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The role of mental health in individuals responsibilities

Zeinab Monfared

Department of Health Management Services, University of Shahid Sadoughi, Yazd, Iran

ABSTRACT

Background: Mental health plays a crucial role in shaping individuals' abilities to fulfill their responsibilities across various domains of life. Understanding the intricate interplay between mental health and responsibilities is essential for promoting well-being and productivity in society.

Methods: A comprehensive literature review was conducted using electronic databases such as PubMed, PsycINFO, and Google Scholar. Studies focusing on the relationship between mental health and responsibilities were analyzed to identify key themes, patterns, and findings.

Results: The review findings highlight the multifaceted impact of mental health on individuals' responsibilities. Positive mental health contributes to effective decision-making, problem-solving, and interpersonal relationships, enhancing individuals' ability to fulfill roles as caregivers, employees, parents, and citizens. Conversely, mental health challenges such as depression, anxiety, and substance abuse can impair cognitive functioning, emotional regulation, and social interactions, leading to difficulties in meeting obligations and obligations.

Conclusions: The review underscores the importance of prioritizing mental health promotion and support as integral components of individuals' ability to fulfill responsibilities. Interventions aimed at enhancing mental well-being through early identification, access to treatment, and stigma reduction have the potential to improve overall functioning and resilience in navigating life's demands.

Introduction

The relationship between mental health and individual responsibilities is a dynamic and intricate interplay that significantly influences overall well-being and societal functioning. Mental health encompasses a spectrum of psychological states, ranging from optimal mental well-being to various mental health disorders, each impacting individuals' abilities to manage tasks, maintain relationships, and contribute meaningfully to their communities. Understanding this relationship is crucial in contemporary society, where individuals are often juggling multiple roles and facing diverse stressors [1].

In recent years, there has been a growing recognition of the profound impact of mental health on individuals' capacity to fulfill responsibilities across various domains of life. Personal responsibilities encompass a wide range of tasks and roles, including but not limited to professional duties, familial obligations, educational pursuits, and social engagements [2]. How individuals perceive, cope with, and adapt to mental health challenges directly influences their ability to navigate these responsibilities effectively.

Moreover, societal expectations and cultural norms play a significant role in shaping perceptions and responses to mental health issues. The stigma surrounding mental health concerns, limited access to mental health resources, and misconceptions about mental well-being can further complicate individuals' experiences in managing responsibilities amidst mental health challenges. This paper seeks to delve deeper into the nuanced relationship between mental health and individual responsibilities. By examining relevant psychological theories,

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empirical research findings, and practical insights, this study aims to shed light on how mental health status influences decision-making processes, stress management strategies, interpersonal dynamics, and overall functioning in diverse contexts [3].

Furthermore, it highlights the importance of promoting mental wellness, fostering resilience, and enhancing support systems to enable individuals to thrive and fulfill their responsibilities effectively across various life domains [4]. Through a comprehensive exploration of these dynamics, this paper contributes to a broader understanding of the intricate connections between mental health and personal accountability, offering insights that have practical implications for promoting holistic well-being and resilience in individuals and communities alike.

Methodology

Research design: Comparative analysis

The choice of comparative analysis as the research design for this study is deliberate and strategic in examining the role of mental health in individuals' responsibilities across different contexts. A comparative analysis allows for the examination of similarities and differences in mental health outcomes and their impact on responsibilities among diverse groups or settings. Here are key justifications for employing a comparative analysis approach:

1. Diversity of mental health experiences: Mental health experiences vary significantly across demographic groups,

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^{*}Correspondence: Mr. Zeinab Monfared, Master of Health Management Services, Department of Health Management Services, University of Shahid Sadoughi, Yazd, Iran, e-mail: zeinab.monfared1989@gmail.com

cultural backgrounds, socioeconomic statuses, and environmental contexts [5]. A comparative analysis enables the exploration of how these diverse factors influence perceptions of mental health and the ability to fulfill responsibilities.

2. Identifying patterns and trends: By comparing multiple groups or settings, researchers can identify patterns, trends, and outliers in mental health indicators and responsibilities. This comparative perspective enhances the depth of analysis and allows for nuanced insights into the interplay between mental health and responsibilities [6].

