Table S1. Mental Health Groups: Strategies and Findings

Articles	Classification type	Groups (%)	Variables	Main Findings
Abreu et al., 2023	Cut score approach - high psychopathology: SDQ ≥ 18) - low well-being: life satisfaction ≤5 and/or WHO-5 ≤ 9	Complete mental health (34%) Symptomatic but content (23%) Vulnerable (21%) Troubled (22%)	Sociodemographic School and learning variables Perceived Stress Participation	Symptomatic but content group - lower 'perceived school pressure' and greater participation than Troubled group.
Antaramian et al., 2010	Cut score approach - high psychopathology: SRCS≥60 - normal range of symptoms: SRCS<60 - low subjective well-being: SLSS≤40 - average-to-high subjective well-being: SLSS>40	Positive mental health (67%) Symptomatic but content (17%) Vulnerable (8%) Troubled (8%)	Student Engagement Academic Achievement Environmental Context (family and peer support for learning, teacher-student relationships)	Positive mental health group - the highest levels of student engagement Vulnerable and troubled groups - the lowest levels of student engagement
Antaramian, S., 2015	Cut score approach - high subjective well-being: composite variable ≥Mean - low subjective well-being: < Mean - high levels of symptoms: *T-score*≥60 on either internalizing or externalizing - low levels of symptoms: *T-score*<60 on either internalizing or externalizing	Well-adjusted (47%) Ambivalent (6%) At risk (26%) Distressed (21%)	Student Engagement Academic Achievement	Well-adjusted group: higher student engagement and academic achievement (GPA) than the distressed group Well-adjusted group: higher student engagement than at-risk group
Arslan, G & Kelly-Ann Allen, 2022	Cut score approach - high psychological distress: YIBS>23	Complete mental health (68%) Vulnerable (16%) Troubled (8%)	Academic achievement Prosocial behavior Social acceptance	Complete mental health group - higher positive school outcomes, and lower social

	- high well-being: SEHS-P ≥48 - low well-being: SEHS-P ≤47	Symptomatic-but content (8%)	Academic self-perceptions Attitudes toward school Motivation/self-regulation Attitudes toward teachers Goal valuation Social exclusion Victimization Perpetration	exclusion at school and lower victimization than troubled group Complete mental health group - higher social acceptance, prosocial behaviors, and academic self-perceptions, and lower social exclusion at school and lower victimization than the symptomatic-but-content group Troubled group - lower attitude toward teacher, attitude toward school, and motivation/self-regulation than the symptomatic-but-content group, and lower attitudes toward school than vulnerable group Symptomatic-but-content group – higher motivation/self-regulation, social exclusion and victimization behavior than the vulnerable group Vulnerable group - higher victimization and perpetration behavior than complete mental health
Bersia et al., 2022	Cut score approach - mental illness: 8 out of 16 on PHC - subjective well-being: SWLS= 6	Flourishing Struggling Languishing Floundering	Age Gender	There is a greater transition from complete mental health group to struggling group in girls (13 and 15 years old) from 2014 to 2018 and from 2010 to 2014
Brailovskaia et al., 2022	Cut score approach SBQ-R Suicide Ideation > 1 Well-being: low versus moderate to high levels of PMH (PMH-Scale < 14 vs. PMH-Scale ≥ 14)	Complete mental health (85%) Vulnerable (4%) Troubled (3%) Symptomatic but content (9%)	Scientific domain (medical students vs other students)	Non- significant differences were found between medical students and other students on mental health groups membership
Carver et al., 2021	Cut score approach - high anxiety: PSWQ≥63 or MASQ-AA≥33	Group 1: high anxiety and high life satisfaction (53%) Group 2: high anxiety and low life satisfaction (47%)	Gratitude Grit Hope Savoring	Group high anxious and high life satisfaction - higher gratitude, grit, hope, savoring, positive rumination than the high anxious low life satisfaction group

	- high life satisfaction: BMSLSS; md≥5.2 - low life satisfaction: BMSLSS; md<5.2		Positive rumination	
Chen et al., 2022	Cut score approach - low level of well-being: WEMWBS ≤40 - some degree of psychological problems: GHQ-12 ≥ 3	Positive mental health (54.5%) Symptomatic but content (21.8%) Vulnerable (7%) Troubled (16.7%)	NR	NR
Clark et al., 2022	Iterative series of Latent Profile Analysis	Symptomatic but content (34%) Troubled (11%) Complete mental health (55%)	Sociodemographic Academic achievement General grit Academic grit Growth mindset	Girls and adolescents with lower SES were significantly more likely to be in the Symptomatic but Content or Troubled groups Boys, adolescents identifying as Black or Hispanic, qualifying for special education adolescents, and adolescents showing higher grit scores were significantly more likely to be in Complete Mental Health group Higher achievement - greater likelihood of classification into the Troubled group rather than Complete Mental Health
de Vos et al., 2018	Cut score approach - languishing category: low scores on at least one of the three emotional wellbeing dimensions and at least six of the eleven (combined)(MHC-SF) - flourishing category: high scores on the same dimensions (MHC-SF)	Languishing +ED (26%) Moderate + ED (61%) Flourishing + ED (13%)	NR	NR
Dileo et al., 2022	Cut score approach - elevated level of psychopathology: BPM-Y ≥ 65 on internalizing	Complete mental health (T1:63%; T2:62%; T3:52%) Symptomatic but content (T1:9%; T2:11%; T3:11%)	Student Engagement Academic Achievement (GPA) Time	Most students were in the complete mental health group across time, followed by the troubled group

