



# World Scientific News

An International Scientific Journal

WSN 205 (2025) 125-135

EISSN 2392-2192

---

## Psychosocial Interventions for People with Mental Illness

**Matthew Olapade**

University of Ibadan, Nigeria, Department of Social Work

[olapadematthew7@gmail.com](mailto:olapadematthew7@gmail.com)

### ABSTRACT

This paper provides a conceptual and literature-based review of psychosocial interventions (PSIs) as effective therapeutic approaches for managing mental illness. Drawing on peer-reviewed studies from the last two decades, this paper identifies cognitive-behavioural therapy (CBT), systemic family interventions, and relationship-based models as critical tools for enhancing psychological and social functioning. Findings show that PSIs reduce symptom severity and improve quality of life when integrated with standard care. The review highlights various classifications of PSIs, including preventive and curative approaches, and analyses their theoretical underpinnings, application frameworks, and practical challenges. Particular attention is paid to the roles of social workers in delivering tailored psychosocial care. The paper concludes by advocating for a global framework to guide PSI development and implementation. Finally, this review contributes to bridging the gap between clinical practice and holistic mental health support.

**Keywords:** Psychosocial Interventions (PSIs), Mental Illness, Mental Health Treatment, Cognitive Behavioral Therapies (CBT), Relationship-Based Interventions (RBI), Systemic Interventions, Mental Health Disorder.

(Received 9 May 2025; Accepted 15 June 2025; Date of Publication 9 July 2025)

## **1. INTRODUCTION**

The global burden of mental illness has escalated significantly in recent decades. According to WHO (2022), approximately 1 in every 8 people worldwide live with a mental illness. Between 1990 and 2013, the global rate had increased by 50% from 416 million to 615 million cases of mental disorders worldwide. Furthermore, the COVID-19 global pandemic further exacerbated prevalence of mental disorders around the world, with about 970 million people now dealing with one mental illness or another (WHO, 2022). Post-COVID, the United States alone accounts for 5.9% of global mental disorder prevalence in relation to country population.

More so, reports by the Substance Abuse and Mental Health Services Administration (SAMHSA) establish that one in five adults in the United States live with mental illnesses as of 2021. About 57.8 million adults in the US aged at least 18 have had to deal with mental disorders, ranging from Any Mental Illnesses (AMIs) to Serious Mental Illnesses (SMIs) at least once in their lifetime.

However, regardless of the severity or classification of mental disorder, these alarming figures in global mental health cases across the globe underscores the need for complementary measures such as interventions outside standard mental health care. Against this backdrop, the use of psychosocial therapy has grown in adoption within the last two decades and significantly lessened the adverse effects of mental illnesses (SMHSA, 2022). Hence, psychosocial interventions constitute a critical component for addressing rising mental disorders across the globe.

Therefore, this review advocates for the adoption and integration of more evidence-backed, people-oriented PSIs in mental healthcare to enhance the mental and overall wellbeing of individuals living with mental illnesses. It also examines the conceptual foundations, types, application frameworks, implementation challenges, and the vital role of social workers in the delivery of these interventions. The following sections present a theoretical review of reports from academia, industry experts, and international health organizations on the efficacy of psychosocial treatment methods.

## **2. UNDERSTANDING PSYCHOSOCIAL INTERVENTIONS: A CONCEPTUAL OVERVIEW**

The term ‘psychosocial’ represents the relationship between psychological and social components of an individual. Psychosocial therapy combines the internal, emotional, and thought processes with all social factors such as family, community, relationships, and other external factors to provide care to individuals in mental distress. The implication is that when one is mentally unwell, they may find it difficult to interact with others in society or their specific environment (DeCooman and Airth, 2022).

From a conceptual standpoint, the INEE describes psychosocial support as ‘processes and actions that promote the holistic well-being of people in their social world. It includes support provided by family and friends’ (INEE, 2010a p.121). While this approach to explaining psychosocial interventions justifies the purpose of the intervention, it seems to lack specificity and, therefore, may not suit the context of this review.

According to the Psychosocial Framework of 2005 to 2007 of the International Federation, psychosocial support is ‘a process of facilitating resilience within individuals, families, and communities... enabling them to bounce back from the impact of crises and helping them to deal with such events in the future’ (Psychological Interventions: A Handbook, 2009. P. 25).

