

Mental Health Intervention Programs for At-Risk Youth: A Systematic Literature Review

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ABSTRACT

This study explores the types of mental health intervention programs implemented for at-risk youth around different countries. Using a Systematic Literature Review (SLR) approach guided by PRISMA protocols, across 20 reviewed studies published between 2020 and 2025, resilience focused, and community-based interventions demonstrated measurable improvements in youth emotional regulation and self-efficacy. The review discovered a wide range of intervention strategies employed internationally, with prominent approaches including cognitive-behavioural therapy (CBT), resilience-focused programs, community-based services, nature-based interventions, and digital or technology assisted modalities. A recurring emphasis was observed on cross-sectoral collaboration, cultural adaptability, and youth engagement. However, the findings also highlighted significant gaps, particularly in the representation of female youth, rural populations, and under-researched regions such as Southeast Asia. Methodologically, many studies lacked longitudinal design, standardized outcome measures, and youth-participatory frameworks. From a social work perspective, the review underscores the critical role of frontline practitioners in implementing context sensitive, community driven interventions. Qualitative insights and mixed-methods approaches were found to be underutilized, despite their value in capturing the realities and experiences of youth and the practical dynamics of service delivery. This review provides actionable insights for adapting global best practices to Malaysian youth contexts. By identifying global best practices and recognizing current research limitations, the study provides a knowledge base for policymakers, practitioners, and social work professionals to design more inclusive, culturally responsive, and evidence-based programs tailored to the needs of at-risk youth.

Keywords: At-risk youth, mental health, intervention, resilience, institution.

INTRODUCTION

There is increasing global attention on the youth mental health considered at-risk due to their vulnerability to diverse social, emotional, and behavioral adversities. At-risk youth such as those in institutions, and exposed to poverty, violence, neglect, or unstable family environments are more prone to mental health disorders which trigger nervousness, low mood, disruptive behavior, and addiction (Smith et al., 2020; WHO, 2022). When untreated, these psychological challenges can intensify and potentially lead to delinquent behavior, often resulting in conflict with the law (Jones & Williams, 2021).

Youth with untreated mental health issues often struggle with impulse control, emotional regulation, and ability to make sound decisions (Brown et al., 2019). Delayed or absent mental health support may lead to adverse outcomes such as educational disengagement, increased aggression, or involvement in criminal activity (UNICEF, 2021). In response, many countries have implemented targeted mental health intervention programs to tackle the unique needs of vulnerable youth, aiming to build resilience, but their effectiveness depends on the local social, economic, and cultural contexts (Taylor & Garcia, 2023). This study aims to identify and analyze the types of mental health interventions conducted abroad that have proven effective, to provide guidance for program development in the local context.

The global landscape is increasingly prioritizing the development of integrated, resilience-focused mental health interventions for at-risk youth, reflecting a broader shift from reactive to preventive care models. Innovations

include school-based programs, digital mental health platforms, nature-based therapies, and cross-sector collaborations involving education, health, and juvenile justice systems. These approaches represent an evolving understanding of mental health as a multidimensional issue requiring holistic and community-oriented responses. However, several challenges continue to hinder the effectiveness and scalability of such interventions. These include a lack of culturally appropriate models, fragmented service delivery systems, workforce limitations, and the limited availability of long-term evaluations to assess sustained impact (Taylor & Garcia, 2023; Aazami et al., 2023). Moreover, current intervention research often overlooks the complex social environments that shape youth behavior, particularly among marginalized populations such as girls, rural youth, and those in lower income countries. These gaps underscore the importance of developing context-sensitive, inclusive, and evidence-based mental health frameworks that can be adapted to various cultural and structural realities.

Resilience-focused mental health interventions are crucial for enhancing individuals' ability to cope with stress and adversity. Effective programs often integrate multiple components, such as psychological support, skill-building, and environmental resources, to foster resilience across diverse populations. These interventions are particularly beneficial for healthcare professionals, social workers, students, and other high-risk groups.