	and/or externalizing scales - average to high levels of subjective well-being: based on the percentile of students with elevated psychopathology at each time point	Vulnerable (T1:9%; T2:11%; T3:11%) Troubled (T1:18%; T2:16%; T3:25%)		From Time 2 to Time 3 – there was a decrease in complete mental health students and an increase in troubled students. Vulnerable group - faster decline in GPA. Troubled group - more negative impacts on GPA compared to complete mental health.
Eklund et al., 2011	Cut score approach - high life satisfaction: BMSLSS>4.0 - low life satisfaction BMSLSS<4.0 - low clinical symptoms: BASC-2 ESI <60 and/or PA >40 - high levels of clinical symptoms: BASC-2 ESI >60 and/or PA <40	Well-adjusted (78%) Ambivalent (4%) At risk (9%) Distressed (9%)	Locus of control Attention problems/hyperactivity Alcohol abuse Hope Gratitude Grit	Well-adjusted and at-risk individuals (the low symptoms groups) – lower locus of control and attention problems than distressed and ambivalent groups Well-adjusted – scored higher on hope and gratitude
Eriksson & Stattin, 2023a	Hierarchical cluster analysis (Ward's method) followed by non-hierarchical cluster analyses (K-means clustering)	Perceived good health (47%, 37%, 31%) High Symptoms (19%, 24%, 28%) Perceived poor health (31%, 32%, 33%) Poor mental health (3%, 6%, 8%)	Age Sex	Group of 11-year-olds – lower % in the poor mental health cluster, but no differences according to sex Groups 13 and 15 - that girls were less likely to be in the perceived good health and more likely in the high symptoms and poor mental health clusters
Eriksson & Stattin, 2023b	Hierarchical cluster analysis (Ward's method) followed by non-hierarchical cluster analyses (K-means clustering)	Perceived good health (47%, 37%, 31%) High Symptoms (19%, 24%, 28%) Perceived poor health (31%, 32%, 33%) Poor mental health (3%, 6%, 8%)	Time Gender	There were no significant changes in the distributions for the mental health groups (from 2002 to 2010), but significant changes were found between 2010 and 2018 - Significant decreases on the Perceived good health profile and increases on the High psychosomatic symptoms profile

Study	Approach	Profiles	Correlates	Findings
				Boys are more likely to belong to the Perceived good health Girls are more likely to belong to the High psychosomatic symptoms profile and to the Poor mental health profile
Farahani et al., 2019	Cut score approach - flourishing individuals: high scores on FS (well-being) and low scores on GHQ12 (psychopathology) - languishing individuals: low scores on both FS and GHQ12 - troubled individuals: high scores on GHQ12 and low scores on FS - symptomatic individuals: high scores on both FS and GHQ12	Languishing (32%) Flourishing (13%) Troubled (13%) Symptomatic (42%)	Conscientiousness personality trait	Flourishing group – higher conscientiousness than the languishing group. Symptomatic group revealed the highest conscientiousness The languishing group revealed the lowest conscientiousness
González et al., 2023	Cut score approach - medium/high well-being: >60th percentile - low well-being: <30th percentile - low psychopathology: <30th percentile - high psychopathology: >60th percentile	Complete mental health (31.2%) Symptomatic but content (21.6%) Vulnerable (17.3%) Troubled (29.9%)	Trait worry Psychological inflexibility Perfectionism Perceived affection and hostility of the father and of the mother	Symptomatic but content and Troubled – higher trait worry, psychological inflexibility and dysfunctional perfectionism Vulnerable group – lowest scores of functional perfectionism Symptomatic but content and Complete mental Health – higher perceived affection and lower hostility (mother and father) Troubled group – higher perceived hostility (mother and father)
Greenspoon et al., 2000	Discriminant function analyses, combining high subjective well-being (SWB) and low psychopathology (PTH)	Well- adjusted Distressed Dissatisfied Externally Maladjusted	Self-concept Personality Temperament Interpersonal Relations	Well-adjusted or resilient child tend to be less nervous or fearful and to show an internal Locus of Control
Grych et al., 2020	Cut score approach	Positive mental health (44%) Symptomatic but content (17%) Vulnerable (19%)	Strengths (e.g., Emotional regulation Emotional awareness	The positive mental health and symptomatic

