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WHY PUBLIC HEALTH NEEDS MORE PSYCHOLOGY SCIENCES?
Implications for health promotion, behavior change, and primary care

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I-Reach Lab
Department of Psychology
University Fribourg
Switzerland

SSPH+ Annual Meeting 2026
23.0626, Fribourg

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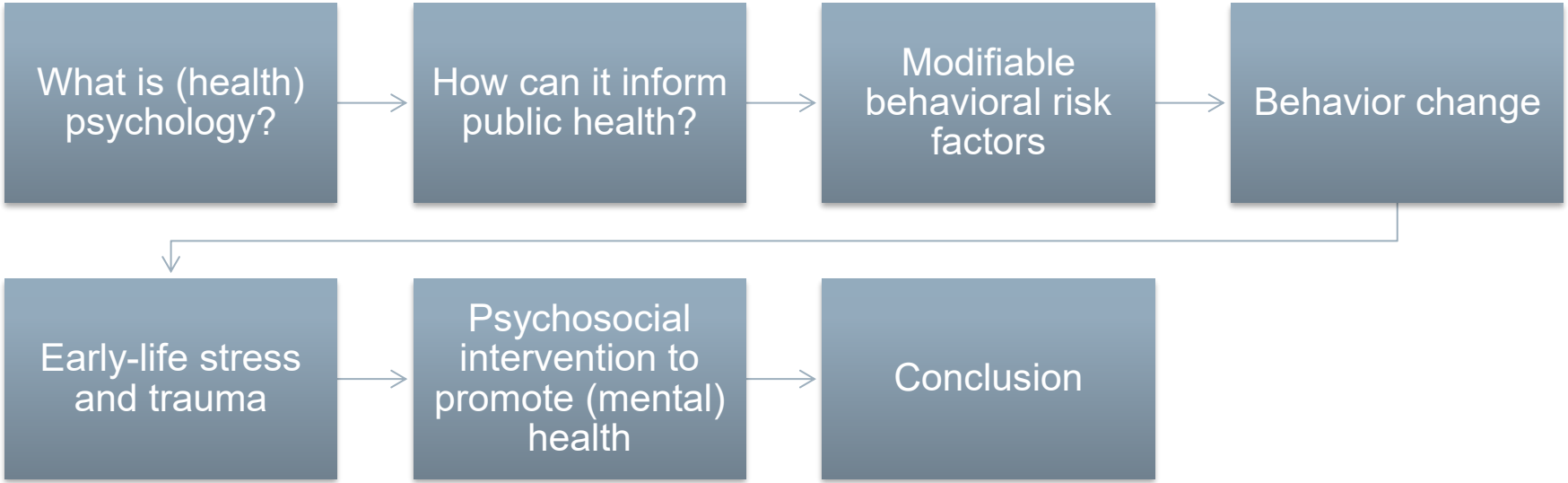
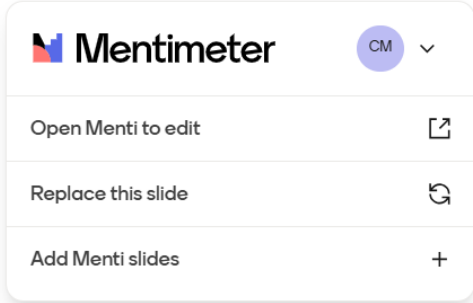

What is (health) psychology?
How can it inform public health?
Modifiable behavioral risk factors
Behavior change
Early-life stress and trauma
Psychosocial intervention to promote (mental) health
Conclusion

What is (health) psychology?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psychology

CITE

Updated on 03/06/2026

n.

1. the scientific study of the mind and behavior. Emerging from philosophy into an empirical science, psychology is a diverse discipline comprised of several major branches of research (e.g., experimental, cognitive, affective and social neuroscience, developmental, personality, and social psychology) as well as several subareas of research and applied psychology (e.g., clinical, counseling, health, educational, industrial–organizational, human factors, and neuropsychology). Psychological research involves observation, experimentation, testing, and analysis to explore the biological, cognitive, emotional, personal, and social processes or stimuli underlying human and animal behavior. The practice of psychology involves the use of psychological knowledge for any of several purposes: to understand, prevent, and treat mental, emotional, physical, and social dysfunction; to promote well-being, resilience, and performance in contexts such as health care, education, work, law, sports, and the military; and to inform the design of technologies, environments, and systems that are aligned with human cognitive and behavioral capacities. [from Greek *psyche*, meaning "soul" or "mind," and *-logia*, meaning "study of"]

American Psychological Association. (n.d.). Psychology. In *APA dictionary of psychology*. Retrieved June 22, 2026, from https://dictionary.apa.org/psychology

health psychology

CITE

Updated on 04/19/2018

the subfield of psychology that focuses on (a) the examination of the relationships between behavioral, cognitive, psychophysiological, and social and environmental factors and the establishment, maintenance, and detriment of health; (b) the integration of psychological and biological research findings in the design of empirically based interventions for the prevention and treatment of illness; and (c) the evaluation of physical and psychological status before, during, and after medical and psychological treatment. Also called **health care psychology**.

American Psychological Association. (n.d.). Psychology. In *APA dictionary of psychology*. Retrieved June 22, 2026, from https://dictionary.apa.org/psychology

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At the FOPH, you can obtain information about the following psychological health professionals that are important in terms of health policy:

- Psychotherapist
- Children's and adolescent psychologist
- Clinical psychologist
- Neuropsychologist
- Health psychologist

For any questions regarding these professions, please do not hesitate to contact us. Further information is available on the German, French or Italian pages.

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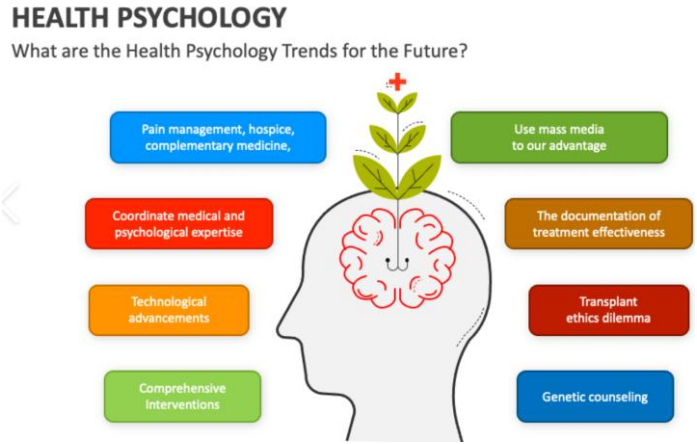

