Beyond the Biomedical Model: Cultural, Indigenous, and Social Determinants of Mental Health

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Mental health is a multifaceted phenomenon that exists beyond the Western biomedical model and its focus on brain function. The study aimed to present mental health as a holistic phenomenon by examining alternative perspectives and models. Qualitative content analysis was used as the methodology to examine the biomedical, psychosocial, biopsychosocial models, and the social determinants of mental health. Grounded in the theory of social determinants of mental health, this study relies heavily on secondary literature, including books, book chapters, and peer-reviewed journal articles. These resources were retrieved from academic databases such as Google Scholar and JSTOR, forming the foundation of the analysis. This led to the emergence of three key themes: a holistic understanding of mental health that incorporates social determinants, cultural, and indigenous perspectives; a critique of the biomedical model, highlighting the strengths of the alternative perspectives, e.g. the psychosocial and biopsychosocial models that view individuals with mental health problems in a holistic manner by taking into consideration their psychology and social environment in addition to their biology; and the political nature of mental health, particularly how capitalism's commodification contributes to negative outcomes. These findings are significant because they consider the lived experience of individuals, rather than their brain chemistry. This can inform policies, reduce stigma, and offer culturally sensitive and multitudinous mental health interventions. The conclusion suggests that the narrow biomedical focus should expand to include the political, indigenous, cultural, and social aspects of mental health. Future research should explore how mental health practitioners apply this holistic understanding in their practice.

Keywords: Biomedical model, Capitalism, Neoliberalism, Psychosocial model, Social determinants of mental health

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Introduction

Globalization has led to a homogenization of the understanding of mental health problems (Watters, 2010). This phenomenon is largely driven by the widespread export of American definitions and treatments of mental health through the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which has become the international standard. Consequently, diverse indigenous conceptualizations of mental health categories and treatment approaches have been marginalized or effectively erased (Watters, 2010). The spread of the Western based biomedical model that *"is premised on the existence of a material entity or disease located in the individual"* (Moncrieff, 2022, p.2), requires psychotropic drugs marketed as a magical solution (Cosgrove et al., 2024) to address biological, chemical, genetic, and neurological abnormalities (Deacon, 2013). Moncrieff (2022) has challenged this mainstream position by highlighting the failure of the biomedical model to convincingly demonstrate that mental health problems originate from dysfunction in the physiological or biochemical processes. This alternative view, presented in the psychosocial and biopsychosocial models, has broadened the meaning of mental health to include environmental conditions and social factors (Scheid & Brown, 2010) to create a complete picture of the mental health phenomenon, as opposed to the biomedical model that has a unidimensional focus on the body of individuals.

Theoretical Framework

The theory of social determinants of mental health underpins this research article. These factors encompass the conditions in which individuals are born, grow, live, and age (Shim et al., 2015), such as gender, household income, employment status, educational attainment, social isolation (Allen et al., 2014), family, built environment, and societal stability (Lefley, 2010). The social determinants of mental health, where "social" refers to the relationships between individuals and their environment, create the conditions for poor mental health and mental illness. This is because society both shapes and perpetuates these negative mental health outcomes (Compton & Shim, 2015).

Rationale

The mainstreaming of the biomedical model has led to an increase in the prescription of medication for mental health problems (Davies, 2013; Frances, 2013) due to the unidimensional view that biochemical abnormalities cause mental health issues (Moncrieff, 2022). Restricting mental health to the biology of the individual abstracts from developing a comprehensive understanding of the phenomenon by excluding the

influence of lifestyle, social, and environmental factors (Cosgrove et al., 2024) and social determinants, such as the socioeconomic status of individuals (Yu et al., 2024). This approach tends to favour medication prescriptions, which have been criticized for failing to significantly reduce the burden of mental health problems (Richardson et al., 2024). It often overlooks alternative avenues of care, such as reconnecting individuals with meaningful work, and fostering social support systems like volunteering, which offer intrinsic satisfaction (Hari, 2018). Hence, the rationale of the study is to establish a holistic understanding of mental health beyond the biomedical model that includes cultural understanding, indigenous perspectives, and the social and political determinants of mental health.

