

SALUD MENTAL Y BIENESTAR PSICOLÓGICO: UN PILAR ESENCIAL PARA EL DESARROLLO HUMANO Y SOCIAL

MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING: AN ESSENTIAL PILLAR FOR HUMAN AND SOCIAL DEVELOPMENT

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RESUMEN: La salud mental (SM) es un derecho humano básico y un aspecto clave para el desarrollo humano (DH) y el desarrollo social (DS). La carga global de trastornos mentales atribuible a factores socioeconómicos y tecnológicos presenta desafíos. Para dar sentido a la evidencia científica del impacto de la salud mental (ansiedad, estrés y prevención), y su relación con el DH/DS, así como para evaluar las opiniones y el conocimiento de la SM en grupos poblacionales clave (académico, familiar y clínico). Se aplicó un diseño de investigación mixto: una revisión bibliográfica sistemática de literatura indexada y una encuesta estructurada de una muestra de estudio no probabilística de 100 participantes en la escuela (carrera de Finanzas), familia y un centro médico. Se recopilaron y analizaron datos descriptivos utilizando herramientas informáticas. Se confirma en la revisión que existe una relación negativa entre los trastornos (por ejemplo, ansiedad, estrés) en el rendimiento académico y que las enfermedades catastróficas tienen un impacto significativo en la SM. A pesar de que el 85% de los encuestados considera que la SM es "Muy Importante", solo el 25% se identifica como teniendo un conocimiento "Alto" del tema, lo que indica una discrepancia entre la valoración de la SM y la alfabetización. La salud mental es un determinante principal para el progreso social. La prevención y la educación son la inversión esencial para aumentar la alfabetización en salud mental y la resiliencia en todos los entornos, especialmente en tiempos de crisis como las pandemias.

Palabras clave: Bienestar psicológico, desarrollo humano, ansiedad, estrés

ABSTRACT: Mental health (MH) is a basic human right and a key aspect of human development (HD) and social development (SD). The global burden of mental disorders attributable to socioeconomic and technological factors presents challenges. To make sense of the scientific evidence on the impact of mental health (anxiety, stress, and prevention) and its relationship with HR/SD, as well as to assess opinions and knowledge of MH in key population groups (academic, family, and clinical). A mixed research design was applied: a systematic review of indexed literature and a structured survey of a non-probabilistic study sample of 100 participants in school (finance degree program), families, and a medical center. Descriptive data were collected and analyzed using computer tools. The review confirms that there is a negative relationship between disorders (e.g., anxiety, stress) and academic performance, and that catastrophic illnesses have a significant impact on MS. Although 85% of respondents consider MH to be "Very Important," only 25% identify themselves as having "High" knowledge of the subject, indicating a discrepancy between the assessment of MH and literacy. Mental health is a key determinant of

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social progress. Prevention and education are essential investments for increasing mental health literacy and resilience in all settings, especially in times of crisis such as pandemics.

Keywords: Psychological well-being, human development, anxiety, stress.

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INTRODUCTION

According to the World Health Organization (WHO), health, as defined in its constitution, is not merely the absence of disease or infirmity, but a state of complete physical, mental, and social well-being (1). Mental health (MH) and psychological well-being (PW) become, within this conceptual triad, more than mere secondary elements of individual health; they take the form of human development (HD) and social cohesion (SC) (6), (7). HD stands as one of the fundamental concepts in the philosophy of the United Nations Development Programme (UNDP), which advocates expanding the freedoms and opportunities of people to lead long, healthy, and mentally satisfying lives (7).

The phenomenon of mental health today; in the past, MH has been treated with a primarily pathological approach and high social stigma. Modern medicine has reformulated MH as the optimal functioning of an individual and their capacity to adapt, thrive, and flourish even in the face of adversity (18), (19). However, although there has been a conceptual shift, the burden of mental and behavioral disorders worldwide poses major challenges. Epidemiological studies at the global level show that these disorders, such as depression and anxiety disorders, constitute a considerable part of the years lived with disability (YLD); more than one billion people are affected worldwide (3), (8), (20).

Social and technological pressures emerge as new risk factors to face the social determinants of health, as a dynamic of continuous change and rapid technological innovation in contemporary society. That state drives progress, but simultaneously generates a high demand for adaptation, competition, and socialization. The Colombian Journal of Occupational Health (RCSO) maintains that this phenomenon reflects a situation in which there is constant pressure that affects the degree to which a person needs to relate to others and exercise control over their environment (9). It provides the basis for understanding the emergence of widespread ills such as stress and anxiety, which hinder the capacity of people to participate and act in the most complete manner possible, where research is the need of the moment to obtain more information about this phenomenon of mental disorders (2). By determining the impact of MH in key environments, mental health is a transversal determinant of all areas of development, and the educational and clinical environments are particularly relevant in this study:

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Academic environment and productivity: The evidence is conclusive that poor mental health has a negative impact on academic performance (10), (11). Research, such as that cited by UNAM, shows that low performance and the inability to learn are direct consequences of poor mental health in students. It has also been established that, for student achievement, study and review are not only essential, but also maintaining mental and nutritional health in the proper state (4). A psychologically healthy student population develops resilient human capital, necessary for human development.

