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Mental Health and Community Resilience: Integrated Approaches to Strengthening Psychosocial Well-Being in Crisis Contexts

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Abstract

The increasing occurrence of humanitarian emergencies, natural disasters, armed conflicts and public health emergencies has contributed to the urgency to address mental health within community resilience models. Mental health is both a private matter and a public good that influences how communities prepare for, respond to, and recover from adversity. This article explores integrated strategies to psychosocial strengthening in crisis settings and makes the case that long-term resilience is founded on concerted, multi-layered efforts that intervene on the psychological as well as the structural bases of vulnerability. Based on an interdisciplinary analysis from the fields of social work, public health and community development, this paper discusses approaches that link individual mental health services to community-based resilience models. Such interventions include trauma-informed care, psychological first aid, culturally sensitive interventions, models of peer-support and enhancement of social capital and local support networks. Focus is on integration of mental health services into primary care, schools, and community organisations, so that services are accessible, stigma minimised, and care continuity promoted. This review also emphasises that recovery processes to be more participatory and enable those affected to co-design recovery efforts would lead to more ownership, collective efficacy and long-term sustainability. Cross-sector collaboration between government, nongovernmental organisations, and community leaders is necessary to ensure the

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inclusion of mental health in disaster risk reduction and recovery planning. By defining psychosocial well-being as a protective factor and an outcome of resilience, this review highlights the need for comprehensive, all-encompassing approaches that build community capacity before, in the midst of, and following emergencies.

Keywords: Mental Health, Community Resilience, Psychosocial Well-Being, Crisis Intervention, Integrated Approaches.

Introduction

Disease outbreaks and public health emergencies can have profound health, economic, and social consequences. Socio-economic consequences of outbreaks such as food insecurity, social isolation, and displacement (Torales *et al*,2020), lead to emotional disturbances, anxiety, depression and other severe mental health conditions and suicide is cited as special consequence (Yue *at al,*2020; Gaiser et *al*,2022). These outcomes manifest differently and are experienced differently among individuals and communities, leading to social inequities and disproportionately affecting vulnerable populations, including those with prior mental health conditions (Tausch *et al*,2022). Control of outbreaks through containment measures may compound these problems. For instance, social distancing and quarantine measures have been linked to a higher risk of negative mental health outcomes such as depression, anxiety, and stress-related disorders (Henssler *et al*., 2021). Accordingly, outbreaks also place extreme strain on health systems, interrupting essential services for people living with mental illnesses (Serrano-Ripoll et al., 2020). Outbreaks are known to be associated with increased prevalence of mental disorders. This has been documented in multiple epidemics, including the COVID-19 (Wu *et al,*2021; COVID-19 Mental Disorders Collaborators (2021), Ebola (Cénat *et al*,2020) and SARS outbreaks (Chau *et al*, 2021).

A subsequent study revealed that one in three people who were diagnosed with COVID-19 were found to develop a

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psychiatric or neurological disorder within 6 months (Taquet *et al* 2021). In those admitted to intensive care, the incidence rate rose to nearly 50%. The susceptibility of individuals with mental disorders to COVID-19 infection and its adverse clinical outcomes, such as mortality, remains unclear (WHO,2022; Bertolini et al,2023).Although outbreaks are increasingly recognized as a threat to mental health(Zürcher et al,2020), the ongoing public health response in majority of countries have been inadequate for addressing mental health and psychosocial support (MHPSS) needs (Gaiser *et al*,2023) The importance of Mental Health and Psychosocial Support (MHPSS) has been neglected in outbreak preparedness and response strategies, even though mental well-being is essential in fostering resilience and in the restoration of shattered communities (Jamison et al,2017 ;Walker et al ,2022).

MHPSS activities can vary in scope and format, but typically encompass "any kind of local or outside support that contributes to the protection or enhancement of psychosocial well-being and/or is focused on mitigating or treating mental disorders, as per the definition of MHPSS provided by the global body responsible for coordination of MHPSS, the Inter-Agency Standing Committee (IASC) (2007). It has been proposed that MHPSS elements can be mainstreamed into the majority of the EVD outbreak response pillars such as partner coordination, case management, continuity of essential health services, infection prevention and control (IPC), staff health and well-being, and risk communication and community engagement (RCCE) (Alkasaby *et al,*2023)

The World Health Organisation (WHO) quoted in Shkoliar and Vus (2025) is indeed in the process of spearheading the evastion of care in the domain of mental and brain health which is that for establishing an effective agenda. Since 2011, the global mental health strategy has been underpinned by the priorities of transforming health systems and policy decisions, as well as adopting systemic approaches to ameliorating suffering. Community resilience is often characterized as the community's capacity to anticipate, mitigate and respond to major disturbances at the community level

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including natural disasters, pandemics, and syndemics (Zaman,2023; Mabrouk *et al*,2024). These systems or processes focus on risk reduction, disaster prevention and preparedness, and recovery of infrastructure. But resilience is not just for post disaster. And it has to be considered as an important and modifiable social determinant of health that influences population health via the social and system-based context in which we the people exist (Ellis & Dietz,2022; Hall et al, 2023).

