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Abstract: This article proposes a comprehensive understanding of mental health that goes beyond the traditional biomedical approach and integrates the social, cultural, and political dimensions that shape the experience of health and illness. By broadening the analysis to include the health conditions of communities and the ways in which these are addressed, physiotherapy and its object of study—human movement—gain relevance. Human movement manifests in diverse ways depending on people's life stories, experiences, knowledge, and relationships. These bodily expressions may reflect both needs and potentialities, contributing to the promotion of individual and collective well-being and to the construction of a more just society. This perspective entails an ethical-political commitment to the recognizing health as a right and highlighting the need to develop interventions that address individual, group, and collective dimensions, while articulating with both operational and strategic approaches.

Summary Box

• This manuscript offers insights into the health–illness–care process within the field of mental health.

• It presents epistemological approaches to community and mental health, as well as the role physiotherapy plays in this domain.

• It is relevant because reflecting on key categories such as health, wellbeing and human movement has significant implications for professional practice with individuals, collectives, and territories. These reflections open up possibilities for the social construction of health and the accomplishment of this fundamental right.

Keywords: health promotion, community mental health, collective health, physiotherapy, epistemology

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Introduction

The mental health sector has been shaped by multiple intervention mechanisms developed across diverse contexts, settings, and populations, under a wide range of disciplinary approaches. In light of this plurality of scenarios, it is necessary to develop theoretical–conceptual and praxeological frameworks that make it possible to understand such diversity and complexity.[1] In the case of physiotherapy, efforts to expand its scope of understanding beyond the conventional biomedical paradigm take on particular relevance. In this regard, the incorporation of socio-critical and cultural perspectives constitutes a crucial milestone for both disciplinary knowledge and professional practice[2], as it opens the way for meaningful dialogue around the health–illness–care process in complex circumstances.

This reflection entails an ethical–political commitment to the recognition of health as a fundamental right.[3] It also requires acknowledging how different social actors construct knowledge and articulate actions for the promotion and care of health, taking into account their particularities and potentialities from a biopsychosocial perspective.[4] Consequently, it becomes essential to understand both the individual and collective dimensions of human movement as a foundational element of professional physiotherapy practice.

Objective

To analyze the health–illness–care process concerning various theoretical, historical, methodological, and praxeological conceptions of mental health in community contexts, as well as its intersection with physiotherapy.

Reflections

The integration of a critical model into various knowledge management domains entails both epistemological and ideological ruptures with established institutional and cultural frameworks. In the case of reflecting on the object of knowledge referred to as mental health, it becomes necessary to establish analytical dimensions that consider the *"object,"* the *"concept,"* and the *"field."* This also involves addressing fundamental questions such as: *How do we see? How do we think? How do we act?*[5]

Identifying the epistemic obstacles present in the history of health enables a transformation of current practices. One example is public health at the beginning of the 20th century, which adopted a perspective

centered on illness and death as the starting point for understanding health. This perspective was referred to as *"public pathologism,"* and it was grounded in positivist methodology to explain the population's risk of disease, as well as in structural functionalism to understand social reality. This approach privileged the role of the State as the guarantor of disease prevention.[6]

In line with the above, Edmundo Granda proposes several metaphors to understand the epistemic deconstruction of public *pathologism*. First, *"the power of life,"* which invites reflection on the capacity of individuals to generate health in their everyday lives, considering their social relationships, norms, and structures across different environments. Second, *"the power of knowledge,"* which underscores the importance of information exchange, the recognition of diversity, and the articulation among actors to ensure equitable access to scientific and technological progress. Finally, *"good political power,"* associated with building health citizenship and strengthening the State, which—in the context of mental health—is connected to the restoration of rights and the response to issues such as stigma and social exclusion.[6]

Reflecting on *"how we think"* involves recovering historical understandings of the health–illness–care process and their application within the field of mental health. On one hand, the view that situates health and illness as opposing extremes has led to dichotomies that deepen social divides, adopt labeling and exclusion, and perpetuate an hegemonic view of health and life. On the other hand, a conception centered on the life–death continuum allows for prolonged accompaniment of individuals, recognizing the elements that shape their ways of living and dying across different contexts and circumstances.[7]

