

MENTAL WELLNESS AND RESILIENCE EDUCATION: ALTERNATIVE FOR THE PROMOTION AND PREVENTION OF MENTAL HEALTH

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Abstract

The World Health Organization defines Mental Health as a state of mental well-being that allows people to cope with stressful life situations, develop their skills, learn, work adequately and contribute to the improvement of their environments of influence. The objective of this paper is to present a strategic approach to psychoeducational intervention focused on the salutogenic factors that cause and sustain it over time for its promotion and prevention. Its deterioration persists worldwide, especially in the younger generations and in the dimension of social connectedness. Mental wellbeing is lower in more developed countries and higher in Latin America and Africa, there is a negative correlation with cultural and economic indicators, the gender gap is greater in Spanish-speaking Latin American countries, and having a higher level of education and employment is associated with greater mental wellbeing. Venezuelans are dealing with situations that could be restricting their full potential, being the most vulnerable: women, over 65 years old, poor, less educated and young people between 18 and 24 years old. The skills linked to Mental Wellbeing and Resilience can be taught and learned, becoming a strategic focus for the promotion and prevention of Mental Health and transcendent healthy human development. It requires networking and alliances between all the actors involved, creating various forms of support and intervention that provide people with agency and autonomy, built with and for the communities.

Key words: Mental Health, Mental Well-being, Resilience, Promotion and Prevention.

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INDEX

Abstract	35
Introduction	39
Objective	40
Development	40
Panorama of Mental Health in the world and in Venezuela	40
Analysis and Explanation	43
Conclusions	47
References	48

Introduction

Mental health is a state of mental wellbeing that allows people to cope with life, the stressful situations it entails, develop their skills, learn and work adequately and contribute to the improvement of their environments of influence. It is a state that transcends the absence of mental disorders representing a human right, essential for personal, community and socioeconomic development (World Health Organization, 2020; Lomas et al., 2020; Zavarce and Garassini, 2014). It results from the experience of resisting adversity, overcoming it by facilitating positive transformation, the construction of positive meanings in the face of pain experienced, experiencing well-being, confidence in oneself and in others, finding a sense of transcendence to positively impact the lives of others and the environment. From this perspective, the objective of this document is, from the analysis of the current panorama of mental health in the world and in Venezuela, to present a strategic approach of psychoeducational intervention focused on the salutogenic factors that cause and sustain it in time for its promotion and prevention. This invites to broaden the look oriented towards what works, to maximize what protects and to procure the mechanisms for that experience to live in people and in the different human systems. It implies the development of Mental Well-being and Resilience, whose abilities represent powerful capacities to achieve a *positive* and protective *emotional state of* physical and psychological health, the cultivation of a compassionate *way of thinking* towards oneself and others, nurtured by expectations of the possible and hopeful future; developing an *adaptive way* of interpreting reality and having the *resources of a healthy character* to face life, adversities, grow and transcend positively in the environments of influence.

Based on this perspective of healthy and sustainable human development, a strategic proposal is built that values Positive Education and psychoeducational intervention, organized in dimensions to be strengthened in the capacities of Mental Well-being and Resilience, which are: 1) Awareness, 2) Healthy thoughts and narratives, 3) Healthy emotional management and functional coping strategies, 4) Connection and secure bonds, 5) Meaning and purpose in life, 6) Cultivating sense of transcendence and spirituality, 7) Cultivating commitment and fluency, 8) Financial balance and entrepreneurship, and 9) Physical exercise and balanced nutrition.

Objective

The main objective of this paper is to describe a strategic proposal for psychoeducational intervention focused on the **salutogenic factors** that create and sustain Mental Health over time, for its promotion and prevention.

Development

Panorama of Mental Health in the world and in Venezuela

The WHO (2020) declared that the world did not reach most of the mental health goals set for 2020. In response, the Comprehensive Mental Health Action Plan (CHAP) 2013-2020 was revised and expanded (WHO, 2022a), with the main purpose of further promoting mental health and well-being for all, preventing mental health conditions for those at risk, and achieving universal coverage of mental health services. It involved updating the indicators and program proposals, while maintaining the original four main objectives, which are: a) More effective leadership and governance for mental health; b) The provision of comprehensive and integrated mental health and social care services in community settings; c) Implementation of promotion and prevention strategies; d) Strengthening of information, evidence and research systems.

