salud mental

EDITORIAL
Volume 49, Issue 2, March-April 2026
10.17711/SM.0185-3325.2026.08

Psychiatry in the Contemporary World

Gerhard Heinze-Martin,[1] César Amaury Sánchez-Aguilar[1]

[1] Dirección de Enseñanza, Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, Ciudad de México, México.

Correspondence:
Gerhard Heinze-Martin
Dirección de Enseñanza, Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz.
Calz. México-Xochimilco 101, San Lorenzo Huipulco, Tlalpan, 14370, Ciudad de México, México.
Phone: +52 (55) 4161-2489
Email: gheinze@inprf.gob.mx

Citation:
Heinze-Martin, G., & Sánchez-Aguilar, C. A. (2026). Psychiatry in the Contemporary World. *Salud Mental*, *49*(2), 49–51 https://doi.org/10.17711/SM.0185-3325.2026.08

INTRODUCTION

One of the fundamental needs of human beings, according to Erich Fromm—whose view we share—is planning the future (Romanetto, 2021). This priority, a universal necessity in an increasingly globalized world, bears directly on medicine in general and psychiatry in particular.

As psychiatrists, when we speak of planning, we cannot ignore the complex mind–brain dyad underlying every advance in psychiatry and compelling us to deepen our knowledge. Not everything we consider mental is therefore cerebral, nor can cerebral be said to be synonymous with mental. Nevertheless, we recognize the close interconnection between mind and brain, shaped by social, psychological, and biological factors that determine behavior—whether adaptive or maladaptive.

The human brain stands at the crossroads between the organism and experience. Its physiology and relationship with the mind can only be clarified if psychiatry works in concert with other disciplines, drawing on biological foundations while embracing social determinants. The complex interplay between what is mental and what is cerebral must be considered when planning and advancing psychiatric knowledge, since these terms are intimately related but not interchangeable.

Mental health has become a priority for global public health. Although the development of psychiatry as a humanistic medical discipline has achieved significant progress, much work remains to be done to ensure that individuals with mental disorders receive timely, effective care. Mental health legislation has lagged in many countries, and the rapid emergence of digital technologies, including artificial intelligence, poses new regulatory and ethical challenges for our field.

It is hardly surprising that the COVID-19 pandemic had profound psychosocial consequences. Health professionals worked with a daily reminder of their own vulnerability to illness and students were forced to adapt abruptly to virtual education, often at the cost of sociability and increased uncertainty. Workers faced economic instability, individuals in poverty experienced declining living standards while those with mental disorders frequently endured intense social isolation. Early diagnosis and timely treatment remain essential—not only to reduce human suffering but also to mitigate future financial and social costs.

Comorbidity of mental and physical disorders

The fragmentation of medicine into specialties and subspecialties—including psychiatry—has often been regarded as an obstacle to comprehensive care. Recent research suggests that depressive, anxiety, posttraumatic stress, and sleep disorders are associated with an increased risk of acute coronary syndrome. Posttraumatic stress and sleep disorders emerge as significant risk factors for acute coronary syndrome, indicating the potential impact of sleep quality on cardiovascular outcomes. Future research addressing these limitations could provide more nuanced insights into the association between mental health and acute coronary syndrome. (Gupta, 2026). This insight is particularly relevant given the growing comorbidity between mental and physical disorders.

Life expectancy among individuals with noncommunicable diseases has increased, heightening the risk of coexistence between psychiatric and somatic illnesses. Although treatments for severe mental disorders are often effective, they do not always lead to complete, sustained recovery. Psychiatrists must therefore strive to improve both the mental and physical health of their patients, reducing residual symptoms through optimal, integrative therapeutic strategies.

Psychiatry must also address challenges within the diagnostic and therapeutic relationship. Communication skills and cultural competence are indispensable to strengthening the physician-patient bond and gradually reducing stigma among both healthcare professionals and the general population.

Stigma toward people with mental illness

Eliminating discrimination against individuals with mental disorders remains a central challenge. The Lancet Commission on ending stigma and discrimination in mental health underscores the urgency of dismantling the structural and social barriers hindering recovery (Thornicroft, 2022). Stigma not only delays care but also exacerbates the suffering of patients and their families.

Although anti-stigma campaigns have been implemented in various countries, they have only been partially successful, particularly among non-psychiatric health professionals. Ending discrimination requires sustained educational efforts, social reform, and the active participation of individuals with lived experience.

