Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

EVALUATING COMMUNITY-BASED INTERVENTIONS FOR REDUCING DEPRESSION & ANXIETY

Ayesha Kanwal
English Language Department, Education Sector, Royal Commission for Jubail & Yanbu, Kingdom of Saudi Arabia
ayesharc9@gmail.com
Maryam Khushbakhat
DHQ Hospital Sheikhupura
maryamkhushbakhat13@gmail.com
Marij Tauseef
University of Lahore
maarijamer1@gmail.com
Fatima Farooq Ali
University of Home Economics
fatima.farooq1998@gmail.com
Rimsha Rafique
Superior University
rimshasheikh965@gmail.com
Arhum Javed Malik
Centre for Non-Communicable Diseases, Research Officer
arhumjaved06@gmail.com
Fatima Mahrukh
School of Allied Health Sciences, CMH Lahore Medical College & Institute of Dentistry, Lahore Sciences
fatimamahrukh1996@gmail.com

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

Author Details

Keywords:

Depression; Anxiety; Community-based interventions; Peer support; Mental health promotion; Public health.

Received on 15 Jan, 2026

Accepted on 25 Feb, 2026

Published on 14 Mar, 2026

Corresponding E-mails & Authors*:

Fatima Mahrukh

fatimamahrukh1996@gmail.com

Abstract

Introduction: Depression and anxiety are among the most prevalent mental health disorders globally and represent a major public health concern. Community-based interventions have emerged as accessible strategies for improving mental health outcomes, particularly in settings where access to specialized mental health services is limited.

Objective: To evaluate the effectiveness of community-based interventions in reducing symptoms of depression and anxiety among adults using standardized mental health assessment tools.

Materials and Methods: This cross-sectional community-based study included 150 participants experiencing symptoms of depression and/or anxiety. Participants were involved in different community mental health interventions, including peer support groups, counseling sessions, physical activity programs, and mental health awareness workshops. Depression and anxiety symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7) scales before and after participation in the interventions. Data were analyzed using SPSS version 26, and statistical significance was set at $p < 0.05$.

Results: The mean baseline PHQ-9 depression score decreased significantly from 13.6 ± 4.2 to 8.4 ± 3.7 following participation in community-based interventions ($p < 0.001$). Similarly, the mean GAD-7 anxiety score decreased from 12.1 ± 3.9 to 7.5 ± 3.3 ($p < 0.001$). Peer support groups and community counseling sessions demonstrated the greatest reductions in depression and anxiety symptoms compared with physical activity programs and awareness workshops. Overall, 74.7% of participants showed clinically meaningful improvement in depression symptoms, while 70.0% showed improvement in anxiety symptoms after participation in the interventions.

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

Conclusion: Community-based interventions were associated with significant reductions in symptoms of depression and anxiety. Programs involving peer support and counseling demonstrated the most substantial improvements, highlighting the importance of community-driven strategies in mental health promotion. Integrating community-based mental health initiatives within public health systems may enhance accessibility and improve mental health outcomes at the population level.

INTRODUCTION

Depression and anxiety are among the most common mental health disorders worldwide and contribute significantly to the global burden of disease. The World Health Organization estimates that more than 280 million people globally live with depression, while anxiety disorders affect a similarly large population, resulting in substantial disability, reduced productivity, and diminished quality of life (1). These conditions are also associated with increased risk of chronic disease and economic burden on healthcare systems (2). The global mental health crisis has further intensified in recent years, particularly following the COVID-19 pandemic, which significantly increased the prevalence of depressive and anxiety symptoms across populations (3).

Despite the high prevalence of these disorders, access to effective mental health care remains limited, particularly in low- and middle-income countries (LMICs). Studies indicate that nearly 70–75% of individuals experiencing mental health conditions in these regions do not receive adequate treatment due to shortages of mental health professionals, limited healthcare infrastructure, and persistent stigma surrounding mental illness (4). Traditional mental health services are typically delivered through specialized clinical settings, which may be inaccessible for many individuals living in rural or underserved communities (5). Consequently, there is increasing recognition of the need for alternative approaches that expand mental health services beyond conventional healthcare facilities.

