

Beyond Symptom Reduction: Toward Structural and Preventive Paradigms in Mental Health

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Mental health has increasingly emerged as a major global public health priority. Contemporary perspectives challenge the traditional view of mental disorders as isolated clinical phenomena, instead recognizing mental health as a multidimensional construct influenced by psychological, social, and structural determinants (World Health Organization [WHO], 2022, 2025a). Current mental health research faces an important limitation: symptom remission does not necessarily translate into psychological well-being, resilience and quality of life. Psychological distress cannot be understood through exclusively biomedical approaches. Rather, mental health should be approached as a dynamic continuum influenced by social relationships, institutional environments, and chronic stress exposure.

The manuscripts included in this issue collectively reinforce this perspective by examining psychological well-being, self-esteem, emotional vulnerability, quality of life, and psychosocial adaptation across populations exposed to chronic illness, social adversity, and high-stress environments. Collectively, these studies support an evolving understanding of mental health that extends beyond symptom reduction toward broader dimensions of wellbeing. Lower levels of depression and anxiety do not necessarily imply greater meaning, resilience, or psychological flourishing, a distinction with important implications for research and public policy (Vander Weele, 2017). Consequently, contemporary mental health frameworks must evolve beyond exclusively symptom-centered models toward approaches capable of understanding how institutional, educational, occupational, and social environments actively shape emotional well-being and psychosocial functioning.

Multidimensional models increasingly guide contemporary mental health research. Hedonic approaches conceptualize well-being through life satisfaction and affective balance, whereas eudaimonic perspectives emphasize meaning, autonomy, growth, and purpose in life (Diener, 1984). Ryff's model of psychological well-being operationalizes this eudaimonic perspective through six dimensions: autonomy, environmental mastery, personal growth, positive relationships, purpose in life, and self-acceptance (Ryff, 1989, 2014). More recent integrative proposals, such as the Hierarchical Framework of Well-Being, seek to reconcile subjective, psychological, and social well-being within a unified multidimensional model. These conceptual developments are particularly significant because they challenge the persistent tendency to equate mental health solely with the absence of psychiatric symptoms.

This distinction is particularly evident in medical education. Medical students represent one of the most psychologically vulnerable academic populations worldwide, consistently reporting higher rates of depression, anxiety, burnout, suicidal ideation, and impaired quality of life than their age-matched peers (Puthran et al., 2016). However, these indicators may still underestimate the broader deterioration in well-being that occurs within medical training environments. Emotional exhaustion, cynicism, loss of meaning, impaired social connectedness, and reduced professional efficacy often progress longitudinally, despite partial improvements in depressive symptoms.

This paradox raises important questions for future research. Are current interventions excessively focused on symptom management while neglecting institutional and structural contributors to psychological suffering? To what extent do educational systems function

as chronically stressful environments capable of undermining psychological development, professional identity formation, and emotional resilience? These questions are particularly relevant when considering that burnout trajectories frequently worsen toward the end of medical training, precisely when students transition into professional responsibilities and clinical practice. These findings suggest that medical education should not be viewed solely as an academic process but also as a psychosocial environment capable of either protecting or progressively undermining students' mental health and well-being.

Beyond medical education, contemporary populations face converging threats to mental health that extend beyond traditional psychiatric classifications. Loneliness, digital hyperconnectivity, economic instability, chronic illness, bereavement, and social fragmentation increasingly shape emotional well-being across the lifespan (WHO, 2022, 2025c). Notably, social isolation has emerged as one of the strongest predictors of both physical and mental morbidity, associated not only with depression and anxiety but also with cardiovascular disease, cognitive decline, and premature mortality (U.S. Department of Health and Human Services, 2023; WHO, 2025b). These findings reinforce the need to conceptualize social connections as public health assets rather than merely individual psychosocial variables.

Similarly, the relationship between digital technology and mental health remains the subject of ongoing debate. Problematic social media use has been associated with anxiety, depressive symptoms, impulsivity, attentional difficulties, although digital environments may also facilitate social support and access to mental health resources when used adaptively (WHO, 2025). This duality underscores the limitations of simplistic interpretations and highlights the need for longitudinal and mechanistic research capable of clarifying how digital behaviors interact with social and developmental processes.

Another major theme emerging from literature is the importance of the structural and social determinants of mental health. Poverty, gender inequality, educational disadvantages, violence, discrimination, and labor instability profoundly shape psychological outcomes across populations (WHO, 2022). Importantly, these determinants frequently interact with individual vulnerabilities in synergistic ways rather than operating independently of them. Consequently, purely individualized interventions may prove insufficient if the institutional and structural conditions that perpetuate chronic stress remain unaddressed. This perspective complements evidence-based clinical approaches by incorporating broader psychosocial and structural dimensions of mental health.

