

MODELS OF PUBLIC MENTAL HEALTH IN PRACTICE: A SCOPING REVIEW

Model Praktik Kesehatan Mental Masyarakat: Tinjauan Sistematis

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ABSTRACT

Background: Public mental health models are critical for mitigating diverse mental healthcare needs. However, there is limited understanding of effective models in practice. **Purpose:** This scoping review aims to analyse various existing models of public mental health implementation globally and in India. **Methods:** A comprehensive literature search was conducted across multiple databases, including PubMed and Google Scholar, using the keywords: ("public mental health" OR "community mental health") AND ("models" OR "frameworks"). The literature search identified 60 potential manuscripts. After screening and full-text assessment, 31 manuscripts were selected for analysis, providing insights into public mental health models. The selection process involved excluding manuscripts not relevant to the research question (n=2), older studies (n=11) and those with inaccessible full texts (n=16). **Results:** The scoping review identified several effective models: community-based (initiatives and awareness campaigns), settings-based (hospital, school, and workplace programs), crisis intervention (disaster support and suicide prevention), digital (telehealth and mobile applications), and peer support models. **Conclusion:** There is an urgent need to integrate diverse models of public mental health models into healthcare services. It is crucial in order to effectively address mental health needs and improve outcomes.

Keywords: mental health, public, practice, review

ABSTRAK

Latar Belakang: Model kesehatan mental publik sangat penting untuk mengurangi beragam kebutuhan perawatan kesehatan mental. Namun, pemahaman tentang model yang efektif dalam praktiknya masih terbatas. **Tujuan:** Tinjauan cakupan ini bertujuan untuk menganalisis berbagai model implementasi kesehatan mental publik yang ada secara global dan di India. **Metode:** Pencarian literatur yang komprehensif dilakukan di berbagai basis data, termasuk PubMed dan Google Scholar, menggunakan kata kunci: ("kesehatan mental publik" ATAU "kesehatan mental komunitas") DAN ("model" ATAU "kerangka kerja"). Pencarian literatur mengidentifikasi 60 manuskrip potensial. Setelah penyaringan dan penilaian teks lengkap, 31 manuskrip dipilih untuk dianalisis, yang memberikan wawasan tentang model kesehatan mental publik. Proses seleksi melibatkan pengecualian manuskrip yang tidak relevan dengan pertanyaan penelitian (n=2), penelitian lama (n=11) dan penelitian dengan teks lengkap yang tidak dapat diakses (n=16). **Hasil:** Tinjauan cakupan mengidentifikasi beberapa model yang efektif: berbasis komunitas (inisiatif dan kampanye kesadaran), berbasis lingkungan (program rumah sakit, sekolah, dan tempat kerja), intervensi krisis (dukungan bencana dan pencegahan bunuh diri), digital (telehealth dan aplikasi seluler), dan model dukungan sebaya. **Kesimpulan:** Ada kebutuhan mendesak untuk mengintegrasikan berbagai model kesehatan mental publik ke dalam layanan kesehatan. Hal ini penting untuk mengatasi kebutuhan kesehatan mental dan meningkatkan hasil secara efektif.

Kata kunci: kesehatan mental, publik, praktik, tinjauan

INTRODUCTION

Mental health problems cause a profound impact on individuals living with mental health problems, their families, and societies worldwide. Public mental health focuses on the prevention of mental health disorders, the promotion of mental well-being, and the enhancement of individuals' overall mental health, with the goal of mitigating the burden of mental illness. According to the World Health Organization (WHO), mental well-being is an essential component of overall health. It is defined not merely by absence of disease but encompasses a person's capacity to lead a fulfilling and productive life (World Health Organization, 2025). Despite growing awareness, access to mental healthcare remains a significant global challenge. The persistent "treatment gap"—the disparity between those needing and receiving mental health services—disproportionately affects low- and middle-income countries. Effective methods supported by solid research are necessary to address this pressing public health issue, which is comparatively less important. A lack of high-quality clinical research hinders our understanding of the problem, limits the development of evidence-based interventions, and impedes optimal policy development. Hence, prioritizing good quality clinical research, alongside the culturally informed implementation of accessible and affordable interventions and policies, is essential to improving public mental health worldwide.