It also stated the increase in mental disorders, specifying as alarming data that one out of every eight people in the world suffers from one, aggravating the situation by not having adequate and frequent care. They report that 76% to 85% of people with a diagnosis of serious mental illness in low-income countries and 35% to 50% in high-income countries do not receive treatment (WHO, 2022b; WHO, 2023); someone commits suicide every 40 seconds with an annual loss of more than 700,000 lives, making it the leading cause of death in the world (WHO, 2022b; WHO, 2023). 000 lives, making it the fourth leading cause of death in adolescents and young people between 15 and 29 years of age worldwide and the third in the Americas in young people between 20 and 24 years of age (Pan American Health Organization, 2021; PAHO, 2023a; PAHO, 2023b). With respect to the 2019 burden of disease study, mental disorders are reported among the top ten causes of burden with no global reduction since 1990 (Global Burden of Diseases, 2022).

On the other hand, the “Mental Health of the Million” project, led by the Sapien Labs Organization, provides an evolving global map of mental well-being in the world, compiling assessments of the Mental Health Quotient (MHQ). They report in their 2nd edition on a total sample of 223,087 people with internet access, covering 34 countries in 6 continents in English, Spanish, French and Arabic (Sapien Labs, 2022). The 3rd edition collected data on the mental state of 500,000 people, in 71 countries, 13 languages and 8 regions of the world (Sapien Labs, 2024). The purpose of the study was to provide detailed data on the drivers of Mental

Health that can be used for the design of social policies and interventions that are supported by evidence.

They define Mental Health as a state of mental well-being, measured through the Mental Health Quotient (MHQ) instrument, encompassing emotional, social and cognitive aspects, clinical symptoms and positive resources of mental functioning, from the individual's assessment of how they feel their internal state affects their ability to function within their own life context. They highlight trends in terms of age, gender, employment and education, placing them on a scale ranging from "Suffering" to "Thriving" providing mental health profiles from negative or clinical engagement to thriving. In addition, they detail the possible key drivers of the trends found and calculate six functional dimensions of Mental Well-Being: (a) Drive and Motivation (Ability to work towards the achievement of desired goals and persistently complete daily activities); (b) Mood and Perspective (Ability for emotional management and regulation with constructive and optimistic attitude towards the future); (c) Cognition (Ability to perform basic cognitive functions, make sense of events as a whole with long-term perspectives between thoughts and behavior); d) Social self (Interaction skills, self-perception and relationship with respect to others); e) Adaptability and Resilience (Ability to change behaviors and perspectives on variable situations facing the challenges that arise) and f) Mind-body connection (Balance between body and mind). Finally, the test used captures demographics, lifestyle factors, trauma and adversity, providing a rich context for understanding key risk drivers (Newson and Thiagarajan, 2020; Kral et al., 2024).

The most recent reports highlight that in the total sample:

- 38% of the total sample are in the "Achieving and Thriving" (MHQ 100 to 200) ranges, indicating an appreciation of successfully managing life's ups and downs and valuing progress or growth.
- 35% between "Managing and Enduring" (MHQ 0 to 100) indicating a perception ranging from considering going through some natural ups and downs that may be restricting full potential in mental health, to facing challenges that may restrict the ability to enjoy life and affect mental well-being.
- The 27% "Struggling and Distressed" (MHQ 0 to -100), reflects that the person may be experiencing significant difficulties that affect their daily functioning, interpersonal relationships, work and/or academic performance, among other things. This represents a relevant risk for development and may present mental health problems (Sapien Labs, 2024).