LITERATURE REVIEW

A systematic literature review was carried out following the PRISMA guidelines to ensure transparent selection and reporting of sources. Adapted from Page et al., 2020, PRISMA work in thorough identification of databases, abstracts and full texts reviewed to meets the necessary requirements. The literature search was performed using leading databases, including Web of Science and Scopus. The keywords search as follow:

(TITLE-ABS-KEY ("at risk youth" OR "juvenile delinquent" OR "young offender" OR "vulnerable adolescent" OR "justice-involved youth" OR "incarcerated youth") AND ("mental health" OR "mental well-being" OR "psychological health" OR "emotional well-being") AND ("intervention program" OR "preventive intervention" OR "treatment model" OR "therapeutic program" OR "rehabilitation program") AND ("resilience" OR "psychological resilience" OR "mental resilience")) AND PUBYEAR > 2020 AND PUBYEAR < 2025 AND (LIMIT-TO (EXACTKEYWORD, "Adolescent") OR LIMIT-TO (EXACTKEYWORD, "Mental Health")) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO (SUBJAREA, "SOC" OR "PSYC" OR "MEDI")) AND (LIMIT-TO (LANGUAGE, "English"))

The article selection process involved several stages; a) initial screening to exclude irrelevant articles based on titles and abstracts, b) full-text review to analyze relevant articles in detail, and c) data synthesis where key findings were categorized by type of intervention and effectiveness.

This enhances keyword insert broader synonyms that includes terms like “vulnerable adolescent”, “justice-involved youth”, or “incarcerated youth” to reflect diverse terms used in literature. It also covers different types of interventions such as preventive, rehabilitative, and therapeutic for comprehensive results. To obtain credible articles, the selection of articles has been determined in terms of the recent year of publication 2020-2025, journal article as and English language to ensure quality and relevance. Meanwhile, field of study focused on multidisciplinary literature.

In order to maintain the methodological rigor and reliability of the review, several exclusion criteria were applied based on study design and quality. Studies were excluded if they exhibited a high risk of bias or lacked sufficient methodological transparency, such as failing to report sampling procedures, outcome measures, or statistical analyses. Additionally, studies with small or unrepresentative samples that limited generalizability were excluded unless they provided unique contextual insights. Only peer-reviewed publications were included; thus, grey literature such as dissertations, conference abstracts, and unpublished reports were omitted to ensure consistency in scholarly standards. Further, non-English language studies were excluded due to translation constraints, potentially introducing language bias but maintaining feasibility within the scope of the review. Finally, studies published prior to a defined temporal threshold (2019) were excluded to ensure the findings reflected contemporary intervention practices and theoretical advancements. These criteria were intended to enhance the credibility and relevance of the synthesized evidence by prioritizing well-designed and transparently reported study. Table 1 outlines the criteria for inclusion and exclusion.

