

Satisfaction and Workload as Predictors of Psychological Distress in Professionals of Psychosocial Care Centers During the COVID-19 Pandemic

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Article

Satisfaction and Workload as Predictors of Psychological Distress in Professionals of Psychosocial Care Centers During the COVID-19 Pandemic

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Abstract: Background and aims: The COVID-19 pandemic significantly impacted the mental health of healthcare professionals, especially those working in Psychosocial Care Centers (CAPS), which are crucial services in the Brazilian mental health system. This study aimed to analyze satisfaction and workload as predictive factors for psychological distress among CAPS professionals during the pandemic. Methods: A cross-sectional study was conducted with 53 professionals from seven CAPS. The Workload Impact Scale (IMPACTO-BR) and Job Satisfaction Scale (SATIS-BR), the General Health Questionnaire (GHQ-12), and a sociodemographic questionnaire were used. Descriptive and analytical statistical analyses were performed. Results: Professionals reported moderate satisfaction (3.67 ± 0.45) and mild workload (1.82 ± 0.63). One-third of the sample showed scores indicative of psychological distress. Logistic regression analysis revealed that workload (OR = 1.39, 95% CI = 0.0025) and low job satisfaction (OR = 1.23, 95% CI = 0.0495) were significant predictors of psychological distress. Conclusions: Low job satisfaction and high professional workload were predictive variables of psychological distress. These findings highlight the need for investments in promoting the quality of life at work for mental health professionals, especially during crises. The implications for human resource management and public policy development emphasize the importance of an integrated approach that considers the well-being of professionals for the effectiveness and sustainability of the psychosocial care model.

Keywords: mental health; occupational health; job satisfaction; mental health services; COVID-19; health personnel

1. Introduction

The COVID-19 pandemic profoundly impacted the mental health of healthcare professionals, especially those on the front lines [1–5]. In Psychosocial Care Centers (CAPS), the demand for care increased significantly, exposing these professionals to a high risk of psychological distress [6,7]. CAPS are community mental health services that provide intensive and multidisciplinary care to individuals with severe and persistent mental disorders, playing a crucial role in the Brazilian psychiatric reform and deinstitutionalization. These centers conduct individual and group consultations, home visits, and community activities, aiming at psychosocial rehabilitation and social reintegration of users [8]. However, research investigating the relationship between working conditions, psychological distress, and professional satisfaction among these workers in the pandemic context is still scarce [9].

To date, only two studies have highlighted the presence of stress, anxiety, and burnout in mental health professionals during the pandemic, one in Asia [10] and another in Europe [11], both emphasizing staff shortages and increased workload as relevant risk factors. Although there are investigations on the job satisfaction and workload of CAPS professionals [12–17], these were not conducted in a critical and unique scenario like the COVID-19 pandemic, highlighting an important gap in the literature.

Literature has consistently pointed to working conditions as fundamental indicators of the quality of care provided [18]. Understanding and improving these conditions is essential not only to enhance clinical outcomes and patient well-being but also to ensure the mental health and satisfaction of professionals. This study, therefore, seeks to provide insights into the formulation of support and intervention strategies that can promote the well-being of mental health professionals in crisis scenarios.

Given this context, the present study aims to analyze satisfaction and workload as predictive factors for psychological distress among CAPS professionals during the COVID-19 pandemic.

2. Materials and Methods

2.1. Study Design

A quantitative, cross-sectional, and analytical study approach was adopted. The STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) tool [19] was used for organizing and presenting the research report.

2.2. Research Setting

The research was conducted in seven CAPS, including two CAPS II for adults, three CAPS for children, one CAPS Alcohol and Drugs II, and one CAPS Alcohol and Drugs III, located in a large city in the interior of São Paulo State, Brazil, with an approximate population of 470,000 inhabitants.

2.3. Population, Selection Criteria, and Sample Definition

The study population consisted of 98 healthcare professionals working in the seven CAPS, providing direct patient care. Inclusion criteria were established as being an employee with an employment contract with the maintaining entity and working in the service for a minimum period of six months. Excluded were workers not performing direct patient care activities (administrative agents, cleaning assistants, kitchen assistants, and security guards) and those on vacation ($n = 2$) or on sick leave ($n = 1$). One staff member was dismissed, another had less than six months of work, 12 refused to participate in the research, and 28 did not return the completed or answered instruments.

