive peer interactions were found to enhance sleep quality and reduce perceived stress levels. These outcomes underscore the multifaceted benefits of interpersonal support, which extend beyond symptom reduction to encompass improvements in quality of life and daily functioning.

Furthermore, the review found evidence supporting the role of workplace-based social support in protecting mental health, particularly among frontline workers. Hennein et al. (2021) illustrated that during the COVID-19 pandemic, healthcare professionals who received consistent emotional and logistical support from colleagues and supervisors reported significantly lower stress levels. This aligns with broader evidence suggesting that workplace relationships constitute a critical component of social support networks, particularly in high-stress occupational settings.

### Community-Level Interventions

Community-based interventions emerged as another key theme in the reviewed literature, particularly within low-resource and high-risk settings. These interventions typically incorporate group-based support systems, community outreach programs, and the integration of mental health services within existing local infrastructure. Programs such as "Well London," which emphasized community participation and empowerment, demonstrated that involving residents in the co-design of mental health strategies significantly enhanced their sense of agency and social belonging (Derges et al., 2014; Peterson et al., 2021).

Community-level interventions also demonstrated success in improving mental health literacy, which in turn facilitated early identification and treatment of mental health conditions. Konstantinou et al. (2024) reported that educational workshops and awareness campaigns implemented at the community level led to measurable increases in mental health knowledge, which translated into higher rates of help-seeking behavior. These findings suggest that building community capacity is not only feasible but also effective in shifting public perceptions and reducing stigma surrounding mental illness.

The importance of community ownership and localized leadership was also highlighted in several studies. Milić et al. (2025) examined the effects of peer-led mental health education programs in marginalized urban neighborhoods and found that programs designed and delivered by local residents had higher participation rates and greater acceptance among target populations. These initiatives often succeeded in reaching individuals who were previously disengaged from formal health systems, including those skeptical of or alienated by clinical mental health services.

Community-based interventions also provided significant psychosocial benefits beyond clinical symptomatology. Participants in group counseling sessions and mutual aid groups often reported enhanced social connectedness and reduced feelings of isolation. These psychosocial improvements, while sometimes difficult to quantify, represent essential components of holistic mental well-being. Moreover, in communities characterized by socioeconomic disadvantage, such programs helped to restore a sense of collective efficacy and mutual support, crucial elements for building mental health resilience.

### Cross-National Comparisons

A comparative analysis of interpersonal and community-level interventions across different national contexts reveals considerable variation in implementation, accessibility, and outcomes. In high-income countries, mental health support programs are generally embedded within well-resourced healthcare systems. Countries such as Canada and Australia offer integrated, multidisciplinary mental health services, often supported by public funding. According to Derges et al. (2014), such systems facilitate comprehensive care models that combine medical, psychological, and social services, resulting in more coordinated and responsive mental health care.

These countries also invest in public education campaigns to enhance mental health awareness and reduce stigma. Community mental health programs are commonly delivered through primary care networks and supported by trained professionals, including psychologists, social workers, and mental health nurses. The integration of these services allows for early detection and intervention, which has been associated with reductions in national rates of depression, anxiety, and suicide.

In contrast, low- and middle-income countries (LMICs) face significant challenges in implementing similar models due to limited funding, infrastructure constraints, and shortages of trained personnel. Nevertheless, community-based interventions in LMICs have demonstrated promising results. For instance, in Kenya and India, peer-support and lay-counselor models have been utilized to bridge service delivery gaps. Wanjala et al. (2024) documented how community health workers and trained volunteers in Kenya played pivotal roles in expanding access to mental health services in remote areas. These interventions were particularly effective in promoting mental health literacy and reducing stigma, despite the absence of formal clinical infrastructure.

Nadkarni et al. (2024) highlighted similar successes in India, where youth-focused mental health programs in rural regions effectively reduced barriers to service access. These programs, often delivered in partnership with local NGOs, emphasized cultural sensitivity and local relevance, which contributed to their high levels of community acceptance and engagement. While the clinical outcomes of these interventions may not always match those observed in high-income settings,



their success lies in their adaptability, low cost, and capacity to mobilize existing community resources.

Notably, the success of community interventions in LMICs often hinges on the ability to leverage social capital and community solidarity. Amate and Rosa (2025) argue that in the absence of formal infrastructure, the activation of traditional support networks can be a powerful tool in promoting psychological well-being. These interventions often foster a collective response to mental health challenges, emphasizing mutual aid and shared responsibility rather than individual clinical treatment.

Despite the contextual differences, the comparative analysis reveals some common themes. Across both high-income and LMIC contexts, interventions that prioritize community engagement, cultural competence, and relational support consistently yield better outcomes. However, the scalability and sustainability of these interventions remain areas of concern, particularly in settings with constrained resources. As such, the design of mental health support systems must be both context-sensitive and structurally supported to maximize their long-term impact.

In summary, the findings from this narrative review confirm the centrality of social support—whether interpersonal or community-based—in enhancing mental health outcomes. Interventions rooted in relational and participatory frameworks not only reduce symptoms of psychological distress but also promote broader psychosocial well-being. The evidence underscores the importance of tailoring these interventions to the cultural, economic, and structural realities of the populations they serve. Going forward, policies and programs should prioritize the development of inclusive, flexible, and community-anchored mental health initiatives to address the global burden of mental illness.