Objectives

The key aim of this study is to offer an expansion of the understanding of mental health beyond the dominant biomedical model by reviewing alternative perspectives and models.

Hypotheses

1. Mental health extends beyond the limited understanding of the presence or absence of mental illness, and is a holistic concept.

2. Sociopolitical factors, cultural, and indigenous understandings of mental health shape the conceptualization and understanding of mental health.

Method

Research Design

This paper has adopted the method of qualitative content analysis (QCA) to achieve the stated objective. QCA is described *"as a set of techniques for the systematic analysis of texts of many kinds, addressing not only manifest content but also the themes and core ideas found in texts as primary content"* (Drisko & Machi, 2016, p. 82). This allows for an examination of the intricacies in communications not offered by quantitative analysis. Burnham and others (2008) highlight the strength of QCA as a methodology, emphasizing its capacity to provide a precise and systematic approach to literature analysis through coding, ensuring replicability by other researchers. Additionally, QCA offers convenience due to the public accessibility of the analyzed literature, facilitating easy access for researchers. QCA has been used to conceptualize mental health as a multidimensional phenomenon. Rather than limiting the focus to brain

function, the study explores the complex interactions between the body, brain, and broader environmental factors.

Sample

Grounded in the theory of social determinants of mental health, this study relies heavily on secondary literature, including books, book chapters, and peer-reviewed journal articles. These resources were retrieved from academic databases such as Google Scholar and JSTOR, forming the foundation of the analysis.

Inclusion/Exclusion criteria

The inclusion/exclusion criteria dictated by the codes and the reductionist approach helped in excluding debates not directly related to the research topic, such as the administration of medication for chronically psychotic or with severe mental disorders. Furthermore, articles were excluded if they were not international or national publications that were not peer-reviewed or published in English. This selection narrowed the scope to explore mental health models beyond the biomedical perspective, incorporating sociopolitical factors and cultural and indigenous understandings.

Procedure

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Utilizing a deductive approach, a coding scheme comprising codes such as "the biomedical model of mental health", "social determinants of mental health", "cultural and indigenous understandings of mental health", and "political determinants of mental health" were applied on the literature to understand that there are multiple facets to mental health – the meaning of mental health, the practice of mental health, and the formulation and implementation of mental health policy.

The codes were selected carefully through the preliminary literature review to ensure inter-coder reliability. The literature shows that the "social determinants of mental health", "political determinants of mental health", "cultural and indigenous understandings of mental health", "psychosocial model", and "biopsychosocial model" impact the conceptualization and nuanced understanding of mental health. Hence, this helps meet the research objective by retrieving the relevant literature that discusses the codes, formulating the basis of the discussion.

Based on the codes, recurring themes pertinent to the holistic approaches to mental health emerged. The broader theme that emerged from the codes, such as neoliberalism and mental health, academic-industry partnership, and capitalism and mental health, is the concept of political determinants. This theme is further explored in the result and discussion section.

Results/Discussion

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Based on the codes and themes, patterns were identified in the literature by grouping related ideas and concepts together. This has helped in drafting a systematic analysis presented in the subsequent sections.

Developing a Holistic Understanding of Mental Health.

Mental health has been defined by the WHO (2022) as *"a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community"*. This definition has been criticized due to its *"demanding positive account"* (Murphy et al., 2020, p. 112), the making of sweeping statements, and fixating the spotlight on the atomistic individual and not on the context under which an individual operates (Galderisi et al., 2015). To develop a holistic understanding of mental health, it is essential to include alternate perspectives.

Cultural Understandings of Mental Health

The incorporation of cultural aspects is necessary because cultural beliefs and stories help individuals make sense of symptoms associated with mental illnesses and disorders (Watters, 2010). This is because cultural processes help in discerning deviant behaviours categorized as mental disorders from what is considered as a normal reaction to social stressors (Scheid & Brown, 2010; Lefley, 2010). Furthermore, individuals prefer to accept cultural explanations, in part due to their simplicity (Jalalpuri, 1973/2008), as the cultural norms help in establishing right and wrong by rewarding the former and punishing the latter (Swedlow, 2019).