From this standpoint, community resilience embodies the people living within those communities who are engaged in promoting well-being through stable housing, social cohesion, access to health care, transportation, and other forms of enabling infrastructure. These linkages are supported by the evidence: community resilience is negatively correlated with anxiety, depression, and psychological distress (Hall et al,2023); social cohesion contributes to community sustainability (Ludin, Rohaizat & Arbon,2019); and social capital enhances community capacity to garner resources and recover (Aldrich & Meyer ,2015) At the level of systems, resilience is a product of the interaction among economic, social, and institutional structures (Norris et al, 2008). Therefore, this evidence predicts a number of theoretical pathways through which community resilience would influence health: the structural (infrastructure, healthcare, housing), social (cohesion, trust, networks), psychological (collective efficacy, community support), and the policy/institutional (governance, resource mobilization) (Chen et al,2026).

The findings highlight that not only do infectious disease outbreaks contribute to increased rates and severity of mental ill health, but they also reveal fractures in health and social support systems. While MHPSS is increasingly recognised as a fundamental aspect of outbreak preparedness and response, it is still not adequately mainstreamed in public health systems. Yet, parallel to this emerging body of work, there is increasing evidence that community resilience is also a key determinant of population mental health, via structural, social, psychological and institutional pathways. Overall, these findings point to the imperative for integrated solutions that situate MHPSS in

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outbreak response systems, while concurrently fostering community resilience as a cornerstone for sustainable mental well-being. This study is premised on the notion that mental health in public health emergencies can be addressed by individual-level interventions, as well as by system-level, community-focused approaches that build resilience and mitigate social inequities.

Systematic Review Objectives are to:

i. evaluates trauma-informed care interventions in crisis-affected populations for their impact on psychosocial well-being and reduction of psychological distress.

ii. assess the effectiveness of psychological first aid (PFA) programmes in immediate and short-term crises, including their role in managing stress and supporting coping.

iii. examine peer support models in strengthening psychosocial well-being in crisis contexts

iv. evaluate social capital in enhancing resilience and social cohesion within crisis-affected communities

v examines local support networks, and their contribution to sustain psychosocial well-being and community resilience.

Literature Review

Mental Health

Emotional, psychological, and social well-being all contribute to the importance of mental health (MH)at every stage of life (World Health Organisation, 2022; Dattani et al., 2023; Mental Health, 2024). Iswanto and Ayubi (2023) identify that mental health is a determinant of the overall health of the individual. Omokhabi (2021) quoted Galderisi, Heinz, Kastrup, Beezhold and Sartorius (2015) that a new definition of mental health was embraced as an ever-changing internal equilibrium that enables individuals to realize the society-approved utilisation of their capacities. As per Cleverley et al (2022) in Omokhabi (2025) MH is defined as emotional, psychological, and social wellness affecting the way individuals handle stressful events in life and draw intelligent conclusions. The World Health Organisation's World Mental Health Report (2022) redefines MH by stating that it is a state of mental well-being that allows an individual to manage the stresses of life, to realize his or her own abilities, to learn and work efficiently, and to

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enhance his or her community .This definition confirms the emphasis of well-being (apart from inserting the specifier mental in front of the word well-being) and seems to make the emphasis on productivity of the previous definition a little weaker by substituting the phrase work productively and fruitfully with learn well and work well, and when the intrinsic and instrumental value of mental health was being explained, the report lists around a number of dimensions in the alternative definition put forward in (Galderisi,et al,2015) such as cognitive functioning, processing and regulating emotions, and understanding of others. MH is a state of well-being in which every person realizes his or her own potential, can deal with the normal stresses of life, can work efficiently and effectively, and has the capability to give back to his or her community (WHO, 2023). It is also a fundamental aspect of health and well-being, enabling us individually and collectively to make decisions, to build relationships, and to shape the world in which we live.

VandenBos, (2007) opined that the American Psychological Association defines MH as a state of mind which enables an individual to work productively and effectively to make a contribution to his or her community, that is associated with emotional well-being, behavioural adjustment, a certain degree of freedom from anxiety and other disabling symptoms, and the ability to establish and maintain constructive interpersonal relationships and to meet the normal demands and stresses of life While this definition reflects important advancements in shifting away from conceptualizing mental health as the absence of mental illness, it raises a number of concerns and it is susceptible to misinterpretations since it identifies positive feelings and positive functioning as two of the components of mental health (Galderisi et al,2015). It has been construed as a pleasant relaxing effect generating a cognitive image of pleasure. People with good mental health have personalities with positive psychological resources of self-esteem, mastery, and resilience, the ability to handle adversity and to not fall apart when faced with stressors. These individuals can help adapt to and shape their environments, and they can detect,

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challenge and resolve problems. These cultural, social, political factors undoubtedly have an impact on mental health (WHO, 2004).

The value of MH has been described to have inherent worth as follows (WHO,2004 cited in Gautam, et al,2024)

• The mental health of a person is important in his well-being and daily life.

• Good MH is an essential asset for people, families, communities and countries.

• MH is a positive concept related to productive societal roles as a component of health.

• MH is the concern of all, Nothing about us without us in homes, schools, workplaces and leisure activities.

• Optimal mental health benefits the social, human, and economic capital of a society.

• Spirituality could play an important role in the enhancement of MH, and MH has an effect on spiritual life (Underwood,1999).

