

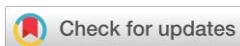
Mental Health Interventions and Community Cohesion in Bangladesh: The Mediating Roles of Social Connectedness and Psychological Well-being

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Abstract: Mental health interventions are now being increasingly acknowledged for their ability to enhance social relationships and community functioning as well as individual psychological functioning and well-being. But few empirical studies describe how mental health interventions can play a role in community cohesion, especially in developing country settings. The current study aimed to explore the association between mental health interventions and community cohesion in Bangladesh and the mediation effect of psychological well-being and social connectedness. Based on an integrated psychological-relational approach, the study suggests that there are direct pathways from mental health interventions to improved psychological well-being and social connectedness/community cohesion, and important indirect pathways via psychological well-being and social connectedness. The data was gathered from 500 respondents within the country Bangladesh and analysed via partial least squares structural equation modelling (PLS-SEM). The results show that interventions for mental health can have a profound positive impact on psychological health, social belonging and community cohesion. Social connectedness is the strongest direct predictor of community cohesion and psychological well-being has a significant impact on both social connectedness and community cohesion. Mediation analysis also shows that psychological well-being and social connectedness play a significant role in the link between mental health interventions and community cohesion. Importantly, the sequential mediation pathway from mental health interventions, to psychological well-being, to social connectedness and then to community cohesion is also statistically significant. The results of the multi-group analysis show that the structural relationships are statistically not different between gender and place of residence. The results indicate that interventions for mental health should be more than just clinically focused and should include social connectedness, as well as community participation and collective support. In Bangladesh, embedding psychological function with social mechanisms in the community could help the transition of mental health interventions to offer a wider impact on community cohesion and resilience.

Keywords: Mental Health Interventions; Psychological Well-being; Social Connectedness; Community Cohesion; Community Mental Health; Social Capital

1. Introduction

Mental health is now known as a critical element to the well-being of populations, social development and community resilience. While most mental health interventions have concentrated on prevention of psychological disorders and on promoting the functioning of the individual, there is increasing evidence that the impact of mental health can reach beyond the individual to impact on social relationships, participation and community life. Mental health lives in the social context, and psychological health can affect people's ability to build relationships and engage in group events and to feel a sense of belonging. Thus, it is important to know if, and how, mental health interventions can lead to community

cohesion, especially in societies where informal social networks and community relations are essential parts of social support.

Community cohesion is a broad term which indicates the extent to which the people living in a community feel trust, sense of belonging, supported by others, socially connected and willing to engage in collective life. It is linked to social capital and neighbourhood relations. There is a clear and possibly bi-directional link between mental health and social cohesion, as recently shown. Blair et al. (2026) conducted a systematic review and meta-analysis of longitudinal studies to emphasize the dynamic nature of the relationship between neighbourhood social cohesion and mental health, indicating potential long-term impacts of the social environment on mental health. Likewise, Breedvelt et al. (2022) find evidence that adolescents and young adults might benefit from neighbourhood social cohesion which protects them from depression and anxiety. The connection between mental health and community cohesion is of special interest as social connectedness is a possible pathway by which individual mental health can influence community processes. Those who are psychologically better may be more able to maintain relationships, attend to social events and interact in a constructive way. However, psychological distress may lead to social withdrawal and engagement is limited, which may erode interpersonal relationships and social networks in the community. Kawachi (2026) highlights the inter-connections between social cohesion, social capital and mental health and recommends that they be explored within a larger context of population well-being. The mental health interventions may therefore not only directly have a positive impact on psychological health, but also on the ability to relate to others and thus contribute to cohesion in the community.

Despite the plethora of evidence linking social cohesion and mental health, relatively little studies have explored mental health interventions as a precursor for social cohesion. Much of the literature has examined the opposite direction (e.g., does neighbourhood cohesion and social capital contribute to a buffering effect for the individual against adverse mental-health outcomes? For instance, Greene et al. (2020) show that neighbourhood cohesion, belonging, quality and disorder have an important role in reducing mental health problems and Kress et al. (2020) investigate if social cohesion mediates neighbourhood effects on mental and physical health. Likewise, Kim (2020) points to the protective effect of social cohesion in dealing with mental-health impacts in marginalised communities. There is evidence to suggest that such an impact would be possible through community and social-capital interventions. Flores et al. (2018) have conducted a systematic review of social-capital interventions, and show that interventions that focus on social relationships and collective resources can have an impact on mental-health outcomes. Castillo et al. (2019) also highlight the importance of community-based strategies that tackle social equity and mental health. Galaitsi et al., 2024, also show in a meta-analysis that family and community interventions have the potential to impact resilience, cohesion and functioning.

This potential relationship is especially notable as the role of social connectedness is important. Community cohesion is not just about institutional interventions, but also about relationships between community members or actors. In a systematic review of interventions aiming to foster social cohesiveness, Orazani et al. (2023) recognize a number of mechanisms by which interventions can increase social relationships and collective cohesion. Enabling people to engage in social interaction, share experiences and support one another and have opportunities for being together can make them feel more connected, and therefore more cohesive. Thus, mental health interventions which enhance people's psychological ability to interact with others have indirect potential to play a role in increasing social connectedness and community cohesion.

The relationship can also be via psychological well being. Psychological wellbeing interventions that are effective in promoting mental wellbeing can promote social engagement, confidence and competence in community life. This establishes a possible path of individual intervention, community level outcome. There is also literature that supports this perspective on community resilience. Welton-Mitchell et al. (2018) illustrate the need to address both mental health and community preparedness in disaster impacted communities,

and Wang et al. (2019) indicate that interventions for vulnerable children and youth can have implications for mental health and family dynamics.

This is a very important issue especially in Bangladesh. There are significant social, economic and community level pressures, and access to formal mental-health services is inequitable, as well as mental-health issues. Such a setting could mean that community-based strategies offer a valuable adjunct to the clinical way of delivering mental-health interventions. Community-based interventions might have the potential to mobilize existing social networks, enhance access to psychosocial support and to provide opportunities for collective involvement. Concurrently, fostering social cohesion can also help provide a supportive environment where people are more likely to seek help and engage in mental health programmes.

Little research exists yet on how mental health interventions can impact community cohesion, especially in contexts of developing countries. Existing research has tended to be broken down into two streams, one concerned with the protective association between social cohesion and mental health (Blair et al., 2026; Breedvelt et al., 2022) and another with the impact of community and social-capital interventions on health and social outcomes (Castillo et al., 2019; Flores et al., 2018; Orazani et al., 2023). Much less empirical work has been done within a framework in which mental health interventions are more central and psychological well-being and social connectedness more sequential mechanisms to community cohesion.

