


Editorial

Mental health in the workplace

Salud mental en el trabajo

Juana Patlán Pérez

National Autonomous University of Mexico, México


 <https://ror.org/01tmp8f25>

patlanjuana@hotmail.com


 <https://orcid.org/0000-0002-1247-4268>

Arturo Juárez García

Autonomous University of the State of Morelos, México

 <https://ror.org/03rz4f20>

arturojuarezg@hotmail.com

 <https://orcid.org/0000-0003-3264-679X>

Psicología Iberoamericana vol. 34 núm. 1
11 16 2026

Universidad Iberoamericana, Ciudad de
México
México

Abstract: This editorial discusses the significance of mental health in the workplace, particularly in the aftermath of the COVID-19 pandemic. It examines the challenges of paid and unpaid care work, the need for valid psychometric tools to assess psychosocial risks, and the effectiveness of psychosocial and cognitive-behavioural interventions. The articles discussed in this issue contribute to improving the mental health, well-being, and quality of life of workers in Mexico.

Keywords: mental health, work, well-being, psychosocial interventions, psychosocial risks.

Resumen: Este editorial propone una reflexión sobre la importancia de la salud mental en el ámbito laboral, especialmente a partir de la pandemia de covid-19. Analiza los retos asociados al trabajo de cuidados, tanto remunerado como no remunerado; la necesidad de contar con instrumentos psicométricos válidos para evaluar los riesgos psicosociales, y la efectividad de las intervenciones psicosociales y cognitivo-conductuales. Los artículos que integran este número contribuyen al fortalecimiento de la salud mental, el bienestar y la calidad de vida de las personas trabajadoras en México.

Palabras clave: salud mental, trabajo, bienestar, intervenciones psicosociales, riesgos psicosociales.

Introduction

Recently, mental health, particularly in the workplace, has become increasingly important from both a scientific and social perspective. Since the COVID-19 pandemic, it has been clear that the latest wave of effects of the pandemic relates to economic impacts and effects on the mental health of the population, as well as the presence of psychological trauma, mental illness, and burnout (Kohli & Virani, 2020). The consequences of poor mental health in the workplace are not limited to the economic sphere and workers, but also impact quality of life and social well-being, which includes governments, employers, families, and society.

The World Health Organisation (WHO, 2005) defines mental health as a state of well-being that enables individuals to cope with daily stress, develop their abilities, work effectively, and contribute to society. It is important to emphasise that mental health is not only the absence of mental disorders and illnesses, but also the absence of symptoms of anxiety and depression, among others (Westerhof & Keyes, 2010).

Galderisi et al. (2015) described good mental health as a dynamic state of internal balance that enables individuals to utilise their abilities in harmony with their societal roles. This encompasses social and cognitive skills, the capacity to recognise, express, and regulate both one's own emotions and those of others, flexibility, the ability to cope with adverse events, and the maintenance of harmonious relationships between the body and mind.

Mental health in the workplace is a significant aspect of both health psychology and occupational health psychology. The main objectives of these fields are to protect and improve the health, safety, and well-being of workers (Cunningham & Black, 2021); therefore, it is important for psychology to conduct effective diagnosis, assessments, and interventions. As a result, there is a need for measurement tools, diagnostic and assessment methodologies, and approaches for psychosocial intervention. In this editorial, we present some reflections on the articles in this issue, which represent significant challenges for the future of the field.

Unpaid Care Work vs Paid Work

Care work is classified as paid work and unpaid work. In the area of paid (care) work, an employment relationship exists between professionals and health institutions. This includes medical staff, nurses, social workers, therapists, and various other occupations primarily within the care, health, and healthcare sectors.

Conversely, unpaid care work involves providing services such as caring for a baby, child, or sick adult who needs attention and care.

This group includes caregivers who are not paid for their work. According to the International Labour Organisation (ILO, 2019), 76.2% of unpaid care work is provided by women. This situation becomes complex when a worker has a paid job and provides unpaid care work, leading to excessive workload, fatigue, mental exhaustion, and physical and mental health problems.

The work involved in caring for dependent persons due to illness or disability, especially within the family environment, is a stressful task. Therefore, as the article in this issue clearly states, the study of this type of worker is important because the combined workload and care responsibilities (paid and unpaid) are invisible, requiring prevention programmes, public policy, and interventions that contribute to preserving their health, mental health, and well-being.