According to Turton (2014), psychosocial interventions are all

*Non-pharmacological therapeutic interventions which address the psychological, social, personal, relational and vocational problems associated with mental health disorders” (p. 15). The Institute of Medicine (2015) describes psychological interventions as “interpersonal or informational activities, techniques, or strategies that target biological, behavioural, cognitive, emotional, interpersonal, social, or environmental factors with the aim of reducing symptoms of these disorders and improving functioning or well-being” (p.5).*

Notwithstanding what seems to be an emerging consensus in the meaning of psychosocial care in literature, there are still disparities in what constitutes the scope of psychosocial care or intervention. Turton (2014) argues that contrary to popular literature, psychosocial interventions are not necessarily post-crises measures, as implied in the word ‘intervention.’ Turton (2014) further delimits psychosocial interventions into two aspects – preventive and curative. Preventive support describes all efforts taken to mitigate the risks of developing mental health crises. Curative support, on the other hand, implies that there has been a psychosocial problem or psychiatric disorder that calls for an intervention.

Differences in opinions are more than likely to persist. Regardless, psychosocial support encompasses all methods, activities, and strategies aimed at addressing both psychological and social challenges of an individual, group of people, family, or community. Psychosocial interventions address mental concerns from a ground-up approach. Rather than focus on the consequences of the mental disorder, PSIs investigate and deal with both the primary symptoms and actual experiences which manifest in the victim’s everyday life (Turton, 2014). The holistic, person-based approach gives care givers, social workers, mental health nurses, family and other support personnel a thorough insight into the specific situation of the victim.

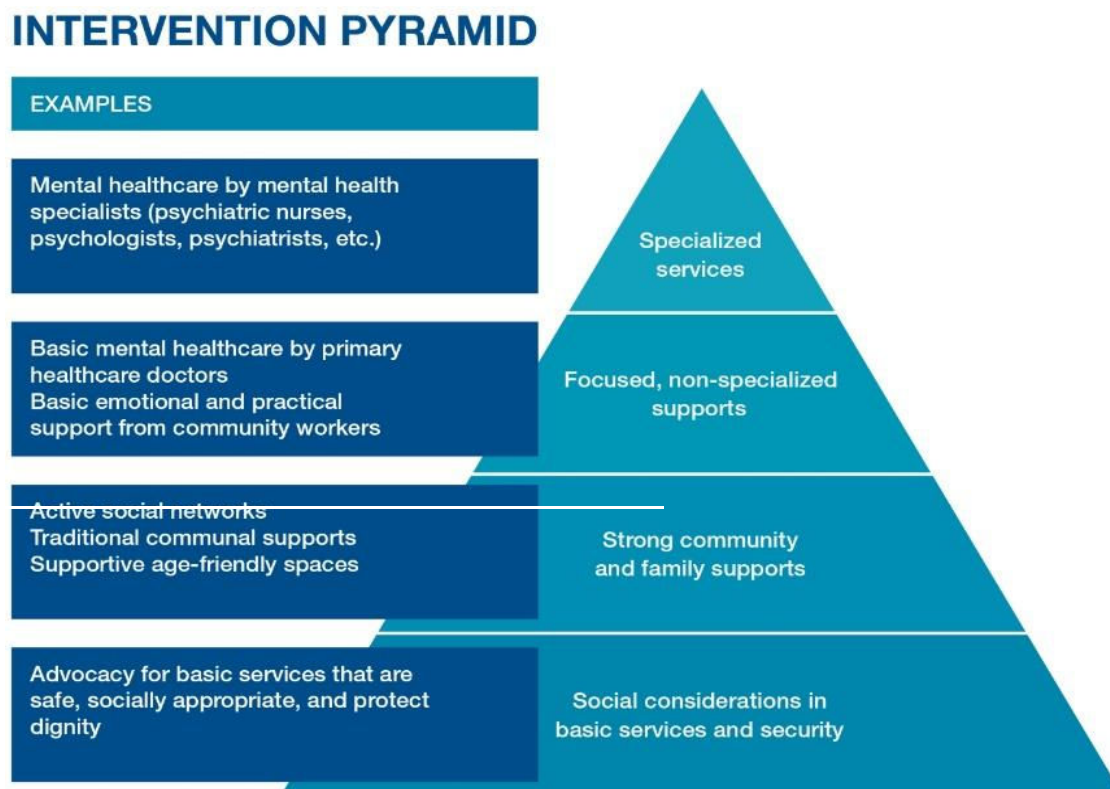
Psychosocial support can be a part of a superordinate treatment plan for people dealing with disorders or related mental health conditions. Through talk therapy and social training, a psychosocial therapist or counsellor can help people living with mental illnesses address all trouble points. By interacting with patients, a psychosocial therapist understands their unique experiences, concerns, behaviours, fears and hopes, among others. Consequently, the type or extent of intervention offered to a person with a mental illness depends on their specific challenge and how much damage the problem might have caused them (Turton, 2014. p. 6).