	- high levels of well-being: The Satisfaction with Life Scale (SWLS)>15 - low levels of well-being: The Satisfaction with Life Scale (SWLS) <15 - high psychological distress: TSC<25 - low in psychological symptomatology: TSC>25	Troubled (20%)	Psychological endurance Purpose) Exposure to adversity	but content groups revealed similar patterns of results: higher strengths than vulnerable and troubled groups
Hides et al., 2020	Cut score approach - Flourishing individuals: high levels of at least one of the three aspects of emotional well-being and at least six of eleven aspects of positive psychological and social functioning during the past month (MHC-SF) - Languishing individuals: low levels of at least one aspect of emotional well-being and at least six aspects of psychological or social functioning (MHC-SF) - Moderate individuals: those who didn't meet neither set of criteria	Languishing + Mental disorders= 6% Moderate + Mental disorders= 47% Flourishing + Mental disorders= 48%	NR	NR
Hu & Lan, 2022	Latent Profile Analysis	Flourishing Vulnerable Troubled Highly Troubled	Dark triad personality traits	Flourishing – more likely to be in the Machiavellianism-psychopathy profile and the malevolent profile Troubled - less likely to be in the narcissism profile
Iglesia et al., 2019	Hierarchical cluster analysis (Ward's method)	Complete mental health (46%) Symptomatic but content (16%) Vulnerable (27%)	Positive personality traits: Sprightliness Integrity	Complete mental health group- highest sprightliness, integrity, serenity, and moderation

		Troubled (10%)	Serenity Humanity Moderation	Troubled group- lowest sprightliness, integrity, serenity, and moderation Complete mental health and symptomatic but content groups – higher humanity than Troubled and Vulnerable groups
Jefferies et al., 2023	Cut score approach - high level of psychopathology: SDQ≤5 - low level of psychopathology: SDQ≥4 - high level of well-being: SWEMWBS= [7-20] - low level of well-being: SWEMWBS= [21-35]	Complete mental health (51%) Symptomatic but content (24.5%) Vulnerable (7.67%) Troubled (16.15%)	Emotion regulation Empathy Problem solving Goals & aspirations Peer support School support Community support Home & school participation Community participation	Complete Mental Health - highest levels of all protective factors, except empathy, which was reported by Symptomatic but Content Troubled and Vulnerable groups - reported the lowest scores for social protective factors Troubled Group - reported the lowest scores for individual or psychological protective factors
Jiang et al., 2019	Cut score approach Flourishing/Complete Mental Health: an above-average QoL (score ≥ 24) and enjoyed above-average social cohesion (score ≥ 27)	Languishing and mentally ill (16%) Moderate mentally healthy (66%) Flourishing (18%) Grouped then in two groups: Complete Mental Illness vs Complete Mental Health	Academic Emotions	Complete mental health group – greater Positive High-Arousal Academic Emotion, and Positive Low-Arousal Academic Emotion
Jiang et al., 2023	Latent Profile Analysis	Vulnerable Flourishing Troubled	Sociodemographic data Physical health indicators	Complete Mental Illness – adults aged 70 or older are less likely to be in this group, higher physical health difficulties Complete Mental Health - more likely to have higher education, income and employment, better cognitive function.

Kassis et al., 2022	Latent Class Analysis/ Latent Transition Analysis	Resilient (W1=20%; W2=18%) Troubled (W1=20%; W2=23%) Vulnerable (W1=18%; W2=12%) Non-Resilient (W1=41%; W2=47%)	Gender Migration background SES	Highly significant number of females in the resilient group and vulnerable group, compared to males
Kelly et al., 2012	Cut score approach - moderate-to-high levels of subjective well-being: SWB *T-score* ≥40 - high levels subjective well-being: SWB *T-score* ≤40 - high psychopathology: SRCS *T-score* ≥60 on Internalizing, Externalizing, or both scales	Flourishing (64%) Symptomatic but content (20%) Vulnerable (8%) Troubled (8%)	Social Support - family, peer and teacher	Good relationships with teachers/family/peers are associated with more likelihood to remain or move to the flourishing group Troubled students – students showing higher family support for learning were less likely to improve their mental health
Keyes et al., 2020	Cut score approach - flourishing individuals: reports of experiencing "every day" or "almost every day" at least one of the three items that measure emotional well-being and at least six of the eleven items measuring psychological or social well-being	Flourishing (69%) Not Flourishing (31%) Depressed (92%) Not Depressed (8%)	Time	The flourishing group who declined to not flourishing - increased risk of depression than participants who stayed flourishing Participants who improved to flourishing were no more likely to have depression than those who stayed flourishing
Khumalo et al., 2022	Latent Class Analysis	Languishing with moderate endorsement of depressive symptoms (25.9%) Flourishing with least endorsement of depressive symptoms (63.7%) Moderate mental health with high endorsement of depressive symptoms (10.4%)	NR	NR
Kim et al., 2017	Latent Profile Analysis	Group 1: Low distress+low covitality (3%)	NR	NR

