



Original article. Mental Health and well-being in university teacher educators: a multicenter Ibero-American study. Vol. 12, n. ° 3; p. 1-20, July 2026. <https://doi.org/10.55040/a4sws805>

Mental health and well-being in university teacher educators: a multicenter Ibero-American study

Salud mental y bienestar en docentes universitarios que forman profesores: Un estudio multicéntrico Iberoamericano

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Abstract

Post-Coronavirus Disease 2019 (COVID-19) pandemic, mental health issues have increased globally. This has affected educators at all levels, including university faculty. The aim of this study was to compare anxiety, depression, stress, psychological inflexibility, and well-being among university faculty across four Ibero-American countries, with a focus on country and gender differences. A cross-sectional study was conducted with a sample of 353 faculty members from Chile, Spain, Costa Rica, and Mexico. Data were collected using a standardized online questionnaire, administered and guided by the responsible researchers in each country. The Depression Anxiety and Stress Scale 21 was used to assess anxiety and depression levels, the Perceived Stress Scale to measure perceived stress, the Acceptance and Action Questionnaire-II to assess psychological inflexibility, and the Subjective Well-Being Scale short version to evaluate self-perceived well-being. Results indicated high levels of anxiety and depression. Women showed a higher prevalence of anxiety and depression than men. No significant differences were found between countries in the variables analyzed. Regardless of the country, there is a high prevalence of anxiety and depression among university faculty, with a higher prevalence observed in women.

Keywords: COVID-19; anxiety; depression; psychological stress; faculty.

Resumen

Tras la pandemia del coronavirus 2019 (COVID-19), los problemas de salud mental han aumentado a nivel mundial. Esto ha afectado a los educadores de todos los niveles, incluido el profesorado universitario. El objetivo de este estudio fue comparar la ansiedad, depresión, estrés, inflexibilidad psicológica y bienestar en profesorado universitario de cuatro países iberoamericanos, con especial atención a las diferencias por país y género. Se realizó un estudio transversal con una muestra de 353 docentes de Chile, España, Costa Rica y México. Los datos se recogieron mediante un cuestionario online estandarizado, administrado y guiado por investigadores responsables en cada país. Se utilizó la Escala de Depresión, Ansiedad y Estrés 21 para evaluar los niveles de ansiedad y depresión, la Escala de Estrés Percibido para medir el estrés percibido, el Cuestionario de Aceptación y Acción-II para evaluar la inflexibilidad psicológica y la versión corta de la Escala de Bienestar Subjetivo para evaluar el bienestar autopercebido. Los resultados mostraron niveles altos de ansiedad y depresión. Las mujeres mostraron una mayor prevalencia de ansiedad y depresión que los hombres. No se encontraron diferencias significativas entre



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los países en las variables analizadas. Independientemente del país, existe una alta prevalencia de ansiedad y depresión entre el profesorado universitario, observándose una mayor prevalencia en las mujeres.

Palabras clave: salud mental; ansiedad; depresión; estrés psicológico; profesorado universitario.

Introduction

The World Health Organization (WHO) recognizes mental health as a fundamental human right defining it as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work efficiently, and contribute to their community and socio-economic development (World Health Organization, 2022). Mental Health also includes emotional, psychological and social well-being of individuals affecting thoughts, emotions, and behaviors (Levine et al., 2021). It also plays an essential role in determining how people manage stress, relate to others, and make healthy decisions (Hammoudi Halat et al., 2023). Good mental health can be defined as a state of well-being that enables people to cope with the normal stresses of life and function productively (Fusar-Poli et al., 2020). Mental health is crucial at every stage of life, from childhood to adulthood, and is just as important as physical health (Gautam et al., 2024; Sharpe, 2020). Teachers' mental health has been a growing concern in recent decades due to the demands and challenges they face in their work environment (Johnson & Lester, 2022). Although there is a wealth of research, resources, and support related to students' psychological health and well-being, research has identified a shortage of resources available to academic staff (Berg & Seeber, 2016). Several studies have pointed out that levels of stress, exhaustion, and anxiety among teachers are considerably high, affecting not only their personal well-being but also the quality of the teaching they provide (Agyapong et al., 2022; Emeljanovas et al., 2023). Professional demands, combined with administrative burdens and academic expectations, increase the risk of mental health problems such as burnout syndrome and depression (García-Carmona et al., 2019). This is why early identification of mental health problems, and the implementation of intervention strategies are essential to support the well-being of university teachers.