### **3. TYPES OF PSYCHOSOCIAL INTERVENTIONS**

A review of literature establishes that there are several different PSIs with their respective focus points. PSIs have been differently categorized. According to the Institute of Medicine (2015), PSIs include psychotherapies, community-based treatments, vocational rehabilitation, peer support groups, and integrated care interventions.

In 2007, the Inter-Agency Network for Education in Emergencies (INEE) developed an intervention pyramid that incorporates different levels of psychosocial support for individuals in need of interventions after a crisis.

A review of literature establishes that there are several different PSIs with their respective focus points. PSIs have been differently categorized. According to the Institute of Medicine (2015), PSIs include psychotherapies, community-based treatments, vocational rehabilitation, peer support groups, and integrated care interventions. In 2007, the Inter-Agency Network for Education in Emergencies (INEE) developed an intervention pyramid that incorporates different levels of psychosocial support for individuals in need of interventions after a crisis.



**Figure 1.** Intervention Pyramid. Source: INEE, 2007.

There is the long-lasting argument on whether PSIs should be focused on one problem area at a time or multifaceted since mental illnesses have ripple effects on other aspects of our lives. Arguably, in trying to focus on specific problem areas, experts in psychosocial interventions and therapy have developed many different approaches to PSIs, including the following:

### **3.1. Cognitive Behavioural Therapies**

Developed in the 1960s by Aaron Beck, cognitive behavioural therapies have now evolved into waves of interventions that explore how unhelpful thoughts are associated with disturbing states and consequently result in behaviours that ‘maintain our problems rather than resolve them’ (Turton, 2014: pp. 15 – 17). The cognitive-behavioural therapies operate on B.F. Skinner’s theory of stimulus and response and Ivan Pavlov’s conditioning (Health Technology Assessment, 2016: p. 422).

By conditioning the stimuli that generate negative thoughts, CBTs help sufferers learn new responses and generate new, positive behaviours to previously disturbing stimuli. Consequently, victims are encouraged to acknowledge distressing thoughts in a non-reactive way rather than challenge them (Turton, 2014: p. 16). Evidence exists of the efficacy of CBTs in treating mental disorders. More modern psychosocial interventions such as Trauma-Focused CBT (TF-CBT), Modeling and Skills Training, as well as Eye Movement Desensitization and Reprocessing (EMDR) are all modeled on the cognitive-behavioural therapy, with varying alterations (Health Technology Assessment, 2016: p. 422).

### **3.2. Relationship-Based Interventions**

Relationship-based treatments rely on existing relationship between caregiver and patient to facilitate quick mental therapy. According to Alderman (2013), RBIs consider relational exchange between patient, and human and non-human elements in their environment, including social connections, support personnel, families, and other cultural factors.

RBIs such as Parent-Child Interaction Therapy (PCIT) and Dyadic Developmental Psychotherapy (DDP) are built on the premise of human need for satisfaction, love and a sense of belonging. By offering care and support, RBIs fill in the gaps otherwise created by the patient’s need for relational fulfilment. Building on the William Glasser Choice Theory, Alderman (2013) posits that the human need for love outweighs the need for freedom and power. Therefore, the absence of love and the patient’s active desire for it can result in aggressive maladaptive behaviours, which may result in mental disorders.

