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Leave no one behind: Rethinking policy and practice at the national level to prevent mental disorders

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ABSTRACT

The global burden of mental disorders is increasing, in line with the shift from communicable to chronic noncommunicable diseases. Mental disorders affect the functioning of individuals, resulting not only in enormous emotional suffering and diminished quality of life, but also in stigma and discrimination. This burden extends to the community and society, with far-reaching economic and social consequences. Even under optimal conditions, treatment alone will never be sufficient to reduce the global burden of mental disorders, so a shift in focus from treatment to prevention of mental disorders should be promoted at the central level in the form of legislation, policy formulation and resource allocation. Universal and selective prevention programs should be prioritized nationally, as they aim to change the risk profile of the entire population and specifically target populations at risk for mental disorders, respectively. In this article, we review the key risk factors for mental disorders and the measures that can be taken at the national level to prevent them, taking into due consideration that prevention efforts can vary based on the audience they are addressing, level of intensity they are providing, and the life phase they target. By adopting a human rights perspective and placing the social determinants of health at the center of our narrative, we maintain that improving mental health cannot be achieved by strengthening health services alone. Coordination across government departments is needed to implement multi-level public health interventions across a wide range of settings, programs, and policies. Focusing on children's mental health and addressing poverty, gender inequality and social discrimination should be absolute priorities for national mental health policies and plans.

1. Introduction

Prevention is the cornerstone of public health and plays a key role in addressing the burden of both communicable and noncommunicable diseases. Immunization programs, for example, are counted among humanity's greatest achievements, and campaigns to promote hygiene practices, access to clean water, and sanitation facilities have dramatically reduced the spread of communicable diseases (United Nations International Children's Emergency Fund, 2022). Lifestyle changes, including a healthy diet, regular physical activity, and smoking cessation, have been at the forefront of cardiovascular disease prevention efforts for decades, and have significantly improved outcomes (Vos et al., 2020).

Despite substantial investments in the United States on mental health care and research (Insel, 2022), and in contrast to the burden of communicable and some noncommunicable diseases, the incidence of mental disorders has not declined over the past 30 years (Herrman et al., 2022; Patel et al., 2016). It is estimated that approximately 280 million people worldwide suffer from depressive disorders alone, making them the second leading cause of years lived with disability worldwide (World Health Organization, 2022). In addition to the personal suffering of patients and their families, the economic costs of depressive and anxiety disorders are enormous, with an estimated 12 billion workdays lost annually, at a cost of nearly US$1 trillion (Chisholm et al., 2016).

The persistent burden of mental disorders is a major global challenge, with several complex factors contributing to the stagnation in its reduction (Coombs et al., 2021; Patel et al., 2018; Thornicroft et al., 2022). These include the difficulty of implementing a comprehensive approach to mental health that gives prevention the same importance as treatment (Patel et al., 2023). In fact, current treatments for full-blown

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disorders help only to a limited extent, as even if it were possible to provide evidence-based treatment to all people affected by mental disorders available treatment interventions could only reduce the burden of depression by one-third (Andrews et al., 2004), and the impact on averting years lived with disability would be limited by the steady influx of new patients and the limited availability of resources for mental health, especially in low-resource settings.

On the other hand, after decades of insufficient attention, increased awareness and better understanding of mental health and its importance for social and economic development has led to the inclusion of mental health priorities in the ambitious 15-year agenda known as the sustainable development goals (SDGs). The SDGs provide a framework for international cooperation to promote sustainable development and address issues of great importance to mental health, such as poverty, inequality, climate change, peace, and justice, including a commitment to "*leave no one behind*" (Kharas et al., 2020). Soon after, direct policy targets for mental health were endorsed by international organizations such as the Organization for Economic Cooperation and Development (Organization for Economic Cooperation & Development, 2021), and the Lancet Commission on Global Mental Health and Sustainable Development called for a partnership between academic institutions, development agencies, the private sector, and governments to invest in mental health prevention (Patel et al., 2018). Similarly, the world health organization (WHO), in its largest review of global mental health since the turn of the century, highlighted the urgent need to transform mental health care by prioritizing prevention over treatment (World Health Organization, 2022). The economic case for investing in mental health prevention is strong. With an estimated 75 % of lifetime mental disorders having their onset before the age of 24, up to $24 can be returned in better health and productivity for every $1 invested in prevention and treatment (Stelmach et al., 2022). But a strong economic evidence base for action has also emerged for other life stages, including adulthood and late life (Knapp & Wong, 2020; McDaid et al., 2019). Mental health is finally in the spotlight, and shifting the focus from treatment to prevention has been defined as a public health priority (Arango et al., 2018).

