

The implementation of health coaching among people with mental disorders: A scoping review

Andriani^{1,2}, Ah Yusuf³, Rizki Fitryasari³, Irma Iryanidar⁴, Kusrini S. Kadar⁵

¹Department of Psychiatric Nursing, Faculty of Nursing, Hasanuddin University, Makassar, Indonesia

²Doctoral Program in Nursing, Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia

³Department of Mental Health Nursing, Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia

⁴Cardiovascular Care Unit, Cardiac Center, PJT Wahidin Sudirohusodo Hospital, Indonesia

⁵BSN Program, College of Pharmacy and Health Sciences, Ajman University, United Arab Emirates

Corresponding Author: Ah Yusuf **Email:** ah-yusuf@fkip.unair.ac.id

Received: 2 October 2025 **Revised:** 21 December 2025 **Accepted:** 20 January 2026 **Available online:** September 2026

DOI: 10.55131/jphd/2026/240325

ABSTRACT

People with mental disorders often face the complexity of both physical and mental health issues, which can cause various negative impacts on both the patients and those around them. Addressing these challenges requires evidence-based strategies and health coaching has become a viable strategy. However, comprehensive mapping of its implementation and benefits for people with mental disorders remains limited. This review fills this gap by synthesizing recent evidence on health coaching implementation and benefits. Therefore, the purpose of this scoping review is to examine current evidence on the implementation methods (delivery modes and techniques) and benefits of health coaching for people with mental disorders. Several databases, including Scopus, Embase, PubMed, The Cumulative Index to Nursing and Allied Health Literature (CINAHL), and citation searching, were used to find articles published between 2018 and 2024. To guarantee a methodical approach, review guidelines from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) and the Joanna Briggs Institute (JBI) framework were used for a transparent review process. The 'Covidence support' software was adopted to organize and analyze the data. Searches resulted in 708 studies and 20 were included for data extraction and analysis after the full-text review process. Information was compiled and shown in two themes: (1) implementation methods, consisting of two sub-themes (delivery modes and techniques); and (2) benefits, consisting of three sub-themes (reduced symptoms and enhanced physical activity, mental well-being, and overall health, and effectiveness–economic benefits). The analysis of 20 articles led to the conclusion that health coaching can be a tactical choice that improves the physical and psychological circumstances of patients with mental disorders. Based on these findings, this review emphasizes the importance of incorporating health coaching within organized mental health treatments and recommends the development of more standardized implementation approaches and rigorous future studies to optimize its application.

Keywords:

coaching; health coaching; mental disorders; method; benefit; good health and wellbeing

Citation:

Andriani, Ah Yusuf, Rizki Fitryasari, Irma Iryanidar, Kusrini S. Kadar. The implementation of health coaching among people with mental disorders: A scoping review. *J Public Hlth Dev.* 2026;24(3):376-398 (<https://doi.org/10.55131/jphd/2026/240325>)

INTRODUCTION

The implementation of health coaching for people with mental disorders is the appropriate answer to the challenges posed by mental disorders throughout the world today.¹ Conditions that can have an impact on a person's thoughts, feelings, behavior, and physical functioning, mental disorders are currently showing an increasing global trend, particularly after the pandemic, which strengthens the urgency to develop more comprehensive and person-centered interventions.²⁻⁴ Therapeutic modalities commonly referred to as traditional mental health interventions, such as psychoanalytical therapy, interpersonal therapy, psychodynamic therapy, cognitive therapy, social skill therapy, and group activity therapy, are carried out to overcome the symptoms of people suffering from mental disorders.⁵⁻⁹ Despite their widespread use, however, the implementation of these therapeutic modalities has not yielded maximum results. These limitations stem primarily from the fact that the majority of therapies still concentrate on symptom reduction without adequately addressing features of patient empowerment, autonomy, and the capacity to sustainably manage mental disorders.¹⁰ Furthermore, the continued increase in the number of individuals with mental disorders illustrates these unmet needs. One in eight people worldwide, or 970 million people, had a mental illness in 2019.¹¹ The WHO report released in 2025 also shows that over 1 billion people worldwide suffer from mental health issues, with diseases like depression and anxiety causing a significant strain on both people and the economy. The WHO emphasized that although many countries have strengthened their mental health policies and services, global investment and action remain insufficient, underscoring the urgent need for more

effective and sustainable therapy.¹² These conditions highlight the importance of re-examining existing intervention approaches and identifying strategies that are more adaptable and person-centered for individuals with mental disorders. Given this gap, this scoping review provides an important contribution by offering the first comprehensive mapping of health coaching implementation methods and benefits specifically for populations with mental disorders, thereby addressing a critical knowledge gap and informing future intervention development.

Building on these limitations, the ineffectiveness of the therapeutic modalities implemented thus far is because they only focus on the symptoms of disorders and maladaptive behaviors, rendering people as the passive recipients of interventions who must accept whatever is provided but not exploring knowledge about the disease experienced, self-confidence to heal, and the independence to live life as people with mental disorders. In addition, many therapeutic modalities are conducted offline, requiring patients to attend hospitals or clinics.¹³⁻¹⁵ Limited access to face-to-face services remains one of the main challenges, creating a need for interventions that are flexible, accessible, and able to leverage technology to expand service reach. Given these limitations, alternative approaches that emphasize patient empowerment and self-management are increasingly needed. Therefore, innovative methods are needed to complement the therapeutic modalities that have been implemented so that holistic improvement of patient health can be achieved. Thus, it is critical to incorporate patient education, self-management evaluation, and health literacy into mental health treatment.¹⁶

Health coaching is a strategy that can complement therapeutic modalities because it allows a person to make changes

to achieve health goals, improve self-confidence, skills, knowledge, independence, self-awareness, well-being, medication adherence, and patient self-care.¹⁷ This approach aligns with the modern mental health paradigm that emphasizes holistic well-being rather than mere symptom reduction, thereby offering the potential to address the limitations of traditional interventions. In mental health, health coaching is proven to improve self-management, increase physical activity, and reduce negative symptom behavior in patients with mental disorders.^{18–21} The techniques used by health coaches for patients with mental disorders include the PLAS program, mindfulness and relaxation, cognitive behavioral therapy (CBT), stress management, work-life balance, and evidence-based skills. They are provided both directly (offline) and indirectly (online) through various technologies such as telephone, video, and apps.

The use of health coaching in mental health treatment aligns with the mental health concept, which highlights comprehensive well-being rather than symptom relief, as the ultimate goal of mental healthcare.^{22,23} However, publications related to the methods and benefits of health coaching in cases of mental disorders are still relatively few. A preliminary mapping of the literature on mental health coaching has been conducted²⁴ and another study focused on lifestyle coaching and highlighted its potential benefits.²¹ However, these studies remain general in scope and do not specifically examine how health coaching is applied to people with mental illnesses, indicating the need for a more comprehensive and focused mapping of scientific evidence. Additionally, these studies did not particularly address people with mental disorders and provided only a limited examination of implementation methods, highlighting the need for a more thorough and focused study. Therefore, this research was undertaken to investigate the implementation of health coaching among

individuals with mental disorders. In line with this, the introduction concludes by emphasizing the need to clearly articulate that the purpose of this study is to map the scientific data on the implementation methods and benefits of health coaching for people with mental disorders. Accordingly, examining prior research on the use of health coaching, specifically with regard to implementation strategies (delivery modes and techniques) and its benefits for people with mental disorders, was the goal of this scoping review.

METHODS

This section describes the methodological approach used to conduct the scoping review, including research type, determining the review questions, differentiating applicable research, selecting relevant studies, data mapping and charting, as well as the techniques for gathering, compiling, and reporting the results.