Over the past few decades, various state-of-the-art public mental health innovations have evolved that aimed at reducing the burden of mental health problems and enhancing overall mental well-being. These approaches include Technology-Enabled Care (Telehealth/Telepsychiatry, Mobile Mental Health Apps), Service Delivery Innovations

(community-based mental health services, Integrated Care Models, Peer Support Services, Early Intervention Programs), crisis and disaster-responsive mental health care strategies, and Population-Level Interventions (school-based programs, public awareness campaigns) (Thornicroft *et al.*, 2023; Steindal *et al.*, 2023). There is a need to critically analyse the ever-evolving landscape of public mental health approaches to understand more effective and efficient models as they are crucial in addressing the mental healthcare burden across the world. Furthermore, social determinants of mental health such as poverty, unemployment, education, and cultural factors also play a significant role in shaping mental health outcomes. Hence, effective public mental healthcare models tailored to socio-cultural realities of each country need to be identified as these factors are integral to the public mental health framework. This scoping review aims to explore existing models of public mental health in practice globally as well as in India, as documented in the literature. The novelty of this research lies in its systematic examination of various public mental health models globally providing insights about best evidence-based practices and identifying key areas for future research. Moreover, this review includes a systematic analysis of the Indian public mental health model, providing a novel perspective on how public mental health initiatives can be adapted to a complex socio-cultural landscape with significant resource limitations. This case study provides valuable insights for other low- and middle-income countries facing with similar challenges. In addition, the findings of this research have important implications for policy and practice as it can inform the development and implementation of more accessible, affordable, and effective public mental health programs and policies, ultimately leading to improved population mental health.

METHOD

Data Analysis

The primary objective of this scoping review was to map the landscape of public mental health models in practice, aiming to identify and synthesize existing literature on this topic. This review project involved a team of three researchers with diverse expertise, ensuring a comprehensive approach to the review process. The inclusion criteria for this scoping review were articles written in English that explored public mental health models. Manuscripts published in languages other than English, as well as articles whose full texts were not available, were excluded. A systematic literature search was conducted across multiple databases,

including PubMed, Google Scholar, and Science Direct. The search terms used were: ("public mental health" OR "community mental health") AND ("models" OR "frameworks"). Additionally, manual searches were performed to ensure a thorough inclusion of relevant studies. The search was conducted in October 2024 and included studies published in the English language from January 1, 2016, up to the search date. The review was able to concentrate on more recent models of public mental health, which represent current trends and achievements in the field, by restricting the search to research published after 2015. Figure 1 presents an overview of the methodology employed for data collection in this review.