Instruments for Measuring Mental Health-Related Variables

The diagnosis of mental health from a clinical and organisational perspective considers the measurement of psychosocial risk factors, stress, symptoms or disorders such as anxiety, depression, etc. (Cunningham & Black, 2021). For accurate diagnoses or psychodiagnoses, professionals in PS and PSO require instruments that are valid, reliable, and standardised to ensure the effectiveness of their measurements and assessments. To this end, this issue of the journal *Psicología Iberoamericana* presents the results of three scales.

Psychosocial Processes at Work Scale (PROPSIT) in Workers with Parental Responsibilities

There are various questionnaires or scales for measuring psychosocial factors at work. At the international level, the following are particularly noteworthy: the Job Content Questionnaire (JCQ) (Karasek et al., 1998), the Effort-Reward Imbalance Questionnaire (ERI) (Siegrist et al., 2004) and the Copenhagen Psychosocial Questionnaire (COPSOQ), which was developed in Denmark and currently has a third validated and reliable version (Burr et al., 2019). The COPSOQ is perhaps the most widely used questionnaire in research and assessment within the concept of 'psychosocial risks at work' and has been adapted to more than 25 countries (COPSOQ, 2025; Moncada i Lluís et al., 2021).

In Mexico, there are no robust instruments with psychometric properties and theoretical frameworks to support the measurement and evaluation of psychosocial factors at the workplace. The NOM-035 questionnaires for identifying and analysing psychosocial risk factors at work lack theoretical foundations, and neither the methodology used in their construction nor their psychometric properties are clear (Ministry of Labour and Social Welfare [STPS], 2018).

Considering this situation, Dr Arturo Juárez García and colleagues proposed a Conceptual Model of Psychosocial Processes at Work (PROPSIT) with its respective method and questionnaire (Juárez-García & Flores-Jiménez, 2020). This questionnaire is based on a solid theoretical model, characterised by five subsystems divided into three intralabor aspects with three levels of health prevention and promotion: negative (risk) or positive (salutogenic), and two subsystems: individuality or personality factors and extralabor demands. This measurement instrument has been validated in samples of Peruvian and Mexican workers (Merino, 2022; Merino-Soto et al., 2022). In this issue, we propose an additional validation of this questionnaire in a sample of workers with parental responsibilities and conclude that its scores are psychometrically viable. We welcome research that aims to estimate the properties of PROPSIT as presented in this issue, and we urge further studies of this and other scales in the future, which continues to be a social necessity in this area.

Workplace Well-being Scale

The term ‘well-being’ took on greater relevance after the World Health Organisation (WHO, 2005) defined health as a state of complete physical, mental, and social well-being. In the literature, the construct of ‘well-being’ is identified at the individual level (subjective, emotional, psychological, social, affective and occupational) and at the national level (welfare state).

Occupational or workplace well-being is important because when people feel good at work, it leads to better job quality (Calvo & González, 2013), increased and improved work performance (Slemp & Vella-Brodrick, 2014), reduced staff turnover, and increased engagement (Parker & Martin, 2009).

The literature identifies multiple instruments for measuring well-being. Notable examples include Ryff’s Psychological Well-Being Scale (Ryff & Keyes, 1995) and its many adaptations (Zhou et al., 2025), and Peter Warr’s Work-Related Affective Well-Being Scale (Goncalves & Neves, 2011). Among the recently developed scales of work well-being are the Occupational Well-being Scale by Daovisan and Intarakamhang (2024) and the Tripartite Scale of Occupational Well-being (Collie, 2024). This issue of the journal *Psicología Iberoamericana* makes an important contribution to the validation of the work well-being scale in administrative workers. Similarly, there is a need to adapt more scales that measure work well-being and estimate their psychometric properties.

Questionnaire on Severe Traumatic Events

NOM-035 (STPS, 2018), approved in 2018 in Mexico and aimed at identifying, analysing, and preventing psychosocial risk factors at work, includes a questionnaire to identify workers who have been

subjected to severe traumatic events. This questionnaire consists of 20 dichotomous responses that address the three main aspects identified in the DSM-V-TR for Post-Traumatic Stress Disorder, with trauma considered a triggering factor (Lupesko-Persky & Brown, 2025): a) a severe traumatic event, b) persistent memories of the event, c) efforts to avoid circumstances similar to or associated with the event, and d) effects on the worker. The authors' contribution to this issue is crucial because the psychometric properties of the questionnaire mentioned in NOM-035 not been previously explored. Further research is needed to explore and confirm its factorial structure and internal consistency.