Research type

The Joanna Briggs Institute (JBI) guidelines and the original Arksey-O'Malley framework were used in this scoping review research.^{25,26} To make sure the review is methodical, organized, and transparent, we used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) standard.

Determining the review questions

This review has two questions: a) What are the implementation methods of coaching (delivery modes and techniques) for people with mental disorders? and b) What are the benefits of health coaching for people with mental disorders?

Differentiating applicable research

The prerequisites for qualification align with the JBI Participant/Concept/Context (PCC) framework.²⁶ This can be seen in Table 1.

Table 1. Terms Used with Controlled Descriptors

PCC	Population	Concept	Context
Factors	People with mental disorders	Health coaching intervention	Patients in the hospital and community

The articles were searched using the three-step procedure suggested in the JBI evidence synthesis.²⁶ The first step was to conduct an initial, limited search of the online databases and library resources, including Scopus, Embase, PubMed, and The Cumulative Index to Nursing and Allied Health Literature (CINAHL). Based

on the initial search, key terms and relevant subject headings were identified and subsequently used to develop comprehensive search strategies. The complete Boolean search strings were adapted for each database and are presented in Table 2.

Table 2. Search Strategy Used in Each Database

Database	Search string
Scopus	TITLE-ABS-KEY ("health coaching" OR coaching) AND TITLE-ABS-KEY ("mental disorder*" OR "mental illness" OR schizophrenia) AND TITLE-ABS-KEY (benefit OR "health outcome*" OR "treatment outcome*") AND TITLE-ABS-KEY (method* OR technique* OR "delivery mode*")
Embase	('health coaching' OR coaching) AND ('mental disorder' OR 'mental illness' OR schizophrenia) AND (benefit OR 'health outcome' OR 'treatment outcome') AND (method OR technique OR 'delivery mode')
PubMed	("health coaching" OR coaching) AND ("mental disorder" OR "mental illness" OR schizophrenia) AND (benefit OR "health outcome" OR "treatment outcome") AND (method OR technique OR "delivery mode")
CINAHL	("health coaching" OR coaching) AND ("mental disorder" OR "mental illness" OR schizophrenia) AND (benefit OR "health outcome" OR "treatment outcome") AND (method OR technique OR "delivery mode")

Online databases were comprehensively searched during the second step to identify relevant studies by applying filters for publication year (2018–2024), language (English), and study type (original quantitative, qualitative, or mixed-method research) involving human participants. The full search strategies for each database are provided to enhance transparency and reproducibility of the review process. In the third step of the search strategy, citation searching was employed to obtain more articles.

Selecting relevant studies

According to the PCC framework, the following requirements are defined for a study to be eligible for inclusion in this review: a) study designs that include both quantitative, qualitative research, or mixed-method research; b) studies that focus on people with mental disorders in hospitals and community; c) the study's implementation involves coaching; and d) it was published in English between 2018 and 2024. Studies entailing opinion papers, conference proceedings, review papers, or other types of papers with professional healthcare participants were excluded.

Mapping/charting the data

Two authors (the 1st and 2nd) initially identified and evaluated citations by reviewing the titles and abstracts. The titles and abstracts were saved using Mendeley's reference manager software and subsequently imported into the Covidence software for screening. The papers chosen for inclusion were subjected to independent review and evaluation by the 3rd and the 4th authors. The 5th author independently reviewed and evaluated the papers selected for inclusion.

Two authors (1st and 2nd) independently extracted the data utilizing a predetermined, structured data extraction form created in accordance with this scoping review's goals to confirm accuracy and consistency, including details about the author or authors, the year, the country, the aim, the period, the study design, the participants, the implementation methods, and the benefits. Any disagreements between the two authors were resolved by discussion and consensus, with the 3rd author consulted when agreement could not be reached. This process ensured consistency between reviewers and

enhanced the methodological rigor of the review. The data were charted and reported in accordance with the PRISMA-ScR framework (Figure 1).

Data synthesis for Table 4 and Figure 2 was conducted through a thematic synthesis approach. Findings extracted from each included study were initially coded according to similarities in implementation methods, core mechanisms, and reported benefits of health coaching. These codes were iteratively grouped into higher-order categories, which were subsequently refined into themes and sub-themes through discussion and consensus among reviewers. Two reviewers separately carried out the synthesis process, and to guarantee consistency and rigor, differences were settled through discussion.

Collating, summarising, and reporting the results

The last step involves compiling, analyzing, and reporting the mapping evidence while outlining the findings. The extracted data's outcomes were tallied and summarized.

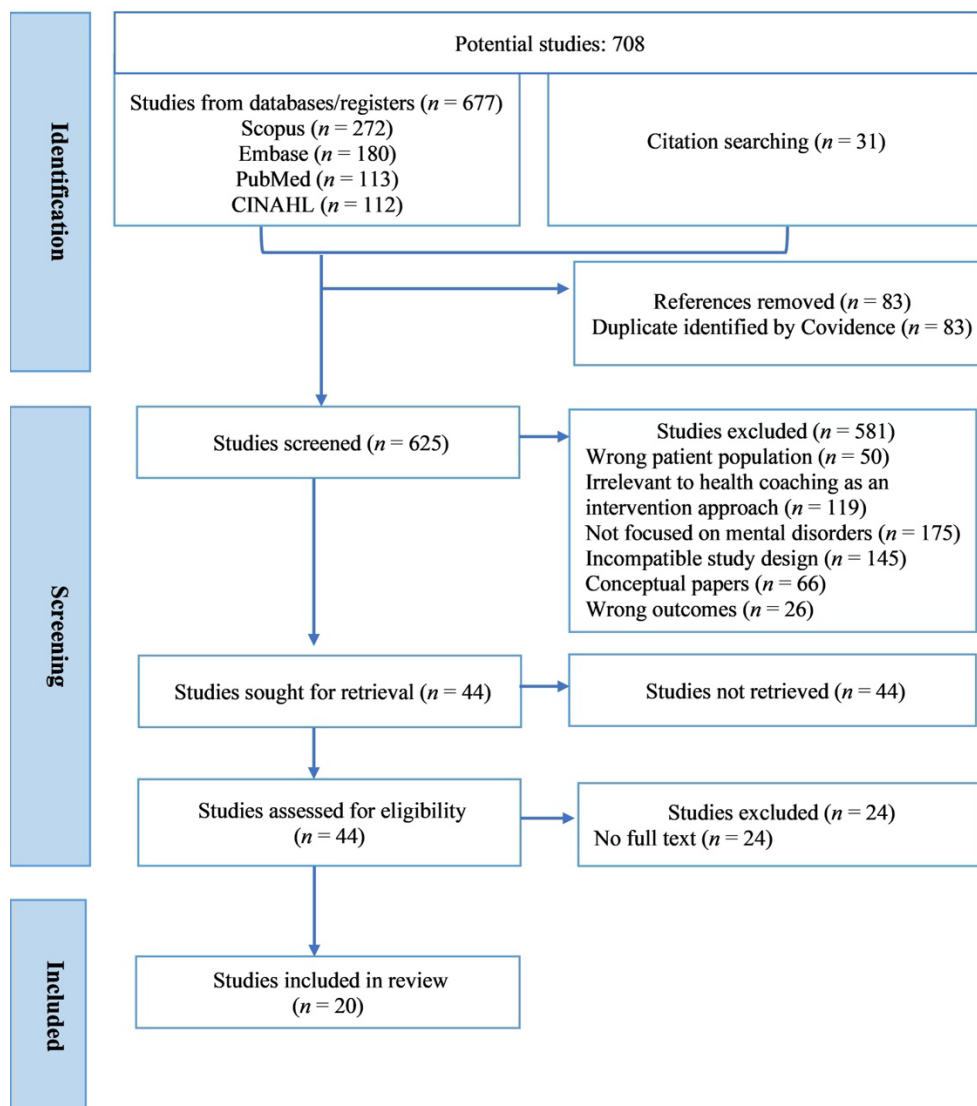


Figure 1. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Review

RESULTS

The initial database exploration identified 708 potential studies derived from Scopus ($n=272$), Embase ($n=180$), PubMed ($n=113$), CINAHL ($n=112$), and citation searching ($n=31$). From 708 studies, 83 duplicates were removed. After removing duplicates, the remaining 625 titles were screened, resulting in the exclusion of 581, leaving 44 abstracts to be screened by the authors. The abstract review process was based on keywords, full-text, outcomes, study design, patient

population, and health coaching intervention. After the review process, there remained 20 full-text articles which were checked for their quality and used in this article.