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Recent evidence indicates that one-third of the campus community, including faculty, staff, and students, experience symptoms consistent with depression, anxiety, and/or stress (Meeks et al., 2023), and, in health professions students, fear of death has also been documented as a post-pandemic concern (Plaza Carmona, 2023). Academics perform various tasks within their roles at a university institution, including teaching students, collaborating with peers, conducting research, and serving their university and community. Given such a wide range of expectations and multiple tasks, an intriguing dynamic arises in which both mental health and well-being can be negatively affected (Hammoudi Halat et al., 2023). University teachers are exposed to multiple sources of stress, such as excessive time demands, research and publication responsibilities, managing large groups of students, and lack of professional recognition (Yingying et al., 2025). This stress can lead to symptoms of burnout, a psychological condition characterized by emotional exhaustion, depersonalization, and a reduction in the sense of personal accomplishment (Maslach & Leiter, 2016). On the other hand, the mental health of university teachers is a crucial factor for the success of both educators and students and the educational institution in general. University teachers often face high levels of stress due to academic workload, administrative responsibilities, and pressure for academic performance. These factors can have a significant impact on their psychological well-being, which in turn affects their ability to teach effectively and create a positive learning environment (Gilar-Corbi et al., 2024). In this sense, mental health is the foundation of individual well-being and the effective functioning of the community (Hammoudi Halat et al., 2023). Poor mental health is also associated with rapid social change, stressful working conditions, gender discrimination, social exclusion, unhealthy lifestyles, risks of violence and poor physical health, and human rights violations (Cuijpers et al., 2023).

In recent years, mental health problems have increased among teachers worldwide. Factors such as stress and work overload are a serious problem among teachers, and this scenario has increased the level of depression and anxiety in this population (Flores et al., 2022). This chronic exhaustion can negatively affect teachers, increasing their physical and mental well-being. In this scenario, researching the prevalence and correlates of stress, professional burnout, anxiety, and depression among teachers is essential to addressing this public health problem (Agyapong et al., 2022).



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Furthermore, anxiety and depression are among the most disabling mental health conditions, and both are ranked among the top 25 causes of disease burden worldwide (COVID-19 Mental Disorders Collaborators, 2021). According to the WHO, anxiety disorders are characterized by excessive fear, worry and related behavioral disturbances. Symptoms of anxiety can be severe enough to cause significant distress or impairment in functioning (World Health Organization, 2022). Among teachers, depression and anxiety are somewhat related to being under 40 years of age and being female (Ganji et al., 2022; Manaf et al., 2021). On the other hand, stress is an integral part of human life and is perhaps one of the most common problems in modern societies (Salari et al., 2020). According to the WHO, stress is defined as a state of mental worry or tension caused by difficult situations. While stress is a natural human response that allows us to address challenges and threats, excessive stress can precipitate physical and mental health problems and affect overall well-being (Cuijpers et al., 2023). Occupational stress is one of the most significant problems for workers, with long hours and work-related tension being two common workplace stressors that have a negative impact on most demographic groups. These stressors have been linked to major causes of morbidity, such as cardiovascular disease, diabetes, and depression (Zhang et al., 2021).

In this context, the present study seeks to delve deeper into the levels of mental health and well-being among university teachers in samples from several Ibero-American countries (Chile, Spain, Costa Rica, and Mexico). It is currently very important to develop research projects that address this issue in order to develop educational policies that ensure the mental health of university teachers, which is essential not only for their personal well-being but also for improving educational quality and student performance. This is why this Ibero-American project provides an opportunity to gather valuable information for decision-making in this line of research. The objective of this study is to compare levels of anxiety and depression, stress, psychological inflexibility, and well-being among university teachers in four Ibero-American countries, by country and gender.



