

Aligning Public and Mental Health: Addressing the Worldwide Challenges

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Abstract

Background: The global health landscape faces a critical disconnect between public health policy and mental health care. While physical health has traditionally dominated international agendas, the rising global burden of mental disorders demands a more integrated approach. By addressing systemic barriers and social determinants of health, mental well-being must be established as a fundamental pillar of international public health.

Objective: This paper aims to identify the key global challenges hindering the integration of public and mental health services. By examining systemic barriers and resource disparities, it seeks to provide actionable strategies for aligning these fields and establishing a framework that recognizes mental well-being as a central component of health policy.

Methods: A qualitative methodology was adopted involving 33 experts across 12 sessions. Data collection consisted of structured in-depth interviews and focus groups with a multidisciplinary panel of professionals, including psychiatrists, psychologists, nurses, social workers, epidemiologists, and healthcare managers.

Key Findings: The study highlights that decision-makers must prioritize robust epidemiological data to overcome stigma-related underreporting. Effective strategies require re-orienting health services toward prevention and designing targeted interventions for high-risk groups. Furthermore, specialized training for general practitioners, nurses, and social workers is vital for delivering holistic care. Finally, prioritizing child and adolescent mental health—particularly conditions such as Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), and eating disorders—is essential for successful early intervention.

Conclusion: Global health equity depends on securing administrative support for data collection, reducing stigma through targeted awareness campaigns, and equipping frontline professionals with specialized skills. By prioritizing youth-focused interventions and systemic service re-orientation, mental health can be fully integrated as a fundamental, evidence-based public health priority.

Keywords: Public health, Mental health integration, Epidemiology, Prevention, health policy, Strategy, Global health challenges, Qualitative research, Child and adolescent mental health, Early intervention, Health inequalities, Stigma reduction, Professional training

1. Introduction

The intersection of public health policy and mental health care represents one of the most pressing challenges facing contemporary global health systems. For decades, international health frameworks have operated within a binary model that consistently prioritized infectious diseases and physical illnesses while relegating mental health to the periphery of clinical and political agendas. However, recent epidemiological evidence reveals a shifting landscape in which mental disorders account for a substantial proportion of years lived with disability (YLDs), thereby demanding an urgent transition toward a unified and integrated strategy [1]. This transition reinforces the long-standing principle that there is “no health without mental health” [2].

Despite the growing recognition of mental well-being as a fundamental human right, the gap between clinical need and service delivery remains substantial. This disconnect is driven by deeply entrenched systemic barriers, including chronic underfunding and persistent social determinants of health—such as poverty, inequality, unemployment, and social exclusion—that intensify psychological distress [3]. For clinical researchers and public health scientists, one of the major challenges lies in the underreporting of incidence and prevalence rates, which are often obscured by cultural stigma and insufficient data collection infrastructure [4].

This paper explores the necessity of aligning public health strategies with mental health interventions to establish a seamless continuum of care, as advocated by global comprehensive action plans [5]. By examining resource disparities and the role of frontline professionals, this study emphasizes that prioritizing child and adolescent mental health is critical for achieving positive long-term developmental outcomes [6]. Integrating this alignment into existing healthcare systems is not merely a clinical necessity but also a prerequisite for achieving the United Nations Sustainable Development Goals (SDGs) and strengthening global health security within increasingly complex social environments [7]. Through a multidisciplinary lens, this paper proposes collaborative solutions that position mental health not as a specialized sub-sector, but as a fundamental, evidence-based pillar of international public health that is essential for societal resilience.

2. Methodology

A qualitative methodology was adopted to capture the multifaceted perspectives required for aligning public and mental health systems [8]. The study involved 33 experts participating in 12 dedicated sessions utilizing a strategic combination of structured in-depth interviews and focus groups [9]. This dual-method approach facilitated both individual expert insight and collaborative exchanges of ideas, thereby ensuring a comprehensive thematic

analysis of systemic barriers and strategic opportunities.