		Group 2: Low distress+below average covitality (13%)		
		Group 3: Low distress+ average covitality (27%)		
		Group 4: Low distress+ above average covitality (15%)		
		Group 5: Low distress+ high covitality (5%)		
		Group 6: Dual Risk+low covitality (2%)		
		Group 7: Dual Risk+below average covitality (10%)		
		Group 8: Dual Risk+ average covitality (9%)		
		Group 9: Dual Risk+ above average covitality (7%)		
		Group 10: Dual Risk+ high covitality (<1%)		
		Group 11: Internal only risk+low covitality (<1%)		
		Group 12: Internal only risk+below average covitality (3%)		
		Group 13: Internal only risk+ average covitality (3%)		
		Group 14: Internal only risk+ above average covitality (2%)		
		Group 15: Internal only risk+ high covitality (<1%)		
Kim et al., 2019	Latent Profile Analysis	Flourishing (15%) Moderate Flourishing (35%) Moderate Languishing (39%) Languishing (12%)	Life Satisfaction	The Flourishing group - highest life satisfaction scores

Kim et al., 2022	Not Available	Flourishing and Moderate Pure Languishing Pure Mental Disorder Mental Disorder and Languishing	Online learning indicators	Mental Disorder and Languishing: greater academic distress, lower GPA Flourishing and Moderate group: the highest engagement
King et al., 2021	Cut score approach (unspecified cut-off points)	Mentally healthy (68%) Symptomatic yet content (18%) Asymptomatic yet discontent (6%) Mentally unhealthy (9%)	Family characteristics Social support Academic functioning	Mentally healthy - highest social support and academic functioning Being mentally unhealthy – worst social support and academic functioning Support and GPA increases the likelihood of being Symptomatic yet content versus mentally unhealthy
Kirby et al., 2023	Cut score approach - high anxiety: PHQ≥3 on the two anxiety items - low anxiety: PHQ≤2 on the two anxiety items - high life satisfaction: SWLS; md≥25 - low life satisfaction: SWLS; md≤24	1. low anxiety–high life satisfaction (n = 103, 34.4%) 2. low anxiety–low life satisfaction (n = 46, 15.4%) 3. high anxiety–high life satisfaction (n = 51, 17.1%) 4. high anxiety–low life satisfaction (n = 99, 33.1%)	NR	NR
Lyons et al., 2012	Cut score approach - high psychopathology: YSR>1 SD (1SD above the mean) on either internalizing or externalizing measures - low psychopathology: YSR<1 SD (1 SD bellow the mean) on either internalizing or externalizing measures - high subjective well-being: SLSS>1 SD (1 SD above the mean)	Positive mental health (64%) Vulnerable (7%) Symptomatic but content (9%) Troubled (20%)	Personality Social Support Stressful life events	Symptomatic but content and Troubled groups– higher Neuroticism, stressful events, and lower Extraversion and Parental support than Positive Mental Health Vulnerable group – lower perceived parental support, higher neuroticism than Positive Mental Health

	- low subjective well-being: SLSS<1 SD (1 SD below the mean)			
Lyons et al., 2013	Cut score approach - high subjective well-being: SWB>1 SD (1 SD above the mean) - low subjective well-being: SWB SLSS<1 SD (1 SD below the mean) - high psychopathology: PTH>1 SD (1 SD above the mean) on internalizing and/or externalizing behaviors - low psychopathology: PTH<1 SD (1 SD bellow the mean) on internalizing and/or externalizing behaviors	Positive Mental Health Vulnerable Troubled Symptomatic but Content	GPA Behavioral Engagement Cognitive Engagement Emotional Engagement	GPA of Vulnerable decreased more than Positive Mental Health from T1 to T2 Emotional Engagement from Positive Mental Health group increased from T1 and T2, in from Troubled group decreased Behavioral Engagement from Positive Mental Health group decreases from T1 and T2 more than from the Symptomatic but Content group Positive Mental Health group revealed greater Cognitive Engagement in T1 and T2 than Troubled and Vulnerable
Magalhães & Calheiros, 2017	Cut score approach - average/high well-being: percentile 70 – score 103 [in a total of 128 points] - low well-being: percentile 30 – score 88 [in a total of 128 points] - high psychopathology: percentile 70 – score 34 [in a total of 54 points] - low psychopathology: percentile 30 – score 27 [in a total of 54 points]	Complete mental health (27%) Vulnerable (18%) Symptomatic but content (20%) Troubled (35%)	Social Support	Complete mental health and Symptomatic but content groups revealed greater social support than Vulnerable and Troubled groups
Marasca et al., 2021	Latent Class Analysis, using *poLCA* packages	Group 1: high level of symptoms and subjective well-being	Academic Achievement	Lower academic achievement for Group 1 (high level of symptoms and subjective well-being)

