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The Future of Mental Health: A Scientific View

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Abstract

Currently, mental health has become a globally significant issue, as the incidence of conditions related to mental well-being has dramatically increased in recent years. This makes it essential to consider how this situation is impacting our society and how to address this issue moving forward.

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For many years, the issue of mental health has been an element of debate, in a certain way the positions, theories and criticisms have collaborated to maintain a more or less homogeneous attitude among professionals and experts in the field in general. However, never more than now is there a need for the discussion of criteria, methodologies, approaches, definitions and research in this field to be done in an even more scientific way.

We must recognize that for many years we have delegated the description, approach and explanation of mental disorders to historical psychological positions. Nevertheless, this was not necessarily bad for the development of studies on behavior, but it was bad for maintaining those same concepts today, since with the level of information and scientific progress that we have today, we have been able to identify multiple biological and genetic variables that explain in greater depth the manifestation of dysfunctional behaviors.

The practice of psychology and psychiatry at this moment in history must be oriented towards making use of the advances that this beginning of the century has allowed us to achieve. To do this, we must delve into genetic, molecular, biological and environmental studies that comprise the context of our current reality.

Each human being has unique particularities and within these, there are countless risk factors that are not contemplated in the current classification system of diagnostic criteria. That is, for example, that the approach of a patient with a psychotic spectrum disorder (previously defined as Schizophrenia) with a genetic propensity to develop symptomatic manifestations of the disease, will have different biopsychosocial characteristics. Therefore, their diagnostic approach will be different from that of a patient who does not have these same predispositions or who (probably) has them to a greater or lesser extent.

In the same way, there are manifestations of other mental disorders that may appear (comorbidity) and that currently their treatment is the same (or similar) to that received by another patient without the presence of these characteristics.

In order to understand this, we must highlight important scientific initiatives to identify these new correlational variables, such as those emanating from the National Institutes of Health (NIH), through the National Institute of Mental Health (NIMH) in the United States. For the past 14 years, NIHM has been developing the Research Domain Criteria or RDoC, which aim to foster new research approaches that lead to better diagnostics, prevention, intervention, and treatment. This revolutionary approach promises to provide an understanding of mental health in terms of individual and multifactorial differentiation.

It is necessary to promote and fund mental health research in United States and Dominican Republic, as it is the only way in which we will be able to face the current and future diagnostic and

treatment realities of the different mental disorders and illnesses. But, above all, that this research can create the conditions for an adequate strategy for the prevention of mental illness.

To carry out these changes, the academies, schools of psychology and psychiatry, psychiatric residencies and health regulatory authorities in Dominican Republic, must agree on the promotion and investment of studies that place us on the scientific map of the world. If this is not the case, we will continue to validate procedures that do not necessarily respond to the needs of our population.

As a case study, let us consider the state of mental healthcare in the United States. Today, significant challenges persist in the identification and treatment of mental illness, and some key areas of improvement are finally getting some much-needed attention from public and private organizations. Here is a snapshot of mental illness and of the care and treatment for such illness in the United States, presently:

Prevalence and Severity of Mental Illness in the United States:

Approximately 23% of adults in the U.S. experienced a mental illness in the past year, which equates to nearly 60 million people. Over 5% of the adult population, or about 12.8 million individuals, reported having serious thoughts of suicide, with suicide rates reaching a record high in 2022.

Among youth aged 12-17, 13% reported serious thoughts of suicide, with higher rates among Native Hawaiian, Pacific Islander, and multiracial youth. One in five youths experienced a major depressive episode, yet over half did not receive any treatment (Mental Health America) (NAMI).

Access to US Mental Health Care:

Access to mental health services remains a significant barrier. Around 25% of adults with frequent mental distress could not see a mental health professional due to cost, and 10% of adults with a mental illness were uninsured. Even among those with insurance, 10% of adults and 8.5% of youths had inadequate coverage for mental health services (Mental Health America).

The mental health workforce in the United States is stretched thin, with approximately 340 people for every one mental health provider, and this figure may overestimate the availability of active professionals (Mental Health America) (NAMI).

Treatment Gaps:

A significant treatment gap exists for individuals with substance use disorders. About 18% of adults and 9% of youths had a substance use disorder in the past year, yet a vast majority did not receive treatment (Mental Health America).