The expert panel was purposefully selected using a purposive sampling technique to engage international experts with extensive experience in mental health and public health systems. This ensured a broad multidisciplinary representation across the global health sector. Participants included physicians, psychiatrists, psychologists, nurses, social workers, epidemiologists, analysts, and healthcare managers.

To ensure consistency and academic rigor, all sessions were guided by a predetermined set of core questions focusing on service integration, policy development, and resource allocation. Nevertheless, the methodology remained adaptive, allowing additional questions to be introduced whenever participants raised emerging issues that required further exploration.

Data analysis was conducted using NVivo 15 software, which facilitated the systematic coding of transcripts and the identification of key thematic patterns [10]. Key findings were established based on broad agreement among participants, ensuring that the resulting recommendations reflected professional consensus. This rigorous framework provided nuanced, evidence-based data necessary for developing actionable strategies for international health policy.

Professional Background	Number of Participants	Primary Area of Expertise
Psychiatrists	6	Clinical psychiatry and mental health services
Psychologists	5	Psychological assessment and therapy
Nurses	5	Community and clinical mental healthcare
Social Workers	4	Community rehabilitation and social support
Epidemiologists	4	Public health surveillance and research
Healthcare Managers	4	Health systems management and policy
Analysts / Researchers	3	Data analysis and strategic planning
Physicians / General Practitioners	2	Primary healthcare integration
Total	33	—

Table 1: Characteristics of Study Participants.

3. Findings

Analysis of the data collected through focus groups and in-depth interviews yielded five core domains considered essential for aligning public health with mental healthcare. This thematic

process distilled the insights provided by the panel of international experts, ensuring that the resulting framework reflected both global standards and diverse clinical experiences.

Core Theme	Key Focus Areas
Strengthening Research and Epidemiological Infrastructure	Data quality, stigma reduction, AI-assisted prediction
Optimizing Awareness and Promotion Strategies	Institutional credibility, misinformation control, media engagement
Enhancing Rehabilitation and Community Services	Community care, peer support, service mapping
Strengthening Regulations and Strategic Frameworks	Mental Health Acts, HiAP policies, accountability
AI in Mental Health: Innovation and Governance	Predictive analytics, ethical oversight, digital governance

Table 2: Core Themes Identified in the Findings.

3.1 Strengthening Research and Epidemiological Infrastructure

The expert panel highlighted a critical need to transform research and epidemiological frameworks to better align public and mental health goals. Current research remains fragmented, with significant gaps in data availability for vulnerable populations, particularly children, older adults, and marginalized communities [6,12]. To address these challenges, the study identified several strategic priorities.

3.2 Targeted Demographic Research

There is an urgent need for large-scale, nationally representative surveys that prioritize children, adolescents, men, women, and older adults. Participants emphasized that research must also be tailored to specific mental health conditions in order to address existing evidence gaps [14].

3.3 Electronic Records and Data Quality

Improving data quality requires the adoption of standardized electronic health record systems. Participants noted that robust data collection processes and improved record-keeping are fundamental for accurate epidemiological tracking and effective service planning.

3.4 Overcoming Stigma and Bias

Experts agreed that even with advanced data systems, studies frequently underestimate the true prevalence of mental illness because of stigma and limited awareness among individuals with severe conditions [4]. Epidemiological designs must therefore be sophisticated enough to address confounding variables, interpret findings accurately, and manage missing data effectively.

3.5 AI and Predictive Modelling

The introduction of Artificial Intelligence (AI) was identified as a transformative advancement in mental health research. Participants advocated for the use of AI to support data analysis, enhance the quality and reliability of questionnaires, and develop predictive models for the early detection of mental illness [11,15].

3.6 Optimizing Awareness and Promotion Strategies

The expert panel emphasized that although awareness campaigns have increased globally, their credibility and effectiveness in reducing the prevalence of mental disorders remain inconsistent. To address this gap, the study identified the need for more sophisticated and targeted promotion strategies.