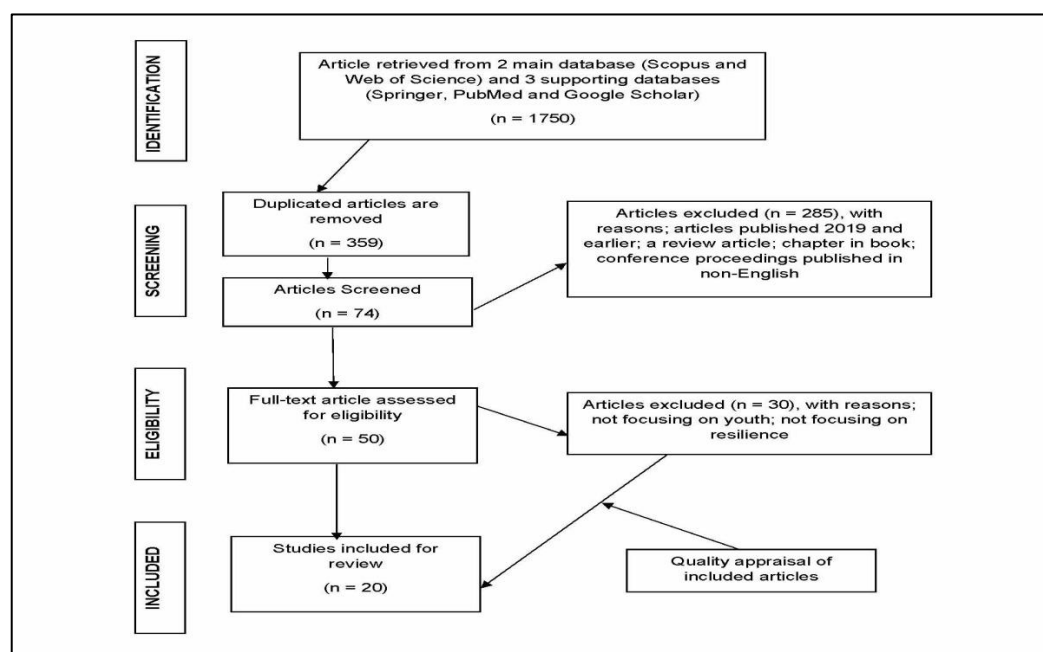
Table 1 Criteria for Article Selection and Rejection

Criteria	Inclusion	Exclusion
Year of Publication	Publication from 2020 to 2025	Publication before 2019
Types of Reference	Journal Article	Thesis, proceedings, and chapter in books
Field of Study	Social Work, Psychology, Medicine, Sociology	Apart from Social Work, Psychology, Medicine, Sociology.
Language	English	Non-English language

The systematic literature review followed a rigorous multi-stage process of identification, screening, eligibility assessment, and inclusion, as outlined in the PRISMA diagram. Initially, 1,750 articles were retrieved from two primary databases: Scopus and Web of Science and three supplementary sources: Springer, PubMed, and Google Scholar. During the identification phase, 359 duplicate records were removed, resulting in 1,391 unique articles. However, the diagram then notes that only 74 articles were screened, indicating a likely use of relevance-based title and abstract filtering to narrow down the pool. Based on specific exclusion criteria, 285 articles were removed, as they were categorized as review articles or book chapters, presented as conference proceedings, and not written in English.

Subsequently, 50 full-text articles were assessed for eligibility, resulting in the exclusion of 30 that did not meet the inclusion criteria which, lack of focus on youth populations or the absence of resilience as a primary thematic concern. This rigorous filtering process ultimately led to the inclusion of 20 high-quality studies, which were subjected to a quality appraisal to assess methodological robustness and relevance. While the inclusion criteria ensured methodological quality, the review identified a scarcity of Southeast Asian studies and qualitative research. Future reviews should broaden database coverage and integrate mixed methods approaches to capture lived experiences and contextual challenges. The diagram illustrates the systematic and transparent approach employed to ensure that only the most pertinent and reliable literature was included, thus enhancing the validity and credibility of the review's findings as shown in Figure 1.

Figure 1 PRISMA Diagram Illustrating Study Selection Process



The Findings

Contemporary youth mental health programs globally are characterized by integrated care models, sensitivity to cultural contexts, and diverse engagement techniques. Canada, Australia, the Netherlands, South Korea, and New Zealand are among the countries that have implemented diverse models ranging from cross-sectoral therapeutic approaches and resilience-building programs to nature-based interventions and equity-focused policy frameworks. These global efforts reflect a growing recognition of the need for holistic, contextually relevant strategies that address both individual and structural determinants of youth mental health.

