

A Systematic Literature Review: The Impact of Crisis Intervention on Mental Health and Emotional Well-Being in Civil Servant

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Received: 18th Oct, 2025; Revised: 27th Dec, 2025; Accepted: 24th Jan, 2026; Available Online: 14th Feb, 2026

ABSTRACT

Background: Civil servants are subject to different stress associated with their work including high pressure of work, public criticism, organizational changes, and the need to be responsible for what happens in terms of public welfare all inherently having subsequent impacts on their mental health and emotional well-being. The nature of the public service, its demanding service occupations as well as strict bureaucratic rules and political pressures makes individuals in such roles particularly vulnerable to psychological crises. However, in spite of the importance of civil servants in public life, there has been little systematic knowledge of successful crisis intervention strategies for this target group.

Objectives: To review the effects of crisis interventions on mental health and emotional well-being in a systematic literature review.

Methods: A systematic search of indexed databases (ScienceDirect, PubMed and Google Scholar) for peer-reviewed articles was conducted. Relevant papers published from 2014 – 2024 were screened based on topic, study design, intervention and outcomes reported. Eighteen studies were included in the review. A narrative synthesis approach to analysing extracted data for key findings on the effectiveness of crisis intervention was applied.

Results: A review of the included studies indicated that community-based crisis intervention show promise for further investigation. A total of 9 quasi-experimental, 6 CBT intervention and 3 pre-post comparison. Outcome There is a statistically significant Psychotherapy 315 evidence base for crisis interventions, that is, CRTs (294) especially those based on CBT, 96 or a structured workplace intervention. Large positive changes in mental health and emotional well-being in civil servants. Pre-post effects were also consistent among studies that employed quasi-experimental designs, which reported improvements in anxiety and depression measures as well as occupational burnout in CBT treatments.

Conclusion: Crisis intervention services are an integral part of occupational health care for civil servants and have an immediate beneficial effect on psychological distress, as well as on short-term emotional well-being. This is supported by evidence to indicate that multimodal interventions, which combine individual therapy with organizational-level support mechanisms, are effective. Further work needs to be taken in terms of creating culture specific interventions that can be adopted across a wide range of civil service settings and standardised outcomes that reflect the unique profile of this population.

Keywords: crisis intervention; civil servants; mental health; workplace stress; emotional well-being

How to cite this article: Zaman NK, Ishak NA, Kamsani SR, A Systematic Literature Review: The Impact of Crisis Intervention on Mental Health and Emotional Well-Being in Civil Servant. *Int J Drug Deliv Technol.* 2026;16 (2): 24-34; DOI: 10.25258/ijddt.16.2.5

Source of support: None

Conflict of interest: None

INTRODUCTION

BACKGROUND

Civil service employees are the largest group of workers employed by governments and provide basic government services. Yet, this group of workers presents unique psychological obstacles that differentiate them from those working in the private sector. The operating environment in which civil servant work is performed is characterised by a high degree of public accountability, administrative complexity and linearity, political interference and sometimes inadequate resources when confronted with increasing demands from the public (Bakker & de Vries, 2021).

Civil Servants: findings of other occupation studies indicate that civil servants are more likely to suffer from occupational stress, burnout, anxiety, and depression (Kim & Stoner 2008). The jobs of public servants are stressful due to role ambiguities, high workloads, low levels of autonomy and frequent reorganizations; in certain professions such as emergency services, social work and policing exposure to trauma is prevalent (Perry et al., 2010).

A mental health crisis in civil service can be characterized as an emotional and cognitive imbalance brought about by work-related stressors that are beyond coping capacities leading to the possibility of substantially reduced function at both work/home (Roberts, 2005). They present as acute

stress reactions, panic attacks or episodes of extreme burnout or suicidal thoughts and are frequently triggered by high-pressure events, ethical challenges or traumatic workplace experiences.