3.7 Institutional Credibility

Participants highlighted that awareness messages are most effective when disseminated by reputable and authoritative institutions. Health information originating from recognized national health services or international organizations such as the World Health Organization (WHO) carries the credibility of evidence-based science, which is essential for building public trust [16,21].

3.8 The Credibility Gap in Social Media

A significant concern raised during the discussions involved the risks associated with social media platforms. Although these platforms provide unparalleled reach and accessibility, they frequently serve as channels for misinformation and misleading mental health messages [19]. Experts noted that influencers often oversimplify complex mental health conditions or promote unsupported “self-diagnosis” trends. For example, studies have demonstrated that a substantial proportion of widely viewed TikTok videos addressing mental health disorders contain limited or no scientific evidence [22,23].

3.9 Social Media versus Traditional Media

The panel argued that while social media is a powerful mechanism for engaging high-risk youth populations, its rapidly changing nature requires strict content moderation and collaboration with healthcare professionals to maintain scientific accuracy [17,24]. In contrast, traditional media continues to function as a trusted source of information for older demographics. Participants concluded that a hybrid communication strategy is necessary—one that utilizes social media for engagement while relying on reputable institutions and traditional media to validate and reinforce scientific integrity [21,25].

3.10 Impact on Disease Prevalence

The consensus among participants was that although awareness campaigns have contributed to reducing stigma, they have not yet resulted in measurable reductions in disease prevalence [18]. This finding suggests that mental health promotion should move beyond general awareness and instead focus on delivering targeted interventions to high-risk populations using appropriate materials and communication methods capable of encouraging meaningful behavioural change and timely clinical follow-up [18,22].

Strategic Component	Key Objective	Expected Outcome
Institutional credibility	Disseminate evidence-based information	Increased public trust
Social media engagement	Reach younger and high-risk populations	Greater audience accessibility
Traditional media integration	Maintain credibility among broader demographics	Improved message reliability
Professional collaboration	Ensure scientific accuracy of content	Reduction in misinformation
Targeted interventions	Focus on high-risk individuals	Improved behavioural outcomes
Stigma reduction campaigns	Encourage help-seeking behaviour	Increased early intervention

Table 3: Key Components of Effective Mental Health Promotion Strategies.

3.11 Enhancing Rehabilitation and Community Services

The consultative group identified the optimization of rehabilitation and community-based services as a cornerstone for integrating mental health into public health frameworks. Although several successful decentralized care models exist, participants emphasized that inadequate service “mapping” remains a major barrier to effective healthcare delivery.

3.12 Success Stories in Community Integration

The sessions highlighted several international examples in which transferring care into community settings significantly improved patient outcomes. Vocational rehabilitation and Supported Employment programs were identified as major successes because they substantially reduce relapse rates and improve social reintegration [29,31].

3.13 Service Mapping and Sign-Posting

A major finding was the urgent need for comprehensive mapping of existing mental health services. Participants noted that even when services are available, they are frequently fragmented and

difficult to navigate. Experts advocated for improved “sign-posting” systems, including accessible digital directories and referral pathways, enabling patients to identify appropriate services according to specific needs such as housing support or crisis intervention [28,33].

3.14 Needs-Based Allocation

The panel emphasized that community-based services should be distributed according to local needs assessments. This requires identifying underserved areas where rehabilitation services are unavailable and reallocating resources to ensure equitable access across different geographic regions [26,32].

3.15 Peer Support and Community Action

Success in community integration was also associated with the inclusion of peer-support specialists. Participants agreed that involving individuals with lived experience provides a level of trust, reliability, and understanding that traditional clinical environments may not always achieve, thereby strengthening the relationship between patients and community services [34,35].