Jorm and Anthony (2012) have stated that psychological well-being, which includes mental health, is a positive state in which an individual can realize his/her own abilities and can make a contribution to the community while maintaining an adequate level of emotional and behavioural adjustment. MH of college students can be enhanced very much by promoting their health literacy through health education and awareness programs. It is established (acculturation process) on a multi-level subjectively interpreted continuum (which defines one's unique world-view), visited with different intensities of discomfort, difficulty and social and clinical (potentially very strong) impacts (WHO, 2022). In line with prior research for example Furnham and Swami, (2018) and Lee et al. (2020), mental health literacy (MHL) is high for females and young people. Psychosocial impairments, mental disorders, and other mental states that may be associated with high levels of pain, impairment, or risk to self are among the mental health conditions that have been increasing recently (Lee et al., 2022). People with a greater degree of MHL are less likely to experience psychological distress according to Zhang et al. (2023). It's not always the case, but on average, people who have mental health problems tend to have lower levels of mental wellness (WHO, 2022).

People are able to realise their potential in

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line with the core values of society through a vibrant internal balance called mental health (Galderis et al., 2015). Song et al. (2022) focused on the relationship of mental health literacy and mental health among university freshmen mental health, mental health literacy, and general adaptation to university, as well as on the mediating effects of gender and general adaptation. They observed a significant positive correlation between mental health literacy and mental health and general adaptation and a significant positive correlation between general adaptation and mental health, besides that gender played the role of a moderating variable. Rahimi et al. (2022) examined the mental health, resilience, and health literacy of Iranian public librarians. The result showed a positive and significant relationship between resilience and health literacy of librarians and between mental health and resilience. Solhi et al. (2024) have been attributed with comparable results, showing that there is a positive association among health literacy and mental health.

Mental Health and Psychosocial Support (MHPSS)

The concept of mental health and psychosocial support (MHPSS) encompasses any form of local or external support that contributes to maintaining or enhancing psychosocial well-being, or that prevents or addresses mental health problems (UNHCR, 2024). MHPSS is not concentrated in one sector but necessitates multi sectoral engagement including health, education and protection (community based, child protection and GBV) amongst others in some contexts. Mental health and psychosocial support (MHPSS) in guidance associated with the humanitarians, states that the term MHPSS refers to any local or external support contributing to protection or promotion of psychosocial well-being and/or prevention of or intervention in mental disorder (Inter-Agency Standing Committee (IASC) Reference Group for MHPSS in Emergency Settings, 2007). This encompasses not only psychotherapeutic or medical interventions for the treatment of mental disorders, but also psychosocial support such as cultural or recreational activities, peer groups or positive youth development programmes designed to enhance social and psychological factors

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of well-being (such as interpersonal relationships, support and connection, community life, emotions, behaviour, skills and coping mechanisms, etc.) and to lower the risk of onset of mental health issues. 'MHPSS programming refers to a broad spectrum of activities that aim to provide or support psychosocial well-being and/or prevent or treat mental health disorders,' (IASC, 2007b). UNHCR (2024) articulated that responding to MHPSS concerns entails:

- emergency interventions must be safe, dignified, participatory, owned by the community and compliant to social and cultural norms;
- There are conditions to allow people to take care of their own well-being as well as that of others in their family and community,
- people affected by mental health and psychosocial distress have the opportunity to receive appropriate help and care; and
- individuals with mild, moderate or severe mental disorders are able to access the core mental health services and social support they require.

This is represented in the MHPSS pyramid (figure 1), where a number of layers with services can be found, each layer referring clients to the other layer above or below. All layers are important and focus should be placed on layers ranging from interventions for the general population to specialised interventions for certain population groups.

Figure 1: Multi-layered pyramid approach for mental health and psychosocial support (MHPSS)

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Layer 1: Access to basic services and security in a manner that upholds the dignity of all individuals, particularly those who are most marginalized and/or isolated and/or encounter service access barriers (and apply the response through a participatory, rights-based approach using Ager, Gender and Diversity (AGD) methodologies).

Layer 2: Community and family support: Individuals maintain and enhance their psychosocial well-being through social cohesion-promoting activities and communities are supported to reinstate, strengthen or establish protective mechanisms at the community level.

3. The provision of specialized MHPSS interventions on an individual, family or group for those who are unable to manage in their own supports. Such support is typically provided by nonspecialized workers with training and supervision.

Layer 4: Clinical mental health and psychosocial support for individuals experiencing severe symptoms and/or extreme distress that renders them unable to engage in activities of daily living. These interventions are usually implemented by mental health professionals but also by trained and supervised general health workers.

Types of MHPSS Programmes

Types	Components and Characteristics
Cognitive Behavioural Therapy (CBT)	Deliver face-to-face or group-based talking therapy • Identify and link explicitly specific thoughts, feelings, bodily and non-bodily sensations to behaviour; and/or • Strive to stimulate a positive change in a person's thinking (cognitive) which leads to change in what they do (behavioural). This programme of grouping included trauma-focused CBT and is deemed a rapidly expanding diverse series of MHPSS programmes based on selective components of CBT approaches like transdiagnostic therapies or therapies targeting schema, cognitive processing or behavioural activation alone.

