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Review article:

## Mental Health as a Key Determinant of Quality of Life: Evidence from Interdisciplinary Perspectives for Well-Being and Thriving in Society

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### Abstract

Mental health significantly influences quality of life (QoL), impacting functioning, relationships, and meaningful activities. This review synthesizes advances in understanding mental health conditions, interventions, and social determinants of QoL from public health, epidemiologic, and clinical literature (2015–2024) across diverse ethnic groups. Using a framework synthesis, we explore how mental health affects six QoL domains: well-being, autonomy, self-perception, belonging, activity, and hope. Findings show mental disorders like depression and anxiety reduce QoL due to distress and impaired functioning. Interventions such as cognitive-behavioral therapy, mindfulness, and social prescribing improve QoL by enhancing resilience and empowerment. Social determinants, including stigma and socioeconomic status, moderate these effects. Disparities in mental health outcomes are evident among marginalized groups, highlighting the need for equitable care access. Tables summarize key interventions and their QoL outcomes. Recommendations include funding primary care mental health services, community-based interventions, and addressing structural inequalities to enhance QoL globally. This study underscores mental health as a foundation for a fulfilling life and calls for interdisciplinary collaboration to improve mental health through policy and practice.

**Keywords:** mental health, quality of life, well-being, social determinants, interventions.

### Introduction

Mental health forms the foundations of human well-being and serves as a prerequisite to quality of life (QoL) across all physical, psychological, and social contexts (1). QoL is a multidimensional construct comprising physical health, emotional well-being, social relationships, and engagement in purposeful living (2). Modern mental health illnesses, such as depression, anxiety, and schizophrenia, are estimated to account for over 970 million individuals

impacted globally (3) and, of course, present with some reduction in QoL; rarely can an individual seek mental health interventions without some direct or indirect impact on QoL. The opposite of mental illness would be positive mental health, which can lead to high levels of resilience, autonomy, and life satisfaction (4). The purpose of the review is to understand the links between mental health and QoL concerning published research from 2015 to 2024 that includes key domains, actions, and social

determinants that contribute to the understanding of mental health and QoL. The study follows the methodology of framework synthesis to employ qualitative and quantitative research to understand further how mental health actions underpin QoL (2).

Mental health is a significant aspect of QoL, particularly when considering different aspects of daily functioning and how the individual can participate in society. Poor mental health is associated with shorter life expectancy, more disability, and more economic cost (5). Depression is one of the leading causes of disability across the globe and will reduce QoL by causing fatigue, hopelessness, and social withdrawal (5, 6). It is vital to understand how these factors interact to develop appropriate interventions that improve mental health and, by association, QoL. This review will address three main questions: (1) What are the primary domains of QoL that are impacted by mental health? (2) How do mental health interventions impact QoL outcomes? (3) What is the relationship of social determinants to this relationship?

## Methods

This review adopts a framework synthesis method, limiting the review to quantitative and qualitative studies on the subject of mental health and QoL (3). The literature was obtained through three main academic databases (PubMed, PsycINFO, Scopus) using the following terms: "mental health", "quality of life", "well-being", and "interventions". The inclusion criteria consisted of peer-reviewed full studies published between 2015 and 2024 that addressed some aspect of the impact of mental health on QoL and were able to access populations of interest. The exclusion criteria were studies that did not describe their empirical work and studies published in non-English articles. Data were extracted on the study design, population, mental health problems, interventions, and QoL outcomes. Thematic analysis identified the key domains of

QoL. Tables summarized the intervention efficacy (7).

## Key Domains of Quality of Life Impacted by Mental Health

Research has identified six fundamental domains of quality of life (QoL) that are strongly shaped by mental health: well-being and ill-being, control and autonomy, self-perception, belonging, activity, and hope (3). These domains were constructed based on qualitative syntheses of lived experiences and provide a comprehensive way to organize and consider how mental health conditions shape how people are able to live well in their lives. Each one can be affected by mental health, and often problems experienced in one domain may have a cascading effect upon the others, with a multiplicative effect upon overall QoL. Each domain is discussed in detail below with examples where possible, along with other supports based on the weight of empirical evidence.