Service Component	Primary Function	Public Health Benefit
Community rehabilitation	Support recovery outside institutional settings	Reduced hospitalization rates
Supported employment programs	Facilitate workforce reintegration	Improved social functioning
Service mapping systems	Improve navigation of available services	Increased accessibility
Digital sign-posting tools	Provide real-time referral pathways	Better continuity of care
Peer-support programs	Enhance trust and patient engagement	Improved recovery outcomes
Needs-based allocation	Address regional inequalities	Greater health equity

Table 4: Core Elements of Community-Based Mental Health Services.

3.16 Strengthening Regulations, Acts, and Strategic Frameworks

The expert panel concluded that meaningful alignment between public and mental health systems requires a strong legal and regulatory foundation. Although many countries possess Mental Health Acts, these frameworks are often out-dated and continue to focus primarily on detention and compulsory treatment rather than rights-based care and community integration [37].

3.17 Modernising Mental Health Acts

Participants emphasized that current legislation should transition from prioritizing the “protection of society” toward safeguarding the “rights of the individual” [36]. This includes establishing clear legal mandates for parity of esteem, ensuring that mental health receives recognition and funding equivalent to physical health services [37]. Without modernized legislation, mental health services remain discretionary rather than protected statutory rights.

3.18 National Strategies and Unified Policies

The sessions highlighted that stand-alone mental health policies frequently result in fragmented systems and policy silos. Instead, participants advocated for a “Mental Health in All Policies”

(HiAP) framework [38]. This approach ensures that sectors such as education, housing, employment, and labour incorporate mental health considerations into their policies and practices, thereby creating supportive environments capable of preventing crises before they escalate into healthcare emergencies [39].

3.19 Standardized Clinical Guidelines

Participants identified a critical need for unified, evidence-based clinical guidelines that bridge the divide between primary and secondary care. Current guidelines are often perceived as overly complex for general practitioners (GPs). Consequently, the panel recommended the development of simplified and actionable clinical pathways that include clear referral protocols and mandated response times for mental health conditions, comparable to pathways used in oncology and cardiology services [39].

3.20 Accountability and Enforcement

Beyond the development of policies alone, the expert panel identified a substantial gap in monitoring, accountability, and enforcement mechanisms. Participants emphasized that regulations should incorporate independent oversight bodies responsible for ensuring that healthcare services consistently implement established mental

health guidelines and standards [37]. This process should include the adoption of Service Level Agreements (SLAs), which link funding allocations to the quality, accessibility, and effectiveness of mental healthcare services. Such mechanisms were viewed as essential for strengthening accountability, improving service performance, and ensuring equitable delivery of care.

4. Cross-Border Regulations

In the evolving era of digital healthcare, participants highlighted the growing need for regulatory frameworks governing tele-mental health services and data privacy [40]. As increasing numbers of patients utilize cross-border digital applications and remote mental health platforms, international policy alignment becomes essential to safeguard patient confidentiality, regulate the quality of care, and ensure accountability among non-local healthcare providers [40]. The panel stressed that harmonized international standards are necessary to address legal, ethical, and technological challenges associated with digital mental healthcare delivery.

4.1 The Role of AI in Mental Health: Innovation and Governance

The final theme identified by the expert panel focused on the transformative potential of Artificial Intelligence (AI) in bridging the gap between public health surveillance and clinical mental health outcomes. Although AI was widely recognized as a revolutionary tool capable of scaling interventions and enhancing healthcare efficiency, participants expressed considerable caution regarding its implementation. The panel emphasized that AI applications must be governed by credible, transparent, and trusted institutions.

4.2 Predictive Research and Early Diagnosis

Participants highlighted AI's potential to predict the incidence and prevalence of mental health disorders, particularly in areas where conventional research evidence remains limited. Through the analysis of large-scale datasets, AI systems can significantly improve the identification of individuals at elevated risk. Experts noted that machine learning models are increasingly capable of assisting general practitioners (GPs), psychiatrists, and

psychologists in identifying “digital biomarkers” associated with relapse or the early onset of conditions such as depression and schizophrenia, often earlier than traditional clinical observations permit [11,48].