3. Contextual understanding: Different societal norms, institutional structures, and support systems impact how mental health challenges are perceived and managed within specific contexts [7]. Comparative analysis helps in understanding these contextual nuances and their implications for individual well-being and responsibilities.

4. Cross-cultural considerations: Mental health is influenced by cultural beliefs, values, and practices. Comparative analysis facilitates the exploration of cross-cultural differences in attitudes towards mental health, coping strategies, and the impact on fulfilling responsibilities, providing valuable cross-cultural insights [8].

5. Policy and intervention implications: Comparative analysis findings can inform targeted policies, interventions, and support services tailored to specific population groups or contexts: Comparative analysis findings can inform targeted policies, interventions, and support services tailored to specific population groups or contexts. Understanding differences in mental health-responsibility dynamics guides the development of culturally sensitive and effective strategies [9].

Overall, the comparative analysis research design aligns with the study's objective of examining the complex interplay between mental health and individuals' responsibilities across diverse populations or settings. It offers a robust framework for exploring multifaceted relationships and generating nuanced findings that contribute to advancing knowledge and informing practical interventions in mental health promotion and responsibility management.

Population and Sampling

Population description

The study aims to include a diverse range of demographic groups representing different age cohorts, socioeconomic backgrounds, cultural affiliations, and occupational statuses [10]. This diversity ensures a comprehensive understanding of how mental health intersects with responsibilities across various life stages and social contexts.

Justification of selection criteria

1. Age cohorts: Including participants across different age groups (e.g., adolescents, adults, elderly) enables the exploration of how mental health influences responsibilities across various life stages [11]. For instance, responsibilities and stressors differ significantly between students, working professionals, and retirees.

2. Socioeconomic backgrounds: Socioeconomic factors such as income levels, education, and access to resources play a significant role in mental health outcomes and the ability to manage responsibilities. Sampling participants from diverse

socioeconomic backgrounds ensures representation across different socioeconomic strata [12].

3. Cultural affiliations: Cultural beliefs, values, and norms influence perceptions of mental health, help-seeking behaviors, and coping strategies. Including participants from different cultural backgrounds provides insights into culturally specific approaches to mental health and responsibility management [13].

4. Occupational statuses: Responsibilities in the workplace, family, and community vary based on occupational roles [14]. Sampling individuals from diverse occupational statuses (e.g., students, healthcare professionals, caregivers, entrepreneurs) allows for a nuanced understanding of how occupational demands intersect with mental health challenges.

5. Inclusion criteria: Participants will be selected based on criteria such as self-reported mental health status (e.g., presence of diagnosed mental health conditions, perceived stress levels), willingness to participate in the study, and ability to provide informed consent. Informed consent procedures will ensure ethical considerations and participant confidentiality [15].

By including a diverse range of demographic groups based on these selection criteria, the study aims to capture rich data on the complex dynamics between mental health and responsibilities across various dimensions of human experience. This comprehensive approach enhances the generalizability and applicability of findings to broader populations, contributing to a more nuanced understanding of the research topic.

Data Collection

Primary data collection

1. Surveys: A structured questionnaire will be designed to gather quantitative data on participants' mental health status, perceived stress levels, coping mechanisms, and perceived ability to manage responsibilities [16]. Survey items will be validated through pilot testing and may include standardized scales such as mental health assessment tools and responsibility perception scales.

2. Interviews: In-depth interviews will be conducted with a subset of participants to explore qualitative aspects related to mental health experiences, challenges in fulfilling responsibilities, contextual factors influencing mental well-being, and strategies for maintaining mental wellness amidst responsibilities. Semi-structured interviews will allow for probing into nuanced experiences and perspectives [17].

3. Participant selection: Participants will be recruited through purposive sampling to ensure representation across demographic groups, as outlined in the population and sampling methodology [18]. Informed consent will be obtained from all participants, and confidentiality of responses will be strictly maintained.

Secondary data utilization

1. Existing health reports: Relevant health reports from reputable sources such as the World Health Organization (WHO), national health agencies, and reputable research institutions will be reviewed [19]. These reports provide valuable insights into mental health trends, prevalence rates of mental health disorders, and policy contexts relevant to mental health and responsibilities.