Clinical environment and distress in the face of catastrophic illness: Chronic and catastrophic illnesses (including cancer) greatly affect patients and their family caregivers (12). The distress in the face of uncertainty and the condition of life can, in fact, amplify the physical condition, to which the illness can lead again and again. Both the UN and the NIH have found the magnitude of this disaster and describe how the anxiety, fear, and despair of crises can become deadly; chronic illnesses are not only physical (5), (13).

The justification of this study is to provide a synthesis of integrated evidence, based on research and based on evidence, by connecting the scientific evidence obtained with the social attitudes and the understanding of the population in vulnerable circumstances. With computerized tools and a combination of approaches, it is not only intended to measure the level of prevalence of mental health in people, but also to measure the degree of discrepancy between the perceived importance of mental health and the knowledge that users have about prevention and management (2). They provide important ideas to promote public policies that prioritize investment in prevention strategies and mental health literacy. The study aims at a systematic analysis and synthesis of the scientific evidence on the fundamental contribution of mental health and psychological well-being as essential pillars of human and social development and to evaluate the perceptions and knowledge of mental health among key populations (academic, family, and clinical) (14).

MATERIALS AND METHODS

The current study used a mixed research design that included a systematic bibliographic review of indexed scientific literature and empirical research through surveys.

Computer instruments: The search for information, the design of surveys, the collection and processing of data were carried out using computers and mobile phones.

Bibliographic information sources: Articles, journals, indexed books for relevant scientific publications of the last 10 years were searched, with a particular focus on studies from RCSI, NIH, UN, and universities (UNAM), addressing anxiety, stress, prevention, and catastrophic illnesses.

Empirical data collection instrument: A structured survey was used to measure people's knowledge about mental health and their perception toward the topic, including attitude. A non-probabilistic convenience sample of 100 people was employed, distributed in three main environments:

Academic environment: Finance students (n=40), chosen since it is one of the environments where MH problems that impact performance are observed.

Family environment: Personal home (n=30), to evaluate perceptions in the daily life environment.

Clinical environment: Medical center (n=30) based on the exposure to chronic illnesses and the health crisis situation.

A systematic search was used with the terms: "mental health," "anxiety," "stress," "prevention," and "human development." The articles were also analyzed qualitatively to provide trends and evidence on the bidirectional association between MH and HD/SD. The survey included the electronic submission questionnaire that was delivered to the respondents and the statistical analysis of the results provided descriptive measures (frequencies and percentages). The analysis concentrated on determining the difference between the perceived importance and the actual knowledge of MH, as well as on the perception of the influence of technology and the health crisis.

RESULTS

After exhaustive research in the literature and the statistical analysis of the surveys, the findings are presented as follows; we begin by providing the summary of the scientific evidence and then report the results of the survey, which offer us a first-line, human vision of what our population knows, feels, and does regarding their mental health.

The systematic review of the indexed literature only reinforced the intrinsic link between our psychological and personal well-being and our capacity to evolve, both as individuals and as a society. The most common disorders, anxiety and stress, are deeply rooted in our reality.

Table 1. Synthesis of the bibliographic review: the inescapable evidence

Main theme	Key finding (with reference)
Mental health and education	It is evident that low performance in the classroom is not only a matter of intellect, but also a direct consequence of poor mental health; therefore, it is essential to recognize that an adequate mental and nutritional condition affects the better achievement of students (4, 10).
MH and chronic illnesses	Painfully, chronic and catastrophic illnesses (such as cancer or COVID-19) leave a deep mark on our psyche, since they generate distress both in the patient and in the family members who care for them, aggravating the general physical condition (5, 12).
MH and pandemic	Unfortunately, the COVID-19 pandemic had a devastating impact on the minds of the majority of people, with anxiety and fear often causing as much havoc as the illness. In addition, the UN reported an alarming increase in cases of domestic violence during confinement (13, 15, 16).

Findings of the empirical survey: the voice of citizen perception. The survey data (n=100) give us the opportunity to listen to the population, to know what they think about themselves in relation to this crucial topic.

Table 2 shows the level of knowledge of our people about mental health.

Table 2. Perceived level of knowledge about mental health

Perceived level of knowledge	Percentage of participants (%)
Low	20%
Moderate	55%
High	25%

The majority of respondents (55%) have a “Moderate” level of knowledge about mental health. However, when considering their own rating of “Low” (20%) and “Moderate” (55%) in these two groups, it appears that 75% of the adults who participate in the survey describe themselves as not experts or knowledgeable on the topic, which clearly emphasizes the need to improve mental health literacy.

