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Editorial

Beyond Individual Pathology: Reframing Generation Z Mental Health Through Structural and Protective Determinants

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EDITORIAL

Public discussion of Generation Z mental health frequently centres on two competing explanations. One attributes increasing psychological distress to declining personal resilience, while the other locates the problem primarily in social media exposure and inadequate individual coping. Both interpretations capture part of the picture, but neither is sufficient. They risk treating distress as a defect within young people while overlooking the environments in which they are studying, working, forming relationships, and entering adulthood.

For the purposes of this editorial, Generation Z refers broadly to people born between 1997 and 2012, while recognising that generational boundaries vary across sources. The breadth of this cohort also matters: it includes adolescents, university students, and young adults in the early stages of employment. Their developmental tasks and social circumstances differ, and evidence from one subgroup should not automatically be applied to all. Nevertheless, the level of concern is substantial. The World Health Organization estimates that one in seven people aged 10-19 years experiences a mental disorder, with depression, anxiety, and behavioural disorders among the leading causes of illness and disability in adolescence [1].

The more defensible interpretation is therefore neither that Generation Z is inherently fragile nor that technology is solely responsible for its difficulties. Mental health emerges from the interaction of digital experiences, family and peer relationships, educational demands, economic security, social inclusion, access to care, and individual vulnerability. Effective responses must combine personal support with institutional and structural reform.

Digital Environments: Neither Neutral nor Solely Responsible

Digital environments are deeply integrated into the social lives of younger generations. They can expose users to cyberbullying, appearance-focused content, misinformation, hostile comparison, sleep disruption, and repeated crisis-oriented information. Problematic social media use has been associated with symptoms of depression, anxiety, and stress among adolescents and young adults [3,4]. Yet the evidence does not support a simple conclusion that screen time alone determines psychological well-being. Reviews consistently describe a heterogeneous relationship shaped by the type of activity, the content encountered, the user's vulnerabilities, and the social context in which use occurs [3].

The distinction between passive exposure and meaningful participation is particularly important. Endless comparison, compulsive checking, or engagement with harmful content may intensify distress. By contrast, one-to-one communication, identity exploration, health information, peer support, and participation in supportive communities may reduce isolation and facilitate help-seeking. During the COVID-19 pandemic, some forms of online communication helped adolescents manage loneliness even as addictive or harmful patterns of media use were associated with poorer outcomes [5]. Digital spaces should therefore be understood as social environments with both protective and harmful pathways, rather than as a single exposure that is uniformly beneficial or damaging.

This distinction has practical consequences. Advice limited to reducing daily screen hours may miss the mechanisms that matter most. Families, educators, clinicians, regulators, and technology companies should pay greater attention to what young people encounter online, why they engage, whether use is voluntary or compulsive, and how digital activity affects sleep, relationships, study, and everyday functioning.

Distress Beyond the Screen

A narrow focus on technology also obscures the material conditions surrounding contemporary transitions to adulthood. Academic competition, uncertain employment, rising living costs, financial strain, family expectations, political instability, environmental concern, and limited access to affordable mental healthcare can accumulate rather than operate independently. Evidence from low- and middle-income countries has long shown that financial stress, food insecurity, housing conditions, and other dimensions of poverty are associated with common mental disorders, although the direction and strength of individual relationships vary [9].

These pressures are especially relevant in Pakistan, where mental health services remain unevenly distributed and formal help-seeking may be constrained by cost, stigma, and limited institutional capacity. A systematic review of Pakistani university students reported a high pooled prevalence of depressive symptoms, while also emphasising major heterogeneity and limitations in the available studies [7]. Research from Sialkot similarly identified substantial levels of depression, anxiety, and stress symptoms among university students [8]. These findings should not be interpreted as proof that an entire generation is clinically unwell. They do, however, demonstrate that psychological distress among students cannot be dismissed as a fashionable label or an absence of resilience.

The structural context also influences whether distress becomes disabling. A student facing financial insecurity, academic overload, family pressure, and long delays in obtaining professional support is not experiencing four separate problems; these pressures may reinforce one another. Encouraging self-care without addressing the conditions that repeatedly generate distress can leave young people feeling responsible for adapting to systems that remain unresponsive.

Protective Factors Without Shifting Responsibility

Recognising structural determinants does not mean denying individual agency. Young people develop adaptive coping strategies, build communities, seek information, and support one another. Supportive family relationships, trusted peers, mentorship, safe educational environments, regular physical activity, sufficient sleep, emotional-regulation skills, and timely access to counselling can strengthen psychological well-being. Interventions that mobilise social support may improve child and adolescent mental health, although their effectiveness depends on how support is organised and whether families and services have sufficient capacity [6].

Resilience, however, should not become a convenient explanation for institutional failure. Teaching emotional regulation is valuable, but it cannot substitute for protection from harassment, manageable academic expectations, economic opportunity, or accessible healthcare. Individual resources are most effective when embedded within stable relationships and responsive institutions. A genuinely protective

approach therefore asks both how young people can be supported and how the environments around them can be improved.