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Narrative Exposure Therapy (NET)	- Promote experience of specific or non-specific reminders, signals, or memories of exposure to a traumatic event; and - Help someone to rebuild a consistent and/or coherent storyline about their trauma (verbal or written) to assist in symptom reduction.
Interpersonal and Body Psychotherapy	-Offer interpersonal, one-on-one talking or body-based psychotherapy; and - Address the intra-psychic (that is internal world of the individual) and/or interpersonal challenges experienced as a consequence of exposure to, humanitarian crises to contribute to enhanced overall psychological functioning and related coping mechanisms. The MHPSS interventions within this category employed a variety of therapeutic approaches to address more general psychological issues, including those relating to questions of meaning (for example existential-oriented therapy), social connectedness and depression (interpersonal therapy), both in verbal and non-verbal modes for example., yoga, eye movement desensitisation and reprocessing)
Psychosocial Programme	- Reinforce the capacity of individuals, families and communities to address the effects of humanitarian crises by building upon existing coping mechanisms; and/or - Analyse the experience of people affected by humanitarian crises within wider social relations to contribute to individual and community-based resilience approaches to reduce effects. The second set of interventions included a variety of components such as peer-to-peer support, active and recreational activities beyond the one-on-one or group counselling. Programme components were conceptualised as primary pathways to assist people in developing resilient life paths by enhancing their social and mental capacities to better aid individuals to deal with and the adversity of humanitarian crises.
Psychoeducation	- Only deliver education on the consequences of being exposed to humanitarian crises; and/or - Attempt to inspire people by raising awareness and help them to cope

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	with that exposure through educational materials and tools.

Source: Bangpan M., Felix L, Soliman, F., D'Souza P, Jieman A.T, & Dickson K. (2024) The impact of mental health and psychosocial support programmes on children and young people's mental health in the context of humanitarian emergencies in low- and middle-income countries: A systematic review and meta-analysis. *Global Mental Health* (Camb).;11: e21. doi: 10.1017/gmh.2024.17.

MHPSS interventions include a range of activities, from incorporating MHPSS approaches in the provision of essential services, to social and psychological programming to promote well-being, such as social events, family reinforcement or mentoring in coping mechanisms, to individual clinical interventions, such as psychotherapy or pharmaceuticals for mental illnesses. The majority of MHPSS programmes focus on a cluster of social and psychological activities (that is psychosocial) that do not target people with mental disorders, but aim at enhancing wellness and preventing mental health problems by building resilience and other protective factors (Nguyen *et al*,2023). The authors noted further that, in contrast with interventions to treat mental health problems, psychosocial interventions tend to be more generic and focused on addressing the needs for support of a greater proportion of the affected population.

According to Eaton, *et al* (2022) CBM Nigeria has been collaborating since 2019 with the Methodist Church Nigeria in three Nigerian North-eastern states (Borno, Adamawa and Yobe) and Gede Foundation in three North Central states (Plateau, Benue and Nasarawa) to promote MHPSS in a larger transitional aid programme. The projects aim to enable communities returning to their homes to reestablish themselves by rebuilding destroyed infrastructure. Work at community level fosters awareness of mental health in order to challenge stigma and promote the inclusion of people with psychosocial disabilities in community life. The project also supports the integration of mental health services into primary and secondary care services, which are being reconstructed after

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decades of insurgency. The key mental health activities are as follows:

- Reconstruction and re-equipping of damaged/lost health facilities.
- Healthcare providers are trained, retrained and supported to deliver mental health services at the health-centres.
- Training and assistance to family members, Village Health Workers, Junior Community Health Extension Workers and community volunteers to accompany persons with mental illness in the community.
- Essential drugs and establishment of Drug Revolving Fund.
- Community-based water, sanitation and hygiene (WASH) services.
- Community-based livelihood supporting options.
- Promoting the inclusion of wheelchair users in community like joining the Water Committee, training to maintain the water pumps and so on
- Increasing publicity of mental health services.

Community Resilience

The most cited definition in the literature is that by Norris et al. (2008), which describes community resilience as a process that connects a set of adaptive capacities at the community level to positive outcomes of functioning and evolving among populations within a community following a period of stress. Nevertheless, a recent systematic review claimed this conceptual consensus has not yet been reached for community resilience (Patel et al., 2017). 80 studies on community resilience reviewed in contrast, the diverging results of 80 studies on community resilience in this review showed that there is no agreement regarding its definition. However, the authors consider three types of definition: (1) process definitions; (2) absence of adverse effect definitions; (3) range of attributes definitions that is, an ongoing process of change and adaptation; an ability to maintain a stable level of functioning; and a relatively broad collection of response-related capacities (Patel et al., 2017). They also identified nine core components of community resilience: local knowledge, community networks and relationships, communication, health, governance and leadership, resources, economic investment, preparedness, and positive

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mental health outlook. In contrast, the Transcultural Community Resilience Scale (T-CRS) was progressively developed and validated based on the literature review conducted by (Patel et al., 2017) which allowed the identification of two main modes of defining community resilience. The first is the community equivalent of processes for individual adaptation and recovery in the wake of trauma (Lyons et al., 2016). The second is the potential of a community to access resources that bolster the resilience of individual members (Norris et al., 2008; Lovell et al., 2014; Lindberg & Swearingen, 2020).