Table 3. Importance attributed to mental health

Importance attributed to MH	Percentage of participants (%)
Low	5%
Moderate	10%
Very important	85%

The result is surprising: a huge 85 percent considers that mental health is “Very Important.” However, when comparing these data with the low knowledge (see Table 2), it becomes clear that there exists a worrying gap: despite our high values regarding mental health, we lack in practice the knowledge and skills to care for it and avoid problems in our health. That is, we know the problem, but we do not have the tools to solve it.

Table 4. Perception of the impact of anxiety and stress on development

Perceived level of impact	Percentage of participants (%)
Low impact	8%
Moderate impact	25%
High/very high impact	67%

A majority (67%), almost seven out of ten (67%), feel that anxiety and stress have a High or Very High Impact on their personal and professional development. Academic concerns about excessive pressure in university and work environments have also been validated, underlining the need for programs and approaches to equip people for better emotional and mental management.

DISCUSSION

The findings of this study, combined with the bibliographic evidence and the direct experience of the public, provide us with a deeper and 'more human' way of understanding the state of mental health in development. In summary, all the results converge on an undeniable assumption: mental health is a key factor for personal and social progress; one that cannot be overlooked. In summary, all the results converge on an undeniable assumption that mental health is a key factor for personal and social progress; one that cannot be overlooked.

The disparity between knowledge and awareness, which constitutes the most important finding, is the value of the gap identified between the score of Importance attributed (85% Very Important) and the level of knowledge (only 25% High). That point illustrates the difficult situation of a society that knows that its mental health has significant importance, but feels disarmed. In other words, the public faces conventional stigma and cares, but the skill in mental health that it possesses is superficial or "Moderate" (22). Therefore, the current challenge is not to make people realize the importance of mental health, but to provide a real mechanism for prevention and self-management, an effort that falls completely on the education and health systems (23).

Undoubtedly influenced by stressed development, the results of this survey also provide firm support to academic concerns: 67% indicate a High or Very High Impact of anxiety and stress on their development. This perspective is confirmed by the literature that speaks of the high requirements of modern society and technology in general, but the RCSO (2) deep to promote general control. More than that, especially in the academic context, these data are important, as we have already seen in UNAM (4), that the failure to perform at a low level is not only something to blame: you must have a deteriorated psychology, as well as the mind that blocks you from learning. Therefore, so that the potential of our students shines to the maximum, policies must be much broader than only about the academic load and address holistic well-being (24).

It is also important to note the vulnerability in times of crisis, since the dimension of the health crisis and catastrophic illnesses create a sense of urgency in the discussion (21). This is not new; the bibliographic review and the data from the clinical environment remind us that the stress, fear, and disability induced by illnesses (for example, cancer or a pandemic) are as incapacitating as the physical condition itself (5). In fact, the UN's description of the "devastating effect" of COVID-19 (12) highlights that anxiety and despair can exacerbate the prognosis. Therefore, medical centers and emergency management must adopt a holistic approach, incorporating mental and psychosocial treatment both for the patient and for their family support at the same time.

Finally, this research confirms that mental health is the invisible foundation of human development. Although technology and the knowledge it produces have advanced (according to theoretical references), so has the human psyche (17). Hence the need to put awareness into practice, but focus on prevention initiatives that are convenient and effective. More importantly, as the RCSO (2) suggests, continuous research on the knowledge of mental disorders is imperative so that public policies can adapt rapidly and correctly to evolving social needs (25).

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CONCLUSIONS

Mental health is one of the most integral pillars of human development and productivity, but its scarcity results in a social gap. Mental health (MH) is not a complement, but is important and critical for social, academic, and economic advancement according to the research; disorders such as anxiety and stress directly affect academic performance and productivity, preventing the full implementation of Human Development. As such, investment in MH must be seen as a strategic development investment and not only as a healthcare cost.

There exists a gap between social awareness and mental health literacy. Although around 85% of the population considers MH as “Very Important,” only a minority possesses a “High” level of knowledge. This gap is the practical obstacle: society wants its well-being, but is not equipped with the preventive and self-management measures to face the demands of contemporary life and crises. Enormous literacy campaigns are needed to convert this awareness into realistic knowledge and coping strategies.

Social emergencies and catastrophic illnesses require the immediate implementation of psychological support. The strong evidence is that chronic illnesses and global health emergencies, such as the pandemic, are devastating and aggravating for the human psyche. Physical suffering is often exacerbated by stress, fear, and despair. Therefore, it is critical that healthcare systems and emergency managers integrate psychological support and trauma prevention within primary treatment and social responses.

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