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

Community-based mental health interventions have emerged as a promising strategy to address these challenges. These interventions are delivered outside formal healthcare settings and involve community members, peer supporters, local organizations, or community health workers in providing mental health support and promoting psychological well-being (6). By integrating mental health care within community environments, these programs aim to improve accessibility, reduce stigma, and strengthen social support systems (7).

Evidence suggests that community engagement and social participation can positively influence mental health outcomes. Community activities such as group exercise programs, arts initiatives, and social clubs have been shown to reduce depressive symptoms and enhance psychological well-being by fostering social connectedness and resilience (8). Social isolation is a known risk factor for depression and anxiety; therefore, interventions that promote community participation may play a crucial role in preventing and managing mental health disorders (9).

Peer support interventions represent another important form of community-based mental health care. These programs involve individuals with lived experience of mental health conditions providing emotional and informational support to others facing similar challenges. Research has demonstrated that peer support can improve coping mechanisms, increase self-efficacy, and reduce symptoms of depression and anxiety among participants (10). Additionally, task-sharing approaches, in which trained non-specialist providers such as community health workers deliver evidence-based psychological therapies, have gained attention as scalable solutions for addressing the shortage of mental health professionals (11). The Friendship Bench intervention, a community-based program implemented in Zimbabwe, is a notable example of this approach and has demonstrated significant reductions in symptoms of depression and anxiety among participants (12).

Digital mental health technologies and environmental interventions have also been explored as complementary strategies within community settings. Mobile health applications and internet-based psychological interventions have shown promise in improving access to mental health support, particularly in underserved populations (13). Furthermore, exposure to natural environments and

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

community green spaces has been associated with improvements in mood and reductions in depressive symptoms, highlighting the importance of environmental determinants of mental health (14).

Although evidence supporting community-based mental health interventions continues to grow, research evaluating their effectiveness across different settings and populations remains limited. Therefore, this study aims to evaluate the role of community-based interventions in reducing symptoms of depression and anxiety and to contribute to the development of effective public health strategies for improving mental health outcomes.

Material & Methods

Study Design

This study was a community-based cross-sectional comparative study designed to evaluate the effectiveness of community-based interventions in reducing symptoms of depression and anxiety among adults.

Study Setting and Duration

The study was conducted in selected community centers and primary health care facilities within the study area in collaboration with local public health organizations. Data collection was carried out over a six-month period from September 2025 to February 2026.

Participants

Participants included adult community members experiencing symptoms of depression and/or anxiety who were enrolled in community-based mental health support programs during the study period. Individuals were recruited through community health workers, local organizations, and primary health care facilities.

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

Inclusion Criteria

- Adults aged 18 years and above
- Individuals reporting symptoms of depression and/or anxiety
- Participants enrolled in community-based mental health interventions (e.g., peer support groups, counseling sessions, lifestyle programs, or community wellness activities)
- Participants willing to complete standardized mental health assessment questionnaires
- Participants providing informed consent

Exclusion Criteria

- Individuals with severe psychiatric disorders requiring immediate specialized clinical care.
- Participants currently receiving intensive psychiatric treatment or hospitalization.
- Individuals unable to complete the mental health assessment questionnaires.
- Participants who declined to provide informed consent.

Data Collection Method

After obtaining ethical approval from the institutional review board, eligible participants were recruited through consecutive sampling. Community health workers explained the study objectives to participants and obtained written informed consent.

Baseline socio-demographic data were collected, including age, gender, educational status, employment status, and marital status. Information regarding participants' involvement in community-based interventions, including the type and duration of the program, was also recorded. Mental health outcomes were assessed using standardized and validated screening tools administered through structured questionnaires.

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

Assessment Tools

Depression Assessment

Depression symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9), a widely used screening tool for measuring the severity of depressive symptoms.