Community resilience refers to the collective ability of community members to respond, organise and adapt to reduce the effect of negative incidents on their community and enhance positive outcomes for the community over time (Mead,2022) It is defined as the capacity of a community to survive, adapt, and recover from a perturbation (natural hazard, financial stress, or societal crisis) (Richardsm *et al,*2017; Koliou *et al,*2018).While there are worries that community resilience could be turned into a vague concept and may be used by governments to abdicate their responsibilities without providing enough help to communities, it continues to be essential in emergency management. Lately, the idea of 'community-centred resilience' is gaining traction amid critiques of the shortcomings of top-down disaster preparedness (Poland et al,2021) This definition recognises that the responsibility of responding to an emergency cannot be entirely delegated from government or agencies to community organisations. Collaboration not control, cooperation not command is the way forward to deliver effective response, Partnering and working alongside established community networks and groups is vital. However, there are various methods of managing community resilience. It has been seen as individual resilience, family resilience and organisational resilience as well as a broader resilience of societies (Patel et al, 2017; Collins et al,2020; Laskey et al, 2023)

Integrated Approaches to Strengthening Psychosocial Well-Being in Crisis Contexts

Key Components of Integrated

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Approaches such interventions include:

Trauma-Informed Care

Trauma Informed care (TIC) is an approach that integrates considerations of trauma, safety, trustworthiness and transparency, peer support, mutuality, collaboration, empowerment, and cultural gender and historical issues in the context of classrooms and healthcare and community agencies for clients and staff. Terminology including trauma-informed approach, trauma-informed care, trauma-sensitive, and trauma-informed system have often been used interchangeably (Han *et al*., 2021). Trauma-informed care is based on four assumptions and six principles (SAMHSA, 2014). The approach is based on the understanding that what has been done to people who are traumatised is as important for us to know as what they need to feel safe. TIC aims to encourage the creation of safe, supportive, and trauma-informed environments that are not likely to retraumatise people. It also involves identifying and acknowledging potential triggers that may cause individuals to be retraumatised and approaching all interactions with an extra level of sensitivity and care (Menschner & Maul, 2016). This involves developing policies and practises that are sensitive to the particular wishes and requirements of the traumatised, and conduct are sensitive and compassionate.

With respect to the model of trauma-informed care by SAMHSA (2014), a trauma-informed programme, organisation or system is one in which all staff fully realize the widespread impact of trauma and understands potential paths for recovery; it recognizes the signs and symptoms of trauma in clients, staff and others directly related to the system; it responds by However, trauma-related behavioral issues can be worsened by symptoms of other mental health or behavioural disorders, such as anxiety and depression, and these reactions should be treated accordingly (SAMHSA, 2014).The Four Assumptions or Four R's of a trauma-informed culture are realizing the prevalence and impact of trauma (including the ripple and total impact), ruminating about the evidence of trauma, responding by translating trauma knowledge into decisions and operations, and resisting re-traumatization (Menschner

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& Maul, 2016).

The six principles reflect a broad-approach philosophy that promotes an atmosphere where people feel safe, supported, empowered, and respected. They are Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues (SAMHSA, 2014). Safety is a matter of both physical and psychological safety. Trustworthiness and transparency promote transparency at all levels of the agency and it is important that clients, staff, and other stakeholders trust one another. Organisations appreciate the importance of Peer Support and give a voice to the stories of others, as shared lived experiences can assist in healing. Collaboration and Mutuality highlight the importance of partnering by shifting the traditional power dynamic between staff and client. Empowerment, Voice and Choice are a principle that aims at empowering people, supporting their independence and involving them in decisions. To do this, it seeks to foster an environment in which individuals feel listened to, appreciated, and encouraged to make decisions that facilitate their recovery and well-being. Trauma-informed care (TIC) is an approach to care that emphasises safety in the context of care delivery in health care and other arenas.

Han et al. (2021) pointed out that eye movement desensitization and reprocessing (EMDR) and CBT (cognitive behavioural therapy) are among the most utilised and evidence-based treatments for trauma. Both methods have been proven to be effective at alleviating many of the symptoms that are frequently seen in post-traumatic stress disorder (PTSD), depression and anxiety. TIC consists of understanding the connections of trauma and mental health, understanding social trauma and multiple traumas, sensitively enquiring about trauma experiences and signposting to evidence-based trauma specific support (Sweeney & Taggart, 2018). It also addresses the vicarious trauma, it incorporates trust and transparency as foundational principles, builds collaborative relationships with service users, is informed by a strengths-based perspective, and attends to the emotional and physical safety of service

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users.

Psychological First Aid

Psychological First Aid (PFA) is a humane, supportive response to a fellow human being who is suffering and may need support or has suffered a traumatic event or experience and is distress in function. PFA is a simple psychosocial contact that is human, supportive, practical, and culturally sensitive post-crisis. It is considered a good early response as it lowers the intensity of acute stress and halts the progression of emotional distress symptoms. This intervention can be performed by anyone at the site of incident and does not require training in mental health, but it does need training to acquire the necessary competences in communication, listening and recognizing persons in emotional distress (Project Hope,2024). It can be applied by non-professionals at the scene of the incident and can be taught to anyone interested in helping others in times of disaster. PFA appears to be efficacious for mitigating acute stress as well as enhancing providers' preparedness and resilience, with preparedness ranging from imparting knowledge and skills to support individuals in crisis to receiving help for their own stress and emotional burden (Hermosilla et al., 2023). Psychological First Aid is an essential component of resilience promotion as it enables people to access their own strengths and resources. PFA providers help adults identify how they have successfully dealt with difficult situations in the past, which can help them believe in their ability to cope with the current crisis. Psychological First Aid guides people in controlling their emotions and thinking through what they want to do next to regain a feeling of control. Psychological First Aid promotes a sense of autonomy, which is very important to psychological well-being as it allows people to feel a bit more powerful and less like passive victims of events beyond their control. However, PFA is a non-diagnostic and non-treatment therapeutic intervention, which provides health workers with a set of principles through which mental health support can be delivered beginning by approaching the individual with acceptance, taking stock of that person's needs, assisting them in the process of gathering information, and facilitating