Thus, the sample was non-probabilistic, by accessibility or convenience, and consisted of 53 professionals (54.08% of the population), of which 11 (20.75%) were nurses, nine (16.98%) doctors, four (7.55%) social workers, 13 (24.53%) psychologists, two (3.77%) speech therapists, one (1.89%) physical educator, two (3.77%) occupational therapists, four (7.55%) nursing technicians and assistants, and seven (13.21%) workshop instructors.

2.4. Instruments Used for Data Collection

To characterize the study participants, an instrument containing personal and professional identification data, closed questions related to stress perception, lifestyle habits, alcohol and tobacco use, psychological or psychiatric follow-up, presence of psychiatric illness, and perception of damages arising from the COVID-19 pandemic, previously validated by five experts in occupational health and/or mental health, was applied.

To assess working conditions, the Satisfaction Assessment Scale for Mental Health Services Team (SATIS-BR) and the Workload Assessment Scale for Mental Health Services Team (IMPACTO-BR) were used. These scales were constructed by the WHO Mental Health Division to specifically evaluate mental health services and were later validated for use in Brazil [20]. These scales were chosen because they have been specifically validated for the Brazilian mental health context, allowing for a more accurate and culturally appropriate assessment of working conditions in CAPS.

The SATIS-BR scale assesses the degree of satisfaction of professionals in mental health services, defined in this study as a positive and gratifying emotional response to the work environment and practices. This satisfaction encompasses the feeling of contentment and happiness at work, in addition to the perception of appreciation and fairness in professional relationships [21]. The abbreviated version of SATIS-BR contains 32 quantitative questions, with responses on a five-point Likert scale, ranging from 1 (very dissatisfied) to 5 (very satisfied). The scale consists of four subscales: 1) satisfaction with the quality of service provided to patients, 2) satisfaction with team participation, 3) satisfaction with working conditions, and 4) satisfaction with relationships with colleagues and superiors. The SATIS-BR demonstrates high reliability, both on the global scale ($\alpha = 0.89$) and on subscales 1 ($\alpha = 0.83$), 2 ($\alpha = 0.72$), 3 ($\alpha = 0.77$), and 4 ($\alpha = 0.63$) [20].

The IMPACTO-BR scale assesses the level of perceived workload by mental health professionals in relation to work [20]. Workload was defined as the subjective perception that work demands exceed the resources available to meet them, which can generate stress and other negative effects on the health and well-being of professionals [22]. In its abbreviated version, the scale contains 18 quantitative items, with responses arranged on a five-point Likert scale, ranging from 1 (not at all) to 5 (extremely) [20]. The IMPACTO-BR is composed of three subscales: 1) impact of work on the physical and mental health of the professional, 2) workload in the work environment, and 3) emotional overload and perception of being overwhelmed, demonstrating high internal consistency, both on the global scale ($\alpha = 0.87$) and on the subscales ($\alpha = 0.78$, 0.77 , and 0.70 , respectively) [20].

The SATIS-BR and IMPACTO-BR scales also include open-ended questions (four on satisfaction and three on workload), designed to provide a more comprehensive understanding of workers' perceptions regarding their satisfaction and workload at work [20].

The General Health Questionnaire (GHQ-12) was used to identify symptoms of psychological distress, such as anxiety, depression, concentration difficulties, and sleep disturbances, in the general population, without providing a specific clinical diagnosis [23]. The instrument consists of 12 items that assess the intensity of perceived symptoms in the last few weeks. Responses are provided on a four-point Likert scale. For items indicating mental health problems, options range from 1 = not at all, to 4 = much more than usual. For items denoting positive aspects of mental health, the scale ranges from 1 = more than usual, to 4 = much less than usual [23]. The GHQ-12 has robust validation in different cultures and populations, including Brazilian samples, showing good reliability and validity indexes in detecting psychological distress [24,25]. In this research, the instrument presented a Cronbach's alpha of 0.75, indicating adequate internal consistency.

2.5. Data Collection

For data collection, the principal researcher held face-to-face meetings with professionals at their respective workplaces during multidisciplinary team meetings. On these occasions, the research objectives were presented, and an invitation for voluntary participation was made. The data collection instruments, along with the printed Informed Consent Form (ICF), were delivered to the managers of each CAPS, who were responsible for making them available to the professionals. In

addition, a sealed box was provided for the deposit of completed instruments and the ICF, ensuring the anonymity of the responses.