Everything previously mentioned is grounded in a reflection on the category of *health*, understood as a multifaceted concept that, despite its variations, consistently recognizes the human capacity to adapt to the environment. This notion encompasses conditions, capacities, and opportunities that enable both individuals and collectives to develop in society according to their own expectations and aspirations.[8] Health is also conceived as a diverse concept—since it includes both collective and individual perspectives; relative—because it depends on the situation, time, and circumstances of the one defining or experiencing it; complex—for the reason that it involves multiple factors, some of which are essential depending on the adopted perspective; dynamic—because it is changeable and can exist in degrees; and open—because its meaning can be transformed by societal shifts.[9]

It is worth noting that, currently, various comprehensive frameworks intersect with the health–illness–care process. Among them is the salutogenic model, which promotes health and well-being in contrast to the pathogenic model, which focuses on the causes of disease. Likewise, the biopsychosocial model integrates the biological, psychological, and social dimensions of individuals' lives. Added to these is primary health care as an operational component, which prioritizes comprehensive care and fosters strategies for health promotion, disease prevention, and community and social participation. All these approaches are fundamental for strengthening population well-being.[10-11] This highlights the importance of reflection in this field, as well as the potential of holistic approaches that require intersectoral articulation and knowledge dialogue.

Regarding its convergence with physiotherapy, from a disciplinary perspective, it is essential to recognize how different actors build health practices from their everyday experiences, particularities, and potentialities. In this sense, the responses that emerge encompass dimensions related to the manifestation of movement within a context of increasing organization and complexity. This analysis considers various levels: individual, group, and collective; structural and systemic; as well as operational and strategic domains.[12] These dimensions are also shaped by contextual possibilities and by the elements that influence the development of professional praxis.

In the case of Colombia, for instance, the epistemological scope of physiotherapy links its practice with individuals, families, and communities, as well as with their surroundings. Its objective is embodied in the study, understanding, and management of human movement as a key element of health and well-being.[13] From this perspective, the focus should not be limited solely to the “pathological,” but rather—aligned with broader notions of health—physiotherapy can incorporate the sociocultural dimension of the body and permeate everyday processes, including the psychic and social spheres.[14-15] Thus, the goal is not only to repair what is altered, but to enhance people’s capacities and resources so they can fully participate in their environment, making bodily movement a vehicle for navigating life. All of this is connected with differential approaches, interdisciplinary perspectives, and actions aimed at addressing the social determinants of health.

Additionally, human bodily movement permeates individuals' existence, their health processes, and the configuration of spaces. This underscores the importance of articulating movement with spatial, symbolic, and relational dimensions, expressed through the concept of *territory*. This concept goes beyond being understood as a mere physical container; it invites a rethinking of the environment and populations, not from an instrumental logic, but as a sociohistorical situation and a project of liberation constructed by social actors.[16] In this context, the body also becomes a site for performative action.

Thinking about mental health requires taking into account the conceptual frameworks that shape practices in this field. In this regard, the definition proposed by the World Health Organization deserves critical reflection: mental health is understood as "a state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and can contribute to their community".[17] Although this perspective is well-intentioned, it also maintains an individualistic view by focusing on the subject without acknowledging the processual nature of mental health or the multiple historical, socioeconomic, cultural, biological, and psychological determinants that shape it. Moreover, it fails to recognize that preserving and improving health necessarily involves a dynamic of social construction linked to the realization of human and social rights.[18]

Therefore, discussing the construction of a just, free, and democratic society—where each person is recognized and valued—contributes to mental health by acknowledging psychic and social suffering without necessarily pathologizing it from biological or psychiatric perspectives[19]. This requires accepting the shift from the category of *"patient"* to that of *"person,"* incorporating a subjective and intersubjective dimension that highlights the *"relational subject."* It also calls for moving beyond *"diagnosis"* as an individual label and device, and beyond *"stigma,"* toward the construction of *"health citizenship"* from a perspective of reparation and social inclusion. In light of this, it becomes essential to transcend the risk-factor lens—focused on pathology—and to shift attention toward the social determinants of health and the notion of *buen vivir* (good living), from an autonomous, self-defined perspective.[19-20]