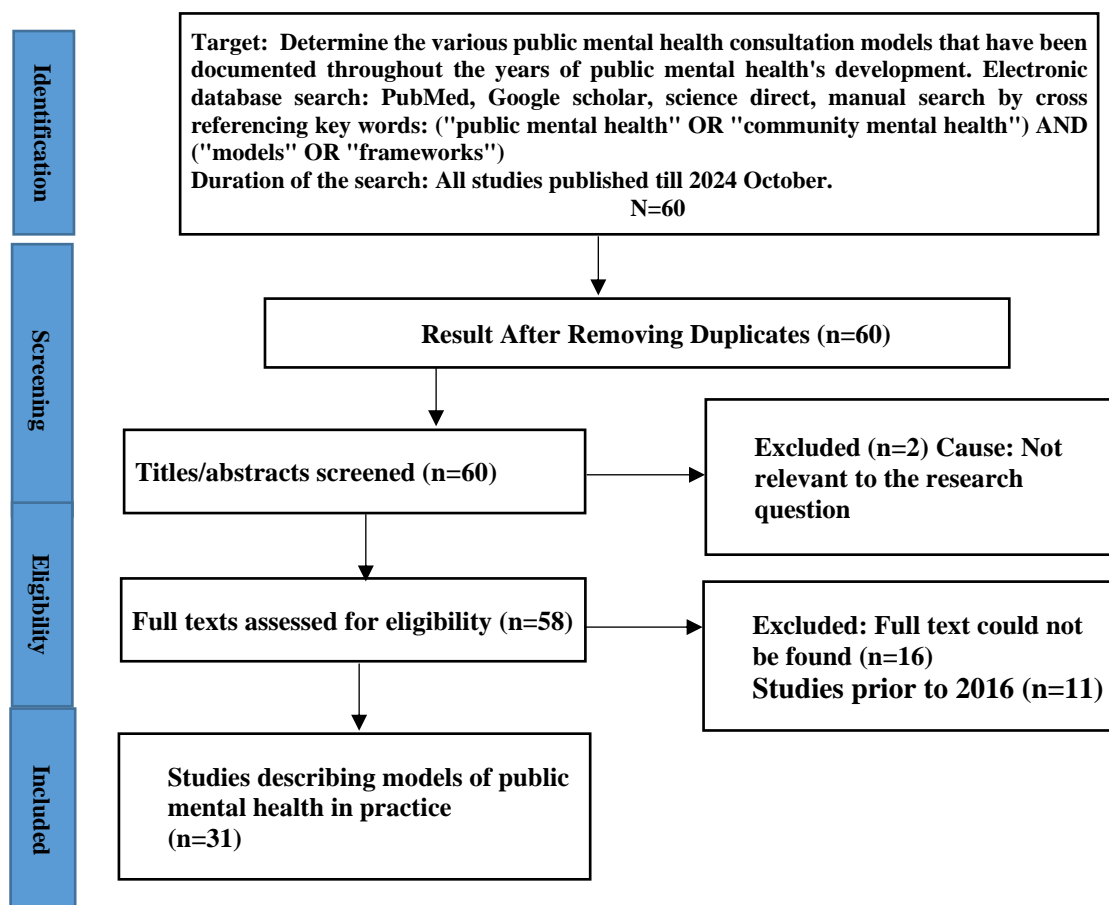


Figure 1. Flowchart for selecting studies

Models of Public Mental Health Consultation

Table 1. Classifications of different public mental health models

Community-Based Mental Health Model
Community initiatives
Collaborative model
Mental health awareness campaigns
Settings-Based Model
Hospital-based model
School-based mental health program
Workplace-based mental health model.
Crisis and Emergency Model
Disaster mental health support
Suicide prevention model
Digital and Technology Model
Telemedicine or telehealth
Mobile apps
Artificial intelligence
Digital mental health campaigns
Peer Support Mental Health Model

RESULT

This scoping review identified 31 publications describing public mental health in practice. A descriptive analysis of the studies provided 5 major models of public mental health in practice. They were the following: 1. community-based mental health model, 2. Settings based model, 3. Crisis and emergency model, 4. Digital and technology model, 5. Peer support mental health model. The details were summarized in Table 1.

1. Community-Based Mental Health Model

This model envisages the provision of various forms of mental healthcare services within the community, with a focus on prevention, early intervention, treatment, rehabilitation, and community integration. In this model, along with trained mental

healthcare workers, community health workers and local organizations are involved heavily to ensure accessible, acceptable, and effective care.

a) Community initiative

Community initiatives often utilize a human rights-informed, de-centralised model, that aims to provide mental healthcare services at the grassroots level in non-clinical settings. Evidence suggests that this model is considerably more accessible, acceptable, and cost-effective than institutional care while demonstrating strong clinical efficacy. Importantly, this approach ensures that services are accessible directly at the individual's doorstep, including locations where people live and work (World Health Organization, 2021). It is the most commonly

employed model to provide mental healthcare support to patients with severe mental health conditions such as schizophrenia in rural areas.

b) Collaborative model

In this model, the government at the national or state level integrated various public mental health service delivery systems into the existing general public health settings, such as primary health centers, to address the mental healthcare needs of a specific geographical region. This model fostered collaboration between governmental and non-governmental agencies, with the following outcomes: it enhanced mental health and well-being among the local population, optimized mental health care outcomes for society, and ensured more equitable distribution of resources and services (World Health Organization, 2022; McBain *et al.*, 2021; NHS, 2019). This model was commonly used to provide mental healthcare support for both common mental disorders, such as depression, and chronic treatment for patients with severe mental health conditions.

In developed countries, mental health care was predominantly funded through taxation, which ensured widespread accessibility and sustainability of services (Wangen & Grepperud, 2018). Non-governmental organizations (NGOs) played a crucial role in public mental health services in developing countries by providing accessible, culturally sensitive, and community-based interventions, as the government sector faced significant financial and human resource limitations. The WHO has highlighted that those developing countries, including Nigeria, India, and the Philippines, faced significant limitations in mental health resources. Additionally, encouraging the involvement of NGOs contributed to the advancement and promotion of public mental health care

(Anyebe, 2021). These NGOs particularly focused on individuals living with mental illnesses from socio-economically disadvantaged backgrounds, who were often neglected by formal health systems.

c) Mental Health Awareness Campaigns

Mental health awareness campaigns played a crucial role in improving knowledge about mental health, reducing stigma associated with mental illnesses, and promoting mental healthcare -seeking behaviours. These initiatives were typically conducted by governmental organizations as part of large-scale campaigns or by NGOs on a smaller scale, tailored to their specific areas of mental health action. A data-driven approach was often utilized, such as the Precede-Proceed Model, by governments and specialized health organizations to guide the development and evaluation of these awareness programs (Hazell *et al.*, 2021). This model was employed at the population level and targeted various stakeholders, including healthcare professionals, patients, caregivers, and local population. NGOs in India and worldwide are playing a crucial role in promoting mental health awareness through various campaigns, events, and workshops. Organizations such as the Mindroot Foundation, The MINDS Foundation, and others led efforts to enhance mental well-being and reduce stigma by providing essential resources and support.