Individual, group and organisational interventions to tackle technostress

Psychosocial intervention refers to a set of actions designed to reduce, eliminate, and prevent psychosocial risks through the implementation of preventive and control measures among workers, work groups, and the organisation, aimed at achieving health, mental health, well-being, and quality of life at work (Official College of Psychologists, 1998). There are different psychosocial interventions in the literature (Bados, 2008; Meliá, 2007).

Primary, Secondary and Tertiary Interventions

Primary interventions aim to reduce risk at its source to prevent and avoid health damage. Secondary interventions seek to identify the effects of psychosocial risks on workers' health and take timely action. Tertiary interventions aim to provide treatment to people who have suffered health damage.

Individual, Group and Organisational Interventions

At the individual level, the aim is to promote mental health among workers by designing preventive measures based on personality, attitudes, structural factors, and functional factors. Group interventions aim to develop positive communication and strong interpersonal relationships in the workplace that provide social support and group cohesion, as well as help prevent violence, workplace harassment, and sexual harassment. Organisational interventions are aimed at preventing and addressing factors and risks inherent to the organisation, such as leadership, organisational climate, working hours, etc.

In terms of teleworking, psychosocial interventions aim to ensure that people working in this mode do so safely and healthily, avoiding unsafe and dangerous acts and conditions, and preventing accidents due to exposure to physical, chemical, biological, mechanical, psychosocial, and ergonomic agents (STPS, 2023). In contrast,

technostress is recognised as a contemporary form of psychological stress linked to the constant use of and adaptation to digital technologies in the workplace. It manifests as a negative reaction when technological demands surpass an individual's perceived resources or capabilities, leading to fatigue, anxiety, irritability, or cognitive overload, among other symptoms (Salanova et al., 2013). Similar to technostress, it is crucial to implement interventions at the individual, group, and organisational levels, considering primary, secondary, and tertiary strategies. In this context, the authors provide an excellent systematic review of stress interventions found in the literature and the potential areas for improvement.

Cognitive Behavioural Therapy

Behavioural and cognitive-behavioural intervention models aim to prevent, eliminate, or reduce inappropriate behaviours and promote appropriate behaviours by considering the variables that control these behaviours. Cognitive-behavioural therapy is based on the premise that mental disorders arise and are maintained because of cognitive factors. Cognitive-behavioural interventions aim to replace inappropriate or dysfunctional behaviours or thoughts with flexible and adaptive cognitions. In cognitive-behavioural interventions, according to Bados (2008), there must be agreement between the therapist and the client. In addition, a positive relationship based on empathy and trust must prevail, allowing the intervention to be properly developed, and expected changes to be achieved.

The process begins with an initial diagnosis, in which the behaviours to be modified or the effects to be eliminated are measured. The effects of the intervention are evaluated considering different response modalities, such as motor, cognitive, autonomic, and emotional responses. Finally, the results were analysed to identify changes in behaviour and their long-term maintenance.

The design and development of a cognitive-behavioural intervention should begin with a diagnosis to determine the type of intervention required by the patient.

Studies and research that aim to change behaviour based on cognitive-behavioural intervention must start with a diagnosis or initial measurement (pre-test) before implementing the intervention, and at the end of the intervention, there must be a second measurement (post-test) to verify the reduction or elimination of inappropriate behaviour. Only through measurement can the effectiveness of cognitive-behavioural intervention be verified. This issue includes a cognitive-behavioural intervention to reduce burnout, anxiety, and depression in a particularly vulnerable group: professionals who care for victims of violence. This is a valuable contribution to the lack of psychosocial interventions in Mexico.

Conclusion

PS and PSO require foundations and instruments to measure and evaluate variables related to mental health, as well as methodologies to design and implement effective psychosocial interventions. The studies presented in this issue are part of a collective effort by specialists to improve mental health and quality of life at work in Mexico. We hope that readers, whether students, researchers, or professionals interested in these topics, will find valuable information for decision-making in this issue.