The analysis of international literature revealed a range of intervention strategies targeting youth mental health and resilience, which can be grouped into six major thematic areas as follow:

- **Systems-Level and Cross-Sector Collaboration** - wherein interventions aim to integrate services across institutional boundaries. For instance, in Canada, Henderson et al. (2017) implemented the RAFT program, which combined Dialectical Behavior Therapy (DBT) with a coordinated response across integrated care systems supporting youth with concurrent mental health and substance use disorder. Similarly, Wasserman et al. (2021) described the e-Connect model in the United States, which created structured clinical linkages between the juvenile justice system and behavioral health sector to facilitate streamlined referrals and service access. South Africa demonstrated a community-based co-production model, where mental health was embedded into existing psychosocial supports through a Train-the-Trainer approach, reflecting a low-resource yet scalable systems integration model (Vostanis, 2024).
- **Resilience-Focused and Strength-Based Interventions** - Interventions promoting resilience and capitalizing on individual strengths were frequently implemented within educational and community environments. In Australia, Dray (2021) proposed a conceptual framework that emphasized strengthening protective factors to foster psychological resilience in children and adolescents. In the U.S., Senior et al. (2022) found that a school-based resilience-building program significantly improved emotional regulation in underserved youth aged 9–12. Likewise, Sabin et al. (2021) reported that a universal resilience coaching intervention boosted self-efficacy and reduced internalizing symptoms, particularly among students with elevated negative affectivity.
- **Innovative and Nature-Based Interventions** - formed a third theme, offering culturally responsive and non-traditional alternatives. South Korea has implemented a forest therapy program for juvenile probationers, which not only reduced physiological stress markers but also improved psychological well-being (Jeon, 2021). These findings illustrate the potential of ecotherapy models as complementary or alternative mental health interventions, particularly in restorative justice contexts.
- **Mentorship and Relationship-Centered Approaches** - in the Netherlands, Koper et al. (2024) evaluated a multidisciplinary program that included youth-initiated mentoring as a core component, aimed at supporting youth from multi-problem families. Complementary evidence from a global systematic review (Merhi et al., 2024) emphasized the positive outcomes associated with maintaining caregiver and maternal attachments for children affected by parental incarceration.
- **Equity-Focused and Policy-Level Frameworks** - which shift the lens from individual treatment to structural change. In New Zealand, Fleming et al. (2024) introduced a national equity framework that promotes culturally safe, community-driven mental health strategies tailored to indigenous Māori and Pacific youth. This framework not only addresses systemic disparities but also ensures that interventions are grounded in the lived realities of marginalized populations.
- **Risk Identification and Transdiagnostic Factor Analysis** - while not interventionist per se, these studies inform targeted program development by identifying youth at highest risk. Klein et al. (2024) has led a longitudinal study in the United States using machine learning to reveal that emotional dysregulation and negative affectivity were strong predictors of future mental illness and substance misuse among at-risk youth.

In summary, the themes identified highlight a globally diverse yet converging approach to youth mental health interventions, with a common emphasis on integrated care, resilience promotion, supportive relationships, and

social equity. Despite promising models, inconsistencies in program definitions and outcome measures across studies point to the need for greater methodological rigor. The findings emphasize the significance of progressing toward integrated, culturally relevant, and evidence-based strategies to respond effectively to the intricate mental health challenges faced by at-risk youth globally. Table 2 shows six types of intervention that explore countries approach on mental health intervention programs targeting at-risk youth.

Table 2 Countries Strategy on Mental Health Intervention Programs Targeting At-Risk Youth