		Group 2: moderate level of symptoms and low subjective well-being Group 3: low level of symptoms and high subjective well-being Group 4: moderate level of symptoms and subjective well-being		
Matos et al., 2023	Cut score approach (unspecified cut-off points)	(1) Complete Psychological Health - high life satisfaction and low psychological symptoms 35.6% (2) Incomplete Psychological Health - low life satisfaction and low psychological symptoms 17.7% (3) Incomplete Psychological Distress—high life satisfaction and marked psychological symptoms; 14.1% (4) Complete Psychological Distress—low life satisfaction and marked psychological symptoms 32.6%	Gender Age	Complete Psychological Health – boys and younger children, reported less often that their life situation became worse after the pandemic Complete Psychological Distress - girls and older children, reported more often that their life situation became worse after the pandemic
Min et al., 2022	Cut score approach - high flourishing: FS>5 - low flourishing: FS<5 - symptom of internalization problem: calculate using ≥2 SD to classify the level of psychological problems	Completely mentally healthy: 63.3% Vulnerable: 25.1% Mental Ilness/troubled: 9.1% Symptomatic but content: 2.5%	NR	NR
Moffa et al., 2016	Cut score approach - low levels of life satisfaction: BMSLSS; Z-score ≤1.0	1. high life satisfaction and normative distress (19%)	School belonging	The group "low life satisfaction and elevated distress" - the lowest school belonging

	- average levels of life satisfaction: BMSLSS; Z-score =[-1.0-1.0] - high levels of life satisfaction: BMSLSS; Z-score ≥1.0 - elevated psychological distress: SDQ; Z-score ≥1.0 - normative psychological distress: SDQ; Z-score<1.0	2. high life satisfaction and elevated distress 3. average life satisfaction and normative distress (42%) 4. average life satisfaction and elevated distress 5. low life satisfaction and normative distress (9%) 6. low life satisfaction and elevated distress.		The groups "high life satisfaction, regardless of psychological distress level" - the highest sense of school belonging
Monteiro et al., 2023	Cut score approach - complete mental health: participants who were flourishing and did not report clinically relevant depressive and anxiety symptoms - not compete mental health: participants who didn't meet the previous criteria	Flourishing, without clinical symptoms, 30.92% Not flourishing, without clinical symptoms, 21.74% Flourishing, with clinical symptoms, 11.11% Not flourishing, with clinical symptoms, 36.23%	Sociodemographic Support Self-compassion Mindful self-care	Physical health problems, a previous history of psychopathology and having medical complications during pregnancy - lower odds of Complete mental health Greater odds of Complete Mental Health – higher perceived support, self-compassion and mindful self-care
Moore et al., 2019	Latent Profile Analysis/Latent Transition Analysis, using a four-step approach	Complete mental health, Moderately mentally healthy Symptomatic but content	Time	Complete mental health class - the most stability across time Troubled class - the least stability across time
Moore, Dowdy et al., 2019	Latent Profile Analysis/Latent Class Analysis	Complete mental health Moderately mentally healthy Symptomatic but content Troubled	GPA Life satisfaction Contribution to community Depression and Anxiety	Complete mental health – greater GPA, and life satisfaction Complete mental health and moderately mentally healthy classes - greater prosocial contribution than the other two classes The symptomatic but content and Troubled classes - greater depression and anxiety
Morrison et al., 2023	Latent Profile Analysis combining well-being and ill-being	Cluster 1 - flourishing Cluster 6 - languishing	Physical and financial health	Cluster 6 (languishing) - greater improvement both in their well-being and

		Cluster 2 - average well-being score of 63 and a mean ill-being score of 31.7 Cluster 3 - lower mean WHO-5 of 49.3 and a low PHQ-9 score of 18.5		their ill-being when physical health improved
O'Connor et al., 2018	Cut score approach (unspecified cut-off points)	Low competence with high difficulties (27%) Low competence with low difficulties (5%) Moderate competence with high difficulties (15%) Moderate competence with low difficulties (17%) High competence with high difficulties (6%) High competence with low difficulties (23%)	Early Learning Skills	Low competence + high difficulties group: the highest levels of vulnerability on early learning skills
Petersen et al., 2020	Latent Class Analysis	Complete mental health (57%) Vulnerable (13%) Emotional symptoms but content (18%) Conduct problems but content (12%)	Peer support and school connectedness Academic attainment	Emotional symptoms but content class - more likely to be female, having special educational needs and disabilities, to live in more affluent neighborhoods, and to have lower prior maths attainment The conduct problems but content - more likely to be male, having special educational needs and disabilities, and lower levels of school connectedness The vulnerable class - more likely to experience familial poverty, lower levels of social support and school connectedness
Petersen et al., 2022	Latent Class Analysis/Latent Transition Analysis using	Complete mental health Vulnerable	Peer support Time	The most stable status was Complete Mental Health, and the least stable was Vulnerable

