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Influence of Healthcare Workers' Knowledge in Addressing Mental Health Issues in the Provision of Holistic Care at Mombasa Hospital

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Abstract

The purpose of the study was to investigate the influence of healthcare workers' knowledge in addressing mental health issues in the provision of holistic care at Mombasa Hospital. This study adopted a descriptive mixed-methods design, combining quantitative and qualitative approaches to provide a comprehensive understanding of the research problem. The target population in this study comprised 158 nurses and 11 resident doctors. From this, a sample size of 124 (113 nurses and 11 doctors) was selected via stratified random and purposive sampling methods, respectively. These data were triangulated and member-checked to ensure reliability. Qualitative data were analyzed thematically using interpretive analysis and presented in the discussion and conclusion. Quantitative data were analyzed using SPSS version 29 through descriptive statistics and inferential analyses, including Pearson correlation and hierarchical multiple regression, with ANOVA used to assess the overall significance of the regression models. Knowledge of how to address mental health issues (B = 0.136) was a statistically significant predictor ($p < .05$) and contributed positively to holistic patient care, with attitudes emerging as the strongest predictor. The study concludes that knowledge plays an important role in supporting holistic care, but its impact is limited when not effectively translated into practice. Although healthcare workers demonstrate awareness of mental health management approaches, inconsistencies in application highlight the need for practical skill development and enhanced clinical confidence. To strengthen healthcare workers' knowledge of how to address mental health issues, the Mombasa Hospital should incorporate mental health education into ongoing staff development programs and facilitate access to current guidelines, protocols, and educational resources. In addition, interdisciplinary learning opportunities involving psychiatrists, psychologists, counselors, nurses, and other mental health specialists should be created to enhance healthcare workers' understanding of mental health concerns. Similarly, healthcare workers should be encouraged to participate in seminars, workshops, and professional courses related to mental health so as to enhance both their theoretical knowledge and practical skills in delivering holistic patient care.

Keywords: *Healthcare workers' knowledge, mental health issues, holistic care*

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1. Introduction

When patients seek medical attention, they bring with them an interconnected set of personal, social, and psychological circumstances that influence both the development and progression of their health problems (GomoHealth, 2020). Despite this, most health care workers tend to overlook these psychosocial dimensions and focus primarily on the physical signs and symptoms of disease (Marangu et al., 2021; Njoroge et al., 2023; WHO, 2022). This narrow approach results in patients not receiving holistic care because psychosocial factors play a critical role in shaping an individual's overall well-being and health outcomes (Oztas & Aydogan, 2021; GomoHealth, 2020). Holistic patient care is an approach that considers not only physical health but also psychological and social dimensions in both disease management and prevention (Arias, 2021; Kieft et al., 2021).

Maintaining optimal health requires continuous attention to multiple aspects of life (Ndiok et al., 2020). This perspective aligns with the World Health Organization's definition of health, which goes beyond mere freedom from disease or disability to encompass a comprehensive state of total physical, mental, and social well-being (WHO, 2011). Additionally, the World Health Organization emphasizes the importance of mental health in attaining overall well-being, stating that "there is no health without mental health" (World Health Organization, 2022). The holistic care philosophy acknowledges the deep interconnection among the body, mind, and spirit and emphasizes the uniqueness of each person. It emphasizes that although these aspects of human beings are distinct, they are also interconnected and influence one another (Arias, 2021).

Mental health care is a major component of holistic patient care, as it encompasses biological, psychological, and social factors that contribute to an individual's overall health (Oztas & Aydogan, 2021). Mental health plays a crucial role in how individuals cope with stress, build relationships, and make positive life decisions (CDC, 2024). A decrease in psychological well-being often has detrimental effects on physical health, underscoring the close relationship between mental and physical health (Kyanko et al., 2022). However, a significant gap persists in integrating mental health into comprehensive patient care, as many countries continue to prioritize physical health services while allocating limited attention and resources to mental health care (World Health Organization [WHO], 2022; Patel et al., 2023; Schwartz, 2022).