The deterioration of global mental health generated by the COVID-19 pandemic has stopped, however, it has not reached the levels described before the pandemic. There is also a marked trend of progressively decreasing *MHQ* scores in each younger age group, with

the lowest scores for the 18-24 age group. Younger generations show higher percentages of people “Suffering” or “Struggling”, in countries in Africa, Asia, Europe and the Americas, showing a significant deviation from the trends compared to the results of studies prior to 2010 where better results were obtained in related surveys. With respect to the dimensions of Mental Well-being that report specific functionings, in “Adaptability and Resilience” and “Drive and Motivation” the scores were the highest in most countries, while “Mood and Perspective” and “Social Self” showed the lowest scores. Specifically in Venezuela the score obtained places it in 7th place of the total group of countries with a total MHQ of 83 (Managing) and like most countries, the dimensions of “Adaptability and Resilience” and “Drive and Motivation” presented the highest scores placing them in the “Achieving” range (MHQ 104 and 100, respectively). From an overall look, the mental well-being scores and what was reported in the “Distressed or Struggling” range show the same population percentage when compared to previous reports (Sapien Labs, 2024).

These data highlight the alarming deterioration of mental well-being in the younger generations in all countries sampled, and specifically in the deterioration of the Social Self dimension. The trends suggest that aggregate social mental well-being and social Self will continue to decline in the children and youth who will be the adults of the future in the next two decades. Also, aggregate mental well-being was lowest in the richest and Anglo countries (United Kingdom and Australia) and highest in Latin American and African countries (Tanzania, Nigeria, Venezuela and the Dominican Republic). The negative correlation with economic indicators such as GDP per capita and the Human Development Index is surprising. This contradicts the notion that economic growth increases well-being. The gender gap was more pronounced in Spanish-speaking Latin American countries and higher levels of education and employment are associated with higher Mental Health Quotient (MHQ) scores (Sapien Labs, 2022; Sapien Labs, 2024).

Three highly relevant findings emerge from the results presented above. First, the relationship observed between the age at which the first smartphone is obtained and mental health. The earlier in age it is acquired, the greater the deterioration in mental health in adulthood, especially in the dimension of the “Social Self” and producing symptoms of clinical commitment (suicidal thoughts, feelings of separation from the world and aggression towards other people). The second finding refers to the type of food and the consumption of highly processed foods, indicating that the higher the frequency of consumption, the lower the mental well-being at all ages, impacting symptoms associated with depression, emotional control and cognition. Finally, the third finding refers to the quality of family ties, whose weakening (in closeness, stability and affection) has a negative influence on mental well-being. The three aforementioned findings were especially greater in richer and more developed countries (from the Anglo-sphere) than in poorer countries (Latin American and African) where having a smartphone and consuming ultra-processed food is postponed and low purchasing power makes it difficult, and family ties are closer (Sapien Labs, 2024).

Added to the Mental Health report described above are data from the PsicoData Venezuela study, an initiative of the School of Psychology of the Andrés Bello Catholic University of Venezuela. The interpretative approaches of the national study show a portrait of the Venezuelan population based on the evaluation of psychosocial characteristics, with special emphasis on the dimensions associated with the psychological construct of “Psychosocial Vulnerability”. This construct is understood as the “Set of factors of an individual psychological nature and of the person’s system of relationships that modulate his or her behavioral reactions to the environment, especially to hostile or difficult environments. It is also associated with psychosocial conditions that affect or influence the probability of suffering physical or psychological health problems. The results show a map of strengths and weaknesses, which can create a shield of psychological protection against greater vulnerability or increase it. They stand out in two areas: a) The person in Internal Linkage; b) The person in Social Linkage (Socorro et al., 2023).

In relation to the **Internal Linkage**, the following are highlighted as strengths: the appreciation of perceiving personal well-being and subjective personal satisfaction; having a sense of personal control, social adequacy and cognitive skills; having religious coping and social support (mainly family). As for weaknesses, economic difficulties, physical and psychological discomfort, experiencing grief (due to loss and migration of loved ones), having difficulty in identifying and expressing emotions are reported as sources of high stress. In reference to the **Social Connection**, the strength that stands out is the desire to participate, while the weaknesses are the lack of trust in institutions, high negative affection towards the country, perception of low social support (outside of family support). Finally, several groups with high Psychosocial Vulnerability are identified: women, people over 65 years of age, the poor, those with lower educational level and young people between 18 and 24 years of age.

