

The global hidden costs of mental health disorders: Socioeconomic impacts and policy solutions: Systematic review

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Abstract

Mental health disorders constitute a profound and multifaceted global public health challenge. Affecting individuals, families, and societies, these disorders include conditions such as depression, anxiety, bipolar disorder, and schizophrenia, which collectively account for a significant proportion of disability-adjusted life years (DALYs) lost worldwide. The socioeconomic burden of mental health disorders extends beyond healthcare costs, encompassing reduced productivity, stigmatization, familial strain, and societal exclusion. These conditions exacerbate existing inequalities, disproportionately impacting low-income populations and marginalized groups, while perpetuating cycles of poverty and inadequate access to care.

This review provides a comprehensive global analysis of the hidden costs associated with mental health disorders, emphasizing their profound economic and societal implications. Drawing from diverse epidemiological studies, policy evaluations, and economic analyses, the findings underscore the critical need for systemic reforms. The review advocates for the integration of mental health services into primary healthcare systems, investments in community-based interventions, and the adoption of digital health solutions to bridge accessibility gaps. Furthermore, the paper highlights the importance of policy innovation and stigma reduction campaigns to foster inclusive and sustainable approaches.

By addressing the systemic barriers that perpetuate mental health challenges, this review underscores the necessity of global collaboration among governments, healthcare providers, and stakeholders. These concerted efforts can significantly reduce disparities, enhance well-being, and promote economic stability, paving the way for resilient and equitable communities worldwide (Patel et al., 2018; World Health Organization, 2022).

Keywords: Global Mental Health; Socioeconomic Burden; Public Health; Policy Interventions; Stigma; Economic Impact; Digital Health; Community-Based Care.

1. Introduction

Mental health disorders have emerged as a critical global health concern, affecting individuals irrespective of geography, age, or socioeconomic status. Approximately 970 million people globally are affected by mental health conditions, with depression and anxiety alone contributing to a substantial burden of disease and economic strain (Patel et al., 2018). The increasing prevalence of these disorders is driven by interconnected factors such as urbanization, socioeconomic disparities, environmental stressors, and global crises, including the COVID-19 pandemic (World Health Organization, 2022). These conditions not only disrupt individual lives but also challenge societal structures and economic stability on a global scale.

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Despite the vast and growing impact of mental health disorders, they remain among the most underfunded sectors in public health. In many countries, less than 2% of national health budgets are allocated to mental health services, leaving significant treatment gaps, particularly in low- and middle-income regions (Bloom et al., 2011; Saxena et al., 2007). The lack of adequate funding perpetuates systemic barriers, including insufficient mental health infrastructure, a shortage of trained professionals, and limited access to essential services. This neglect disproportionately affects vulnerable populations, amplifying existing inequalities and reducing opportunities for intervention (Chisholm et al., 2016).