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them access to additional resources (WHO, 2011).

Peer-Support

Peer support is conceptualised as involving both emotional and instrumental support and incorporating experiential knowledge based on shared lived experience, which is provided within mutually agreeing relationships between individuals who share similar challenges and is aimed at promoting self-determined personal change (Fortuna et al., 2022). A growing number of mental health service providers and social organizations have been the subject of attention in terms of establishing peer support models as a means to support the process of recovery and increase support options for those living with mental health challenges (Stratford et al., 2017). The increasing interest in peer support is encouraged by the WHO (2021), as it's a realistic tool that brings a person-centered, recovery and rights-based approach to the biomedical approach for the delivery of mental health services In addition, the (coronavirus disease 2019) COVID-19 pandemic exacerbates the demand for community-led approaches, such as peer support (Suresh, Alam, & Karkossa, 2021), given that mental health challenges may have worsened while access to mental health services may have been impeded (Salari et al., 2020). Strong professional-to-peer support is a well-established practice in psychotherapy due to its usefulness in managing (Ali et al., 2015), as well as preventing stress, depression and burnout and other issues. Solomon, (2004) describes six types of peer support: (1) in-person groups, (2) internet support groups, (3) peer-delivered services, (4) peer-operated services (that is services run and delivered by peers), (5) peer-partnerships in which administration and governance, but primary control is with peers), and (6) peer employees (persons with a mental illness who are hired as practitioners (peer employees) or for whose service in traditional mental health positions).

Peer support is a facilitated self-management approach. It takes place as individuals with similar chronic conditions or health challenges interact to provide mutual support on a one-to-one or group basis. It is accomplished through relationships of mutual acceptance and understanding. Peer support is an

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important resource for people, their families and carers; it can enable them to be more active in, and have greater control over, their own health and wellbeing. It allows individuals to gain the information, tools, and confidence they need to manage their own health and potentially other matters affecting their health, such as loneliness or self-esteem (NHS England,2023). The strength of peer support is in Bringing together individuals with common experiences to form a warm, motivating, and secure environment. This individualised, whole-person care is concentrated on wellbeing and comprehending lived experience as opposed to clinical intervention. Research indicates that peer support contributes to improvements in quality of life, psychological well-being and social network, in addition to enhancing self-esteem and social functioning, and decreasing rates of hospitalisation (Watts & Higgins, 2016).

Social Capital Enhancement

Social capital has been argued to be both a collective (Putnam, 1993) and an individual resource (Bourdieu, 1986; Coleman, 1988). Social capital has also emerged as a central theme in the study of crisis and disaster management (Meyer, 2018), given that it is a prominent factor in the study of people's behaviors (Albrecht, 2018; Roque *et al.,* 2020) in front of exogenous and unsettling events, which could be difficult to anticipate, comprehend and manipulate, like natural and human-induced disasters (Rosenthal *et al.,* 1989; 2001). In this sense, social capital may also be viewed as a promising element of resilience (Aldrich, 2012) as it is a pre-disaster asset and it exists prior to the occurrence of negative events (Comfort *et al.,* 2010). Social capital may influence the ways in which individuals and communities respond to crises in several respects. Social capital even at an Individual level can provide access to support and information during social restrictions. At the social capital level, reserved resources may be such valuable things as trust, supports, dissemination of norms and information, or collective actions. A United Kingdom-based study among elderly individuals reported that reduced access to local public support services during the COVID-19 pandemic was correlated with worse mental health

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(Giebel *et al,*2021). Several studies have indicated protective health effects of social networks (Qi *et al*,2020; Yu et al,2020; Özmete *et al,*2020; Larnyo *et al*,2024) and community-level social capital (Borgonovi, Andrieu & Subramanian 2021)) during the pandemic of COVID-19. Similarly, neighbourhoods with lower social capital were found to be associated with poorer health outcomes in the context of the COVID-19 pandemic (Elgar, Stefaniak & Wohl ,2020;Miao, Zeng & Shi ,2021) Previous influenza pandemics, different types of social capital were related to health-protective behaviors (Chuang *et al*,2015) and the AH1N1 pandemic, neighbourhood social capital was associated with greater likelihood of vaccinating children (Jung Lin & Viswanath,2013). Moreover, high social capital communities and neighbourhoods can peel away the layers of adversity faster and enable people to adjust to new environments during abnormal times such as the COVID-19 pandemic (Prayitno *et al,*2024; Zhao, *et al,*2025). Novel research from Japan also revealed that there was a decline in compliance with preventive behaviours in the advanced stages of the COVID-19 pandemic in areas with low social capital, but this was not the case in areas of high social capital (Kuroda, Sato & Matsuda,2025). Therefore, effective social capital both at an individual and community may as well be a key lever to mobilise and share resources and procedural compliance to help social crisis and even in recovering at post- disaster community. Yet these same opportunities for direct contact may also spread the virus. Therefore, social capital may have a dual effect on health risks during a pandemic (Murayama, Nakamoto & Tabuchi,2021)