One of the key components of mental health literacy is the knowledge of how to address mental health issues after identifying mental health symptoms in patients. Addressing mental health issues requires health care workers to have skills and competencies in communication, patient assessment, mental health screening, basic counseling, referral processes, medication management, cultural competence, care for special populations, and self-care (Marangu et al., 2021). Some of the interventions that health care workers can at least routinely offer include low-intensity interventions such as psychoeducation, appropriate referrals, and the cautious use of pharmacology to address the mental health needs of their patients (Parker et al., 2021).

However, studies have indicated that health care workers are not adequately equipped to address mental health issues in their patients. Expanding on this, Stein et al. (2004) conducted three West Coast studies in the United States (Los Angeles, San Diego, and Seattle) and found that only 20% of patients received appropriate pharmacotherapy and approximately 10% received appropriate counseling. This study concluded that the quality of care received by patients in primary care settings for anxiety disorders was poor, as patients leave feeling

dissatisfied as a result of unmet needs. A similar study by Shepardson et al. (2018) in the U.S. also highlighted that most primary health workers preferred pharmacotherapy over psychological interventions.

Furthermore, some patients may also prefer psychological treatments rather than taking medications. Turning to another knowledge gap, a study by Waheed et al. (2024) conducted in two states in the U.S i.e., Pennsylvania and Northern Maryland, indicated inconsistent utilization of mental health tools (PHQ-9, GAD, and MDQ) by physicians, which could help guide clinical decision-making and treatment efficacy. With regard to the confidence level and comfort, a study done in the U.K by Archer et al. (2021) concluded that physicians are reluctant to diagnose and treat mental disorders. On a related note, a study by Dube and Uys (2015) in South Africa indicated that the referral criteria, routes, and procedures were unclear for HCWs to follow, thereby limiting their knowledge of the referral process.

This has also been reflected in local studies; Kiilu et al. (2022) reported that 93.3% of health care workers preferred to refer patients to a mental health facility because they did not feel confident in managing these patients. These findings suggest a gap in mental health competency and literacy at the primary care level, where healthcare workers may lack the necessary skills to assess and manage common mental health conditions. Consequently, mental health care is not fully integrated into routine healthcare practice, limiting the delivery of timely and holistic patient care. In the absence of these basic interventions, people with mental health conditions often have poor health outcomes (Naylor et al., 2020). This contributes to a widespread treatment gap observed in most countries worldwide (Mental Disorders, 2015; Wang et al., 2007; Venkataram et al., 2019).

The ability of primary health care workers to recognize mental health conditions as a component of mental health literacy has been widely investigated worldwide, with findings consistently indicating inadequate recognition skills. For example, the mental health literacy of non-psychiatric nurses in four general hospitals in Hunan Province, China, was examined by Hao et al. (2020). They found that the recognition rates for common mental diseases varied from 17.5% to 38.9%. Research in the Middle East echoes similar findings; for instance, a study by Elyamani and Hammoud (2020) on mental health literacy among medical professionals in Arab Gulf nations, such as nurses, pharmacists, and doctors, reported that 53% of nurses had difficulty identifying common mental health conditions, while 47%–53% of non-psychiatric physicians experienced similar difficulties.

Within the sub-Saharan region, a study by Korhonen et al. (2019) in South Africa also established that primary healthcare workers had insufficient understanding of mental health. In a similar vein, Ogunsemi et al. (2010) used the Patient Health Questionnaire to evaluate primary healthcare professionals' capacity to identify mental diseases in Nigeria. Only 12.7% of mentally associated disorders were successfully detected by primary care practitioners, according to the findings, indicating a low detection rate. Complementing these global findings, research conducted in Kenya by Ndetei et al. (2009) found that the clinical detection rate of mental disorders among adults in different hospital levels was remarkably low, at only 4.1%. These findings suggest that most mental health issues in general medical settings are not identified and, as a result, are not treated.

These findings highlight a gap in mental health competency and literacy among healthcare workers, where inadequate knowledge may affect their ability to identify, manage, and provide appropriate interventions for patients with mental health needs. Poor mental health literacy of primary health care workers may lead to patients being misjudged/misdiagnosed, experiencing passive or indirect discrimination, or being stigmatized, and this may make patients not go to hospitals even when in distress, instead seeking other alternatives like witch doctors or unscrupulous pastors who take advantage of them, further making their situation worse (Ndetei, 2009).