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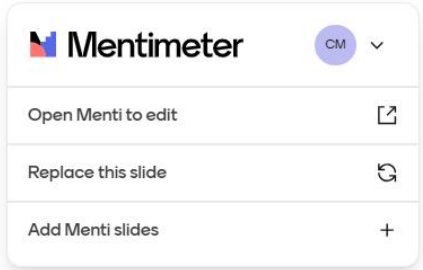
How can health psychology inform public health?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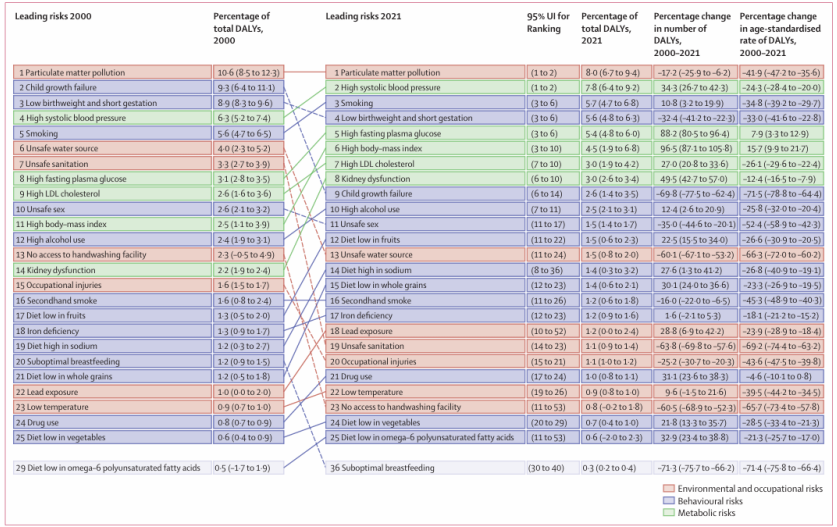
MODIFIABLE BEHAVIORAL RISK FACTORS

GBD

Global burden and strength of evidence for 88 risk factors in 204 countries and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021

GBD 2021 Risk Factors Collaborators*



Leading risks 2000	Percentage of total DALYs, 2000	Leading risks 2021	95% UI for Ranking	Percentage of total DALYs, 2021	Percentage change in number of DALYs, 2000–2021	Percentage change in age-standardised rate of DALYs, 2000–2021
1 Particulate matter pollution	10·6 (8·5 to 12·3)	1 Particulate matter pollution	(1 to 2)	8·0 (6·7 to 9·4)	-17·2 (-25·9 to -6·2)	-41·9 (-47·2 to -35·6)
2 Child growth failure	9·3 (6·4 to 11·1)	2 High systolic blood pressure	(1 to 2)	7·8 (6·4 to 9·2)	34·3 (26·7 to 42·3)	-24·3 (-28·4 to -20·0)
3 Low birthweight and short gestation	8·9 (8·3 to 9·6)	3 Smoking	(3 to 6)	5·7 (4·7 to 6·8)	10·8 (3·2 to 19·9)	-34·8 (-39·2 to -29·7)
4 High systolic blood pressure	6·3 (5·2 to 7·4)	4 Low birthweight and short gestation	(3 to 6)	5·6 (4·8 to 6·3)	-32·4 (-41·2 to -22·3)	-33·0 (-41·6 to -22·8)
5 Smoking	5·6 (4·7 to 6·5)	5 High fasting plasma glucose	(3 to 6)	5·4 (4·8 to 6·0)	88·2 (80·5 to 96·4)	7·9 (3·3 to 12·9)
6 Unsafe water source	4·0 (2·3 to 5·2)	6 High body-mass index	(3 to 10)	4·5 (1·9 to 6·8)	96·5 (87·1 to 105·8)	15·7 (9·9 to 21·7)
7 Unsafe sanitation	3·3 (2·7 to 3·9)	7 High LDL cholesterol	(7 to 10)	3·0 (1·9 to 4·2)	27·0 (20·8 to 33·6)	-26·1 (-29·6 to -22·4)
8 High fasting plasma glucose	3·1 (2·8 to 3·5)	8 Kidney dysfunction	(6 to 10)	3·0 (2·6 to 3·4)	49·5 (42·7 to 57·0)	-12·4 (-16·5 to -7·9)
9 High LDL cholesterol	2·6 (1·6 to 3·6)	9 Child growth failure	(6 to 14)	2·6 (1·4 to 3·5)	-69·8 (-77·5 to -62·4)	-71·5 (-78·8 to -64·4)
10 Unsafe sex	2·6 (2·1 to 3·2)	10 High alcohol use	(7 to 11)	2·5 (2·1 to 3·1)	12·4 (2·6 to 20·9)	-25·8 (-32·0 to -20·4)
11 High body-mass index	2·5 (1·1 to 3·9)	11 Unsafe sex	(11 to 17)	1·5 (1·4 to 1·7)	-35·0 (-44·6 to -20·1)	-52·4 (-58·9 to -42·3)
12 High alcohol use	2·4 (1·9 to 3·1)	12 Diet low in fruits	(11 to 22)	1·5 (0·6 to 2·3)	22·5 (15·5 to 34·0)	-26·6 (-30·9 to -20·5)
13 No access to handwashing facility	2·3 (-0·5 to 4·9)	13 Unsafe water source	(11 to 24)	1·5 (0·8 to 2·0)	-60·1 (-67·1 to -53·2)	-66·3 (-72·0 to -60·2)
14 Kidney dysfunction	2·2 (1·9 to 2·4)	14 Diet high in sodium	(8 to 36)	1·4 (0·3 to 3·2)	27·6 (1·3 to 41·2)	-26·8 (-40·9 to -19·1)
15 Occupational injuries	1·6 (1·5 to 1·7)	15 Diet low in whole grains	(12 to 23)	1·4 (0·6 to 2·1)	30·1 (24·0 to 36·6)	-23·3 (-26·9 to -19·5)
16 Secondhand smoke	1·6 (0·8 to 2·4)	16 Secondhand smoke	(11 to 26)	1·2 (0·6 to 1·8)	-16·0 (-22·0 to -6·5)	-45·3 (-48·9 to -40·3)
17 Diet low in fruits	1·3 (0·5 to 2·0)	17 Iron deficiency	(12 to 23)	1·2 (0·9 to 1·6)	1·6 (-2·1 to 5·3)	-18·1 (-21·2 to -15·2)
18 Iron deficiency	1·3 (0·9 to 1·7)	18 Lead exposure	(10 to 52)	1·2 (0·0 to 2·4)	28·8 (6·9 to 42·2)	-23·9 (-28·9 to -18·4)
19 Diet high in sodium	1·2 (0·3 to 2·7)	19 Unsafe sanitation	(14 to 23)	1·1 (0·9 to 1·4)	-63·8 (-69·8 to -57·6)	-69·2 (-74·4 to -63·2)
20 Suboptimal breastfeeding	1·2 (0·9 to 1·5)	20 Occupational injuries	(15 to 21)	1·1 (1·0 to 1·2)	-25·2 (-30·7 to -20·3)	-43·6 (-47·5 to -39·8)
21 Diet low in whole grains	1·2 (0·5 to 1·8)	21 Drug use	(17 to 24)	1·0 (0·8 to 1·1)	31·1 (23·6 to 38·3)	-4·6 (-10·1 to 0·8)
22 Lead exposure	1·0 (0·0 to 2·0)	22 Low temperature	(19 to 26)	0·9 (0·8 to 1·0)	9·6 (-1·5 to 21·6)	-39·5 (-44·2 to -34·5)
23 Low temperature	0·9 (0·7 to 1·0)	23 No access to handwashing facility	(11 to 53)	0·8 (-0·2 to 1·8)	-60·5 (-68·9 to -52·3)	-65·7 (-73·4 to -57·8)
24 Drug use	0·8 (0·7 to 0·9)	24 Diet low in vegetables	(20 to 29)	0·7 (0·4 to 1·0)	21·8 (13·3 to 35·7)	-28·5 (-33·4 to -21·3)
25 Diet low in vegetables	0·6 (0·4 to 0·9)	25 Diet low in omega-6 polyunsaturated fatty acids	(11 to 53)	0·6 (-2·0 to 2·3)	32·9 (23·4 to 38·8)	-21·3 (-25·7 to -17·0)
29 Diet low in omega-6 polyunsaturated fatty acids	0·5 (-1·7 to 1·9)	36 Suboptimal breastfeeding	(30 to 40)	0·3 (0·2 to 0·4)	-71·3 (-75·7 to -66·2)	-71·4 (-75·8 to -66·4)