### **3.3. Systemic Interventions**

According to the Health Technology Assessment (2016), PMIs based on the systemic theory address individuals as a unit in a coordinated whole system. The theory holds that individuals belong in a system. Therefore, when they develop a mental health illness, the disorder is best addressed by situating the patient in the system in which they belong. Such systems may include families, groups, and other organizations they share ties with (p. 426).

### **3.4. Activity-Based Therapies**

Activity-based therapists facilitate a therapeutic environment through practices liable to help patients readjust to their regular life (Bullock & Bannigan, 2011). Although Bullock & Bannigan (2011) claim that there is yet insufficient evidence to support that activity-based interventions improve the functionality of people with severe mental illnesses (SMIs), the practice has grown rapidly, especially in occupational therapy. It also incorporates peer or vocational support, arts and play activities (Health Technology Assessment, 2016).

## **4. FRAMEWORK FOR DEVELOPING PSYCHOSOCIAL INTERVENTIONS**

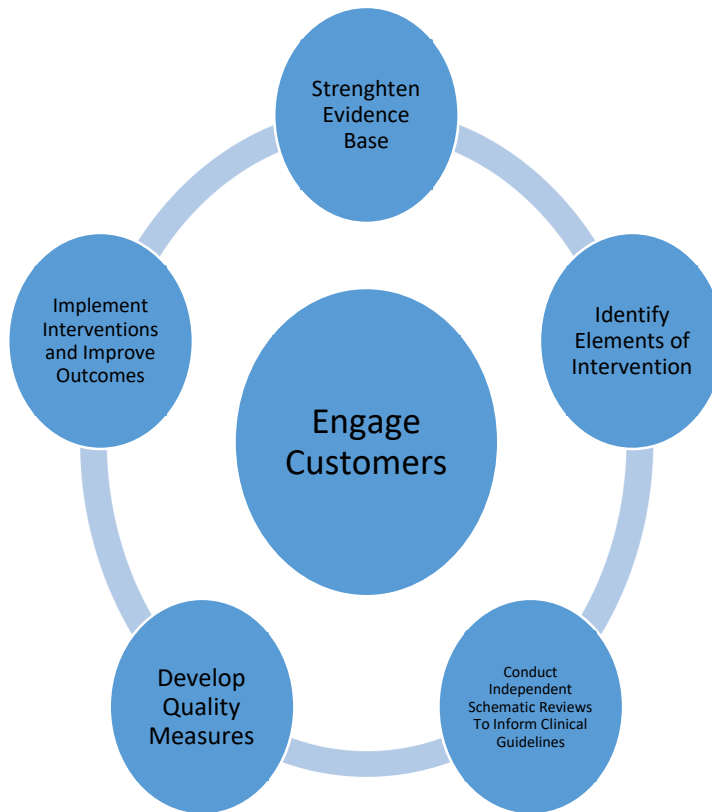
Like every other specialty, mental health workers are subjected to a set of global standard roles and ethics (Branjerdporn, 2023). In addition to international standards, there are equally clinical regulations across countries and health sectors, such as the Practice Standards for Mental Health Workers 2014.

However, a review of literature and industry practices establishes that besides standard clinical regulations, there is no universally deployed template or framework to guide the development of PSIs and measure their success (Branjerdporn, 2023). Robinson and Gray (2007) argue that intervention techniques require a measurable, generalizable guide that may be adopted across all professions where psychosocial interventions are deployed.

For Turton (2014), psychosocial interventions are underpinned by the stress-vulnerability model developed by Zubin and Spring in 1977 (p. 9). First discussed in a seminar paper, the Stress-Vulnerability model holds that humans possess biological and psychological vulnerabilities (thoughts and feelings) that may cause mental disorders (behaviour) if triggered by a critical amount of stress (Ingram and Luxton, 2005). Although a universally accepted framework for intervention techniques is still lacking, Turton (2014) maintains that all PSIs should provide mental health relief by providing the following:

- Cognitive remediation
- Holistic assessments
- Individualized psychotherapeutic support.
- Social integration mechanisms.
- Stress reduction activities (p. 6)

Similarly, the Institute of Medicine (2015) recommends a six-step model: engage users, build evidence base, identify key elements, conduct independent reviews, develop quality measures, and implement improvements, but prioritizing patient participation.