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Material and methods

Study Design

This research employed a non-experimental, quantitative approach with a descriptive-analytical cross-sectional design. Data collection was carried out between January and May, 2024. The study utilized a convenience sample stratified by sex and country to examine mental health indicators among university faculty across four Ibero-American nations.

Participants

A simple stratified sampling by gender and institution was carried out. At least 200 university teachers (50% women and 50% men) up to 65 years of age working in higher education institutions in the countries involved in this project are expected to participate in the study. A non-probabilistic snowball sampling method was used, whereby teachers were invited to participate through means such as email and social media, among others. A total of 353 higher education teachers participated in the study, 170 women (47.3 ± 10.1 years) and 183 men (44.1 ± 10.7 years) from Chile ($n=55$), Spain ($n=55$), Costa Rica ($n=48$) and Mexico ($n=195$).

Assessments

The evaluations were carried out using a standardized online form that was administered and guided by the researchers responsible in each country. All applications were supervised by members of the research group, who provided feedback to participants in case of doubts or queries regarding the completion of the instrument.

This study used the 21-item Depression, Anxiety and Stress Scale (DASS-21), although only the depression and anxiety items were administered (Manzar et al., 2025). The Perceived Stress Scale (PSS) was also used to measure perceived stress (Harris et al., 2023), and the Acceptance and Action Questionnaire-II (AAQ-II) was used to measure psychological inflexibility (Langer Á et al., 2024). Finally, the Subjective Well-Being Scale short version (EBS-8) (Calleja et al., 2022) was used to measure self-perceived well-being.

Ethical Considerations

This study was conducted in accordance with the guidelines of the Declaration of Helsinki for studies involving human subjects (World Medical Association, 2013). The



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Statistical Analysis

For categorical variables, frequency tables were used and associations were made using contingency tables. In addition, variables on rating scales were converted to continuous scores for analysis by gender and country. To describe continuous data, the mean and standard deviation or interquartile ranges were used when the distribution was not normal. Violin plots were used to describe the results. The Kolmogorov Smirnov test ($n > 50$) was used to determine the normality of the data. When the variables did not have a normal distribution, non-parametric statistics were used through a Kruskal-Wallis analysis of variance (ANOVA) test, and when the variables had a normal distribution, an analysis of covariance (ANCOVA) adjusted for the age of the participants was used. The chi-square test (χ^2) was used to associate the variables obtained in the contingency tables. In addition, a correlation matrix was created using Pearson or Spearman tests depending on the distribution of the data, considering the following classification: trivial (< 0.10), small ($0.10-0.29$), moderate ($0.30-0.49$), high ($0.50-0.69$), very high ($0.70-0.89$), almost perfect (≥ 0.90), and perfect ($r = 1.00$) (Hopkins et al., 2009). In addition, a linear regression model was created to establish the association between the participants' well-being and mental health. To this end, a multicollinearity analysis was performed to identify the association between all the variables in each model. A regression model was then applied for each predictor, adjusted for the participants' gender and using age as a covariate. The unstandardized beta values (β), their 95% confidence intervals (CI) and the significance value (p) were considered. Data analysis was performed using Jamovi 2.3.21 (The Jamovi Project, Sydney, Australia) for Windows®. Statistical significance was set at $p < 0.05$ for all analyses.



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Results

Mental Health and Well-Being Variables by Gender

Table 1 shows the mental health variables according to gender in the total sample. Women were found to have higher levels of stress ($p < 0.001$) and depression ($p = 0.043$) compared to men. No significant differences were observed in the remaining variables.

Table 1. Mental health and well-being variables by gender.

Variable	Male (n=183)		Female (n=170)		p-value	ηp^2
	Media	SD	Media	SD		
Well-being (pts)	3.9	2.3	3.6	1.4	0.071	0.009
Stress (pts)	2.2	0.6	2.4	0.5	<0.001	0.036
PIAAQ (pts)	3.1	0.7	3.0	0.8	0.843	0.000
Anxiety (pts)	2.6	3.0	3.2	3.6	0.136	0.006
Depression (pts)	2.8	3.5	3.7	4.7	0.043	0.012

Note. PIA= Psychological Inflexibility (AAQ-II).