### Well-Being and Ill-Being

Well-being is characterized by positive emotions, life satisfaction, and meaning to life; ill-being is characterized by psychological distress, symptom burden, and negative emotions (4). Mental health disorders are bad; however, severe mental illnesses, like schizophrenia or bipolar disorder, significantly increase ill-being and decrease quality of life (QoL). When a person has schizophrenia, for example, they may have symptoms that are constant in their lives, such as hallucinations, delusions, or anhedonia (inability to experience pleasure) (8). These symptoms complicate emotional equilibrium and contribute to dissatisfaction in life.

A systematic review including qualitative data from those with severe mental illness showed that distress and severity of symptoms were consistently related to lower QoL scores (3). This highlights how ill-being is a prominent barrier to good QoL. Positive mental health, on the other hand, includes not only

optimism, resilience, or regulation of emotions but also promotes well-being and QoL. Huppert (9) suggests that a positive psychological state (including gratitude exercises) in daily practices or interventions (including positive psychology interventions) could positively increase well-being and QoL. Seligman, Steen, Park, and Peterson (10) examined the utility of gratitude exercises and reported increases in life satisfaction and reduced depression. This study indicates that if well-being is an intermediary phenomenon that can lead to an increase in QoL, interventions promoting well-being should be seriously studied.

### Control, Autonomy, and Choice

Control and autonomy are having the ability to make those independent choices and manage your life (11). These components are essential for QoL because they allow individuals to take ownership and direct their lives based on their values and ambitions. Mental health problems, such as anxiety or obsessive-compulsive disorder (OCD), can limit autonomy through fear-based limitations around the ability to make decisions for oneself (12). A person with generalized anxiety disorder may not pursue social and professional opportunities because of excessive worry, which in turn can lead to lowered QoL (12).

Cognitive-behavioral therapy (CBT) has been an effective intervention for restoring autonomy because it provides cognitive and behavioral tools to manage symptoms. Beck (13) describes how CBT teaches patients to reframe maladaptive thoughts, leading to self-management in emotional and behavioral reactions. A study by Hofmann et al. (12) indicated that CBT enhanced autonomy and QoL in people with generalized anxiety disorder, and participants reported increased confidence in decision-making while experiencing decreased avoidance behaviors. Furthermore, autonomy is a basic psychological need according to self-determination theory, and with the fulfillment of this

basic need, QoL will be higher across other populations (9). Interventions aimed at promoting autonomy, such as programmes offering supported decision-making to individuals with severe mental illnesses, have produced encouraging results with increased QoL, as such programming appears to lead to increased independence and self-efficacy (14).

### Self-Perception

The self-perception of individuals is their experiences of self-esteem, self-worth, or personal identity, and is related to mental health and quality of life (15). When a person is suffering from a mental health disorder (specifically depression) and views themselves as worthless or a failure, it can result in negative self-perception. Orth et al. (16) note that depression leads to lower self-esteem, which creates a downward spiraling cycle of low self-esteem, which leads to depression, which leads to lower self-esteem, and so on, and when this happens, the individual suffers impairments to their quality of life. A longitudinal study conducted by Sowislo and Orth (17) built upon previous studies to provide strong evidence that lower self-esteem leads to depression and anxiety; this study showed that a person's self-esteem can predict depression and anxiety, while a meta-analysis showed consistent findings amongst various populations and age groups. This vicious cycle not only can harm your day-to-day quality of life by limiting activities or relationships that promote healthy meanings, but it also leaves individuals feeling incapacitated, making it hard for them to find the urge or motivation to engage in these meaningful activities or relationships. While further research is required, interventions focused on self-perception, specifically self-compassion training, have shown potential pathways out of this 'trap'.