Environmental and occupational risks
Behavioural risks
Metabolic risks

Figure 2: **Leading 25 Level 3 risk factors by attributable DALYs, percentage of total DALYs (2000 and 2021), and percentage change in attributable DALY counts and age-standardised DALY rates from 2000 to 2021**
Each column displays the top 25 risks in descending order for the specified year. Risk factors are connected by lines between time periods; solid lines represent an increase or lateral shift in ranking, dashed lines represent a decrease in rank. DALY=disability-adjusted life-year. UI=uncertainty interval.

- Modifiable behavioral risk factors play a major role in health because they influence whether people develop chronic disease, how quickly disease progresses, and how likely they are to die prematurely.
- The literature is especially consistent for smoking, physical inactivity, poor diet, alcohol misuse, inadequate sleep, sedentary time, stress, and low social participation, with effects spanning cardiovascular disease, cancer, metabolic disease, stroke and multimorbidity.

Feigin et al. (2016). The Lancet. Neurology, 15 9, 913-924; Yusuf et al. (2019). Lancet, 395, 795 - 808.

Brauer M, Roth G, Aravkin A et al.The Lancet, 403, 2162-2203

BEHAVIOR CHANGE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Special communication

Standardised packaging and new enlarged graphic health warnings for tobacco products in Australia—legislative requirements and implementation of the *Tobacco Plain Packaging Act 2011* and the *Competition and Consumer (Tobacco) Information Standard, 2011*

Michelle Scollo [1 · 2], Kylie Lindorff [2], Kerri Coomber [1], Megan Bayly [1], Melanie Wakefield [1]

1. Centre for Behavioural Research in Cancer, Cancer Council Victoria, Melbourne, Victoria, Australia

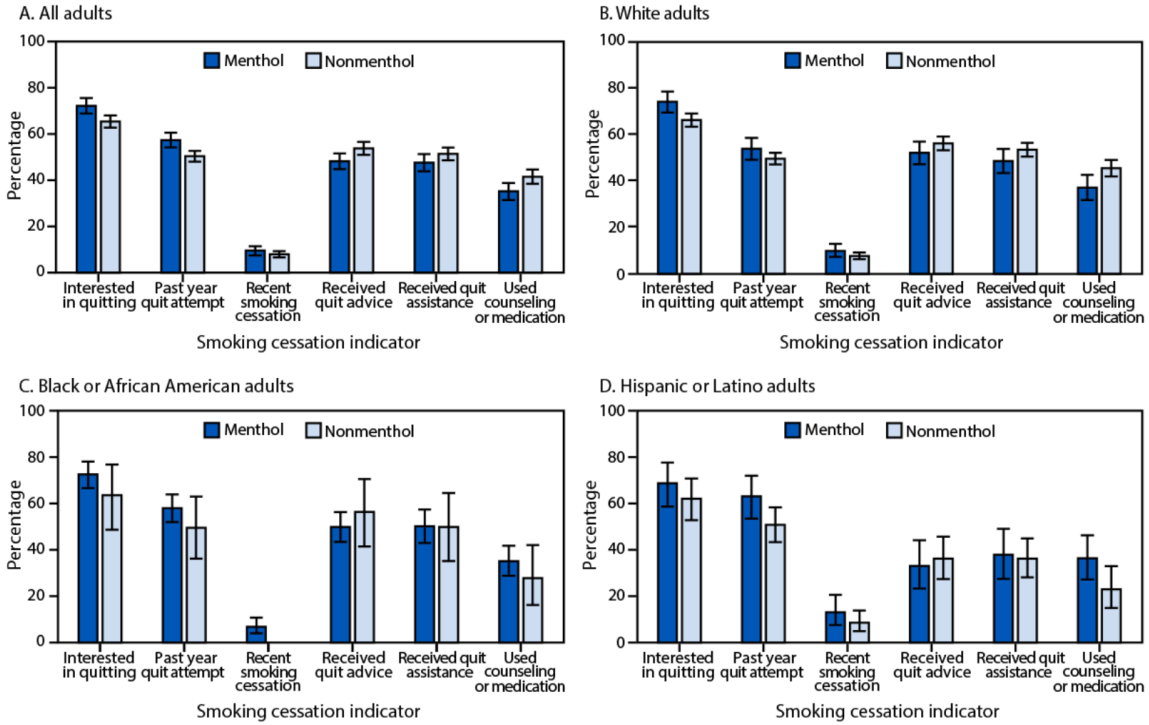
2. Cancer Council Victoria, Melbourne, Victoria, Australia

- Tobacco pack health warnings work, especially large pictorial warnings; effects on actual smoking are smaller and less consistent.
- Effectiveness for attention, knowledge, risk perception, and quit-related thoughts warnings
- Evidence for actual behavior change is more mixed

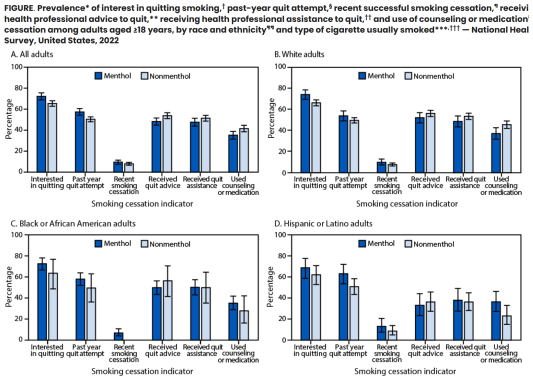
Hammond, D. (2011). Health warning messages on tobacco products: a review. *Tobacco Control, 20*, 327 – 337; Stone, M. D. et al.(2023). Effects of cigarette package colors and warning labels on marlboro smokers' risk beliefs, product appraisals, and smoking behavior: a randomized trial. *BMC Public Health, 23*. Thrasher et al. (2023). Combining Inserts With Warning Labels on Cigarette Packs to Promote Smoking Cessation: A 2-Week Randomized Trial.. Annals of behavioral medicine.