Mental Health and Well-Being Variables by Country

Table 2 shows mental health variables by country, grouped by gender. The results showed that teachers in Chile had a higher level of well-being (4.1 ± 1.2), with differences compared to teachers in Spain (3.4 ± 2.4) ($p = 0.045$). In the psychological inflexibility variable (AAQ-II), teachers in Chile had a higher score (3.3 ± 0.7) compared to teachers in Spain (2.8 ± 0.7), indicating significantly greater psychological inflexibility among Chilean teachers ($p = 0.015$). No differences were found between countries in the other variables.



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Table 2. Mental health and well-being variables by country.

Variable	Chile (n=55)		Costa Rica (n=48)		Spain (n=55)		Mexico (n=195)		p-value	η^2
	Mean	SD	Mean	SD	Mean	SD	Mean	SD		
Well-being (pts)	4.1*	1.2	3.7	1.4	3.4*	2.4	3.8	1.3	0.045	0.023
Stress (pts)	2.4	0.6	2.2	0.6	2.2	0.7	2.4	0.6	0.365	0.009
PIAAQ (pts)	3.3*	0.7	3.0	0.8	2.8*	0.7	3.1	0.7	0.015	0.030
Anxiety (pts)	2.4	1.7	2.8	1.4	3.1	1.1	3.0	1.2	0.662	0.005
Depression (pts)	2.3	1.1	3.1	1.9	4.0	1.8	3.3	1.1	0.119	0.013

Note. PIA= Psychological Inflexibility (AAQ-II). Higher scores on the AAQ-II indicate greater psychological inflexibility.

Classification of Anxiety Levels by Country and Gender Based on DASS-21

Table 3 shows the classification of anxiety levels by country and gender. Analysis of the frequency tables revealed no differences by country ($p = 0.860$) or gender ($p = 0.368$). It is important to note that approximately one in four men experience some degree of anxiety, while approximately one in three women experience anxiety to some degree.

Table 3. Classification of anxiety levels by country and gender based on DASS-21.

Classification		Country					Sex		
		Chile	Costa Rica	Spain	Mexico	Total	Men	Women	Total
Mild anxiety	<i>n</i>	3	4	3	15	25	12	13	25
	%	5.5	8.3	5.5	7.7	7.1	6.6	7.6	7.1
Moderate anxiety	<i>n</i>	4	6	6	29	45	20	25	45
	%	7.3	12.5	10.1	14.8	12.7	11	14.7	12.7
Extreme anxiety	<i>n</i>	2	3	5	9	19	7	12	19
	%	3.6	6.3	9.1	4.6	5.4	3.8	7.1	5.4
Severe anxiety	<i>n</i>	3	2	1	11	17	11	6	17
	%	5.5	4.2	1.8	5.6	4.8	6.0	3.5	4.8
No anxiety	<i>n</i>	43	33	40	131	247	132	114	246
	%	78.2	68.7	72.7	67.2	70.0	72.5	67.0	69.9
Total	<i>n</i>	55	48	55	195	353	183	170	353
	%	100	100	100	100	100	100	100	100



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Classification of Depression Levels by Country and Gender Based on DASS-21

Table 4 shows the classification of depression levels by country and gender. Analysis of the frequency tables revealed no differences by country ($p = 0.464$), but differences were found by gender ($p = 0.042$), with women showing a greater tendency to develop moderate depression (men: 3.8%; women: 8.3%) and severe depression (men: 3.8%; women: 9.4%). Finally, it is important to note that 1 in 3 women experience depression at different levels, while approximately 1 in 5 men experience some level of depression.

Table 4. Classification of depression levels by country and gender based on DASS-21.