The data collection was planned so that participants had a period of 15 days to respond to the questionnaires, allowing them to do so at convenient times. After this period, the researcher collected the completed instruments. However, due to low initial adherence, the researcher made new visits to the CAPS in November 2021, January 2022, and March 2022, during team meetings, to reinforce the importance of the research and encourage the participation of professionals. Using this approach, there was an increase in the number of responses, totaling 16 participants, corresponding to 30.1% of the sample.

The total data collection period extended from October 2021 to April 2022.

2.6. Data Treatment and Analysis and Ethical Aspects

The data were processed and analyzed using StatsDirect software, version 3.3.5. For the sample characterization variables, satisfaction and workload levels, and general health, descriptive analyses were performed, through the calculation of means, medians, and standard deviations. The levels of satisfaction and workload of professionals, both in the global assessment and in the subscales, were measured through the arithmetic means of the responses. This means ranges from one to five, with values closer to five indicating higher levels of satisfaction or professional workload [20]. The analysis of the open-ended questions of the satisfaction and workload scales was performed through content analysis, using the thematic categorization technique, which allowed identifying patterns, recurrences, and meanings in the responses, providing an in-depth understanding of participants' perceptions and experiences.

To determine the presence of psychological distress by the GHQ-12, responses were recoded according to the following procedure: responses "1" and "2" were grouped as zero, indicating absence of psychological distress, while responses "3" and "4" were grouped as one, indicating presence of psychological distress. The total score, ranging from zero to 12 points, reflects the level of psychological distress, with higher scores indicating greater intensity of distress. A score equal to or greater than three was considered indicative of significant psychological distress, requiring attention [26].

For the evaluation of the predictive score of psychological distress, assessed by the GHQ-12, multiple linear regression was used. Psychological distress was considered a dependent variable, and the mean global levels of satisfaction and professional workload were considered independent variables. The significance level applied in the tests was $\alpha=5\%$, with significant values considered as $p \leq 0.05$. The research was approved by the Research Ethics Committee on 09/13/2021, under Opinion No. 4.969.390 and Certificate of Presentation and Ethical Appreciation (CAAE) No. 51146821.9.0000.5415.

3. Results

The majority of participants were female (64.15%), aged between 31 and 40 years (47.17%), living with a partner (66.04%), and had a specialization as the highest level of education (60.37%).

Most professionals worked in CAPS II 1 (24.53%), in the role of psychologist (24.53%), with professional experience between five and ten years (43.40%) and a workload of 40 hours per week or more (56.60%) (Table 1).

Table 1. Distribution of Psychosocial Care Center professionals included in the sample, according to professional variables (n* = 53). São José do Rio Preto, SP, Brazil, 2022.

Sample Characterization		n *	% †
Work Location	CAPS AD III ‡	13	24.53
	CAPS AD II §	4	7.55
	CAPSi 1	3	5.66
	CAPSi 2 ¶	9	16.98
	CAPSi 3 **	9	16.98
	CAPS II 1 ††	14	26.41
	CAPS II 2 ‡‡	1	1.89
Role performed	Role Craftsman	7	13.21
	Social Worker	4	7.55
	Physical Educator	1	1.89
	Nurse	11	20.75
	Speech Therapist	2	3.77
	Doctor	9	16.98
	Psychologist	13	24.53
	Nursing Technician	4	7.55
	Occupational Therapist	2	3.77
Work Experience	Less than 5 years	15	28.30
	Between 5 and 10 years	23	43.40
	More than 10 years	14	26.41
	Did not respond	1	1.89
Weekly Workload	Up to 30 hours	7	13.21
	Between 30 and 40 hours	16	30.19
	40 hours or more	30	56.60

* n = Sample size; †% = Percentage; ‡ CAPS AD III = Psychosocial Care Center Alcohol and Drugs III; § CAPS AD II = Psychosocial Care Center Alcohol and Drugs II; ||CAPSi 1 = Psychosocial Care Center Child 1; ¶ CAPSi 2 = Psychosocial Care Center Child 2; ** CAPSi 3 = Psychosocial Care Center Child 3; †† CAPS II 1 = Psychosocial Care Center Adult 1; ‡‡ CAPS II 2 = Psychosocial Care Center Adult 2.