2. Settings-Based Model

This model integrated public mental healthcare actions into specific environments and settings where individuals lived, worked, and socialized. By focusing on these settings, it aimed to address the root causes of health disparities contextually and helped develop initiatives that support mental health and well-being.

a) Hospital-based mental health model

Hospital-based mental healthcare services were the most commonly and widely used mental health model for people with mental illness. This model provided specialized care that included inpatient psychiatric care, outpatient services, rehabilitation services, and other specialized interventions such as neuromodulation. It was primarily used for patients with acute or severe psychiatric symptoms who pose a risk to themselves or others, or those who required intensive psychotherapy or rehabilitation. However, mental healthcare services in these settings were frequently associated with significant coercion and human rights violations (World Health Organization, 2021; World Health Organization, 2021).

b) School-based mental health program

Children face many mental health issues. Schools provided an effective stigma-free environment for addressing such issues by fostering academic and personal development through targeted mental health interventions. School-based mental health frameworks addressed psychological, emotional, and behavioral issues, utilizing a collaborative model in which teachers were trained to identify and manage common mental health concerns among children. Positive teacher-student interactions enhanced further academic success and social-emotional growth (Hoover & Bostic, 2021).

c) Workplace-based mental health model

The workplace-based mental health model aimed to improve the mental well-being of employees by creating a supportive environment and ensuring they had access to necessary mental healthcare services. Organizations designed multifaceted approaches, frequently in collaboration with mental health professionals or NGOs, which included stress management training,

physical exercise, relaxation techniques, and multicomponent interventions. The main objectives of these programs were to establish sustainable corporate structures, optimize workplace resources, protect mental health by mitigating work-related stress, and address mental health challenges among employees (Greiner *et al.*, 2022; Vignoli *et al.*, 2017). Numerous NGOs, such as The Live Love Laugh Foundation and The MINDS Foundation, were actively engaged in promoting mental well-being in the workplace. Their efforts included raising awareness, reducing stigma, and offering essential resources and support to foster a healthier work environment.

3. Crisis and Emergency Model

The crisis and emergency model aimed to deliver prompt mental healthcare support during emergencies, including mental health crises, natural disasters, wars, or other critical situations. These models were typically implemented by crisis intervention teams, emergency response helplines, psychiatric emergency teams, and state- or district-level disaster response units. Their primary objective was to stabilize individuals experiencing acute mental health episodes by providing psychological first aid and ensuring the provision of appropriate care and follow-up services.

a) Disaster mental health support

This model aimed to address mental and emotional challenges arising from disasters, including wars, natural or man-made calamities, and pandemics. The psychological impact of disasters varies depending on the severity of the incident, with heightened effects observed among individuals who lacked training or preparedness for such events. Effective support programs were essential during disasters to address mental health and psychosocial issues, such as distress, grief,

anxiety, disaster-induced family separation, and the breakdown of social networks caused by catastrophic events such as tsunamis, earthquakes, or cyclones. Furthermore, these interventions were followed up with more structured evidence-based approaches to alleviate the effects of disaster-related trauma and foster overall well-being (Lindert *et al.*, 2021; Gray *et al.*, 2020; Seto *et al.*, 2019).

b) Suicide prevention model

The suicide prevention model was a form of emergency public mental health intervention designed to reduce suicidal ideation through a systematic approach involving multi-sectoral collaboration and coordination. Researchers employed a Markov chain model to determine whether decreasing stigma or increasing available resources improves mental health outcomes, specifically assessing the effectiveness of suicide prevention initiatives (Claudio *et al.*, 2023). Such models were implemented at national or local level depending on the need and available resources.

4. Digital and technology model

The digital and technology-based model aimed to deliver mental health services to the population utilising advanced technologies, including digital platforms, mobile applications, and artificial intelligence (AI). Importantly, digital mental health interventions offered personalized, stigma free, evidence-based psychoeducational support, effectively reducing mental health challenges. These models can be utilized to facilitate both the diagnosis of mental health conditions and the provision of treatment (Weber *et al.*, 2019; Mendes *et al.*, 2022). Moreover, telemedicine services facilitated the delivery of mental healthcare to underserved or rural areas lacking adequate infrastructure and healthcare personnel (Naslund & Aschbrenner, 2019; Jeindl *et al.*, 2023).