References

- Bados, L. A. (2008). *La intervención psicológica: características y modelos*. Universidad de Barcelona.
- Burr, H., Berthelsen, H., Moncada, S., Nübling, M., Dupret, E., Demiral, Y., Oudyk, J., Kristensen, T. S., Llorens, C., Navarro, A., Lincke, H.-J., Bocéréan, C., Sahan, C., Smith, P., Pohrt, A., & The international COPSOQ Network. (2019). The third version of the Copenhagen Psychosocial Questionnaire. *Safety and Health at Work, 10*(4), 482–503. <https://doi.org/10.1016/j.shaw.2019.10.002>
- Calvo, E., & González, P. (2013). *Calidad del empleo desde los enfoques del bienestar subjetivo y el desarrollo humano*. Instituto de Políticas Públicas de Chile. UDP.
- Colegio Oficial de Psicólogos. (1998). *Perfiles profesionales del psicólogo*. Colegio Oficial de Psicólogos de España.
- Collie, R. J. (2024). The Tripartite Occupational Well-Being Scale: Evidence of validity among teachers. *Journal of Psychoeducational Assessment, 42*(1), 46-59. <https://doi.org/10.1177/07342829231202313>
- COPSOQ. (2025). *International network*. <https://www.copsoq-network.org/licence-guidelines-and-questionnaire>
- Cunningham, C. J., & Black, K. J. (2021). Understanding the psychology of occupational health. In J. L. C. Cunningham & K. Jennings Black (Eds.), *Essentials of occupational health psychology* (pp. 1-23). Routledge. <https://doi.org/10.4324/9781351011938>
- Daovisan, H., & Intarakamhang, U. (2024). Measuring occupational well-being indicators: Scale construction and validation. *Behavioral Sciences, 14*(3), 248. <https://doi.org/10.3390/bs14030248>
- Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry, 14*(2), 231-233. <https://doi.org/10.1002/wps.20231>
- Goncalves, S. P., & Neves, J. (2011). Factorial validation of Warr's (1990) Well-being Measure: A sample study on police officers. *Psychology, 2*(7), 706-712. <https://doi.org/10.4236/psych.2011.27108>
- Juárez-García, A., & Flores-Jiménez, C.A. (2020). Estructura factorial de un instrumento para la evaluación de procesos psicosociales en el trabajo en México. *Revista de Psicología y Ciencias del Comportamiento de la Unidad Académica de Ciencias Jurídicas y Sociales, 11*(1), 181-202. <https://doi.org/10.29059/rpcc.20200617-111>
- Karasek, R., Brisson, C., Kawakami, N., Houtman, I., Bongers, P., & Amick, B. (1998). The Job Content Questionnaire (JCQ): An instrument

- for internationally comparative assessments of psychosocial job characteristics. *Journal of Occupational Health Psychology*, 3(4), 322-355. <https://doi.org/10.1037//1076-8998.3.4.322>
- Kohli, P., & Virani, S. S. (2020). Surfing the waves of the COVID-19 pandemic as a cardiovascular clinician. *Circulation*, 142(2), 98-100. <https://doi.org/10.1161/CIRCULATIONAHA.120.047901>
- Lupesko-Persky, O., & Brown, L. M. (2025). Trauma and stressor-related disorders. In D. L. Segal (Ed.), *Diagnostic interviewing* (6th ed., pp. 265–298). Springer Nature Switzerland AG. https://doi.org/10.1007/978-1-0716-4362-4_10
- Meliá, J. L. (2007). Seguridad basada en el comportamiento. In C. Nogareda, D. A. Gracia, J. F. Martínez-Losa, J. M. Peiró, A. Duro, M. Salanova, I. M. Martínez, J. Merino, M. Lahera, & J. L. Meliá (Eds.), *Perspectivas de intervención en riesgos psicosociales: medidas preventivas* (pp. 157–180). Universidad de Valencia.
- Merino-Soto, C., Juárez-García, A., Salinas-Escudero, G.S., Toledano-Toledano, F. (2022). Parametric and nonparametric analysis of the internal structure of the Psychosocial Work Processes Questionnaire (PROPSIT) as applied to workers. *International Journal of Environmental Research and Public Health*, 19(13), 7970. <https://doi.org/10.3390/ijerph19137970>
- Merino, S. C. (2022). *Validación de un modelo de evaluación de riesgo psicosocial laboral, en trabajadores peruanos y mexicanos* (Tesis de Doctorado en Psicología). Universidad Autónoma del Estado de Morelos. <https://riaa.uaem.mx/xmlui/handle/20.500.12055/3120?show=full>
- Moncada i Lluís, S., Llorens Serrano, C., Salas Nicás, S., Moriña, D., & Navarro Giné, A. (2021). La tercera versión de COPSOQ-ISTAS21. Un instrumento internacional actualizado para la prevención de riesgos psicosociales en el trabajo. *Revista Española de Salud Pública*, 95. <https://hdl.handle.net/2445/180433>
- Organización Internacional del Trabajo (OIT). (2019). *El trabajo de cuidados y los trabajadores del cuidado. Para un futuro con trabajo decente*. Organización Internacional del Trabajo. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_633168.pdf
- Parker, P. D., & Martin, A. J. (2009). Coping and buoyancy in the workplace: Understanding their effects on teachers' work-related well-being and engagement. *Teaching and Teacher Education*, 25(1), 68-75. <https://doi.org/10.1016/j.tate.2008.06.009>

- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727. <https://doi.org/10.1037/0022-3514.69.4.719>
- Salanova, M., Llorens, S., & Cifre, E. (2013). The dark side of technologies: Technostress among users of information and communication technologies. *International Journal of Psychology*, 48(3), 422–436. <https://doi.org/10.1080/00207594.2012.680460>
- Secretaría del Trabajo y Previsión Social (STPS). (2018, October 23). *Norma Oficial Mexicana NOM-035-STPS-2018, factores de riesgo psicosocial en el trabajo. Identificación, análisis y prevención*. Diario Oficial de la Federación.
- Secretaría del Trabajo y Previsión Social (STPS). (2023, June 8). *Norma Oficial Mexicana NOM-037-STPS-2023, teletrabajo-condiciones de seguridad y salud en el trabajo*. Diario Oficial de la Federación.

References

- Siegrist, J., Starke, D., Chandola, T., Godin, I., Marmot, M., Niedhammer, I., & Peter, R. (2004). The measurement of effort–reward imbalance at work: European comparisons. *Social Science & Medicine*, 58(8), 1483–1499. [https://doi.org/10.1016/S0277-9536\(03\)00351-4](https://doi.org/10.1016/S0277-9536(03)00351-4)
- Slemp, G. R., & Vella-Brodrick, D. A. (2014). Optimising employee mental health: The relationship between intrinsic need satisfaction, job crafting, and employee well-being. *Journal of Happiness Studies. An Interdisciplinary Forum on Subjective Well-Being*, 15(4), 957–977. <https://doi.org/10.1007/s10902-013-9458-3>
- Westerhof, G. J., & Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development*, 17(2), 110–119. <https://doi.org/10.1007/s10804-009-9082-y>
- World Health Organisation (WHO). (2005). *Promoting mental health: concepts, emerging evidence, practice*. World Health Organisation. <https://www.who.int/publications/i/item/9241562943>
- Zhou, E., Carmona, R. K., Nwosisi, E., Waldron, E. M., & Burnett-Zeigler, I. (2025). Analysis of factor structure of the 42-item Ryff Psychological Well-Being Scale in a sample of African American women in a community health center. *Journal of Human Behavior in the Social Environment*, 35(3), 427–437. <https://doi.org/10.1080/10911359.2024.2304576>

Información adicional

redalyc-journal-id: 1339



Disponible en:

<https://www.redalyc.org/articulo.oa?id=133982757007>

Cómo citar el artículo

Número completo

Más información del artículo

Página de la revista en redalyc.org

Sistema de Información Científica Redalyc
Red de revistas científicas de Acceso Abierto diamante
Infraestructura abierta no comercial propiedad de la
academia

Juana Patlán Pérez, Arturo Juárez García

Mental health in the workplace

Salud mental en el trabajo

Psicología Iberoamericana

vol. 34, núm. 1, p. 11 - 16, 2026

Universidad Iberoamericana, Ciudad de México, México

revista.psicologia@ibero.mx

ISSN: 1405-0943

DOI: <https://doi.org/10.48102/pi.v34i1.889>



CC BY 4.0 LEGAL CODE

Licencia Creative Commons Atribución 4.0 Internacional.