Stress and illness

Chronic stress is known to produce harmful effects on both mind and body. Persistent emotional overload weakens immune function, contributes to atherosclerotic processes in the cardiovascular system, and increases the risk of myocardial infarction, diabetes, anxiety disorders, and depression. When stress becomes chronic, consistently high cortisol levels can damage multiple organs, leading to a state of enduring psychological distress.

Major depression frequently represents the final common pathway of prolonged stress, and its response to treatment may be delayed despite appropriate therapeutic strategies. Strengthening resilience—through psychotherapy, meditation, spirituality, and social support—can foster meaning, confidence, and inner peace. Positive emotions and adaptive coping mechanisms can mitigate disease severity, whereas persistent negative emotional states can aggravate it.

The COVID-19 pandemic offers a paradigmatic example. Whereas some individuals demonstrated resilience, others developed severe stress reactions requiring medical and psychological intervention. Globally, depressive and anxiety disorders rose markedly during 2020, underscoring the vulnerability of mental health systems already weakened by insufficient funding.

The dilemma of whether to continue antipsychotic treatment in schizophrenia

Relapse prevention in schizophrenia remains a critical issue for contemporary psychiatry. Persistent symptoms, functional disability, suicide risk, diminished treatment response after relapse, and increased healthcare utilization all underscore the importance of maintenance strategies.

Large register-based studies have demonstrated that the risk of relapse following the discontinuation of antipsychotics does not significantly diminish during the early years of illness and that long-term treatment is associated with increased survival (Tiihonen, 2018). Conversely, randomized clinical trials—such as those conducted by the HAMLETT-OPHELIA Consortium—have suggested that early dose reduction or discontinuation may confer functional benefits in subsequent years despite an increased short-term risk of relapse (Sommer, 2026).

Consensus generally favors maintenance therapy, although not all psychoses are equivalent, and personalized medicine must guide clinical decisions. Ongoing evaluation is essential to identifying patients who may safely reduce or discontinue medication.

Genetics and schizophrenia

Advances in genetics have shed new light on the biological underpinnings of schizophrenia. A large-scale meta-analysis conducted by the Schizophrenia Exome Meta-Analysis Consortium (SCHEMA) identified ultra-rare coding variants in ten genes that substantially increase risk (Singh, 2022). These findings highlight genes expressed predominantly in central nervous system neurons, many of which are involved in synaptic formation and function, including components of the glutamatergic system.

Although these variants account for a minority of cases, they offer valuable insight into mechanistic pathways —such as NMDA receptor hypofunction—and may guide the development of novel therapeutic interventions. Nevertheless, these biological findings must be incorporated into a broader biopsychosocial framework.

Psychedelics and therapeutic promise

In recent years, renewed scientific interest has emerged regarding the therapeutic potential of psychedelics, including psilocybin-containing mushrooms. Although early clinical trials suggest possible benefits for certain refractory conditions, these substances are not “miracle cures.” Their effects may be profound but are also context-dependent and

not without risk. Rigorous research is required to determine patient profiles, safety parameters, and long-term outcomes.

Precision psychiatry and pharmacogenomics

Evidence-based psychiatry has achieved significant progress, yet predictors remain insufficiently robust to guarantee fully precise treatment selection. Future advances will likely emerge from integrating experimental trials with real-world observational studies.

Pharmacogenomics offers a promising tool for personalized medicine, as genetic, epigenetic, and environmental factors influence drug metabolism, receptor sensitivity, efficacy, and safety. Despite its potential, cost-effectiveness and non-genetic variability remain limiting factors. Continued research is necessary before pharmacogenetic testing can be routinely incorporated into clinical decision-making.

Dementia syndrome

Another major challenge for contemporary neuropsychiatry is dementia—its risk factors, prevention, and management. Once established, dementia is considered impossible to reverse. Preventive strategies are therefore of paramount importance: addressing obesity, depression, sedentary lifestyle, social isolation, substance use, diabetes, hypertension, and hypercholesterolemia.

The 2024 report of the Lancet Standing Commission on dementia prevention, intervention, and care states that a substantial proportion of dementia cases could be prevented by modifying cardiovascular and socioeconomic risk factors (Livingston, 2024). Early identification and risk reduction are therefore critical priorities.

The future of psychiatry

What lies ahead for psychiatry and psychotherapy? The future will undoubtedly bring diverse responses shaped by social change, evolving schools of psychopathology, and patient needs. Psychiatry must not merely seek to survive but to recover mental health, with a harmonious relationship between the individual and society at its center.