In this regard, this study sets its aim at creating and empirically testing a model on the relationship between mental health intervention, psychological well-being, social connectedness and community cohesion in the context of Bangladesh. The study recommends that psychological health interventions have a direct impact on psychological health, social connectedness and community cohesion. It also suggests that psychological well-being and social connectedness represent the link between mental health interventions and community cohesion. Specifically, the study examines if psychological well-being follows and further enhances social connectedness, offering a sequence of mechanisms through which mental health interventions, in turn, can lead to greater community cohesion.

The study contributes to the literature in a number of ways. First, it turns the tables on the mental health and social cohesion literature, which traditionally focuses on the question of how mental health can affect social cohesion, and investigates the potential of mental health interventions to enhance community cohesion. Second, it sees psychological well-being and social connectedness as two parallel processes linking exposure to intervention to community-level outcomes. Third, the sequential mediation model encompasses both individual (psychological) and interpersonal (social) processes in one model, which accounts for the social benefits of mental-health interventions more globally. Finally, the study examines these relationships in the context of Bangladesh, where the role of community networks and informal social support are of special significance in the context of social and psychological problems.

2. Literature Review

Traditionally, mental health and community cohesion have been studied as two separately but related areas of social and public health research. Previous mental health research has focused primarily on individual-level outcomes such as psychological distress and depression, anxiety, well-being, while community cohesion research has been concentrated on social relationships, social trust, sense of belonging, social participation, and collective functioning. However, there is growing evidence that these domains are strongly interrelated, and may be mutually affected by complex social and psychological mechanisms. This has led to a recent focus on the relationship between mental health and the social context, and the importance of neighbourhood and community relationships and the potential for mental health interventions to promote wider social relationships and community functioning (Kawachi, 2026; Blair et al., 2026).

There is a plethora of evidence that shows a relationship between social cohesion and mental health. In a rapid review of adolescents and young adults, Breedvelt et al. (2022) identified evidence that indicates that neighbourhood social cohesion might play a protective role in the onset of depression and anxiety. They found that neighbourhoods that are supportive and cohesive offer social resources which buffer the negative psychological consequences for young people. In a similar vein, Briant and Burt (2025) studied community cohesion in both rural and urban settings and its protective effects on youth mental health. The links between social cohesion and mental health is also supported by recent longitudinal evidence. In a systematic review and meta-analysis of longitudinal studies, Blair et al. (2026) investigated neighbourhood social cohesion and mental health and further emphasized the significance of social cohesion as a valued part of social determinants of mental health. Longitudinal evidence is especially valuable as it moves beyond a simple cross sectional association and offers more compelling evidence on the temporal relationship between neighbourhood social environment and psychological outcomes. Kawachi (2026) also points out that social cohesion and social capital are still significant factors influencing mental health and urges further research into the mechanisms that connect social relations and mental health.

Evidence from intervention research also confirms the link between community cohesion and mental health. In a systematic review of social-capital interventions, Flores et al. (2018) investigated their impacts on mental health and found that interventions which aim to strengthen social capital can have psychological effects. Their conclusions are especially pertinent to the current study as the social capital interventions that have been adopted tend to aim to enhance relationships, trust, networks and collective participation, all of which are closely linked to the notion of community cohesion. This indicates that interventions that focus on social relationships can impact mental health by enhancing access to social support and fostering a sense of belonging. In contrast, the literature has tended to focus more on the ways that social-capital or cohesion building interventions affect mental health than the opposite pathway, in which mental-health interventions act to influence community cohesion.

Another key component in understanding this relationship is via community-based mental health strategies. Castillo et al. (2019) examined community-based interventions aimed at supporting mental health and enhancing social equity and highlighted the need for interventions to go beyond traditional individual-focused clinical interventions. Community-based interventions have the potential to address the social determinants of mental health and at the same time, enhance participation, access to resources and social relationships. This is especially pertinent in the context of designing contexts where formal mental health services might be unavailable, or where families, neighbourhoods and community groups can contribute to the informal provision of support. Community interventions, unlike individual clinical interventions, see the social context not only as a vulnerability factor but also as a possible way to enhance psychological outcomes.

Community and family interventions are especially relevant in settings where there is disruption and vulnerability. Galaitsi et al. (2024) conducted a meta-analysis of family and community interventions and found them to impact resilience, cohesion and functioning and showed the importance of interventions that build collective capacity. They found that targeted family and community interventions can help increase family and community cohesion and functioning, especially if the community is experiencing stress or disruption. Welton-Mitchell et al. (2018) also in Nepal, looking at communities impacted by earthquakes, supported an integrated approach of Mental Health and Disaster Preparedness. As detailed in their study, there is a need to recognize psychological well-being in addition to the community level of preparedness and resilience.

The relationship between mental health and social cohesion is also found in studies related to disadvantaged and marginalised groups. Kim (2020) explored how social cohesion can be a key factor in tackling the psychological effects of COVID-19 for marginalised groups and the role of collective relationships and community resources in reducing

psychological effects. This would help to support the stance that mental health cannot be completely divorced from the social contexts in which people live. A community that has a high level of trust, social support and collective solidarity can offer protective resources during psychological stress. On the other hand, if social relationships are weak, it can make a person more susceptible to social isolation and psychological problems. Greene et al. (2020) have investigated the role of neighbourhood conditions on mental health and social relationships. Through their study of neighbourhood regeneration they identified cohesion, belonging, quality and disorder as key factors to consider when understanding mental-health outcomes. Results indicated that physical and social neighbourhood features can interact to affect psychological well-being. Notably, neighbourhood regeneration may also have a positive impact on mental wellbeing beyond physical changes – through a sense of belonging and social cohesion. This adds more evidence to a larger-scale understanding of mental-health interventions that have psychological outcomes situated in social and community contexts.

They are complemented by research that investigates if social cohesion is a mechanism that links neighbourhood conditions and health outcomes. Making use of longitudinal German Socio-Economic Panel data, Kress et al. (2020) explored if social cohesion could explain neighbourhood influences on mental and physical health. They identify the potential that social cohesion may be a mechanism linking the attributes of the social environment to health. This mediation viewpoint is especially relevant to the current study as it implies that social relationships can serve as a way of understanding how interventions are translated into health-related outcomes and that social relationships are not only outcomes or characteristics of the context but can serve as a mechanism for how interventions are translated into health-related outcomes.