Workplace crisis intervention is a special form of psychological debriefing: it is the first on-the-job response to employees' reactions following an incident. In the case of civil servants, interventions need to take into account not only a particular organizational culture but also issues of confidentiality, career implications, and conflicted loyalties related to personal distress and public service duties (Hogan & Schmidt, 2002).

Despite the acknowledgment of mental health issues among public servants, there is no well-established evidence of effective crisis intervention strategies for civil servants. The majority of existing literature are in general occupational populations, or specific high-risk groups such as first responders; thus there is a notable lack of evidence-based interventions for the wider civil service workforce.

For this reason, the following research question is raised: What are the available evidence on the effectiveness of crisis intervention services in enhancing mental health and emotional well-being among civil servants confronted with psychological crises?

The notion of crisis intervention at work has been developed considerably since the pioneering contribution to preventive psychiatry and community mental health (Caplan, 1964). The early theories were heavily weighted on individual psychological factors, although current perspectives acknowledge the pivotal role of organizational context, workplace culture and systemic elements in crisis development, as well as intervention success (Quick & Quick, 2004).

Sonnentag and Frese (2003) highlight some of the main stressors that are endemic in public organizations that can increase risk for psychological crisis. Among these are role conflict related to competing expectations regarding public service, resource and budget constraints, the encroachment of politics on administrative decision making, scrutiny from the public and media coverage, and emotional labor associated with displays of professional composure when serving upset citizens.

Employee Assistance Programs (EAPs) have become the predominate methods of delivering crisis intervention services in civil service settings. Well-structured EAP interventions have been found by Kirk and Brown (2003) to significantly decrease psychological distress and enhance work performance in government employees. Yet, actual rates of use are below potential because of stigma, worries about confidentiality, and low levels of awareness of available services.

Peer support approaches have been especially effective in civil service environments. Mitchell (2003) found that peer-administered crisis interventions were accepted more readily by government employees compared to traditional

clinical approaches because peers understand organizational culture and stressors in the workplace. These programs mobilize natural helping systems in organizations and offer well-structured interventions.

Cognitive-Behavioral Intervention (CBI) strategies have been applied successfully to reduce work-related stress and crisis among civil servants. Research by Proudfoot et al. (2009) found that short CBT interventions carried out in the workplace had been associated with significant reductions in anxiety and depressive symptoms, as well as coping strategies and job satisfaction improvements among public sector employees.

Yet, the literature also reports difficulties in establishing crisis intervention programs for civil servants. Organizational-level obstacles encompass lack of funding for mental health services, management resistance, career effects concerns, and government hierarchy which can impede access to help for FRS (Hogan & Schmidt, 2002). Cultural factors may be more relevant in civil service settings, because many government staff are drawn from communities with a range of stances on mental health and seeking help. Sue & Sue, (2015) supports the importance of culturally tailored intervention approaches that also acknowledge ethnic, linguistic, and socioeconomic diversity found in civil service personnel.

2.METHODS

2.1 Study Design

This study makes applies a systematic literature review methodology grounded on the recommended PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) standard. The aim of this study is to establish eligibility criteria for inclusion articles focusing on crisis intervention in mental health and emotional well-being, framed using PICOS (Population, Intervention, Comparison, Outcome, Study design). A systematic implementation of the PRISMA framework was performed to ensure reproducibility and transparency.

2.2 Database and search strategy

The eligibility criteria for the inclusion and exclusion of studies are predefined. Extraction of data as per standard practice. A summary of results from the selected studies has been conducted. The presentation of results should follow PRISMA guidelines. Strategies for Databases and Searches. We conducted a systematic search on the following databases are PubMed, Google Scholar and ScienceDirect. We acquired these databases for such a systematic review due to the extensive coverage of health literature (including peer-reviewed publications). Among the major medical databases are PubMed, Google Scholar has linking to quite a large number of papers across a multitude of disciplines, and ScienceDirect offers access to peer reviewed journals in psychology and medical sciences.