Loading...

FIGURE. Prevalence* of interest in quitting smoking,† past-year quit attempt,§ recent successful smoking cessation,¶ receivi health professional advice to quit, receiving health professional assistance to quit,†† and use of counseling or medication cessation among adults aged ≥18 years, by race and ethnicity¶¶ and type of cigarette usually smoked***,††† — National Heal Survey, United States, 2022**



https://www.cdc.gov/mmwr/volumes/73/wr/mm7329a1.htm



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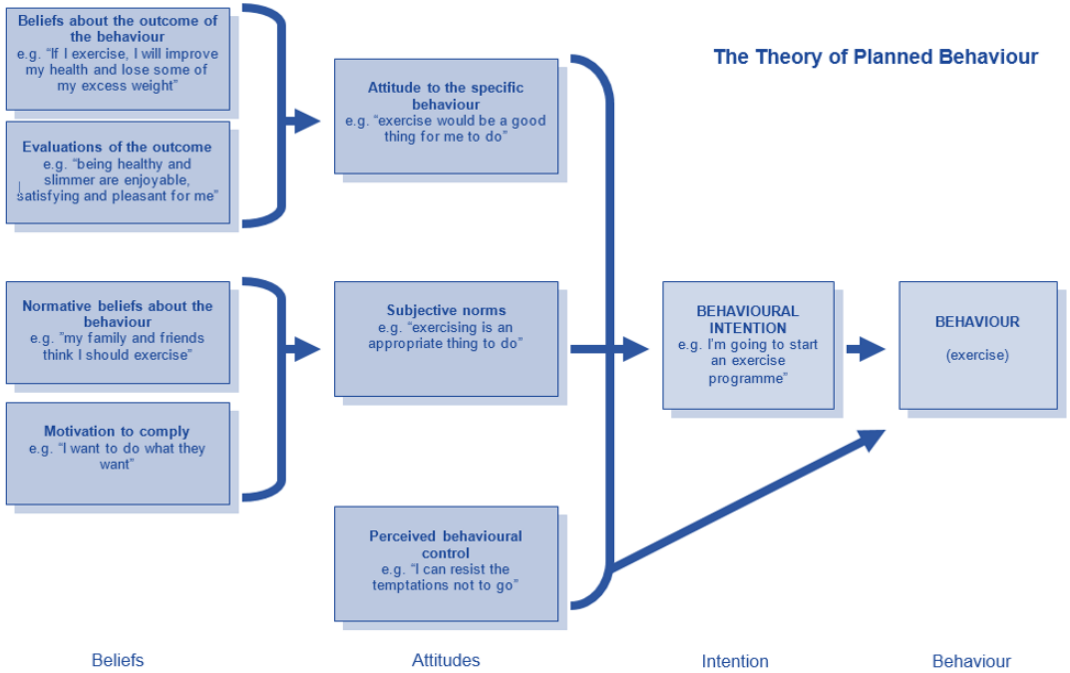

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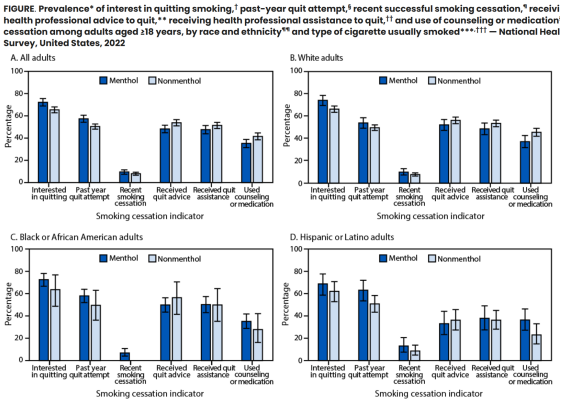

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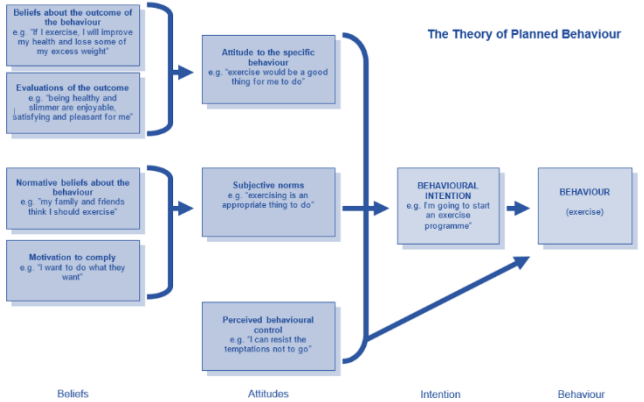

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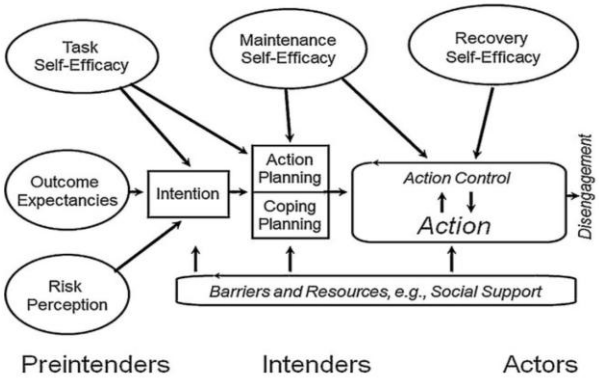

Health Action Process Approach (Schwarzer, 2008).

Brief report

Cessation rates from a national collective social network smoking cessation programme: results from the 'I quit smoking with Facebook on March 21' Swiss programme

Olivier Desrichard ,[1] Lisa S Moussaoui,[1] Jérôme Blondé,[1] Max Felder,[2] Gisana Riedo,[2] Laura Folly,[2] Juan M Falomir-Pichastor[1]

Desrichard O, Moussaoui LS, Blondé J, et al. Tob Control 2022;31:762–764.

ABSTRACT

Background Programmes for collective smoking cessation, based on the British model Stoptober, are proposed by public health units in many countries. There is a need for data estimating the rate at which participants in these programmes are successful in quitting smoking. We report a prospective study carried out as part of a large-scale collective cessation programme conducted in Switzerland in 2017.

Methods 1112 participants among the 7008 smokers enrolled in the collective cessation programme were recruited before the start of the attempt. Continuous abstinence was measured 10 days, 3 months and 6 months after the start of the attempt. Participants who dropped out at follow-up were considered to have failed the attempt (worst-case scenario).

Results The continuous abstinence rate was at least 37.9% at 10-day follow-up, 18.8% at 3-month follow-up and 13.1% at 6-month follow-up. Similar levels of continuous abstinence as the worst-case scenario were found in sensitivity analyses including those whose quit attempt started before the beginning of the programme and where multiple imputation was used to replace dropouts. Sensitivity analyses using complete cases or an indicator of abstinence which allows occasional lapses found around double the abstinence rates.