Participants reported engaging in weekly physical activities (28.30% one to two times; 30.19% three to four times; 5.66% five to seven times), having leisure (69.81%), not consuming alcoholic beverages frequently (77.36%) or tobacco (94.34%), not undergoing psychological or psychiatric follow-up (62.26%), and not having a diagnosis of psychiatric disorders (69.81%). Regarding the pandemic, 67.92% stated that it affected their mental health in some way.

The overall satisfaction of CAPS professionals was moderate (3.67 ± 0.45). In the subscale analysis, relationships with colleagues received the best evaluation (4.01 ± 0.60), and working conditions received the lowest average (3.42 ± 0.57). Cronbach’s alpha value for the global scale was 0.89 (Table 2).

Table 2. Results of the satisfaction of professionals with work at the Psychosocial Care Center, using the SATIS-BR* scale (n† = 53). São José do Rio Preto, SP, Brazil, 2022.

Satisfaction Level	Mean (SD)‡	Minimum	Maximum	Cronbach’s Alpha
Global	3.67 (0.45)	2.66	4.69	0.89
Quality of service provided	3.79 (0.64)	2.20	4.90	0.89
Team/Service Participation	3.64 (0.48)	2.57	4.86	0.62
Working Conditions	3.42 (0.57)	2.20	4.50	0.76
Relationships with Team	4.01 (0.60)	2.00	5.00	0.53

* SATIS-BR = Satisfaction Assessment Scale for Mental Health Services Team—Brazilian Version; † n = Sample size; ‡ SD = Standard Deviation.

In the analysis of open-ended questions, most participants highlighted teamwork as a highly appreciated aspect of the job, mentioning competence, dedication, hospitality, unity, responsibility, and good interpersonal relationships. Other positive points included the high standard of care and the opportunity to work in a free and accessible service that promotes autonomy in patient treatment. However, professionals pointed out dissatisfaction with inadequate physical infrastructure, ventilation issues, insufficient furniture and space, lack of human and material resources, and interpersonal conflicts caused by the lack of proactivity and commitment of some colleagues, as well as indifference and complacency. The workload of CAPS workers was mild, with a global score of 1.82 ± 0.63 . The lowest workload was in physical and mental health, while the highest was in emotional repercussions, including frustration, fatigue, depressive symptoms, and stress (Table 3).

Table 3. Results of the workload of professionals with work at the Psychosocial Care Center, using the IMPACTO-BR* scale (n†=53). São José do Rio Preto, SP, Brazil, 2022.

Workload Level	Mean (SD ‡)	Minimum	Maximum	Cronbach's Alpha
Global	1.82 (0.63)	1.06	3.33	0.92
Impact on physical and mental health	1.78 (0.75)	1.00	3.60	0.85
Impact of work on team	1.82 (0.65)	1.00	3.50	0.76
Emotional Repercussions	2.12 (0.77)	1.00	3.80	0.81

IMPACTO-BR = Workload Assessment Scale for Mental Health Services Team - Brazilian Version; †n = Sample size; ‡ SD = Standard Deviation.

In open-ended questions, professionals pointed out a shortage of human resources, increased patient demand during the pandemic, extended working hours, team issues such as lack of involvement and cooperation, and excessive bureaucracy as the main factors of professional workload. On the other hand, patient care and teamwork were seen as factors that contributed to a lower workload. To improve the work environment, suggestions included reducing working hours, increasing human resources, greater team receptivity, and more opportunities for discussions. The average GHQ-12 scores were 1.87 ± 2.20 , the median was 1.00, and the minimum and maximum values were zero and eight points, respectively. A significant portion of the sample (32.07%) scored three or more points, indicating the presence of psychological distress warranting attention. The highest-scoring questions were the ability to maintain attention on activities and the feeling of being constantly tense and nervous. Multiple linear regression analysis demonstrated that low job satisfaction and high professional workload were predictive variables of psychological distress, as shown in Table 4.

Table 4. Results of the Multiple Linear Regression Test, considering the satisfaction and workload of professionals with work at the Psychosocial Care Center (n* = 53). São José do Rio Preto, SP, Brazil, 2022.

Variables	β §	r	p-value ¶
Intercept	3.859399		0.1285
IMPACTO-BR Mean†	1.393556	0.410745	0.0025
SATIS-BR Mean‡	-1.235461	-0.273841	0.0495

* n = Sample size; †IMPACTO-BR = Workload Assessment Scale for Mental Health Services Team—Brazilian Version; ‡ SATIS-BR = Satisfaction Assessment Scale for Mental Health Services Team—Brazilian Version; § β = Regression coefficient; || r = Correlation coefficient; ¶ p-value = Multiple linear regression test.