Only 47.2% of adults with any mental illness received treatment in 2021, and the average delay between the onset of symptoms and receiving treatment is about 11 years. This delay exacerbates the severity and impact of mental health conditions (NAMI).

Disparities Among Different Demographic Groups:

Mental health conditions and access to care vary widely across different racial and ethnic groups. For example, the prevalence of mental illness is highest among non-Hispanic mixed/multiracial individuals (34.9%) and lowest among non-Hispanic Asians (14.7%). Treatment rates also vary, with non-Hispanic Whites receiving the highest rates of treatment (52.4%) compared to other groups (NAMI).

State-by-State Variations:

Significant differences exist in mental health and access to care across states. States like Vermont, Massachusetts, and Illinois have higher rankings for access to mental health services, while states like Texas, Alabama, and Georgia rank lower, indicating greater challenges in these areas (Mental Health America).

Economic and Social Impacts:

Mental health issues significantly affect individuals' economic stability and social well-being. Adults with mental illness have higher unemployment rates, and high school students with depression are more likely to drop out. The societal ripple effects include higher rates of homelessness among those with severe mental health conditions and significant caregiving burdens on families (NAMI).

In summary, while there are ongoing efforts to address mental health issues in the U.S., substantial challenges remain in terms of prevalence, access to care, and treatment equity. Addressing these issues requires a multifaceted approach involving policy changes, increased funding, and broader societal support to improve mental health outcomes across the country. While some strides have been made to address these challenges in mental health care and treatment, much more must be done to address what the US Surgeon General has called an "...epidemic of loneliness and isolation...." (US Department of Health and Human Services)

These data reflect the current reality, demonstrating the complex situation regarding access to mental health services and the significant disparities that exist, on one hand, between the population suffering from a mental condition, and on the other hand, the current capacity of the U.S. healthcare system to address these needs. However, significant scientific advances are currently being made regarding potential alternatives that could contribute to the development of therapeutic and psychopharmacological strategies for these patients. A recent article titled "An

evaluation of physical activity levels and mental health among young people: a cross-sectional study”, provided a holistic approach by examining mental health components such as psychological vulnerability, mental well-being and psychological resilience together. In addition, by determining the effects of walking and moderate physical activities on mental health, original and practical results were obtained in these areas. The fact that the participants were selected from a wide demographic group and the importance of physical activity was emphasised based on current data makes the study more valuable.

In order to look forward, we must discuss and delve into the reality of mental health phenomena and the naturalistic theory, which currently explains many of the phenomena around us, but not all of them... So, what do we do with those factors that can be questioned by this theory?. On this question, we must cite, The Human Mind, and the Three Worlds View, which poses that the naturalistic ideology seems to be too narrow to explain consciousness. But – how may a world view be widened without opening it to superstition? The answer is that we should wait for the results of experimental tests before we accept a new concept in science. If, however, a new concept appears to be not testable in principle, it should be handled with greatest care. On the other hand, if a concept does not fit into the current worldview but may be tested by experiment, the result of this experiment should be awaited before a final decision is being made. The discussion between Einstein and Bohr about the interpretation of quantum physics is an example. For Einstein it was unthinkable that random processes should exist without deeper laws, which could explain these effects. He expressed his argument with words like: “God does not throw dices”. Bohr’s replay was: “Do not prescribe God what to do”. Einstein finally designed together with Podolsky and Rosen the famous EPR gedankenexperiment to prove his view. However, the experiment, performed after his death, showed that Einstein had erred. Therefore, a wider world view should be considered as a possibility as long as at least in principle an experimental test is possible. The feasibility of such a test for the hypothetical equivalence of information flux and energy will be discussed.

What lies ahead for the future? This is undoubtedly the great question we must strive to answer. However, in this regard, important discussions are taking place about which paths to take in this scientific challenge. Some notable scientists, such as Christof Koch (consciousness), Antonio Damasio, and the proposals of Roger Penrose and Stuart Hameroff with the Orch OR theory, which suggest that human consciousness has implications related to quantum physics, represent some of the closest answers we can approach at this moment.

The implications of artificial intelligence and the development of new technologies that allow us to create strategies with greater impact are twofold: first, improving our understanding of the various factors that affect mental health maintenance, and second, developing methods with greater effectiveness and a broader range of predictable and achievable benefits. This is what current global society demands, but it also needs it.

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