### Systemic Factors Contributing to the Limitations of Social Intervention Effectiveness

The literature reviewed in this narrative synthesis consistently highlights the pervasive influence of systemic factors on the effectiveness of social interventions in mental health. Structural determinants such as poverty, discrimination, and service inequalities significantly impede the reach and outcomes of both interpersonal and community-based interventions. Poverty, for instance, not only limits individuals' access to mental health services but also imposes psychological burdens through chronic financial insecurity and deprivation of basic needs (Abubakar et al., 2016). Such economic hardship exacerbates mental distress and limits engagement with support programs. Discrimination based on race, gender identity, or sexual orientation creates social environments that discourage vulnerable individuals from seeking help due to fear of stigma or previous experiences of exclusion (Hall, 2017).

This systemic marginalization is evident in community-specific contexts, such as among LGBTQ+ populations in Kenya, where high levels of stigma and a dearth of inclusive support services significantly impair the effectiveness of mental health interventions (Hall, 2017). Similarly, Wanjala et al. (2024) and Mittal & Anshu (2024) underscore the persistent inequality in healthcare access, particularly in remote or minority communities, where mental health professionals and culturally appropriate resources remain scarce. Addressing these systemic issues is critical to enhancing

intervention outcomes and ensuring mental health equity. Without structural changes, even the most well-designed interventions risk exclusion or ineffectiveness in the populations that need them most.

### **Policy Interventions to Improve Social Intervention Effectiveness**

Policy initiatives at both national and local levels are pivotal in enhancing the efficacy of social-based mental health interventions. Legislative efforts such as mental health acts that mandate integration of mental health services into primary healthcare have shown promising results in expanding access and reducing stigma (Abubakar et al., 2016). In low-resource settings, the implementation of community-embedded intervention models has been especially effective. For example, Milić et al. (2025) document how participatory approaches in community mental health programs increase engagement and service uptake by involving community members in the design and execution of interventions.

Moreover, cross-sectoral collaborations involving government health agencies, non-governmental organizations, and local stakeholders have emerged as effective mechanisms to bridge service delivery gaps. Such partnerships facilitate resource sharing, workforce training, and culturally informed programming, thereby improving both the reach and quality of services (Milić et al., 2025). Community-led programs that focus on mental health education and destigmatization also hold potential for transformative impact. Local training initiatives and awareness campaigns empower individuals to recognize symptoms, seek help, and support peers, fostering a more inclusive and responsive community mental health ecosystem.

### **Scientific Argument for Strengthening Multi-Level Interventions**

Strengthening multi-level interventions represents a scientifically grounded response to the multifaceted barriers facing community mental health efforts. The socio-ecological model provides a robust framework for conceptualizing and operationalizing interventions that span individual, interpersonal, organizational, community, and policy levels (Tamburrino et al., 2018). Evidence suggests that interventions targeting multiple levels simultaneously are more effective in producing sustained improvements in mental health outcomes.

Congello et al. (2019) argue that successful mental health programs are those that not only offer clinical support but also restructure the social environments in which individuals live. By involving community members as co-creators in program development and implementation, interventions gain cultural relevance and local legitimacy. This participatory approach increases the likelihood of community buy-in and sustainability. Moreover, integrating mental health promotion into existing community structures, such as schools, religious institutions, and social clubs, allows for broader dissemination of information and normalization of help-seeking behavior.

The importance of systemic support is further emphasized by Chang et al. (2023), who identify government endorsement and inter-institutional cooperation as critical for scaling up community mental health initiatives. These forms of support help to institutionalize programs, ensure consistent funding, and facilitate data-driven evaluation. Additionally, multi-level strategies have

shown promise in mitigating stigma, one of the most persistent barriers to mental health care. According to Thurman et al. (2016), addressing stigma requires a combination of public education, policy reform, and supportive social networks, which together shift societal attitudes and increase the visibility and legitimacy of mental health needs.

Despite the potential of multi-level interventions, the literature also acknowledges several limitations. Many programs lack rigorous evaluation frameworks, making it difficult to ascertain their long-term effectiveness or replicability across contexts. There is also a shortage of comparative studies that examine how cultural, economic, and institutional differences influence intervention outcomes. Furthermore, existing interventions often fail to adequately involve marginalized groups in their design, leading to a disconnect between program intentions and lived experiences. These gaps highlight the need for future research to prioritize intersectionality and community engagement.

In advancing the field, researchers and practitioners must adopt a reflexive stance that continually assesses the power dynamics and assumptions embedded in mental health interventions. By integrating insights from anthropology, sociology, and community psychology, future interventions can become more attuned to the realities of diverse populations. This interdisciplinary perspective is essential for crafting responsive and resilient mental health systems that align with both local needs and global standards.

## **CONCLUSION**

This narrative review underscores the pivotal role of social support—both interpersonal and community-based—in mitigating mental health challenges across diverse populations. Emotional and practical support from partners, families, and peers significantly reduces symptoms of depression, anxiety, and stress while fostering resilience, belonging, and relational security. At the community level, participatory programs and peer-led initiatives enhance mental health literacy, reduce stigma, and expand access to care, especially in underserved and marginalized contexts. These findings highlight that culturally sensitive and context-specific interventions are essential for strengthening psychological resilience and promoting equitable mental health outcomes.

However, persistent systemic barriers such as poverty, discrimination, and unequal access to health services continue to undermine the effectiveness of social interventions. To build sustainable and inclusive environments that promote mental well-being, stakeholders should prioritize relationship quality, empower communities, and strengthen system-level accountability. Policy reforms, multi-sectoral collaboration, and long-term investments are needed to integrate mental health into primary care systems and ensure broader accessibility. Future research should evaluate the long-term impacts of multi-level interventions and develop models that are adaptable, inclusive, and responsive to the lived realities of vulnerable populations.

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