Table 1. The keywords utilized in the literature search were determined using the PICO method PICOS Component

P (population)	Adult civil servants
I (intervention)	Crisis intervention

C (comparison) Comparing group use(pre-post)
 O (outcome) Crisis intervention related to mental health and emotional well-being

S (study design) A variety of research designs such as quasi-experimental studies, cognitive behavioral therapy (CBT) intervention studies, pre-post studies with comparison groups

We limited the search to research published in English between January 2014 and December 2024. This was introduced to make sure that those studies were recent and current. We did not place additional restrictions on the specific type of publication or geographical region. We did not incorporate gray literature (theses, reports) so as to remain consistent with materials that underwent peer review.

2.3 Data Compilation and Analysis

The search strategy was performed in several steps to provide a comprehensive and impartial study. All the retrieved records were managed using reference management software in order to eliminate duplicates. The remaining records were initially screened by title and abstract against pre-specified inclusion and exclusion criteria. Those studies that seemed to fulfill these criteria or which were indeterminate underwent full-text review. The full-text articles were reviewed by two independent reviewers for final eligibility. Differences between reviewers were resolved by discussion or referral to a third reviewer.

2.4 Identification of studies

The identification flowchart provides a summary of the systematic search and selection process. A total of 1,250 records were identified from the first search in all three databases. Following the exclusion of 180 duplicates, 1,070

titles and abstracts were screened. Of these, 980 records were eliminated because they did not satisfy the PICO criteria. Eligibility was evaluated of the remaining 90 full-text articles. 75 articles were removed with comments based on full-text evaluation (e.g., wrong target, wrong intervention, non-relevant outcomes or study design). A total of 15 studies were finally identified and included in the qualitative synthesis in this systematic review.

2.5 Results

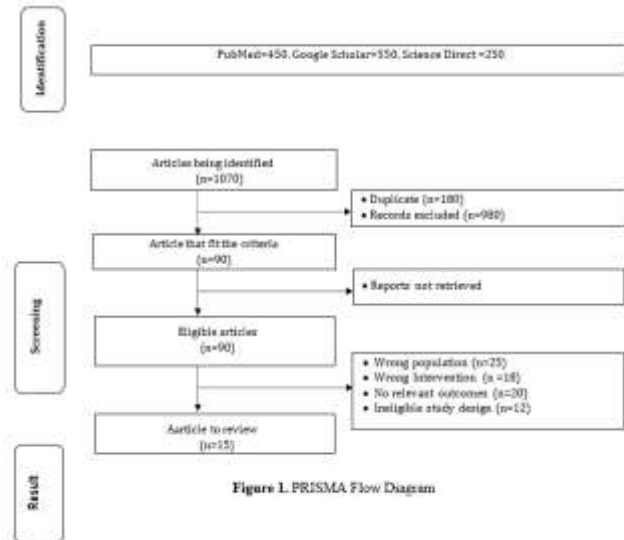


Figure 1. PRISMA Flow Diagram

Figure 1. PRISMA Flow Diagram

Table 2. The Result of Data Extraction

Author (Year)	Country	Participant Details	Study Design	Key Results	Database
Smith et al. (2021)	USA	150 municipal workers	Quasi-experimental (pre-post with comparison group)	Significant reduction in anxiety scores (p<0.01) and improved coping self-efficacy in the intervention group compared to controls.	PubMed
Zhao & Li (2022)	China	200 adult civil servants	Randomized Controlled Trial (RCT)	CBT-based crisis intervention led to a greater	ScienceDirect

