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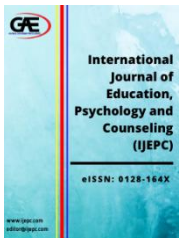

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UNDERSTANDING BARRIERS AND FACILITATORS OF MENTAL HEALTH LITERACY AMONG SOCIOECONOMICALLY DISADVANTAGED YOUTH

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Abstract:

Mental health literacy plays a crucial role in promoting early recognition of mental health problems, reducing stigma, and facilitating timely help-seeking among young people. However, socioeconomically disadvantaged youth continue to experience substantial barriers that limit access to mental health information, appropriate support, and mental health services. Existing evidence on these barriers and facilitators remains fragmented across different sociocultural and geographical contexts, making it difficult to establish a comprehensive understanding of the factors influencing mental health literacy within this population. Therefore, this systematic literature review aimed to synthesise current evidence on the barriers and facilitators of mental health literacy among socioeconomically disadvantaged youth. The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines. A comprehensive literature search was conducted using the Scopus and Web of Science databases, covering publications from 2020 to 2026. The search strategy employed combinations of keywords related to mental health literacy, barriers, facilitators, socioeconomic disadvantage, and youth. Following a rigorous screening and eligibility process, 18 studies met the predefined inclusion criteria and were included in the final synthesis. An integrative thematic analysis identified three overarching themes: (1) mental health literacy and sociocultural determinants among socioeconomically disadvantaged youth; (2) barriers and facilitators to mental health literacy, help-seeking and service access;

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and (3) contextually adapted strategies and interventions to improve mental health literacy. The findings indicate that mental health literacy is shaped by a complex interaction of individual, interpersonal, sociocultural, and structural factors. While stigma, cultural beliefs, socioeconomic inequalities, and limited-service accessibility remain persistent barriers, supportive social networks, youth-centred services, digital innovations, peer-led initiatives, and culturally responsive interventions were consistently identified as important facilitators for improving mental health literacy and encouraging appropriate help-seeking. Overall, this review provides a comprehensive synthesis of the current evidence and highlights the need for integrated, culturally responsive, and contextually appropriate mental health literacy strategies that address both educational and structural inequalities to improve mental health outcomes among socioeconomically disadvantaged youth.

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Keyword:

Digital Mental Health; Mental Health Literacy; Socioeconomically Disadvantaged Youth; Systematic Review

Introduction

Mental health literacy (MHL) is a critical determinant of mental health outcomes, particularly for socioeconomically disadvantaged youth who face heightened risks of mental health challenges due to systemic inequities, stigma, and limited access to resources (Bennett et al., 2023; Hadebe & Visser, 2026; Lee et al., 2026). MHL encompasses the ability to recognize mental health issues, seek appropriate help, and support others experiencing mental health challenges (Le et al., 2024; Marinucci et al., 2023). For disadvantaged youth, barriers such as poor symptom recognition, cultural stigma, and limited help-seeking confidence exacerbate mental health disparities, underscoring the urgent need for targeted interventions (Lee et al., 2026; Tay et al., 2022). Schools and community-based settings have emerged as pivotal environments for delivering MHL interventions, given their accessibility and potential to reach large populations of at-risk youth (Harte & Barry, 2024; Rueskov et al., 2026; Smith et al., 2021). However, existing interventions often lack cultural adaptation, participatory design, and sustained impact, particularly in low- and middle-income countries (LMICs) where resources are scarce (Harte & Barry, 2024; Lee et al., 2026; Sharpe et al., 2024).

Research highlights the importance of tailored, multi-faceted approaches to improve MHL among disadvantaged youth. Effective strategies include peer-led initiatives, practical learning activities, and culturally responsive content that addresses the unique social and structural challenges faced by this population (Goss et al., 2022; Lee et al., 2026; Stormacq, Wosinski, Boillat, & Den Broucke, 2020). For instance, peer-led interventions in South Africa

demonstrated significant improvements in mental health awareness and social support, empowering youth to address issues like depression and suicide within their communities (Hadebe & Visser, 2026). Similarly, school-based programs have shown promise in enhancing mental health knowledge and reducing stigma, though their long-term efficacy remains inconsistent (Harte & Barry, 2024; Le et al., 2024; Marinucci et al., 2023). Despite these advancements, gaps persist in the integration of critical health literacy components, participatory implementation strategies, and the measurement of positive mental health outcomes (Harte & Barry, 2024; Lee et al., 2026; Rueskov et al., 2026). Addressing these gaps is essential to developing sustainable, impactful interventions that promote mental health equity for socioeconomically disadvantaged youth.

Literature Review

Mental health literacy among socioeconomically disadvantaged populations is generally lower than in more advantaged groups, and this disparity seems to impede issue recognition, help-seeking, and engaging with care (Gerő et al., 2025; Stormacq, Wosinski, Boillat, & Van Den Broucke, 2020). According to Renwick et al. (2022) and Velasco et al. (2020), the most consistent barriers are poor recognition of mental health problems, limited awareness of available services, and low confidence in formal care systems in low-income settings and marginalized groups. Financial hardship further exacerbates these barriers by limiting access to information and professional support, making low literacy both a cognitive and structural problem rather than a purely individual deficit (Lamichhane, 2023; Stormacq et al., 2023). Stigma is the barrier most consistently linked to poor mental health literacy across disadvantaged populations.

Reviews from South Asia, China, and broader youth samples show that low literacy reinforces misconceptions, public and internalized stigma, and reduced help-seeking, while higher literacy tends to be associated with lower stigma (Gulliver et al., 2010; Lamichhane, 2023; Zhang et al., 2025). Stigma frequently co-occurs with embarrassment, negative beliefs about professionals, self-reliance, and distrust of services among teenagers, college students, immigrant students, and older adults, suggesting that literacy barriers are embedded in social norms as much as in knowledge deficits (Dombou et al., 2023; Elshaikh et al., 2023; Lui et al., 2022). Restrictive gender norms, supernatural or religious beliefs, and unsupportive family environments further delay recognition and help-seeking in rural women and young adults in traditional settings (Noorwali et al., 2022; Verma & Pandey, 2025)

The literature also identifies several facilitators that improve mental health literacy and downstream help-seeking. Social support and encouragement from family, peers, and community members frequently emerge as key enablers, especially when formal services are limited or distrusted (Gulliver et al., 2010; Renwick et al., 2022; A. Wahdi et al., 2025). Prior positive experience with services, school-based support, trustworthy relationships, and community connectedness also appears to increase willingness to seek help (Barrow & Thomas, 2022; Velasco et al., 2020; A. Wahdi et al., 2025). Culturally appropriate resources, such as traditional healers, civil society organizations, and local outreach structures, can serve as bridges to mental health knowledge when they are integrated rather than disregarded (Renwick et al., 2022; Sharpe et al., 2024; Verma & Pandey, 2025).

Though methodologically inconsistent, intervention research indicates that short, customized and context-sensitive programs can enhance mental health literacy. Mumbauer-Pisano and

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Barden (2020) reported that a 6-week intervention for economically disadvantaged adolescents increased knowledge, reduced stigma and help-seeking attitudes. These improvements persisted during a one-month follow-up. Across underserved populations, more effective health literacy interventions tend to assess participant needs in advance, use bilingual or multilingual materials, rely on providers fluent in participants' first languages, and use interactive or multimedia forms (Singh et al., 2024). According to Sharpe et al. (2024), community-based African interventions also achieved success by adjusting delivery to local infrastructure and adapting tailored communication channels such as in-person coaching, animations, influencers, forums, and mobile announcements.