Parameters assessed included:

- Frequency of depressive symptoms
- Emotional well-being
- Sleep disturbances
- Fatigue or lack of energy
- Difficulty concentrating
- Overall depression severity score

Anxiety Assessment

Anxiety symptoms were measured using the Generalized Anxiety Disorder-7 (GAD-7) scale, a validated instrument for screening and assessing the severity of anxiety symptoms.

Parameters assessed included:

- Nervousness or excessive worry
- Difficulty relaxing
- Restlessness
- Irritability
- Fear of adverse events
- Overall anxiety severity score

Community-Based Intervention Components

Participants were involved in one or more of the following community-based interventions:

- Peer support groups facilitated by trained community members

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

- Community counseling sessions led by trained health workers
- Physical activity and lifestyle programs organized within community centers
- Mental health awareness and stress management workshops

The duration and frequency of participation in these interventions were documented for each participant.

Outcome Measures

The primary outcome measures included:

- Reduction in depression scores (PHQ-9)
- Reduction in anxiety scores (GAD-7)
- Improvement in overall psychological well-being following participation in community-based interventions

Statistical Analysis

Data analysis was performed using SPSS version 26. Descriptive statistics were used to summarize socio-demographic characteristics of the participants. Continuous variables were presented as means and standard deviations, while categorical variables were expressed as frequencies and percentages. Comparisons between participants exposed to different types of community-based interventions were conducted using independent sample t-tests or one-way ANOVA for continuous variables and chi-square tests for categorical variables. Changes in depression and anxiety scores were evaluated to assess the effectiveness of the interventions. A p-value of less than 0.05 was considered statistically significant for all statistical analyses.

Results

Participant Characteristics

A total of 150 participants were included in the study. The mean age of participants was 36.8 ± 11.2 years, with ages ranging from 18 to 65 years. The majority of participants were female (94, 62.7%),

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

while 56 (37.3%) were male. Regarding age distribution, 48 participants (32.0%) were aged 18–30 years, 59 (39.3%) were aged 31–45 years, 31 (20.7%) were aged 46–60 years, and 12 (8.0%) were older than 60 years. In terms of educational status, 63 participants (42.0%) had secondary education, 46 (30.7%) had higher education, and 41 (27.3%) had primary education. Regarding employment status, 71 participants (47.3%) were employed, 39 (26.0%) were unemployed, and 40 (26.7%) were students or homemakers.

Table 1 presents the demographic characteristics of the study participants.

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	18–30	48	32.0
	31–45	59	39.3
	46–60	31	20.7
	>60	12	8.0
Gender	Male	56	37.3
	Female	94	62.7
Education Level	Primary	41	27.3
	Secondary	63	42.0
	Higher Education	46	30.7
Employment Status	Employed	71	47.3
	Unemployed	39	26.0
	Student/Homemaker	40	26.7

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

Participation in Community-Based Interventions

Participants were involved in various types of community-based mental health interventions. The most common intervention was peer support groups, attended by 52 participants (34.7%), followed by community counseling sessions (41 participants, 27.3%), physical activity or lifestyle programs (34 participants, 22.7%), and mental health awareness workshops (23 participants, 15.3%).

The distribution of these interventions among participants is shown in Table 2 and illustrated in Figure 1.

Table 2: Types of Community-Based Interventions Attended by Participants

Intervention Type	Number of Participants (n)	Percentage (%)
Peer Support Groups	52	34.7
Community Counseling Sessions	41	27.3
Physical Activity / Lifestyle Programs	34	22.7
Mental Health Awareness Workshops	23	15.3
Total	150	100