No	Type of Intervention	Country	Target Population	Key Outcome Measures	Effectiveness Summary	Implementation Challenges
1	Resilience-Focused Programs	Australia, USA	School-aged youth (9–17)	Emotional regulation, self-efficacy, coping skills	Improved emotional control and reduced internalizing symptoms (Dray, 2021; Senior et al., 2022)	Limited longitudinal data; inconsistent use of validated tools
2	Nature-Based/ Ecotherapy Interventions	South Korea	Juvenile probationers	Psychological well-being, HRV (stress indicators)	Reduced physiological stress and improved well-being (Jeon et al., 2021)	High resource demand; limited scalability
3	Cross-Sector/ Systems Collaboration	Canada, USA, South Africa	Youth with co-occurring disorders	Service access, treatment continuity	Improved care coordination and service linkage (Wasserman et al., 2021; Vostanis, 2024)	Resource and coordination gaps across agencies
4	Mentorship and Relationship-Based Models	Netherlands	Youth from multi-problem families	Family functioning, youth safety, resilience	Strengthened family bonds, reduced unsafety (Koper et al., 2024)	No consistent improvement in youth mental outcomes
5	Digital/ Technology-Assisted Programs	Canada	At-risk adolescents	Engagement level, self-reported mood	Increased accessibility and engagement (Toews et al., 2024)	Requires digital literacy and monitoring
6	Equity-Focused/ Policy-Level Frameworks	New Zealand	Marginalized and indigenous youth	Access equity, mental health disparities	Improved inclusion and culturally safe approaches (Fleming et al., 2024)	Limited measurable mental health outcome data

DISCUSSION

This review identified a range of studies exploring mental health interventions for at-risk youth across diverse international contexts. However, a critical appraisal of the methodological quality of these studies revealed several limitations that may influence the robustness and generalizability of their findings. Notably, only one study employed a clearly relevant sampling strategy namely a longitudinal design, while the majority relied on descriptive or non-randomized approaches. This limits the internal validity and hinders the ability to infer causal relationships. Moreover, none of the reviewed studies provided sufficient evidence to confirm that their samples were representative of the broader youth population. The absence of representative sampling raises concerns about the external validity of the findings and their applicability across varied youth demographics and service settings.

Despite these sampling-related limitations, most studies demonstrated a low risk of nonresponse bias, with only one explicitly acknowledging the potential effects of self-report bias (Klein et al., 2024). Additionally, only two studies applied statistical analyses that were clearly appropriate to their design, particularly those employing quantitative or mixed methods approaches (Henderson et al., 2017; Klein et al., 2024). While outcome measures related to mental health and resilience were commonly reported, there was inconsistency in the use of validated measurement tools. This variability may compromise the reliability of the reported outcomes and reduce confidence in drawing generalized conclusions across the studies.

Beyond methodological considerations, several studies also reported important limitations specific to their design or implementation. For instance, Dray (2021) highlighted that her work was conceptual in nature and lacked rigorous trial data. Similarly, Henderson et al. (2017) acknowledged that their intervention was still in a preliminary stage of evaluation. According to Klein et al. (2024), a key limitation was the use of self-reported data and the omission of random assignment, which both can influence the validity of reported effects. Toews et al. (2024) recognized variability in the effectiveness of counseling-based strategies, emphasizing the need for tailored interventions. These self-reported limitations reflect an awareness among researchers of the constraints inherent in their work and underscore the need for more robust study designs moving forward. Besides, a recurring limitation across studies is the lack of youth involvement in intervention design and evaluation. Incorporating participatory frameworks and qualitative insights can enhance intervention relevance, ensure cultural fit, and improve engagement outcomes.

Despite these limitations, the reviewed studies remain highly relevant to the central research question, which aims to identify effective intervention strategies for improving youth mental health outcomes. Several studies emphasized the value of multi-dimensional engagement strategies tailored to at-risk populations (Toews et al., 2024), while others supported the significance of implementing resilience-centered intervention in preventing mental health deterioration (Dray, 2021). Henderson et al. (2017) and Wasserman et al. (2021) further underscored the necessity of cross-sector collaboration in addressing co-occurring disorders and bridging service gaps, particularly among justice-involved youth. These insights contribute to a growing body of evidence advocating for integrated, holistic, and context-sensitive approaches to youth mental health intervention.