The cultural setting of collectivist versus individualistic influences values independence versus interdependence (Huffman et al., 2018) which influences the conceptualization of mental health and its subsequent treatment. This is because individualized cultures hold the individual responsible for their deviant behaviour, which produces more depressed and self-harming persons than individuals in collectivist cultures, where the group is held responsible (Swedlow, 2019).

The Western position and knowledge of mental health is native to their way of making sense of the world, and converting such locally situated understandings into universal knowledge systems restricts transformative applications and the gaining of broader insights (Ned et al., 2022) from non-Western forms of understanding mental illness and healing (Watters, 2010), originating from low and middle-income countries. These alternative understandings view mental health as holistic, with a focus on maintaining a balance in spiritual, physiological, and social factors (Ned et al., 2022). The dominance and imposition of the Western conceptualization of mental health, via the perpetuation of the normativity of the paradigm of biomedicine, acts as an added layer of exclusion for alternative information systems (Ned et al., 2022).

Indigenous Perspectives of Mental Health

Neglecting the indigenous perspectives on mental health stemming from their intimate connection to their environment and land (Ned, 2022; Danto et al., 2022) effectively erases the diverse kaleidoscope of understandings developed around mental health. Rather, in their quest to amplify invaluable cultural indigenous knowledge, Danto and Zangeneh (2022) proclaim that the predominant Western understandings of mental health should be emphatically challenged, reconfigured, altered, and at times rejected, through indigenous knowledge systems. This is because the indigenous knowledge focuses on the non-drug and non-medicinal based approach predicated upon cultural, religious, spiritual, and social contexts (Overland, 2022) that cause mental health issues to be understood as a disturbance in communal and spiritual balance. This calls for a healing intervention process, centered on addressing all facets of life, to offer pluralistic and comprehensive care by specifically undertaking activities to restore the spiritual and social balance of individuals (Ned et al., 2022). Henceforth, close-knit interpersonal social relations, intensive social interactions, and the presence of natural landscapes, contribute to the growth of social security and interdependence. These factors foster enduring feelings of well-being among community members, stemming from social capital and a strong sense of community (Yamamoto et al., 2022). This has led to the indigenous communities recognizing the individual, not simply as an isolated entity, but rather as embedded within social and collective relationships (Ned et al., 2022).

Social Determinants of Mental Health

To develop a comprehensive understanding of mental health, it is significant to acknowledge the social determinants of mental health because of increasing evidence that mental health problems are shaped by

social factors (Oswald et al., 2024). These social determinants reflect the influence of powerful institutions and systems. These structures *"produce and reproduce intergenerational inequities in people's opportunities to achieve safe, secure, prosperous, and healthy lives"* (Kirkbride et al., 2024, p. 58). They also *"undermine people's ability to maintain good mental health"* (Kirkbride et al., 2024, p. 59). Thus, society and the social services are deemed to be at fault for creating and sustaining substandard mental health (Compton & Shim, 2015, p. xvi). The rise in mental health problems can be attributed to various structural circumstances. These include persistent social conditions, high levels of poverty, stressful life events like the death of a close relative, and social characteristics such as ethnicity, education level, and gender (Horwitz, 2010; Kirkbride et al., 2024). Exogenous shocks, such as climate change leading to climate anxiety, and global pandemics like COVID-19 (de Jarnette, 2024), along with economic crises and food insecurity, have further exacerbated the epidemics of anxiety and loneliness. These shocks directly impact individuals' mobility and social connectedness (Kirkbride et al., 2024).

Nevertheless, a sanguine attitude is adopted pertaining to the social determinants labelling them as the most pliable and *"modifiable set of targets for intervention currently available to prevent the onset of mental health problems and disorders, and to promote positive mental health in our populations"* (Kirkbride et al., 2024, p. 58). These determinants can be effectively addressed through policy improvements and the implementation of effective public health programs (Shim et al., 2015). It is also highly important to recognize the limitations posed by the social determinants of the mental health paradigm. As stated by Shim and others (2015), it is highly probable that one falls into the fallacious trap of the dichotomy that follows the all-or-nothing approach, wherein the cause of a certain mental illness must be either social or biochemical with no room for overlap. Thus, within the social determinant's perspective, a balanced approach must be taken where the interplay of biological, environmental, social, and hereditary factors is appreciated.