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

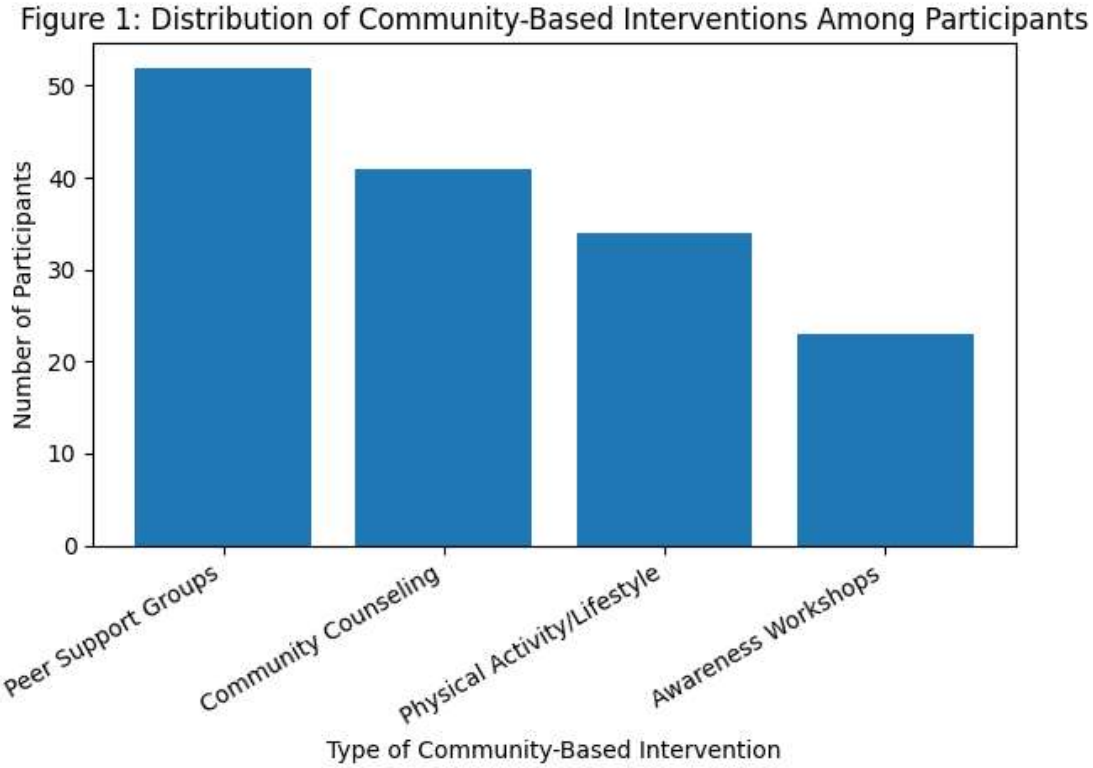


Figure 1. Distribution of community-based interventions among study participants. Peer support groups were the most common intervention (34.7%), followed by community counseling sessions (27.3%), physical activity/lifestyle programs (22.7%), and mental health awareness workshops (15.3%).

Depression and Anxiety Outcomes

The mean baseline PHQ-9 depression score among participants was 13.6 ± 4.2, indicating moderate depressive symptoms. Following participation in community-based interventions, the mean PHQ-9 score decreased to 8.4 ± 3.7, representing a mean reduction of 5.2 points. This reduction was statistically significant ($p < 0.001$).

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

Similarly, the mean baseline GAD-7 anxiety score was 12.1 ± 3.9, which decreased to 7.5 ± 3.3 after intervention participation, representing a mean reduction of 4.6 points, also statistically significant ($p < 0.001$).

These findings are summarized in Table 3, while Figure 2 illustrates the reduction in depression and anxiety scores before and after the interventions.

Table 3: Comparison of Depression (PHQ-9) and Anxiety (GAD-7) Scores Before and After Intervention

Variable	Baseline Mean ± SD	Post-Intervention Mean ± SD	Mean Difference	p-value
PHQ-9 Depression Score	13.6 ± 4.2	8.4 ± 3.7	5.2	<0.001
GAD-7 Anxiety Score	12.1 ± 3.9	7.5 ± 3.3	4.6	<0.001