As mental health issues gain momentum and rise up the value scale of individuals and societies, and as governments have ultimate responsibility for the health of their populations, action at the national level should create positive conditions for the mental well-being of communities and individuals. This, in turn, would contribute to stronger social and economic conditions for all (Prince et al., 2007).

2. What constitutes "evidence" for mental health prevention and which strategies a nation should prioritize

Policy makers should use the best available scientific evidence when designing a national prevention policy or strategy, and the prevention of mental disorders, due to their complex and multifaceted nature, often requires interventions at the group or societal level. The traditional approach of evidence-based medicine, which places randomized controlled trials (RCTs) at the top of the evidence hierarchy, may not be sufficient to adequately test prevention programs. While RCTs are a gold standard for establishing causality in research, they are primarily designed to investigate it at the individual level, usually in a highly controlled context, and are therefore not primarily suited to evaluating preventive interventions at the societal level. Interventions that target social determinants, for example, are not easily measurable through experimental evaluations because prevention programs are typically multifaceted programs in dynamic community settings where many contextual factors are difficult to control. Practical, financial, or ethical reasons may also limit the feasibility of testing prevention programmes through RCTs. Although they cannot prove causality and may be limited by the difficulty of creating perfectly comparable groups, strong cross-national observational data can also provide evidence that can be acted upon (Icick et al., 2022; Shariff et al., 2016; Young et al., 2022). Quasi-experimental studies using propensity score techniques to match experimental, control groups and time-series, epidemiological data, historical data, and qualitative data designs also offer valuable and cost-effective alternatives to evaluate the impact of social policies (Machado et al., 2022). Such study designs allow researchers to assess the real-world effectiveness of prevention efforts, consider the broader context, and understand the experiences and perceptions of those affected.

Prevention strategies have been defined as the conscientious, explicit and judicious use of current best evidence to inform decisions about interventions for individuals, communities and populations, to facilitate the best possible outcomes in reducing the incidence of disorders and in enabling people to increase control over and to improve their health (Fusar-Poli et al., 2021; Saxena et al., 2006). According to this definition, and Robert Gordon's framework (Gordon, 1983), strategies aimed at reducing the incidence of new cases of mental disorders in a population are categorized as: a) universal prevention, which should be offered to the general population and consists of "*measures that are desirable for everyone*" (Gordon, 1983); b) selective prevention, which refers to strategies targeted at subpopulations identified as being at increased risk for a disorder; c) indicated prevention, which is recommended for individuals who exhibit subthreshold symptoms of a mental disorder but do not meet diagnostic criteria.

While indicated approaches aim to reduce risk in those who have the most to gain and therefore reach a very small proportion of the population, universal approaches aim to change the risk profile of the whole population and should therefore be prioritized at the national level. Special attention should also be given to selective interventions that address the inequitable distribution of wealth and opportunity in societies. At the same time, while mental health in all its forms should be protected, the most cost-effective interventions are those that can address the most prevalent mental disorders, i.e., depression and anxiety (Herrman et al., 2022). Thus, this article focuses on how a nation should structurally intervene to address the issue of prevention, primarily of depression and anxiety disorders.

Although this article focuses on prevention, references to the need for mental health promotion will also be put forward because, while mental health prevention and promotion are distinct theoretical concepts, they have overlapping boundaries (Papola et al., 2020; Purgato, Uphoff et al., 2020). This is because interventions that reduce the likelihood of developing mental disorders (prevention) may also enhance positive aspects of mental health (promotion). Furthermore, the positive outcomes targeted by interventions are often considered mediators of prevention and treatment outcomes, making promotive activities useful for population mental health but also for treating subthreshold conditions (Purgato, Tedeschi et al., 2020).