The intercept (y-axis point when $x = 0$) was 3.859399 with a p-value of 0.1285, indicating that no new variables are needed. The correlation coefficients obtained for the global workload means (0.410745) and professional satisfaction (-0.273841), along with the p-values, confirm the robustness of the equation: $\text{GHQ TOTAL} = 3.859399 + 1.393556 (\text{IMPACTO Mean}) - 1.235461 (\text{SATIS Mean})$. Individuals with high workload and low job satisfaction are, respectively, 1.39 and 1.23 times more likely to experience psychological distress. The results of this study indicate that the greater the workload and the lower the job satisfaction, the greater the psychological distress of CAPS workers.

4. Discussion

The results of this study indicated that CAPS professionals presented moderate job satisfaction levels (3.67 ± 0.45) and low workload (1.82 ± 0.63). These findings are consistent with previous studies conducted in Brazil, which identified similar satisfaction and workload in non-pandemic contexts [12,15–17]. However, it is important to highlight that the scenario of this study differs substantially due to the impacts of the COVID-19 pandemic. Therefore, direct comparison with pre-pandemic studies requires caution. Research conducted in Finland highlighted the synergistic effects of job stressors and psychological distress during the pandemic, emphasizing the need to consider these factors in current analyses [27].

One hypothesis for maintaining moderate satisfaction levels during the pandemic may be the support provided by the Municipal Health Department, which implemented a specialized mental health unit for its employees, offering psychiatric, psychological, and social work services. This type of intervention may have helped mitigate the negative effects of the pandemic on professionals' well-being. Furthermore, the sense of solidarity and strong commitment of workers to continue caring for patients, even under adverse conditions, may have played an important role in maintaining satisfaction [28]. Similar findings were observed in Portuguese workers, where presenteeism and job satisfaction were influenced by organizational support during the pandemic [29].

The relationship with the team was identified as the main factor contributing to job satisfaction, as demonstrated by subscale 4 of SATIS-BR, with the highest mean (4.01 ± 0.60). This result is consistent with previous studies, which highlight the importance of cohesion and support among colleagues in the mental health environment [12,30]. In an environment marked by challenges such as lack of resources and the complexity of care, mutual support among professionals is essential to cope with stress and promote a more satisfactory work environment [28,31,32]. The critical role of team support in reducing psychological distress was also emphasized in studies from Ecuador, underscoring its universal importance in healthcare settings during crises [33].

On the other hand, subscale 3, which assesses working conditions, obtained the lowest means (3.42 ± 0.57), indicating dissatisfaction with the available physical structure and material resources. The precariousness of working conditions is a recurring issue in community mental health services in Brazil. Although the number of services has grown, financial investments remain insufficient [15,34]. This lack of material and human resources directly affects both the quality of care and the satisfaction of professionals, who often feel limited in their actions and frustrated by not being able to provide adequate care [15].

In CAPS, this reality is even more evident, as professionals develop their know-how on-site, with few evidence-based protocols guiding the execution of actions and procedures. Similarly, for managers, it is not simple to understand the needs of these care facilities, which include large rooms for group activities, provision of snacks and meals for users who remain for long periods, and purchases of materials for crafts, painting, gardening, and construction, instead of syringes, needles, medications, and hospital technologies. Therefore, a closer relationship with managers is necessary [14] so that they can appropriate these health-promoting units, listen to the professionals there, and validate their needs.

Regarding workload, subscale 1 (impact on physical and mental health) presented the lowest mean (1.78 ± 0.75), while subscale 3 (emotional repercussions) had the highest mean (2.12 ± 0.77). These findings indicate that, although professionals are not physically overloaded, they face a strong emotional impact, manifested by frustration, stress, and depressive symptoms. Emotional overload

is common in mental health contexts, where professionals are constantly exposed to patients' suffering and the unpredictability of care situations. In CAPS, professionals need to intensively use their relational and therapeutic skills, adapting to demands and being themselves the tools of work [35]. The increased emotional load during the pandemic, as seen in similar studies, further complicates these challenges [33].

Another aggravating factor was the workload generated by the pandemic, which significantly increased demand in CAPS due to the closure of Primary Health Care units and the redirection of mild cases to mental health services. Additionally, many professionals were relocated to work in vaccination campaigns and other critical care units, generating a feeling of overload and inadequacy, as they could not fully attend to their original responsibilities in CAPS.