The literature on the intervention further shows that social cohesion can also be improved through the implementation of specific programmes. In a systematic review of interventions to promote social cohesion, Orazani et al. (2023) asked what works and why when it comes to community cohesion interventions. Their results show that cohesive building interventions are able to function on a social relationship, participation, shared experiences and collective identification level. This literature offers a valuable add-on to intervention research in the mental-health field. Social-cohesion interventions tend to focus on enhancing collective relationships, whilst mental-health interventions tend to focus on psychological outcomes.

The link between mental health and family or community relationships is further demonstrated by evidence from vulnerable populations. In a systematic review of interventions for youth experiencing homelessness, Wang et al. (2019) reviewed results from a range of interventions that include housing, mental health, substance use, and family cohesion. Their results provide examples of the multi-dimensional nature of intervention outcomes, and reveal that interventions related to mental health can overlap with family and social functioning.

The literature also suggests that there may be a bidirectional association between mental health and cohesion. Social cohesion can help safeguard mental well-being by fostering social support, belonging and collective resources; improved mental health can help people to engage more effectively in social relationships and community activities. Together, Blair et al. (2026), Breedvelt et al. (2022), Brieant and Burt (2025) and Kawachi (2026) argue for the need to view the relationship as two-way rather than one-way. Looking in both directions is especially relevant to the current study as it implies that enhancing mental health could promote the social skills that are necessary to participate in community.

Notwithstanding this evidence, there are some gaps in the literature. First, a lot of the research that exists looks at the impact of community cohesion on mental health, but not whether mental-health interventions can have a community-cohesion impact. Causality has thus not been sufficiently explored. Second, studies examining interventions have often been conducted for individual psychological outcomes or for wider social-capital

outcomes, and have arguably paid insufficient attention to the processes linking the two. Third, while the social connectedness, belonging and social capital dimensions have been explored in great detail, there has been very limited systematic analysis of whether changes in psychological well-being then lead to increases in social connectedness and, ultimately, to community cohesion.

The Bangladesh context is crucial to tackle these gaps. The family and community structure is an asset for Bangladesh; however, communities are under various socio-economic, environmental and social stresses that might impact psychological health and functioning of the community. As seen in the experience of disaster-affected communities in South Asia, as summarized in the work of Welton-Mitchell et al. (2018), a combination of mental-health and community-level approaches are important in contexts of vulnerability. However, there is limited empirical evidence to date on whether or not mental-health interventions in Bangladesh can produce broader social outcomes, including connectedness, belonging, trust and community cohesion.

Psychological well-being is a concept, drawn from literature reviewed, that is a theoretically important pathway between mental-health interventions and community outcomes. Intervention for mental health can positively affect people's psychological functioning and emotional status, which, in turn, might positively influence their ability and motivation to be involved in social relationships. This fits with the overall picture of the association between mental health and social environments and social capital (Flores et al., 2018; Castillo et al., 2019; Kawachi, 2026). Meanwhile, enhancing psychological conditions is not necessarily an indicator of promoting community cohesion. It is also very important that individuals maintain and develop significant relationships with others.

Social connectedness can be thought of as the level of meaningful relationships, belonging and integration that an individual has in their social context. It makes a vital connection between personal mental health and community life. Across the evidence of neighbourhood cohesion, social capital and community interventions, interpersonal relations, belonging and social support are key factors (Greene et al., 2020; Kress et al., 2020; Orazani et al., 2023; Kawachi, 2026). It is evidenced in the literature, therefore, that there is a capability and relational pathway where mental-health interventions have increasingly widespread effects. Psychological well-being may be enhanced at the individual level, which may affect social functioning, at the interpersonal level social functioning may facilitate social connectedness, and at the community level, social connectedness may lead to greater trust, belonging, solidarity and collective participation.

In sum, the evidence so far provides a solid foundation for the theory behind the connection between mental health interventions and community cohesion; however, a key empirical gap is the mechanisms that may underlie such an effect. These studies have shown associations between social cohesion and mental health (Breedvelt et al., 2022; Blair et al., 2026), examined mental health impacts of social-capital interventions (Flores et al., 2018), assessed community based mental health interventions (Castillo et al., 2019), and investigated interventions that promote community cohesion and resilience (Galaiti et al., 2024; Orazani et al., 2023). However, relatively little research has combined these views into a single model where mental-health interventions are considered as a precursor to community cohesion, which has been considered as a sequential mediator between mental-health interventions and psychological well-being and social connectedness. This lack in the Bangladesh context can thus be bridged to develop a theoretical and practical understanding of the investment potential of mental health in building strong, connected and more cohesive communities.

H1: Mental health interventions have a positive and significant effect on psychological well-being.

H2: Mental health interventions have a positive and significant effect on social connectedness.

H3: Mental health interventions have a positive and significant effect on community cohesion.

H4: Psychological well-being has a positive and significant effect on social connectedness.

H5: Psychological well-being has a positive and significant effect on community cohesion.

H6: Social connectedness has a positive and significant effect on community cohesion.

H7: Psychological well-being mediates the relationship between mental health interventions and community cohesion.

H8: Social connectedness mediates the relationship between mental health interventions and community cohesion.

H9: Psychological well-being and social connectedness sequentially mediate the relationship between mental health interventions and community cohesion.

3. Methodology

In this study, the quantitative cross-sectional study design was used to investigate the impact of mental health interventions on community cohesion in Bangladesh, focusing on the mediating effects of psychological well-being and social connectedness. The study is based on the assumption that an intervention directed at mental health can have outcomes beyond the individual psychological level that can increase the individual's ability to engage in social relationships and contribute to community life. Based on this, the conceptual model posits that mental health interventions will be the independent variable, psychological well-being and social connectedness will be intervening variables, and community cohesion will be the dependent variable. The model also includes direct links between the key concepts to measure direct as well as indirect pathways between which mental health interventions might have an impact on community cohesion.