2.1. Universal prevention: better mental health for all

Any intervention aimed directly or indirectly at increasing equality in terms of rights and opportunities at the societal level, and at building resilience, sense of hope and security at the individual level, would contribute to the universal prevention of mental disorders. We propose how policies and interventions aimed at universal prevention of mental disorders should be prioritized according to a life-course approach and indicate the delivery platforms on which the action should be promoted (Table 1).

2.1.1. Perinatal phase and childhood

The period from the perinatal phase to the late adolescence phase may represent the most compelling window of opportunity for universal prevention (Fusar-Poli et al., 2021). Poor maternal mental health has been associated with a higher risk of preterm birth, lower birth weight, and poorer physical and cognitive development of the child (Jarde et al., 2016). By ensuring that expectant mothers with poor mental health have access to appropriate prenatal care, an effective health system can

Table 1
Prevention opportunities at the national level for universal and preventive measures.

Universal prevention			
Life stage	Risk factor	Action	Platform of delivery
Pregnancy Childhood	• Poor maternal mental • Growing in a stressful and violent environment • Exposure to physical and/or psychological violence • Parent emotional instability • Economic and moral poverty • Toxic stress • Excessive screen-time	• Access to adequate antenatal care • Parenting programmes • Economic subsidies • Affordable housing programs • Safeguards on technology use	Health care system Family
Adolescence	• Social isolation • Stressful life events • Excessive use of social media • Bullying • Substance abuse	• Frank and constructive dialogue between teens and their families • Campaigns promoting healthy behaviors • Safety standards for social media • Emphasizing real-world over virtual interactions • Interventions to prevent loneliness and social isolation • Sport programmes • Higher taxation on legal addictive substances. • Easing the transition from school to work	Family, school, digital, community
Adulthood	• Unhealthy and stressful lifestyle • Toxic work environment • Stressful life events • Unemployment • Alcohol and other drug abuse • Homelessness	• Promoting healthy eating • Adequate remuneration • Promoting work-life balance • Anti-harassment policies in the workplace • Practicing physical activity • Higher taxation on legal addictive substances • Employment support services to combat unemployment	Workplace, community
Late age	• Social isolation • Physical health problems/conditions • Chronic pain	• Prompt social connectedness • Promoting healthy lifestyles • Efficient and freely accessible healthcare system	Family, community, health care system
Selective prevention			
Distal determinant	Proximal determinants	Action	Platform of delivery
Poverty	• Income drops • Debts • Financial strains • Unemployment • Hosing insecurity • Food insecurity	• Conditional cash transfers • Fostering entrepreneurship • Access to microcredit • Employment support services • Affordable housing initiatives • Housing mobility policies	Governmental
Gender disparity	• Less educational and job opportunities • Unfair monetary treatment • Gender-based violence	• Awareness campaigns • Legislative acts • Couple counselling • Shelters and legal assistance for women at risk of gender-based violence	Family, community, governmental
Social discrimination	• Decreased perception of safety and security • Shame, fear, family rejection • Loneliness • Less access to higher education and good job positions	• Public mass campaigns • Training programs for health care providers, educators and law enforcers • Mass media campaigns • Anti-discrimination laws • Legal assistance • Solidarity	Community, governmental

protect the child even before birth.

Neurodevelopment in the early years, when the brain is most plastic, establishes the architecture of the neural pathways that influence mental health across the life course (Bhutta et al., 2023). Together with genetic inheritance, early life experiences drive brain development and adverse childhood experiences (ACEs) are likely to have the greatest detrimental impact on an individual's future mental health (Nelson et al., 2020). Notable examples of ACEs include physical or psychological violence, neglect, parental mental illness or death, and marital or family conflict (Bhutta et al., 2023). There are several well-defined pathways demonstrating how ACEs effect brain development, for example through excessive or prolonged activation of stress response systems (Bhutta et al., 2023). Such "toxic stress" can severely impair children's emotional and physical growth, with consequences that carry over into adulthood, affecting mental health, relationships, and overall quality of life. Ensuring thriving mental health conditions in the early years of life has far-reaching implications, and of all the potentially modifiable factors influencing children's development across the life course, none is more important than the quality of parenting and family life (Sanders et al., 2022). A wealth of research has shown that by providing parents with strategies to improve communication, set boundaries, and nurture healthy relationships, parenting interventions can mediate the development and maintenance of stable relationships that play a central role in shaping children's well-being (Shelleby & Shaw, 2014; Signe et al., 2017). Predictable, healthy routines based on proper nutrition and good sleep quality also reduce anxiety and promote resilience and a sense of security (Mindell & Williamson, 2018).