According to Neff (18), self-compassion is the intention to treat ourselves kindly concerning our own experiences, and this can reduce negative self-perception associated with a mental health disorder. Neff and Germer (19) ran a randomized controlled

trial of an 8-week self-compassion program and found significant improvements in self-esteem and quality of life for people with depression. The participants in the study reported feeling more empowered in terms of emotional resiliency and life satisfaction. This literature gives evidence of the importance of the self-perception aspect of interventions when aiming to improve QoL.

### Belonging

Belongingness is a vital component of QoL, stemming from having meaningful social relationships and a sense of community (20). Many mental health disorders can create a fracture in social relationships, resulting in isolation and a decreased sense of belongingness. This decrease in belongingness further causes decreased QoL. Cacioppo and Cacioppo (21) reported a relationship between social isolation, as found in mental health conditions such as depression and schizophrenia, and increased mortality and decreased QoL. The authors specifically highlight isolation due to a lack of relationships (i.e., understandable and supportive relationships), social interactions, and/or lack of social relationships. Similarly, others have discussed the unique populations with increased risk of social exclusion, especially among marginalized groups and others who experience stigma or discrimination, revealed significantly increased risks for mental health issues and a decrease in QoL due to lack of belongingness (e.g., transgender individuals; 22).

Notably, transgender youth who had mental health conditions had significantly lower QoL than non-transgender/cisgender youth, attributed to both social rejection of the youth and lack of belongingness (22). The authors concluded that both belongingness and connection can be facilitated through community-based mechanisms (e.g., peer support groups), which, in turn, created belongingness and increased QoL. Davidson et al. (14) did a systematic review of peer support programs for people with severe mental illness and

concluded that these were a means to increase social connectedness and QoL and provide a context for shared experiences and mutual support. There is also social prescribing, linking people to community and recreational activities, such as art classrooms or volunteering opportunities, which can provide increased belonging and social integration (23).

### Activity

Engagement in purposeful activity, e.g., employment, leisure, or creative activity, is at the center of QoL, infusing purpose and regime into the human experience (24). Mental health disorders have the effect of destroying activity, as low motivation, energy, or cognitive impairment symptoms make involvement a burden. Depression patients typically report decreased work or leisure activity, lowering QoL (24). Eklund et al.'s qualitative investigation of the effect of occupational therapy on people suffering from serious mental disorders indicated increased activity involvement and increased QoL through purposeful activity, e.g., vocational skill development or creative activity, among the respondents (25). The respondents reported increased purpose and increased mental health, attributing the therapeutic effect of meaningful activity.

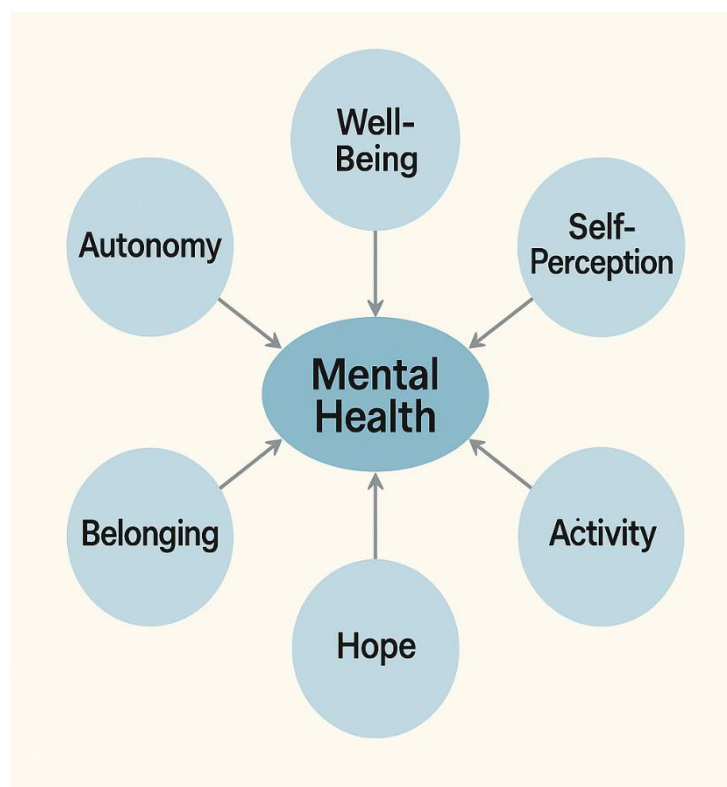
Hammell (24) believed that activities infuse regime, and fuse identity and self-esteem, connecting the activity domain to other QoL fields, e.g., self-view and sense of belonging, as fusing purposeful activity brings together disparate elements of life (24). Activity-based interventions, e.g., occupational therapy, supported employment, prove especially effective with patients suffering from disorders such as schizophrenia, whose cognitive and motivational aspects are most common (25). Cook et al.'s study, conducted via a randomized, controlled study, found that supported employment programs improved the QoL among people suffering from serious mental disorders through increased employment from the