Conclusions Our results support the potential usefulness of large-scale collective cessation campaigns and suggest that such programmes based on social networks are promising areas for future smoking cessation programme activity.

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Original Article

Cite this article: Arias-Magnasco, A., Lin, B. D., Pries, L.-K., & Guloksuz, S. (2025). Mapping the exposome of mental health: exposome-wide association study of mental health outcomes among UK Biobank participants. *Psychological Medicine*, **55**, e16, 1–12
https://doi.org/10.1017/S0033291724003015

Mapping the exposome of mental health: exposome-wide association study of mental health outcomes among UK Biobank participants

Angelo Arias-Magnasco[1], Bochao Danae Lin[1,2], Lotta-Katrin Pries[1] and Sinan Guloksuz[1,3]

[1]Department of Psychiatry and Neuropsychology, School for Mental Health and Neuroscience, Maastricht University Medical Centre, Maastricht, The Netherlands; [2]Department of Preventive Medicine, Institute of Biomedical Informatics, Bioinformatics Center, School of Basic Medical Sciences, Henan University, Kaifeng, China and [3]Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA

Abstract

Background. Dissecting the exposome linked to mental health outcomes can help identify potentially modifiable targets to improve mental well-being. However, the multiplicity of exposures and the complexity of mental health phenotypes pose a challenge that requires data-driven approaches.

Methods. Guided by our previous systematic approach, we conducted hypothesis-free exposome-wide analyses to identify factors associated with 7 psychiatric diagnostic domains and 19 symptom dimensions in 157,298 participants from the UK Biobank Mental Health Survey. After quality control, 294 environmental, lifestyle, behavioral, and economic variables were included. An Exposome-Wide Association Study was conducted per outcome in two equally split datasets. Variables associated with each outcome were then tested in a multivariable model.

Results. Across all diagnostic domains and symptom dimensions, the top three exposures were childhood adversities and traumatic events. Cannabis use was associated with common psychiatric disorders (depressive, anxiety, psychotic, and bipolar manic disorders), with ORs ranging from 1.10 to 1.79 in the multivariable models. Additionally, differential associations were identified between specific outcomes—such as neurodevelopmental disorders, eating disorders, and self-harm behaviors—and exposures, including early life experiences (being adopted), lifestyle (time spent using computers), and dietary habits (vegetarian diet).

Conclusions. This comprehensive mapping of the exposome revealed that several factors, particularly in the domains of those previously well-studied were shared across mental health phenotypes, providing further support for transdiagnostic pathoetiology. Our findings also showed that distinct relations might exist. Continued exposome research through multimodal mechanistic studies guided by the transdiagnostic mental health framework is required to better inform public health policies.

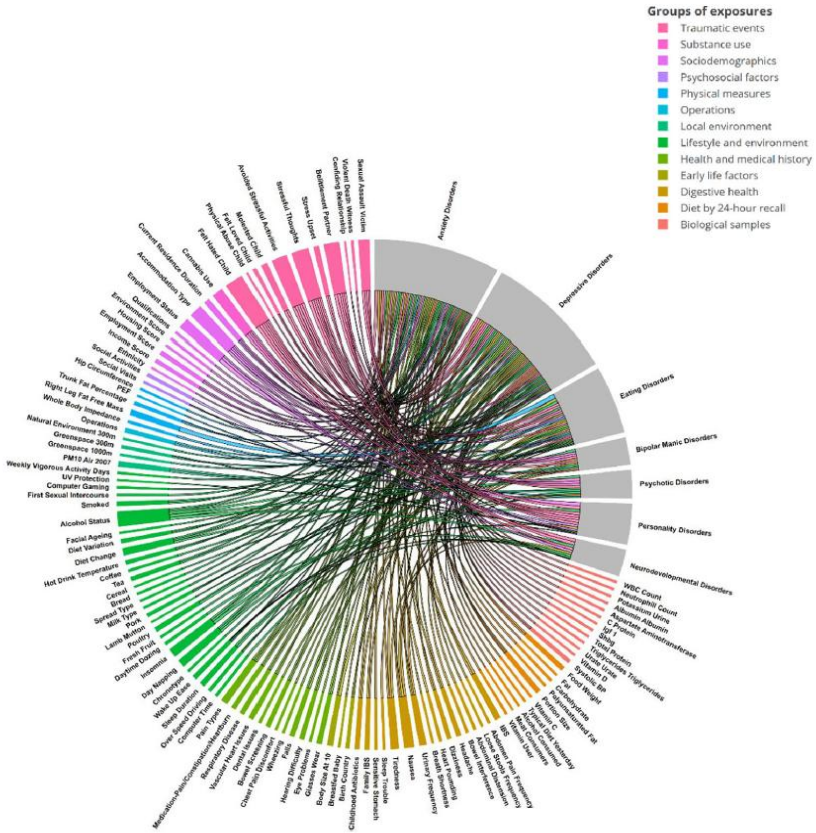

Figure 3. Chord diagram of significant associations between exposures and diagnostic domains in the final multivariable model.
Note: Diagnostic domains are represented in grey, while exposure groups are colored according to the legend in the stacked plot. The variable names correspond to the short names listed in Supplementary Table 7. A detailed interactive chord diagram with extended information on the associations can be found at https://guloksuz.com/exposome-map/

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Perceived Acceptability of Child Maltreatment as a Moderator of the Association Between Experiences of Child Maltreatment and Post-Traumatic Symptoms: A Cross-Cultural Study

Eleonora Bartoli [1], Dany Laure Wadji [2], Misari Oe [3], Polly Cheng [2], Chantal Martin-Soelch [4], Monique C. Pfaltz [5], and Rachel Langevin [2]

Journal of Interpersonal Violence
Volume 37, Issue 5-6, March 2022, Pages NP3346-NP3376
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From the Mother to the Child: The Intergenerational Transmission of Experiences of Violence in Mother–Child Dyads Exposed to Intimate Partner Violence in Cameroon

Dany Laure Wadji [1], Germain Jean Magloire Ketcha Wanda [2], Chantal Wicky [1], Naser Morina [3], and Chantal Martin-Soelch [1]

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Child Abuse & Neglect
Volume 143, September 2023, 106270

Associations between experiences of childhood maltreatment and perceived acceptability of child maltreatment: A cross-cultural and exploratory study

Dany Laure Wadji [a b], Misari Oe [c], Polly Cheng [d], Eleonora Bartoli [e], Chantal Martin-Soelch [a], Monique C. Pfaltz [f g], Rachel Langevin [d]