Improving the quality and safety of digital environments is also becoming a priority for policymakers and technology companies to protect children's mental health. Screen time, the amount of time that individuals spend watching television, playing video games, using mobile phones, and other electronic devices has skyrocketed in recent years due to the rapid proliferation of digital devices and the COVID-19 pandemic (Aguilar-Farias et al., 2020). Although there are recommendations to limit screen time to one hour per day for children aged two to five (World Health Organization, 2019), only a minority of children meet these indications (McArthur et al., 2022). Recent evidence suggests that increased screen time for children as young as 1 year of age is associated with developmental delays in communication and problem solving at 2 and 4 years of age, posing a threat to children's

neurodevelopment (Takahashi et al., 2023). Because children are exposed to screens, tablets, and other technological devices in the first few months of life, they are primed for online environments while still in the prepubertal period.

2.1.2. Adolescence

The advent of social media has changed the way children and adolescents interact, share, and communicate. In the United States up to 95 % of youth between the ages of 13 and 17 report using a social media platform, and more than one-third report using social media “almost constantly” (Vogels et al., 2022). While social media may in principle be beneficial for some youth (Berger et al., 2022), providing a connection to others with similar identities and skills or encouraging help-seeking behavior and potentially acting as a gateway to mental health care, there is evidence that social media can be harmful to the mental health (Murthy, 2023). Heavy and unregulated use of social media may negatively influence the developing brain in the amygdala (emotional learning and behavior) and the prefrontal cortex (impulse control and moderation of social behavior) (Crone & Konijn, 2018; Maza et al., 2023), and may lead to increased depression and anxiety scores, as well as concerns about body image and eating disorders (Becker et al., 2011; Holland & Tiggemann, 2016). Cyberbullying and online harassment can further affect youngsters mental health. Approximately two-thirds of adolescents are “often” or “sometimes” exposed to hateful contents. Among American adolescent girls of color, one-third or more report exposure to racist content or language on social media platforms at least monthly (Nesi et al., 2023). A thoughtful introduction to social media includes frank and constructive dialogue between teens and their families, education about responsible use, and setting clear boundaries. By promoting a balanced approach to technology and emphasizing real-world interactions, children and adolescents can be empowered to navigate the digital landscape while prioritizing their mental well-being. Policymakers should take action to increase safety standards and restrict access only to certain types of content, better protect privacy, and promote digital and media literacy. For their part, technology companies should transparently assess the impact of their products on children, make decisions that prioritize their safety and health, and share data with independent researchers to better understand their impact.

Social isolation and loneliness among young people should be addressed through programs aimed at building social connectedness, for example through community engagement, cultural exchange, social skills development, and sports or recreational activities (Osborn et al., 2021). The school environment and education can be an effective area for reducing social isolation, educating pupils about the harmful effects of alcohol and drug abuse, and providing assistance in finding employment after school (Ekblad et al., 2012). All of the above have been shown to improve mental health outcomes in adolescents (Tripodi et al., 2010).