The included research data were methodically charted and synthesized. Relevant findings related to health coaching implementation methods and benefits were initially coded based on similarities in content. These codes were then grouped into broader categories through iterative comparison, which led to the development of themes and sub-themes.

Two reviewers separately carried out this procedure, and disagreements were settled by consensus and discussion, as detailed in the methodology section.

In accordance with the objectives of this scoping review, the results are organized into two main themes: (1) implementation methods consisting of two sub-themes (delivery modes and techniques) and (2) benefits consisting of three sub-themes: reduced symptoms and improved mental health, improved physical

activity and health, and effectiveness—economic benefits.

Quality appraisal

Quality appraisal is not included in the scoping review procedure. However, it is believed that it is essential for ensuring transparency in the scoping review process.²⁷ The JBI critical appraisal tools were used to describe various research designs.^{28,29} Detailed data of the critical appraisal table of this review can be found in the supplementary file. The result of the critical appraisal is shown in Table 3 below.

Table 3. The Result of the Quality Appraisal

No	Author	Score	Level of quality
Randomized controlled trials			
1	Cupp et al., 2022 ³⁰	12	High
2	Wilhelm et al., 2022 ³¹	12	High
3	Muralidharan et al., 2018 ³²	11	High
4	Williams et al., 2019 ³³	10	High
5	Seal et al., 2021 ³⁴	10	High
6	Stier-Jarmer et al., 2020 ³⁵	9	Moderate
7	Mann et al., 2023 ³⁶	11	High
8	Aschbrenner et al., 2022 ³⁷	12	High
9	Mohr et al., 2019 ³⁸	8	Moderate
10	Lehavot et al., 2021 ³⁹	10	High
11	Bernstein et al., 2024 ⁴⁰	12	High
12	Graham et al., 2020 ⁴¹	10	High
13	Hildebrandt et al., 2020 ⁴²	11	High
Cohort studies			
14	Marijic et al., 2022 ⁴³	9	High
15	Wu et al., 2021 ⁴⁴	7	Moderate
16	Gao et al., 2023 ⁴⁵	9	High
17	Chow et al., 2020 ⁴⁶	6	Moderate
Qualitative research			
18	Harris, Bourke-Taylor and Leo, 2022 ⁴⁷	8	High
19	Kuhn et al., 2023 ⁴⁸	8	High
20	Sourander et al., 2022 ⁴⁹	9	High

Study characteristics

In this scoping review, data were extracted related to the author(s), year of publication, aim, country, study period, design, population, sample size, implementation methods (delivery modes and techniques) and results (benefits) of

each study. The data were derived from publications within the range of 2018-2024, predominantly from the USA, and contain thirteen studies in total. The majority of the research used a randomized controlled trial (RCT) methodology, and the intervention periods varied from one to twenty-eight

months. The number of participants ranged from 11 to 170,583 people and the studies involved various implementation methods and benefits (Table 4).

Theme 1: Implementation methods of health coaching

This first theme consists of two sub-themes: (a) delivery modes, describing how coaching is delivered (offline, online, or hybrid), and (b) techniques, referring to the specific coaching approaches used, such as CBT-based strategies or motivational interviewing.

Delivery modes

Currently, the use of health coaching methods is increasingly developing, making them easier and more effective to implement. Based on delivery mode, health coaching can be conducted offline, online, or a combination of both (offline-online). Offline delivery is usually conducted in hospitals, clinics, and specific communities. It also requires a considerable amount of time, such as involving a peer recovery coach (PRC),³⁰ the Walk This Way (WTW) intervention,³³ a program to improve the roles of pediatric primary care physicians,⁴³ and a smoking cessation program.⁴⁵

The implementation of health coaching online can be achieved through several electronic media such as the telephone, web, applications, smartphones, multimedia, video conferences, digital video, and telemedicine. Electronic media is used alone and can also be combined with other media. Telephones are used in the Motivational Interviewing Treatment Integrity (MITI) program³⁴ and the Stark gegen Stress Program (SGSP).³⁵ The website for the Delivery of Self-Training and Education for Stressful Situations-Women Veterans (DESTRESS-WV) program is also used in conjunction with a phone³⁹ as well as the Veterans Affairs-

Community Reinforcement and Family Training (VA-CRAFT), which provides support to female veterans with PTSD diagnoses,⁴⁸ as well as the parent education website Strongest Families Smart (SFSW).⁴⁹

In addition to being combined with a telephone, the web-based delivery alone is also an option for researchers who want to apply health coaching to patients with mental disorders. For example, web-based physical activity enhancement programs called WebMOVE³² and Better Together Physician Coaching have been implemented.³⁶ A combination of two online media is used in blended care coaching (BCC) which utilizes video conference and digital video to implement techniques from CBT, dialectical behavior therapy (DBT), and acceptance-commitment therapy (ACT).⁴⁴

Beyond phones and websites, smartphone applications are also used as a medium for providing health coaching, as was found in several articles reviewed in this study. A smartphone application is used in the program for individuals with body dysmorphic disorder (BDD), employing two techniques: CBT³¹ and asynchronous messaging.⁴⁰ Other applications used in health coaching include the IntelliCare Platform,³⁸ Peerfit application,³⁷ and digital mental health interventions (DMHIs) and coach-supported platforms.⁴¹

The use of smartphone applications combined with other electronic media was also found in two programs, namely iCanThrive: A Novel Mobile Intervention (combined with the telephone)⁴⁶ and Cognitive-Behavioral Therapy-Guided Self-Help (CBT-GSH) (combined with telemedicine).⁴² A difference is found in the Health Promoting Activity Coaching (HMHF-HPAC) program, which combines online multimedia with offline meetings.⁴⁷ The use of electronic media in various

health coaching programs is expected to exert a beneficial influence on improving the health of patients with mental disorders because it is more efficient, effective, and accessible to more people.

Techniques

Based on the implementation techniques, health coaching can be conducted using CBT and motivational interviewing (MI), either individually or in groups. CBT-based coaching is used in a wide range of interventions, including a PRC,³⁰ WTW interventions,³³ WebMOVE program,³² Better Together Physician Coaching,³⁶ asynchronous message-based coaching,⁴⁰ and blended care coaching using DBT and ACT.⁴⁴ Additional CBT-oriented programs include CBT-GSH,⁴² HMHF-HPAC program,⁴⁷ self-guided treatment modules,³⁸ PeerFIT,³⁷ DMHIs,⁴¹ and coach-supported platforms.³¹ These CBT-derived strategies emphasize structured problem solving, cognitive restructuring, and skills-based behavioral activation.