labor market and financial independence, attributing the importance of activity-based programs (26).

### Hope and Hopelessness

Hope is a positive outlook on future goals and belief in the means of achieving those goals, which protects QoL (27). Hopelessness, as formed by despair and future-paralysis tendency, circumscribes many mental disorders, particularly depression, and destroys the QoL severely (28). Qualitative synthesis of Connell et al. (2) highlighted the fact that the mental disorder sufferers usually labored under debilitating hopelessness, presenting as a loss of the wish to seek goals or be alive in life, leading to the reduction of the QoL. Patients suffering from major depression report feeling powerless to extricate themselves from the cycle of despair, and there is no potential for improvement, or so say the patients. The impact upon the patient's quality of life is significant (6).

Interventions based on hope, such as narrative therapy, have emerged as possible anti-hopelessness agents and improve the quality-of-life dimension of the QoL. Narrative therapy allows clients to re-author their personal histories (focusing less on the deficient and more on the possible) and promotes hope and resilience to flourish (29). Vromans and Schweitzer (30) found that the impact of narrative therapy significantly promoted hope and quality of life for the depressed persons, as the subjects cultivated increased optimism and goal-directed behavior. Also, the hope-based intervention, e.g., goal-setting workshop as motivational interviewing, appeared as an improvement of the dimension of the QoL as the subject receives the capability of conceptualizing and striving for a purposeful future (27). Figure 1 presents an overview of the quality-of-life domains affected by mental health



**Figure 1: Areas of Quality of Life Impacted by Mental Illness.**



## Mental health care and quality of life

Mental health intervention is at the center of the improvement in the quality of life (QoL) by minimizing symptoms, improving resilience, and restoring functionality. There are a few forms of mental health interventions, which are psychological, pharmacological, and community-oriented interventions, and they target other factors of mental health to achieve better outcomes in QoL. The following section provides a systematic overview of the interventions based on the most current empirical evidence and discusses their mechanism, efficacy, and limitations in varied populations.

### Psychological Therapy

The psychological interventions we refer to are therapeutic interventions like cognitive-behavioral therapy (CBT) and mindfulness-based therapies, which are leading those with a lesser quality of life into areas for improvement by addressing maladaptive beliefs and regulation of emotions (12). CBT, underpinned by the cognitive model, allows the individual to work to structure maladaptive thoughts and behaviors, reducing the intensity of symptoms to improve quality of life (13). Kolovos et al. (31), through the meta-analysis of 69 studies, reported that CBT showed large to moderate effect sizes (Cohen's  $d = 0.56$ – $0.82$ ) in the enhancement of the QoL of depressed patients, and the enhancement was most evident in patients who were suffering from moderate to severe depression. The structured nature of the treatment, through the implementation of cognitive restructuring and behavioral activation, enables the individual to be in control of their affective as well as functional life, thus enhancing the dimensions of autonomy and well-being of the QoL (12).

Mindfulness-based interventions, including mindfulness-based cognitive therapy (MBCT) and mindfulness-based stress reduction (MBSR), provide better emotional regulation and awareness

of the present moment, both of which are important for the outcomes of QoL (32). Such interventions help people learn to witness their thoughts without judgment, which in turn lessens the impact of negative emotions.