These consequences highlight the need to upscale and build the capacity of health care workers at the primary health care level to improve the early detection and effective management of patients with mental disorders (World Health Organization, 2022). According to Marangu et al. (2021), enhancing knowledge, attitudes, skills, and competence in mental health would improve the effectiveness and performance of primary care, particularly in physical outcomes and workload management. Addressing patients' mental health care needs alongside their physical health needs ensures the delivery of holistic patient care (WHO, 2018).

Therefore, understanding healthcare workers' knowledge of how to address mental health issues is essential to determining their ability to provide holistic patient care. However, there is a dearth of studies on this topic in Kenya. This study therefore sought to assess the influence of healthcare workers' knowledge in addressing mental health issues in the provision of holistic care at Mombasa Hospital.

1.1 Problem Statement

When a patient seeks care at a health care facility, they trust that all their health care needs will be addressed; however, they are not treated holistically, as their mental health needs are not addressed. This is because most health care workers have low levels of mental health literacy (Hao et al., 2020; Elyamani & Hammoud, 2020; Tesfaye et al., 2022). Additionally, health care workers tend to focus more on physical symptoms of illness, neglecting mental health concerns (Kilbourne et al., 2018; Marangu et al., 2021). This is attributed to the biomedical approach to healthcare that they operate from, which overlooks the strong link between mental and physical health, despite evidence showing that mental health conditions can trigger or worsen physical illness (Ohrnberger et al., 2017; Scott et al., 2016; Momen et al., 2020). This approach creates a treatment gap that compromises the quality of patient care, leading to poorer health care outcomes and broader socio-economic impacts at both individual and community levels (Venkataraman et al., 2019; Ayano et al., 2017; Naylor et al., 2020).

If patients were treated holistically, there would be a significant reduction in misdiagnosis, unnecessary investigations and medication, and prevention of the misuse of limited resources (Bradvik, 2018; Ellis, 2019). Additionally, repeat visits by individuals presenting with unresolved somatic symptoms of psychological origin would decline, easing the burden on primary care settings (Jenkins et al., 2010). However, bridging this gap requires strategies such as targeted training, task shifting, integrating mental health into primary care, use of mental health screening tools, and development of national mental health programs (Gontkovsky & Young, 2019; Praharso et al., 2020; Carswell, 2018).

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1.2 Objective of the Study

To assess the influence of healthcare workers' knowledge in addressing mental health issues in the provision of holistic care at Mombasa Hospital.

2. Literature Review

The knowledge and skills of healthcare workers in addressing mental health issues are fundamental to the provision of holistic care. When healthcare workers are able to effectively identify and manage mental health conditions, patients are more likely to receive timely, appropriate, and comprehensive care. This reduces the risk of exacerbation and complications associated with mental health conditions (Kessler et al., 2017). It also helps reduce stigma by fostering a more supportive and understanding environment for patients, thereby encouraging individuals to seek help earlier and adhere more effectively to treatment plans (Wilson et al., 2018). Mental health knowledge encompasses the information and skills required to assist oneself or others experiencing mental health challenges (Reavley & Jorm, 2013). Given that most patients rely on healthcare professionals for mental health services, such knowledge is particularly important. Studies by Wittchen et al. (2003), Haddad et al. (2022), Korhonen et al. (2019), Kuyoh et al. (2021), Ndetei et al. (2009), and Jenkins et al. (2010) have shown that primary healthcare professionals provide more than 90% of mental healthcare services globally despite not being specialists in this field. However, the quality of mental healthcare provided in primary care settings remains a concern, with several studies indicating that such care is often inadequate (Naylor et al., 2020; Bhardwaj et al., 2022).