To fully understand the concept of mental health, it is essential to analyze various epistemological perspectives. The biomedical and behavioral perspective, with its pathologizing and individualizing approach, has historically been hegemonic, extending a medicalizing logic to social phenomena. Meanwhile, the well-being and potential-oriented perspective, although valuable, has been criticized for its

functionalism and individualism, promoting an unattainable notion of happiness and a view of resilience that overlooks vulnerability as an ontological condition and suffering as a socially inevitable reality. In contrast, cultural, psychosocial, and social-determinants-based perspectives emphasize the need to consider the socioeconomic, political, and historical context of health–illness processes. These approaches promote an ethic of care, solidarity, and the de-pathologization of suffering. They also aim to overcome the binary between culture and society, incorporating popular semiology and the intersubjective dimension of the human being as an inhabitant of the world.[21]

Currently, in the face of contemporary societal challenges, many collective health and mental health issues are expressed through the fragility of social relationships and the erosion or weakening of community-based support networks.[22] For this reason, integrating a perspective focused on disease prevention and the promotion of community mental health requires an epistemological openness toward recognizing the subjective afflictions of our time in all their complexity. These afflictions must be understood as dynamic processes within the health–illness–care continuum, and their approaches must take into account collective, diverse, and historical dimensions, as they are embodied in singular bodies that reveal their interconnections within the social fabric—emerging from collectively experienced challenges.[22]

In light of the above, the production and revitalization of knowledge within everyday spaces becomes essential as a pathway toward community health organization. In this process, active community participation, the transformation of social ties into solidarity-based relationships, and the recognition of the community as an active agent in transforming its own realities are fundamental elements for the development of community mental health.[23] This perspective opens the door to imagining proposals that *de-pathologize* identities, *de-localize* care spaces, and support the creation of initiatives where people come together not because they share diagnoses or labels, but rather because of common interests, passions, and desires.[24]

From what has been outlined throughout this text, several key considerations emerge: community mental health goes beyond the appropriation of spaces and network-building, requiring a shift from the functionalist approach that reduces the relationship between services and the community to a purely operational articulation. Practices in this field are not limited to outpatient treatments but seek to collectively build spaces and strategies that foster mental health and autonomy.[25] To achieve this, it is

essential for professionals to take on the roles of caregivers–interpreters, mediators, and intercultural translators, employing methods that integrate diverse narratives, foster dialogue, and acknowledge the power of identities in everyday life—thus accompanying the struggle for life and health within the territories.[6]

Finally, as a proposal for the intersection between community mental health and physiotherapy, there are still paths to explore in the promotion of well-being among individuals and collectives facing challenges related to their mental health or associated conditions, through human bodily movement. In this context, physical activity, exercise, functional movement, bodily practices, as well as bodily and movement awareness play a crucial role in improving mood, cognitive function, distress management, relationship-building, social inclusion, and overall quality of life.[26] Likewise, it is necessary to adopt a perspective focused on creating supportive environments and strengthening peer connections in order to reduce stigma and foster the construction of *health citizenships* that transcend diagnostic labels.[27]

Conclusions

Intersectoral and interdisciplinary articulation in community mental health enriches and strengthens the diversity of perspectives and approaches, becoming a key element for driving transformations in both knowledge and context-sensitive praxis. In this regard, social participation spaces in health must be instructed by the interpretations and meanings constructed by the various actors who advocate for life and mental health. These spaces, rather than functioning merely as instruments, should be conceived as reflective processes that emerge from the convergence of diverse currents and perspectives—open to dialogue and the recognition of otherness.

Social intervention processes linked to community mental health also allow for the development of disciplinary perspectives on the phenomenon under study. From a physiotherapeutic standpoint, human bodily movement can be understood through various analytical dimensions—individual, group, and collective—as well as through praxeological aspects that contribute to the configuration of health. Making the physiotherapist's role visible in these spaces is crucial, as in the everyday experience of bodily movement—where it emerges and is expressed in diverse forms according to life stories, experiences, knowledge, and social ties—both needs and potentialities become apparent, oriented toward the construction of a more just society. This perspective recognizes human movement in its diversity and

highlights its contributions to social inclusion, community participation, promotion of autonomy, reduction of stigma, equalization of opportunities, strengthening of the social fabric, and shaping of territorial dynamics.

Equity, Diversity, and Inclusion Statement

Throughout this manuscript, differential approaches to health have been made explicit, along with an ethical–political commitment to the realization of human rights. Likewise, the text proposes perspectives aimed at fostering health citizenship and a more just professional practice, aligned with social inclusion and the recognition of otherness and alterity.

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Conflict of Interest

The authors declare no conflicts of interest.

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