Ultimately, the literature shows that barriers and facilitators of mental health literacy in socioeconomically disadvantaged populations occur across individual, interpersonal, cultural, and structural levels. Low knowledge, stigma, cost, poor service accessibility, and social exclusion consistently limit literacy and care, whereas trusted relationships, culturally tailored communication, community-based delivery, and targeted psychoeducation improve literacy and support help-seeking (Barrow & Thomas, 2022; Lilimadani, 2025; Stormacq, Wosinski, Boillat, & Van Den Broucke, 2020). Stronger MHL longitudinal and intervention studies are required as the literature is still constrained by variable measures, a large reliance on cross-sectional designs, and unequal representation of disadvantaged populations (Gerő et al., 2025; Lilimadani, 2025; Singh et al., 2024). In conclusion, mental health literacy appears to be a modifiable pathway through which socioeconomic disadvantage shapes mental health inequities, but effective progress requires interventions that are affordable, culturally grounded, and tailored to the lived realities of marginalized communities.

Methodology

Identification

In this study, a systematic literature review (SLR) approach was employed to identify and synthesize relevant literature. The review process began with the identification of appropriate keywords, followed by the exploration of related terms using dictionaries, thesauri, encyclopedias, and previous studies to ensure comprehensive search coverage. Based on these terms, search strings were developed and adapted for the selected electronic databases, namely Web of Science and Scopus (*see Table 1*). The initial database search retrieved a total of 3,936 publications relevant to the study topic, which subsequently underwent the screening and selection process according to the predefined eligibility criteria

Table 1: The Search String

Databases	Search Terms
Scopus Date of Access: July 2026	TITLE-ABS-KEY (("mental health literacy" OR "mental health knowledge" OR "mental health awareness" OR psychoeducation OR "mental health education" OR "mental health understanding" OR "mental health competence" OR "mental health promotion") AND (barrier* OR facilitator* OR challenge* OR obstacle* OR enabler* OR determinant* OR predictor* OR correlat* OR associate* OR influence* OR perception* OR attitude* OR belief* OR experience*

	OR perspective* OR factor* OR access OR accessibility OR "help-seeking barrier*" OR "help-seeking facilitator*") AND ("socioeconomic*" OR "socio-economic" OR "low socioeconomic status" OR "low SES" OR poverty OR poor OR "low income" OR low-income OR disadvantaged OR underserved OR marginali?ed OR vulnerable OR deprivation OR inequality OR inequity OR "financial hardship" OR "economic hardship" OR "economic disadvantage" OR B40) AND (youth OR "young people" OR "young person*" OR adolescen* OR teen* OR "young adult*" OR student* OR "university student*" OR undergraduate* OR "college student*" OR "higher education")) AND (LIMIT-TO (SUBJAREA , "PSYC") OR LIMIT-TO (SUBJAREA , "SOCI") OR LIMIT-TO (SUBJAREA , "ARTS")) AND (LIMIT-TO (DOCTYPE , "ar")) AND (LIMIT-TO (LANGUAGE , "English")) AND (LIMIT-TO (PUBSTAGE , "final")) AND (LIMIT-TO (OA , "all")) AND (LIMIT-TO (SRCTYPE , "j")) AND PUBYEAR > 2019 AND PUBYEAR < 2027
Web of Sciences Date of Access: July 2026	("mental health literacy" OR "mental health knowledge" OR "mental health awareness" OR psychoeducation OR "mental health education" OR "mental health understanding" OR "mental health competence" OR "mental health promotion") AND (barrier* OR facilitator* OR challenge* OR obstacle* OR enabler* OR determinant* OR predictor* OR correlat* OR associate* OR influence* OR perception* OR attitude* OR belief* OR experience* OR perspective* OR factor* OR access OR accessibility OR "help-seeking barrier*" OR "help-seeking") and Open Access and 2020 to 2026 (Publication Years) and Article (Document Types) and English (Languages) and Psychiatry or Psychology or Religion or Social Sciences Other Topics or Arts Humanities Other Topics (Research Areas))

Screening

During the screening stage, the retrieved records were evaluated against the predefined eligibility criteria to ensure their relevance to the research objectives. The screening process involved applying filters based on publication language, publication year, document type, subject area, and publication status. Specifically, records published in languages other than English, published before 2020, classified as conference proceedings, books, book chapters, review articles, or articles in press were excluded (*see Table 2*). In addition, records outside the subject areas of Psychology, Social Sciences, and Arts and Humanities were removed. Following the application of these screening criteria, a total of 3,539 records were excluded. The remaining 397 records were retained for eligibility assessment, comprising 175 records from Scopus and 222 records from Web of Science.

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Table 2: The Selection Criterion

Criterion	Inclusion	Exclusion
Language	English	Non-English
Time line	2020 – 2026	< 2020
Literature type	Journal (Article)	Conference, Book, Review, Protocol
Publication Stage	Final	In Press
Subject	Psychology, Social Sciences and Arts and Humanities	Besides Psychology, Social Sciences and Arts and Humanities

Eligibility

In the third stage, known as the eligibility phase, a total of 397 articles were assessed for eligibility through full-text screening following the removal of 26 duplicate records, resulting in 371 articles available for eligibility assessment. During this stage, the titles, abstracts, and full texts of the retrieved articles were carefully examined to determine whether they met the predefined inclusion criteria and aligned with the objectives of the present study. Articles were excluded if they were outside the scope of the study, had titles or research focus that were not relevant to the study objectives, contained abstracts that did not address the research questions, or if the full text was unavailable for review. Following the eligibility assessment, 353 articles were excluded. Consequently, 18 studies fulfilled all eligibility criteria and were included in the qualitative synthesis of this systematic literature review.

Data Abstraction and Analysis

An integrative analysis was employed to synthesise evidence from the included studies and identify overarching themes related to the barriers and facilitators of mental health literacy among socioeconomically disadvantaged youth. This approach enabled the integration of findings from the selected studies, providing a comprehensive understanding of the phenomenon under investigation. The thematic development process began with a systematic review of the 18 included publications, as illustrated in Figure 1. Relevant findings, concepts, and key statements addressing the objectives of the review were extracted from each study. The authors carefully examined the study characteristics, methodologies, and findings to identify recurring patterns, similarities, and differences across the evidence.

The extracted data were then analysed through an iterative process of coding, categorisation, and comparison to develop preliminary themes and subthemes. Throughout the analysis, analytical memos were maintained to document coding decisions, emerging interpretations, and reflections, enhancing the synthesis process's transparency and consistency. The authors then reviewed the preliminary themes collaboratively. Any discrepancies or differences in interpretation were discussed until a conclusion was reached. The themes were continuously refined to ensure conceptual clarity, internal consistency, and alignment with the objectives of the systematic review.

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To further enhance the reliability and trustworthiness of the thematic framework, the final themes and subthemes were reviewed by two experts with relevant expertise in mental health and psychological research. The expert review process ensured that each theme was clear, relevant, and adequately represented the evidence extracted from the included studies. The theme framework was refined by incorporating the experts' feedback and recommendations. The final themes presented in this review represent a rigorous synthesis of the evidence on the barriers and facilitators influencing mental health literacy among socioeconomically disadvantaged youth. The data extraction and analysis were guided by the following research questions:

1. What are the key issues and barriers to mental health literacy among socioeconomically disadvantaged youth?
2. What facilitators enhance mental health literacy, help-seeking behaviours, and access to mental health services among socioeconomically disadvantaged youth?
3. What are the implementation challenges and contextually adapted strategies have been reported to improve mental health literacy among socioeconomically disadvantaged youth?