Motivational interviewing (MI) is also widely used in various health coaching interventions. MI-based coaching appears in programs such as the MITI program,³⁴ the Stark Gegen Stress Program (SGSP),³⁵ general health coaching protocols grounded in MI principles,⁴³ DESTRESS-WV,³⁹ VA-CRAFT,⁴⁸ wellness coaching interventions,⁴⁵ the iCanThrive mobile program,⁴⁶ and the SFSW parent training program.⁴⁹ MI-based approaches focus on developing intrinsic motivation, enhancing commitment to change, and resolving ambivalence, often through supportive dialogue and reflective communication. MI is also used in combination with various delivery modes and digital platforms to enhance patient engagement and sustain behavioral commitment.

Theme 2: Benefits of Health Coaching

Benefits of health coaching consist of three sub-themes: a) reduced symptoms

and improved mental health, b) increased physical activity and healthier lifestyle behavior, and c) effectiveness and economic benefits.

Reduced symptoms and improved mental health

The use of health coaching in reducing symptoms and improving mental health has shown significant results in various studies. For example, there has been a decrease in emergency visits related to the use of prohibited substances.³⁰ In addition, there was a notable increase in physical activity and a decrease in sedentary behavior,³³ which is a symptom of BDD.³¹ The results of the study also showed that health coaching successfully reduced anxiety and depression through health apps.^{38,41,44} Health coaching interventions also play a role in reducing sleep disorders.⁴⁶ The DESTRESS-WV program and telephone monitoring produced notable advancements in post-traumatic stress disorder among female veterans.³⁹ While participants who relied on coach support for accountability and motivation also showed a higher likelihood of completing treatment.⁴⁰

Furthermore, health coaching also has a positive effect on improving quality of life indicators and self-care strategies.³⁴ Changes in moral injury, emotional exhaustion, self-compassion, imposter syndrome, and self-growth suggest that health coaching programs have far-reaching impacts on mental well-being.³⁶ Health coaching is also useful for children's health, for example, internet-based parent training programs with telephone coaching have shown significant improvements in the reduction of psychopathology in children.⁴⁹ Thus, it can be concluded that health coaching is an effective and practical approach to reducing the symptoms of perceived disorders, improving mental health conditions, and enhancing participant resources until the end of the program.^{35,37,48}

Increased physical activity and a healthy lifestyle

Increasing physical activity and a healthy lifestyle are important focuses in health training. Health coaching through cellular technology indicates potential associations with the improvement of the lifestyle of patients with mental disorders. Activities carried out with a health coaching program approach are also able to initiate moderate-to-severe physical activity in adults with serious mental illnesses.³² Another benefit reported by mothers who participated in the health coaching program was that there was an increase in participation in health promotion activities that were able to increase their mood, energy, self-awareness, and lower their stress and anxiety levels.⁴⁷ Health coaching is also a practical and beneficial approach to smoking cessation programs in patients with mental illness, although longer intervention periods and additional

pharmacological interventions may be needed to achieve stronger outcomes.⁴⁵ The provision of health coaching with the CBT-GSH approach has also been proven to outperform routine health care in reducing symptoms and disorders in adults with overeating disorder or bulimia nervosa.⁴²

Effectiveness and economic benefits

Health coaching is a good and measurable approach to addressing health issues in patients with serious mental disorders. Additionally, the use of health coaching can reduce specialized care costs for individuals with mental health disorders.⁴³ Research also proves that there is a significant decrease in visits among individuals experiencing mental or behavioral disorders after receiving direct health coaching during treatment.³⁰ Through the provision of health coaching, clients with mental disorders demonstrate improved problem-solving skills through the use of constructive self-strategies.³⁶

Table 4. Data Extraction of Studies in this Review

No.	Author, year, country	Aim	Period (Months)	Study Design	Participants	Implementation Methods		Benefits
						Delivery Modes	Techniques	
1	Cupp et al., 2022. ³⁰ USA	To analyze the use of PRC in addressing the need for acute care.	6	RCT	183 inpatient adults with substance use disorder, mean age 41.74 ($\pm$ 10.30) (95 PRC; 98 controls)	Offline: face to face	PRC	Decrease emergency encounters related to substance use
2	Wilhelm et al., 2022. ³¹ USA	To analyze the usability and effectiveness of app-based CBT with a coach	3	Randomized Waitlist-Controlled Trial	80 patients prescribed psychotropic medications, mean age 27 (SD = 9.6) (40 in each group)	Online: application-based	CBT	Decrease the severity of BDD (P<0.001)
3	Muralidharan et al., 2018. ³² USA	To investigate the efficacy of peer coaching combined with online weight management for promoting overall physical activity	6	Quantitative and Qualitative	276 Adults with serious mental illness, age 18 and older	Online: web-based	MOVE	Increase total physical activity and led to initiation of moderate/vigorous physical activity (P=0.44)
4	Williams et al., 2019. London ³³ London	To analyze the use of "Walk this Way" health coaching program on physical activity	6	RCT	40 patients with schizophrenia spectrum disorder, 43 years (range: 20–56) (20 in each group)	Offline: face to face	WTW intervention	Significant reduction in sedentary behavior and increase in physical activity (P<.001)
5	Seal et al., 2021. ³⁴ USA	To analyze the efficacy of telephone motivational coaching	8	RCT	272 veterans with depression, middle-aged (mean age = 50 years, SD+/-13)	Online: telephone	MITI	Decrease depression level (P=.01), cannabis scores ((P=.01), and trauma (P=.03). Increase psychologic health (P=.004), social relationship (P=.003), environment domains (P=.004)

No.	Author, year, country	Aim	Period (Months)	Study Design	Participants	Implementation Methods		Benefits
						Delivery Modes	Techniques	
6	Stier-Jarmer et al., 2020. ³⁵ German	To analyze the effectiveness of Stark Gegen Stress Program (SGSP) on stress level	9	RCT	103 adults experiencing stress and at risk of developing mental health impairments (mean age: 55.3) (Intervention: 51; control: 52)	Online: telephone	SGSP	Reduce perceived stress and improve participants' resources (P<0.001)
7	Mann et al., 2023. ³⁶ USA	To assess the generalizability of a coaching program (Better Together Physician Coaching)	4	RCT	1017 women physician trainees with burnout syndrome (mean [SD] age, 30.8 [4.0] years)	Online: web-based	Better Together Physician Coaching	Decrease in emotional exhaustion (P<.001), depersonalization (P<.001), impostor syndrome (P<.001), and moral injury (P<.001), along and with an increase in self-compassion (P<.001)
8	Aschbrenner et al., 2022. ³⁷ USA	To compare the use of one-on-one mHealth coaching (basic education supported by activity tracking, BEAT) with a group lifestyle intervention called "Peerfit" on overweight or obesity condition in young adults with major mental illness	28	RCT	150 young adults, the ages 18 and 35 years old, spoke English fluently, overweight or obese (Body Mass Index>25 kg/m2), and had a documented diagnosis of a significant mental disorder	Hybrid: face to face & mobile health application-based	Peerfit	Reduce the cardiovascular disease risk, weight loss, and increase cardiorespiratory fitness (P<0.01)
9	Mohr et al., 2019. ³⁸ USA	To investigate how depression, anxiety, and app use were	10	RCT	301 people with depression or anxiety	Online:	Coaching, self-guided treatment	Weekly recommendations and coaching significantly increase the number of app