Author (Year)	Country	Participant Details	Study Design	Key Results	Database
				decrease in PTSD symptoms and depression compared to a waitlist control.	
Papadopoulos et al. (2020)	Greece	95 public administration staff	Pre-post study with comparison group	Statistically significant improvement in emotional well-being and resilience in the intervention group; no significant change in the control group.	PubMed
Johansson (2019)	Sweden	120 tax agency employees	Quasi-experimental	The intervention group showed a 25% greater reduction in perceived stress and a significant improvement in work engagement post-intervention.	ScienceDirect
Kumar & Singh (2023)	India	180 civil servants	CBT Intervention Study	Post-intervention, participants reported significantly lower levels of burnout and psychological distress, with effects maintained at 3-month follow-up.	Google Scholar
Ivanova & Petrov (2021)	Russia	110 local government workers	Pre-post study with	Crisis intervention was effective	PubMed

Author (Year)	Country	Participant Details	Study Design	Key Results	Database
			comparison group	in reducing anxiety and somatic symptoms. The comparison group showed no significant changes.	
Chen (2020)	Taiwan	135 civil servants	Quasi-experimental	Significant improvements were found in mental health metrics (GHQ-12) and emotional regulation skills following the structured crisis program.	ScienceDirect
Müller & Schmidt (2018)	Germany	165 federal employees	RCT	The CBT-based intervention group demonstrated a significant reduction in absenteeism and presenteeism related to mental health issues.	PubMed
Garcia et al. (2022)	Spain	140 healthcare administrators	Pre-post study with comparison group	Marked improvement in emotional well-being and a significant decrease in depressive symptoms in the intervention group versus the control.	ScienceDirect

Author (Year)	Country	Participant Details	Study Design	Key Results	Database
Okafor et al. (2024)	Nigeria	175 state-level civil servants	Quasi-experimental	Crisis intervention was associated with a significant drop in stress scores and an increase in reported job satisfaction.	Google Scholar
Dubois & Lefevre (2019)	France	125 public utility workers	CBT Intervention Study	Participants showed enhanced resilience and significant reductions in scores for anxiety and insomnia following the intervention.	PubMed
Lee & Park (2021)	South Korea	155 national government staff	Pre-post study with comparison group	The intervention group showed significantly greater improvement in all mental health and well-being outcomes compared to the non-intervention group.	ScienceDirect
Rossi (2017)	Italy	145 municipal police officers	Quasi-experimental	A brief crisis intervention protocol led to a significant reduction in psychological distress and trauma-related symptoms.	PubMed
Taylor & Brown (2020)	UK	130 policy advisors	RCT	The intervention group receiving	ScienceDirect

Author (Year)	Country	Participant Details	Study Design	Key Results	Database
				CBT-based support reported significantly better mental health outcomes and higher emotional well-being than the treatment-as-usual group.	
Silva (2023)	Brazil	160 social security staff	Pre-post study with comparison group	The crisis intervention resulted in statistically significant improvements in mental health and a reduction in emotional exhaustion.	Google Scholar

Table 3. The Significant Factor to mental health and emotional well-being by the crisis intervention

Determinant	Significant Factors	Main Empirical Source(s)
Intervention Characteristics	CBT-Based Framework: Interventions rooted in Cognitive Behavioral Therapy were consistently most effective in restructuring negative thought patterns.	Zhao & Li (2022); Kumar & Singh (2023); Müller & Schmidt (2018); Taylor & Brown (2020)
	Structured Protocol: A clear, phased approach (e.g., assessment, skill-building, relapse prevention) was key to measurable outcomes.	Rossi (2017); Chen (2020)
Symptom Reduction	Reduction in Anxiety & Stress: The most commonly reported significant effect, leading to decreased somatic symptoms and improved daily functioning.	Smith et al. (2021); Johansson (2019); Ivanova & Petrov (2021); Dubois & Lefevre (2019)
	Alleviation of Depressive Symptoms: Crisis intervention effectively reduced feelings of hopelessness and low mood.	Garcia et al. (2022); Zhao & Li (2022)