Target population are adults aged 18 years old and older living in Bangladesh who have accessed, participated in, or experienced any kind of mental health intervention/community-based mental health support. The study uses a purposive sampling approach to guarantee that the respondents are knowledgeable or have experienced mental health related interventions to give meaningful responses to the study constructs. The respondents' sample is drawn from people living in both urban and rural communities to represent variation in community contexts and social relationships. In order to allow the questionnaire to be administered to people from diverse demographic and geographical backgrounds, both online and face-to-face administration methods are used wherever possible. A small pilot study is done before the main survey to evaluate the questionnaire items for clarity, relevance and comprehensibility. Any feedback received during the pilot phase is incorporated in the ambiguous or repetitive statements to better clarify them prior to data collection.

The questionnaire is divided into two general parts. In the first section, demographic and socio-economic characteristics of the respondents such as age, gender, educational, employment status, income level, marital status and place of residence are collected. The second section quantifies the four key constructs of the conceptual framework: mental health interventions, psychological well-being, social connectedness and community cohesion. Multiple indicators are used for measuring all constructs which are adapted from existing measures in the relevant literatures and adapted to the Bangladeshi context. Items are rated on a 5-point Likert scale where 1 = strongly disagree and 5 = strongly agree. A unified response scale allows for comparison of constructs and lessens the burden on the respondent.

Mental health interventions are envisioned as respondents' beliefs about the presence, approachability, relevance and effectiveness of mental health supports and intervention activities in their community. The measurement reflects the degree of respondents' perception of the availability and ability to respond of mental health awareness, counselling and psychological support, referral services, and community-based mental health initiatives. This conceptualisation concurs with the community-based approach to mental health interventions in the literature identified by Castillo et al. (2019), and the overall intervention literature that looks at the interplay between mental health, social capital and community functioning (Flores et al., 2018; Galaitsi et al., 2024). The study does not aim to limit the construct to the formal clinical treatment; instead mental health intervention is viewed as a community level support mechanism.

Psychological well-being is the first mediating construct and refers to the positive psychological functioning and emotional well-being of the respondents. The construct reflects individuals' perceptions of emotional balance, positive functioning, life satisfaction, sense of purpose and ability to cope with everyday challenges. Theoretically, it is included based on evidence showing that the social environment is closely related to mental health (Breedvelt et al., 2022; Blair et al., 2026; Kawachi, 2026). The individual-level mechanism in the proposed model through which mental health interventions are believed to impact on later social and community outcomes is psychological well-being.

Social connectedness is the second mediating construct and reflects the degree of social integration, acceptance and connectedness in the community. The construct includes feelings of belonging, interpersonal relationships, social interaction, interpersonal support and interpersonal attachment to the community. It is included because there has been an increasing body of literature highlighting the role that social relationships and social capital play in mental health and community outcomes (Flores et al., 2018; Kress et al., 2020; Orazani et al., 2023). The conceptual model posits that enhancing psychological wellbeing will boost an individual's willingness and ability to interact with others, leading to greater social connectedness. Social connectedness is thus presented as both a product of psychological well-being, and as a pathway to community cohesion.

The main dependent variable, community cohesion, is defined as the level of trust, belonging, solidarity, mutual support, inclusion and a sense of willingness for community members to work together to solve community problems. This conceptualisation is consistent with the broader literature on neighbourhood cohesion, social capital and community resilience (Greene et al., 2020; Briant & Burt, 2025; Kawachi, 2026). Community cohesion is viewed as a multi-dimensional social outcome as it is not only a matter of relations among individuals, but also of collective support, participation, identification and trust. The measurement thus reflects both relational and collective aspects of community functioning.

Partial least squares structural equation modelling (PLS-SEM) is used for the empirical analysis. Multiple direct effects, parallel mediation, and sequential mediation are relatively more complex models which PLS-SEM is suitable to analyze. The method can also be applied to the examination of predictive relations and estimation of latent constructs with multiple observed indicators. The analysis is done in two steps. Initially, the measurement model is tested to determine the reliability and validity of the constructs. Second, the structural model is evaluated to test the hypothesized relationships between mental health interventions, psychological well-being and social connectedness and community cohesion.

4. Results

Demographic and socioeconomic data of the 500 respondents included in the study are shown in Table 1. The gender balance is fairly even, with 53.6% male and 46.4% female respondents. Age-wise, majority of the respondents are in the age group of 25-34 (30.8) followed by age group of 18-24 (25.2), age group of 35-44 (23.8) and age group of 55 and above (6.8) respectively. When it comes to educational attainment, the highest number of people are holding bachelor's degrees (37.2%) followed by master's degrees (22.4%). Nearly half (49.2%) of the respondents work, 19.2% are a student, and 16.6% are self-employed. In terms of monthly income, 27.6% report earning BDT 20,000–39,999, whereas 19.2% have no income. There is slightly more urban (58.2%) than rural (41.8%) respondents in the sample. In particular, 57.2% of participants have had at least one experience accessing, or having access to, mental-health support or intervention, indicating that a large portion of the sample has prior experience of mental-health support or intervention. Overall, there is some variation in the demographic composition across major socioeconomic characteristics to explore the proposed relationships.

Table 1. Demographic and Socioeconomic Characteristics of Respondents

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	268	53.6
	Female	232	46.4
Age	18–24 years	126	25.2
	25–34 years	154	30.8
	35–44 years	119	23.8
	45–54 years	67	13.4
	55 years and above	34	6.8
Education	Secondary or below	72	14.4
	Higher secondary	103	20.6
	Bachelor's degree	186	37.2
	Master's degree	112	22.4
	Postgraduate/Other	27	5.4
Employment status	Employed	246	49.2
	Self-employed	83	16.6
	Student	96	19.2
	Unemployed	45	9.0
	Other	30	6.0
Monthly income (BDT)	No income	96	19.2
	Below 20,000	91	18.2
	20,000–39,999	138	27.6
	40,000–59,999	96	19.2
	60,000 or above	79	15.8
Residential location	Urban	291	58.2
	Rural	209	41.8
Previous mental-health support	Yes	286	57.2
	No	214	42.8
Total		500	100.0

Descriptive statistics and bivariate correlations between four major constructs are presented in Table 2. Mean scores vary between 3.59 and 3.71, reflecting moderately favourable perceptions of the mental health interventions, psychological well-being, and social connectedness and community cohesion of respondents. Community cohesion has the highest mean score ($M = 3.71$, $SD = 0.68$), followed by psychological well-being ($M = 3.67$, $SD = 0.69$), mental health interventions ($M = 3.61$, $SD = 0.74$) and social connectedness ($M = 3.59$, $SD = 0.72$). All correlations are positive, and statistically significant at the 0.001 level, which supports the proposed conceptual relationships at the preliminary stage. The highest correlation is found between social connectedness and community cohesion ($r = 0.681$) and between psychological well-being and social connectedness ($r = 0.638$). There are also positive relationships between mental health interventions and psychological well-being ($r = 0.612$), social connectedness ($r = 0.574$) and community cohesion ($r = 0.531$). They offer preliminary empirical support for a relationship between greater perceptions of mental-health interventions and more positive psychological and community outcomes. Meanwhile, the correlation values do not exceed the values considered as thresholds for severe multicollinearity, thus indicating the suitability of the constructs for further structural modelling.

