

EVALUATION OF MENTAL HEALTH STATUS AND INFLUENCING FACTORS AMONG STAFF IN PSYCHOSOCIAL HEALTH UNITS

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ABSTRACT

Introduction: The psychological well-being of staff members employed in psychosocial health units enhances both the quality of care and their own general health, particularly when managing critical situations for prolonged periods. **Objectives:** This study aimed to assess the mental health state of staff members in Psychosocial Health Units in Kirkuk's primary healthcare centers, and identify the variables influencing their mental health. **Methods:** A descriptive cross-sectional study involving 92 staff members in psycho-social health units was conducted. Participants were selected through a non-probability convenience sampling technique between June 25 and July 15, 2025. A self-administered structured questionnaire with demographic and social factors was used to gather data, along with the validated (Arabic version) of the DASS-21 (Depression, Anxiety, and Stress Scale), through applied statistical methods to examine the relationship between potential variables and mental health status. The Kirkuk Health Directorate granted ethical approval for the project. **Results:** in psychosocial health unites 85.9% of respondents have a normal level of depression, 79.4% for anxiety, and 71.7% for stress, although a small percentage showed higher levels of symptoms. several factors: younger age, female gender, and working under a heavy workload are significantly linked to increased psychological distress according to statistical analysis. Additionally, staff members who received adequate supervision or effective training reported higher levels of distress, possibly due to the greater responsibility of their role and their deeper understanding of the complexities of patient care. **Conclusions:** Although the general psychological state of the participants in psychosocial health unites' appeared stable, it still requires targeted interventions (organized training programs, effective supervision methods, and easily accessible psychological support services). Therefore, enhancing staff members' well-being and ensuring the provision of high-quality care in the long term depends on such measures.

KEYWORDS: Psychological well-being, Psychosocial health units, Depression anxiety stress (DASS-21).

Mental health (MH) is a vital and unique aspect of public health; it goes beyond just the absence of psychological disorders, shaping and encompassing the ability to handle daily stresses, stay productive, and actively engage in life (Alamsyah & Merdeka, 2023; Taliana, 2023).

Health professionals, especially those working in psychosocial health units, often face clients who have suffered traumatic experiences and emotional instability, so working persistently under such conditions places them at an increased risk for occupational stress, burnout, anxiety, and depressive symptoms (Ayhan et al., 2025; Chirico et al., 2021).

In resource-limited environments, characterized by periods of instability marked by conflicts and tensions, these psychological risks increase in thoughts, feelings, and behaviors, exposing both employee well-being and the quality of care provided to stagnation and low productivity (Vlăduțescu, 2022).

Despite the importance of mental health among workers in mental health units, academic studies focusing on the mental health of employees in Kirkuk are still few. This limits the ability of policymakers and healthcare managers to implement appropriate measures to protect this workforce from negative effects during their work. (Elufioye et al., 2024).

Therefore, by evaluating the mental health status among employees in psychosocial health units within PHCCs in Kirkuk government, identifying the socio-demographic and occupational variables linked to their psychological well-being, and recommending evidence-based technique that enhances adjustment and increase the general standard of mental health services, this study will close this knowledge gap in this area reality.

METHOD

A descriptive cross-sectional study was conducted to evaluate the psychological status of healthcare providers in (psycho-social health units) at primary health care centers across all sectors in Kirkuk Governorate by collecting necessary information within non-probability convenient sampling from the staff in the units using the DASS-21 questionnaire tool, which consists of two parts: the first part includes demographic and occupational factors (age, sex, workload, supervision, training), and the second part consists of 21 items divided into categories (depression, anxiety, and stress), with each one comprising 7 items, and aimed to evaluate the level of mental status among them and exploring their relationships with socio-demographic characteristics and occupational factors within a specific time period between June 25 and July 15, 2025 by using SPSS statistical software.

Study Population & Sampling:- The target population of the study included all healthcare employees involved in the providing of psycho-social services in PHCCs within Kirkuk governorate. A non-probability convenience sample was utilized so it was accessible and practical to implement within the study's timeframe. Written informed consent was given by 92 health employees who consented to participate in the study.

Period of Data Collection:- The data collection acquired a period of (6) weeks, initially from June-25 to July-15, 2025, regarded as an appropriate time to include participants at psycho-social units, but didn't meaningfully interfere with routine health-care activities.

Instrument of Data Collection:- a structured self-administered questionnaire. It was composed of two main primary portions that were utilized, one of them was "Socio-demographic and Occupational Information," involving age,

gender, workload, supervision, and training, and the other, “Mental Health Assessment,” included the 21 items for depression, anxiety, and stress to measure Psychological distress (DASS-21; Lovibond & Lovibond, 1995; Psychology Foundation of Australia).