The reality described about Mental Health and psychosocial vulnerability forces to change paradigms, expanding the focus of attention towards strengthening the resources of individuals, groups and institutions, in addition to addressing the dysfunctional and pathological. Mental Health understood as a state of Mental Well-being implies developing the necessary skills to face life, its challenges and achieve a healthy and productive functioning. Likewise, favoring Resilience skills to mitigate the negative impact of stress, resist adversity when it occurs, manage obstacles and apply functional adaptation mechanisms and construction of meanings that facilitate growth and post-traumatic recovery.

Analysis and Explanation

How can we contribute to the change that is urgently demanded by the complex global and national reality regarding people’s Mental Health? From the Psychology of Wellbeing, the proposal invites to the activation of procedures and techniques that help all the actors involved to access a deeper level of consciousness, where empathic listening facilitates greater connection between people and the environment, the generative dialogue (not reactive) is

the communicational tool, and together with the creation of generative ecosystems based on cooperation, to promote work from a shared consciousness. The active and leading role of all encompasses mental, emotional, relational, cognitive and physical capacities, which can be activated in the service of problem solving and have an impact on the improvement of health and living conditions. The change of focus can guide to join forces and persevere in the task of strengthening education in the Pillars of Mental Wellness and Resilience, because it is possible to teach and learn their knowledge and skills, based on methodologies with high scientific rigor. The human being innately wants to be happy and the benefits it generates for physical health, mental health, flourishing and full life, are undeniable. This makes Positive Education a relevant and powerful factor for the transformation of individuals and groups (Adler, 2017), as well as an enhancer of social institutions (schools, families and diverse communities) oriented towards the promotion and prevention of protective factors (Crismatt, 2024).

Different models of psychological well-being, neurosciences and psychoneuroendocrineimmunology emphasize a multidimensional approach that allows encompassing the various areas and skills to be developed to strengthen Mental Well-being and Resilience. In the strategic proposal, first, the main dimensions are defined with solid scientific support, on which the teaching-learning process of their knowledge and skills can be oriented. Second, fundamental guidelines for reaching more people, building the foundations for the intervention and its benefits to be sustainable over time.

In this order of ideas, facing life's challenges, developing fully and recovering from adverse transitions, appreciating valuable learning that strengthens and positively transforms people and human systems, requires the development of capacities linked to the following dimensions:

1. **Awareness** refers to the attentional state activated to become aware of environmental impressions and bodily sensations, thoughts and emotions. It can be intense, facilitating full awareness, or it can be reduced, which is associated with distraction and being on autopilot. A high level of mindfulness promotes both hedonic and eudaimonic well-being, facilitating a positive subjective experience, self-regulation and commitment to actionable goals. Mindfulness can be developed through training of two processes: meta-awareness (being aware of the processes of conscious experience) and intentional self-regulation of attention (directing and sustaining attention from voluntary action) (Cortland et al., 2020).
2. **Healthy thoughts and narratives** through the cultivation of Positive Language. Language constructs the narratives that describe experiences, memories, and longings. They define the intention that can inspire and excite, inspire and build solutions, protect health. Constructing optimistic, hopeful, compassionate, loving language, of confidence in one's own abilities, sense of coherence and humor, grateful and merciful, becomes a powerful resource for wellbeing and resilience to inhabit individuals and groups (Castellanos et al., 2016; Castellanos, 2022; Castés, 2016).