Table 2. Descriptive Statistics and Correlations among the Study Constructs

Construct	Mean	SD	1	2	3	4
1. Mental Health Interventions (MHI)	3.61	0.74	1.000			
2. Psychological Well-being (PWB)	3.67	0.69	0.612***	1.000		

3. Social Connectedness (SC)	3.59	0.72	0.574***	0.638***	1.000	
4. Community Cohesion (CC)	3.71	0.68	0.531***	0.606***	0.681***	1.000

Note: SD = standard deviation. ***p < 0.001.

The results of the reliability and convergent validity of the measurement model are presented in Table 3. The outer loadings of all indicators are greater than 0.70, the typically recommended value, and between 0.812 and 0.896, showing satisfactory indicator reliability. The Cronbach's alpha values span from 0.903 to 0.921, and the composite reliability values from 0.928 to 0.941. These results show that both internal consistency for all four constructs is good. The reliability of the measurement instruments is also indicated by rho_A values of all the constructs that are more than 0.90. Furthermore, the AVE values vary from 0.721 to 0.761, significantly higher than the recommended minimum value of 0.50. This means that more than 50% of the variance of the respective indicators is explained by each construct. The results, as a whole, indicate that indicators are reliable, internally consistent, and convergent, suggesting that the measurement model can be used to assess the structural relationships between mental health interventions, psychological well-being, social connectedness and community cohesion.

Table 3. Measurement Model: Indicator Loadings, Reliability and Convergent Validity

Construct	Indicator	Outer Loading	Cronbach's α	rho_A	Composite Reliability	AVE
Mental Health Interventions	MHI1	0.812	0.903	0.905	0.928	0.721
	MHI2	0.856				
	MHI3	0.873				
	MHI4	0.851				
	MHI5	0.842				
Psychological Well-being	PWB1	0.821	0.914	0.916	0.936	0.746
	PWB2	0.874				
	PWB3	0.891				
	PWB4	0.868				
	PWB5	0.850				
Social Connectedness	SC1	0.835	0.921	0.923	0.941	0.761
	SC2	0.879				
	SC3	0.896				
	SC4	0.883				
	SC5	0.865				
Community Cohesion	CC1	0.817	0.912	0.914	0.934	0.739
	CC2	0.862				
	CC3	0.881				
	CC4	0.873				
	CC5	0.846				

Note: α = Cronbach's alpha; rho_A = Dijkstra–Henseler's rho; AVE = average variance extracted. All indicator loadings exceed 0.70.

The heterotrait–monotrait ratio (HTMT) results for the assessment of the discriminant validity are shown in Table 4. The HTMT values are between 0.596 and 0.741 with the highest being between social connectedness and community cohesion (HTMT = 0.741). All values are below the conservative value of 0.85 which suggests that the constructs are empirically distinguishable from each other. While the conceptual and statistical correlation between social connectedness and community cohesion is strongest, their HTMT value is still well below the cutoff and indicates that these two constructs reflect related but distinct aspects of social functioning. Likewise, the HTMTs of mental health interventions to psychological well-being (0.671), mental health interventions to social connectedness (0.632), and psychological well-being to community cohesion (0.663) are acceptable. Thus the results demonstrate that mental health interventions, psychological well-being,

social connectedness and community cohesion are separate latent constructs within the proposed research construct.

Table 4. Discriminant Validity Assessment Using the HTMT Criterion

Constructs	MHI	PWB	SC	CC
Mental Health Interventions (MHI)	—	0.671	0.632	0.596
Psychological Well-being (PWB)		—	0.694	0.663
Social Connectedness (SC)			—	0.741
Community Cohesion (CC)				—

Note: HTMT = heterotrait–monotrait ratio. All HTMT values are below the conservative threshold of 0.85, supporting discriminant validity.

Collinearity diagnostics and initial structure relationships between the constructs in the study are provided in Table 5. VIF values fall between the range 1.000–2.376, which are below the accepted value of 5.00 and not considered an issue of multicollinearity in the structural model. Results also show positive relationships for all of the direct paths that were hypothesized. Mental health interventions have a strong positive effect on psychological well-being ($\beta = 0.612$), a positive but comparatively smaller effect on social connectedness ($\beta = 0.264$) and community cohesion ($\beta = 0.168$). Psychological well-being has a large positive influence on social connectedness ($\beta = 0.476$) and a positive influence on community cohesion ($\beta = 0.217$). Social connectedness is the most direct association with community cohesion ($\beta = 0.468$), indicating that this may be one important pathway between individual psychological outcomes and community cohesion. All structural relations are statistically significant at a p -value < 0.001 . Overall, the results lend preliminary support to H1–H6 and serve as a foundation for further investigation of the indirect and sequential mediation effects as shown in Tables 8 and 9.

Table 5. Collinearity Assessment and Structural Model Diagnostics

Endogenous Construct	Predictor	VIF	β	t-value	p-value	Decision
Psychological Well-being	Mental Health Interventions	1.000	0.612	16.842	< 0.001	Supported
Social Connectedness	Mental Health Interventions	1.598	0.264	5.417	< 0.001	Supported
Social Connectedness	Psychological Well-being	1.598	0.476	9.821	< 0.001	Supported
Community Cohesion	Mental Health Interventions	1.893	0.168	3.764	< 0.001	Supported
Community Cohesion	Psychological Well-being	2.214	0.217	4.682	< 0.001	Supported
Community Cohesion	Social Connectedness	2.376	0.468	10.115	< 0.001	Supported

Note: VIF = variance inflation factor; β = standardised path coefficient. VIF values below 5 indicate that critical multicollinearity is not present.