2.1.3. Adulthood

Universal prevention efforts should include mass campaigns to encourage adults to adopt healthier behaviors, such as exercise, healthy eating, and stress management (National Prevention Council, 2011). By making these options accessible, convenient, and appealing, adults will be more likely to choose behaviors that promote their mental and physical well-being. For example, a meta-analysis found that a nudge strategy to change adults' dietary choices toward healthier options resulted in a 15 percent increase in healthier eating behaviors (Arno & Thomas, 2016). Comprehensive workplace mental health policies should promote work-life balance by setting clear limits on work hours to prevent excessive overtime, allowing flexible schedules and remote work options, when possible. Ensuring competitive and equitable salaries, along with opportunities for career advancement, reflects recognition of the worker's value and prevents financial stress (Ryu & Fan, 2023). Workplaces should be provided with spaces for relaxation and stress reduction, and designed to encourage social interaction and mutual support among employees (Stansfeld & Candy, 2006). Employers must be committed to maintaining an environment free from bullying and harassment, as such unwelcome conducts can have a profound impact on workers mental health (Rospenda et al., 2023). In addition, the visibility and accessibility of mental health resources and support systems can be increased by strategically placing information about helplines, counselling services, and support groups to normalize seeking support and reduce the stigma associated with mental health issues (Henderson et al., 2013). An effective network of employment support services should be maintained throughout the country to prevent people who have lost their jobs from sliding into poverty, which is a key determinant of mental distress (Ridley et al., 2020).

Effective regulatory measures to restrict access to lethal means, such as guns and pesticides, are also warranted. The use of legal addictive substances can also be discouraged through taxation, restrictions on availability and bans on advertising (Saxena et al., 2006). Price is one of the most important determinants of alcohol and tobacco use, with tax increases leading to linear reductions in consumption in both high- and low- and middle-income countries (Sonntag et al., 2018).

2.1.4. Late age

Social connectedness and inclusion have a positive impact on the mental health and well-being of older adults (Wickramaratne et al., 2022). States should promote social connectedness through community events and activities at the neighborhood or county level, and encourage social networks for older persons who may otherwise be isolated or vulnerable, to combat loneliness and isolation (United Nations High Commissioner for Refugees, 2023). Promoting physical activity, healthy lifestyles through senior-friendly initiatives, interventions involving pet interaction, and technology-enabled activities showed large effect sizes for reducing loneliness and improving overall mental health in older adults (Hoang et al., 2022). Finally, prioritizing accessible and affordable healthcare can facilitate early detection and intervention of age-related disorders.

2.2. Selective prevention: targeting social determinants of mental health to improve equity

A nation should also allocate resources, create opportunities, and provide support in ways that recognize the inherent disparities that exist among people to improve equity, so that everyone has a fair and just chance to succeed in their life (Mangalore & Knapp, 2006). This can only be achieved by recognizing that different people need different levels of support, based on their specific needs and challenges.

In this section, dedicated to selective prevention programmes, we adopt the framework proposed by Lund et al. which divides the social determinants of mental health into distal and proximal factors (Lund et al., 2018). Distal factors refer to the broader structural arrangements or trends in society which exert their influence on mental disorders in populations. Proximal factors refer to people, objects, or events in the immediate external environment with which the individual interacts that increase or decrease the risk of mental disorders (Bronfenbrenner, 1979). Distal factors (e.g., economic recession) are usually mediated by proximal factors (e.g., debt, loss of income, unemployment). Mental disorders have strong structural social and/or environmental roots, the most important of which are poverty (both absolute and relative), gender-related injustices, and social discrimination (Table 1). Although these are powerful distal determinants of mental health, the mechanisms through which they influence outcomes are mediated by a number of more proximal intermediate factors, many of which can be addressed (Lund et al., 2018). As Patel et al. have recently pointed out: “*Attempting to reduce the number of people with mental ill health without combating adverse social and economic conditions would be the equivalent of tackling cancer with no regulations on cigarette smoking, or trying to reduce infectious disease without investments in public sanitation*” (Patel et al., 2023). We expect that any intervention that can mitigate these proximal factors

will have downstream beneficial effects on all those families or individuals that are at risk of being left behind (Kharas et al., 2020).