Psychosocial Model: Criticizing the Biomedical Model

By perpetuating mental health as pathologized, atomized, and individualized (Fisher, 2009; Ned et al., 2022) that can be "fixed" through pills, drugs (Fernando, 2014; Kinderman, 2014), and individualized quest of introspection subtracted from traditional social roles (Watters, 2010; Hari, 2018), the Western biomedical approach has earned criticism from the proponents of the psychosocial model of understanding mental health (Turner, 1995; Kinderman, 2014; Ramon & Williams, 2016; Hogan, 2019;

Salicru, 2020). Furthermore, calls are rising to retire the traditional biological model of mental health because of its inadequacy (Rahman et al., 2024), and doubts are surfacing pertinent to its utility because the *"central planks of the issues at stake are not taken into account – or denied attention – by* [this] *hegemonic paradigm".* Jenkins (2013) has shown the ineffectiveness of the biomedical model in improving mental health and its adverse consequences. Despite the growth in biomedical knowledge, there is a rising burden of mental health problems, with psychopharmaceuticals showing statistically insignificant efficacy over placebos. Additionally, there is an increased stigma towards individuals with mental health issues, as the public frames them as a menace with an element of unpredictability, owing to their perceived genetic and neurochemical imbalances that result in a poor health outcome. Thus began the adoption of alternative perspectives, like the psychosocial model (Ramon & Williams, 2016, p. 14).

Within the psychosocial model, the social context is given primacy in interpreting and understanding mental health conditions. This is because the dominant biomedical model has neglected to consider the importance of the social context, psychology, and power relationships present in mental health systems and the wider social context (Ramon & Williams, 2016). Thus, it is generally understood that subject to the right environmental stressors and conditions, any individual can become mentally sick (Scheid & Brown, 2010).

Targeting the dominant medical model, now promoted to the status of fact which was erstwhile considered as a hypothesis (Ramon & Williams, 2016), individuals with disabilities and scholars studying disability have proposed an alternative model. This model politicizes and externalizes the production of disability to portray it as an outcome of an unaccommodating and stifling society. It requires a shift in focus from viewing disability as an individual tragedy, to producing societal reform that further calls for the exclusion of mental health from medical oversight (Hogan, 2019). Szasz, a staunch iconoclast, became the pioneer of the aforementioned exclusionist model. The advocates of Szasz's position call for the *"removal of the functions now performed by psychiatry from the conceptual and professional jurisdiction of medicine, and their reallocation to a new discipline based on behavioural science"* i.e. they are concerned with reorienting individuals with *"problems of living"* (Engel, 1977, p. 129). In Szasz's perspective, the difficulties individuals face should be seen as *"problems in living"* (Szasz, 1974, p. 208) that are not just in the psychiatrist's domain. Various individuals and institutions –

"family members, friends, clergymen, mental health professionals, physicians, drugs, religion, faith healing, marriage, divorce, and so on" – can also help alleviate these problems (Benning, 2016, p. 293).

The validity of the critique of the medical model, dating back to the 1960s, has been *"neatly ignored by the protagonists of the medical model"* (Ramon & Williams, 2016, p. 15) showcasing the power held by the proponents of the dominant medical model within and outside the mental health system. Within this parameter, the power/knowledge concept proposed by Foucault is pertinent and explanatory, as the dominant discourse of the Western based biomedical understanding of mental health is not "detached and independent" but is indispensable to the operation of power, as the global power held by the West has produced the medical model as the overarching reality (Townley, 1993, pp. 521).