Local Support Networks: Community Engaged Initiatives

Community led programmes are finding relevance to enhance mental health and well–being in low-income contexts and are likely to be sustained (Patel et al, 2018). Community-engaged strategies have the capacity to facilitate community empowerment for health even in resource poor contexts through modification such as creation of supportive environments, development of coping skills, provision of community-based care, and reorientation of health systems to community needs.

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(WHO,2020). Such strategies aim to engage communities in one or more stages of the design or adaptation, implementation, and/or evaluation of mental health and well-being programs (Russell et. al,2023) There has also been a growing advocacy for the authentic participation of individuals with lived experience of mental health conditions that reflects a recognition of respect, dignity and social justice, as well as an effective strategy for reducing stigma and discrimination and improving service quality and accessibility (WHO,2023) Community engaged approaches have been forwarded as one way to narrow the mental health care gaps in resource-poor contexts.

Community-engaged methods vary along a spectrum of participation, including low-level community-focused approaches in which community members receive information and are asked to participate in an effort; to medium-level approaches in which community members are actively consulted during the development/process of an effort and/or included in the delivery or assessment of an effort; to higher-level community-engaged methods based on partnership and shared decision making with community members in the development, execution, and/or analysis, as well as community-driven methods, in which community members have the leadership role in developing, executing, and/or analysing efforts (WHO,2020) Advanced community participation, especially community-led approaches, are likely to be effective in strengthening mental health and well-being among resource-constrained populations, and are more prone to sustainable (Patel et al,2018). Engagement at the high-level can multi-stakeholder platforms local knowledge, resources and social networks to meet mental health needs in settings where formal systems of care are frequently weak (or non-existent) (Kohrt et al ,2018) and represent a means to close the gap between mental health need and service provision, by activating local resources and existing social structures (Russell et al, 2023) .The mode of delivery may be diverse: peer support groups, training of lay health workers in screening, referral and delivery of brief psychosocial interventions, community-based psychosocial programmes (Singla et al,

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2017) In so doing, community-engaged approaches have the potential to extend the reach and cultural appropriateness of mental health services, while encouraging community resilience and social cohesion (Kelter *et al*, 2022) .

Findings and Discussion

Research Question 1: Do trauma-informed care interventions in crisis-affected populations impact on psychosocial well-being and reduction of psychological distress?

The results revealed that trauma-informed approaches have been studied in diverse mental health settings, such as acute inpatient units for adults (Blair et al*.,* 2017; Aremu et al., 2018; Duxbury *et al.,* 2019), forensic inpatient adult mental health care (Putkonen et al., 2013 (men only), children and adolescent units (Azeem et al., 2011), substance abuse units (Borckardt et al., 2011), geriatric units (Borckardt et al., 2011) and community-based services (Craig & Sanders, 2018). A variety of study designs have been utilised to measure the effect/efficacy of employing trauma-informed approaches to guide care, including quality improvement (for example Blair et al., 2017; Aremu et al., 2018), quasi-experimental (Duxbury et al., 2019), experimental (Putkonen et al., 2013) and retrospective evaluation (Guzman-Parra et al., 2016).

Research Question 2: How effective is psychological first aid (PFA) programmes in immediate and short-term crises, including their role in managing stress and supporting coping?

Research has reviewed and, reviewed indicated PFA training is effective in enhancing appropriate psychosocial responses and PFA skills with individuals who are severely distressed (Wang et al, 2021) PFA is a practical, compassionate support strategy that is used after a crisis, disaster, traumatic incident, or emergency that assists people impacted feel secure, meets their immediate needs, diminishes stress responses, and directs them to additional support (Peng et al,2025) The aspects of the PFA (Psychological First Aid) stem from offering comprehensive care to a person after a traumatic experience. These are disaggregated into five main domains: cognitive, emotional, behavioral, social, and cultural. The

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cognitive dimension relates to the individual's thoughts and beliefs about the event, whereas the emotional dimension considers emotions such as worry, fear, and gloom. PFA enables disaster victims to regain a sense of safety, receive emotional support, and be linked to critical services and social support networks, which facilitates adaptive functioning and recovery (Wang et al, 2024) Among rescuers and frontline personnel, provision of PFA training and support is expected to positively influence their own coping strategies, empathy and emotional preparedness status, with a subsequent decrease in burnout and compassion fatigue (Said et al, 2022; Mtiraoui et al, 2025).There is also evidence that PFA-based interventions enhance responders' perceived competence and empathy among other protective factors against psychological distress during emergencies (El-Den et al, 2020)

Research Question 3. Does peer support interventions strengthen psychosocial well-being in crisis contexts?