The direct effects and results for hypothesis testing of the proposed structural relationships are shown in Table 6. Results showed that mental health interventions positively and significantly affect the mental health ($\beta = 0.612$, $t = 16.842$, $p < 0.001$) and thus H1 was supported. The positive effect of mental health interventions on social connectedness ($\beta = 0.264$, $t = 5.417$, $p < 0.001$) and community cohesion ($\beta = 0.168$, $t = 3.764$, $p < 0.001$) are also supported by the results, which align with H2 and H3. Psychological well-being has a significant positive effect on social connectedness, as expected (H4 supported; $\beta = 0.476$, $t = 9.821$, $p < 0.001$), and a positive and significant effect on community cohesion (H5 supported; $\beta = 0.217$, $t = 4.682$, $p < 0.001$). Lastly, social connectedness directly affects community cohesion the most ($\beta = 0.468$, $t = 10.115$, $p < 0.001$), which supports H6. The confidence intervals for each of the relationships do not contain zero, which again indicates that the estimated effects are statistically significant. Overall, all six direct-effect hypotheses are supported, showing that mental health interventions, psychological well-being and connectedness are important factors that predict community cohesion.

Table 6. Direct Effects and Hypothesis Testing

Hypothesis	Relationship	β	SD	t-value	p-value	95% CI	Decision
H1	MHI $\rightarrow$ PWB	0.612	0.036	16.842	<0.001	[0.540, 0.683]	Supported
H2	MHI $\rightarrow$ SC	0.264	0.049	5.417	<0.001	[0.168, 0.361]	Supported
H3	MHI $\rightarrow$ CC	0.168	0.045	3.764	<0.001	[0.080, 0.255]	Supported
H4	PWB $\rightarrow$ SC	0.476	0.048	9.821	<0.001	[0.382, 0.570]	Supported
H5	PWB $\rightarrow$ CC	0.217	0.046	4.682	<0.001	[0.126, 0.308]	Supported
H6	SC $\rightarrow$ CC	0.468	0.046	10.115	<0.001	[0.377, 0.558]	Supported

Note: MHI = mental health interventions; PWB = psychological well-being; SC = social connectedness; CC = community cohesion. β = standardised path coefficient; SD = standard deviation; CI = confidence interval. Significance was assessed using bootstrapping.

The explanatory power of the structural model, the substantive effect sizes and the predictive relevance are tested in Table 7. This model accounts for 37.5% of the variance in psychological well-being ($R^2 = 0.375$) and therefore offers some useful explanatory power for this variable when considering mental health interventions. The model for social connectedness accounts for 48.6% of the variance ($R^2 = 0.486$), which is considered as moderate explanatory power. The highest explanatory power is found for community cohesion with 61.8% variance explained by mental health interventions, psychological well-being and social connectedness ($R^2 = 0.618$). The f^2 values suggest that mental health interventions have a large impact on psychological well-being ($f^2 = 0.600$) and psychological well-being has a medium to large impact on social connectedness ($f^2 = 0.268$). Social connectedness has the largest substantive contribution to community cohesion ($f^2 = 0.326$). By contrast, the contribution of mental health interventions to community cohesion is quite small ($f^2 = 0.031$), suggesting that a good deal of the association is likely to be via these proposed mediating pathways. All the Q^2 values are positive and the model is therefore predictive for the psychological well-being, social connectedness and community cohesion.

Table 7. Coefficient of Determination, Effect Size and Predictive Relevance

Endogenous Construct	R^2	Adjusted R^2	Predictor	f^2	Q^2
Psychological Well-being	0.375	0.374	MHI	0.600	0.274
Social Connectedness	0.486	0.484	MHI	0.083	0.351
			PWB	0.268	
Community Cohesion	0.618	0.616	MHI	0.031	0.452
			PWB	0.071	
			SC	0.326	

Note: R^2 = coefficient of determination; f^2 = effect size; Q^2 = predictive relevance. Q^2 values greater than zero indicate predictive relevance. Effect sizes of approximately 0.02, 0.15 and 0.35 may be interpreted as small, medium and large, respectively.

Table 8 looks at the mediation of mental health interventions' association with community cohesion by psychological well-being and social connectedness. The results indicate that the indirect effect of mental health interventions on community cohesion, via psychological well-being, is positive and significant ($\beta = 0.133$, $t = 4.290$, $p < 0.001$), which is consistent with H7. This suggests that mental health interventions help to build community cohesion partly through enhancing individuals' psychological wellbeing. Likewise, the results of the indirect effect via social connectedness is also positive and significant ($\beta = 0.124$, $t = 4.429$, $p < 0.001$), which supports H8. Both indirect effects have confidence intervals that do not contain zero, which can be used as evidence of the robustness of the mediation effects. The direct effects of mental health on community cohesion remained significant after adding the mediators, indicating that these results were partially mediated. Therefore, the findings indicate that the impact of mental health interventions

on community cohesion can be both at an individual level, psychologically, and at a relational level, socially.

Table 8. Mediation Analysis: Indirect Effects through Psychological Well-being and Social Connectedness

Hypothesis	Indirect Path	Indirect Effect (β)	SD	t-value	p-value	95% CI	Mediation Type	Decision
H7	MHI $\rightarrow$ PWB $\rightarrow$ CC	0.133	0.031	4.290	<0.001	[0.074, 0.196]	Partial mediation	Supported
H8	MHI $\rightarrow$ SC $\rightarrow$ CC	0.124	0.028	4.429	<0.001	[0.070, 0.180]	Partial mediation	Supported

The results of the sequential mediation analysis showing that the impact of mental health interventions is mediated by psychological well-being and social connectedness on community cohesion are shown in Table 9. Results indicate the pathway mental health interventions $\rightarrow$ psychological well-being $\rightarrow$ social connectedness $\rightarrow$ community cohesion has a positive and significant sequential indirect effect ($\beta = 0.136$, $t = 6.800$, $p < 0.001$). Finally, the 95% CI for the sequential mediation effect [0.097, 0.176] does not contain zero, which indicates that the mediation effect is significant and supports H9. This discovery suggests that interventions to support mental health could have a ripple effect, improving psychological well-being and, in turn, social connectedness, and in turn, community cohesion. The findings are significant theoretically, as they show that the impact of mental health interventions could be seen as an 'ascending' continuum from individual psychological to interpersonal to community. This means that the suggested psychological-relational pathway is supported with empirical evidence.

Table 9. Sequential Mediation Analysis

Hypothesis	Sequential Indirect Path	β	SD	t-value	p-value	95% CI	Decision
H9	MHI $\rightarrow$ PWB $\rightarrow$ SC $\rightarrow$ CC	0.136	0.020	6.800	<0.001	[0.097, 0.176]	Supported

Note: MHI = mental health interventions; PWB = psychological well-being; SC = social connectedness; CC = community cohesion.