Furthermore, digital platforms played a pivotal role in mental health campaigns, promoting awareness, reducing stigma, and enhancing access to essential mental health resources (McBain *et al.*, 2021; Sharma *et al.*, 2023).

5. Peer support mental health model

The peer support model served as an important component of the mental health system, offering structured social support as an alternative or complement to professional care. This model adopted a holistic framework where individuals with lived experience of mental health challenges provided advice, support, and encouragement to others confronting similar issues. Evidence suggested that this model significantly enhanced empowerment and reduced hospitalization rates among individuals with mental illnesses (World Health Organization, 2021; McBain *et al.*, 2021; McLeish *et al.*, 2023; Libon *et al.*, 2023; Mirbahaeddin & Chreim, 2022; Lyons *et al.*, 2021).

Indian model of public mental health

The Indian model of public mental health utilized a multifaceted approach to deliver mental health services, incorporating governmental sectors, NGOs, and technological advancements to address the mental health needs of diverse populations. This model was guided by the Indian Mental Healthcare Act, 2017, which aligned with United Nations Convention on the Rights of Persons with Disabilities (CRPD) principles. These principles emphasized the promotion, protection and realization of complete and equitable human rights, legal capacity, equality and dignity for persons with mental illness (Uvais & Joag, 2024)

National Mental Health Program (NMHP)

The National Mental Health Program (NMHP), launched by the Government of India in 1982, was designed to ensure that

everyone has access to basic mental health care and to foster community participation in mental health care. Over time, the program has expanded its reach to include Primary Health Centers (PHCs), district-level services supported by mental health professionals, training programs for medical and multipurpose health workers, school-based mental health initiatives, and home-based follow-up services conducted by nurses. These efforts aim to reduce stigma, enhance community awareness about mental health, and improve the accessibility and affordability of treatment.

A key component of the NMHP is the District Mental Health Program (DMHP), which operates at the community level and is implemented across all districts in India. Run by trained mental health professionals, the DMHP plays a critical role in the diagnosis, treatment, and rehabilitation of individuals with mental illness and ensures the provision of comprehensive mental health care at the district level (Hans & Sharan, 2021; Singh, 2018; Dhyani *et al.*, 2022).

Bellary model

The Bellary model, a pilot project developed under the NMHP, was implemented in the Bellary district of Karnataka from 1985 to 1990 to evaluate the feasibility of integrating mental health services into primary healthcare. Based on its success, the government adopted the Bellary model as the national framework for delivering primary mental health care, a system that continues to serve as the foundation for mental health service delivery in India (Singh, 2018).

Telemedicine services

Telepsychiatry services facilitate the delivery of mental health care across urban, rural, and remote areas in India, effectively mitigating accessibility challenges. India launched the national telemedicine platform

eSanjeevani in 2014, offering free medical and psychiatric care to vulnerable populations, with the aim of improving healthcare access and equity (Galagali *et al.*, 2021).

The MANAS mobile app, launched by the Ministry of Health, also aims to enhance mental health awareness, provide psychoeducation, and facilitate self-evaluation. This program is specifically designed to support urban populations that lack adequate mental health resources. It leverages mobile technology to deliver educational content, promote mental wellness, enable self-assessment, and strengthen mental resilience among users (MANAS Mitra, 2025).

Community initiatives

In India, Accredited Social Health Activist (ASHA) workers play an important role in the expansion and advancement of mental health services. They support patients with mental illness in their recovery journey and also work in the community to reduce stigma, dispel myths, and address misconceptions. Their efforts significantly enhance community acceptance and engagement with mental health treatment (Rahul *et al.*, 2021; Kasturkar *et al.*, 2023). Additionally, various NGOs are also actively involved in various aspects of mental health. These organizations work primarily in underserved areas, filling critical gaps in mental health care delivery.