2.2.1. Poverty

There is incontrovertible evidence, for example, of a bidirectional causal relationship between financial poverty and poor mental health, with those on the lowest incomes being typically 1.5 to 3 times more likely to experience depression or anxiety than those with higher incomes (Ridley et al., 2020). Governments can implement anti-poverty programmes by providing financial support, access to resources, and opportunities for economic and social mobility to individuals and families in need. These programmes include different forms of assistance. Conditional cash transfers, for example, provide money to poor families on the condition that they invest in human capital, such as sending children to school or taking them to health centers regularly (de Janvry et al., 2006). This conditionality makes these programmes a useful tool for both short-term social assistance and longer-term investments in human capital, as suggested by a study on the impact of an exogenous income supplement for families of school-age children on children's educational and mental health outcomes (Costello et al., 2003). This study, which arose from unintended and serendipitous circumstances (Costello et al., 2016), is a natural experiment that has been ongoing in the United States for two decades. Study findings suggest that the specific benefit of receiving an income supplement, compared with no income supplement, was different in each development period. In the first four years of the experiment, the benefit observed during childhood were on behavioral symptoms and delinquency (Costello et al., 2003). When participants became young adults, the beneficial associations were specific to substance disorders involving alcohol and cannabis (Costello et al., 2010). In adulthood, participants up to age 30 showed benefits in terms of emotional health and other important life domains, such as improved physical health and reduced criminal behavior (Copeland et al., 2022). Cash transfers have also been shown to have a significant impact on reducing suicide in Brazil (Machado et al., 2022). In addition, entrepreneurship among members of disadvantaged communities can be promoted through access to microcredit and savings accounts. Employment opportunities can be created through public works projects or by engaging individuals in small income-generating activities (Mohindra et al., 2008).

Affordable housing initiatives aim to provide secure housing for low-income individuals and their families, and have been shown to be an effective mean of promoting social mobility (Mueller & Tighe, 2007). Where low-income individuals and families can enter lotteries for affordable housing units, data evaluating the impact of rehousing on those who won the lottery (compared to those who did not) show improvements in health-related outcomes such as depression and asthma exacerbations (Bailey et al., 2017). Housing mobility policies that allow voluntary moves out of disadvantaged neighborhoods can also lead to long-term improvements in health and social outcomes (Chetty et al., 2016).

2.2.2. Gender disparity

Empowering all women to achieve gender equality is one of the UN 2030 SDGs, it underpins nearly all of the 17 goals, and must be a central focus of national policies, budgets and institutions (Kharas et al., 2020). Women find it harder to secure decent employment and opportunities to grow as entrepreneurs, and are generally paid less than men for the same work (Platt et al., 2016). In resource-poor contexts young women are more likely to drop out of school and face child or forced marriage (Sekine & Hodgkin, 2017). When forced to flee their homes due to natural catastrophes or war-related humanitarian crises, women are at greater risk of violence, including sexual abuse, trafficking and forced prostitution (Vu et al., 2014). The impact on women's mental health is significant: they are at greater risk than men to suffer from depression and the risk may be higher in societies with greater levels of gender inequity (Yu, 2018). At the current rate, according to the United Nations, "*it will take 300 years to end child marriage, 286 years to close gaps in legal protection and eliminate discriminatory laws, 140 years to achieve equal representation of women in positions of power and leadership in the workplace, and 47 years to achieve equal representation in national parliaments*" (United Nations, 2022). The impact of gender discrimination in the form of direct psychological and physical violence is referred to as gender-based violence (GBV). GBV programming (i.e. prevention and response) and risk reduction in all sectors can be lifesaving and should be considered an institutional priority (Knaul et al., 2020). Political leadership, investment, and policy reforms are needed to address systemic barriers to achieving SDG 5. Comprehensive education, awareness campaigns and legislation should address societal norms and attitudes that perpetuate violence (Maxwell et al., 2022). Accessible support services, including hotlines, shelters, and counseling for victims should be made ready available (Shorey et al., 2014). Women and girls make up half of the world's population and therefore also half of its potential. If gender inequality persists, social progress is doomed to stagnation.