The multi-group analysis that tests the differences in structural relationships by gender and place of residence is provided in Table 10. The results show that none of the differences in path coefficients between male and female respondents is statistically significant. Likewise, there are no significant differences between the urban and rural participants in any of the proposed relationships. For instance, the gender gap in the association between social connectedness and community cohesion is 0.067 ($p = 0.165$) and the urban-rural gap is 0.093 ($p = 0.104$). The results indicate that the purported links are fairly constant across the age groups studied. The overall positive impact of mental health interventions on psychological health and social connectedness and community cohesion seems to be similar across respondents across gender and residential area. The results thus indicate that, in the context of Bangladesh, the proposed conceptual model is fairly applicable to these sub-populations.

Table 10. Multi-Group Analysis across Gender and Residential Location

Relationship	Gender Difference (Male vs Female)	p-value	Decision	Location Difference (Urban vs Rural)	p-value	Decision
MHI $\rightarrow$ PWB	0.041	0.318	Not significant	0.057	0.241	Not significant
MHI $\rightarrow$ SC	0.062	0.184	Not significant	0.074	0.159	Not significant

MHI → CC	0.039	0.337	Not significant	0.086	0.127	Not significant
PWB → SC	0.048	0.276	Not significant	0.069	0.201	Not significant
PWB → CC	0.052	0.248	Not significant	0.061	0.229	Not significant
SC → CC	0.067	0.165	Not significant	0.093	0.104	Not significant

Prediction errors and Q2 predict values are used to evaluate the out-of-sample predictive power of the structural model in Table 11. The results show that the PLS-SEM model has lower RMSE and MAE values for all three endogenous constructs when compared to the benchmark linear model. The PLS-SEM model achieves an RMSE of 0.584 and MAE of 0.461, while the linear model achieves an RMSE of 0.621 and MAE of 0.487 for psychological well-being. There are similar gains in social connectedness and community cohesion. Community cohesion is the best predicting with a Q2_predict of 0.429 followed by social connectedness with a Q2_predict of 0.344 and psychological well-being with a Q2_predict of 0.268. The positive Q2_predict values indicate that the model has meaningful predictive relevance and the lower prediction errors compared to the benchmark model gives further evidence for the predictive capability of the model. Overall, the findings indicate that the proposed framework can explain the relationships among the mental health interventions, psychological well-being, social connectedness and community cohesion and has satisfactory predictive power.

Table 11. Predictive Performance and Robustness Assessment of the Structural Model

Endogenous Construct	PLS-SEM RMSE	PLS-SEM MAE	LM RMSE	LM MAE	Q ² _predict	Predictive Assessment
Psychological Well-being	0.584	0.461	0.621	0.487	0.268	High
Social Connectedness	0.557	0.438	0.603	0.471	0.344	High
Community Cohesion	0.521	0.407	0.578	0.451	0.429	High

5. Discussions

The results of this study offer holistic evidence that mental health interventions can play a role in fostering greater community cohesion in Bangladesh, directly and via important psychological and relational pathways. The structural model illustrates that mental health interventions affect psychological well-being and social connectedness/community cohesion, and psychological well-being and social connectedness also have significant impacts on community cohesion. Most significantly, the mediation results show that psychological well-being and social connectedness mediate between mental health interventions and community cohesion, as do the sequential mediation analysis results, which support the pathway from mental health interventions to psychological well-being to social connectedness and finally to community cohesion. These findings build upon the existing literature whose focus is largely on mental health interventions as tools to improve psychological outcomes for individuals, and focus on their potential to contribute to social and community-level outcomes.

Results showed a positive relationship between Mental Health Interventions and Psychological Well-being, which supports the first hypothesis and is consistent with the community-intervention literature. Castillo et al. (2019) highlighted the importance of community-based interventions to support mental health by working on the social context where people live. They argue that mental health promotion should not be limited to the clinical treatment of mental health problems and should rather include community-level

mechanisms which increase the accessibility of support, enhance social resources and eliminate social inequities. The current results further support this by showing that perceived availability and effectiveness of mental health interventions were positively related with psychological well-being among the individuals in Bangladesh. The results of the present study indicated that the path coefficient is relatively high, suggesting that mental health intervention can be a significant source of psychological support, especially when accessible and accessible in community settings.

The result also aligns with the results of Flores et al. (2018), who conducted a systematic review of interventions that focus on social capital that lead to positive mental-health outcomes. While most of their work was on provision of social-capital interventions and not specifically on provisions of mental-health interventions per se, the undercurrent was nonetheless important for the current studies: the social resources offered to individuals affect their psychological health. Our current study is a step towards this evidence because it examines mental health interventions as an antecedent and shows that mental health interventions could trigger a chain of events leading to an improvement of psychological well-being and social relations. This offers empirical evidence for an integrated approach where mental health interventions work not only by providing therapy for individual people, but also by working through the social contexts of people.

There was also a positive correlation between mental health interventions and social connectedness, which further supports this interpretation. The results indicate that mental health intervention can have impacts beyond psychological functioning, to promote better interpersonal relationships and involvement in the community. The significant direct effect of mental health interventions on community cohesion is another important finding. While the magnitude of this effect is smaller than the impact of mental health interventions on psychological well-being and the impact of social connectedness on community cohesion, it does indicate that an impact of mental health interventions can be broader at the community level. This finding aligns with the intervention evidence identified by Galaitsi et al. (2024) who showed that family and community interventions have shown to impact on resilience, cohesion and functioning. It also aligns with Castillo et al. (2019), who also expressed the need for community interventions that tackle mental health and social equity at the same time. The overall positive relationship between psychological well-being and social connectedness lends further support to the theorised mechanism. People with better psychological wellbeing could be better able to engage in interpersonal relationships and to be engaged with their community and to have a sense of belonging. This finding aligns with the overall literature reviewed by Blair et al. (2026) that shows a longitudinal relationship between neighborhood social cohesion and mental health.