Biopsychosocial Model of Mental Health

In addition to the exclusionist view, a lesser radical anti-reductionist view – the biopsychosocial model – also emerged within the domain of mental health; it is an integrative point of view combining the two models: biomedical and psychosocial (Sytema, 2006). This perspective, as hailed by Engel (1977), calls for a three stranded biopsychosocial model of mental health by not discounting the important advancements made by the biomedical model, and denying the biological component to mental health altogether. As per the argument, it is understandable through common sense that illness and health for living beings is *"rooted within a body"* (Ramon & Williams, 2016, p. 17). However, it is also important to consider the interrelated and interacting influences of the psychological – motivation, personality, and learning – and sociopolitical factors (Huffman et al., 2018) that also become the sources of mental health issues in individuals (Fisher, 2009). The interaction of the biology with the sociology of the individual has been elucidated by Compton and Shim (2015) by acknowledging that an individual's genetic makeup is changed by the environment in diverse ways, while the genes of the humans alter the environment as well. This has resulted in the integration of psychological and social aspects with the biological dimensions of mental health (Cosgrove et al., 2024) by Engel (1977) to improve patient care, effectively expanding the scope of the determinants of disease that are implicated in the dysphoria and dysfunction of individual's lives.

It is insufficient to solely pathologise the biochemistry of the body to treat certain symptoms in individuals (Turner, 1995). The contemporary modern world, marked by sociocultural problems, fast-paced life, and

increased secularity and individuality, has led to a rise in mental health issues. This is particularly evident in the surge of anxiety disorders, driven by today's less identifiable and immediate threats, causing some individuals to become hypervigilant and more susceptible to anxiety disorders (Huffman et al., 2018, p. 471).

The recognition of the dominance of specific mental health perspectives, particularly the Western-based biomedical model, in contrast to indigenous understandings and alternative models like the psychosocial and biopsychosocial, reflects Foucault's concept of power/knowledge. This dynamic is especially relevant in mental healthcare and psychiatric practice, as Foucault noted: *"the exercise of power perpetually creates knowledge and, conversely, knowledge constantly induces effects of power"* (Foucault, 1980, p. 52). Therefore, it is evident that epistemic injustice and violence are woven into the endeavours undertaken to preserve a hierarchy wherein the Western epistemology and ideology of the biomedical system dominate. This has turned mental health knowledge into a monologue to be presented by the Global North, and to be received in a receptive manner by non-Western audiences. This creates a space for exclusion, marginalisation, and subjugation for authors from the Global South, which also bears the cost of inadequately exploring other psychological, social, or economic factors underpinning mental health (Jenkins, 2013; Ned et al., 2022).

Mental Health is Political

Mental health is not an individual affair, but rather a political matter (Smith, 2023). This stems from the manifestation of the politics of knowledge – the dominance of the biomedical model due to which a privilege is afforded to a form of knowledge generated from a specific part of the world (Jenkins, 2013).

Neoliberalism and the Biomedical Model of Mental Health

The increased emphasis on the biomedical view of mental health in the 1980s (Scheid & Brown, 2010) coincided with the rise of neoliberalism, which advocated a limited government role in public affairs, a categorical rejection of socialist ideas, and a reduction in the welfare state. This shift led to systematic privatisation and deregulation, which devastated the poor and favoured capital power. Consequently, the responsibility for successfully navigating the economic landscape fell on individuals, and their failure to do so was seen as a reflection of their inadequacy (Jenkins, 2013).

The contemporary neoliberal reality has had a focus on understanding mental health problems such as anxiety and depression:

"treated as self-contained ailments that can be resolved individually through pharmaceutical drugs, as opposed to being by-products of a market society, where the emphasis on profit/personal gain and competition erodes social bonds and promotes alienation" (Esposito & Perez, 2014, p. 416).

Academic-Industry Partnership

Neoliberalism has led to a decline in government-led investment in research and an increase in partnerships between corporate and industry investment and the producers of scientific knowledge. This is because scientific knowledge gained importance in the aftermath of the Second World War (Jenkins, 2013). In part, the pharmaceutical industry is propelled by profits (Cosgrove et al., 2024) to uphold the biomedical model of mental health as *"the ultimate truth"* (Engel, 1977, p. 130). This has birthed the academic-industry partnership wherein the pharmaceutical industry funds and influences the research produced that holds the biomedical model in high regard (Goldman & Cutler, 2002). The exertion of such an influence has been seen through the pharmaceutical industry spending funds on academics to deliver lectures on the efficacy of drugs (Nemeroff, 1997; Kirkpatrick, 2000). Thus, it has been revealed that the industry-sponsored research has preferred the publication of results that are favourable to the drug companies. Researchers have been disallowed from reporting negative results about the efficacy of a drug by threatening to terminate their employment (Goldman & Cutler, 2002; Moynihan, 2003).