	maximum likelihood estimation and an expectation–maximization (EM) algorithm	Emotional symptoms but content Conduct problems but content Troubled		Complete Mental Health – greater support than Vulnerable or Troubled
Putwain et al., 2021	Latent Profile Analysis using maximum likelihood estimation	Moderate risk (22%) High risk/Troubled (8%) Low risk/Complete mental health (39%) Coping/Symptomatic but content (32%)	NR	NR
Renshaw et al., 2016	Cut score approach - low-to-moderate emotional distress range: standardized meta-composite score ≤1 SD - at-risk-to-clinical range: standardized meta-composite score >1 SD - languishing-to-low range emotional well-being range: standardized meta-composite score <−1 SD - moderate-to-flourishing range emotional well-being range: standardized meta-composite score ≥ −1 SD	Healthy emotionality (74%) Unhealthy emotionality (6%) Mixed emotionality (11%) Diminished emotionality (9%)	Academic Achievement Physical Health Social Connectedness Life Satisfaction	Mixed and healthy emotionality groups - better physical health, social connectedness, and life satisfaction, compared to the diminished and unhealthy groups
Renshaw & Cohen, 2014	Cut score approach (unspecified cut-off points)	Mentally healthy (61%) Mentally unhealthy (15%) Symptomatic yet content (5%) Asymptomatic yet discontent (19%).	GPA Interpersonal Connectedness Physical health	The mentally-healthy group – greater GPA and physical health The symptomatic-yet-content and the mentally-healthy group - greater interpersonal connectedness (with peers) than the mentally-unhealthy group and the asymptomatic-yet-discontent group

				The symptomatic-yet-content group – greater physical health than mentally-unhealthy group
Rizzo & Góngora, 2022	Cut score approach - presence or absence of mental disorders: IGS from SCL-90-R with cut-off scores based on previous literature from studies conducted in Buenos Aires (Casullo, 2014). Crossover between the presence or absence of psychological distress with the three mental health categories	Languishing, with psychological distress (7.5%, school sample; 9.2%, clinical sample) Languishing, without psychological distress (4%, school sample; 1.3%, clinical sample) Moderate mental health with psychological distress (15%, school sample; 22.4%, clinical sample) Moderate mental health without psychological distress (44.5%, school sample; 35.5%, clinical sample) Flourishing, with psychological distress (3.3%, school sample; 0%, clinical sample) Flourishing, without psychological distress (25.8%, school sample; 31.6%, clinical sample)	Gender Age	Flourishing, with psychological distress more prevalent in older students Flourishing, without psychological distress more prevalent in male students than female
Rose et al., 2017	Latent Class Analysis	Positive mental health (51%) Vulnerable (20%) Symptomatic but content (13%) Troubled (16%)	School bonding GPA and retention Demographics	Grade repetition and suspensions greater in Troubled group Positive mental health – greater school bonding Older youth - higher odds of being in the symptomatic but content group compared to the positive mental health group.

				Females - higher odds of being in the troubled mental health group compared to the positive mental health group
Scutt et al., 2023	Latent Profile Analysis	Flourishing 32% Vulnerable 16% Partially symptomatic and content 30% Languishing 22%	NR	NR
Smith et al., 2020	Cut score approach - elevated internalizing and externalizing behaviors: SIBS≥60 and SEBS≥60, accounting for gender differences in these behaviors	Complete mental health (54%) Symptomatic but content (19%) Vulnerable (19%) Troubled (9%)	Social Relationships Academic Engagement	Symptomatic but content and Complete Mental Health - greater social support and academic engagement
Stephens et al., 2023	Cut score approach - distress: DASS-21 cut-off scores were used to determine the level of the individual's distress - flourishing individuals: responses of "every day" or "almost every day" to at least one item measuring hedonic wellbeing and at least six items measuring positive functioning (MHC-SF) - languishing individuals: responses of "never" or "once or twice", to at least one item measuring hedonic wellbeing, and at least six items measuring positive functioning (MHC-SF) - moderate individuals: responses who didn't meet the previous criteria (MHC-SF)	Flourishing, with low psychological distress (32%) Moderate, with low psychological distress (44.7%) Languishing, with low psychological distress (0.1%) Flourishing, with high psychological distress (1.1%) Moderate, with high psychological distress (20.7%) Languishing, with high psychological distress (1.3%)	NR	NR

