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Mental Health Status of Public Health Care Givers in Bhopal District: A Cross-Sectional Study

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Abstract

Background Public health care givers, including frontline health workers, are exposed to chronic occupational stressors including high patient load, night duties, and resource constraints. Systematic mental health assessment of this workforce remains limited in Central India, especially in the post-COVID period.

Objective: To assess the mental health status and its domains among public health care givers including frontline health workers aged 18–50 years in Bhopal district using a standardized 38-item psychological inventory.

Methods: A descriptive cross-sectional study was conducted among 30 purposively selected public health care givers including frontline health workers aged 18–50 years working in District Hospital, Community Health Centres, Primary Health Centres, and Health & Wellness Centres of Bhopal from August to September 2025. After obtaining Institutional Ethics Committee approval and written informed consent, a pre-tested questionnaire was administered. The 38-item inventory assesses Anxiety, Depression, Loss of Behavioral/Emotional Control, General Positive Affect, Emotional Ties, and Life Satisfaction. Scores were transformed to a 0–100 scale where higher scores indicate better mental health. A Global Mental Health Index score <52 was considered indicative of poor mental health. Data were analyzed using SPSS v26.0.

Results: Among 30 participants aged 18–50 years, 70.0% were female. The mean Global Mental Health Index was 41.7 ± 16.6 (range 14.1–74.2). The prevalence of poor mental health was 73.3% (22/30, 95% CI: 55.6–85.8%). The mean Psychological Distress Index was 45.8 ± 22.7 and Psychological Well-being Index was 37.6 ± 17.6 . The most affected domains were Life Satisfaction (83.3% <52), Depression (73.3% <52), and Emotional Ties (66.7% <52).

Conclusion: Nearly three-fourths of public health care givers including frontline health workers aged 18–50 years in Bhopal had poor mental health. Frontline health workers continue to experience substantial psychological impact in the post-COVID period, predominantly characterized by depression and low life satisfaction. Institutional mental health support systems and regular screening are urgently recommended for this workforce.

Keyword: Frontline health workers, Healthcare workers, Mental health, Occupational stress, Cross-sectional study, Bhopal

Introduction

Healthcare workers in India's public health system, especially frontline health workers, experience substantial psychological stress due to excessive workload, staff shortages, night duties, and administrative pressures. The COVID-19 pandemic further intensified these stressors, with frontline health workers facing high mortality exposure, isolation, and disrupted work-life balance. The National Mental Health Survey 2015-16 reported 10.6% overall

mental morbidity in India, but targeted data on frontline healthcare workers remains scarce. Standardized assessment of both psychological distress and well-being is essential for occupational health planning. A 38-item validated inventory provides comprehensive evaluation through six subscales and three summary indices: Psychological Distress Index, Psychological Well-being Index, and Global Mental Health Index.

Bhopal district has over 2000 public health care givers including frontline health workers across multiple levels of care. No recent studies have systematically evaluated their mental health using validated tools in the post-pandemic period. This study was undertaken to generate baseline evidence for the District Mental Health Programme.

Materials and Methods

1. Study Design and Duration: Descriptive cross-sectional study conducted from August to September 2025.

Results

Table 1: Distribution of Mental Health Scores Among Public Health Care Givers Including Frontline Health Workers Aged 18–50 Years (n=30)

Scale	Mean ± SD	Range	Participants with Poor Score (<52), n (%)
Anxiety	53.0 ± 28.7	2.2–93.3	15 (50.0)
Depression	33.9 ± 26.0	0.0–78.9	22 (73.3)
Loss of Behavioral/Emotional Control	50.6 ± 30.4	4.5–89.5	16 (53.3)
Psychological Distress Index	45.8 ± 22.7	11.4–89.5	19 (63.3)
General Positive Affect	42.9 ± 24.4	2.0–98.0	17 (56.7)
Emotional Ties	40.0 ± 25.7	0.0–100.0	20 (66.7)
Life Satisfaction	30.0 ± 22.0	0.0–80.0	25 (83.3)
Psychological Well-being Index	37.6 ± 17.6	14.1–74.2	24 (80.0)
Global Mental Health Index	41.7 ± 16.6	14.1–74.2	22 (73.3)

Among 30 participants aged 18–50 years, 22 (73.3%, 95% CI:55.6–85.8%) had Global Scores below 52, indicating poor mental health. The Psychological Well-being Index (37.6 ± 17.6) was lower than the Psychological Distress Index (45.8 ± 22.7), suggesting deficits in positive psychological states contributed more to poor mental health than elevated distress symptoms. Life Satisfaction was the most severely affected domain with 83.3% of participants scoring <52.