No.	Author, year, country	Aim	Period (Months)	Study Design	Participants	Implementation Methods		Benefits
						Delivery Modes	Techniques	
10	Marijic et al., 2022. ⁴³ German	affected by two strategies for sustaining engagement with the IntelliCare platform To examine the effect of health coaching on the price of pediatric total care, pediatrician, and speciality care	24	Retrospective Cohort Study	Data of 170,583 children and adolescents in Bavaria (southern Germany) with a confirmed diagnosis of health coaching-relevant mental health or developmental disorders	mobile phone application based Offline: face to face	Health coaching	use sessions ($P=.04$), app downloads ($P<.001$), and decrease depression and anxiety scores across treatment groups ($P<.001$) Health coaching significantly reduced the price of speciality care costs for those who incurred costs ($P=.005$) but increased pediatrician care price ($P<.001$) and had no significant effect on total cost ($P=.948$)
11	Lehavot et al., 2021. ³⁹ Columbia	To contrast the phone monitoring alone with an online cognitive behavioral intervention with coach support	2	RCT	102 Women veterans who met diagnostic criteria for PTSD	Hybrid: face to face, website-based, and telephone	DESTRESS-WV	Significant reduction post traumatic syndrome disorder symptoms of women veterans ($P<.001$)
12	Bernstein et al., 2024. ⁴⁰ USA	To pinpoint unique communication patterns between coaches and users and investigate the clinical drivers and consequences of these patterns	3	RCT	77 adults with BDD	Online: smartphone application-based	Asynchronous message coaching	Individuals who primarily depended on their coaches for inspiration and accountability had a greater chance to finish the program
13	Graham et al., 2020. ⁴¹ Illinois	To assess the effectiveness of IntelliCare on anxiety and depression level	5	RCT	146 adult primary care patients who screened positive for depression or anxiety	Online: mobile phone application-based	DMHIs	Depression and anxiety scores remained stable (no significant increase or decrease) during the follow-up period ($P=.92$; $P=.67$)

No.	Author, year, country	Aim	Period (Months)	Study Design	Participants	Implementation Methods		Benefits
						Delivery Modes	Techniques	
14	Harris, Bourke-Taylor and Leo, 2022. ⁴⁷ Australia	To investigate the experiences, thoughts, and viewpoints of mothers regarding the HMHF-HPAC program when integrated into their child's services	1	Qualitative Study	11 mothers of children with disabilities and mental disorder symptoms	Hybrid: face to face & multimedia-based	HMHF-HPAC	Mothers reported increased participation in health-promoting activities during the program, less stress and anxious, leading to improvements in their mood, energy, self-awareness, and engagement with their children
15	Kuhn et al., 2023. ⁴⁸ USA	To assess the viability, acceptability, and potential efficacy of the VA-CRAFT plus coaching intervention, as well as its effects on partner well-being, outcome expectancy, self-efficacy in conversations, and the initiation of mental health treatment	3	Qualitative Study	12 Veteran family members	Online: phone	VA-CRAFT	The VA-CRAFT intervention with telephone coaching is feasible, acceptable, and potentially helpful in increasing mental health condition
16	Wu et al., 2021. ⁴⁴ USA	To analyze the results of BCC on depression and anxiety level	12	Pragmatic Retrospective Study	1496 adults with moderate levels of depression (PHQ-9 $\geq$ 10) and/or anxiety (GAD-7 $\geq$ 8)	Online: video conference, digital video	BCC (CBT, DBT, and ACT)	Significant decrease the depression and anxiety level (P<0.01)

No.	Author, year, country	Aim	Period (Months)	Study Design	Participants	Implementation Methods		Benefits
						Delivery Modes	Techniques	
17	Gao et al., 2023. ⁴⁵ USA	To examine the effects of wellness coaching on smoking cessation	1	Cohort Study	31 smokers with mental illnesses	Offline: face to face	Wellness coaching	Significant to help people with mental illnesses stop smoking ($P<0.05$)
18	Chow et al., 2020. ⁴⁶ USA	To examine the feasibility and initial effectiveness of a novel phone-coaching app	1,5	Cohort Study	28 women with cancer experiencing depression	Online: phone and mobile application-based	The iCanThrive program	Significant reduction in depressive symptoms and sleep disturbances ($P=.002$)
19	Sourander et al., 2022. ⁴⁹ Finland	To examine the approach of the parent education program offered by SFSW, along with phone coaching	16	Qualitative	50 families (parents) with children externalizing and psychopathology symptoms	Online: phone and web-based	The SFSW parent training program	Significant improvements in children's externalizing symptoms and other psychopathology measures 6 months after baseline ($P<.001$)
20	Hildebrandt et al., 2020. ⁴² Northwest/US A	To evaluate the use of the Noom Monitor app combined CBT-GSH on binge eating, purging, and eating disorder symptoms	3	RCT	114 adults with bulimia nervosa	Online: telemedicine & smartphone application-based	CBT-GSH	Using a smartphone app (Noom Monitor) was more effective than standard care in reducing symptoms and impairment in adults with bulimia nervosa or binge eating disorder ($CI=-1.06, -.25$; Cohen's $CI=-4.63, -1.09$)

Based on the reviewed studies presented in Table 4, it can be concluded that the core mechanisms of health coaching, both online and offline, operate through several steps, including goal setting, feedback and reinforcement, self-monitoring, motivation enhancement, self-regulation and problem-solving. Figure 2 conceptually illustrates how implementation methods (delivery modes and techniques) activate these core

mechanisms, which in turn lead to three categories of benefits identified in this review. Delivery modes and techniques represent the structural components of health coaching interventions, while core mechanisms reflect the processes through which behavior change and self-management are facilitated, ultimately resulting in improved mental and physical health outcomes as well as effectiveness and economic benefits.

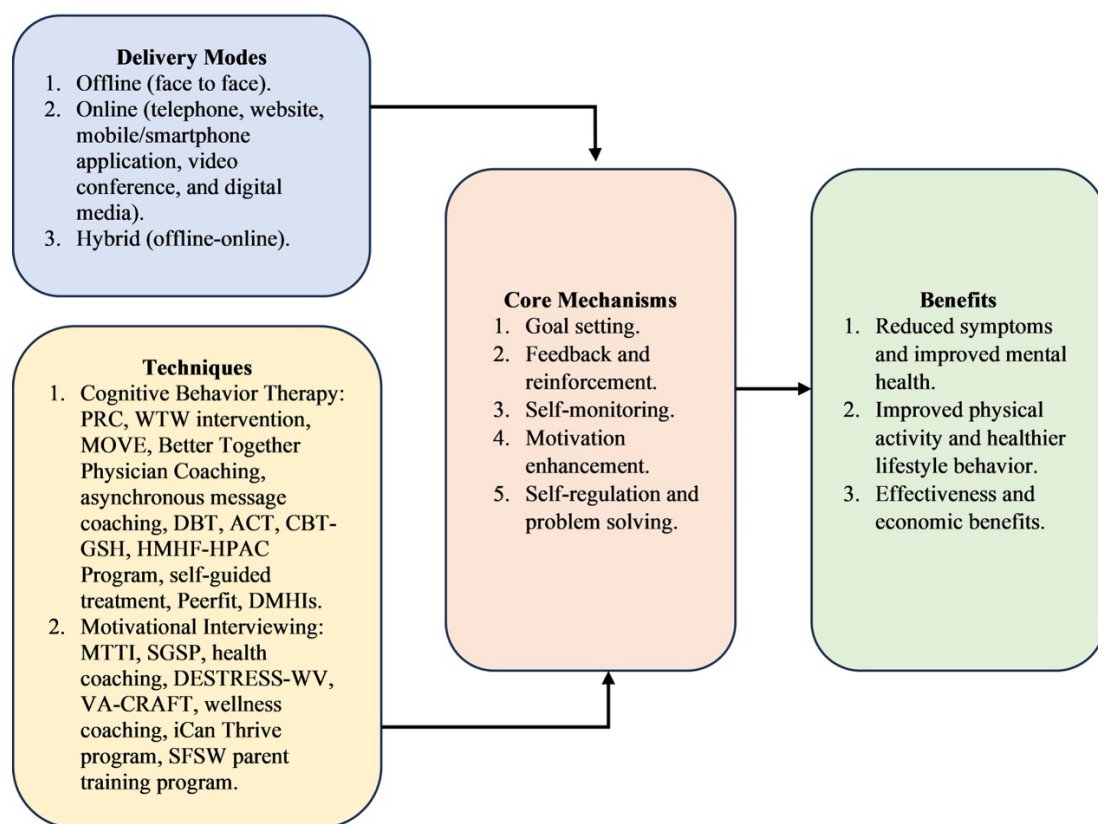


Figure 2. Relationship Between Implementation Methods (delivered methods and techniques), Core Mechanisms, and Benefits of Health Coaching for People with Mental Disorders