Multidisciplinary collaboration will remain essential. Biological variability and social interconnectedness profoundly influence mental and physical equilibrium. Research into preventive and therapeutic innovations continues to expand, with increasing emphasis on integrated, biopsychosocial care models.

CONCLUSION

Individuals with mental disorders are integral members of society, yet stigmatization and discrimination continue to hinder timely intervention and recovery. It is our duty to launch broad educational campaigns, promote ethical and social justice, and advance biological, psychological, and social knowledge in psychiatry.

The brain is a complex organ, and although pharmacological and psychotherapeutic tools have enabled us to treat certain abnormalities, brain health is influenced by processes occurring throughout the organism and its environment. Psychiatry therefore has both a scientific and a humanistic responsibility: to integrate knowledge, reduce suffering, and foster resilience in an ever-changing world.

REFERENCES

Gupta, A., Tejpal, T., Seo, C., Fabiano, N., Zhao, S., Wong, S., Qiu, Y., MacNeil, J., Kim, D. R., Aleksova, N., Siddiqi, S., Solmi, M., & Fiedorowicz, J. G. (2026). Mental Disorders as a Risk Factor of Acute Coronary Syndrome: A Systematic Review and Meta-Analysis. *JAMA Psychiatry*, *83*(3), 259–268. https://doi.org/10.1001/jamapsychiatry.2025.4253

Livingston, G., Huntley, J., Liu, K. Y., Costafreda, S. G., Selbæk, G., Alladi, S., Ames, D., Banerjee, S., Burns, A., Brayne, C., Fox, N. C., Ferri, C. P., Gitlin, L. N., Howard, R., Kales, H. C., Kivimäki, M., Larson, E. B., Nakasujja, N., Rockwood, K., Samus, Q., Shirai, K., Singh-Manoux, A., Schneider, L. S., Walsh, S., Yao, Y., Sommerlad, A., & Mukadam, N. (2024). Dementia prevention, intervention, and care: 2024 report of the Lancet Standing Commission. *The Lancet*, *404*(10452), 572–628. https://doi.org/10.1016/s0140-6736(24)01296-0

Romanetto, M. C. (2021). Book reviews: Erich Fromm's Critical Theory: Hope, Humanism, and the Future. *Thesis Eleven*, *165*(1), 197–201. https://doi.org/10.1177/07255136211041401

Singh, T., Poterba, T., Curtis, D., Akil, H., Al Eissa, M., Barchas, J. D., Bass, N., Bigdeli, T. B., Breen, G., Bromet, E. J., Buckley, P. F., Bunney, W. E., Bybjerg-Grauholm, J., Byerley, W. F., Chapman, S. B., Chen, W. J., Churchhouse, C., Craddock, N., Cusick, C. M., DeLisi, L., … Daly, M. J. (2022). Rare coding variants in ten genes confer substantial risk for schizophrenia. *Nature*, *604*(7906), 509–516. https://doi.org/10.1038/s41586-022-04556-w

Sommer, I. E., de Beer, F., Gangadin, S., de Haan, L., Veling, W., van Beveren, N., Boonstra, N., Rosema, B. S., van Os, J., Kikkert, M., Koops, S., Noorman, J., Thielen, F., Wijnen, B., Begemann, M., & HAMLETT-OPHELIA Consortium (2026). Early Dose Reduction or Discontinuation vs Maintenance Antipsychotics After First Psychotic Episode Remission: A Randomized Clinical Trial. *JAMA Psychiatry*, *83*(1), 68–73. https://doi.org/10.1001/jamapsychiatry.2025.2525

Thornicroft, G., Sunkel, C., Alikhon Aliev, A., Baker, S., Brohan, E., El Chammay, R., Davies, K., Demissie, M., Duncan, J., Fekadu, W., Gronholm, P. C., Guerrero, Z., Gurung, D., Habtamu, K., Hanlon, C., Heim, E., Henderson, C., Hijazi, Z., Hoffman, C., Hosny, N., … Winkler, P. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *The Lancet*, *400*(10361), 1438–1480. https://doi.org/10.1016/S0140-6736(22)01470-2

Tiihonen, J., Tanskanen, A., & Taipale, H. (2018). 20-Year Nationwide Follow-Up Study on Discontinuation of Antipsychotic Treatment in First-Episode Schizophrenia. *American Journal of Psychiatry*, *175*(8), 765–773. https://doi.org/10.1176/appi.ajp.2018.17091001