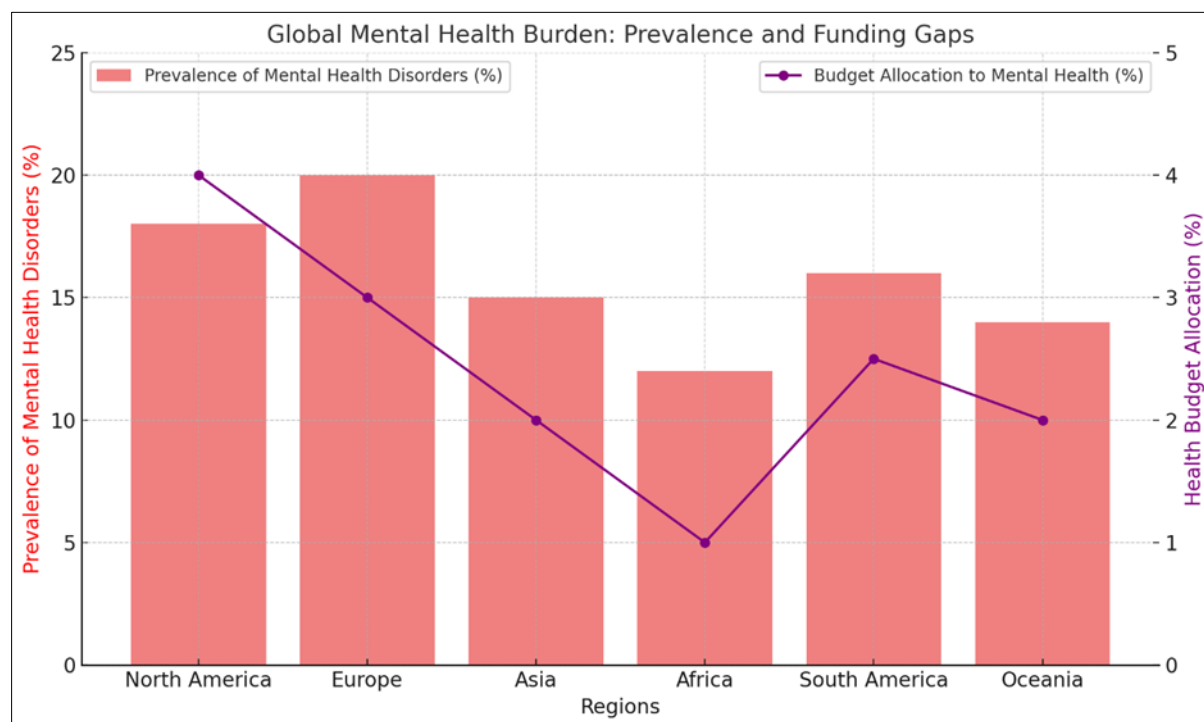


Figure 1 Global Mental Health Burden: Prevalence and funding Gaps

Mental health conditions also perpetuate a cycle of poverty and stigma. Individuals with untreated mental health disorders often face unemployment, reduced educational attainment, and social marginalization. Families, in turn, bear the financial and emotional burdens of caregiving, leading to intergenerational challenges and economic instability (Layard & Clark, 2014; Thornicroft et al., 2010). Compounding these difficulties, stigma remains a pervasive obstacle, discouraging individuals from seeking help and further entrenching the socioeconomic toll of mental health disorders (Corrigan et al., 2014).

This review aims to provide an in-depth analysis of the global socioeconomic implications of mental health disorders. It explores both the direct and indirect costs associated with these conditions while highlighting innovative policy solutions and case studies that demonstrate effective strategies for mitigating these challenges. By advocating for holistic and inclusive approaches, this paper seeks to inform policymakers, healthcare providers, and global stakeholders on the critical need for collective action to address the burden of mental health disorders.

2. Methods

This review employed a systematic and comprehensive methodology to ensure the inclusion of diverse perspectives and high-quality evidence, adhering to established guidelines for systematic reviews (Moher et al., 2009). The methodology encompassed several critical steps, each designed to enhance the rigor and breadth of the analysis and ensure the reliability of the findings:

2.1. Search Strategy

A systematic search was conducted across multiple electronic databases, including PubMed, Scopus, and Google Scholar, to identify relevant studies. Keywords such as “mental health disorders,” “socioeconomic burden of mental health,” “economic impact of mental illness,” and “mental health policy interventions” were used in various combinations to ensure comprehensive coverage of the topic. Boolean operators (AND, OR) were employed to refine the queries further,

while filters were applied to limit the results to studies published between 2000 and 2024. This time frame was selected to capture the most recent and relevant research while allowing for historical comparisons. Database-specific search strategies were tailored to optimize retrieval, with iterations performed to capture the most relevant studies. To complement database searches, references from key articles were manually reviewed to identify additional relevant sources, ensuring that no significant study was overlooked (Higgins et al., 2022). Additional grey literature, including policy briefs and reports from international organizations such as the World Health Organization (WHO), was also consulted to provide contextual depth.

2.2. Study Selection

The study selection process was conducted in multiple stages to ensure thoroughness and consistency. Initially, the titles and abstracts of all retrieved articles were screened for relevance by two independent reviewers, minimizing potential biases. Articles deemed relevant were then subjected to a full-text review to evaluate their eligibility based on predefined inclusion and exclusion criteria. This multi-step selection process adhered to PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, ensuring transparency and reproducibility in the review process (Page et al., 2021). In cases where disagreements arose, a third reviewer was consulted to reach a consensus, further enhancing the reliability of the selection process.

