



Special Issue Call for Papers

Mental Health in Global Context: Cultural Paradigms, Psychological Functioning, and Family Systems in Europe and Asia

Guest Editors:

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Mental health is not a universally defined or experienced phenomenon—it is deeply embedded in cultural values, belief systems, and social structures. As recognized by the World Health Organization (WHO), mental health must be understood through a culturally contextual lens, as perceptions of well-being, illness, and healing vary significantly across societies. These cultural perspectives shape individual psychological functioning, identity, coping, and emotion regulation, as well as family dynamics, intergenerational relationships, and systems of social support.

A comparative look at Europe and Asia illustrates how these differences unfold in practice. In many European contexts, mental health is framed predominantly through biomedical or psychosocial models, emphasizing individual autonomy, self-awareness, and professional intervention. In contrast, many Asian cultures may interpret psychological distress through relational, spiritual, or somatic frameworks, often prioritizing collective harmony, family honor, and traditional healing practices. While seeking professional mental

health care may be normalized in some European countries, it remains stigmatized or taboo in parts of Asia, where individuals may turn instead to religious leaders, elders, or herbalists. Human psychological functioning is inseparable from the cultural environment in which individuals and families are embedded. Cultural narratives inform how distress is understood and communicated, how roles and responsibilities within the family are negotiated, and how psychological suffering is either acknowledged or silenced. For example, in collectivistic societies, family cohesion and social harmony may take precedence over individual emotional needs, affecting the recognition and treatment of mental health issues. Conversely, cultures that emphasize autonomy may frame mental health challenges as individual failures or personal shortcomings, influencing the types of support sought.

Understanding these nuances is particularly crucial in the context of migration, forced displacement, acculturation stress, intergenerational conflict, and shifting cultural identities. Families navigating multicultural environments often face challenges related to adaptation, belonging, and transgenerational transmission of trauma or stigma. Psychological well-being in such settings is thus both a personal and relational experience, requiring sensitive, context-aware frameworks of care and research. As emphasized by the WHO, promoting cultural sensitivity in mental health systems is central to building inclusive, equitable, and sustainable models of care. This includes developing interventions grounded in local values, training professionals in cultural competence, and working collaboratively with communities.

The contrasts between cultures highlight not only differences in beliefs and help-seeking behaviors but also the need for culturally competent approaches that recognize the legitimacy of diverse explanatory models and respect the cultural fabric in which individuals and families live. Global mental health research and practice must account for such complexities to avoid ethnocentric biases and to respond meaningfully to local realities.

This special issue aims to explore how cultural values, belief systems, and social structures shape mental health perceptions, experiences, and care practices across global contexts—particularly with reference to Europe and Asia; how cultural frameworks shape psychological functioning, help-seeking behaviors, family well-being, and professional practices.

We invite submissions that address and explore the intersection of culture, psychology, and mental health in individual, familial, and systemic context, from both theoretical and empirical perspectives, across global contexts, with special focus on Europe and Asia. Together, let us contribute to a more nuanced, responsive, and culturally grounded vision of mental health for all.

Manuscript types can include: reports of empirical studies; Brief communications; Reviews; Meta-analyses; Case studies.

Health Psychology Report (HPR) publishes high-quality original research articles and review papers authored by recognized scholars. The journal focuses on theoretical and empirical work at the intersection of social and medical sciences. HPR promotes the advancement and practical application of psychological approaches to understanding health and illness.

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Please consider the following important dates:

December, 31, 2025	Submission of a letter of intent and a structured abstract (max. 500 words), including: (a) full author names, contact details, and affiliations; (b) an explanation of the study's novelty and its unique contribution to the field; (c) a description of how the study aligns with the call for papers addressed to the guest editors: aleksandra.lewandowska-walter@ug.edu.pl paulina.pawlicka@ug.edu.pl joanna.tran@ug.edu.pl
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February, 28, 2026	Notification to authors about the selection results
May, 31, 2026	Submission of the first draft through the electronic editorial system https://www.editorialsystem.com/hpr
June, 15, 2026	First-round review feedback for authors
September, 30, 2026	Submission of revised manuscripts
October, 31, 2026	Acceptance decision
November, 30, 2026	Publication of accepted papers

If you have any further questions regarding the content or timeline, please feel free to contact:

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Looking forward to your collaboration and positive response,

Aleksandra Lewandowska-Walter, Paulina Pawlicka, and Joanna Różycka-Tran