Research conducted globally indicates that a significant number of healthcare workers either lack adequate knowledge of managing patients presenting with mental health conditions or feel uncomfortable and lack confidence in providing appropriate care. For instance, a cross-sectional study conducted in Greece by Papachristopoulos et al. (2023) among 353 general practitioners, exploring their views on the management of common mental health disorders, revealed that most participants reported low to moderate self-confidence in diagnosing and treating mental health conditions. Similarly, a study by Durmus and Akpinar (2025) in Turkey, conducted among nurses to investigate the relationship between mental health literacy, holistic nursing competencies, and professional self-efficacy, found that nurses' holistic care competencies were only moderate despite high levels of professional self-efficacy. This was attributed to low levels of mental health literacy, which were believed to affect patient assessment and consequently hinder the provision of holistic care. Similar findings were reported in China by Chen et al. (2024), who used unannounced standardized patients to evaluate the "know-do" gap in primary healthcare. Their findings showed that although healthcare workers possessed adequate theoretical knowledge of mental health conditions, their practical skills remained insufficient, with only 44–66% demonstrating clinical competence. At the regional level, a cross-sectional survey by Kigozi-Male et al. (2025) among primary healthcare nurses across 47 clinics in South Africa revealed significant deficits in the implementation of integrated interventions for patients with mental health conditions. The study further indicated that many nurses lacked the specific knowledge required to deliver effective mental healthcare. Within the Kenyan context, a cross-sectional study by Muriuki et al. (2024) involving 316 healthcare workers, including nurses, clinicians, and non-clinicians from two medium-sized hospitals, investigated knowledge, attitudes, and practices regarding

depression care. The study identified notable gaps in pharmacological management, routine screening, and the comprehensive care of patients with mental health conditions.

The findings of these studies indicate that mental health conditions are not being adequately addressed within primary healthcare settings. This observation is further supported by recent surveys indicating that only about half of diagnosed mental health conditions are effectively treated (Werlen et al., 2020; World Health Organization, 2015). These studies highlight the need for practical guidelines and targeted training programs to enhance both knowledge and intervention readiness among healthcare workers, both of which are crucial for the provision of holistic care. Understanding the relationship between physical and mental health is particularly important, as physical health conditions can contribute to the development of mental disorders and vice versa. Effective healthcare should therefore address both aspects of well-being to promote holistic care and improve overall health outcomes (World Health Organization, 2013).

Researchers have identified several key areas in which healthcare workers are expected to demonstrate competence when addressing mental health issues, yet significant knowledge and skills gaps remain. For instance, the ability to manage mental health crises such as suicide attempts, panic attacks, severe depression, substance-induced crises, psychotic episodes, self-harm, and aggressive behavior is essential, given that healthcare workers are often the first point of contact for patients seeking care (WHO, 2022). A study by Kaur et al. (2022) found that nurses were often ill-equipped to identify and intervene in cases of suicide risk. Similarly, a study by Maina et al. (2019) in Kenya established that nurses working in emergency departments demonstrated below-average self-efficacy in suicide assessment and management. The study recommended additional training and the integration of clinical protocols to enhance the effective utilization of emergency departments as settings for suicide prevention and management. Patel et al. (2024) further underscored the importance of equipping healthcare workers with knowledge of brief and supportive interventions that can be implemented within primary healthcare settings to identify and manage mental health conditions, including mental health crises. Such interventions include de-escalation techniques, reassurance, psychological first aid, safety protocols, psychoeducation, promotion of lifestyle modifications, and collaborative care approaches. These interventions can enhance the provision of holistic care by preventing escalation of crises, reducing the risk of harm, and ultimately improving patient outcomes.

3. Methodology

This study adopted a descriptive mixed-method design that combined both quantitative and qualitative approaches to provide a comprehensive understanding of the research problem. The target population in this study comprised 158 nurses and 11 resident doctors. From this, a sample size of 124 (113 nurses and 11 doctors) was selected via stratified random and purposive sampling methods, respectively. The research instruments were piloted among nurses at Pandya Hospital. Quantitative data were collected using a structured mental health literacy questionnaire, while qualitative data were collected through focus group discussions incorporating a clinical vignettes questionnaire, and observations were conducted with nurses. These data were triangulated and member- checked to ensure reliability. Qualitative data were analyzed thematically using interpretive analysis and presented in the discussion and conclusion. Quantitative data were analyzed using SPSS version 29 through descriptive

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statistics and inferential analyses, including Pearson correlation and hierarchical multiple regression, with ANOVA used to assess the overall significance of the regression models.