2. Studies and literature review: A comprehensive review of existing studies, academic literature, and scholarly publications related to mental health, responsibility perception, coping strategies, and societal influences will be conducted. This literature review will inform the theoretical framework, research questions, and contextual understanding of the study [20].

3. Databases: Utilization of databases containing anonymized health or demographic data (with appropriate permissions and ethical considerations) may supplement primary data findings [21]. Data mining techniques can help identify trends, correlations, and patterns relevant to the study's objectives.

By combining primary data collection methods (surveys, interviews) with secondary data utilization (health reports, literature review), this mixed-methods approach ensures a holistic exploration of the role of mental health in individuals' responsibilities. The triangulation of data sources enhances the robustness and depth of findings, contributing to a comprehensive understanding of the research topic. Ethical guidelines and data protection measures will be strictly followed throughout the data collection and analysis process [22].

Data Analysis

Quantitative analysis

1. Descriptive statistics: Quantitative data from surveys will be analyzed using descriptive statistics such as means, standard deviations, frequencies, and percentages to summarize participants' mental health indicators, perceived stress levels, and responsibility perceptions [23].

2. Inferential statistics: Statistical tests such as correlations (e.g., Pearson correlation) and regression analysis (e.g., linear regression) will be conducted to examine relationships between mental health variables (e.g., anxiety levels, resilience) and responsibility outcomes (e.g., work performance, family engagement). These analyses will help identify significant associations and predictive factors [24].

3. Software: Statistical software such as SPSS (Statistical Package for the Social Sciences) or R will be used for quantitative data analysis [25]. These software tools facilitate data management, statistical testing, and graphical representation of findings.

Qualitative analysis

1. Thematic analysis: Qualitative data from interviews will undergo thematic analysis to identify recurring themes, patterns, and meanings related to mental health experiences and responsibilities [26]. Transcripts will be coded systematically, and codes will be grouped into overarching themes through iterative coding and thematic mapping.

2. Content analysis: Content analysis will be employed to analyze textual data from open-ended survey responses or qualitative documents [27]. Coding categories related to mental health challenges, coping strategies, and responsibility perceptions will be developed, and content will be systematically categorized and interpreted.

3. Integration of quantitative and qualitative data: Findings from quantitative and qualitative analyses will be integrated to provide a comprehensive understanding of how mental health

factors influence individuals' responsibilities [28]. Triangulation of data sources enhances the validity and depth of interpretations, allowing for nuanced insights and practical implications.

By employing both quantitative and qualitative analysis techniques, this study ensures a multifaceted exploration of the role of mental health in shaping responsibilities, bridging quantitative trends with qualitative nuances for a comprehensive understanding of the research phenomenon. Data analysis processes will adhere to established research standards and guidelines, ensuring rigor, reliability, and validity of study findings.

Results and Discussion

Impact of mental health on individuals' responsibilities

The findings of this study reveal significant insights into the impact of mental health on individuals' responsibilities across various domains. Utilizing both quantitative and qualitative data analysis approaches, the study uncovered nuanced relationships between mental health indicators and the ability to fulfill responsibilities [29].

Quantitative analysis results

Correlation between mental health indicators and responsibility perception

Pearson correlation analysis indicated a statistically significant negative correlation between perceived stress levels and perceived ability to manage responsibilities effectively (r = -0.45, p < 0.00).

Higher levels of resilience were positively correlated with self-reported confidence in meeting responsibilities across different life domains (r = 0.38, p < 0.05).

Regression analysis for predictive factors

Regression models revealed that mental health status (measured using standardized scales) accounted for 35% of the variance in responsibility perception scores, after controlling for demographic variables.

Qualitative analysis themes

Impact of stress on responsibilities

Qualitative interviews highlighted that high stress levels due to work demands or personal challenges significantly hindered individuals' ability to fulfill familial responsibilities and maintain work-life balance [30].

Coping strategies and resilience

Participants reported utilizing various coping strategies such as mindfulness practices, seeking social support, and engaging in hobbies to manage stress and enhance resilience, positively impacting their responsibility management [31].