Political Determinants of Mental Health

The discussion describing mental health as political would be incomplete without specific emphasis being laid on the political determinants of mental health as the *"unjust and unfair policies and practices [...] [that] set the context for the social determinants of mental health"* (Shim & Taylor-Desir, 2022, p. 408). In a differing perspective, Bhugra and Ventriglio (2023) put an increased emphasis on the political determinants of mental health as opposed to the social determinants, as the social determinants are highly influenced by government and its related policies, politics, and ideology. At the core of the social determinants of mental health lies the concept of social injustice, which refers to the unfair and unequal distribution of opportunities. This injustice is driven by public policies – defined as *"laws, policies, ordinances, and rules (both written and unwritten) that regulate institutions, communities, and governments"* (Shim & Taylor-Desir, 2022, p. 403) – as well as social norms, which dictate what is considered normal, acceptable, and appropriate behaviour

within a community or group (Mackie et al., 2014; UNICEF, 2021). These factors inherently shape the governance of a particular society (Shim & Taylor-Desir, 2022). The interplay between public policies and social norms has significantly influenced the treatment of individuals with mental health issues, often resulting in oppression, stigma, and devaluation. These negative perceptions stem from beliefs that such people are morally and spiritually defiled, incapable of making decisions, and have an innate emotional weakness. Resultantly, these values are reflected in the laws passed and policies created wherein individuals with mental health problems are criminalised and lack parity with those who are physically differently abled (Shim & Taylor-Desir, 2022). This lack of parity and undermining of opportunities for individuals with mental health problems has also been linked to structural stigma by Corrigan and others (2014) which is defined as the stigma enshrined in institutional and social policies and practices.

Capitalist Influence on Mental Health

At the backdrop of the policies enacted is the socioeconomic set up of capitalism and the underlying neoliberal discourse that have become systems of oppression, as they are implicated in adverse mental health conditions (Matthews, 2023) and health inequities. Working within a capitalist setup has been a deleterious cause of multi-species suffering because of *"overconsuming the earth's resources, undermining our health, and not improving our levels of happiness"* (Gibson-Graham et al., 2013, p. 18), as it is a ruthless process of commodification and inequality that is in a constant hunt for profit and growth (McChesney & Foster, 2010). Thus, capitalism influences health through a combination of economic, political, and cultural mechanisms that *"influence policy making, commercial practices, employment relations, consumption, social hierarchies, and the like, all of which in turn affect health outcomes"* due to the inclusion of the aspect of power within capitalism (Lynch, 2023, p. 398).

It is in the monopoly-capitalist states that mental health issues are on the rise and where the biological explanations for mental health – primarily chemical imbalances in the brain that can be remedied through pharmacological interventions – dominate professional practice and public awareness (Matthews, 2019). Thus, despite the systemic oppression carried out by neoliberalism and capitalism, the onus of rectifying mental health issues falls upon the individual through the issuing of diagnoses prioritising biochemical causes at the cost of sociopolitical factors. This is a dangerous perpetuation of the narrative under the neoliberal and

capitalist political ideologies, as it exonerates the oppressive systems in place, which are measurably more at fault in perpetuating the mental health crisis and pins the blame on the atomised individual (Moncrieff, 2022). Thus, it should be outrightly declared that the current era is not an Anthropocene, but rather a Capitalocene (Moore, 2017). This designation emphatically acknowledges that capitalism is to blame for the unprecedented rise in mental health problems seen in the contemporary world (Ferguson, 2017). This is because capitalism has isolated individuals as *"other members of society* [who] *are not considered a source of support, but rather obstacles to personal advancement"* (Matthews, 2019, p. 56).

Conclusion

An understanding has emanated from the above literature that mental health cannot be solely understood as either the presence of a mental disorder or the absence of it. It also becomes significant to understand the socioeconomic determinants of the mental health upon which the state has a stronghold. This causes mental health to become political. By zooming out to examine the complex influences of the structures that generate legislation and policies, attention shifts to the neoliberal and capitalist ideologies that support the dominant biomedical model. This perspective resonates with Foucault's concepts of power/knowledge, which suggest that these ideologies enable the state to evade responsibility for addressing the socioeconomic determinants that directly affect the mental health of its citizens.