4. Results and Discussion

4.1 Descriptive Analysis

To determine how knowledge of how to address mental health issues affects holistic care provision, a 5-point Likert scale ranging from 'Not at all to Extremely' was used; the resulting data are presented in Table 1.

Table 1: Knowledge of Addressing Mental Health Issues

Statement	Not at all n (%)	Slightly n (%)	Moderately n (%)	Very n (%)	Extremely n (%)	Mean	Std. Dev
I am knowledgeable about the steps required to manage patients with mental health symptoms.	0 (0.0)	11 (9.0)	17 (13.9)	51 (41.8)	43 (35.2)	4.0328	.92651
I am familiar with available mental health resources and referral pathways (e.g., psychiatrists, counselors, mental health education).	0 (0.0)	10 (8.2)	22 (18.0)	59 (48.4)	31 (25.4)	3.909	.87201

Regarding knowledge of the steps required to manage patients presenting with mental health symptoms, 94 (77.0%) respondents reported being very or extremely knowledgeable, while 28 (22.9%) reported only moderate or slight knowledge. None indicated that they were not knowledgeable. These findings suggest that healthcare workers generally possess a good theoretical understanding of how to manage mental health conditions. This pattern is further reflected in the relatively high mean score (M = 4.03, SD = 0.93), indicating that respondents generally perceived themselves as knowledgeable about managing patients with mental health symptoms, with fairly consistent responses across participants. However, the proportion reporting limited knowledge suggests a gap that may contribute to inconsistencies in recognizing and managing mental health conditions, underscoring the need for continued in-service training and capacity building.

The FGDs complemented these findings by revealing that although healthcare workers could recognize mental health problems, many lacked confidence in managing them and therefore preferred referring patients to specialists, with limited provision of supportive care or basic mental health interventions possible within their scope of practice. As one participant explained, *"The patient requires a mental health assessment and referral to a psychiatrist"* (FGD6-P2), while another stated, *"Mental health cases are difficult and require specialists"* (FGD12-P1). Participants frequently acknowledged limitations in their competence to manage mental health conditions. One participant remarked, *"I would refer her because I lack confidence in managing mental health conditions"* (FGD11-P4); another stated, *"I would prefer referring the patient because I do not have enough mental health training"* (FGD3-P4), while

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Journal of Sociology, Psychology & Religious Studies
Vol. 6||Issue 6||pp 43-56||September||2026
Email: info@edinburgjournals.org||ISSN: 2790-0118

another admitted, *"Managing such cases makes me uncomfortable"* (FGD9-P1). Similarly, one participant observed, *"Once we identify that there is a mental health problem, the best option is to refer because it is outside our routine work"* (FGD9-P1), and another added, *"We would prefer the psychiatrist or counselor to handle these patients because they have more experience"* (FGD4-P6). Collectively, these responses suggest that many healthcare workers associated their role in mental healthcare primarily with recognition and referral, rather than with delivering supportive interventions that are part of holistic patient care and within their scope of practice.

The observation findings corroborated the questionnaire and FGD findings. Although healthcare workers occasionally recognized signs of psychological distress, emotional concerns were rarely explored, psychosocial support was seldom provided, and referrals were often delayed or reactive. Patients recovering from traumatic injuries, amputations, hysterectomies, or chronic illnesses such as diabetes, hypertension, and cancer were primarily managed for their physical conditions, with psychological support typically initiated only after patients became visibly distressed, refused treatment, or when family members requested counseling. Few healthcare workers were observed initiating referrals independently, indicating that psychosocial care remained largely reactive rather than integrated into routine practice. These observations suggest that healthcare workers' reported knowledge was not consistently translated into clinical routine practice.

Respondents also demonstrated good knowledge of available mental health resources and referral pathways, with 90 (73.8%) reporting being very or extremely familiar with available services, while 32 (26.2%) reported being moderately or slightly familiar. This suggests that most healthcare workers understood where to refer patients requiring specialized mental health care, an important component of ensuring continuity of care. Overall, the questionnaire, FGD, and observation findings indicate that healthcare workers possess good theoretical knowledge of mental health management and referral systems. This is reflected in the relatively high mean scores for both knowledge items ($M = 4.03$ and $M = 3.91$), while the standard deviations (0.87–0.93) indicate generally consistent perceptions among respondents. However, limited confidence, inadequate practical skills, and inconsistent application of this knowledge reduce the effective integration of mental health care into routine clinical practice. This finding is consistent with recent evidence indicating that improvements in mental health knowledge alone are insufficient to ensure routine implementation of mental health care without continued practical training, supportive supervision, and health system support (Adeniji et al., 2025).