The findings indicate that structured programs with professional guidance are more effective compared to unstructured approaches. Although digital interventions are gaining traction, community and family support remain critical to the recovery process of at-risk youth. Major challenges identified include limited resources, a shortage of trained personnel, and the need for long-term effectiveness assessments.

CONCLUSION

This systematic literature review synthesized global strategies addressing the mental health need of at-risk youth, particularly to institutionalized and justice involved groups. The results indicated diverse interventions, ranging from cognitive-behavioural therapy and resilience-building strategies to community-based care, nature-integrated therapies, and policies rooted in equity. Despite the diversity of implementation models across various countries, a shared emphasis emerged on the importance of integrated care systems, culturally responsive practices, and the promotion of youth resilience through structured programming and supportive relationships.

However, the review also uncovered several methodological and practical challenges that limit the generalizability and long-term impact of these interventions. Many studies lacked representative sampling, consistent use of validated outcome measures, and longitudinal follow-up data. While digital and innovative interventions show considerable potential, their effectiveness relies heavily on quality implementation, stakeholder engagement, and professional oversight. Moreover, structural barriers such as limited resources, a shortage of trained personnel, and fragmented service delivery systems continue to impede progress in delivering effective care to at-risk youth. The underrepresentation of youth voices in program development further suggests the need for more participatory approaches in mental health intervention design.

Considering these findings, several recommendations are proposed to inform future practice and policymaking. To translate evidence into local impact, Malaysia should prioritize pilot testing resilience-based, culturally adapted programs with embedded monitoring tools. Multi-stakeholder collaboration between schools,

community centers, and social services is vital for sustainability. First, local stakeholders are encouraged to adapt successful international models such as cross-sectoral collaboration and resilience-based frameworks while tailoring them to Malaysia's unique socio-cultural and institutional context. Second, sustained investment is needed in workforce development, particularly in training mental health professionals, social workers, and educators equipped to work with institutionalized and at-risk youth. Third, future programs should incorporate rigorous monitoring and evaluation mechanisms that utilize standardized outcome tools and enable tracking of long-term effects across different demographic groups.

Equally important is the establishment of a comprehensive collaboration ecosystem among medical doctors, clinical psychologists, counselors, and social workers. Each professional group brings a unique set of expertise that, when integrated, enhances early detection, intervention planning, therapeutic engagement, and reintegration support for at-risk youth. Developing interdisciplinary teams within schools, juvenile facilities, and community-based programs can ensure continuity of care and a holistic understanding of youth needs. This collaborative model should also involve shared case management, joint training initiatives, and centralized referral systems to address service fragmentation and improve outcomes.

Additionally, the co-design of interventions with youth is essential to ensure their relevance, engagement, and effectiveness. Involving young people in shaping the programs that affect them fosters ownership and better addresses their specific needs and lived experiences. Actively engaging youth as co-designers empowers them to shape interventions that reflect their lived experiences and cultural realities, improving both feasibility and outcomes. Incorporating youth perspectives also enhances program ownership, fosters trust, and increases long-term engagement. Finally, all intervention models must account for cultural dynamics, particularly in addressing stigma, family relationships, and community norms, which significantly influence mental health outcomes. By advancing holistic, context-sensitive, and evidence-based strategies underpinned by interdisciplinary collaboration stakeholders can make meaningful progress in improving the mental health trajectories of at-risk youth and building a more responsive, sustainable care ecosystem.

Future research should aim to address several significant gaps identified in this review. Geographically, high-income regions including North America, Europe, and Oceania dominated the research landscape, whereas regions like Asia, Africa and Latin America were underrepresented. This imbalance restricts the global applicability of current evidence and calls for more context-specific research in underrepresented areas, particularly within low and middle-income countries. Additionally, there is a need for more inclusive research that reflects the diverse profiles of at-risk youth. Female youth, rural communities, and indigenous populations remain significantly underrepresented in existing intervention studies.