**Figure 2.** Framework for Developing Standards for Psychological Interventions (IOM, 2015).

## **5. APPLICATION OF PSYCHOSOCIAL INTERVENTIONS AND BARRIERS**

The World Health Organization describes mental disorder as “a clinically significant disturbance in an individual’s cognition, emotional regulation, or behaviour... associated with distress or impairment in important areas of functioning.”

However, mental illnesses are associated with several conditions, including “neurodevelopmental, anxiety, trauma, depressive, eating, personality, and psychotic disorders” (Institute of Medicine, 2015). The wide range of mental illnesses makes it challenging to determine the extent of what may be described as a mental illness or disorder. Irrespective of severity of mental disorder, psychosocial interventions may be developed to alleviate or treat a mental disorder.

### **5.1. Challenges of Delivering PSIs in Mental Health**

Although there is sufficient evidence to back up the effectiveness of PSIs, the IOM reports that global mental and social welfare institutions are reluctant to approve of the use of psychosocial treatments in standard routine clinical care because “the data from research supporting these interventions have not been synthesized” (Institute of Medicine, 2015. p. 2).



The pervading attitude toward the adoption of PSIs is rather a function of the absence of a globally accepted standard of administration. This explains why the IOM committee developed a framework for developing PSIs.

Other barriers to delivering and implementing PSIs include the following;

- Insufficient providers to cater to the PSI needs of patients with mental disorders
- Lack of qualified staff with adequate training to implement PSIs especially in low-income communities
- Difficulty in regularly reaching patients in need of psychosocial treatments
- Low acceptance among the public due to cultural beliefs and stereotypes
- Cost of services of caregivers especially in low and middle-income countries (Bird et al
- Costs of procuring and maintaining technology necessary to facilitate PSIs
- Inadequate measures to ensure long-term effects of treatments
- Lack of readiness among caregivers to adopt new interventions
- Structural challenges such as limited human and non-human resources (Kane et al., 2016. pp. 6 – 9).

## **6. THE ROLE OF SOCIAL WORKERS IN PSI DELIVERY**

The broad mission of social workers involved in mental health care is to render professional services to reduce psychosocial problems of patients (Ponnuchamy, 2020). Social workers are trained to identify the problems and cause of challenges and to facilitate an environment for rehabilitation with the support of patients' family, colleagues, and significant people in their lives.

In addition to rendering direct care to patients, social workers have been found to function as intermediaries, advocates and collaborators with government policymakers, healthcare agencies, and organizations (Institute of Medicine, 2015). According to Ponnuchamy (2020), social workers may be directly or indirectly involved in delivering PSIs through the following contributions:

### **Assessment & Diagnosis**

Professional social workers can obtain information about client's mental health, family history, and other determinants of mental health for the purpose of conducting critical clinical assessments. They could also partner with psychotherapists to identify individuals, groups, or communities in need of mental care. They conduct diagnoses, collect socio-demographic data and past treatment history, and examine a patient's mental health status (Ponnuchamy, 2020: p. 11).



## **Planning**

After determining patients' mental illness, social workers use available patient information to prepare a suitable treatment plan for patients. Often under the guidance of clinical therapists, they determine what clinical interventions are most applicable to the patient's situation.

## **Direct Intervention**

Where applicable, interventions may be on a one-to-one basis in forms of social skills training, cognitive retraining, direct counselling or development of clients' cognitive abilities. They also render community or group-based treatments such as family therapy, art therapy, job placement, vocational therapy, and awareness programs.

## **Evaluation**

Evaluation is a key phase in mental health treatment. Every PSI application is followed with a critical evaluation and follow-up to ascertain its success and help patients maintain a good life. More so, social workers also contribute to psychosocial treatment through an evaluation of public mental health policies and support programs.

As of 2021, there were over 700,000 social workers across the United States, with 113,810 of them working specifically in mental health and substance use, more than the number of psychotherapists and psychiatrists combined. The growing demand for social workers emphasizes the importance of building relationships in psychosocial interventions and other life-threatening challenges.

## **7. CONCLUSION**

The rapid evolution of psychosocial interventions (PSIs) creates uncertainty about their implementation methods and sustained effect as well as their clinical practice acceptance. Studies have conducted multiple evaluations regarding how PSIs influence different demographic groups and patient populations. In a research conducted by Coughtrey et al. (2018), nine studies proved that psychological interventions lower anxiety and depression symptoms together with enhancing general life quality for patients. The research concludes that Paediatric Symptom Interventions should be introduced in healthcare to help reduce symptoms and improve psychological health.