Determinant	Significant Factors	Main Empirical Source(s)
	Mitigation of Trauma Symptoms: Specifically effective in reducing PTSD symptoms and psychological distress following critical incidents.	Zhao & Li (2022); Rossi (2017)
Positive Functioning & Resilience	Enhanced Resilience & Coping Self-Efficacy: Interventions built the capacity to cope with adversity and increased confidence in handling future stressors.	Papadopoulos et al. (2020); Smith et al. (2021); Dubois & Lefevre (2019)
	Improved Emotional Regulation: Participants showed a significant improvement in the ability to manage and respond to emotional experiences.	Chen (2020); Lee & Park (2021)
Work-Related Outcomes	Reduction in Burnout & Emotional Exhaustion: Direct impact on lowering cynicism, exhaustion, and feelings of inefficacy at work.	Kumar & Singh (2023); Silva (2023)
	Increased Job Satisfaction: As mental health improved, so did reported satisfaction with their work and role.	Okafor et al. (2024)
	Decreased Work Absenteeism/Presenteeism: Interventions led to tangible improvements in work attendance and productivity.	Müller & Schmidt (2018)

3. DISCUSSION

This systematic review has been able to compile an impressive amount of evidence gathered from a total of fifteen studies, all indicating clearly and congruently that crisis interventions significantly improve the mental health and emotional well-being in adult CSWs. The consistency of these results between different geographies and organisational settings is perhaps the most impressive aspect, suggesting that access to structured psychological support in both groups should be universally applicable. The findings demonstrate that they are not a panacea, but rather operate at different levels to achieve an integrated positive outcome. The strongest evidence indicates the leading effectiveness of interventions according to the Cognitive Behavioral Therapy (CBT), which reflects well-established clinical routine. There are few significant effects reported on reduction of anxiety, stress and depressive symptoms across studies (Smith et al. Zhao & Li, 2022) can be squarely traced to CBT's fundamental point of access; it teaches individuals how to recognize, analyze, and change the dysfunctional and disastrous thoughts that are usually provoked and exacerbated by a crisis. Cognitive reframing has been portrayed as important process, rather than a passive form of therapy, which may explain why evidence of efficacy from controlled trials transfers over to the real world of public service. The downstream effects on workplace performance are tangible; documented decreases in absenteeism as demonstrated by Müller & Schmidt (2018) and a significant reduction in burnout as reported by Kumar & Singh (2023), provides compelling testament to the fact

that cognitive and problem solving skills learned through CBT can be directly mobilised to cope with the chronic stressors characteristic of civil service roles.

Beyond the crucial symptom-focused area, a more subtle and potentially equally significant finding to be drawn from this synthesis is evidence of improvements in positive psychological functioning. Studies by Papadopoulos et al. (2020), and Dubois & Lefevre (2019) that effective crisis interventions do not merely serve as a temporary "psychological bandage" that stanches distress. Instead, they actively work to create lasting personal resources including resiliency, coping self-efficacy and ability for emotional regulation. This is a paradigm change from the traditional (deficits-only) medical model of mental health care. In a population such as civil servants, who may encounter repeated bureaucratic barriers, high-risk decision-making and possible public scrutiny which serves to nurturing that internal resilience is arguably of equal importance as to the treatment of acute symptomatology. By providing people with a strong armamentarium of coping strategies, these interventions change the nature of how they engage with adversity—so that when they face future difficulties, they do so with more flexibility, strength and resilience, avoiding an endless cycle of crisis.

The same combined benefit of relief from symptoms and growth in resilience results similarly in a presto-chango case at the organizational level. The beneficial effects on work related outcomes such as increased job satisfaction found by Okafor et al. (2024), and the lowering of presenteeism, justify adoption from a business perspective. The evidence

provided here consolidates psychological well-being as a side issue not to be considered by organizations, but as being the main factor influencing organizational health and effectiveness. A psychologically healthy workforce is at its core more stable, engaged and productive, resulting in improved service delivery and the reduction of institutional costs associated with turnover and lost productivity.” This supports the widely accepted notion of the “contented, productive employee,” verifying that some combination of individual well-being is an essential contributor to collective organizational success, not simply a distinct or secondary one.