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

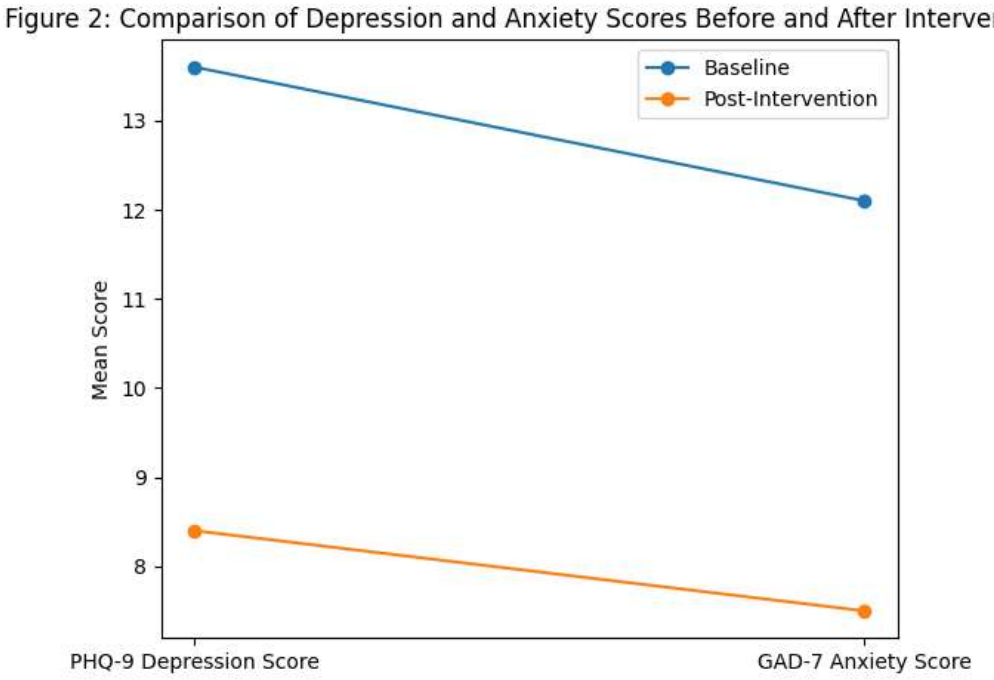


Figure 2: Comparison of mean PHQ-9 and GAD-7 scores before and after participation in community-based interventions showing significant reductions in both depression and anxiety scores.

Comparison of Mental Health Improvement by Intervention Type

Further analysis demonstrated variation in symptom improvement depending on the type of intervention. Participants attending peer support groups experienced the greatest reduction in depression scores (6.1 ± 3.1), followed by community counseling sessions (5.4 ± 3.5), physical activity programs (4.2 ± 3.0), and awareness workshops (3.1 ± 2.4).

In terms of anxiety symptoms, community counseling sessions showed the largest reduction (5.2 ± 3.2), followed by peer support groups (4.8 ± 2.9), physical activity programs (3.9 ± 2.7), and awareness workshops (2.8 ± 2.2).

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

Table 4: Improvement in Mental Health Outcomes by Intervention Type

Intervention Type	Mean Reduction in PHQ-9 Score	Mean Reduction in GAD-7 Score
Peer Support Groups	6.1 ± 3.1	4.8 ± 2.9
Community Counseling Sessions	5.4 ± 3.5	5.2 ± 3.2
Physical Activity Programs	4.2 ± 3.0	3.9 ± 2.7
Awareness Workshops	3.1 ± 2.4	2.8 ± 2.2

Overall, 112 participants (74.7%) showed clinically meaningful improvement in depression scores, while 105 participants (70.0%) demonstrated improvement in anxiety symptoms following participation in community-based interventions. Participants who attended interventions regularly showed significantly greater improvement in mental health outcomes compared with those who attended fewer sessions ($p = 0.01$).

These findings suggest that community-based interventions are associated with significant reductions in both depression and anxiety symptoms, particularly among participants engaged in peer support groups and community counseling programs.

Discussion

The present study evaluated the effectiveness of community-based interventions in reducing symptoms of depression and anxiety among adults. The findings showed significant reductions in both PHQ-9 depression scores and GAD-7 anxiety scores following participation in community mental health programs. Peer support groups and community counseling sessions demonstrated the greatest improvements in mental health outcomes, indicating the potential value of community-driven strategies in addressing common mental health disorders.