Peer support has been established worldwide for decades and has been proven effective for a variety of populations, including students in higher education as well as people living with disabilities or mental health conditions (Brock & Huber, 2017; Peersman et al., 2019; Scheef & Buyserie, 2020; King & Fazel, 2021). They are flexible and can be adapted to the individual or group through different channels including mutual help groups and phone support (Horgan et al., 2013). Peer support was found in the evidence to consistently promote social connectedness, emotional well-being and coping strategies, including positively influencing self-esteem and engagement in adaptive behaviours (Peersman et al., 2019; King & Fazel, 2021). Peer support programmes are traditionally conducted face-to-face in group sessions; however, the emergence of COVID-19 led to an innovation in peer support delivery, that is digital peer support (Fortuna et al., 2020). Digital peer support services enable peers to interact via technological media, such as social media or online forums, and through smartphone applications, video conferencing applications, video games, and virtual reality (Fortuna et al., 2020). This was a popular trend in the education sector around COVID-19 as students were

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quarantining and many were overseas in different countries and time zones. In the classroom, our peers are the most important support system because we trust them, we can identify the early signs of struggles in one another, and we are physically closest to one another which provides us the most comfort and a sense of acceptance and belonging (Graves et al., 2022). There is a growing prevalence of peer support initiatives in primary and higher education, which suggests that they are effective in enhancing student well-being and academic development and are thus a viable strategy for fostering positive pedagogical experiences (Eberli, 2018; Scheef & Buyserie, 2020).

Research Question 4: Do social capital enhance resilience and social cohesion within crisis-affected communities?

Wu et al ,(2024) in this case study adds to a number of recent works indicating that social capital may be conducive to stress buffering in the pandemic or similar emergency situations, with both measures of social capital demonstrating small positive effects against psychological distress and perceived stress in the pre- and early stages of the COVID-19 pandemic .De Silva et al, 2005 demonstrates the positive influence of social capital on mental wellbeing in community settings and does so with a cohort of adults in some of the most violent and deprived neighbourhoods of a southern city Pitas and Ehmer (2020) findings bolster an emerging body of literature that also establishes the influence of social capital in relation to outcomes of the COVID-19 pandemic and crisis situation experiences. Psychological reactions to navigating "home confinement" and quarantine during the initial stages of pandemic has been recorded as including negative emotional states and distress while undertaking the duties and demands of maintaining a day-to-day supply of resources, finances, and family obligations (Pfefferbaum & North,2020). Thus, the building of social capital through enhanced community support and family ties was also known to lead to higher levels of trust and information sharing that could lead to more prevention and preparation helpful for managing change in this pandemic era (Makridis & Wu,2021). Furthermore, social capital has been theoretically

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associated with promoting civic norms outside of formal institutions and can encourage residents to collaborate on a shared mission and contribute to collective action when they face common stressors (Makridis & Wu,2021).

Research Question 5: To what extent do local support networks contribute to psychosocial well-being and community resilience in crisis context

The local community may also experience greater benefits than outside stakeholders due to proximity to nature and comprehensive understanding of social, cultural, and spatial aspects of the region. They have been shown to promote resilience and adaptive capacity in disasters and public health emergencies (Paton & Johnston, 2017). Also, communities serve a significant role in the processing of information, mobilization of resources, and emotional comfort of victims. Consider how many local communities worldwide participated in mask distribution, telemedicine for vulnerable populations, and community delivery of health information to slow the virus in the early days of the COVID-19 pandemic (Almeida et al,2020).Similarly, Elizabeth and Desh measured how local communities frequently respond in the first few minutes before help from outside these organizations arrives when earthquakes and floods strike: firing up evacuation, rescue, and social safety nets to aid them in recovery after catastrophes (Archuleta et al,2024). Pramono et al, 2020 the case in Indonesia that highlights the significance of the local community in disaster mitigation within local government policy. In this study, the village communities involved were positively engaged in disaster preparedness training., running public kitchens, and in providing social services to disaster victims. Moreover, these communities were also engaged with other relevant bodies to the public protection. Through training and participation, local communities were substantially better and their resilience to potential hazards in the future greatly enhanced.

Conclusion

Mental health is not an afterthought in the response to crisis but is integral to the overall resilience of a community. With

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more humanitarian emergencies, natural disasters, armed conflicts and public health emergencies occurring around the world, the relevance of comprehensive psychosocial approaches is increasingly apparent. To promote psychosocial well-being, there is a need to shift from isolated, short-term efforts, to holistic, multi-layered approaches that link individual mental health care with broader systems of community resilience. Psychosocial well-being is promoted by integrated action including trauma-informed care, psychological first aid, peer-support, social capital development, and local support networks such as community-based approaches that foster safety, connectedness, empowerment, and longer-term recovery. By linking individual mental health services with community resilience systems, they enable recovery to be not only personal, but also collective and sustainable. When mental health services are delivered within primary health care, educational and community settings in accordance with guidelines issued by the World Health Organisation and the Inter-Agency Standing Committee the result is improved access, reduced stigma, and enhanced continuity of care. These are not strategies to simply address distress; they are strategies to develop protection that help people and communities to adjust, recuperate, and flourish in the face of hardship. The article also highlights the need for governments, non-governmental organisations and community leaders to work collaboratively to mainstream mental health into disaster risk reduction and recovery frameworks. This in turn leads to the formation of yields resilience frameworks that are more robust and can accommodate more.

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