Abstract

Title: **UNMASKING THE SILENT PANDEMIC: NAVIGATING THE MENTAL HEALTH DYNAMICS AMONG HEALTHCARE WORKERS (HCWS) IN KENYA**

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Background

HCWs form the backbone of our health systems yet they face insidious unprecedented mental health challenges. In 2023, the Kenya Medical Association highlighted that responses from a SADPERSONS test for suicide assessment, administered in a random Continuous Medical Education forum in Kisumu, Kenya, revealed that 4 of the attending 52 HCWs reported experiencing suicidal thoughts. The risk further increases among health professionals working in close proximity to mental health patients as well as those working in emergency and casualty departments due to traumatic encounters. This study aimed at exploring the mental health challenges faced by HCWs and identifying strategies that would enhance mental resilience and reduce psychological distress among HCWs.

Methods

A facility-based cross-sectional survey was conducted in Kisumu, Nairobi, Kakamega and Nakuru Counties in Kenya from January to May 2024. Purposive sampling was employed to recruit 120 HCWs from each of the 4 counties totaling to 480 participants. 32 interviews and 24 FGDs were conducted to collect qualitative data which was analyzed thematically. Structured surveys with mental assessment tools (PHQ-9 for depression, GAD-7 for anxiety, SADPERSONS scale for suicide risk and PCL-5 for PTSD were also used to collect quantitative data which was analyzed thematically. Informed consent was sought before commencement of the study, while confidentiality was observed throughout the study.

Results

Qualitative analysis: Predisposing factors to the psychological distress were patient outcomes such us death or worsening of patient health status; countertransference triggered by patients' experiences and workload burnout due to job dissatisfaction, emotional exhaustion, detachment from work, high job demands and turnover intentions. Inadequate self-care practices among HCWs and systemic challenges including lack of debriefing and supervision for HCWs after handling extreme traumatic encounters or even after their shifts.

Quantitative analysis: A detailed analysis of the PHQ-9 for depression showed; depression was widespread at 67.9% (326) both moderate and moderately severe with 2.3% (11) of them presenting severe depression. GAD-7 for anxiety showed 52.1% (250) were manifested with anxiety both moderate and severe. The SADPERSONS scale for suicide showed low risk at 10% (48), medium risk was at 1.3% (6) and 0.4% (2) for high

risk of committing suicide. PCL-5 analysis showed manifestation of PTSD symptoms 13.1% (63). Other prevalent disorders included; substance use disorders, adjustment disorders at 24.8 % (119), sleeping disorders 67.9% (326) and obsessive- compulsive disorders (OCD) at 2.5% (12).

Conclusion

Findings from the study underscore the pressing need for resonate interventions to address the burgeoning mental health conditions in Kenya prioritizing healthcare workers. Advocacy and policy reforms, in the healthcare sector should shift the focus on prevention strategies that seek to implement structured mental health support systems, promote resilience training, strengthen workplace policies that foster a positive culture which enhances self-care among healthcare workers.