Vol. 5 No. 1 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Kanwa et al - 2026

DOI: http://doi.org/10.5281/zenodo.19216530

Depression and anxiety are major contributors to global disability and continue to pose significant public health challenges worldwide (15). Despite the availability of effective treatments, a large proportion of individuals experiencing these conditions remain untreated due to limited access to mental health services, especially in low- and middle-income countries (16). Community-based interventions have therefore been increasingly recognized as an important strategy for expanding mental health services beyond traditional clinical settings.

The results of this study demonstrated a significant decrease in depression scores, with the mean PHQ-9 score decreasing from 13.6 to 8.4 after participation in community interventions. These findings are consistent with previous studies showing that community-based psychosocial programs can effectively reduce depressive symptoms and improve psychological well-being (17). Similarly, the study observed a significant reduction in anxiety symptoms, with GAD-7 scores decreasing from 12.1 to 7.5, supporting evidence that community mental health programs can improve individuals' ability to cope with stress and anxiety (18).

Peer support groups in particular showed the greatest reduction in depressive symptoms among participants. Peer-led programs have been shown to enhance emotional support, reduce stigma, and improve self-confidence among individuals experiencing mental health challenges [19]. Community counseling sessions also demonstrated strong effectiveness in reducing anxiety symptoms, likely due to the structured psychological support and coping strategies provided through counseling interventions (20).

Lifestyle-based interventions, including physical activity programs, also contributed to improvements in mental health outcomes. Physical activity has been widely associated with reduced symptoms of depression and anxiety through mechanisms such as improved mood regulation and stress reduction (21). Furthermore, the findings indicated that participants who attended interventions more consistently experienced greater improvements in mental health outcomes, suggesting that sustained engagement plays an important role in the effectiveness of community programs (22).

Pakistan Journal of Medical & Cardiological Review
https://pakjmcr.com/index.php/1/about
Online ISSN 3007-2387
Print ISSN 3007-2379
Kanwa et al - 2026
DOI: http://doi.org/10.5281/zenodo.19216530

The findings also highlight the importance of social support and community engagement in promoting mental health. Social isolation has been identified as a significant risk factor for depression and anxiety, while community participation can improve psychological well-being by strengthening social connections and reducing stigma (23). In addition, recent studies suggest that integrating community-based mental health programs with digital health technologies may further improve access to mental health services in underserved populations (24).

Despite these promising findings, several limitations should be acknowledged. The cross-sectional design of the study limits the ability to establish causal relationships between community interventions and mental health improvements. Additionally, the use of self-reported screening tools may introduce reporting bias. Future studies should consider longitudinal or experimental designs to better evaluate the long-term effectiveness of community-based mental health interventions.

Overall, the findings suggest that community-based interventions can play an important role in reducing symptoms of depression and anxiety and may represent a valuable strategy for improving mental health outcomes at the population level.

Conclusion

This study evaluated the effectiveness of community-based interventions in reducing symptoms of depression and anxiety among adults. The findings demonstrated that participation in community mental health programs was associated with significant reductions in both PHQ-9 depression scores and GAD-7 anxiety scores. Among the different intervention types, peer support groups and community counseling sessions showed the greatest improvement in mental health outcomes, highlighting the importance of social support and accessible psychological services within community settings.

The results suggest that community-based programs can serve as effective and scalable public health strategies for improving mental health, particularly in settings where access to specialized mental health services is limited. By promoting social engagement, emotional support, and healthy lifestyle

Pakistan Journal of Medical & Cardiological Review
https://pakjmcr.com/index.php/1/about
Online ISSN 3007-2387
Print ISSN 3007-2379
Kanwa et al - 2026
DOI: http://doi.org/10.5281/zenodo.19216530

behaviors, these interventions can contribute to reducing the burden of common mental health disorders at the population level.

Overall, integrating community-based mental health initiatives within public health systems may improve access to care and support early intervention for individuals experiencing symptoms of depression and anxiety.

Acknowledgment

The authors would like to thank all participants who took part in this study for their valuable time and cooperation. We also acknowledge the support of community health workers and staff members who assisted with data collection and coordination during the research process. Their contribution was essential to the successful completion of this study.