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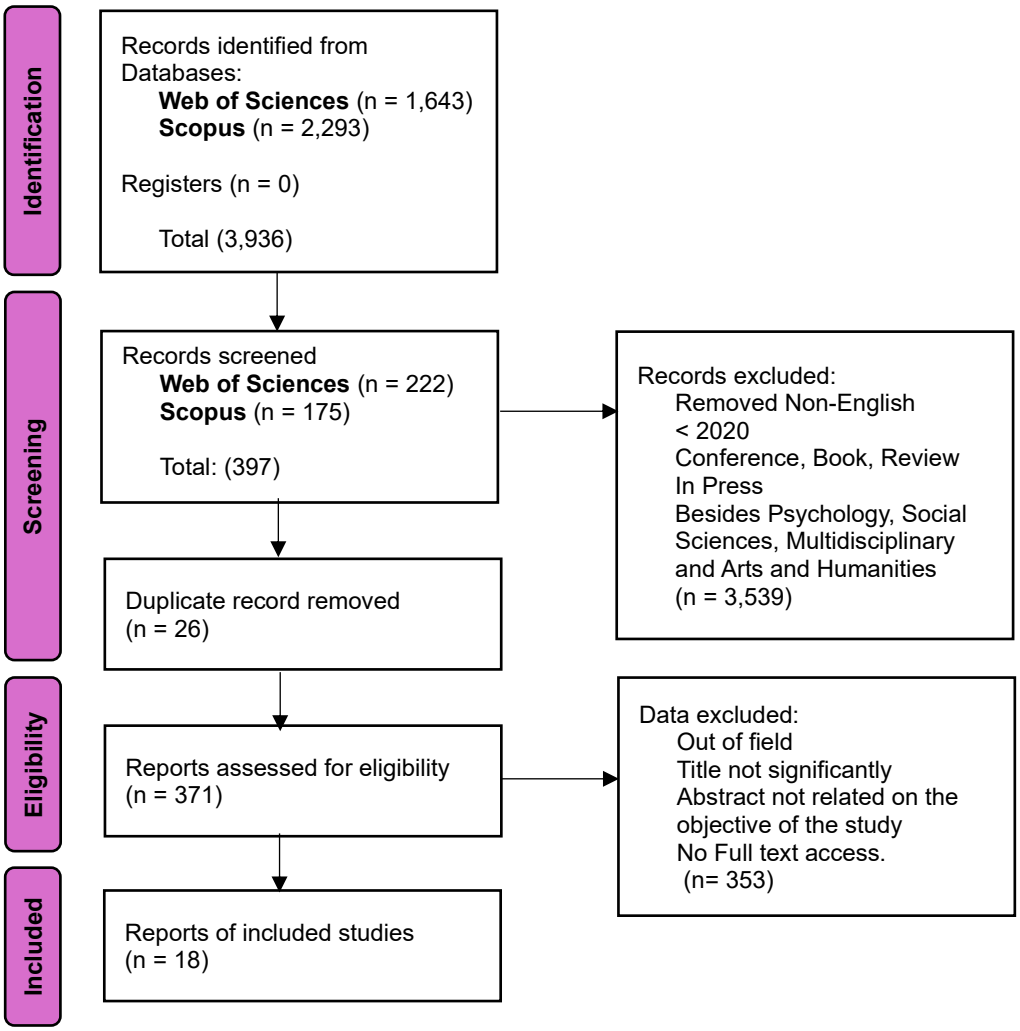

Figure 1: PRISMA 2020 Flow Diagram of The Included and Excluded Studies

Result and Finding

Following the screening and eligibility processes guided by the PRISMA 2020 Statement, 18 studies met the inclusion criteria and were included in the final systematic review. The included studies focused on specific geographical locations, low- and middle-income countries, and employed a range of qualitative, quantitative, and mixed-methods research designs (*refer to Appendix A*). Collectively, these studies provided comprehensive evidence on the barriers and facilitators influencing mental health literacy among socioeconomically disadvantaged youth across various cultural, educational, and community contexts. An integrative thematic analysis was conducted using a systematic process of data extraction, coding, comparison, and synthesis to identify recurring patterns and key concepts across the included studies.

The analysis generated three themes that captured the major areas of evidence related to the review objective (*refer to Table 2*). The first theme, mental health literacy and sociocultural determinants among socioeconomically disadvantaged youth, synthesises evidence on the levels of mental health literacy and the influence of stigma, cultural beliefs, socioeconomic inequalities, demographic characteristics, and treatment beliefs on young people's

understanding of mental health and mental illness. The second theme, barriers and facilitators to mental health literacy, help-seeking and service access, examines the individual, interpersonal, and structural factors that shape mental health literacy, influence help-seeking behaviours, and affect access to appropriate support. The third theme, contextually adapted strategies and interventions to improve mental health literacy, focuses on evidence relating to digital mental health resources, mobile applications, peer-led programmes, community-based initiatives, culturally adapted interventions, and other contextually appropriate strategies that promote mental health literacy among socioeconomically disadvantaged youth.

Together, these three themes provide a comprehensive synthesis of the current evidence regarding the complex interplay of individual, sociocultural, and systemic factors that shape mental health literacy among socioeconomically disadvantaged youth (*refer to Appendix B*). The findings show that stigma, cultural norms, socioeconomic conditions, service accessibility, and the availability of contextually appropriate support systems all have an impact on mental health literacy, in addition to knowledge and awareness. Furthermore, the review highlights the importance of culturally responsive, youth-centred, and accessible strategies that integrate community engagement, digital innovation, and collaborative approaches to strengthen mental health literacy and improve help-seeking behaviours among socioeconomically disadvantaged youth.

Theme 1: Mental Health Literacy and Sociocultural Determinants Among Socioeconomically Disadvantaged Youth

Mental health literacy among disadvantaged youth appears to be shaped by unequal access to information, limited recognition of mental health conditions, demographic background, and previous exposure to mental illness. Mamun et al. (2024) found substantial variation across four mental health literacy dimensions, namely knowledge of mental health, understanding of mental illness, stigma, and help-seeking behaviour. Gender, family income, health history, substance use, psychological symptoms, academic performance, and geographical location were associated with differences in mental health literacy. The regional patterns identified through geographical analysis suggest that mental health knowledge is not distributed equally, even within the same national setting. These disparities may be due to differences in educational opportunities, service availability, community awareness, and local socioeconomic conditions. Dessauvagie et al. (2022) found similar disparities, reporting that university students in Vietnam and Cambodia had lower mental health literacy compared with the samples reported from Western settings. Female students and students with personal or family experience of mental illness demonstrated better literacy, while male students, students enrolled in science-related programmes, and international students appeared to require more focused mental health promotion. However, parental educational attainment and rural or urban origin were not consistently related to literacy, indicating that socioeconomic disadvantage may not have an equal impact on all mental health literacy dimensions in all uniform manners. Potts and Henderson (2020) further demonstrated that socioeconomic status can influence the relationship between familiarity with mental illness and stigma-related outcomes. Familiarity was generally associated with more favourable attitudes and reduced desire for social distance, but the positive relationship between familiarity and knowledge was weaker among lower socioeconomic groups. The result indicates that encounters with mental illness alone may be insufficient when personal experiences occur in settings with limited treatment availability, pessimism about recovery, or poor-quality information. Taken together, the evidence suggests that mental health literacy is determined by the combination of individual experience and the

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larger socioeconomic context rather than a single demographic factor. Exposure to mental health difficulties may improve understanding, but meaningful improvements are more likely when exposure is supported by accurate education, accessible services, and positive recovery narratives. Together, these studies demonstrate that disadvantaged youth may encounter mental health information unevenly due to differences in education, family resources, geographical location, social exposure, and previous contact with mental illness. As a result, mental health literacy should be interpreted as a socially embedded ability that develops through everyday experience, access to reliable knowledge, and perceived trustworthiness of available support.