Kuyken et al. (33) performed an individual patient data meta-analysis of 1,258 participants in nine randomized controlled trials (RCTs), which showed MBCT lowered the depressive relapse by 31% and improved the quality of life in high-risk groups, especially in recurrent depressives. The report indicated significant improvement in life satisfaction and emotional trending toward regularity, with comments that they had more capacity to engage in meaningful activities. Psychological therapies, however, need skilled personnel and regular commitment, which can make these therapies inaccessible in resource-poor areas (34). Besides, they may have varied effectiveness depending on the adherence of patients as well as the competence of the therapist, thereby the need for scalable modes of delivery, such as delivering the CBT in groups or through the Internet.

### Pharmacological Intervention

Pharmacological therapies, including antidepressants and antipsychotics, seek symptomatic relief of mental disorders and, as is their goal, lead to improvement in quality of life. SSRIs, like sertraline and fluoxetine, are used in the intervention of depression and anxiety disorders as they effectively alleviate symptoms (35). Rubio et al. (35) did a systematic review of 42 RCTs and concluded that SSRIs do improve the quality of life (QoL) of patients with major depressive disorder, with a standardized mean difference (SMD) of 0.34 over placebo, when supported by psychological therapies. In the systematic review, SSRIs were characterized as improving the QoL through alleviation of feelings of low and anhedonia, leading to improvements in work and social function.

Antipsychotics initially prescribed for schizophrenia and bipolar disorder also appear to have positive effects on the QoL by stabilizing mood and reducing psychopathology. Leucht et al. (36) did a multiple-treatments meta-analysis of 15 antipsychotics and determined that the second-generation antipsychotics, like olanzapine, had significant improvement in QoL compared to placebo (SMD = 0.41), but the results were drug dependent. However, drug treatments have their challenges. The side effects of drug treatments, like weight gain, drowsiness, and sexual dysfunction, can lower the improvement of QoL, especially in the long run (37). Serretti and Mandelli (37) reported that the weight gain through SSRIs had correlated to a lowering of the scores of the QoL by 15–20% among long-term clients, highlighting the importance of accurate monitoring and the use of adjuvant drugs. In addition, drug treatments are also not available due to cost and drug supply chains in low- and mid-revenue countries, which adds to the disparity in the improvement of the QoL (34).

### Community-Based Intervention

Social prescribing and peer support groups, as types of community-based interventions, improve the QoL through increased activity participation and bonding at the affiliation level (14). Peer support groups enable people of the same origin to reciprocate support, thereby reducing feelings of loneliness and strengthening social connections. In their effectiveness study, Pieters et al. (38) studied 180

people suffering from schizophrenia, as a randomized controlled study, claimed an increase of 22% in the level of QoL by the WHOQOL-BREF scale, relative to usual care, due to a decrease in feeling socially isolated and empowered. Peer support groups provide a unique opportunity for the protection of space, where people can share coping strategies and build networking, relating to the belonging level of the QoL directly.

Social prescribing, a new intervention, refers patients to social activities, such as art groups, exercise groups, volunteer work, stimulating activities, and societal contact (23,39). In a systematic review of 15 synthesized studies, Bickerdike et al. (23) provide evidence of the clinical improvement of patients presenting with mixed mental health disorders through social prescribing; the effect sizes ranged from small to moderate (SMD = 0.28–0.45). Physical activity and societal connection improved through the activity of the garden scheme, and the quality of life improved correspondingly. Community-based interventions, however, depend upon a strong society infrastructure and support people trained, not easily available everywhere, especially in socioeconomically underprivileged areas. Even their effectiveness depends upon patient activation and cultural competence, for which population-specific interventions are essential for heterogeneous population groups (40).