Research performed by Stein and Test (1980) which Ponnuchamy (2020) pointed out, demonstrated that appropriately implemented PSIs within communities function at the same level as personalized treatment methods. The Training in Community Living (TLC) intervention from Stein and Test (1980) as cited in Ponnuchamy (2020) provided patients with severe mental illness better life satisfaction alongside decreased symptom intensity and better interpersonal connections.

An extensive gap continues to exist between validated PSI models approved by research and their actual use in routine clinical practice. ACCPOPP operates as a barrier alongside insufficient financial support, while standardized procedures remain absent for broad implementation.

The changing dynamics of mental health disorders which result from environmental and cultural and social factors call for adaptations and specific approaches to interventions.

Finally, ongoing research need to examine and evaluate which PSIs deliver optimal outcomes specifically within varied cultural environments and socioeconomic conditions. Future examination of PSIs needs to investigate how social workers contribute specifically to PSI success. The person-centred treatment approach of social workers makes them leaders who innovate mental health care delivery. The achievement of mental health solutions matching real-world outcomes requires a worldwide coordinated initiative to build common methods and implementation procedures.

## References

- [1] Bird, V. J., Premkumar, P., Cowan, A., Chisholm, D., & Thornicroft, G. (2022). Implementing psychosocial interventions within low- and middle-income countries to improve community-based care for people with psychosis: A situation analysis. *Frontiers in Psychiatry*, 13, Article 807259.
- [2] Branjerdporn, G. (2023). Development of an Interprofessional psychosocial interventions framework. *International Journal of Environmental Research and Public Health*, 20(8), Article 85495.
- [3] Bullock, A., & Bannigan, K. (2011). Effectiveness of activity-based group work in community mental health: A systematic review. *The American Journal of Occupational Therapy*, 65(3), 257–266.
- [4] Coughtrey, A., Millington, A., Bennett, S., Christie, D., Hough, R., Su, M. T., Constantinou, M. P., Shafran, R. (2018). The effectiveness of psychosocial interventions for psychological outcomes in paediatric oncology: A systematic review. *Journal of Pain and Symptom Management*, 55(3), 1004–1017.
- [5] Kane, D., Friedman, E. J., & Greenhalgh, T. (2016). *Implementation science: A systematic review. Implementation Science*, 11, Article 36.
- [6] Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry*, 62(6), 593–602.
- [7] Ponnuchamy, L. (2020). Contributions of professional social workers in psychosocial rehabilitation. *Journal of Mental Health Rehabilitation*, 15(2), 45–59.
- [8] Robson, D., & Gray, R. (2007). Serious mental illness and physical health problems: A discussion paper. *International Journal of Nursing Studies*, 44(3), 457–466.
- [9] Saraceno, B., van Ommeren, M., Batniji, R., Cohen, A., Gureje, O., Mahoney, J., et al. (2007). Barriers to improvement of mental health services in low-income and middle-income countries. *The Lancet*, 370(9593), 1164–1174.
- [10] Stein, L. I., & Test, M. A. (1980). Alternative to mental hospital treatment: Conceptual model, treatment program, and clinical evaluation. *Archives of General Psychiatry*, 37(4), 392–412.

- [11] Thornicroft, G., & Tansella, M. (2005). Growing recognition of the importance of psychosocial treatments in low- and middle-income countries. *World Psychiatry*, 4(2), 79–84.
- [12] Zubin, J. G., & Spring, B. (1977). Vulnerability: A new view of schizophrenia. *Journal of Abnormal Psychology*, 86(2), 103–126. <https://doi.org/10.1037/0021-843X.86.2.103>
- [13] Miller, S. D., & Duncan, B. L. (2000). The outcome and session rating scales: A brief therapeutic alliance and outcome measure for use in everyday practice. *Journal of Brief Therapy*, 2(2), 91–100.
- [14] Beddoe, L. (2011). External supervision in social work: Power, space, and the search for safety. *Australian Social Work*, 65(2), 197–213.