4.3 Enhancing Health Promotion

AI-driven technologies were also recognized for their capacity to deliver personalized mental health promotion and preventive interventions. Unlike generalized awareness campaigns, AI systems can tailor mental health messaging according to an individual's specific risk profile and behavioural patterns while delivering interventions in real time. However, participants emphasized that these systems should be designed collaboratively by multidisciplinary teams that include clinicians, public health professionals, psychologists, and software engineers in order to ensure both safety and scientific validity [47,49].

4.4 The Necessity of Institutional Trust

A dominant concern raised by the panel involved the risks associated with “unregulated” AI systems. Participants argued that AI applications in mental healthcare should only be developed, endorsed, or supervised by reputable healthcare organizations or accredited scientific institutions [45]. Experts warned that poorly regulated “black box” algorithms may generate biased recommendations, inaccurate diagnoses, or potentially harmful advice, thereby increasing patient distress and contributing to clinical mismanagement.

4.5 Governance and Ethical Considerations

The panel reached a strong consensus that AI should complement—not replace—human clinical judgment. Participants advocated for the development of comprehensive regulatory frameworks capable of ensuring transparency, data protection, ethical oversight, and clinical validation [46]. For AI to become a trusted and sustainable component of mental health strategy, it must be subjected to standards comparable to those applied to pharmacological treatments and conventional clinical interventions, including rigorous testing, evaluation, and ethical review processes [47,50].

Governance Area	Key Requirement	Expected Benefit
Clinical validation	Rigorous scientific testing of AI systems	Improved diagnostic reliability
Data privacy protection	Secure management of patient information	Enhanced confidentiality and trust
Ethical oversight	Independent ethical review mechanisms	Reduced risk of harm and bias
Institutional governance	Regulation by accredited health organizations	Increased public confidence
Human-AI collaboration	AI used to support, not replace, clinicians	Safer clinical decision-making
Transparency of algorithms	Explainable and auditable AI systems	Greater accountability

Table 5: Governance Priorities for AI in Mental Health.

5. Discussion

The findings of this study underscore the need for a fundamental transformation in global health architecture. Mental health must no longer be regarded as a specialized clinical subset but instead

recognized as a central and integrated component of public health systems. This alignment represents not only an administrative objective but also a clinical and ethical necessity, particularly given the enduring relevance of the principle that there is “no

health without mental health” [2].

One of the primary themes emerging from the expert discussions was the stigma-driven data gap. Participants agreed that although epidemiology provides the foundational “language” of public health, existing systems continue to underestimate the true prevalence of mental disorders because of underreporting and the systemic neglect of vulnerable demographic groups, including children and older adults [6,14]. The integration of Artificial Intelligence and electronic health records presents a promising opportunity to address these limitations through predictive analytics and digital biomarkers [11,48]. Nevertheless, as emphasized throughout the findings, the “black box” nature of some AI systems necessitates strict institutional oversight and clinical validation to prevent misinformation and maintain patient safety [49,50].

Furthermore, the findings indicate that awareness campaigns may have reached a plateau in terms of effectiveness. Although stigma reduction has improved in some settings, this progress has not translated into measurable reductions in mental illness prevalence [18]. Consequently, awareness initiatives must evolve into targeted, evidence-based interventions that utilize both traditional and digital media while remaining grounded in scientifically credible communication [19,24].

Finally, the findings related to regulatory reform and service mapping suggest that Mental Health Acts must be modernized to prioritize human rights and community-based rehabilitation rather than institutionalization-focused approaches [37,41]. The demonstrated success of supported employment programs and peer-led services provides a practical blueprint for this transition; however, sustainable implementation requires the adoption of a “Mental Health in All Policies” (HiAP) framework [38].

By equipping frontline healthcare professionals—including general practitioners, mental health nurses, and social workers—with specialized mental health training, healthcare systems can bridge the divide between primary care and specialized psychiatric services. Such integration is essential for developing a more coordinated, equitable, and holistic response to contemporary global health challenges [15,45].

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