DISCUSSION

This scoping review explored diverse public mental health practice models globally and also selectively listed the Indian public mental health model. Recent studies have reported favorable perceptions regarding community mental health services at the population level, noting their potential to address social inequalities by enhancing social well-being and addressing structural

determinants of mental health. It underscores the critical role of community initiatives in advancing public mental health, especially, particularly the rights-based and decentralized approaches that are implemented at the grassroots level that prioritize accessibility and inclusivity (Castillo *et al.*, 2019). Among the public mental health models discussed, Indian mental healthcare services have implemented a variety of approaches, with community-based, technology-assisted, and hospital-based models being the primary focus. Additionally, government bodies and various NGOs are increasingly adopting other public mental health models, including school-based initiatives, workplace programs, suicide prevention strategies, and disaster response efforts. However, the peer support model remains underdeveloped in the country.

This review highlighted those developing countries, including India, face significant limitations in mental health resources. The involvement of NGOs has been instrumental in advancing and promoting public mental health care through a variety of approaches including raising awareness and providing mental health education through digital platforms such as WhatsApp, Facebook, email, and Twitter, as well as through community-based initiatives in educational institutions and public campaigns. There is an urgent need to invest more in both governmental and NGO sectors, in terms of both financial and human resources, to mitigate the growing public mental health challenges. Moreover, developing countries should fund more research works in public mental health so that culturally sensitive cost-effective tailored interventions can be designed and tested (Wada *et al.*, 2021).

Setting-based frameworks, including school-based and workplace-based mental

health models, are critical to addressing and mitigating mental health challenges in line with the global public health goal of promoting health and well-being. These frameworks facilitate the prevention, early identification, and effective management of mental health conditions while promoting overall mental well-being in a stigma-free environment (Ma *et al.*, 2023).

The findings of our review indicate that digital mental health interventions provide personalized, evidence-based psychoeducational support that effectively address mental health challenges, raise awareness, and reduce stigma. Recent studies highlighted the role of digital platforms, including telemedicine services, mobile applications, and mass media campaigns, in advancing public mental health and enhancing access to mental health services, including in remote and underserved areas. Researchers have also identified significant challenges faced by patients when using telehealth services, including limited understanding, insufficient knowledge, internet connectivity issues, and unfamiliarity with the system (Steindal *et al.*, 2023).

In India, the NMHP was established with the objectives of improving accessibility to mental health care, foster community participation, and increase awareness of mental health. With the expansion and integration of mental health services into the primary levels, the program is now on its way to achieving its goals. Such large-scale mental healthcare interventions from the public sector also exist in other countries. For example, in the United Kingdom (UK) mental health services are delivered through the National Health Service (NHS), which offers a wide range of programs (Hans & Sharan, 2021).

It is imperative to acknowledge the limitations of this scoping review when

interpreting its findings. Firstly, the search was conducted across a limited number of research databases which may have resulted in the omission of relevant studies published in other databases, potentially affecting the comprehensiveness of the review. Moreover, the review's inclusion criteria were limited to articles published in English, introducing a language bias that may have excluded significant studies published in other languages. This limitation potentially restricts the generalizability of the findings to non-English speaking contexts. Furthermore, restriction to abstracts and articles published in English may have led to the exclusion of studies that could have provided valuable insights and enriched the analysis and conclusions drawn from this review. In the future, addressing the disparities and dissatisfaction associated with access to care through digital mental health systems will provide a more effective and convenient means of delivering mental health services, ensuring greater accessibility, flexibility, and timely support for individuals across diverse populations. Furthermore, the promotion of mental health programs in educational institutions and occupational settings will facilitate the early detection and management of mental health issues. The enhancement of accessibility and affordability of mental health services, particularly for vulnerable populations, will be essential in ensuring equitable mental health care for all.

CONCLUSION AND SUGGESTION

This scoping review examined various public mental health models, including Community-Based, Settings-Based (hospital, school, workplace), Crisis and Emergency (disaster support, suicide prevention), Digital and Technology (telehealth, mobile apps), and Peer Support models. The findings emphasize the need to integrate these models into healthcare

services to effectively address diverse mental health needs.

The necessity of collaboration between government entities and non-governmental organizations is paramount for the establishment of sustainable, culturally sensitive mental health services. The implementation of setting-based initiatives within educational institutions and occupational environments is identified as a pivotal strategy to facilitate early intervention during periods of heightened demand for mental health services, thereby addressing the escalating needs of diverse populations.

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AUTHOR CONTRIBUTION

Vishnu Mangalamchery was involved in the conceptualization, data collection, writing, proofreading, review. M. Vaseel was responsible for conceptualisation, data collection, writing, proofreading, review. Nalakath A Uvais was responsible for conceptualisation, data collection, writing, proofreading, review.

CONFLICT OF INTEREST

The authors do not have a conflict of interest with any party.

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