Cultural interpretations of mental illness represent another major influence on recognition, beliefs, stigma, and decisions regarding appropriate sources of support. Wadende and Sodi (2023) found that Turkana adolescents in rural northern Kenya described symptoms associated with depression, anxiety, and schizophrenia without consistently recognising the conditions through formal mental health concepts. Explanations frequently involved curses, evil spells, guilt, or hunger, while preferred sources of support included peers, parents, teachers, and local community leaders rather than medical professionals. These findings indicate that unfamiliarity with clinical terminology does not mean that distress is completely unrecognised; instead, symptoms may be interpreted through local cultural and spiritual frameworks. Such frameworks can support community involvement but may also delay professional intervention when severe symptoms are attributed exclusively to supernatural or moral causes. Similar patterns were reported by Nwedu and Ominyi (2025), where participants described mental illness through ideas of abnormality, shame, social rejection, and spiritual influence. These findings show that culture can act as both a barrier and a facilitator in mental health literacy.

On one hand, spiritual explanations may strengthen stigma or reduce acceptance of clinical treatment, especially when mental illness is viewed mainly as a moral, spiritual, or social problem. On the other hand, spiritual practices, family relationships, and community support may provide emotional strength and resilience when they are integrated appropriately into care. Daluwatta et al. (2025) also reported that Sri Lankan Australians held mixed beliefs about mental health support, including professional, informal, and culturally meaningful sources of help. Professionals including general practitioners, psychologists, counsellors, friends, compatriots, religious practices, and enjoyable activities were viewed as potentially helpful. However, a clear difference was observed between informal and professional help-seeking preferences, where stronger preference for one pathway was linked with weaker intention to use the other. This suggests that mental health promotion should not present professional support as a replacement for family, friendship, community, or religious support. Instead, a more suitable approach would be to explain how informal and professional support can work together in a complementary way. Across these studies, culturally grounded beliefs affected mental illness recognition, perceived causes, acceptable interventions, and stigma. Therefore, effective mental health literacy initiatives should use culturally understandable language, acknowledge local beliefs, engage respectfully with informal support networks, and provide clear guidance on when professional assessment or intervention is needed. Rejecting cultural explanations directly may create distrust, while integrating familiar community beliefs with evidence-based mental health information may improve relevance, acceptance, and help-seeking among socioeconomically disadvantaged youth (Daluwatta et al., 2025; Nwedu & Ominyi, 2025; Wadende & Sodi, 2023).

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Stigma was identified as an important factor that connects limited mental health literacy with social exclusion, reduced disclosure, delayed help-seeking, and negative attitudes about treatment. Nwedu and Ominyi (2025) found that youth with diagnosed mental illness experienced internalised shame, discrimination, emotional isolation, and fear of being viewed as abnormal. However, the same findings also showed that resilience can develop when they receive social support, professional care, spiritual guidance, advocacy, and greater mental health awareness. This suggests that stigma is not permanent. With supportive relationships and recovery-focused information, young people may begin to understand mental illness in a less shame-based and more hopeful way. With supportive relationships and recovery-focused information, young people may begin to understand mental illness in a less shame-based and more hopeful way. Mamun et al. (2024) also identified stigma as one of several mental health literacy domains affected by socioeconomic and regional inequalities, indicating that stigma reduction should be linked with broader efforts to improve knowledge, symptom recognition, and help-seeking, rather than being treated as a separate issue. Taken together, these studies suggest that mental health literacy includes more than factual knowledge. It also involves recognising symptoms, understanding possible causes, believing in recovery, reducing stigma, knowing available support, and having confidence to seek help. Socioeconomically disadvantaged youth may face difficulties across several of these areas at the same time, especially when limited knowledge, cultural beliefs, stigma, and poor service access occur together.

Theme 2: Barriers and Facilitators to Mental Health Literacy, Help-Seeking and Service Access

The findings indicate that mental health literacy, help-seeking behaviours, and access to mental health services are closely interconnected and influenced by multiple individual, interpersonal, sociocultural, and structural factors. Across the included studies, adequate mental health literacy consistently emerged as an important facilitator of positive help-seeking attitudes and service utilisation. However, knowledge alone did not always lead to actual help-seeking. Decisions to seek professional support were also influenced by perceived need for care, stigma, social expectations, cultural beliefs, and the availability of appropriate services. Sifat et al. (2022) reported that perceived need for mental health support was the strongest predictor of professional service utilisation among university students, while higher mental health knowledge contributed to more favourable views of professional services. Similarly, Clark et al. (2024) found that although disadvantaged rural young men recognised the importance of seeking help, many remained reluctant to access services. This reluctance was linked to limited understanding of mental health, self-defined thresholds for recognising distress, and masculine norms that discouraged emotional disclosure.

These findings were further supported by A. E. Wahdi et al. (2025), who identified low mental health literacy, mental health stigma, restrictive gender norms, and limited awareness of available services as common barriers experienced by adolescents across 13 countries. Within this multi-country study, Egypt and Kenya represented lower-middle-income countries, while the Democratic Republic of the Congo and Malawi represented low-income countries. Collectively, the evidence suggests that mental health knowledge plays an important facilitating role in shaping positive views towards help-seeking and improving awareness of service access. Nevertheless, mental health literacy initiatives should extend beyond knowledge improvement alone. They should also strengthen symptom recognition, perceived

need for care, stigma reduction, confidence in seeking professional support, trust in available services, and availability of accessible mental health resources.

The review further demonstrates that interpersonal relationships play a dual role as both barriers and facilitators influencing mental health literacy, help-seeking behaviour, and engagement with mental health services. Across several studies, family members, friends, teachers, and trusted adults were consistently identified as facilitators and preferred sources of initial support for young people experiencing emotional distress (Vostanis et al., 2022; A. E. Wahdi et al., 2025). Positive social relationships facilitated emotional disclosure, increased confidence in discussing mental health concerns, and encouraged appropriate referral to professional services. Clark et al. (2024) also found that interpersonal relationships were considered more valuable than professional expertise alone, particularly among disadvantaged rural males, emphasising the importance of empathy, trust, and culturally sensitive communication in service delivery. This highlights the importance of interpersonal relationships, trust and culturally sensitive communication, facilitating mental health knowledge and help-seeking perceptions.