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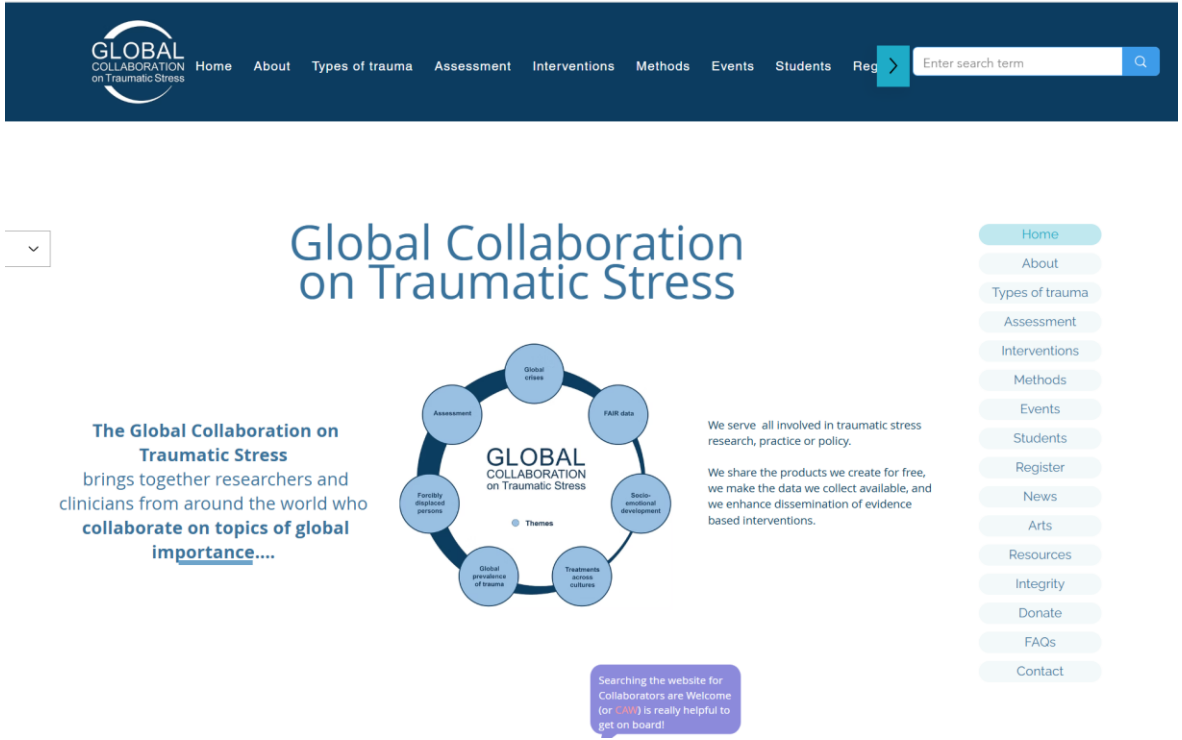

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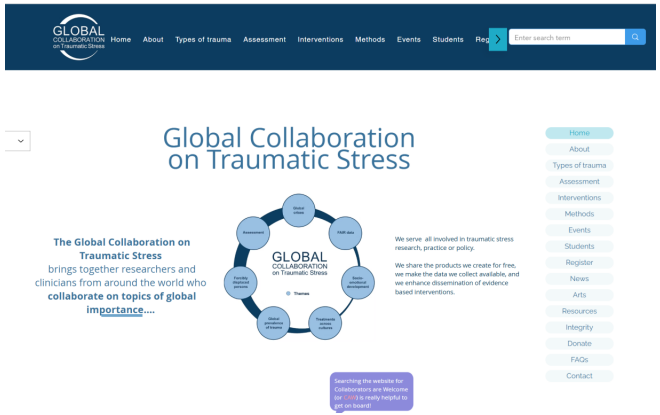

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LETTER TO THE EDITOR

OPEN ACCESS Check for updates

Students in global traumatic stress research: an opportunity for meaningful and equitable involvement

Sara Abou Chabake [a], Dany Laure Wadji [b], Teresa Pirro [b], Rachel L. Kanter [c], Dan Jenkins [d,e], Vaitsa Giannouli [f], Miranda Olff [g,h], Ulrich Schnyder [i], Rachel Langevin [b] and Monique C. Pfaltz [j]

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Tandon *et al. BMC Psychiatry* (2024) 24:318
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BMC Psychiatry

RESEARCH Open Access

Mental health markers and protective factors in students with symptoms of physical pain across WEIRD and non-WEIRD samples – a network analysis

Tanya Tandon[1*], Mayron Piccolo[2], Katharina Ledermann[1,4], Richard J. McNally[2], Rashmi Gupta[3], Naser Morina[4] and Chantal Martin-Soelch[1]

Abstract

Background Studies conducted in Western societies have identified variables associated with chronic pain, but few have done so across cultures. Our study aimed to clarify the relationship between specific mental health markers (i.e., depression, anxiety, posttraumatic stress disorder [PTSD], perceived stress) as well as specific protective factors (i.e., social support and self-efficacy) related to physical pain among university students across non-WEIRD and WEIRD samples.

Method A total of 188 university students (131 women and 57 men) were included in the study. We used network analysis to ascertain mental health markers especially central to the experience of physical pain.

Results No statistically significant difference was found between mental health markers (i.e., depression, anxiety, perceived stress, and PTSD) and protective factors (i.e., social support and self-efficacy) associated with physical pain symptoms for Swiss students versus Indian students ($M = 0.325$, $p = .11$). In addition, networks for Swiss versus Indian students did not differ in global strength ($S = 0.29$, $p = .803$). Anxiety was the most central mental health marker, and social support was the most important protective factor related to physical pain in both countries. However, for Swiss students, perceived stress, and for Indian students, PTSD symptoms were central mental health markers related to physical pain.

Conclusion Our results identify factors that may serve as important treatment targets for pain interventions among students of both countries before it becomes chronic.

Keywords Physical pain, Mental health markers, Protective factors, Network analysis, University students

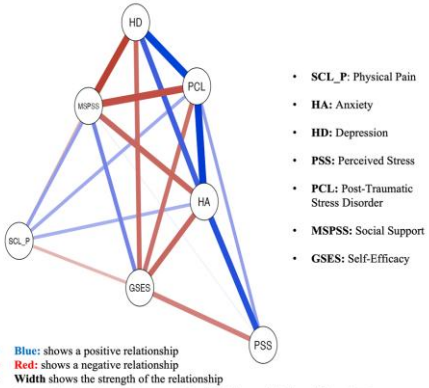

Fig. 1 This figure shows the regularized partial correlation networks for the whole sample (India and Switzerland)

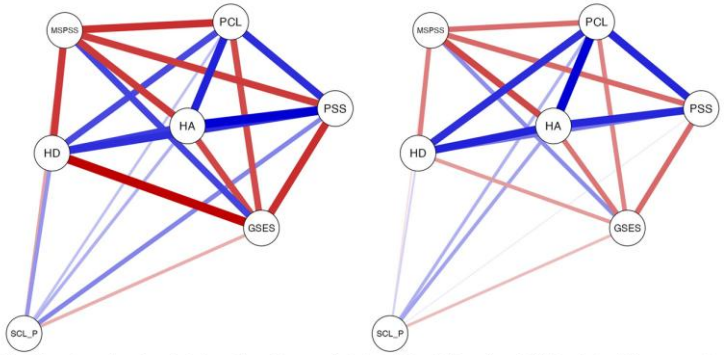

Fig. 3 These figures show the regularized partial correlation networks for Swiss (left) and Indian students (right). *Note:* Anxiety *(HA)*, post-traumatic stress disorder *(PCL)*, perceived stress *(PSS)*, depression *(HD)*, post-traumatic stress disorder *(PCL)*, and social support *(MSPSS)*, Pain *(SCL_P)*

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REVIEW

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Volume 70 - 2025 | https://doi.org/10.3389/ijph.2025.1608156

Youth Mental Health in Crisis: Understanding the Relationship Between Mental Health and Physical Pain in Lebanon's Youth – A Scoping Review


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Abstract

Objectives: The mental health crisis among young adults in Lebanon, worsened by events like the Beirut Blast and economic instability, requires urgent attention. Globally, 10%–20% of individuals aged 18–29 face mental health challenges, with many also experiencing physical pain. Despite growing evidence of the bidirectional relationship between mental health and pain, this intersection remains underexplored in Lebanon, especially compared to WEIRD countries. This scoping review examines the relationship between physical pain and mental health issues—anxiety, depression, and stress—among Lebanese youth.