DISCUSSION

The results of this scoping review highlight the implementation methods and benefits of health coaching for people with mental disorders. These results are consistent with earlier assessments, such as

Bishop, Hemingway and Crabtree (2018)²¹ and Bishop (2018)²⁴ which showed that coaching techniques could improve mental health outcomes, encourage self-management, and serve as a valuable complement to traditional therapies. However, those earlier assessments did not thoroughly examine implementation

methods, especially for those with mental disorders, and instead charted the developing field of lifestyle coaching or mental health. By methodically synthesizing the benefits of health coaching with specific implementation methods, the present review extends existing knowledge by explicitly linking implementation strategies to empirically observed benefits across diverse mental health populations, thereby enhancing the practical applicability of health coaching in mental health services.

Implementation methods of health coaching

Various methods or approaches have been utilized to fulfil the benefits of health coaching to people with mental disorders. Many counseling models have been employed to support the implementation of health coaching in the mental health field. For instance, the cognitive-behavioral model is often used to assist individuals in identifying negative thought patterns or behaviors that exacerbate their symptoms, and then replacing them with healthier and more adaptive patterns. The CBT model was evident in several studies included in this review, such as Hildebrandt et al. (2020)⁴² and Wilhelm et al. (2022)³¹ which demonstrated significant reductions in symptom severity through coach-supported CBT delivered via digital platforms. The cognitive-behavioral approach is also frequently integrated with motivational intervention techniques, which aim to enhance individuals' motivation for healthier behavioral changes.^{50,51}

In addition, several innovative intervention strategies have been implemented in the execution of health coaching for mental disorders. For example, mindfulness-based interventions encourage individuals to be more aware of their thoughts and feelings, which may support stress regulation and emotional control. This technique can assist

individuals with mental disorders in managing stress, enhancing concentration, and reducing symptoms such as anxiety and depression.⁵² Stier-Jarmer et al. (2020)³⁵ reported that a multimodal stress-prevention coaching program incorporating mindfulness elements significantly reduced perceived stress among adults at risk of mental health impairments.

The use of technology has also become an integral part of implementing health coaching in managing mental disorders.⁵¹ Telephone, mobile applications, online platforms, and wearable devices have been used to provide additional support and facilitate communication between clients and health coaches.⁵³ Evidence from face-to-face interventions further demonstrates the effectiveness of health coaching itself, as shown by Williams et al. (2019)³³, who reported significant reductions in sedentary behavior and increased physical activity among individuals with schizophrenia. Building on this effectiveness, technology-enabled delivery has expanded the reach of health coaching, as demonstrated by Aschbrenner et al. (2022)³⁷, who showed that a hybrid mHealth coaching intervention improved cardiometabolic outcomes in young adults with serious mental illness. This technology can also enable more structured monitoring of health progress and facilitate more timely interventions, be digitally-based, and be motivationally-oriented.⁵⁴ Overall, this review offers a more thorough mapping of delivery modes, technological integration, and evidence-based methodologies than previous studies^{21,24} which mainly summarized coaching models and theoretical potential. This closes a significant gap for mental health practitioners seeking to use coaching approaches by highlighting a change in the literature from conceptual exploration to useful implementation methods. These delivery modes and techniques were consistently reported across multiple

studies summarized in Table 4, including face-to-face, digital, and hybrid coaching interventions targeting individuals with schizophrenia and other serious mental disorders.

Benefits of health coaching

The implementation of health coaching for individuals with mental disorders is garnering attention in the field of healthcare. It can play a significant role in supporting people with mental disorders. According to the results of this review, the benefits of health coaching include reduced symptoms and improved mental health, improved physical activity and healthy lifestyle behaviours, effectiveness and economic benefits. Reductions in symptom severity were consistently reported across multiple studies, such as Chow et al. (2020)⁴⁶, Seal et al. (2021)³⁴, and Wu et al. (2021)⁴⁴, which documented significant improvements in depression, anxiety, and sleep disturbance symptoms following coaching-based interventions.

Improvements in physical activity and related health outcomes were also evident. For instance, Muralidharan et al. (2018)³² and Williams et al. (2019)³³ reported significant increases in physical activity levels among individuals with schizophrenia and serious mental illness, highlighting the role of coaching in promoting sustainable lifestyle changes. As shown in Table 4, reductions in symptoms and improvements in mental health were reported across several studies, while improvements in physical activity and lifestyle behaviors were primarily observed in interventions incorporating structured goal setting and self-monitoring components.

The benefits of health coaching are achieved by providing information, teaching disease-specific skills, and promoting healthy behaviors. The coaches encourage patients to actively participate in

their own care and equip them with the tools needed for self-management. Health coaches also teach problem-solving techniques. These skills enable patients to successfully address issues pertaining to their mental health and come up with workable answers.^{55,56}

Unlike traditional mental health services that focus on symptom reduction, health coaching emphasizes developing resilience, strengths, and performance.⁵⁷ Coaches help individuals build resilience to better manage their mental health difficulties by providing general support through communication and encouragement to talk about their problems, fears, causes, and social skills.^{58–}

⁶⁰ Economic benefits were also identified, as demonstrated by Marijic et al. (2022)⁴³, who reported reductions in specialty care costs associated with the implementation of health coaching programs. Therefore, coaches can provide regular follow-up sessions to monitor progress, reinforce positive behaviors, adjust strategies as needed and reduce the healthcare costs.⁶¹ While this evaluation integrates more current research showing coaching's potential benefit for those with severe mental disorders, these findings support earlier data that highlighted the potential of coaching to improve mental health outcomes.^{21,24}

Policy implications

The findings of this review provide important implications for mental health policy. Given the demonstrated benefits and flexible delivery of health coaching, policymakers should consider integrating coaching-based approaches into community and primary mental health services as a complementary component to existing therapies. Health coaching could be incorporated into national mental health programs to support patient empowerment, enhance self-management, and potentially

reduce long-term healthcare burden. Establishing standards for training, certification, and digital implementation would further support consistent quality and facilitate extensive adoption across different levels of care.

Limitation of the study

This study has three limitations. First, the number of articles available regarding the implementation of health coaching for people with mental disorders was limited, which may affect the generalization of the results. Second, most studies come from developed countries such as the United States so that the results may be less relevant for application in developing countries such as Indonesia. Third, some reported methods have short intervention periods, which may limit conclusions regarding long-term effectiveness.