The results of this study confirmed the relationship between low job satisfaction, high workload, and psychological distress, with 32.07% of professionals presenting psychological distress warranting attention. The literature already points out that inadequate working conditions are predictors of mental health disorders, such as anxiety, depression, and burnout, in healthcare professionals [36–38]. During the pandemic, these problems intensified, as demonstrated by a meta-analytic review of 18,000 articles, which identified high rates of insomnia, anxiety, and stress among healthcare workers [36]. This is consistent with findings from studies in Finland and Ecuador, which reported similar mental health challenges among healthcare workers during the pandemic [27,33].

This study advances the existing body of knowledge by examining the relationship between job satisfaction and workload as predictors of psychological distress specifically within the context of Psychosocial Care Centers (CAPS) during the COVID-19 pandemic. While previous research, such as that conducted by Nikunlaakso et al. (2022) [27]. and Ruiz-Frutos et al. (2022) [33], highlighted the challenges faced by healthcare professionals in international settings, this study focuses on a unique Brazilian scenario, providing localized insights into how targeted interventions can mitigate the pandemic's negative impact on workers' mental health.

These findings highlight the urgent need for interventions to improve working conditions in CAPS, prioritizing the expansion of human and material resources, as well as offering emotional support and continuous training to professionals. Investing in workers' mental health is essential to ensure the quality of care for users. Although the pandemic has been controlled, its lasting effects on the mental health of CAPS professionals should not be underestimated. Future studies are indispensable to develop prevention, monitoring, and treatment strategies for mental disorders in this group.

The findings of this study have significant practical implications for human resource management and public policy development, particularly within mental health services during crises such as the COVID-19 pandemic. By demonstrating the importance of interventions focused on improving working conditions and providing continuous psychological support, the study establishes a solid foundation for implementing strategies that promote resilience and well-being among mental health professionals as an integral part of organizational culture. Additionally, adopting flexible schedules and role rotation can further help reduce emotional overload, thereby enhancing the overall effectiveness and sustainability of mental health services [29].

As limitations of this study, cross-sectional design and data collection in only one municipality should be considered, limiting the generalization of the results. Additionally, the sample was one of conveniences, which may introduce selection bias. Despite this, the findings contribute significantly to the field of occupational health and mental health, providing evidence that can support policies to improve working conditions in CAPS. The need for broader, multicenter studies is echoed in the literature, which suggests that such research could offer more comprehensive insights into the mental health challenges faced by healthcare workers globally during crises [29].

Multicenter studies are recommended, covering different regions of Brazil, for a broader understanding of the working conditions and mental health of professionals working in community mental health services. These studies can guide the creation of more effective strategies to reduce workload and increase satisfaction, promoting a healthier work environment and, consequently, better quality care for users.

These strategies align with recommendations from other studies that emphasize the importance of resilience and coping strategies in managing psychological distress [27]. It is essential for managers to invest in specific training to handle crisis situations effectively, thereby enhancing professionals' resilience and coping skills. Additionally, promoting regular spaces for case discussion and experience sharing can strengthen mutual support among the team, a factor identified as crucial for job satisfaction.

Finally, reviewing and adjusting the physical and material working conditions should be prioritized, considering the specificities of CAPS. This includes not only improving infrastructure but also ensuring adequate resources for conducting diverse therapeutic activities, essential for the psychosocial care model.

5. Conclusions

CAPS professionals showed moderate job satisfaction and a low workload. Team relationships contributed to the highest satisfaction, and working conditions to the lowest satisfaction. Emotional repercussions, such as frustration, stress, and depressive symptoms, were the conditions of greatest workload among professionals. Regarding general health, the results showed that one-third of participants were classified with psychological distress warranting attention. Low job satisfaction and high professional workload were predictive variables of psychological distress.

These evidence underline the need for greater investment in promoting mental health and quality of life at work, including the harmful effects that occurred in epidemic/pandemic outbreaks.

This study provides crucial evidence for the development of public mental health policies, especially in the post-pandemic context. The results emphasize the importance of an integrated approach that considers not only the health of service users but also the well-being of the professionals who attend to them. Investing in the mental health and quality of life at work of CAPS professionals is fundamental to ensuring the effectiveness and sustainability of the psychosocial care model in Brazil.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

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Conflicts of Interest: The authors declare no conflicts of interest.

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