Suldo & Shaffer, 2008	Cut score approach - at risk or clinically significant mental health problems: *T-score* ≥60 for one or both internalizing and externalizing symptoms - average to high subjective well-being: SWB *Z-score* ≥0.76; above the 30th percentile - low subjective well-being: SWB *Z-score* <0.76; bellow the 30th percentile	Complete mental health (57%) Symptomatic but content (13%) Vulnerable (13%) Troubled (17%)	Social Support School Attitudes GPA School Attendance Physical Health	Complete mental health - better reading skills, school attendance, academic self-perceptions, academic related goals, social support from classmates and parents, self-perceived physical health, and fewer social problems than vulnerable group Symptomatic but content - better social functioning and physical health than Troubled
Suldo et al., 2011	Cut score approach - high psychopathology: YSR internalizing composite≥60 or the TRF externalizing composite≥60 - low subjective well-being: ≤30th percentile	Complete mental health (57%) Symptomatic but content (12%) Vulnerable (14%) Troubled (17%)	GPA School Attendance Standardized tests score Office discipline referrals	Troubled group - declined faster on GPAs than youth without psychopathology. Complete mental health - at Time 2, best attendance, grades, and math skills were found among students who were in the complete mental health group 1 year earlier
Suldo et al., 2014	Cut score approach - low psychopathology: Internalizing *T-score*<60 and Externalizing *T-score*<60 - high psychopathology: Internalizing *T-score* ≥60 or Externalizing *T-score* ≥60 - low subjective well-being: SWB composite≤21st *P* - high subjective well-being: SWB composite>21st *P*	Complete mental health (27%) Symptomatic but content (20%) Vulnerable (33%) Troubled (20%)	Extracurricular activities Social Support/relationships	Complete mental health and vulnerable groups - emphasized their extracurricular activity involvement more than other groups Complete mental health group: reported greater family support Vulnerable group: mentioned conflict in relationships with family members and friends. Reported schoolwork as relevant to their happiness. Symptomatic but content group: discussed conflict with family members, family member's personality, as relevant to happiness, and goals as relevant to their appraisals of life satisfaction

				Troubled - academic achievement level was reported as important to their happiness.
Suldo et al., 2016	Cut score approach - low psychopathology: Internalizing *T-score*<60 and Externalizing *T-score*<60 - elevated psychopathology: Internalizing *T-score* ≥60 or Externalizing *T-score* ≥60 - low subjective well-being: SWB composite ≤26.4th percentile - high subjective well-being: SWB composite ≥26.4th percentile	Complete mental health (62%) Symptomatic but content (11%) Vulnerable (11%) Troubled (15%)	Social Adjustment Identity Physical Health Academic Adjustment	Complete mental health – greater academic attitudes, physical health, social support and satisfaction with romantic relationships, and identity development than Vulnerable Symptomatic-but-content group - greater academic self-perceptions, physical health, social support and satisfaction with romantic relationships and identity development than Troubled group
Teismann et al., 2018	Cut score approach - presence of suicide ideation: DSI-SS=0 - absence of suicide ideation DSI-SS>0: - low levels of positive mental health: PMH<14 - moderate to high levels of positive mental health: PMH≥14	Complete mental health (IN=17%; OUT=23%) Symptomatic but content (IN=10%; OUT=6%) Vulnerable (IN=20%; OUT=35%) Troubled (IN=53%; OUT=37%)	NR	NR
Thayer et al., 2021	Latent Profile Analysis limiting the range of models explored to 2–5 profiles Cut score approach - high difficulties: ≥70th percentile - low difficulties: <70th percentile - high well-being: ≥30th percentile - low well-being: <30th percentile	Complete mental health (Fall Cut=61%; Fall Latent=16%; Spring Cut=56%; Spring Latent=72%) Symptomatic but content (Fall Cut=11%; Fall Latent=47%; Spring Cut=12%) Vulnerable (Fall Cut=11%; Fall Latent=39%; Spring Cut=13%; Spring Latent=28%)	NR	NR

		Troubled (Fall Cut=18%; Fall Latent=8%; Spring Cut=19%)		
Van Slingerland et. al., 2018	Cut score approach - flourishing mental health: answers of "every day during the past month" or "almost every day during the past month" for at least one of the three items measuring emotional well-being (EWB), and at least six of the 11 items measuring positive functioning social well-being (SWB) and psychological well-being (PWB) - languishing menta health: responses of "never during the past month" or "once or twice during the past month" for at least one of the three items of EWB and at least six of the 11 items of positive functioning - moderate mental health: responses that didn't meet the previous criteria - low mental health category: MHC-SF= [0-1.48] - moderate mental health category: MHC-SF= [1.5-3.49] - high mental health category: MHC-SF= [3.5-5]	Languishing with diagnosis (T1=9%; T2=5%) Moderately mentally healthy with diagnosis (T1=63%; T2=65%) Flourishing with diagnosis (T1=28%; T2=30%) Languishing without diagnosis (T1=2%; T2=1%) Moderately mentally healthy without diagnosis (T1=43%; T2=50%) Flourishing without diagnosis (T1=56%; T2=49%)	Time	Time 1 - athletes were 3.18 times as likely to be classified as flourishing if they did not have a previous diagnosis
Walter et al., 2023	Latent Class Analysis	Fulfilled - 44% Languishing - 29% Vulnerable - 13%	The intention to stay in the field	Fulfilled profile - more likely to intend to stay in the field than the languishing profile