Conversely, interpersonal relationships can also be barriers when young people experience judgement, stigma, poor communication, limited mental health knowledge among family members, and distrust of healthcare professionals, frequently discouraging young people from seeking help and delaying access to care. Similarly, Dickson et al. (2025) reported that low-income families experienced scepticism towards mental health services, concerns regarding service quality, communication difficulties, and limited confidence in school-based services, despite acknowledging their importance in supporting young people. Comparable findings were observed by Renwick et al. (2022), where family conflict, poor communication, fragmented mental health services, inadequate psychosocial support, and community stigma reduced opportunities for early support among adolescents in Botswana. These findings suggest that mental health literacy should not be viewed only as individual knowledge among young people. It is also shaped by the knowledge, attitudes, and responses of families, peers, schools, communities, and healthcare providers. Therefore, strengthening mental health literacy requires the involvement of parents, educators, community leaders, peers, and professionals to create supportive environments, encourage open discussion, reduce stigma, and seek appropriate help.

Beyond individual and interpersonal influences, structural and socioeconomic factors were consistently identified as significant barriers to mental health literacy, help-seeking, and service access. Several studies reported that financial constraints, geographical disparities, limited-service availability, inadequate workforce capacity, fragmented healthcare systems, and insufficient youth-friendly services substantially reduced access to professional mental health support (Brooks et al., 2022; Dickson et al., 2025; A. E. Wahdi et al., 2025). These barriers were particularly pronounced among socioeconomically disadvantaged populations, where limited financial resources, transportation difficulties, and overburdened school and community services further restricted opportunities to obtain timely care. Vostanis et al. (2022) highlighted that young people living in disadvantaged settings frequently depended on family and community support because specialist mental health services were either inaccessible or unavailable. Likewise, Clark et al. (2024) argued that conventional service delivery models often failed to accommodate the needs of disadvantaged youth, particularly those disengaged from education or residing in rural communities.

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Despite these barriers, several facilitators were identified across the studies. Supportive schools, community organisations, trusted adults, digital resources, telehealth, and youth-centred programmes were seen as helpful pathways for improving access to care (Clark et al., 2024). However, these strategies were more useful when they were connected to broader systems that provided affordable, culturally appropriate, coordinated, and accessible services. Overall, the findings show that barriers and facilitators to mental health literacy, help-seeking, and service access operate at multiple levels. At the individual level, young people require knowledge, symptom recognition, and confidence to seek help. At the interpersonal level, supportive relationships can encourage disclosure and referral. At the structural level, services must be affordable, reachable, culturally responsive, and youth friendly. Future mental health literacy initiatives should therefore combine mental health education, stigma reduction, family and peer involvement, school and community pathways, and improved service accessibility to address the wider inequalities affecting socioeconomically disadvantaged youth.

Theme 3: Barriers and Facilitators to Mental Health Literacy, Help-Seeking and Service Access

Digital mental health resources offer potential advantages for disadvantaged communities by increasing access to information, reducing travel requirements, and providing support beyond conventional service hours. Alam et al. (2025) found that residents in a low-income urban community in Bangladesh had limited awareness of digital mental health tools but expressed interest in smartphone-based support because it was perceived as affordable, convenient, and able to reduce the need for hospital visits. High household smartphone access suggested that digital delivery may be feasible in low-resource settings. However, the study also highlighted several barriers, including limited technological literacy, accessibility difficulties, preference for face-to-face support and concerns regarding excessive smartphone use were identified as barriers. Participants also emphasised the need for guidance and education, indicating that digital platforms may be ineffective when introduced without practical support (Alam et al., 2025). Similar patterns were reported by Guracho et al. (2024), where interest in mental health applications was high among mental health service users in Ethiopia, but actual use remained low. Urban residence and higher education were associated with greater use, indicating that digital interventions may unintentionally widen inequalities if rural populations and individuals with lower education are not adequately supported.

Preferred application features included psychoeducation, symptom monitoring, and self-management tools, suggesting that digital platforms may strengthen knowledge and self-care when the content is simple, relevant, and accessible. Caoilte et al. (2024) found that mental health podcasts supported accessibility, reassurance, mental health literacy, stigma reduction, and help-seeking through accessible expert discussions and lived-experience narratives. Podcasts may be useful in underserved and rural contexts because access does not depend on waiting lists or direct attendance. Across these studies, digital tools may facilitate wider access to mental health information, but their effectiveness depends on affordability, privacy, language suitability, digital confidence, and practical guidance. Without these supports, digital mental health interventions may remain available but underused, especially among socioeconomically disadvantaged youth (Alam et al., 2025; Caoilte et al., 2024; Guracho et al., 2024)

Co-production, cultural adaptation, and personalisation were also important facilitators for improving the relevance and acceptability of mental health literacy interventions among marginalised youth. Kealy et al. (2026) found that marginalised young adults experienced difficulties across individual, relational, systemic, cultural, and digital domains. Purpose-built digital support was valued for improving accessibility and mental health literacy, but concerns about engagement, safety, and cultural relevance remained. This suggests that digital interventions should not function as isolated self-help tools but should be connected and tailored with peer, community, and professional support. Fabian et al. (2023) provided a strong example of culturally adapting a digital intervention for immigrant and refugee youth through human-centred design. Adaptations included changes to language, content length, visual presentation, media format, age-related options, flexible navigation, personalisation, and chatbot identity. These modifications helped reduce distrust and made the intervention safer and more credible to the intended users. Hadebe and Visser (2026) extended the value of participation beyond digital product design by involving disadvantaged young adults as peer leaders in a community mental health promotion initiative in a disadvantaged South African community. Peer leaders developed radio content, a video about depression and suicide, a pamphlet, and social media information to share information about depression, suicide, and available support. Participation improved confidence, competence, well-being, and psychological empowerment, while also providing peers with mental health information and emotional support. Across these studies, the main facilitator was not the intervention format alone, but the extent to which young people were involved in shaping the content, language, delivery style, visual identity, stigma sensitivity, age appropriateness, literacy level, family context, local beliefs and implementation process. At the same time, barriers such as stigma, cultural mismatch, low engagement, digital safety risks, and distrust need to be addressed carefully (Fabian et al., 2023; Hadebe & Visser, 2026; Kealy et al., 2026).

Community-based and behavioural strategies broaden mental health promotion beyond formal clinical settings and may increase the reach of mental health literacy activities. Hadebe and Visser (2026) demonstrated that peer-led programmes can use familiar community platforms, including local radio, social media, videos, and printed materials, to provide mental health information in disadvantaged communities. Such approaches may reduce stigma by normalising mental health conversations and making support more visible within everyday environments. Brooks et al. (2022) also highlighted the value of stakeholder participation and community-based lay mental health support, particularly in settings affected by specialist shortages, fragmented referral systems, and limited psychosocial resources. Fabian et al. (2023) similarly showed that human-centred adaptation can improve the relevance and acceptability of established interventions for immigrant and refugee youth, while Caoilte et al. (2024) suggested that podcasts may reduce barriers to mental health education by offering free or low-cost access to expert knowledge and lived-experience perspectives.

However, Alam et al. (2025) and Guracho et al. (2024) highlighted that interest in digital support is often higher than actual use, emphasising the need for education, technical guidance, and consideration of unequal access. Mental Health Literacy interventions are most likely to be useful when digital innovations are combined with peer education, culturally adapted digital resources, symptom-monitoring tools, podcasts, school or community campaigns, and clear referral pathways. Nevertheless, implementation success cannot be assumed from availability alone. Engagement depends on trust, cultural relevance, accessibility, privacy, safety, literacy level, and connection to reliable support. Therefore, contextual adaptation and youth participation should remain central to future intervention development to ensure that mental

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health literacy strategies are not only technically available but also socially acceptable, understandable, and useful for socioeconomically disadvantaged youth (Alam et al., 2025; Caoilte et al., 2024; Fabian et al., 2023; Guracho et al., 2024; Hadebe & Visser, 2026; Kealy et al., 2026).