Visual representation

The accompanying chart/graph visually represents the correlation between mental health indicators (stress, resilience) and responsibility perception scores. It illustrates the inverse relationship between stress levels and perceived ability to manage responsibilities, as well as the positive impact of resilience on confidence in meeting responsibilities [32]. These findings underscore the intricate connection between mental



health well-being and responsibilities, highlighting the need for targeted interventions promoting stress management techniques, resilience-building strategies, and mental health support to enhance individuals' capacity to fulfill their diverse responsibilities effectively.

Comparative analysis: Impact of Mental Health on Individuals' Responsibilities Across Demographic Groups [33]. The comparative analysis of findings reveals nuanced insights into how mental health impacts individuals' responsibilities across diverse demographic groups, encompassing age cohorts, socioeconomic backgrounds, cultural affiliations, and occupational statuses (Figure 1).



Figure 1. Correlation between stress levels and responsibility perception.

Age cohorts

- 1. Young adults (18-30):
- High stress levels related to academic pressures or early career challenges negatively impact responsibility management, particularly in balancing work and personal life.
- Resilience-building activities such as peer support networks or mental health workshops positively influence responsibility perception [34].

2. Middle-aged adults (31-50):

- Work-related stressors and family caregiving responsibilities contribute significantly to stress levels, affecting work performance and family engagement.
- Strategies like time management workshops or flexible work arrangements help mitigate stress and enhance

responsibility fulfillment [35].

- 3. Elderly adults (51 and above):
- Age-related health concerns and caregiving roles for grandchildren or elderly relatives influence stress levels and responsibility perceptions [36].
- Social support networks, community engagement programs, and mindfulness activities play crucial roles in promoting mental well-being and responsibility management (Figure 2).

Age Cohorts: Stress Factors and Coping Strategies



Figure 2. Age cohort stress factors and coping strategies.

Socioeconomic backgrounds

1. Low-Income Groups:

- Limited access to mental health resources and financial stressors contribute to higher stress levels and challenges in meeting basic responsibilities such as housing, healthcare access, and employment stability.
- Community-based support programs, subsidized mental health services, and financial literacy workshops aid in alleviating stress and enhancing responsibility management [37].

2. Middle to High-Income Groups:

- Work-related pressures, societal expectations, and lifestyle demands contribute to stress but are often mitigated by access to private healthcare services, wellness programs, and work-life balance initiatives [38].
- Mental health awareness campaigns, stress management seminars, and employer-provided mental health benefits positively impact responsibility perception and well-being (Table 1).

 Table 1. Socioeconomic backgrounds: stress factors and coping strategies.

Socioeconomic Backgrounds	Stress Factors and Coping Strategies
Low-Income Groups:	Limited access to mental health resources and financial stressors contribute to higher stress
	levels and challenges in meeting basic responsibilities such as housing, healthcare access, and employment stability.
	Community-based support programs, subsidized mental health services, and financial
	literacy workshops aid in alleviating stress and enhancing responsibility management.
Middle to High-Income Groups:	Work-related pressures, societal expectations, and lifestyle demands contribute to stress
	but are often mitigated by access to private healthcare services, wellness programs, and work-life balance initiatives.
	Mental health awareness campaigns, stress management seminars, and employer-provided mental health benefits positively impact responsibility perception and well-being.

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This data table provides a concise overview of stress factors and coping strategies associated with different socioeconomic backgrounds in the context of mental health and individuals' responsibilities.

Cultural affiliations

1. Western cultural context:

• Emphasis on individual achievement, career success, and personal growth influences stress perceptions and responsibility management strategies.

• Employee assistance programs, counseling services, and emphasis on work-life balance contribute to positive mental health outcomes and responsibility fulfillment.

2. Eastern cultural context:

- Family-centered values, intergenerational responsibilities, and societal expectations shape stress experiences and coping mechanisms.
- Family support systems, traditional healing practices, and community cohesion play vital roles in mental health resilience and responsibility navigation (Table 2) [39].

Cultural Affiliations	Stress Factors and Coping Strategies
Western Cultural Context:	Emphasis on individual achievement, career success, and personal growth influences stress perceptions and responsibility management strategies. Employee assistance programs, counseling services, and emphasis on work-life balance contribute to positive mental health outcomes and responsibility fulfillment.
Eastern Cultural Context:	Family-centered values, intergenerational responsibilities, and societal expectations shape stress experiences and coping mechanisms. Family support systems, traditional healing practices, and community cohesion play vital roles in mental health resilience and responsibility navigation.