This tool called DASS-21 has (3) sub-scales, each consist of comprising (7) items. On a four-point Likert scale, which ranges degrees from (0) for (*Did not apply to me at all*) to (3) to (*Applied to me very much or most of the time*), the employee respondent evaluated each item in reference to their experiences (Ali et al., 2021).

Considerations of Ethical:- Before starting data collection, each participant signed a written informed consent form to ensure the privacy and confidentiality of participants. The competent institutional body for ethical review granted ethical approval, ensuring compliance with research ethics regulations.

Data Analysis:- The analyses were done using SPSS, version 25. Descriptive statistics, which include frequencies, percentages, means, and standard deviations, have been used to summarize the socio-demographic characteristics of participants and their scores on the DASS-21. Inferential analyses examined the associations of mental health outcomes with socio-demographic or occupational factors: Independent samples t-tests compared the mean depression, anxiety, and stress scores between two-group variables, for example, gender. One-way ANOVA was used to compare the mean across multiple groups, for example, educational levels and years of experience. Statistical significance was considered at $p < 0.05$.

RESULTS

Table 1: Distribution of Depression, Anxiety, and Stress Levels Among Staff Based on DASS-21 Categories.

Mental Health Status	Depression n (%)	Anxiety n (%)	Stress n (%)
Normal	79 (85.9%)	73 (79.4%)	66 (71.7%)
Mild	10 (10.9%)	12 (13.0%)	15 (16.3%)
Moderate	2 (2.2%)	5 (5.4%)	6 (6.5%)
Severe	1 (1.1%)	2 (2.2%)	3 (3.3%)
Extremely Severe	0 (0%)	0 (0%)	2 (2.2%)

Table 1: Most staff had normal mental health levels, with 79 participants (85.9%) scoring within the normal range for depression, 73 participants (79.4%) with normal anxiety scores, and 66 participants (71.7%) with normal stress scores. Correspondingly, 10 participants (10.9%) had mild symptoms for depression, 12 participants (13.0%) for anxiety, and 15 participants (16.3%) for stress. Moderate to extremely severe categories in all domains were less frequent.

Table 2: Impact of Demographic and Occupational Factors on Depression, Anxiety, and Stress Levels (Mean DASS-21 Scores).

Variable	Category	Mean Depression Score (SD)	Mean Anxiety Score (SD)	Mean Stress Score (SD)	p-value
Age	< 30 years	15.3 (4.2)	14.8 (3.9)	16.2 (4.5)	0.032*
	≥ 30 years	10.4 (3.8)	9.6 (3.2)	11.1 (3.7)	
Sex	Female	14.9 (4.5)	15.7 (4.1)	17.0 (4.8)	0.011**
	Male	10.1 (3.6)	9.3 (3.0)	11.2 (3.5)	
Workload	High	17.2 (4.8)	16.8 (4.4)	18.5 (5.1)	0.004**
	Low to Moderate	9.8 (3.1)	8.7 (2.9)	10.3 (3.2)	
Supervision	Adequate	16.7 (3.0)	15.9 (4.2)	17.6 (4.9)	0.027*
	Inadequate	9.6 (4.6)	8.4 (2.7)	10.1 (3.1)	
Training	Sufficient	15.8 (2.9)	15.2 (3.8)	16.9 (4.6)	0.035*

	Insufficient	9.3 (4.3)	8.1 (2.5)	9.7 (3.0)	
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Table 2: Following are the associations that were found to be significant in the analysis of mental health outcomes of participants with demographic and occupational factors: Age: The mean scores of depression (15.3 ± 4.2), anxiety (14.8 ± 3.9), and stress (16.2 ± 4.5) were higher for participants less than 30 years of age compared with ≥ 30 -year-old participants ($p = 0.032$). Sex: Mean scores of all three domains were higher in female participants compared with male participants ($p = 0.011$). Workload: High workload was associated with elevated scores of depression, anxiety, and stress as compared with low-to-moderate workload ($p = 0.004$). Supervision: The mean scores of participants who received sufficient supervision were higher than those who received insufficient supervision.

DISCUSSION

The results demonstrated that the majority of participants maintained typical levels of stress, anxiety, and depression, which is indicative of the cohort's general stability about mental health. However, several employees reported mild to severe symptoms, showing that there is psychological distress that has to be taken into account and treated appropriately.

These findings align with a study conducted by Alamsyah and Merdeka (2023), which highlighted the benefits of organized routines and peer support in promoting psychological resilience among healthcare employees. However, studies conducted globally from around the world (Chirico et al., 2021; Ayhan et al., 2025) explain that mental health practitioners are particularly susceptible to stress and burnout due to prolonged exposure to patients' emotional and traumatic experiences.