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Table 2: Thematic Synthesis of Findings from the Included Studies

Theme	Major Findings	Evidence from Included Studies	Implications
Mental Health Literacy and Sociocultural Determinants among Socioeconomically Disadvantaged Youth	Mental health literacy was influenced by gender, socioeconomic status, cultural beliefs, geographical disparities, previous exposure to mental illness, and educational experiences. Stigma and misconceptions reduced recognition of mental health conditions and willingness to seek professional support, whereas familiarity with mental illness and accurate mental health knowledge improved mental health literacy and reduced stigma.	Studies consistently reported that mental health literacy was influenced by socioeconomic status, gender, cultural beliefs, stigma, geographical disparities, treatment beliefs, and previous exposure to mental illness. Cultural interpretations of mental illness and socioeconomic inequalities affected symptom recognition, treatment perceptions, and mental health knowledge.	Mental health literacy initiatives should integrate culturally responsive education, stigma reduction, and community-based approaches that acknowledge the diverse sociocultural and socioeconomic experiences of disadvantaged youth.
Barriers and Facilitators to Mental Health Literacy, Help-Seeking and Service Access	Common barriers included low mental health literacy, stigma, restrictive gender norms, poor recognition of mental health needs, financial hardship, fragmented healthcare systems, limited service availability, and inadequate youth-friendly services. Facilitators included supportive family and peer relationships, trusted community networks, positive attitudes towards professional care, schools, and accessible mental health resources.	Evidence showed that limited mental health literacy, stigma, restrictive gender norms, financial hardship, poor service accessibility, and fragmented healthcare systems hindered help-seeking and service utilisation. Conversely, supportive family and peer relationships, trusted professionals, schools, community networks, and greater awareness of available services facilitated help-seeking and improved access to care.	Improving help-seeking requires integrated strategies that strengthen mental health literacy, supportive social environments, accessible services, and equitable mental healthcare while addressing structural and socioeconomic inequalities.

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Contextually Adapted Strategies and Interventions to Improve Mental Health Literacy	Digital mental health interventions, mobile applications, podcasts, peer-led programmes, and community-based initiatives demonstrated considerable potential to improve mental health literacy, reduce stigma, and encourage early help-seeking. Their effectiveness depended on cultural relevance, accessibility, affordability, digital literacy, trust, youth participation, and integration with existing community and healthcare systems.	The included studies demonstrated that digital mental health interventions, mobile applications, podcasts, peer-led programmes, community-based initiatives, and culturally adapted interventions improved mental health literacy, reduced stigma, and encouraged help-seeking. Their effectiveness depended on accessibility, cultural relevance, digital literacy, youth participation, and integration within existing community and healthcare systems.	Future interventions should adopt youth-centred, culturally responsive, and contextually adapted approaches that combine digital innovation, peer support, community engagement, and healthcare integration to improve mental health literacy and equitable access to mental health services.

Discussion

This systematic literature review aimed to synthesise the existing evidence on the barriers and facilitators influencing mental health literacy among socioeconomically disadvantaged youth. Guided by the PRISMA 2020 Statement, the review systematically searched the Scopus and Web of Science databases and applied predefined eligibility criteria to identify relevant peer-reviewed studies published in English. Following the screening and selection process, 18 studies were included in the final synthesis. The review addressed three key research questions: the key issues and barriers influencing mental health literacy, the facilitators affecting mental health literacy, help-seeking, and service access, and the contextually adapted strategies that have been implemented to improve mental health literacy among socioeconomically disadvantaged youth. By integrating evidence from qualitative, quantitative, and mixed-methods studies conducted across diverse sociocultural settings, this review provides a structured overview of the current evidence and contributes to a clearer understanding of this important area of youth mental health research.

The findings indicate that mental health literacy among socioeconomically disadvantaged youth is influenced by a combination of individual, interpersonal, sociocultural, and structural factors. Mental health knowledge, stigma, cultural beliefs, previous exposure to mental illness, socioeconomic circumstances, and demographic characteristics consistently emerged as important determinants of young people's ability to recognise mental health problems and make informed decisions on help-seeking. At the same time, the review demonstrates that mental health literacy alone is not sufficient to ensure timely utilisation of mental health services.

Perceived need for care, supportive relationships, trust in healthcare providers, service accessibility, affordability, and culturally appropriate care influence whether mental health knowledge can be translated into actual help-seeking behaviour and sustained engagement with services. The review also identified growing attention towards digital mental health resources, peer-led programmes, community-based initiatives, and culturally adapted interventions as promising approaches to strengthen mental health literacy. Despite differences in study design, geographical location, and participant characteristics, the included studies consistently emphasised the need for integrated and contextually responsive approaches that address both educational and structural determinants of mental health among socioeconomic disadvantaged youth.

This review contributes to the existing body of knowledge by consolidating fragmented evidence into three overarching themes that explain the complex relationship between mental health literacy, help-seeking behaviour, and access to mental health services among socioeconomically disadvantaged youth. Rather than examining these concepts separately, the synthesis demonstrates that they are closely interconnected within broader sociocultural and socioeconomic contexts. The thematic framework developed in this review shows that barriers and facilitators operate across multiple ecological levels, including individual knowledge and beliefs, family relationships, community environments, healthcare systems, and wider social inequalities. This integrated understanding extends previous literature by highlighting that strengthening mental health literacy requires more than the dissemination of mental health information. It also requires stigma reduction, culturally responsive communication, supportive social networks, equitable service provision, and meaningful youth engagement.

The findings also have important implications for policy, practice, education, and service development. Mental health literacy initiatives should be designed according to the cultural, socioeconomic, and contextual realities experienced by disadvantaged youth, rather than relying on universal approaches that may overlook local needs. Schools, universities, community organisations, healthcare providers, and policymakers each have important roles in creating supportive environments that encourage early recognition of mental health concerns, reduce stigma, and improve pathways to appropriate care. Digital technologies and community-based programmes offer valuable opportunities to expand the reach of mental health literacy interventions, particularly in underserved settings. However, successful implementation depends on accessibility, affordability, cultural relevance, digital literacy, and the active involvement of young people throughout planning, development, and evaluation. Future interventions should therefore adopt multidisciplinary and youth-centred approaches that integrate education, prevention, early intervention, and service navigation within existing community and healthcare systems.

Several limitations should be considered when interpreting the findings of this review. The review was limited to studies indexed in the Scopus and Web of Science databases and published in the English language, which may have excluded relevant evidence available in other databases or languages. In addition, variations in study designs, participant characteristics, sociocultural contexts, and measurement approaches limited direct comparison across studies. The relatively small number of eligible studies also indicates that research examining mental health literacy specifically among socioeconomically disadvantaged youth remains limited. Future studies should expand investigations across diverse geographical regions and underrepresented populations while employing longitudinal, participatory, and implementation-focused research designs to examine the long-term effectiveness of mental

health literacy initiatives. Further research is also needed to evaluate culturally adapted interventions, digital innovations, and community-based approaches using rigorous methodological designs to strengthen the evidence base and support sustainable implementation.