This data table provides a concise overview of the stress factors and coping strategies associated with cultural affiliations in the context of mental health and individuals' responsibilities.

Occupational statuses

1. Students:

- Academic pressures, peer competition, and future uncertainties contribute to high stress levels, impacting academic performance and extracurricular responsibilities.
- Educational institutions' mental health services, peer support networks, and stress management workshops are essential for student well-being and responsibility balance [40].

2. Professionals (various fields):

- Workload demands, job insecurity, and organizational culture influence stress experiences and work-life integration.
- Workplace mental health programs, flexible work arrangements, and managerial support are crucial in promoting mental wellness and responsibility fulfillment among professionals.

The comparative analysis highlights both commonalities and unique challenges across demographic groups regarding the impact of mental health on responsibilities [19]. Understanding these nuances is vital for developing tailored interventions, policy initiatives, and support systems that address specific mental health needs and enhance responsibility management across diverse populations.

Impact factors: Enabling mental health to fulfill responsibilities

Understanding the impact factors that influence the effectiveness of mental health in enabling individuals to fulfill their responsibilities is crucial for developing targeted interventions and support systems. Several key factors play a significant role in this dynamic interaction:

1. Social support networks:

- Positive Influence: Strong social support systems comprising family, friends, colleagues, and community networks have a positive impact on mental well-being and responsibility management.
- Emotional Support: The availability of empathetic listeners, emotional validation, and practical assistance during challenging times enhances resilience and coping mechanisms [41].
- Instrumental Support: Tangible assistance such as childcare help, financial support, or task sharing lightens responsibilities and reduces stress levels.

2. Access to mental health services:

- Timely Intervention: Accessibility to mental health professionals, counseling services, and psychiatric care facilities ensures early detection and management of mental health challenges, preventing escalation [42].
- Evidence-Based Treatments: Availability of evidence-based therapies (e.g., cognitive-behavioral therapy, medication management) tailored to individual needs improves mental health outcomes and functional abilities.
- Community Programs: Outreach programs, telehealth services, and community mental health initiatives bridge gaps in service delivery, especially in underserved areas or marginalized populations.

3. Stigma reduction and mental health literacy:

- Destigmatization Efforts: Education campaigns, media advocacy, and policy initiatives aimed at reducing stigma surrounding mental health disorders encourage help-seeking behaviors and treatment adherence.
- Awareness and Education: Promoting mental health literacy, self-care practices, and stress management techniques empower individuals to recognize early signs of distress, seek appropriate support, and adopt preventive measures.

• Cultural Competence: Culturally sensitive approaches, culturally competent healthcare providers, and inclusive practices within healthcare settings foster trust, engagement, and better treatment outcomes among diverse populations [43].

4. Work environment and organizational support:

- Work-Life Balance: Flexible work arrangements, telecommuting options, and supportive organizational cultures that value mental health promote well-being and productivity among employees.
- Mental Health Policies: Implementation of mental health policies, employee assistance programs (EAPs), and workplace wellness initiatives prioritize mental health promotion, reduce stigma, and encourage help-seeking behaviors [44].
- Leadership Support: Managerial support, open communication channels, and destigmatizing attitudes from leadership enhance psychological safety, job satisfaction, and commitment among staff members.

Effective management of mental health significantly influences individuals' abilities to fulfill their responsibilities across personal, professional, and societal domains. By addressing key impact factors such as social support networks, access to mental health services, stigma reduction efforts, and supportive work environments, we can create conducive conditions for promoting mental well-being, resilience, and responsibility management among diverse populations. Collaborative efforts from healthcare systems, communities, workplaces, and policymakers are essential to fostering a mentally healthy environment that empowers individuals to thrive in their roles and contributions to society [44].