**Table 1: Summary of Mental Health Interventions and QoL Results**

Intervention	Study	Population	QoL Outcome	Effect Size
<b>Cognitive-Behavioral Therapy</b>	Kolovos et al. (31)	Depression	Improved QoL, reduced symptoms	Moderate-Large
<b>Mindfulness-Based Therapy</b>	Kuyken et al. (33)	High-risk depression	Reduced relapse, enhanced QoL	Moderate
<b>SSRIs</b>	Rubio et al. (35)	Major depressive disorder	Improved QoL, symptom relief	Small-Moderate
<b>Peer Support Groups</b>	Pieters et al. (38)	Schizophrenia	Increased belonging, improved QoL	Moderate
<b>Social Prescribing</b>	Bickerdike et al. (23)	Mixed mental health	Enhanced activity, improved QoL	Small-Moderate

### Social Factors That Affect Mental Health and Well-being

Social determinants such as socioeconomic status (SES), stigma, and mental health services affect the mental health and QoL linkage significantly (41). Structural and societal determinants explain the burden, severity, and outcomes of the mental health condition, which tends to produce disparities among vulnerable populations. Knowledge of these determinants becomes crucial to a strategy for crafting interventions to counter systemic barriers to QoL.

### Socioeconomic Status

Socioeconomic status creates disparity in mental health and QoL in individuals by providing access to resources, opportunities, and social support (42). Low SES is associated with higher rates of mental health disorders due to chronic stressors experienced with poverty, unemployment, and housing instability. Marmot (43) states that these chronic stressors also compound, which increases the risk of depression and anxiety from 1.5 times to 2 times higher than their higher SES counterparts. Fryers et

al. (44) used a sample of 12,000 participants that spanned Europe and found that socioeconomic deprivation decreased QoL in those suffering depression, evidenced by a decrease of 25% of QoL scores in those of lower SES versus the higher SES group. This differential is caused by limited access to health and education, fewer employment opportunities, and the inability to deal with mental health conditions.

Structural programs, such as income support, housing support, and other protective functions, can mitigate these impacts. These programs can ameliorate the impacts of depression, anxiety, etc., by alleviating financial burden and enhancing access to support services (41). Lund et al. (45) conducted a longitudinal study to analyze data from a social welfare program for people in poverty. Comparing data before and after program implementation, Lund et al. (45) found an 18% increase in quality of life (QoL) scores, mostly because of the reduction of depressive symptoms, indicating a potential to enhance QoL at the policy level.



## Stigma

Stigma related to mental health disorders is a significant obstacle to QoL by preventing individuals from seeking support and facing exclusion. Stigma takes place in public attitudes, self-stigma (internalized stigma or beliefs), and institutional stigma (discrimination), which negatively affect a person's QoL. In a qualitative study, Stuart et al. (46) interviewed sixty individuals with mental illnesses; the study results revealed that stigmatizing social exclusion factors reduced QoL by 30%, due partially to diminished social connections and self-esteem. Participants described that they avoided these social interactions because they felt discriminated against, meaning that these individuals felt the stigma of the mental health illness, which made them feel even more isolated, resulting in a decline in their QoL.

Anti-stigma campaigns, especially public education campaigns and media campaigns, show promise in reducing discrimination and improving QoL. Thornicroft et al. (47) performed a meta-analysis of 27 studies and found that anti-stigma interventions lead to a 15% effect on increased help-seeking and a 12% improvement in QoL for people with mental health conditions. Anti-stigma interventions work by normalizing mental health challenges and creating inclusive attitudes that support social inclusion and QoL.

## Access to Care

In addition to stigma, access to care is another major issue for improving QoL. Limited access to mental health services affects QoL considerably, particularly for individuals living in low- to middle-income countries (LMICs). Undoubtedly, untreated or under-treated mental health conditions will undermine QoL (34). A global health survey by Patel et al. (34) estimated that 80% of people with mental disorders in LMICs received no treatment at all, related to inadequate mental health infrastructure, which poorly affects QoL (PT 35% lower than in high-income countries). The treatment gap of 80%, again, is due to a lack of funding, a lack of trained practitioners, and geographic distance, particularly in rural settings that require a person to travel some distance to receive care. Time and distance make people less likely to adhere to treatment, which ultimately affects QoL (48). Integrating mental health services into primary care has emerged as a potential model to improve access and improve QoL.