RECOMMENDATIONS

Health coaching can be a strategic option that positively impacts the physical and psychological conditions of people with mental disorders. This is due to the various benefits of health coaching and its highly diverse methods of delivery, both in terms of techniques and modes. By utilizing various techniques and modes, healthcare practitioners can enhance the effectiveness of their interventions and attend to the comprehensive requirements of those suffering from mental disorders. Therefore, it can be concluded that health coaching is an effective, efficient, and accessible health improvement program for more people.

Randomized controlled trials (RCTs) should be the main focus of future research in order to provide more solid proof of the efficacy of health coaching interventions for people with mental disorders. Furthermore, research that compares different coaching methods (such as motivational interviewing versus cognitive-behavioral coaching) might be

useful in determining which strategies work best. By carrying out follow-up studies after the first intervention period, researchers must also investigate the long-term sustainability of health coaching effects. Lastly, qualitative studies that investigate the viewpoints of health coaches and patients can offer a more thorough comprehension of the motivating and impeding elements in health coaching.

ETHICAL CONSIDERATION

This scoping review does not involve human subjects, therefore, no ethical approval was required.

AUTHOR CONTRIBUTIONS

AA: Conceptualization, Methodology, Formal Analysis, Investigation, Funding Acquisition, Writing – Original Draft, and Writing – Review & Editing. AY: Conceptualization, Investigation, Funding Acquisition, Writing – Original Draft, and Writing – Review & Editing. RF: Conceptualization, Funding Acquisition, Writing – Original Draft, and Writing – Review & Editing. KSK: Conceptualization, Methodology, Formal Analysis, and Writing – Review & Editing. II: Methodology, Formal Analysis, Writing – Original Draft, and Writing – Review & Editing.

FUNDING

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the Directorate of Research, Technology, and Community Service, Ministry of Education, Culture, Research, and Technology Indonesia for postgraduate students scheme [1785/B/UN3.LPPM/PT.01.03/2024].

ACKNOWLEDGMENTS

The authors would like to extend the deepest gratitude to the Doctoral Nursing Program at the Faculty of Nursing Universitas Airlangga and the Nursing Study Program at the Faculty of Nursing Hasanuddin University for their support, guidance, and inspiration throughout the preparation of this manuscript. We sincerely appreciate the support we have received during this scoping review process, both directly and indirectly.

CONFLICT OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

REFERENCES

1. Meyer A, Wisniewski H, Torous J. Coaching to Support Mental Health Apps: Exploratory Narrative Review. *JMIR Hum Factors*. 2022; 9: e28301.
2. Setare J, Karimian A, Shoja M, et al. Prevalence of Catatonic Schizophrenia Symptoms in a Psychiatric Hospital: A Retrospective Study. *JCCNC*. 2018; 4: 139–144.
3. Cort E, Meehan J, Reeves S, et al. Very Late-Onset Schizophrenia-Like Psychosis a Clinical Update. *J Psychosoc Nurs Ment Health Serv*. 2018; 56: 37–47.
4. Pathak V, Aeri BT. Sedentary behaviour and its link to depression and anxiety in adults: a systematic review and meta-analysis. *J Public Hlth Dev*. 2024; 22: 305–320.
5. Van Der Meer L, Wunderink C. Contemporary approaches in mental health rehabilitation. *Epidemiol Psychiatr Sci*. 2019; 28: 9–14.
6. Mykhaylov B, Kudinova O, André R, et al. The multimodal psychotherapy of the anxiety disorders patients. *Eur Psychiatry*. 2022; 65: S393–S393.
7. Hirjak D, Reininghaus U, Braun U, et al. [Cross-sectoral therapeutic concepts and innovative technologies: new opportunities for the treatment of patients with mental disorders]. *Nervenarzt*. 2022; 93: 288–296.
8. Gaur A, Sharma S, Singh S. Meta-cognitive Therapy in Obsessive Compulsive Disorder: A Case Report. *Indian J Psychol Med*. 2025; 47(1):71–75.
9. Thekkumkara SN, Jagannathan A, Muliya KP, et al. Psychosocial Interventions for Prisoners with Mental and Substance Use Disorders: A Systematic Review. *Indian J Psychol Med*. 2022; 44: 211–217.
10. Polat S, Suran S. “Believing facilitates success”: psychiatric nurses’ perspectives on recovery. *BMC Nurs*. 2025; 24:153.
11. World Health Organization. Mental disorders [Internet]. [Cited 2024 September 6]. Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.
12. World Health Organization. Over a billion people living with mental health conditions – services require urgent scale-up [Internet]. [Cited 2025 December 13]. Available from: <https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up>.
13. Goldberg SB, Tucker RP, Greene PA, et al. Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis. *Clin Psychol Rev*. 2018; 59: 52–60.
14. Midgley N, Reynolds S, Kelvin R, et al. Therapists’ techniques in the treatment of adolescent depression. *J Psychother Integr*. 2018; 28: 413–428.

15. Evlat G, Wood L, Glover N. A systematic review of the implementation of psychological therapies in acute mental health inpatient settings. *Clin Psychol Psychother.* 2021; 28: 1574–1586.
16. Aldiabat KM, Alshammari M, Musa M, et al. Patient in health scale validation and self-management among Omani patients with mental health problems. *JHNS.* 2024; 11: 3–12.
17. Wang L, Mårtensson J, Zhao Y, et al. Experiences of a health coaching self-management program in patients with COPD: a qualitative content analysis. *Int J Chron Obstruct Pulmon Dis.* 2018; 13: 1527–1536.
18. Barr JAJAJA, Tsai LPLP. Health coaching provided by registered nurses described: a systematic review and narrative synthesis. *BMC Nurs.* 2021; 20: 1–18.
19. Standley K, Ravesloot C, Sage R, et al. Health Coaching for People with Disabilities: An Exploratory Mixed-Methods Study. *Am J Health Promot.* 2023; 37: 345–355.
20. Aghaei-Malekabadi M, Khodabakhshi-Koolae A, Afkari F. Effects of CALM and SPACE Parent Training Programs on Rumination and Anxiety in Mothers with Bully Sons. *JCCNC.* 2021; 7: 97–108.
21. Bishop L, Hemingway A, Crabtree SA. Lifestyle Coaching for Mental Health Difficulties: Scoping Review. *JPMH.* 2018; 17: 29–44.
22. Brook J, McGraw C. Multidisciplinary perspectives: Application of the Consolidated Framework for Implementation Research to evaluate a health coaching initiative. *Health Soc Care Community.* 2018; 26: e386–e395.
23. Ahmann E, Smith K, Ellington L, et al. Health and Wellness Coaching and Psychiatric Care Collaboration in a Multimodal Intervention for Attention-Deficit/Hyperactivity Disorder: A Case Report. *Perm J.* 2019; 24: 18.256
24. Bishop L. A scoping review of mental health coaching. *The Coaching Psychologist.* 2018; 14: 5–15.
25. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol.* 2005; 8: 19–32.
26. Peters M, Marnie C, Tricco AC, et al. Updated methodological guidance for the conduct of scoping reviews. *JBIM Evid Synth.* 2020; 18: 2119–2126.
27. Daudt HML, Van Mossel C, Scott SJ. Enhancing the scoping study methodology: A large, inter-professional team's experience with Arksey and O'Malley's framework. *BMC Med Res Methodol.* 2013; 13: 1–9.
28. Munn Z, Peters MDJ, Stern C, et al. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol.* 2018; 18: 1–7.
29. Barker TH, Stone JC, Sears K, et al. The revised JBI critical appraisal tool for the assessment of risk of bias for randomized controlled trials. *JBIM Evid Synth.* 2023; 21: 494–506.
30. Cupp JA, Byrne KA, Herbert K, et al. Acute Care Utilization After Recovery Coaching Linkage During Substance-Related Inpatient Admission: Results of Two Randomized Controlled Trials. *J Gen Intern Med.* 2022; 37: 2768–2776.
31. Wilhelm S, Weingarden H, Greenberg JL, et al. Efficacy of App-Based Cognitive Behavioral Therapy for Body Dysmorphic Disorder with Coach Support: Initial Randomized Controlled Clinical Trial. *Psychother Psychosom.* 2022; 91: 277–285.
32. Muralidharan A, Niv N, Brown CH, et al. Impact of Online Weight Management with Peer Coaching on Physical Activity Levels of Adults