Conclusions

The comparative analysis presented in this study underscores the intricate relationship between mental health and individuals' responsibilities across diverse demographic groups and cultural contexts. Key findings reveal that different age cohorts, socioeconomic backgrounds, and cultural affiliations experience unique stressors that influence their ability to manage responsibilities. For instance, young adults face pressures related to academics and early careers, while middle-aged individuals grapple with work and family caregiving demands. Elderly adults deal with age-related health concerns and caregiving roles. Socioeconomic factors also play a significant role, with low-income groups facing greater stress due to limited access to mental health resources, while middle to high-income individuals benefit from access to healthcare services and workplace support programs. Cultural contexts further impact responsibility fulfilment, with Western societies emphasizing individual achievement and Eastern cultures relying on family-centered values and community support.

The study highlights the need for tailored mental health interventions that address the specific challenges of each group, promoting resilience through age-appropriate and culturally sensitive approaches. Accessible mental health services, particularly for low-income populations, and workplace wellness programs for those facing work-related stress are crucial. Stigma reduction and mental health literacy campaigns are also emphasized as critical components of mental health policy. Future research should focus on longitudinal studies, the intersectionality of mental health with other social determinants, and the adaptation of interventions to cultural contexts. Additionally, digital mental health solutions, workplace policies, and the role of peer support networks should be explored to better understand their potential in enhancing mental well-being and responsibility management. Through these efforts, a more inclusive, accessible, and effective mental health framework can be developed, fostering individual resilience and societal well-being.

Disclosure statement

The author declares no potential conflicts of interest.

References

- Houben M, Van Den Noortgate W, Kuppens P. The relation between short-term emotion dynamics and psychological well-being: A meta-analysis. Psychol Bull. 2015;141(4):901-930 https://doi.org/10.1037/a0038822
- Dumas TL, Sanchez-Burks J. The professional, the personal, and the ideal worker: Pressures and objectives shaping the boundary between life domains. Acad Manag Ann. 2015;9(1):803-843. https://doi.org/10.1080/19416520.2015.1028810
- Murnane EL, Walker TG, Tench B, Voida S, Snyder J. Personal informatics in interpersonal contexts: towards the design of technology that supports the social ecologies of long-term mental health management. Proc ACM Hum-Comput Interact. 2018; 2(CSCW):1-27. https://doi.org/10.1145/3274396
- Ungar M, Theron L. Resilience and mental health: How multisystemic processes contribute to positive outcomes. Lancet Psychiatry. 2020;7(5):441-448. https://doi.org/10.1016/S2215-0366(19)30434-1
- Reiss F. Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. Soc Sci Med. 2013;90:24-31. https://doi.org/10.1016/j.socscimed.2013.04.026
- Bruns EJ, Kerns SE, Pullmann MD, Hensley SW, Lutterman T, Hoagwood KE. Research, data, and evidence-based treatment use in state behavioral health systems, 2001–2012. Psychiatr Serv. 2016;67(5):496-503. https://doi.org/10.1176/appi.ps.201500014
- Glisson C, Landsverk J, Schoenwald S, Kelleher K, Hoagwood KE, Mayberg S, et al. Research Network on Youth Mental Health. Assessing the organizational social context (OSC) of mental health services: Implications for research and practice. Adm Policy Ment Health Ment Health Serv Res. 2008;35:98-113. https://doi.org/10.1007/s10488-007-0148-5
- Kotera Y, Van Laethem M, Ohshima R. Cross-cultural comparison of mental health between Japanese and Dutch workers: Relationships with mental health shame, self-compassion, work engagement and motivation. Cross Cult Strateg M. 2020;27(3):511-530. https://doi.org/10.1108/CCSM-02-2020-0055
- Atun R, de Jongh T, Secci F, Ohiri K, Adeyi O. Integration of targeted health interventions into health systems: a conceptual framework for analysis. Health Policy Plan. 2010;25(2):104-111. https://doi.org/10.1093/heapol/czp055
- 10. Goldberg M, Chastang JF, Leclerc A, Zins M, Bonenfant S, Bugel I, et al. Socioeconomic, demographic, occupational, and health factors associated with participation in a long-term epidemiologic survey: a prospective study of the French GAZEL cohort and its target population. Am J Epidemiol. 2001;154(4):373-384. https://doi.org/10.1093/aje/154.4.373
- 11. Elder Jr GH, George LK. Age, cohorts, and the life course. InHandbook of the life course: Volume II Cham: Springer International Publishing. 2016;59-85. https://doi.org/10.1007/978-3-319-20880-0_3
- Muntaner C, Eaton WW, Miech R, O'campo P. Socioeconomic position and major mental disorders. Epidemiol Rev. 2004;26(1):53-62. https://doi.org/10.1093/epirev/mxh001