3. **Healthy emotional management and functional coping strategies**, based on self-knowledge of emotions, thoughts and beliefs that shape both the perception of the self, as well as that of the environment. Training in the exercise of self-inquiry (intentional inquiry with oneself) to facilitate introspection is key to accessing this knowledge, activating the understanding of one's own experience and triggering the necessary changes (Cortland et al., 2020).
4. **Connection and secure attachments**: This relates first to the experience or subjective feeling of caring and affinity towards other people, through building positive social perceptions and perceptions of shared humanity (Cortland et al., 2020). Second, with the development of relational skills that favor secure attachment and healthy interpersonal relationships (Gómez, 2021), in addition to the development of relational character strengths (Love, kindness and gentleness and Social Intelligence) (Zavarce, 2014).
5. **Meaning and purpose in life**: This dimension refers to having clarity in terms of significant personal goals and values that guide daily life. It facilitates a positive self-perception about one's own capabilities, having meanings and appreciating the importance of life and what one does in it. It implies objectives and values, and the coherence between them, in addition to living them in daily life, which is decisive for well-being (Cortland et al., 2020; Zavarce and Garassini, 2014).
6. **Cultivating a sense of transcendence and spirituality** delimits the dimension whose skills and strengths facilitate meanings that propitiate emotional connection towards the good of others and higher power (the latter, from religiosity or other spiritual practice) (Ryff, 2021; Castés, 2016; Zavarce and Garassini, 2014; Borysenko, 2010).
7. **Financial Balance and Entrepreneurship** is the dimension whose skills trigger the strategies to secure the economic resources necessary not only to satisfy basic needs, but also to facilitate the integral development of people and human systems. Its relationship with well-being and overcoming adversities is unquestionable (Shir and Ryff, 2022).
8. **Physical exercise and balanced nutrition** represent the dimension of healthy habits for functional coping of everyday life, strengthening of the immune system and creation of the adaptive attentional state (Castellanos, 2022; Castés, 2016).

The science of well-being represented by the Positive Psychology movement, contributes to the proposal the conception of good character, which is built through the Character Strengths, which, placed at the service of the dimensions described, constitute the resources of character activated from the will and consciousness. They are defined as the 24 character traits with moral value, which in their moderate expression, provide ways of thinking and values that guide behavior towards the exercise of virtuousness for: the pursuit of knowledge and

the construction of wisdom, maintaining internal motivation and persistence in achieving one's goals, building healthy interpersonal relationships, facilitating connections with the environment based on civic awareness, satisfying needs with protective moderation of the personal and relational plane, and finally, creating elevated connections that transcend towards the common good and spiritual experience. The emotional experience resulting from the development of the skills and character strengths activated in the various dimensions of mental well-being and resilience, translates into increased Positivity, activated with the cultivation of the "10 Positive Emotions" described in Barbara Fredrickson's (2009) model: joy, gratitude, serenity, interest, hope, pride, fun, inspiration, awe and love. Character Strengths, as a cross-cutting resource and Positivity as the emotional expression that inhabits people, become powerful protective resources and can maintain mental and physical health (Zavarce and Garassini, 2014).

Finally, considering the complexity and multifactorial condition of Mental Health, it is mandatory to assume a look that considers its characteristics, in addition to an ecosystemic, comprehensive and contextual perspective to facilitate reaching more people, especially those who need it most (the most vulnerable), considering the active and leading role they have in improving their own physical and mental health conditions, wellbeing and quality of life. Likewise, it is necessary to join efforts and persevere in the task of:

- (a) Favor interventions that provide people with empowerment, agency, autonomy and self-responsibility, considering an evolutionary and contextual perspective that facilitates the understanding of the factors that explain the differences throughout the life cycle and those specific to the field of human development that frames it.
- b) Strengthen networking to address the different dimensions of needs, being essential to create bridges and alliances to join forces to facilitate the participation of all actors involved in the investigation of needs, the construction of interpretations and proposals for solutions, the identification and valuation of personal and community resources, and finally, the collective creativity put at the respectful service of the personal and collective good.
- c) To have the strategic openness to create different forms of accompaniment, which transcend the space of the clinic and individual intervention, to include spaces of group care and support. The power of group interactions with common motivations and sense of belonging strengthens mutual collaboration and the strength of the group for the common good.
- d) The design and management of interventions built with and for the communities involved in the psychosocial and psychoeducational intervention projects, aiming at the promotion and prevention of Mental Health. This also implies an ecological and systemic approach, intradisciplinary-interdisciplinary-transdisciplinary, to achieve a better understanding and an adequate and effective approach.

Conclusions

The main objective of this document was to present a strategic proposal for the promotion and prevention of Mental Health, focused on the **salutogenic factors** that cause and sustain it over time, understanding it as a state of mental wellbeing that allows people to manage their daily lives, the stress that this implies and face adversities in a functional way, resisting transits and overcoming them, being able to be productive and contribute positively in their environments of influence.