		Flourishing - 13%		Flourishing profile - more likely to report the intention to stay in the field than languishing profile
Wang et al., 2023	Latent Profile Analysis	Symptomatic but Content -53.2% Complete Mental Health - 35.7% Troubled - 11.1%	Sociodemographic data Physical health indicators Social Support	Symptomatic but content profile - higher expression suppression relative, PCOS women with acne Troubled profile - higher expression suppression Complete mental health – high social support
Weatherson et al., 2020	Cut score approach The lower and upper cut-points for DFS: 30 and 35 The lower and upper cut-points for CESDR- 10: 6 and 13	Flourishing/low depressive symptoms (40%) Flourishing/high depressive symptoms (10%) Languishing/low depressive symptoms (14%) Languishing/high depressive symptoms (36%)	Physical activity Sleep and screen time Sociodemographic	Languishing/high depressive symptoms - greater proportion of females Flourishing - more likely to be meeting physical activity guidelines compared to languishing Flourishing/Low depressive - most likely to achieve the behavioral guidelines
Westerhof et al., 2010	Cut score approach - flourishing individuals: responses of "every day" or "almost every day" to at least one item measuring hedonic wellbeing and at least six items measuring positive functioning (MHC-SF) - possible cases of mental illness: BSI; Mean=≥0.70	Complete mental health (33%) Complete mental illness (11%) Moderate mental health (57%)	Age	Older adults - less likely to have complete mental illness
Xiao et al., 2021	Cut score approach - high flourishing level: FS≥5 - medium flourishing level: FS=[4-4.99] - low flourishing level: FS<4 - with depression symptoms	Flourishing (62%) Vulnerable (18%) Tolerance (8%) Languishing (13%)	NR	NR

	- without depression symptoms	Flourishing (62%) High vulnerable (3%) General vulnerable (15%) General tolerance (8%) High tolerance (8%) Languishing (5%)		
Xiong et al., 2017	Cut score approach - high psychopathology: Internalizing *T-score* ≥67 or Externalizing *T-score* ≥60 - low psychopathology: Internalizing *T-score* <67 or Externalizing *T-score* <60 - average-to-high subjective well-being: SWB composite ≥30[h] percentile - low subjective well-being: SWB composite <30th percentile	Complete mental health (60%) Symptomatic but content (10%) Vulnerable (20%) Troubled (10%)	SES Academic Self-Efficacy the Regulatory Emotional Self-Efficacy Academic emotions	Troubled – greater proportion of males, from nonintact families Symptomatic but content groups – greater proportion of males Vulnerable group - below-average SES families overrepresented Complete mental health - Greater self-efficacy for affect regulation, academic self-efficacy, and enjoyment, lower hopelessness and frustration than Vulnerable Troubled group - lowest efficacy beliefs and enjoyment, and the highest hopelessness and frustration Complete mental health - the highest self-efficacy beliefs and enjoyment, and the lowest hopelessness and frustration
Xu et al., 2023	Latent Profile Analysis	Complete mental health (21.5%) Symptomatic but content (23.7%) Vulnerable (20.9%) Troubled (33.9%)	Sociodemographic	Troubled group - more likely to be young, men, single, divorced or widowed, to have lower income, to have lower occupational positions, and to work longer hours each day, than Complete Mental Health Vulnerable and Symptomatic but content groups - more likely to be men, to have lower income, to have lower occupational positions, and to work longer

				hours each day than Complete Mental Health Vulnerable group - more likely to be older, women, married or in a stable relationship, and to work longer hours each day, than Troubled. Symptomatic but content group - more likely to be older, women, married or in a stable relationship, to have higher income and higher occupational positions, than Troubled Symptomatic but content group - more likely to have higher income, to have higher occupational positions, and to work shorter hours each day than Vulnerable
Zhang et al., 2021	Cut score approach - high psychiatric symptoms: SCL-90≥3 - low psychotic symptoms: SCL-90<3 - high mental health: SWLS≥4 - low mental health: SWLS<4	Positive mental health (58%) Symptomatic but content (3%) Vulnerable (31%) Troubled (8%)	Perceived stress Employee engagement	Positive mental health and Symptomatic but content – greater perceived work values than Vulnerable and Troubled Positive mental health group - lower work stress scores than other three subgroups Vulnerable group - lower stress than Troubled
Zhao & Tay, 2023	Latent Profile Analysis choosing the seven-profile solution	Flourishing and not depressed (47%/50%). Second-highest levels of well-being and absence of depression (24%/23%). Suffered from depression and low well-being (18%/16%). Near-average levels of well-being and suffering from depression (10%/11%)	NR	NR

| Zhou et al., 2020 | Latent Profile Analysis/ Latent Transition Analysis was later performed to explore the transitions across identified profiles | Flourishing (T1=51%; T2=40%; T3=37%)
Vulnerable (T1=40%; T2=47%; T3=49%)
Troubled (T1=9%; T2=13%; T3=14%) | Psychological need satisfaction in school
School stress | Higher levels of autonomy, relatedness and competence need satisfaction in school operated as protective factors – lower likelihood of membership in Vulnerable or Troubled
Higher levels of academic and peer relationship stress – risk factors for membership in Vulnerable or Troubled |