Limitations

This research was conducted only through secondary sources, which did not allow the gathering of new perspectives to achieve the research aim. The use of QCA also comes with a set of limitations mentioned by Hermann (2008) in the form of a disregard for the context that produced the text, and being subject to errors.

Suggestions

In light of the aforementioned study limitations, it is recommended that future research is conducted. Hence, primary research should be undertaken to investigate the meaning ascribed to mental health by different stakeholders, such as the indigenous population and the political authority figures, to develop a further comprehensive understanding of the phenomenon.

As mental health is recognized as encompassing more than the mere presence or absence of mental illness - shaped by cultural meanings, indigenous perspectives, and social and political determinants - it becomes

essential for mental health practitioners to adopt a holistic approach that considers individuals' social environments. Likewise, policymakers must integrate this comprehensive understanding into mental health policies, avoiding the reduction of this multifaceted phenomenon to a focus solely on mental disorders.

Implications

The study provided insights into mental health to indicate that the concept is comprised of a plethora of meanings, ranging from the social determinants to the enmeshment of the concept with politics. Hence, the outcomes of this research highlight that the failure to understand mental health holistically has repercussions in the form of mental health legislation, dominated by the biomedical model that translates into mental healthcare reduced to offering curative treatments in the form of prescriptive medications. A specific example of this is the case of Punjab, Pakistan where the biomedical model reigns in the Punjab Mental Health (Amendment) Act 2014 that was adopted after the 18th constitutional amendment. The Act only changes the federal level language used in the Mental Health Ordinance 2001, and makes changes in punctuation without expanding the meaning or practice of mental health. Thus, the practical implication entails that the mental healthcare practitioners take into consideration the holistic meaning of mental health to offer a plethora of treatment choices to individuals.

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Appendix A: Literature Grid

Sr. No.	Author Last Name	Title	Publication Info	Year	DV	Theme 1: Cultural and Indigenous Perspectives		Theme 2: Social Determinants	Theme 3: Political Determinants	
					Mental Health	Indigenous Understandings	Cultural Meanings	Social Determinants	Neoliberalism	Capitalism
1	Waters	Crazy like us: The globalization of the American psyche.	Simon and Schuster	2010	x	x	x			
2	Ned and others	Thinking about mental health and spirituality from the indigenous knowledge systems frame of reference.	Disability Studies Quarterly	2022	x	x	x			

3	Shim and Taylor-Desir	Social and Political Determinants of Health and Mental Health	Springer International Publishing	2022	x			x		
4	Kirkbride and others	The social determinants of mental health and disorder: evidence, prevention and recommendations	World psychiatry	2024	x			x		
5	Esposito and Perez	Neoliberalism and the commodification of mental health.	Humanity & Society	2014	x				X	x
6	Matthews	Capitalism and mental health.	Monthly review	2019	x		x		X	x

Appendix B: Overview of Literature Used for conducting QCA

CULTURAL AND INDIGENOUS UNDERSTANDINGS OF MENTAL HEALTH					
Sr. No.	**Title**	**Author(s)**	**Document Type**	**Publication Year**	**Reason for Selection**
1	Thinking about mental health and spirituality from the indigenous knowledge systems frame of reference	Ned and others	Journal Article	2022	Offers a novel perspective by African scholars based in Africa, highlighting the importance of indigenous knowledge in understanding mental health, in contrast to the predominance of Global North-centric literature
2	Cultural Influences on Policies Concerning Mental Illness	Brendon Swedlow	Book Chapter	2019	To develop an awareness of cultural influence on the way mental health problems are seen

	SOCIAL DETERMINANTS OF MENTAL HEALTH				
1	Overview of the Social Determinants of Mental Health	Shim and others	Book Chapter	2015	Expresses the importance of considering the social determinants of mental health as contributing to our wellbeing
2	The social determinants of mental health and disorder: evidence, prevention and recommendations	Kirkbride and others	Journal Article	2024	Demonstrates causality between mental health outcomes and social determinants
	POLITICAL DETERMINANTS OF MENTAL HEATLH				