Future research should explore long-term programs outcomes and utilize participatory approaches that actively engage youth in both the design and evaluation processes. This strategy will empower youth to contribute to program development and assessment. Addressing these gaps will not only enhance the cultural and contextual relevance of mental health programs but also improve the equity and impact of interventions globally.

Beyond these population and geographic gaps, this review also highlights significant methodological limitations in current research. Many studies lacked rigorous sampling strategies, such as randomization or representative recruitment methods, and few incorporated longitudinal designs to assess the sustained impact of interventions over time. A common limitation across studies was the inconsistent use of validated outcome measures for assessing mental health, resilience, or behavioural changes. This lack of consistency makes it difficult to compare interventions and draw broader conclusions. Therefore, upcoming studies encouraged to implement stronger and transparent research frameworks like randomized controlled trials (RCTs), quasi-experimental models, and mixed-methods frameworks that can better capture both effectiveness and process outcomes.

Importantly, there is also a need to elevate the role of qualitative research in youth mental health intervention studies. While quantitative outcomes are crucial, they often overlook the experiential, relational, and contextual dimensions that shape how youth engage with services and sustain change. Qualitative methods such as interviews, focus groups, and participatory action research can illuminate the lived experiences of at-risk youth, as well as the relational dynamics between youth, caregivers, and practitioners. Such insights are particularly valuable in the social work context, where practitioners engage with youth holistically and across systems.

Incorporating qualitative or mixed-methods approaches can help reveal mechanisms of change, inform culturally relevant adaptations, and enhance the practical relevance of programs.

Furthermore, this study underscores the urgent need to expand mental health intervention research within Southeast Asia, a region that remains critically underrepresented in current global literature. By addressing this gap, future research can contextualize international models to regional realities, advancing more inclusive and locally resonant strategies.

From a social work perspective, future research should place greater emphasis on the frontline roles of social workers in the design, delivery, and evaluation of interventions. Despite being essential actors in cross-sector collaboration, case management, and trauma-informed care, their contributions are rarely centered in the literature. Research that examines the effectiveness of social work-led models, such as strengths-based practice, community engagement strategies, and culturally grounded outreach, would provide valuable guidance for practitioners and policymakers alike. Moreover, youth-participatory research methods that align with social work values of empowerment and collaboration should be prioritized to ensure that interventions are not only evidence-based but also youth-informed and socially responsive.

In sum, advancing the field of youth mental health intervention research requires both methodological innovation and disciplinary inclusivity. By addressing gaps in locality, design, and practices able to generate more effective, equitable, and context-sensitive solutions for at-risk youth in future research.

Significance And Implication of Study

This study offers critical insights into global strategies for addressing the mental health needs of at-risk youth, with a particular emphasis on institutionalized and justice-involved populations. By synthesizing a wide array of intervention models, the review highlights the global momentum toward integrated, culturally responsive, and youth-centered mental healthcare. The significance of this study lies in its ability to illuminate both the strengths and gaps in existing approaches. It underscores the importance of interdisciplinary collaboration and the adoption of holistic care models that recognize the complex, overlapping needs of vulnerable youth. Equally important is the study's emphasis on resilience-building and structured support systems, which have emerged as critical protective mechanisms in promoting positive mental health outcomes.

Implications for practice are substantial. The findings support the need for countries like Malaysia to contextualize and adapt effective international models, ensuring alignment with local socio-cultural dynamics. Furthermore, the study advocates for stronger workforce development, long-term monitoring, and inclusive program design especially involving youth as active stakeholders. These insights are especially relevant for policymakers, educators, mental health professionals, and juvenile justice stakeholders seeking to develop more sustainable and impactful intervention frameworks. Ultimately, this review contributes to the global dialogue on youth mental health by providing an evidence-based foundation for designing resilient, equitable, and collaborative systems of care that can transform how services are delivered to at-risk populations.

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Conflicts of Interest: The authors declare no conflict of interest.

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