2.3. Inclusion and Exclusion Criteria

- **Inclusion Criteria:** Studies eligible for inclusion were required to meet several stringent parameters to ensure relevance and quality. These included:
 - Peer-reviewed articles, systematic reviews, meta-analyses, and case studies published in English.
 - Research explicitly analyzing the socioeconomic aspects of mental health disorders, such as healthcare costs, productivity losses, stigma-related challenges, and policy interventions.
 - Studies providing quantitative or qualitative data directly linked to socioeconomic outcomes or offering actionable policy recommendations based on robust evidence.
 - Articles focusing on global or regional trends to allow for comparative analyses and the identification of disparities.
 - Research conducted across various population demographics and healthcare systems to provide a diverse representation of findings.
- **Exclusion Criteria:** Articles were excluded if they did not meet the criteria for relevance, rigor, or focus. Specifically:
 - Studies focusing solely on biological, neurological, or pharmacological aspects of mental health disorders without discussing socioeconomic or policy implications.
 - Non-peer-reviewed sources such as opinion pieces, editorials, or commentaries that lacked empirical data.
 - Research with significant methodological limitations, such as small or non-representative sample sizes, inadequate controls, or unclear methodologies.
 - Studies published in languages other than English due to resource constraints for accurate translation and contextual analysis.
 - Duplicate studies or those that overlapped substantially in content without providing new insights were also excluded during the screening process.

2.4. Data Extraction and Quality Assessment:

A structured data extraction sheet was meticulously developed to ensure the systematic collection of critical information from each selected study. This tool was designed to capture a comprehensive range of data points, including details on study design, geographic scope, population characteristics, and key socioeconomic outcomes, such as healthcare expenditures, productivity impacts, and stigma-related challenges. Additionally, the data extraction sheet included sections for recording policy recommendations and interventions discussed in the studies, allowing for a focused synthesis of actionable insights.

To ensure accuracy and minimize errors, all extracted data were cross-verified by multiple reviewers. Each reviewer independently completed the extraction process, and any discrepancies were resolved through discussion or consultation with a senior reviewer. This rigorous approach not only enhanced the reliability of the extracted data but also ensured consistency across all included studies.

To assess the methodological quality and reliability of the selected studies, the Joanna Briggs Institute (JBI) Critical Appraisal Checklist was employed (Munn et al., 2015). This checklist provided a standardized framework for evaluating various aspects of each study, including the clarity of research objectives, the appropriateness of methodologies, the robustness of data collection and analysis methods, and the validity of conclusions drawn. Studies were scored based on their alignment with predefined quality metrics, which encompassed elements such as sampling strategies, ethical considerations, and statistical rigor.

Only studies that met or exceeded a predetermined quality threshold were included in the final analysis. This ensured that the synthesis was based on high-quality evidence, thereby enhancing the credibility and applicability of the review's findings. In addition to quality scoring, notes were taken on potential biases or limitations identified during the appraisal process, which were later considered during the interpretation of results.

Furthermore, the data extraction and quality assessment processes were iterative, allowing for the refinement of tools and criteria as new patterns or challenges emerged during the review. Regular team meetings were held to discuss progress, address ambiguities, and ensure alignment among reviewers, fostering a collaborative and transparent approach to the review process.

3. Analysis and Synthesis

Thematic synthesis was employed to analyse the extracted data, focusing on identifying recurring patterns, emerging themes, and gaps in the literature (Thomas & Harden, 2008). Quantitative data, such as healthcare costs, productivity losses, and policy-related expenditures, were aggregated and analysed statistically to highlight trends and variations across studies. This quantitative synthesis allowed for the identification of regional and demographic disparities, providing a detailed overview of economic impacts.

The qualitative component of the synthesis provided contextual insights by examining themes such as stigma, cultural perceptions of mental health, and barriers to accessing care. Through an iterative process, the qualitative data were coded and categorized into thematic clusters, enabling a comprehensive understanding of systemic challenges and opportunities for intervention. This dual approach ensured that both numerical trends and narrative contexts were integrated into the analysis, allowing for a balanced and nuanced interpretation of the findings.

Additionally, comparative analyses were conducted to examine how different healthcare systems and policy environments influenced mental health outcomes. For instance, studies from low- and middle-income countries were compared against those from high-income nations to identify unique challenges and transferable solutions. This cross-contextual analysis provided actionable insights for tailoring policy responses to diverse settings.

To identify gaps in the literature, the review also examined underrepresented populations and themes, such as the mental health impacts on informal caregivers or the economic burden in rural versus urban areas. This gap analysis underscored the need for future research and provided a foundation for prioritizing areas that require immediate attention. The synthesis process was iterative, with findings continually refined and validated through discussions among reviewers to ensure consistency and reliability.

By employing this systematic methodology, the review incorporated a diverse and robust body of evidence, offering a comprehensive perspective on the socioeconomic impacts of mental health disorders. This approach also provided actionable insights for policymakers, healthcare professionals, and stakeholders seeking to address these complex challenges effectively. The rigorous process ensured that the findings are both reliable and relevant, contributing to the broader understanding of the global burden of mental health disorders.