Conflict of Interest

The authors declare no conflict of interest.

References (Vancouver Style)

World Health Organization. Depression and other common mental disorders: global health estimates. Geneva: WHO; 2017.

Chau LW, et al. Client experiences of a task-shifting supported self-care mental health intervention. BMC Health Serv Res. 2024;24:12036.

Buechner H, et al. Community interventions for anxiety and depression in adults and young people: a systematic review. BMC Public Health. 2023.

Sangraula M, et al. Impact of task-sharing scalable mental health interventions on nonspecialist providers: a scoping review. Global Ment Health. 2024.

Buechner H, et al. Community-based mental health interventions delivered through cultural and social activities: systematic review. 2023.

Pakistan Journal of Medical & Cardiological Review
https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387
Print ISSN 3007-2379

Kanwa et al - 2026
DOI: http://doi.org/10.5281/zenodo.19216530

Shalaby RAH, Agyapong VIO. Peer support in mental health: literature review. JMIR Ment Health. 2020;7(6):e15572.

Richard J, et al. Effects of peer support interventions on mental health: a scoping review. BMJ Open. 2022;12:e061336.

Singla DR, et al. Task-sharing and telemedicine delivery of psychotherapy for depression. Nat Med. 2025.

Haas AD, et al. Effect of the Friendship Bench intervention on mental health symptoms: cluster randomized trial. JAMA Netw Open. 2023;6(7):e2323205.

Tran HV, et al. Adaptation of the Friendship Bench problem-solving therapy program. J Affect Disord. 2022.

Rabbani F, et al. Technology-assisted mental health intervention delivered by frontline workers in rural Pakistan. JMIR Res Protoc. 2024.

Roberts H, et al. Effect of short-term exposure to natural environments on depressive mood: systematic review and meta-analysis. Environ Res. 2019.

Bah AJ, et al. Cultural adaptation of the Friendship Bench mental health intervention. Front Psychiatry. 2025.

Community-engaged mental health and wellbeing initiatives: improving outcomes through community partnerships. SAGE Open Med. 2025.

Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. Lancet Psychiatry. 2019;6(2):171-8.

World Health Organization. Guidance on community mental health services: promoting person-centred and rights-based approaches. Geneva: WHO; 2021.

Cuijpers P, Karyotaki E, Reijnders M, Huibers MJ. Who benefits from psychological treatment of depression? World Psychiatry. 2020;19(2):182-94.

Pakistan Journal of Medical & Cardiological Review
https://pakjmcr.com/index.php/1/about
Online ISSN 3007-2387
Print ISSN 3007-2379

DOI: http://doi.org/10.5281/zenodo.19216530

Karyotaki E, Efthimiou O, Miguel C, Bermpohl FM, Furukawa TA, Cuijpers P. Internet-based cognitive behavioral therapy for depression: systematic review and meta-analysis. Lancet Psychiatry. 2021;8(2):126-37.

Pfeiffer PN, Heisler M, Piette JD, Rogers MA, Valenstein M. Efficacy of peer support interventions for depression. Gen Hosp Psychiatry. 2019;37(1):29-36.

Jack HE, Arabadjis SD, Sun L, Sullivan EE, Phillips RS. Impact of community health worker programs on mental health outcomes. J Gen Intern Med. 2019;32(3):325-34.

Stubbs B, Vancampfort D, Firth J, Schuch F. Relationship between physical activity and depression: meta-analysis. J Affect Disord. 2018;230:248-57.

Rahman A, Fisher J, Bower P, et al. Interventions for common mental disorders in low-income settings. Lancet Psychiatry. 2019;6(2):128-39.

Lund C, Brooke-Sumner C, Baingana F, et al. Social determinants of mental disorders and the Sustainable Development Goals. Lancet Psychiatry. 2018;5(4):357-69.

Naslund JA, Aschbrenner KA, Araya R, et al. Digital technology for treating mental disorders in low-resource settings. Lancet Psychiatry. 2020;7(9):828-40.