Overall, this systematic literature review provides a comprehensive synthesis of current evidence on the barriers and facilitators influencing mental health literacy among socioeconomically disadvantaged youth. The findings reinforce the importance of understanding mental health literacy as a multidimensional construct shaped by individual, social, cultural, and structural determinants. By identifying key patterns across diverse contexts and consolidating existing evidence into a coherent thematic framework, this review contributes to a deeper understanding of the factors influencing mental health literacy and related help-seeking outcomes among disadvantaged youth. The evidence generated through this review provides an important foundation for future research, policy development, and intervention planning. It also highlights the continuing value of systematic evidence synthesis in supporting evidence-based decision-making and advancing the field of youth mental health literacy.

Conclusion

In conclusion, this systematic literature review shows that mental health literacy among socioeconomically disadvantaged youth is shaped by a complex interaction of sociocultural beliefs, stigma, socioeconomic barriers, help-seeking confidence, and access to appropriate mental health support. The findings indicate that improving mental health literacy cannot rely solely on providing general mental health information. Instead, effective strategies require culturally responsive, youth-centred, and contextually adapted approaches that reflect the lived realities of disadvantaged youth across different educational, community, healthcare, and digital settings. Future mental health literacy initiatives should balance innovation with accessibility by integrating community participation, culturally appropriate content, supportive service pathways, and ethical digital implementation. Such an approach is essential to strengthen mental health literacy and promote more equitable mental health outcomes among socioeconomically disadvantaged youth.

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Appendix

Appendix A: Details of Included Studies

No.	Author (Years)	Title	Country	Study Design & Sample	Population & Setting	Socioeconomic Characteristics	MHL Elements	Key Findings	
								Barriers	Facilitators
1	Nwedu & Ominyi (2025)	*Adapting to Stigma, Resilience and Systemic Barriers*	Nigeria	Longitudinal qualitative (IPA); n = 16	Youth with mental illness recruited from a regional psychiatric hospital	Poverty, unemployment, transportation costs, and limited access to care	Digital mental health literacy content and coping strategies	Stigma, low MHL, limited access/cost, youth-generic services	Professional care, family support, advocacy, spirituality
2	Wahdi et al. (2025)	*Barriers and Facilitators of Seeking Help for Mental Health Challenges*	13 countries; (LMIC: Egypt; Kenya; Democratic Republic of the Congo; Malawi)	Qualitative (FGDs); n = 568	Male and female adolescents from urban and peri-urban settings	Low- and middle-income contexts with financial barriers to care	Help-seeking behaviour, stigma reduction, knowledge of mental health, and knowledge of mental illness	Stigma, masculine norms, poor quality or unaffordable services	Informal support (friends/family), digital tech, school environments
3	Kealy et al. (2026)	*Co-Producing Digital Mental Health Resources*	Ireland	Qualitative, co-production (PhotoVoice); n = 41	Marginalised young people engaged through online and in-person sessions	Financial insecurity and housing precarity	Help-seeking intentions, help-seeking efficacy, stigma, and mental health knowledge	Inaccessible services, cultural stigma, digital risks	Self-regulation, peer belonging, purpose-built digital supports
4	Mamun et al. (2024)	*Exploring MHL among prospective university students*	Bangladesh	Cross-sectional exploratory (GIS); n = 1,485	Prospective university students residing in university dormitories	Monthly family income and preparatory education expenditure	Recognition of mental disorders, help-seeking knowledge, attitudes, and openness	Female gender, urban origin, mental health history, lifestyle	High GPA, physical literacy, residing in specific northern/southern districts
5	Clark et al. (2024)	*Help-seeking for young rural males disengaged from education*	Australia	Qualitative (reflexive thematic analysis); n = 16	Disengaged rural males from regional and rural New South Wales	Rurality, history of out-of-home care, and substance-related disadvantage	Recognition, perceived causes, and management of mental health problems	Low MHL, masculine stereotypes (stoicism), lack of trust	Mothers, NGO workers, "yarning"/deep listening

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6	Dessauvagie et al. (2022)	*MHL of University Students in Vietnam and Cambodia*	Vietnam & Cambodia	Online survey (MHLS); n = 1,032	University students from diverse academic disciplines across six university sites	Parental education level and urban or rural origin	Mental health application use, psychoeducation preferences, and self-management needs	Male gender, STEM majors, supernatural beliefs, fear of harm from treatment	Female gender, personal/family experience, Social Science majors
7	Wadende & Sodi (2023)	*MHL: Perspectives from Northern Kenya Turkana adolescents*	Kenya	Ethnographic (FGDs, vignettes); n = 32	School-going and non-school-going adolescents in rural Turkana County	Extreme poverty and pastoralist sociocultural context	Knowledge of mental health, stigma, perceived competence, and instrumental barriers	Supernatural causes (curses), situational causes (hunger), low hospital use	Informal support (peers), spiritual leaders, FM radio programs
8	Guracho et al. (2024)	*Mobile mental health application use in Ethiopia*	Ethiopia	Cross-sectional survey; n = 419	Individuals with mental disorders attending a hospital outpatient department	Urban or rural residence and education status	Awareness of digital mental health tools and perceptions of mobile technology	Rural residence, lower education, lack of Amharic apps	Urban residence, college degree, smartphone download ability
9	Sifat et al. (2022)	*Motivations and barriers for clinical help-seeking*	Bangladesh	Cross-sectional study (SDT); n = 350	University students from 27 universities	Childhood socioeconomic background	Psychoeducation, emotional regulation, and privacy awareness	Stigma regarding services, cultural beliefs, high stress	KMH, proximity to people with mental illness, female gender
10	Alam et al. (2025)	*Smartphones and MHL Awareness in a Low-Income Urban Community*	Bangladesh	Qualitative (FGDs); n = 38	Residents with serious mental disorders in Korail slum, Dhaka	Below-poverty-line status and low-income occupations	Knowledge gaps, including difficulty distinguishing ADHD-related needs from behavioural problems	Limited tech literacy, digital divide, preference for face-to-face	Household smartphone access (92%), cost/travel savings
11	Fabian et al. (2023)	*Adapting a transdiagnostic digital mental health intervention for use among immigrant and refugee youth in Seattle: a human-centered design approach*	USA	Human-centered design; (HCD); n = 15	Immigrant and refugee youth in Seattle and King County	Marginalised migrant background	Limited mental health knowledge among youth and community members	Stigma/clinical labels, lack of trust, redundant language	HCD (user feedback), non-stigmatised language, Multimedia (GIFs)

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12	Dickson et al. (2025)	*Barriers to accessing and engaging with mental health services for low-income families in australia: a qualitative evaluation*	Australia	Qualitative (FGDs); n = 30	Low-income families from the lowest national income quintile	Lowest income quintile and single-parent family contexts	Peer-led mental health literacy promotion and knowledge of available resources	High costs, waitlists, inconvenient hours, westernized models	Telehealth, social media (YouTube) for learning, empathetic providers
13	Brooks et al. (2022)	*Building a Community Based Mental Health Program for Adolescents in Botswana: Stakeholder Feedback*	Botswana	Stakeholder engagement (NGT); n = 21	Health professionals, youth, and parents from Gaborone, Mochudi, and Tlokweng	Limited financial resources and high unemployment	Help-seeking intentions and beliefs about the helpfulness of interventions and providers	Stigma, lack of specialists, fractured referral system	Strong family, sports infrastructure, lay counselor model
14	Hadebe & Visser (2026)	*Empowering young adults in disadvantaged communities to promote mental health among their* peers	South Africa	PAR, qualitative thematic analysis; n = 7	Out-of-school young adults in Mamelodi township	High youth unemployment, poverty, and exposure to violence	Mental Health Knowledge Schedule domains, including recognition, recovery, and treatment efficacy	Violence exposure, unemployment, limited resource knowledge	Peer-led intervention (shared lived experience), social media
15	Daluwatta et al. (2025)	*Help-seeking intentions and depression treatment beliefs amongst Sri Lankan Australians: A survey following a mental health literacy framework*	Australia	Cross-sectional survey; n = 374	Sri Lankan Australians	Highly educated and bicultural migrant background	Knowledge acquisition and stigma reduction through podcast engagement	Migrant reluctance, traditional interventions (exorcism)	GP gateway, psychologists, informal networks, religious figures