By 2020, the expected goals for mental health were not achieved, which represents a great challenge for the present and future civil society, governmental and non-governmental institutions linked to health, academia, health sciences and education. There continues to be a growing inequity in a world dominated by the internet that connects us digitally, but disconnects us physically and emotionally, which indicates that other dynamics are required to meet the fundamental psychological needs as human beings. It is possible that material hardship is not the main source of destruction, but also the lack of belonging and the feeling of togetherness with other people.

The Mental Health Quotient (MHQ) measure is a very valuable resource to know the characteristics of the resources one has to face life's adversities and also its opportunities. Likewise, it is very useful to know the indicators that describe vulnerability, as well as those that function as psychological shields of defense against adverse conditions. Both references serve to create and facilitate intervention programs oriented to attend Mental Health in its three levels of intervention: Promotion, Prevention and Cure. Likewise, to inspire public policies and participation of the social organization of the country, as necessary companions for its effectiveness and impact on the Venezuelan population.

Hence, contributing to the Construction of a Culture of Well-Being and Resilience could be the greatest strategic motivation, given that culture defines us and can facilitate the necessary transformation processes. Values that guide behavior can be learned to sensitize us towards greater understanding and inclusion, generosity, loyalty, solidarity and respect. It is very important to value what works, maximize and enhance what protects and flourishes, and make it a way of living in all areas of human development (Ecosystems). The Psychology of Well-Being and Resilience provide valuable knowledge and practices, with solid and scientific support, which serve as a basis for building the various paths and strategies to develop in individuals, groups and human systems the tools that protect and strengthen them. The bet in this delivery shows as essential the cultivation of: active attentional state (Consciousness), positive language (thoughts and narratives), healthy emotional management and functional coping strategies, connection and secure bonding, meaning and purpose in life, sense of transcendence and spirituality, financial balance and entrepreneurship.

References

- Adler, A. (2017). Positive Education: Educating for academic success and for fulfilling lives. *Papers of the Psychologist*, 38(1), 50-57. <https://doi.org/10.23923/pap.psicol2017.2821>
- Borysenko, J. (2010). *Whatever happens is not the end of the world. Resilience for times of crisis*. Urano.
- Castellanos, L., Yoldi, D., & Hidalgo, J.L. (2016). *The science of positive language. How the words we choose change us*. Paidós.
- Castellanos, N. (2022). *Neuroscience of the body. How the organism sculpts the brain*. Kairós.
- Castés, M. (2016). *Psychoneuroimmunology or how to appropriate the immune system*. Gráficas Lauki.
- Cortland, D., Wilson-Mendenhall, C. & Davidson, R. (2020). The plasticity of well-being: A training-based framework for the cultivation of human flourishing. *University of Oregon*, 117 (51) 32197 - 32206. <https://doi.org/10.1073/pnas.2014859117>
- Crismatt, D. (2024). Positive education, a school-family synergy toward success and well-being. *Ciencia Latina Revista Científica Multidisciplinar*, 8 (1), 4386-4407. https://doi.org/10.37811/cl_rcm.v8i1.9779
- Frederickson, B. (2009). *Positive Living*. Norma.
- Gómez, E. (2021). The ODISEA model: ten years of learning in parental and family intervention. In M. Salazar (Coord.), *Parentalidad, cuidados y bienestar infantil El desafío de la intervención en contextos adversos* (pp. 37-56). Ril editores. <https://psiucv.cl/wp-content/uploads/2023/07/Parentalidad-cuidados-y-bienestar-infantil.pdf#page=37>
- Global Burden of Diseases (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet Psychiatry*, 9(1), 137-50. <https://www.thelancet.com/action/showPdf?pii=S2215-0366%2821%2900395-3>
- Kral, T., Kesebir, P., Redford, L., Dahl, C., Wilson-Mendenhall, C., Hirshberg, M.J, Davidson, R.J. and Tatar, R. (2024). Healthy Minds Index: A brief measure of key dimensions of well-being. *PLOS ONE*, 19 (5), e0299352. <https://doi.org/10.1371/journal.pone.0299352>
- Lomas, T., Waters, L., Williams, P., Oades, L., & Kern, M. (2020). Third wave positive psychology: broadening towards complexity. *The Journal of Positive Psychology*, 6 (1), 660-674. <https://doi.org/10.1080/17439760.2020.1805501>