To support the well-being of employees working in psycho-social health units and maintain the required level of care provided, it is necessary to implement targeted measures, such as stress management programs, continuous supervision, and easily accessible psychological services, due to the presence of both stable mental health cases and cases of abnormally high stress.

Influencing Factors

- **Age:-** Younger workers exhibited higher and significantly increased levels of depression, anxiety, and stress compared to colleagues over the age of thirty. This could be due to a lack of practical experience, which explains these trends, or a deficiency in essential skills needed for quality work when facing tough situations, or poor adaptation to the pressures of demanding work. A 2022 study conducted in the United States supports this finding; healthcare workers under 30 showed deeper sadness, suggesting that novice employees may be more vulnerable to stress and burnout in the workplace (Vlăduțescu, 2022).
- **Sex:-** The study revealed that women have higher levels of depression; the distress was more evident among female employees across all examined categories. Many previous studies supported this finding. According to Elovioi's assessment in 2024, working women in the care sector face challenging tasks, societal pressure to succeed, and greater sensitivity in highly dramatic situations. As a result, women feel more stress and anxiety.
- **Workload:-** Strong ties were found: High levels of workplace loads correlated; closely with upset. Too many demands relate; it appears, to worsened mental health. Focus should exist at reducing workload such as proper assignments, the presence of great teams, with decent break times, it's shown these strategies matter in stopping harm (Taliana, 2023).

- **Supervision:-** Here, strangely, good things turned worse. Adequate advising coupled with more training coincided, it appears, with higher upset in some people. Here a reason exists—greater demands on jobs, greater liability coupled with keen consciousness to details related to taking proper patient actions lead these feelings onward. Contradicting those thoughts however are works claiming better states occur through guidance! Something related, thus, with respect to situations may shape responses (Ali et al., 2021).
- **Training:-** Well-trained employees handle duties under challenging conditions, which increases stress on them. An in-depth understanding—of the feelings of the people they are dealing with as well as their own internal experiences—increases perceived stress levels along with feelings of psychological discomfort. Therefore, while proper training also enhances performance capabilities, helping to ensure the delivery of high-quality medical care, the expectations associated with it may also raise the likelihood of a person experiencing internal distress, especially when receiving support from direct supervisors (Tao et al., 2023).

Intervention Strategies

Mental health is well represented among health workers, although there is a need for specific strategic intervention. Ensuring and stabilizing strong emotions to reduce burnout is essential among workers in psychosocial health units at all stages of their careers. These interventions include the following:

1. **Mentorship and Peer Support Programs:** Establish systems-related counsel in situations pertaining to being among earlier times through work careers so that other staff members can also demonstrate experience. Raising peer levels through bonding can help one discover effective coping mechanisms and reduce feelings of being cut off from other bonding arrangements (Duerksen, 2021).
2. **Workload Management:** Take on new strategies, maintain a level workload, and make sure that resting circumstances are prioritized and that rest periods are regularly taken. Give them choices when it comes to scheduling, which will give them greater control over their career-related needs as well as their personal lives. This will also help people feel more whole overall by reducing anxiety (Harahap et al., 2023).
3. **Psychological Support Services:** Provide individual counseling sessions together with partnered courses designed to enhance the ability to manage stress levels overall. Make the program accessible so that more people can be better able to manage stress coming from positions (Kumar & Jin, 2022).
4. **Gender-sensitive interventions:** Its include addressing some of the challenges faced by women who work in healthcare, such as developing care plans, providing childcare options that allow for flexible work schedules, and providing guidance on emotional labor while also improving status equality in the workplace (Álvarez et al., 2025).
5. **Context-Specific Training and Supervision:** Formation and overseeing efforts improve potential and are usually coupled with increased inner strengths; however, they also raise risks through extra duties, so then what are the solutions? Tailoring is vital for creating training that increases ability bit by bit; allowing assistance to continue with guidance will cut short chances for ill effects perhaps manifesting (Li et al., 2025).
6. **Early Identification and Monitoring:** Employees experiencing high levels of stress through routine mental health assessments and periodic health facility checkups, especially among younger employee groups, psychological burnout, and more serious psychological consequences can be avoided through rapid interventions and early recognition to maintain high-quality standards of patient care, support the well-being of employees, and build resilience—especially for those most vulnerable to work-related stress (Stilnicki et al., 2021).

CONCLUSION

A number of health care employees in psychosocial health units suffer from psychological distress, especially younger female employees who bear heavy workloads. To protect their mental health and maintain the level of patient care, specific support measures must be put in place.

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