4. Results

4.1. Economic Costs

Mental health disorders represent a dual economic burden globally, encompassing both direct healthcare costs and substantial indirect costs:

- **Direct Costs:** Expenditures related to psychiatric care, hospitalizations, medications, and specialized mental health services constitute a significant portion of national healthcare budgets. High-income countries invest heavily in advanced psychiatric infrastructure and training programs, while low- and middle-income nations face resource constraints that hinder service delivery (Patel et al., 2018; Knapp et al., 2011). These costs often escalate in underserved regions, where mental health services are limited, leading to delayed interventions and prolonged treatment durations (Saxena et al., 2007; Lund et al., 2010).
- **Indirect Costs:** The economic toll extends to lost productivity due to absenteeism, presenteeism, and workforce dropout caused by untreated mental health conditions. Globally, these losses are estimated at over \$1 trillion annually (World Health Organization, 2022; Bloom et al., 2011). Furthermore, mental health disorders often result in early retirement and career stagnation, disproportionately affecting low-income countries that lack comprehensive welfare systems (Trautmann et al., 2016; Whiteford et al., 2013).

4.2. Social Impacts

The societal ramifications of mental health disorders are profound and multifaceted:

Stigma and Discrimination: Individuals with mental health disorders frequently encounter prejudice in workplaces, educational institutions, and healthcare systems. This stigma deters individuals from seeking timely treatment and perpetuates cycles of exclusion and poverty (Corrigan et al., 2014; Thornicroft et al., 2007). Cultural misconceptions about mental illness further compound these challenges, particularly in regions with limited mental health literacy (Lasalvia et al., 2013).

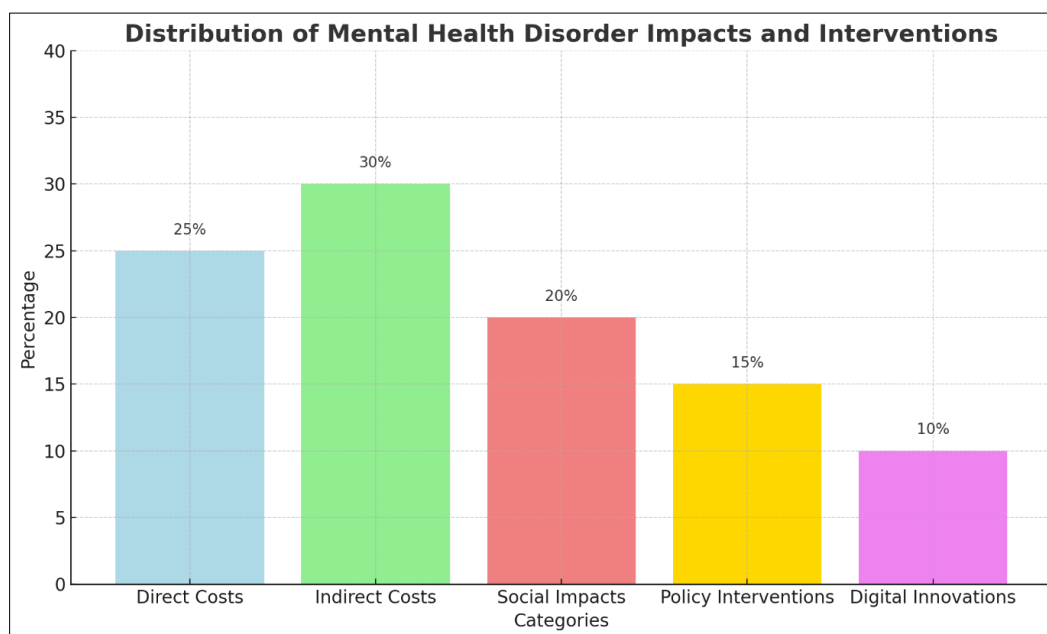


Figure 2 Distribution of Mental Health Disorder Impacts and Interventions

Family and Caregiver Strain: The emotional and financial burden placed on families and caregivers is significant. In low-resource settings, caregivers often face reduced productivity and heightened stress, leading to long-term socioeconomic disadvantages (van der Werf et al., 2018; Steel et al., 2014). Families may also experience intergenerational impacts, as caregiving responsibilities limit educational and economic opportunities for younger members.