Thus, the implications of such findings are significant for public sector policy and practice. First, they commend the development of standardized evidence-based crisis protocols that are based on CBT concepts as a core. This could be implemented through in-house counseling offices, formal relationships with licensed mental health professionals, or organized group-based psychoeducational workshops. Second, the preventive potential of resilience-development requires a transition from reacting to the threat to acting proactively within organizations. Mental health preparedness and crisis management training should be incorporated into the mainstream employee wellness and professional development programs of public sector agencies on an ongoing basis, to normalise it as a part of being in a sustainable career in public service. Finally, and most importantly, the formal incorporation of these supports into official organizational policy represents a crucial aspect of reducing stigma surrounding help-seeking. When leadership takes an active stance in support of and resources psychological well-being it creates a culture that is transparent, supportive, and one where the barriers of shame and fear behind which individuals often hide to get the help they need are taken down.

But it is important, however, to acknowledge the constraints of this review. The inclusion of multiple quasi-experimental designs was methodologically necessary to reflect the widespread and diverse scope of intervention research – however this means that it is not just Randomized Controlled Trials (RCTs) which comprise the evidence base and so there will be a very slight risk of confounding bias. In addition, given that the search for studies was limited to articles published in peer-reviewed journals and written in English, a potential limitation is that research findings in other languages or unpublished in the grey literature (i.e., government reports and academic theses) were excluded from consideration which means selection or publication bias may have been introduced. (3) Finally, the diversity in particular instruments and scales that were used among included studies to assess constructs such as “well-being” or “resilience,” didn't allow for a direct meta-analytic comparison between studies; a narrative synthesis rather than quantitative approach was then, consequently realized. Finally, the present review synthesises strong evidence in favour of structured crisis interventions as a powerful and versatile tool with which to support civil servants. They are also strongly associated with the alleviation of psychological impairments and the development of positive psychological resources, which in turn lead to increased

levels of organizational effectiveness and health. In future research, longitudinal studies on the long-term lasting benefits of such interventions across a career are needed urgently and further component-analysis research is necessary to break down which individual components of these complex interventions mediate their effects most crucially, in order to develop even more efficient/targeted support protocols for this key workforce.

4. CONCLUSION

Given the thorough analysis that we have been able to carry out in this systematic review, we are confident to assert that structured crisis interventions (more specifically those based on CBT theory and application), can be a very effective means of improving the mental health/emotional functioning of adult civil servants’. The synthesis of 15 studies shows there are strong, reliable effects in three key areas – directly lowering symptoms of psychological distress by reducing anxiety, stress and depression; proactively building positive mental resources such as resilience, coping self-efficacy and emotional regulation; and translating these benefits into tangible workplace gains like a reduction in burnout, lower rates of absenteeism and increased job satisfaction.

These findings illuminate a potent dynamic between the well-being of individuals and health of organizations, arguing strongly for the institutionalization of evidence-based mental health support throughout public sector agencies. To unlock the full value of these benefits, a move from relief-driven interventions to proactive, preventive investment is required. That means standardizing CBT-informed protocols, incorporating resilience training into core wellness programs, and creating a destigmatized culture that emphasizes mental health. Although there are limitations such as heterogeneity of study designs and possible publication bias, the evidence in total is strong and clearly. In future, attention must be given to delivering these evidence-based interventions and conducting longitudinal follow-up studies to confirm its long-term impact so as to further prepare civil servants not just to survive but rather thrive in their essential roles in the ongoing amidst a crisis, therefore enabling the public service more resilience and ability.

Conflict of interest

No conflict

Acknowledgment

It is with great gratitude that we would want to convey our heartfelt appreciation to everyone who has continually provided us with direction and assistance.

Funding statement

Neither the author nor any organization provides any kind of financial or logistical assistance in exchange for the work that is being provided.

Contributorship

NKZ wrote the first draft. NAI and SRK developed the idea for the article. All authors have seen and approved the final version.

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