This issue is particularly relevant in low- and middle-income countries (LMICs), where treatment gaps remain especially pronounced. Despite the growing global burden of

mental disorders, mental health continues to receive approximately 2% of national health budgets worldwide, with profound disparities between high-income and resource-limited settings (WHO, 2024). The persistence of these inequities raises critical ethical and political questions regarding the global organization of mental health systems, particularly given that vulnerable populations often experience the greatest burden of psychological distress while simultaneously facing the lowest access to evidence-based care.

The evidence reviewed here also suggests that preventive and promotional approaches deserve substantially greater attention. Protective factors, such as social support, resilience, physical activity, meaningful relationships, institutional belonging, and psychological safety, consistently emerge as important buffers against emotional distress. Positive psychology interventions, mindfulness-based programs, and community-oriented strategies have demonstrated modest but meaningful effects on subjective and psychological well-being (Seligman, 2011). However, literature remains limited by short follow-up periods, methodological heterogeneity, and insufficient attention to cultural adaptation and contextual factors. Many interventions continue to prioritize individual coping while underexploring how organizational culture, power asymmetries, and institutional violence shape emotional outcomes across populations. Therefore, preventive mental health should not be restricted to the early detection of psychopathology but should instead expand toward the active promotion of flourishing, resilience, social connectedness, and psychological well-being across diverse populations and settings.

Future research will likely require more integrative and longitudinal approaches capable of understanding mental health as a dynamic and context-dependent process. Greater integration of biological, psychological, social, occupational, educational, and digital determinants may help clarify how emotional well-being evolves across developmental, professional, and societal transitions. Likewise, qualitative and mixed-methods research may provide deeper insight into dimensions frequently overlooked by symptom-based models, including identity formation, meaning-making, institutional belonging, and emotional safety. Expanding culturally contextualized research in LMICs and Latin American populations will also be essential for understanding how sociocultural and structural conditions shape distinct forms of vulnerability, adaptation, and resilience.

Taken together, the evidence presented in these manuscripts illustrates the diversity and complexity of contemporary mental health challenges. Psychological distress does not emerge exclusively within psychiatric settings, but is deeply embedded in educational systems, workplaces, chronic illness trajectories, social inequalities, digital environments, and broader societal structures. Accordingly, the challenge facing contemporary mental health research

is not simply to identify pathology, but to rethink how institutions, policies, and communities can actively cultivate well-being and resilience across diverse populations and contexts.

Ultimately, advancing mental health in the coming decade will likely require a broader paradigm shift: from predominantly reactive and symptom-centered models toward more preventive, ecological, and structurally informed approaches capable of fostering resilience, psychological safety, meaning, and quality of life in increasingly complex societies. From this perspective, improving mental health may depend not only on expanding access to treatment, but also on strengthening the educational, occupational, social, and institutional environments that shape everyday emotional experiences and long-term well-being.

REFERENCES

- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, *95*(3), 542–575. <https://doi.org/10.1037/0033-2909.95.3.542>
- Puthran, R., Zhang, M. W. B., Tam, W. W., & Ho, R. C. (2016). Prevalence of depression amongst medical students: A meta-analysis. *Medical Education*, *50*(4), 456–468. <https://doi.org/10.1111/medu.12962>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, *57*(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Ryff, C. D. (2014). Psychological Well-Being Revisited: Advances in the Science and Practice of Eudaimonia. *Psychotherapy and Psychosomatics*, *83*(1), 10–28. <https://doi.org/10.1159/000353263>
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.
- U.S. Department of Health and Human Services. (2023). *Our epidemic of loneliness and isolation: The U.S. Surgeon General's advisory on the healing effects of social connection and community*. <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
- VanderWeele, T. J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences*, *114*(31), 8148–8156. <https://doi.org/10.1073/pnas.1702996114>
- World Health Organization. (2022). *World mental health report: Transforming mental health for all*. <https://www.who.int/publications/i/item/9789240049338>
- World Health Organization. (2024). *Mental Health Atlas 2024*.
- World Health Organization. (2025a). *Mental health*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- World Health Organization. (2025b). *Mental health at work*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work>
- World Health Organization. (2025c). *Social isolation and loneliness*. <https://www.who.int/news-room/fact-sheets/detail/social-isolation-and-loneliness>
- World Health Organization. (2025d). *Teens, screens and mental health*. <https://www.who.int/europe/news/item/25-09-2024-teens--screens-and-mental-health>