4.3. Policy Interventions

Policy innovations have demonstrated measurable success in alleviating the global burden of mental health disorders:

- **Integration of Mental Health into Primary Care:** Programs that embed mental health services within primary healthcare systems have proven effective in addressing accessibility gaps. For example, the World Health Organization's mhGAP initiative has improved early diagnosis and treatment in low-resource settings, reducing barriers to care (World Health Organization, 2021; Chisholm et al., 2016).
- **Community-Based Interventions:** Initiatives such as Australia's Headspace and the UK's Improving Access to Psychological Therapies (IAPT) program have shown significant improvements in mental health outcomes through community-centered approaches. These programs emphasize early intervention, evidence-based therapies, and holistic care models, which are both cost-effective and scalable (Clark et al., 2018; Fusar-Poli et al., 2019).
- **Digital Health Innovations:** Telehealth platforms and mobile applications have emerged as transformative tools for expanding mental health services. These technologies are particularly beneficial in rural and underserved areas, enabling real-time consultations, remote therapy, and self-help resources (Bloom et al., 2011; Naslund et al., 2017; Torous et al., 2018).

5. Recommendations

5.1. Increase Funding for Mental Health

Governments worldwide must prioritize and significantly increase financial allocations to mental health services to address the treatment gap and meet the needs of affected populations effectively (Patel et al., 2018; Saxena et al., 2007; Chisholm et al., 2016). Budgetary enhancements should focus on expanding access to community-based mental health care, recruiting and training mental health professionals, and integrating mental health services into primary healthcare systems. This includes providing incentives for research into innovative therapeutic interventions, building state-of-the-art mental health centers, and improving the infrastructure for mental health services, particularly in underserved and rural areas (Knapp et al., 2011; Thornicroft et al., 2010). Such investments are critical to reducing long-standing disparities in mental health access and outcomes, fostering a more equitable approach to global health care.

5.2. Promote Workplace Mental Health Programs

Employers have a vital role to play in mitigating the productivity losses associated with mental health disorders. Comprehensive workplace mental health programs should be implemented to create supportive environments that promote employee well-being. These programs could include employee assistance programs (EAPs), on-site counseling services, stress management workshops, and flexible work arrangements to accommodate mental health needs (Layard & Clark, 2014; Harvey et al., 2017). Furthermore, organizational leadership must take proactive steps to foster a culture of openness, where mental health is openly discussed, and stigma is actively addressed (Corrigan et al., 2014). Mental health literacy initiatives, training for managers to identify and support employees experiencing mental health challenges, and fostering peer support systems can significantly contribute to healthier and more productive workplaces.

5.3. Address Stigma Through Public Campaigns

Stigma remains a pervasive barrier to seeking care and achieving better mental health outcomes. Public health campaigns aimed at reducing stigma must adopt multifaceted and culturally sensitive approaches (World Health Organization, 2022; Thornicroft et al., 2016). Effective strategies include community outreach programs, mass media advocacy, and educational initiatives targeting schools, workplaces, and healthcare providers. These campaigns should emphasize the prevalence and treatability of mental health disorders, the importance of early intervention, and the personal stories of individuals with lived experiences who have successfully sought treatment (Lasalvia et al., 2013; Clement et al., 2015). Governments should collaborate with non-governmental organizations, community leaders, and media outlets to amplify the reach and impact of these efforts, ensuring that mental health advocacy is an integral component of national and global health strategies.

5.4. Invest in Digital Health Solutions

Digital mental health interventions, such as telehealth platforms, mobile applications, and virtual support groups, offer scalable and cost-effective solutions to address barriers to mental health care. These technologies can be customized to

meet the specific needs of diverse populations, including those living in rural or underserved areas (Naslund et al., 2017; Torous et al., 2018). Governments and private stakeholders must invest in the development, validation, and implementation of digital health tools, ensuring they are accessible, affordable, and culturally appropriate (Bloom et al., 2011). Efforts should also focus on building the digital literacy of both providers and users to maximize the impact of these tools. Collaboration with technology companies and research institutions can facilitate innovation and improve the quality and usability of digital mental health interventions (Kumar et al., 2022).

5.5. Strengthen School-Based Mental Health Programs

Educational institutions play a crucial role in fostering early awareness and resilience among young individuals. Governments and school administrations should work together to integrate mental health education into school curricula and provide access to mental health services for students. School-based interventions, such as counseling services, peer support groups, and teacher training programs, can identify and address mental health challenges early, reducing the long-term socioeconomic impacts of untreated conditions (Fazel et al., 2014; Weare & Nind, 2011). Resources should also be allocated to monitoring and evaluating these programs to ensure their effectiveness and scalability, particularly in low-income and rural communities. Promoting partnerships between schools, families, and community health organizations can further enhance the reach and sustainability of these initiatives.