Methods: A systematic review of studies from January 2014 to February 2024 was conducted by screening PubMed, PsychInfo, and ScienceDirect. A total of 33 studies were included.

Results: The findings indicate a bidirectional link between mental health and physical pain. University students (36.1% of studies) were particularly impacted, and 81% of studies reported higher pain prevalence among females. Additionally, mindfulness meditation was identified as a potential protective factor, although it remains underexplored in Lebanon.

Conclusion: Addressing these gaps supports tailored interventions for Lebanese youth and enriches our understanding of mental health in non-WEIRD contexts.

RESIST-D

Understanding Resilience in the Face of Early-Life Stress

Our mission

This project examines how difficult experiences during childhood (early life stress – ELS) influence mental health in adulthood.

The aim is to understand why some people remain resilient whilst others become vulnerable to depression.

The research project

This section explains the scientific aspects in an accessible way:

Neural mechanisms: We explore the interaction between stress response systems (amygdala) and reward systems (striatum) in the brain using functional magnetic resonance imaging (fMRI).

Multidimensional Approach: To provide a comprehensive view, the study combines data from neuroimaging, genetics, the microbiome, and daily life tracking via smartphone (EMA).

Innovation: We are creating a European "FAIR" (Findable, Accessible, Interoperable, Reusable) database to help the global scientific community better understand these mechanisms.

Why take part?

Public health: Depressive disorders are one of the leading causes of disability. By identifying biomarkers of resilience, the RESIST-D project aims to facilitate the development of more effective and personalised treatments.

Ethics and commitment: The project adheres to the highest ethical standards (the Declaration of Helsinki) and works with social partners such as the Amor Fati association, which supports victims of sexual abuse.

Contact

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Partners

https://www.unifr.ch/psycho/en/research/clisan/resist-d/about-the-project.html
https://www.neuron-eranet.eu/projects/RESIST-D/

PSYCHOSOCIAL INTERVENTIONS TO PROMOTE (MENTAL) HEALTH

Develop and test scalable interventions based on identified mechanism or methods promoting resources and integrated in training programs that can be performed by non-specialists

Problem management plus (PM+): individual psychological help for adults impaired by distress in communities exposed to adversity

WHO generic field-trial version 1.1

1 January 2018 | Technical document

Overview

With this manual, the World Health Organization (WHO) is responding to requests from colleagues around the world who seek guidance on psychological interventions for people exposed to adversity.

The manual describes a scalable psychological intervention called Problem Management Plus (PM+) for adults impaired by distress in communities who are exposed to adversity. Aspects of Cognitive Behavioural Therapy (CBT) have been changed to make them feasible in communities that do not have many specialists. To ensure maximum use, the intervention is developed in such a way that it can help people with depression, anxiety and stress, whether or not exposure to adversity has caused these problems. It can be applied to improve aspects of mental health and psychosocial well-being no matter how severe people's problems are.

The PM+ training manual can be found at this LINK

https://www.who.int/publications/i/item/WHO-MSD-MER-18.5

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https://www.who.int/publications/i/item/WHO-MSD-MER-18.5

Cambridge Prisms: Global Mental Health

www.cambridge.org/gmh

Research Article

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EQUIP; competency assessment; mental health psychosocial support (MHPSS); Problem Management Plus (PM+); non-specialist mental health care

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Piloting competency assessments for an evidence-based brief psychological intervention with Arabic-speaking non-specialists in Switzerland

Mahmoud Hemmo[1,2], Aemal Akhtar[3,4], Brandon A. Kohrt[5], Gloria Pedersen[5,6,7], Abdul Fattah Alkamel[1], Chantal Martin Sölch[2], Alison Schafer[8], Julia Spaaij[1], Richard Bryant[3] and Naser Morina[1]

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Abstract

The global challenge of closing the treatment gap highlights the need for innovative interventions. Problem Management Plus (PM+), developed by the World Health Organization (WHO), is an evidence-based brief psychological intervention designed to address this gap by involving non-specialist helpers. In this study, 'non-specialists' or 'helpers' are individuals without formal training in mental health, who have been trained in and have been delivering individual PM+ for more than 1.5 years. To enhance quality in mental health care, especially with non-specialists, WHO and the United Nations International Children's Emergency Fund (UNICEF) have launched the Ensuring Quality in Psychosocial and Mental Health Care (EQUIP) platform, an open-access resource for competency-based training. This study evaluates the acceptability and preliminary utility of EQUIP assessment tools. Thirteen helpers were assessed using the ENhancing Assessment of Common Therapeutic Factors (ENACT) and the PM+ assessment tool, culturally adapted and translated for Arabic-speaking helpers in Switzerland. The results indicate that the EQUIP tools can identify strengths and areas for improvement, provide valuable feedback for training, and thus have great potential for enhancing mental health care quality.

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Identify mechanisms or protective factors to create specific interventions that can be digitalized to provide large-scale treatment

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Contents lists available at ScienceDirect

SSM - Mental Health

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Short communication

The design of a scalable intervention for adolescents with internalizing problems

Emma K. Hill [a], Laura Bond [a], Natali Carmio [a], Claire E. Hatkevich [b], Diya Nag [c], Sara A. Romero [a], Karen T.G. Schwartz [b,1], Ariel Sternberg [d], Tanya Tandon [a,2], Caitlyn Vergara [a], Jami F. Young [b,e], Katie A. McLaughlin [d], John R. Weisz [f], Vikram Patel [a,*]

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ARTICLE INFO

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Frontline workers
Brief intervention
Stepped care
Problem solving
Intervention design