From Awareness to Structural Action

The first priority is digital safety by design. Platforms used extensively by adolescents and young adults should provide effective reporting systems, age-appropriate privacy protections, transparent content-recommendation practices, and proportionate safeguards against cyberbullying, self-harm content, and harmful appearance-based messaging. Digital and media literacy should be incorporated into schools and universities, not as a warning against technology itself, but as a practical skill for recognising manipulation, misinformation, unhealthy comparison, and compulsive patterns of use.

The second priority is accessible mental healthcare across the settings young people already use. Schools, universities, primary care services, workplaces, and community organisations should be equipped to provide early identification, confidential support, referral pathways, and crisis response. In low-resource settings, collaborative-care and task-sharing models can help extend services beyond specialist psychiatric facilities. Evidence from low- and middle-income countries indicates that collaborative care can improve outcomes for common mental disorders, although successful implementation requires local adaptation, trained personnel, supervision, and sustainable financing [10].

The third priority is social and economic protection. Mental health policy cannot remain isolated from education, employment, housing, transport, and social welfare. Fair entry-level opportunities, manageable academic and workplace demands, affordable education, protection from discrimination, and support for economically vulnerable students are not peripheral to mental health; they shape the conditions in which coping succeeds or fails. Young people should also participate in designing policies and services intended for them. Consultation should move beyond symbolic representation toward meaningful involvement in programme design, evaluation, and accountability.

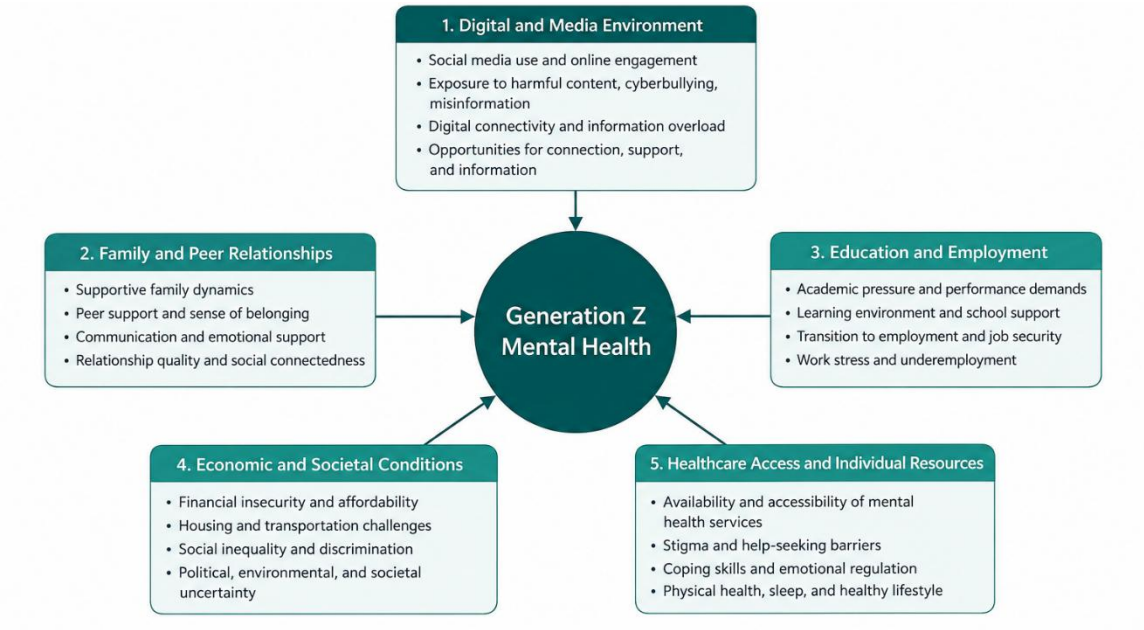

Figure 1 Conceptual representation of the interacting determinants of Generation Z mental health, illustrating how digital and media environments, family and peer relationships, education and employment, economic and societal conditions, and healthcare access and individual resources collectively influence psychological well-being through both risk and protective pathways.

Finally, public communication should avoid both alarmism and dismissal. Generation Z should not be described as universally damaged, but neither should documented distress be reduced to oversensitivity. A balanced public-health response recognises variation within the generation, avoids causal claims that exceed the evidence, and directs attention toward modifiable risks and protective conditions.

CONCLUSION

Generation Z is not inherently fragile, and its mental health challenges cannot be reduced to screen exposure or deficient coping. Young people are navigating rapidly changing digital, educational, economic, and social environments during sensitive stages of development. Clinical care and resilience-building remain important, but they cannot substitute for safer digital platforms, responsive educational institutions, supportive families and communities, accessible mental healthcare, and credible pathways into adult life. The more productive question is therefore not why Generation Z is failing to cope, but whether the environments created for this generation adequately support psychological well-being. Reframing the issue in this way moves the conversation beyond blame and toward shared responsibility.

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