According to the World Health Organization (48), the integration of primary care increased treatment coverage by 25% in pilot programs in LMICs, leading to an approximate 20% improvement in QoL of people with depression and anxiety. Integration follows the well-established journey of treatment uptake by adding it to existing healthcare systems, which is resource-salubrious and sustainable, particularly in resource-limited settings (34).

**Table 2: Social Determinants and QoL**

Determinant	Study	Impact on QoL
Low Socioeconomic Status	Fryers et al. (44)	Increased stress, reduced QoL
Stigma	Stuart et al. (45)	Social exclusion, diminished belonging
Limited Access to Care	Patel et al. (34)	Lower QoL due to untreated symptoms

## Mental Health Disparities and Overall Quality of Life

The disparate impact of systemic inequities upon economically marginalized population groups, such as racialized minorities, LGBTQ+, and people with disabilities, places them at systematic disadvantages concerning receiving care for mental health challenges and associated adverse effects on QoL. Systemic inequities include discrimination serving to socially exclude individuals, barriers to access for culturally appropriate care, and declining economies. In their national survey of 25,000 high school students, Johns et al. (22) found that transgender youth reported QoL difficulties that were 40% lower than cisgender peers, led mainly by transgender youth's likelihood to experience levels of depression and anxiety likely due to systemic discrimination and lack of social support. Furthermore, 60% of impoverished transgender youth reported episodes of social rejection and ideas of belonging and self-perception that are detrimental to their QoL climates they traverse. Similarly, systemic disadvantage and socioeconomic inequities for racial minorities result in a higher likelihood of states of clinical disorders consistent with mental health status.

Interventions for marginalized groups, like culturally competent treatment, help alleviate these disparities and improve quality of life. Griner and Smith (40) completed a meta-analysis of 76 studies and showed that culturally adapted interventions that incorporate culture and language into the intervention improved quality of life by 15-20% in minority groups when compared to non-cultural interventions. In Hispanic communities, therapy programs incorporated the cultural stigma surrounding mental health to increase treatment, engagement, and quality of life due to increased trust and relevancy (40). Community support groups for LGBTQ+ individuals (who are also not a monolith) to improve quality of life through safe spaces (49). These studies highlight that applying methods/tools to specific needs from marginalized groups can influence systems inequities that can improve mental health and quality of life outcomes.

## Discussion

This review reaffirms that mental health forms the foundation of quality of life and intersects areas like well-being, autonomy, self-perception, belonging, activities, and hope (3). Psychological therapies, like cognitive behavioural therapy (CBT) and mindfulness-based cognitive therapy (MBCT), can improve quality of life with moderate to large effect sizes and reductions in symptoms, as well as fostering coping skills with various population types (31, 33). Pharmacological treatments, particularly SSRIs and antipsychotics, enhance QoL through symptom reduction, although their benefits are limited by their side effects and issues around access to treatment (35, 36). Community-based interventions, such as peer support programs and social prescribing, also seek to promote QoL by addressing social determinants of health (e.g., social isolation and inactivity) and can be piloted and delivered at scale (23, 38), although the engagement of social determinants (e.g., SES, stigma, access to care) is significant in mediating the effects of any interventions, particularly in marginalised populations (34, 42). Low SES, stigma, and access to care all shape mental health outcomes, resulting in poorer QoL primarily through mechanisms of chronic stress and social exclusion (44, 45).

Limitations of the studies included in the review include small sample sizes, particularly in community-based interventions (and when randomized trials, small sample sizes are unavoidable), and above all, limited generalisability outside of the context of high-income countries, which limits relevance to LMICS (34). Many of the studies considered self-reported QoL measures, which can be subject to bias as perceptions of well-being are culturally variable (3). Future longitudinal studies are required to assess the long-term impacts of interventions on well-being and study scalable solutions for lower-resource settings. Mixed-methods research (quantitative and qualitative) is often more useful for understanding QoL in different groups than single-method assessments. Furthermore, interventions that address systemic

inequities, such as anti-stigma campaigns and culturally adapted therapies, are essential to address inequities and promote equitable QoL outcomes (40, 46).