- with Serious Mental Illness. *Psychiatr Serv.* 2018; 69: 1062.
33. Williams J, Stubbs B, Richardson S, et al. 'Walk this way': Results from a pilot randomised controlled trial of a health coaching intervention to reduce sedentary behaviour and increase physical activity in people with serious mental illness. *BMC Psychiatry.* 2019; 19: 1–10.
34. Seal KH, Pyne JM, Manuel JK, et al. Telephone veteran peer coaching for mental health treatment engagement among rural veterans: The importance of secondary outcomes and qualitative data in a randomized controlled trial. *J Rural Health.* 2021; 37: 788–800.
35. Stier-Jarmer M, Oberhauser C, Frisch D, et al. A Multimodal Stress-Prevention Program Supplemented by Telephone-Coaching Sessions to Reduce Perceived Stress among German Farmers: Results from a Randomized Controlled Trial. *Int J Environ Res Public Health.* 2020; 17: 1–18.
36. Mann A, Shah AN, Thibodeau PS, et al. Online Well-Being Group Coaching Program for Women Physician Trainees: A Randomized Clinical Trial. *JAMA Netw Open.* 2023; 6: E2335541.
37. Aschbrenner KA, Naslund JA, Gorin AA, et al. Group Lifestyle Intervention with Mobile Health for Young Adults with Serious Mental Illness: A Randomized Controlled Trial. *Psychiatr Serv.* 2022; 73: 141–148.
38. Mohr DC, Schueller SM, Tomasino KN, et al. Comparison of the Effects of Coaching and Receipt of App Recommendations on Depression, Anxiety, and Engagement in the IntelliCare Platform: Factorial Randomized Controlled Trial. *J Med Internet Res.* 2019; 21: e13609.
39. Lehavot K, Millard SP, Thomas RM, et al. A randomized trial of an online, coach-assisted self-management PTSD intervention tailored for women veterans. *J Consult Clin Psychol.* 2021; 89: 134–141.
40. Bernstein EE, Greenberg JL, Weingarden H, et al. The use of coaching in smartphone app-based cognitive behavioral therapy for body dysmorphic disorder. *Internet Interv.* 2024; 36: 100743.
41. Graham AK, Greene CJ, Kwasny MJ, et al. Coached Mobile App Platform for the Treatment of Depression and Anxiety Among Primary Care Patients: A Randomized Clinical Trial. *JAMA Psychiatry.* 2020; 77: 906–914.
42. Hildebrandt T, Michaelides A, Mayhew M, et al. Randomized Controlled Trial Comparing Health Coach-Delivered Smartphone-Guided Self-Help with Standard Care for Adults with Binge Eating. *Am J Psychiatry.* 2020; 177: 134–142.
43. Marijic P, Murawski M, Maier W, et al. Cost Effects of a Health Coaching in Children and Adolescents with Mental Health and Developmental Disorders. *Acad Pediatr.* 2022; 22: 1118–1126.
44. Wu MS, Chen SY, Wickham RE, et al. Outcomes of a Blended Care Coaching Program for Clients Presenting with Moderate Levels of Anxiety and Depression: Pragmatic Retrospective Study. *JMIR Ment Health.* 2021;8(10): e32100.
45. Gao N, Solomon P, Clay Z, et al. A pilot study of wellness coaching for smoking cessation among individuals with mental illnesses. *J Ment Health.* 2023; 32: 183–189.
46. Chow PI, Drago F, Kennedy EM, et al. A Novel Mobile Phone App Intervention with Phone Coaching to Reduce Symptoms of Depression in

- Survivors of Women's Cancer: Pre-Post Pilot Study. *JMIR Cancer*. 2020; 6: e15750.
47. Harris V, Bourke-Taylor HM, Leo M. Healthy Mothers Healthy Families, Health Promoting Activity Coaching for mothers of children with a disability: Exploring mothers' perspectives of programme feasibility. *Aust Occup Ther J*. 2022; 69: 662–675.
48. Kuhn E, Sayers SL, Babusci C, et al. Internet-based family training with telephone coaching to promote mental health treatment initiation among veterans with posttraumatic stress disorder: A pilot study. *J Trauma Stress*. 2023; 36: 549–556.
49. Sourander S, Sourander A, Hinkka-Yli-Salomäki S, et al. An Internet-Based Parent Training with Telephone Coaching on Managing Disruptive Behavior in Children at Special Family Counseling Centers During the COVID-19 Pandemic: Feasibility Study. *JMIR Pediatr Parent*. 2022; 5: e40614.
50. Martinho D, Crista V, Carneiro J, et al. An Intelligent Coaching Prototype for Elderly Care. *Electronics*. 2022; 11(3): 460.
51. Serio C, Gabarda A, Uyar-Morency F, et al. Strengthening the Impact of Digital Cognitive Behavioral Interventions Through a Dual Intervention: Proficient Motivational Interviewing-Based Health Coaching Plus In-Application Techniques. *JMIR Form Res*. 2022; 6: e34552.
52. Duarte DFB, Libório JR, Cavalcante GME, et al. The effects of mindfulness-based interventions in COVID-19 times: a systematic review. *J Hum Growth Dev*. 2022; 32: 315–326.
53. Rains SA, Carter SN. Supportive communication as a collective phenomenon: a dynamic systems account of emotional support provision and outcomes in online health communities. *Hum Commun Res*. 2025; 51: 1–15.
54. Bradley T, Hansen V, Wye P, et al. Telephone-delivered health behaviour change support for people with a mental health condition: the coaches' perspective. *BMC Health Serv Res*. 2021; 21: 1–12.
55. Fishman MDC, Reddy SP. Coaching: A Primer for the Radiologist. *J Am Coll Radiol*. 2021; 18: 1192–1197.
56. Kegelaers J, Wylleman P, van Bree INA, et al. Mental Health in Elite-Level Coaches: Prevalence Rates and Associated Impact of Coach Stressors and Psychological Resilience. *Int Sport Coach J*. 2021; 8: 338–347.
57. Atad OI, Grant AM. Evidence-based coaching as a supplement to traditional lectures: impact on undergraduates' goal attainment and measures of mental well-being. *Int J Ment Coach Edu*. 2021; 10: 249–266.
58. Rosen B, Preisman M, Read H, et al. Resilience coaching for healthcare workers: Experiences of receiving collegial support during the COVID-19 pandemic. *Gen Hosp Psychiatry*. 2022; 75: 83–87.
59. Iryanidar I, Irwan AM. Stress and coping mechanisms in patients undergoing CABG: An integrative review. *Clin Epidemiol Glob Health*. 2023; 23: 101388.
60. Baskaran M, Raghuthaman G, Jayasudha A. Effectiveness of social skill program for social performance among schizophrenia patients selected tertiary care Hospital, Coimbatore. India. *Clin Epidemiol Glob Health*. 2023; 23: 101381.
61. An S, Song R. Effects of health coaching on behavioral modification among adults with cardiovascular risk factors: Systematic review and meta-analysis. *Patient Educ Couns*. 2020; 103: 2029–2038.