- Newson, J., & Thiagarajan, T. (2020). Assessment of Population Well-Being With the Mental Health Quotient (MHQ): Development and Usability Study. *JMIR Ment Health*, 7(7):e17935. <http://dx.doi.org/10.2196/17935>. <http://dx.doi.org/10.2196/17935>
- World Health Organization (WHO). (August 27, 2020). *World Mental Health Day: an opportunity to drive a large-scale increase in investment in mental health*. <https://www.who.int/es/news/item/27-08-2020-world-mental-health-day-an-opportunity-to-kick-start-a-massive-scale-up-in-investment-in-mental-health>
- World Health Organization (WHO). (2022a). *Comprehensive mental health action plan 2013-2030*. <https://iris.who.int/bitstream/handle/10665/357847/9789240050181-spa.pdf?sequence=1>.
- World Health Organization (WHO). (June 17, 2022b). *Mental health: strengthening our response*. <https://www.who.int/es/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- World Health Organization (WHO). (2023). *World report on mental health: transforming mental health for all*. <https://iris.who.int/bitstream/handle/10665/356118/9789240051966-spa.pdf?sequence=1>
- Pan American Health Organization (PAHO). (2021). *Living Life: Implementation Guide for Suicide Prevention in Countries*. <https://doi.org/10.37774/9789275324240>
- Pan American Health Organization (PAHO). (2023a). Policy to improve mental health. <https://iris.paho.org/handle/10665.2/57236>
- Pan American Health Organization (PAHO). (2023b). A new agenda for mental health in the Americas. <https://doi.org/10.37774/9789275327227>
- Ryff, C. (2021). Spirituality and Well-Being: Theory, Science, and the Nature Connection. *Religions* 12: 914. <https://doi.org/10.3390/rel12110914>
- Sapient Labs. (2022). State of the World's Mind: 2021. <https://mentalstateoftheworld.report/wp-content/uploads/2022/04/Estado-mental-del-mundo-2021.pdf>.
- Sapient Labs (2024). State of the World's Mind: 2023. https://sapientlabs.org/wp-content/uploads/2024/03/Report-2023_spanish_v3.pdf
- Shir, N. & Ryff, C. (2022). Entrepreneurship, SelfOrganization, and Eudaimonic Well-Being: A Dynamic Approach. *Entrepreneurship Theory and Practice*, 46(6) 1658-1684. DOI: 10.1177/10422587211013798 <https://journals.sagepub.com/doi/pdf/10.1177/10422587211013798>

- Socorro, D., Angelucci, L., Oropeza, A., Hernández, A., Rondón J., and Guarín, C. (2023). Psicondata Venezuela. A psychosocial portrait 2023. School of Psychology. Universidad Católica Andrés Bello (UCAB). https://psicologia.ucab.edu.ve/wpcontent/uploads/2023/02/PsicoData_compressed.pdf
- Zavarce, P. (2014). Virtue of Humanity and love: a path that leads to well-being. In Garassini, M. E. and Camili, C. (Comp.). *Enduring happiness. Studies on well-being in Positive Psychology* (pp. 341-384). ALFA.
- Zavarce, P. and Garassini, ME. (2014). The theory of well-being: a look full of alternatives. In ME Garassini and C. Camili (Eds.), *The strengths of the Venezuelan. The promotion of well-being from Positive Psychology* (pp.17-27). ALFA
- Zavarce, P. (2022). Optimism: healthy character trait and protective factor. In Red Latinoamericana de estudio e intervención en felicidad y bienestar, *Felicidad y Bienestar humano: Miradas desde la reflexión, investigación y la intervención en América Latina* (pp. 25-46). UNAD Sello Editorial. <https://doi.org/10.22490/9789586518499.01>