### Recommendations

Policymakers should integrate mental health programs into primary health care, build anti-stigma campaigns, and tackle socioeconomic inequities to improve QoL through mental health (46, 49). Programs that offer community-based interventions, such as peer support and social prescribing, should be expanded to improve belonging and activity (14). Researchers should also utilize culturally adapted approaches that address inequities in marginalized groups (40).

### Conclusion

Mental health influences QoL for people, affecting autonomy, self-esteem, belonging, activity, hope, and well-being. Psychological treatments, drug treatments, and community-based interventions all can improve QoL. Social determinants of socioeconomic status, stigma, and access to health care affect marginalized groups differentially, contributing to differences in QoL outcomes. These problems can only be addressed through an intersectoral approach that brings mental health to health care systems, promotes social inclusion, and addresses system inequities. Scalable solutions like integrating primary care and scaling up digital mental health platforms should be the focus of policymakers to fill the gap in treatment. Patient education through anti-stigma campaigns and culturally appropriate interventions should be used to decrease discrimination and improve the quality of life of marginalized communities. People's perspectives can be altered, and great lives can be improved through interventions like narrative therapy. Focal attention to mental health through cross-sector collaboration among healthcare, policy, and Community programs can make the sessions a possibility among all people to thrive.

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### الصحة النفسية كمحدد رئيسي لجودة الحياة: أدلة من وجهات نظر متعددة التخصصات من أجل الرفاهية والازدهار في المجتمع الملخص

تؤثر الصحة النفسية بشكل كبير على جودة الحياة، حيث تنعكس على القدرة على الأداء، والعلاقات، والمشاركة في الأنشطة ذات المعنى في الحياة. يستعرض هذا البحث التقدمي التطورات في فهم الحالات النفسية، والتدخلات، والعوامل الاجتماعية التي تؤثر على جودة الحياة، مستنداً إلى الأدبيات الصحية العامة والوبائية والسرييرية بين عامي 2015 و2024 وعبر مجموعات عرقية متنوعة. ومن خلال منهجية التوليف الإطار، نستكشف كيف تؤثر الصحة النفسية على ستة مجالات من جودة الحياة: الرفاهية، الاستقلالية، تصورات الذات، الانتماء، النشاط، والأمل. تظهر النتائج أن الاضطرابات النفسية مثل الاكتئاب والقلق تقلل من جودة الحياة بسبب الضيق النفسي وضعف الأداء. وتساهم تدخلات مثل العلاج المعرفي السلوكي، والتأمل اليقظ، والوصفات الاجتماعية في تحسين جودة الحياة من خلال تعزيز المرونة والتمكين. كما أن المحددات الاجتماعية، بما في ذلك الوصمة والوضع الاجتماعي والاقتصادي، تُعد وسطاء لهذه التأثيرات. وتظهر فروقات واضحة في نتائج الصحة النفسية بين الفئات المهمشة، مما يؤكد الحاجة إلى ضمان وصول عادل إلى الرعاية. تلخص الجداول التدخلات الرئيسية ونتائجها على جودة الحياة. وتتضمن التوصيات زيادة تمويل خدمات الصحة النفسية الأولية، والتدخلات المجتمعية، ومعالجة أوجه عدم المساواة الهيكلية لتعزيز جودة الحياة عالمياً. وتؤكد هذه الدراسة على أن الصحة النفسية هي أساس الحياة المليئة بالمعنى، وتدعو إلى التعاون بين التخصصات لتحسين الصحة النفسية عبر السياسات والممارسات.

**الكلمات المفتاحية:** الصحة النفسية، جودة الحياة، الرفاهية، المحددات الاجتماعية، التدخلات