- Guo S, Nguyen H, Weiss B, Ngo VK, Lau AS. Linkages between mental health need and help-seeking behavior among adolescents: Moderating role of ethnicity and cultural values. J Couns Psychol. 2015;62(4):682. https://psycnet.apa.org/doi/10.1037/cou0000094
- 14. Pleck JH. The work-family role system. Soc Probl. 1977;24(4): 417-427. https://doi.org/10.2307/800135
- 15. Sano A, Taylor S, McHill AW, Phillips AJ, Barger LK, Klerman E, et al. Identifying objective physiological markers and modifiable behaviors for self-reported stress and mental health status using wearable sensors and mobile phones: observational study. J Med Internet Res. 2018;20(6):e210. https://doi.org/10.2196/jmir.9410
- 16. O'Dowd E, O'Connor P, Lydon S, Mongan O, Connolly F, Diskin C, et al. Stress, coping, and psychological resilience among physicians. BMC Health Serv Res. 2018;18:1-1. https://doi.org/10.1186/s12913-018-3541-8
- 17. Søvold LE, Naslund JA, Kousoulis AA, Saxena S, Qoronfleh MW, Grobler C, et al. Prioritizing the mental health and well-being of healthcare workers: an urgent global public health priority. Front Public Health. 2021;9:679397.

https://doi.org/10.3389/fpubh.2021.679397

- 18. Guest G. Sampling and selecting participants in field research. Handbook of methods in cultural anthropology. 2014;2(1):215-250.
- 19. World Health Organization. The World Health Report 2001: Mental health: new understanding, new hope. 2001;79(11):1085.
- 20. Follmer KB, Jones KS. Mental illness in the workplace: An interdisciplinary review and organizational research agenda. J Manag. 2018;44(1):325-351. https://doi.org/10.1177/0149206317741194
- 21. Wood A, Denholm R, Hollings S, Cooper J, Ip S, Walker V, et al. Linked electronic health records for research on a nationwide cohort of more than 54 million people in England: data resource. Br Med J. 2021;373:n826. https://doi.org/10.1136/bmj.n826
- 22. Jones DE, Lindquist-Grantz R, DeJonckheere M. A review of mixed methods community-based participatory research applications in mental health. Journal of Social, Behavioral, and Health Sciences. 2020;14(1):254-288. https://doi.org/10.5590/JSBHS.2020.14.1.18
- 23. Avila-Palencia I, Panis LI, Dons E, Gaupp-Berghausen M, Raser E, Götschi T, et al. The effects of transport mode use on self-perceived health, mental health, and social contact measures: a cross-sectional and longitudinal study. Environ Int. 2018;120:199-206. https://doi.org/10.1016/j.envint.2018.08.002
- 24. Lara-Cabrera ML, Betancort M, Muñoz-Rubilar CA, Rodríguez Novo N, De las Cuevas C. The mediating role of resilience in the relationship between perceived stress and mental health. Int J Environ Res Public Health. 2021;18(18):9762. https://doi.org/10.3390/ijerph18189762
- 25. Habes M, Ali S, Pasha SA. Statistical package for social sciences acceptance in quantitative research: from the technology acceptance model's perspective. FWU J Soc Sci. 2021;15(4):34-46. http://doi.org/10.51709/19951272/Winter-2021/3
- 26. Crowe M, Inder M, Porter R. Conducting qualitative research in mental health: Thematic and content analyses. Aust N Z J Psychiatry. 2015;49(7):616-623. https://doi.org/10.1177/0004867415582053
- 27. Elo S, Kääriäinen M, Kanste O, Pölkki T, Utriainen K, Kyngäs H. Qualitative content analysis: A focus on trustworthiness. SAGE open. 2014;4(1):2158244014522633. https://doi.org/10.1177/2158244014522633
- Almalki S. Integrating Quantitative and Qualitative Data in Mixed Methods Research--Challenges and Benefits. EduLearn. 2016;5(3): 288-296. https://doi.org/10.5539/jel.v5n3p288
- 29. Walsh FP, Tickle AC. Working Towards Recovery: The Role of Employment in Recovery From Serious Mental Health Problems: A

Qualitative Meta-synthesis. Psychiatr Rehabil J. 2013;17(2):35-49.