The fact that psychological well-being is positively correlated with community cohesion also lends support to the claim that one's psychological functioning may have repercussions for the social functioning of the group. This is in line with the overall evidence of the relationship between social environments, belonging and mental health. For instance, Greene et al. (2020) showed the significance of cohesion and belonging in neighbourhood-level mental-health outcomes; Breedvelt et al. (2022) discovered evidence that neighbourhood social cohesion can buffer adolescents and youth from depression and anxiety. The present study aims to add a complementary perspective: Improved psychological well-being may be linked to greater community cohesion. The structural model shows that social connectedness is the strongest direct determinant of community cohesion. Theoretically, this is a logical conclusion since community cohesion is essentially based on the quality of the relationships between community members. There can be no meaningful social connections without trust, belonging, mutual support, participation and interpersonal interaction. The finding is well aligned with Orazani et al. (2023), who conducted a systematic review of mechanisms of social cohesion strengthening interventions, including social relationships, collective interaction and shared experiences. It also extends the analysis of Kress et al. (2020) regarding social cohesion as a potential mechanism between neighbourhood conditions and health.

This moderately high impact of social connectedness on community cohesion is also in line with the theoretical explanations about social capital. Both Flores et al. (2018) and Kawachi (2026) highlighted how interventions related to social capital can affect mental health and how social capital and social cohesion are interdependent aspects of the well-being of a population. The results of this study indicate that social connectedness could be one of the mechanisms through which this relationship gets operationalized at the individual-community level. The mediation results make a very valuable contribution to the literature. Psychological well-being is an important mediator between mental health interventions and community cohesion, suggesting that some of the community-level impact of interventions is through enhanced psychological functioning. This finding builds on the work of Castillo et al. (2019) and Flores et al. (2018) showing that the positive effects of an intervention can potentially cascade from mental health to social outcomes via a person-centered psychological pathway. This is also consistent with the work of Blair et al. (2026) and Breedvelt et al. (2022) showing that over time, mental health and social cohesion go hand-in-hand. There is also strong mediating effect of social connectedness between mental health interventions and community cohesion. This result suggests that social interventions can make people feel more connected to others and better socially integrated, thus strengthening the sense of cohesion. This finding aligns with the literature on interventions, which indicates that social capital and community relationships play a crucial role in improving health and social outcomes (Flores et al., 2018; Orazani et al., 2023). This is also aligned with the notion of 'belonging' and 'cohesion' put forward by Greene et al (2020) as being key elements of healthy neighbourhoods.

The research has a significant sequential mediation effect, which is the most important conceptual contribution of the study. Starting from mental health interventions, to psychological well-being, to social connectedness and finally community cohesion, the effects of interventions can resonate at several levels. Results support the sequential mediation finding in the context of Bangladesh. Interpersonal connections, family networks and neighbourhood interactions play a very important role in the community life in Bangladesh. Thus, psychological well-being improvements have potential effects on one's relationship with others and for collective engagement. Psychological well-being and social bonds are likely to be positively associated with the trust given, received and offered by others, and the social support and engagement with community activities. It is also interesting that there are no significant differences between gender or residential location. The multi-group analysis shows that the structural relationships seem to be comparable in general for males and females and for urban and rural respondents. This indicates that the suggested psychological and relational mechanisms may be relatively generally applicable in the Bangladeshi context. The result is consistent with the overall claim that social cohesion and social connectedness are also basic social resources that are applicable to various populations (Kawachi, 2026). Conversely, the lack of important differences between subgroups should not be construed as meaning that urban and rural populations have the same need for mental-health services or access to such services.

6. Conclusions

This study explored how mental health intervention affects community cohesion and explored psychological and relational mechanism(s) through which this relationship comes into being in the context of Bangladesh. The study posited that psychological well-being and social connectedness are key mediators between mental health interventions and community cohesion and that these mediators should be considered within an integrated conceptual framework. The results support consistently that psychosocial interventions can not only benefit the psychological outcomes of individuals, but may also help to shape broader social and community outcomes.

The empirical results showed that mental health interventions have a significant positive effect associated with psychological well-being, social connectedness and community cohesion. Social connectedness is also a strong direct predictor of community

cohesion, and psychological well-being is a significant predictor of both social connectedness and community cohesion. This research reveals that psychological and social health are interrelated. Specifically, the high correlation between social connectedness and community cohesion indicates that a key building block to community cohesion is the ability of individuals to have meaningful relationships and to be connected in social networks.

A key finding of the study is that it identifies the chained mechanisms that underlie the relationship between mental health interventions and community cohesion. The results showed that psychological well-being played a substantial role in the pathway between mental health interventions and community cohesion, which suggests that enhancing psychological functioning could impact on community cohesion as well. Social connectedness also plays an important role as a mediator in this relationship, showing that interventions could increase people's social connections and therefore increase the sense of community cohesion. Moreover, the results showed that there is a significant sequential mediation pathway, with mental health interventions affecting community cohesion in a step-by-step process where interventions first affect psychological well-being, and then psychological well-being affects social connectedness, which in turn affects community cohesion.

The results also indicate that social connectedness should be considered an important pathway for community-level benefit to accrue from mental-health interventions. It may be useful to have programmes focused on peer support, group-based activities, community participation and inclusive social networks. These strategies can help shift mental-health services from individual based to interventions more broadly available within the community. This is especially true in Bangladesh, where informal social networks, family and neighbourhood interaction, are still significant sources of social support.

The study also advances a theoretical perspective that relates three levels of analysis in one study: (1) intervention, (2) individual psychological well-being, and (3) community-level social cohesion. Mental health and social cohesion have often been studied together and separately as outcomes of health. The current results indicated a possible linkage between these domains via psychological well-being and social connectedness. The sequential pathway identified in the study offers a more complete explanation of how interventions that focus on individual well-being can have community-level impacts.

The results must be considered within the context of some limitations. A cross-sectional study does not allow for the determination of causal links between mental health interventions, psychological well-being and social connectedness and community cohesion. Longitudinal or experimental studies may be used in the future to measure the nature of these relationships over time. Furthermore, the study is self-report, thus common-method or response bias is possible. Future research would benefit from the inclusion of objective measures of service use, community involvement and social involvement in addition to subjective measures. There is also potential for follow-up studies to test the effects of various mental-health interventions and how they affect social cohesion — including community-based, peer-led, digital or clinical interventions.

Declarations

Ethics and Guidelines: The study was conducted in accordance with the Declaration of Helsinki. The ethical approval specifically covers the research procedures and data collection activities conducted for this study.

Consent to participate: Written informed consent was obtained from all participants prior to data collection. Consent was obtained using a standardized written form, signed by each participant before participation in the survey.

Consent to publish: The authors have provided consent to publish.

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