ABSTRACT

Purpose: EMPOWER is a program aimed at building the capacity of frontline workers to deliver brief, evidence-based psychosocial interventions for mental health conditions. We describe the design of such an intervention for adolescents with internalizing problems, a leading cause of morbidity for this age group in the United States.
Methods: The intervention design was founded on the findings of a meta-analysis by Fitzpatrick et al. (2023) of 263 randomized controlled trials of youth psychotherapies, which identified five empirically supported principles of change (EPSCs) underlying the most effective interventions for internalizing and externalizing mental health problems. This study gathered additional qualitative insights to inform the selection of the best-fit EPSC(s) and intervention delivery model by consulting an expert advisory group and conducting focus group discussions with the intended provider population.
Results: Two ESPCs—*Feeling Calm* and *Solving Problems*—emerged as the most scalable and feasible for delivery by frontline workers. A two-level progressive stepped-care protocol was chosen to accommodate diverse settings and the unique needs of each adolescent. The protocol starts with a universal first-meeting intervention that explores the adolescent's problems and teaches a brief calming technique to those in distress. For adolescents requiring further support, this is followed by one to two additional meetings focused on learning a condensed procedure for Problem Solving. A three-course, competency-based digital training program was created for scalable dissemination of this intervention to frontline workers in adolescent-focused roles.
Discussion: This study illustrates a method for triangulating multiple forms of evidence (i.e., research, experts, and providers) to design an intervention protocol and training program that align with best practices in clinical and implementation science. Further research piloting the program will evaluate its acceptability and feasibility and provide implementation insights to support its scalability in real-world settings, with the aim of increasing adolescents' access to effective mental health care.

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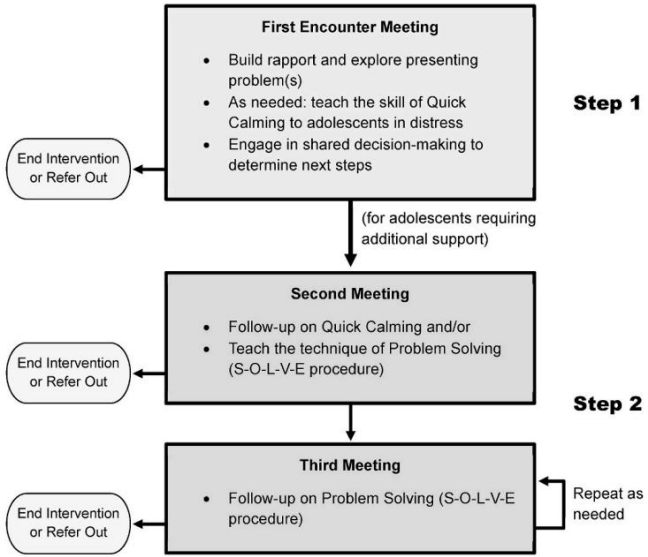

Fig. 1. Diagram of the final EMPOWER Youth stepped care intervention protocol.

https://doi.org/10.1016/j.ssmmh.2026.100624

Identify mechanisms or protective factors to create specific interventions that can be digitalized to provide large-scale treatment

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Tandon et al. Trials (2025) 26:569
https://doi.org/10.1186/s13063-025-09377-6

Trials

STUDY PROTOCOL Open Access

Exploring cross-cultural effectiveness of internet-based depression treatment (IBAT-D) with peer-to-peer support vs. without across WEIRD and non-WEIRD samples: a research protocol for a randomized controlled trial

Tanya Tandon[1*], Thomas Berger[2], Björn Meyer[3], Omar Abou Khaled[4], Rashmi Gupta[5,6] and Chantal Martin-Soelch[1]

Abstract

Background Internet-based self-help interventions (IBIs) have proven effective in reducing depression, especially in high and middle-income countries, and have proven to be flexible and location-independent. However, unguided IBIs often face high dropout rates, low uptake, lower adherence, and reduced effectiveness.

Objective This study evaluates the effectiveness of a self-help program against depressive symptoms (Deprexis) with or without peer-to-peer support, focusing on cultural differences between WEIRD (Western, Educated, Industrialized, Rich, and Democratic) and non-WEIRD countries, specifically Switzerland and India. Additionally, this research explores Deprexis's efficacy in French-speaking Switzerland, aiming to extend its benefits to this demographic. The study also investigates mood responses to monetary and social rewards using the Fribourg Reward Task to understand the relationship between depression and reward system dysfunction in a cross-cultural context.

Methods The study is a randomized controlled trial; participants with mild to moderate depression will be randomized into three groups of 80 each: Deprexis only, Deprexis with peer-to-peer support, and a control group on a waiting list. The intervention lasts 8 weeks, with measurements at baseline (T0), mid-intervention (4 weeks, T1), post-intervention (8 weeks, T2), and follow-up (3 months post-intervention, T3). Participants will complete online questionnaires on RedCap and the Fribourg Reward Task. Primary outcome: depressive symptoms at 8 weeks post-intervention. Secondary outcomes: mood responses to reward, pleasure, and social support, with moderators and mediators like anxiety, stress, quality of life, PTSD, childhood trauma, self-efficacy, and self-esteem.

Results The study, registered at ClinicalTrials.gov (NCT06480474) and Swiss National Clinical Trials (SNCTP000005917), was approved by the Ethics Committee of Vaud (CER-VD) in May 2024 (protocol date: 22.05.2024; version: 4; 2023-D0112). Recruitment began in June 2024 and is expected to end in May 2026.

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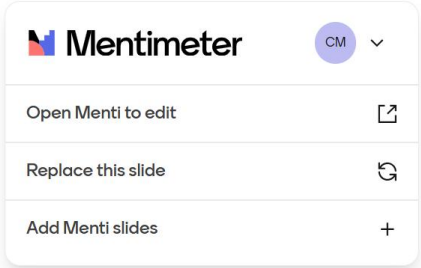
Retention and Engagement in Culturally Adapted Digital Mental Health Interventions: Systematic Review of Dropout, Attrition, and Adherence in Non-Western, Educated, Industrialized, Rich, Democratic Settings

Tanya Tandon[1]; Rajashree Biswas[2]; Quentin Meteier[1, 3]; Karl Daher[1, 4]; Omar Abou Khaled[4]; Björn Meyer[5]; Thomas Berger[6]; Rashmi Gupta[2, 7]; Chantal Martin Soelch[1]

https://link.springer.com/article/10.1186/s13063-025-09377-6

CONCLUSIONS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TAKE HOME MESSAGE:

HEALTH PSYCHOLOGY CAN INFORM PUBLIC HEALTH

- Understanding, measuring and changing behavioral modifiable risk factors for health
- Evaluate preventive/harm reducing intervention
- Contribute to exposome research
- Develop large-scale intervention to promote mental health and resilience across the globe

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Many thanks to my team and collaborators

I-reach Lab: Interventions and research on Reward in Clinical and Health Psychology

Aims and research topics

- Investigate mecanisms underlying psychopathological and psychosomatic disorders with a focus on reward, dopamine, (traumatic) stress and stress-reward interactions.
- Develop and test psychological interventions promoting mental and physical health based on these mechanisms.
- Body-mind interventions, mindfulness, meditation
- Multi-modal approach: Combination of behavioral, psychobiological, psychophysiological and neural measures, virtual reality
- Lab measures and measures in everyday life (ambulatory assessment)
- Continued education: MAS health psychology, psychological counseling, applied behavioral sciences for health promotion, CAS TDAH,…

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