5.6. Enhance Global Collaboration and Knowledge Sharing

To tackle the global burden of mental health disorders effectively, international collaboration is essential. Governments, international organizations, and research institutions should work together to share best practices, resources, and data (Patel et al., 2018; Saxena et al., 2007). Initiatives such as the World Health Organization's Mental Health Gap Action Programme (mhGAP) provide a framework for scaling up care in low-resource settings. Collaborative efforts should also prioritize capacity building in low- and middle-income countries, ensuring that mental health care is integrated into broader health and development agendas (Chisholm et al., 2016). By fostering a unified global approach, stakeholders can address the inequities and systemic barriers that perpetuate mental health challenges, creating a healthier and more equitable world for all.

6. Discussion

Mental health disorders have long been recognized as a pervasive public health challenge, yet their socioeconomic implications often remain inadequately addressed. This discussion synthesizes the multifaceted dimensions of mental health disorders, highlighting the critical need for integrated solutions and collaborative efforts.

The recommendations outlined above underscore the urgent necessity of addressing the systemic underfunding of mental health services globally. Allocating greater financial resources is not merely an ethical obligation but a pragmatic investment in public health and economic stability. Research consistently demonstrates the cost-effectiveness of scaling up mental health interventions, particularly in low- and middle-income countries where unmet needs are most pronounced (Patel et al., 2018; Chisholm et al., 2016). Governments must take proactive measures to prioritize mental health in their budgets, ensuring that services are accessible, equitable, and of high quality.

Workplace mental health programs represent another pivotal intervention point. Given the significant productivity losses associated with mental health disorders, employers have both a moral and economic incentive to invest in comprehensive workplace initiatives. Programs such as employee assistance programs (EAPs) and on-site counseling services have shown measurable benefits in reducing absenteeism and enhancing overall employee satisfaction (Layard & Clark, 2014; Harvey et al., 2017). Moreover, fostering a workplace culture that destigmatizes mental health issues can lead to sustained improvements in organizational performance.

Addressing stigma remains a cornerstone of improving mental health outcomes. Stigma often deters individuals from seeking care, perpetuating cycles of untreated illness and social exclusion. Public health campaigns, particularly those incorporating community leaders and individuals with lived experiences, have proven effective in challenging negative perceptions and promoting treatment adherence (Corrigan et al., 2014; Thornicroft et al., 2016). Governments and organizations must prioritize these campaigns, ensuring they are culturally tailored to resonate with diverse populations.

Digital health solutions offer a transformative approach to bridging treatment gaps, particularly in underserved areas. Telehealth platforms, mobile applications, and virtual support groups provide scalable and cost-effective options for expanding access to care (Naslund et al., 2017; Torous et al., 2018). However, the successful implementation of these

tools requires significant investment in infrastructure, training, and user education. Collaboration between technology developers, healthcare providers, and policymakers is essential to harness the full potential of digital innovations.

Finally, school-based mental health programs play a crucial role in fostering early intervention and resilience among young individuals. Schools are uniquely positioned to address mental health challenges proactively, providing a supportive environment that promotes well-being and academic success (Fazel et al., 2014; Weare & Nind, 2011). Scaling these programs requires dedicated resources and cross-sector partnerships to ensure their sustainability and effectiveness.

In conclusion, addressing the global burden of mental health disorders necessitates a multifaceted and collaborative approach. By implementing the recommendations outlined in this document, stakeholders can create a more inclusive and resilient global mental health system, ultimately enhancing societal well-being and economic productivity. The path forward requires sustained commitment, innovative thinking, and collective action to transform mental health care from a neglected priority to a global imperative.

7. Conclusion

Mental health disorders impose significant and multifaceted costs on individuals, families, communities, and economies worldwide. Addressing these challenges requires a coordinated and holistic approach that combines increased funding, workplace mental health programs, anti-stigma campaigns, and investments in digital and school-based interventions. By prioritizing mental health as a fundamental component of public health policy, governments and stakeholders can reduce disparities, enhance productivity, and improve overall societal well-being. Global collaboration, sustained investment, and innovative strategies are crucial to transforming mental health care into a system that is inclusive, effective, and resilient. Such efforts will pave the way for healthier, more equitable, and productive societies.

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