These findings are consistent with those of Marangu et al. (2021), Jorm (2023), and the World Health Organization (2022), who emphasize that knowledge of mental health management, available services, and referral pathways is fundamental to mental health literacy and the integration of mental health into routine healthcare. The findings also align with those of Waheed et al. (2024), Archer et al. (2021), Mugisha et al. (2023), and Kiilu et al. (2022), who reported that healthcare workers often possess adequate theoretical knowledge but lack the confidence and practical competence to manage mental health conditions, resulting in frequent reliance on referral. However, the findings differ from those of Dube and Uys (2015), who reported poor knowledge of referral criteria among primary healthcare workers in South Africa. Collectively, these findings suggest that strengthening practical competencies through continuing professional development, mentorship, and structured clinical support is essential for translating knowledge into effective, holistic mental health care.

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Journal of Sociology, Psychology & Religious Studies
Vol. 6||Issue 6||pp 43-56||September||2026
Email: info@edinburgjournals.org||ISSN: 2790-0118

4.1.1 Knowledge of Active Listening

To further examine respondents' practical knowledge, an additional question was included to assess whether healthcare workers were familiar with active listening and open-ended questioning in patient interactions. This question was intended to complement the Likert scale items by providing a direct measure of respondents' practical communication skills.

Table 2: Knowledge of Active Listening and Use of Open-Ended Questions

Response	Frequency (n)	Percentage (%)
Yes	96	78.7
No	26	21.3
Total	**122**	**100.0**

Table 2 shows that 96 (78.7%) respondents reported being knowledgeable about using active listening and open-ended questions when communicating with patients experiencing mental health concerns, while 26 (21.3%) reported limited knowledge. These findings suggest that most healthcare workers possess communication skills that support patient-centered mental health assessment, enabling them to build rapport, encourage patient disclosure, and better understand patients' emotional and psychological concerns. However, the proportion reporting limited knowledge suggests that some healthcare workers may still rely on closed-ended questions, potentially limiting opportunities to identify underlying mental health problems.

The findings are consistent with those of Marangu et al. (2021), who identified effective communication as a key component of mental health literacy among primary healthcare workers. Similarly, the World Health Organization (2022) emphasizes that active listening and empathetic communication facilitate the early identification of mental health conditions and improve the quality of care in primary healthcare settings. Likewise, Jorm (2023) notes that effective communication enhances the recognition of psychological distress and supports appropriate intervention and referral.

However, the observation findings suggested that these communication skills were not consistently demonstrated during routine clinical practice. During a patient consultation, it was observed that a healthcare worker focused primarily on physical symptoms, asked brief, closed-ended questions, and concluded *the consultation without exploring the patient's emotional concerns, despite the patient appearing distressed.*

This observation contrasts with the high levels of self-reported knowledge and is consistent with the findings of Mugisha et al. (2023), who reported that although healthcare workers often possess adequate theoretical knowledge of mental health care, they may encounter difficulties applying patient-centered communication skills in routine clinical practice. Together, these findings underscore the need for ongoing skills-based training, supportive supervision, and practical mentorship to strengthen the translation of communication knowledge into consistent, high-quality mental health care.

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Journal of Sociology, Psychology & Religious Studies
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4.1.2 Appropriate Clinical Response to Mental Health Scenario

Following the assessment of respondents' self-reported knowledge, a clinical vignette was included to evaluate whether that knowledge could be applied in a practical patient care situation. Respondents were presented with a scenario involving a patient with diabetes who exhibited signs of psychological distress, alcohol misuse, and poor medication adherence. They were required to select the single response they considered most appropriate for managing the patient. This question was included to assess respondents' clinical decision-making when faced with a realistic mental health situation. The findings are presented in Table 3.