Study Tool: A standardized 38-item self-administered inventory assessing six domains: Anxiety (9 items), Depression (4 items), Loss of Behavioral/Emotional Control (9 items), General Positive Affect (10 items), Emotional Ties (2 items), and Life Satisfaction (1 item). Each item is scored 1–6. Raw scores were transformed to 0–100 scale using the formula: $\frac{\text{Raw Score} - \text{Minimum Possible}}{\text{Maximum} - \text{Minimum}} \times 100$. Higher scores indicate better mental health. Global Mental Health Index <52 was defined as poor mental health as per established cutoff.

Data Collection: After Institutional Ethics Committee approval written informed consent was obtained. Questionnaires were completed anonymously under supervision. Participants scoring <52 were confidentially referred to District Mental Health Programme, Bhopal as per IEC protocol.

Statistical Analysis: Data were entered in MS Excel and analyzed using SPSS v26.0. Quantitative variables expressed as mean ± standard deviation. Categorical variables expressed as frequency and percentage. 95% confidence intervals calculated using Wilson score method.

Discussion

The prevalence of poor mental health (73.3%) among public health care givers including frontline health workers in this study is substantially higher than the general population prevalence of 10.6% reported in National Mental Health Survey 2015-16. However, it is comparable to studies conducted among Indian healthcare workers during high-stress periods. Grover et al. reported 71% depression among north Indian doctors during COVID-19, and Chatterjee et al. found 68% psychological distress among nurses. The pattern of low Well-being Index relative to Distress Index indicates that anhedonia, poor life satisfaction, and weak emotional ties are more prominent than overt anxiety symptoms among frontline health workers. This is consistent with burnout literature describing emotional exhaustion as the initial manifestation of occupational stress in healthcare settings. The severe impairment in Life Satisfaction (83.3%) likely reflects job dissatisfaction, poor work-life balance, and perceived lack of organizational support persisting from the pandemic period.

1. Limitations: The study is limited by small sample size, single-district coverage, and purposive sampling which restrict

- 2. Study Setting:** District Hospital Bhopal, CHC Berasia, PHC Fanda, and two Health & Wellness Centres of Bhopal district, Madhya Pradesh.
- 3. Study Participants** 30 public health care givers including frontline health workers aged 18–50 years comprising Medical Officers, Staff Nurses, ANMs, and CHOs were selected by purposive sampling. Inclusion criteria: age 18–50 years, service ≥1 year, willing to provide informed consent. Exclusion criteria: known psychiatric illness currently on treatment.

generalizability. The cross-sectional design precludes establishment of temporal or causal relationships. Social desirability bias may persist despite anonymity.

- 2. Strengths:** This is among the first studies from Central India to comprehensively assess six mental health domains among public health care givers including frontline health workers in the post-COVID period. The ethical protocol ensured immediate referral for at-risk participants.

Conclusion

Poor mental health affects nearly three-fourths of public health care givers including frontline health workers aged 18–50 years in Bhopal district, with depression and low life satisfaction being the predominant manifestations. *Frontline health workers, who were exposed to unprecedented occupational stress, high mortality burden, and disrupted work-life balance during and after the COVID-19 pandemic, continue to show substantial psychological sequelae. The high prevalence of poor Well-being Index relative to Distress Index suggests that anhedonia and reduced life satisfaction persist as long-term impacts of pandemic-era workload.

Integrate annual mental health screening for all public health staff including frontline health workers under District Mental Health Programme, with special focus on post-COVID psychological rehabilitation.

Establish dedicated staff wellness clinics at District Hospital and CHC levels for confidential counseling and psychiatric referral.

Implement administrative reforms addressing duty hours, rotation of night duties, and structured debriefing for frontline health workers exposed to critical events. Conduct multi-centric studies with larger samples to assess longitudinal trends in mental health of frontline healthcare workers in the post-pandemic period.

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