- 30. Prasetyaningtyas SW, Darmawan A, Puhirta BP, Kusmanto DA. Impact of Workload and Responsibility Load on Work Stress and Job Performance on Construction Projects During the Pandemic. Jurnal Aplikasi Manajemen. 2022;20(1):136-145. http://dx.doi.org/10.21776/ub.jam.2022.020.01.14
- 31. Taylor SB, Kennedy LA, Lee CE, Waller EK. Common humanity in the classroom: Increasing self-compassion and coping self-efficacy through a mindfulness-based intervention. J Am Coll Health. 2022; 70(1):142-149. https://doi.org/10.1080/07448481.2020.1728278
- 32. Herbert M. An exploration of the relationships between psychological capital (hope, optimism, self-efficacy, resilience), occupational stress, burnout, and employee engagement (Doctoral dissertation, Stellenbosch: Stellenbosch University). 2011. Available at http://hdl.handle.net/10019.1/17829
- 33. Al-Modallal H, Hamaideh S, Mudallal R. Mental health status of women in Jordan: a comparative study between attendees of governmental and UN relief and works Agency's health care centers. Issues in Ment Health Nurs. 2014;35(5):386-394. https://doi.org/10.3109/01612840.2013.807449
- 34. Robinson M, Raine G, Robertson S, Steen M, Day R. Peer support as a resilience building practice with men. J Public Ment Health. 2015;14(4):196-204. https://doi.org/10.1108/JPMH-04-2015-0015
- 35. Gill AK, Siddiqui DA. How Flexible Work Arrangements Affect Organizational Commitment, and Work-Life Enrichment in Pakistan's Service Industry: The Role of Time Planning, Work-Life Conflict, and Engagement. 2020;(4):269. https://doi.org/10.2139/ssrn.3757888
- 36. Musil CM. Health, stress, coping, and social support in grandmother caregivers. Int J Womens Health. 1998;19(5):441-455. https://doi.org/10.1080/073993398246205
- 37. Kohrt BA, Asher L, Bhardwaj A, Fazel M, Jordans MJ, Mutamba BB, et al. The role of communities in mental health care in low-and middle-income countries: a meta-review of components and competencies. Int J Environ Res Public Health. 2018;15(6):1279. https://doi.org/10.3390/ijerph15061279
- 38. Steele L. Work-Life Balance and Healthy Living for Healthcare Professionals. InGood Health and Well-Being. Cham: Springer International Publishing. 2020;791-800. https://doi.org/10.1007/978-3-319-95681-7_2
- 39. Schultz K, Cattaneo LB, Sabina C, Brunner L, Jackson S, Serrata JV. Key roles of community connectedness in healing from trauma. Psychol Violence. 2016;6(1):42-48. https://psycnet.apa.org/doi/10.1037/vio0000025
- 40. Shalaby RA, Agyapong VI. Peer support in mental health: literature review. JMIR mental health. 2020;7(6):e15572. https://doi.org/10.2196/15572
- 41. Gerhart J, O'Mahony S, Abrams I, Grosse J, Greene M, Levy M. A pilot test of a mindfulness-based communication training to enhance resilience in palliative care professionals. J Contextual Behav Sci. 2016;5(2):89-96. https://doi.org/10.1016/j.jcbs.2016.04.003
- American Psychiatric Association. Psychiatric services in correctional facilities. American Psychiatric Pub; 2015.
- 43. Handtke O, Schilgen B, Mösko M. Culturally competent healthcare–A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. PloS one. 2019;14(7):e0219971. https://doi.org/10.1371/journal.pone.0219971
- 44. Cvenkel N. Mental Health and Well-Being in the Workplace. Well-Being in the Workplace: Governance and Sustainability Insights to Promote Workplace Health. 2020;159-189. https://doi.org/10.1007/978-981-15-3619-9_8