2.2.3. Social discrimination

Widespread stigma and discrimination negatively affect the daily lives of persecuted people and anyone who is seen as fundamentally different from those of the dominant group within a particular cultural and societal framework. This is particularly, but not exclusively, true for LGBTQ+ people, people facing racial and ethnic discrimination, and refugees/asylum seekers, who are often socially devalued and systematically disadvantaged in terms of access to social and economic goods (such as income, employment, education, housing status), leading to poorer health and social outcomes (Pascoe & Smart Richman, 2009). LGBTQ+ people are at risk of experiencing shame, discrimination, family rejection and other traumatic events. In addition, many people who identify as LGBTQ+ are part of a second (and sometimes third or more) community that is marginalized. Examples of these groups include BIPOC (Black, Indigenous, or People of Color), people with a physical disability, people who practice a different religion than their neighbors, and people of low socioeconomic status. Ethnic and racial discrimination remains a pervasive social problem that challenges the ideals of equality and diversity in all countries. In the United States, for example, various communities, particularly African Americans, Hispanics, Asians, and Native Americans, have faced systemic and historical violence and discrimination. While significant progress has been made, as evidenced by civil rights movements and anti-discrimination laws, disparities persist in areas such as education, employment, and criminal justice (Lepore, 2018). Refugees and asylum seekers are also at greater risk of developing significant mental health distress. During the migration process, several factors increase the psychological vulnerability of migrants, and once in the host country, discrepancies between expectations and outcomes, poor support networks, difficulties in adjustment and acculturation processes, as well as financial, administrative and legal issues trap migrants in poverty and subject them to social discrimination (Mesa-Vieira et al., 2022; Sijbrandij, 2018). Social discrimination in all its forms has been associated with high rates of reported poorer health, psychological distress, substance abuse and suicide (Haas et al., 2011; Vasic et al., 2021). Building governmental and public support for large-scale initiatives to address structural discrimination is both necessary and possible (Bailey et al., 2017). Education and training programs can also sensitize health care providers, educators, and law enforcement personnel to better serve LGBTQ+ people, refugees, and discriminated groups of people. Media portrayals should challenge implicit biases that continue to shape perceptions, perpetuate stereotypes, and impede the full realization of an inclusive society. Anti-discrimination legislation should be prioritized at the national level. Legal assistance should be provided to those facing challenges related to their identity or refugee status.

3. The way forward

Mental health is the result of a delicate balance of both internal (physiological, psychological) and external factors, deeply rooted in medicine, sociology, political science, economics, and human rights studies. For this reason, what is designed at the national level should be conceived as a multi-level public health action across a wide range of settings, programmes and policies, targeting education, employment, justice, environment, housing, gender equality and welfare for the benefit of all, and especially for those rural areas, neighborhoods, families or individuals that have been left behind (Kharas et al., 2020).

Promoting mental health at the national level has more to do with ensuring a fair balance in the distribution of wealth, opportunities, and privileges within society than with providing psychological interventions to people with subthreshold symptoms. As a result, improving the nation's mental health will require more than a sole focus on health services; it will require action across government departments to promote inclusiveness and tolerance, combat poverty and inequality, improve educational opportunities and working conditions, better regulate the digital environment (especially for children), and prevent child neglect. We believe that a concerted, inter-sectoral, effort to improve the nation's mental health along the lines suggested in this article is eminently feasible and that resources are already available to most communities and countries. Much can be done by judiciously reallocating existing resources and prioritizing coordinated intersectoral approaches to implementing prevention programs. Governments should also adopt a 'mental health in all policies' approach overseen by a cross-ministerial group. Governments can also encourage private entities to invest in mental health through tax breaks or other incentives, thereby fostering a relationship in which both the public and private sectors contribute to the common goal of preventing mental health problems. Indeed, to achieve substantial and sustainable results, an enlightened top-down approach must actively engage with determined coalitions of stakeholders pressuring decision-makers from the bottom up to implement the necessary reforms. As the benefits of mental health prevention gain visibility, such a whole-of-society initiative will become more politically attractive to the governments and to communities. Scientists, for their part, must continue to encourage community members and policymakers to prioritize prevention and explain why "no health without mental health" remains so important.

CRediT authorship contribution statement

Davide Papola: Conceptualization, Funding acquisition, Writing – original draft. **Corrado Barbui:** Writing – review & editing. **Vikram Patel:** Conceptualization, Supervision, Writing – review & editing.

Declaration of Competing Interest

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