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16	Potts & Henderson (2020)	*Moderation by socioeconomic status of the relationship between familiarity with mental illness and stigma outcomes*	United Kingdom	Secondary analysis (longitudinal survey); n = 19,104	General public from nationally representative households	Market Research Society socioeconomic classification from AB to DE	Mental health awareness and social and emotional literacy	Lower SES linked to more stigma and lower knowledge	Familiarity with illness (personal/other), higher SES, anti-stigma campaigns
17	Caoilte et al. (2024)	*There's no waiting list, just press play': listeners' experience of mental health-related podcasts*	Ireland	Qualitative inductive thematic analysis using an online Qualtrics survey; n = 522	Listeners of mental health-related podcasts	Diverse income bands and education levels	Digital mental health literacy content and coping strategies	Formal service barriers (waitlists, high cost,hard to find)	Podcasts (accessible, free/cheap, immediate), hearing lived experiences
18	Vostanis et al. (2022)	*Youth and professional perspectives of mental health resources across eight countries*	India; Kenya; Pakistan; South Africa; Turkey; Brazil; Portugal; United Kingdom	Qualitative participatory action research using focus group discussions; n = 183	Youth with lived experience and interdisciplinary professionals from disadvantaged communities	Poverty, unemployment, and disadvantaged community settings	Help-seeking behaviour, stigma reduction, knowledge of mental health, and knowledge of mental illness	Structural barriers in Global South, stigma, media perfectionism	Informal/relational support (peers/family), creative expression, nature

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Appendix B: Contextually Adapted Strategies and Implementation Considerations for Improving Mental Health Literacy

No.	Author (Year)	Contextually Adapted Strategies	Target Context and Population	Key Implementation Considerations
1	Nwedu and Ominyi (2025)	Youth-specific psychoeducation, stigma reduction, and recovery-oriented support integrated with family and community involvement	Nigerian youth with mental illness experiencing poverty, unemployment, transport barriers, and limited service access	Interventions should incorporate family support, advocacy, spirituality, and community awareness to improve acceptability and continuity of care
2	Wahdi et al. (2025)	Multi-level adolescent help-seeking interventions combining school, community, digital, and informal support pathways	Adolescents across diverse cultural and economic settings in 13 countries	Strategies should address gender norms, stigma, affordability, service quality, and availability while strengthening trusted relationships and peer/family support
3	Kealy et al. (2026)	Co-produced digital mental health resources using youth participation and lived-experience perspectives	Marginalised young people in Ireland experiencing financial insecurity and housing instability	Digital interventions should be youth-designed, safe, accessible, and focused on belonging, coping skills, self-regulation, and resilience
4	Mamun et al. (2024)	Targeted MHL promotion based on geographic and sociodemographic differences	Bangladeshi university students from varied socioeconomic and regional backgrounds	Intervention planning should consider gender, income, educational background, health history, and regional inequalities in mental health knowledge
5	Clark et al. (2024)	Gender-sensitive, relationship-based engagement approaches for disadvantaged rural males	Rural Australian young men disengaged from education and services	Use trusted workers, informal communication approaches such as "yarning," deep listening, and community-based partnerships to overcome masculine norms and distrust
6	Dessauvagie et al. (2022)	University-based MHL education targeting groups with lower literacy and misconceptions about mental illness	University students in Vietnam and Cambodia	Programmes should address treatment misconceptions, supernatural beliefs, gender differences, and academic-group variations while using evidence-based mental health information
7	Wadende and Sodi (2023)	Culturally grounded MHL interventions incorporating local beliefs, community communication, and traditional support structures	Adolescents in rural Turkana County, Kenya	Engage teachers, peers, spiritual leaders, community leaders, and local media while respecting cultural explanations of mental health problems
8	Guracho et al. (2024)	Mobile mental health applications incorporating psychoeducation, symptom monitoring, and self-management tools	Adults with mental disorders in Ethiopia, particularly low-resource and rural populations	Applications should include local-language content, digital literacy support, smartphone accessibility considerations, and simple onboarding processes
9	Sifat et al. (2022)	Help-seeking promotion interventions based on improving mental health knowledge and perceived need for care	University students in Bangladesh	Strengthen awareness of mental health services, reduce stigma, improve confidence in professional support, and incorporate peer exposure to mental illness experiences
10	Alam et al. (2025)	Smartphone-based mental health support adapted for low-income urban communities	Residents with serious mental disorders in Korail slum, Dhaka	Digital strategies should consider technology literacy, affordability, communication preferences, and the continued importance of face-to-face support options

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11	Fabian et al. (2023)	Human-centred digital interventions culturally adapted for immigrant and refugee youth	Migrant and refugee youth in the United States	Co-design with users, culturally appropriate language, multimedia delivery, flexible content, and non-stigmatising approaches are essential for engagement
12	Dickson et al. (2025)	Flexible, accessible service models combining telehealth, school-based support, and digital learning	Low-income Australian families and adolescents	Reduce financial and logistical barriers through affordable services, convenient delivery formats, empathetic providers, and culturally responsive communication
13	Brooks et al. (2022)	Community-based adolescent mental health programmes using lay counsellors and stakeholder collaboration	Youth, parents, and professionals in Botswana	Sustainability requires stakeholder involvement, family engagement, referral pathways, follow-up systems, and integration of community resources
14	Hadebe and Visser (2026)	Peer-led community MHL promotion using lived experience and accessible communication channels	Out-of-school young adults in a disadvantaged South African township	Peer leaders, community participation, radio, video, printed materials, and social media can improve mental health information access and trust
15	Daluwatta et al. (2025)	Culturally responsive help-seeking interventions integrating professional, informal, and culturally meaningful supports	Sri Lankan Australian migrant communities	Address cultural beliefs about treatment, strengthen trust in healthcare providers, and involve general practitioners, psychologists, families, and community networks
16	Potts and Henderson (2020)	Socioeconomically tailored anti-stigma and MHL campaigns	General population across socioeconomic groups in the United Kingdom	Campaigns should prioritise disadvantaged groups with lower literacy and higher stigma while using familiarity-building and contact-based approaches
17	Caoilte et al. (2024)	Podcast-based mental health education as a low-cost and accessible MHL strategy	Adults accessing mental health information through podcasts in Ireland	Use expert information and lived-experience narratives to improve knowledge, reduce stigma, and provide accessible guidance where formal services are difficult to access
18	Vostanis et al. (2022)	Youth-participatory, socioecological, and stepped-care mental health resource development	Young people with lived experience and professionals across disadvantaged global settings	Combine peer and family support, creative approaches, community resources, and stepped-care models to address structural barriers and limited specialist availability