Table 3: Appropriate Clinical Response to Mental Health Scenario

Application (Clinical Decision-Making)		Frequency	Percentage
Appropriate response to mental health scenario	Focus on stabilizing blood sugar and revisit mental health later	10	8.2
	Encourage the patient to be strong and move on	6	4.9
	Acknowledge feelings, assess and refer (Correct Response)	**78**	**63.9**
	Ignore the comment if physically stable	5	4.1
	Document without discussing further	9	7.4
	Tell them it is outside your role	14	11.5
	Total	**122**	**100.0**

Table 3 shows that 78 (63.9%) respondents selected the recommended clinical action of acknowledging the patient's feelings, assessing for underlying mental health concerns, and referring the patient for appropriate mental health support. This suggests that most healthcare workers were able to appropriately apply their mental health knowledge to a clinical scenario. However, more than one-third selected less appropriate responses: 14 (11.5%) believed mental health care was outside their professional role, 10 (8.2%) prioritized stabilizing the patient's physical condition before addressing psychological concerns, 9 (7.4%) would document the patient's concerns without further discussion, 6 (4.9%) would encourage the patient to "be strong and move on," and 5 (4.1%) would ignore the patient's comments if the patient was physically stable.

The quantitative findings were largely supported by focus group discussions. Participants recognized that addressing both physical and psychological needs is part of holistic patient care. One participant stated, *"Even if the patient comes with a physical illness, once they start talking about feeling hopeless or overwhelmed, we should explore those feelings and refer them if necessary"* (FGD3-P3). Similarly, another participant noted, "Mental health is everyone's responsibility. We cannot wait for the psychiatric team because we are often the first people the patient talks to" (FGD7-P1).

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Vol. 6||Issue 6||pp 43-56||September||2026
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However, observation findings suggested that this knowledge was not always translated into practice. During one consultation, the observer noted: "Although the patient repeatedly expressed feelings of hopelessness, the healthcare worker focused exclusively on managing the presenting physical illness and ended the consultation without exploring the patient's emotional concerns or initiating a referral."

These findings indicate that although many healthcare workers understand the appropriate management of patients with mental health concerns, gaps remain in consistently applying this knowledge in clinical practice. These findings are consistent with those of the World Health Organization (2022), which emphasizes that all healthcare workers should be competent in recognizing, providing initial support, and referring patients with mental health conditions within integrated healthcare services. Similarly, Jorm (2023) argues that mental health literacy extends beyond knowledge to include the ability to implement appropriate management strategies in real clinical situations. The observed discrepancy between reported knowledge and clinical practice is also consistent with the findings of Mugisha et al. (2023), who found that healthcare workers often possess adequate theoretical knowledge but struggle to apply it in routine patient encounters. Together, these findings highlight the need for competency-based training, case-based learning, supportive supervision, and regular mentorship to strengthen the practical application of mental health knowledge in routine clinical practice.

4.2 Regression Analysis

To evaluate the contribution and predictive power of the independent variable on the provision of holistic care, linear regression coefficients were calculated.

Table 4: Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	.143	.205		.699	.486
	Knowledge	.136	.065	.145	2.092	.039

a. Dependent Variable: Holistic Care

The results in Table 4 indicate that knowledge of how to address mental health issues positively predicted holistic patient care. Knowledge of how to address mental health issues (B = 0.136) was a statistically significant predictor ($p < .05$) and contributed positively to holistic patient care, with attitudes emerging as the strongest predictor.

5. Conclusion

The study concludes that knowledge plays an important role in supporting holistic care, but its impact is limited when not effectively translated into practice. Although healthcare workers demonstrate awareness of mental health management approaches, inconsistencies in application highlight the need for practical skill development and enhanced clinical confidence.

6. Recommendations

To strengthen healthcare workers' knowledge in addressing mental health issues, the Mombasa Hospital should incorporate mental health education into ongoing staff development programs and facilitate access to current guidelines, protocols, and educational resources. In addition, interdisciplinary learning opportunities involving psychiatrists, psychologists, counselors, nurses, and other mental health specialists should be created to enhance healthcare workers' understanding of mental health concerns. Similarly, healthcare workers should be encouraged to participate in seminars, workshops, and professional courses related to mental health so as to enhance both their theoretical knowledge and practical skills in delivering holistic patient care.

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