Classification		Country					Sex		
		Chile	Costa Rica	Spain	Mexico	Total	Men	Women	Total
Mild depression	<i>n</i>	4	3	11	27	45	26	19	45
	%	7.2	6.3	20.0	13.8	12.7	14.3	11.1	12.8
Moderate depression	<i>n</i>	4	4	4	9	21	7	14	21
	%	7.2	8.3	7.2	4.6	5.9	3.8	8.3	6.0
Severe depression	<i>n</i>	2	3	4	14	23	7	16	23
	%	3.6	6.2	7.3	7.2	6.5	3.8	9.4	6.5
No depression	<i>n</i>	45	38	36	145	264	142	121	263
	%	81.8	79.2	65.5	74.4	74.8	78.0	71.2	74.7
Total	<i>n</i>	55	48	55	195	353	183	170	353
	%	100	100	100	100	100	100	100	100

Figure 1 shows mental health scores by gender. Differences were found in the scores obtained when grouping the total sample, with women presenting higher levels of stress ($p < 0.001$) and depression ($p = 0.047$).

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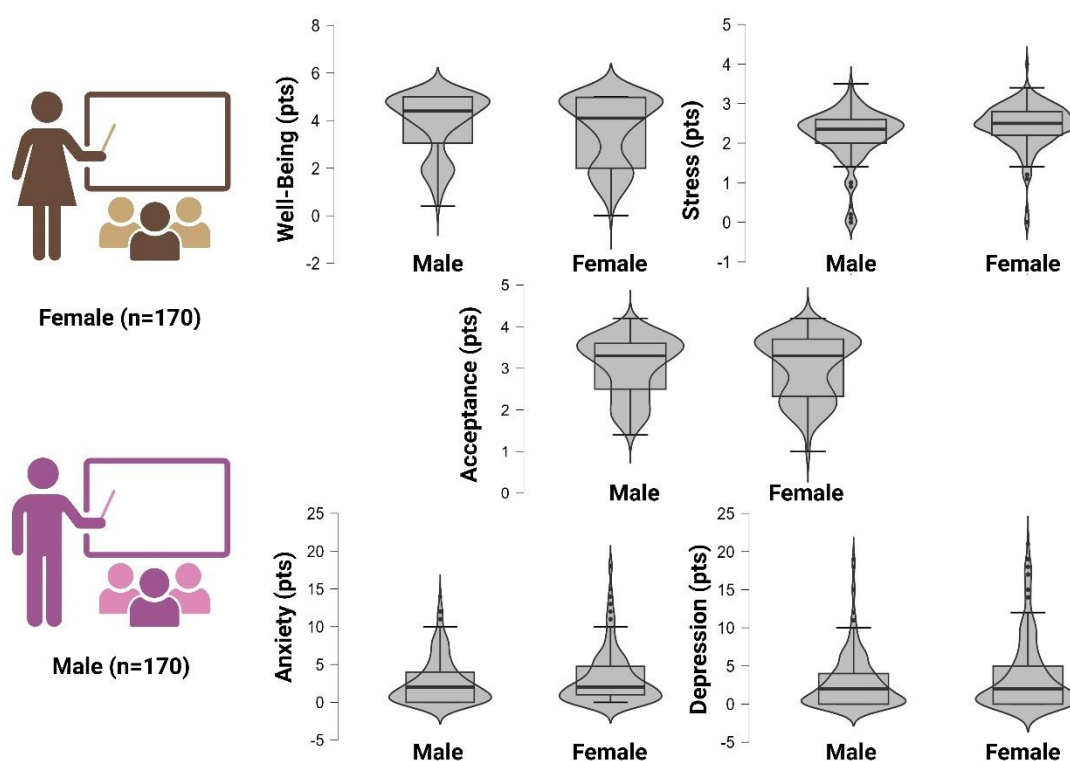


Figure 1. Mental health scores by gender.

Figure 2 shows mental health scores by country. Chile had a better level of well-being than Spain ($p = 0.042$), subjective acceptance was more positive among teachers in Spain compared to those in Chile ($p = 0.015$), and no differences were found in the scores obtained when grouping the total sample including both sexes ($p > 0.05$ for all) in the other groups and variables.

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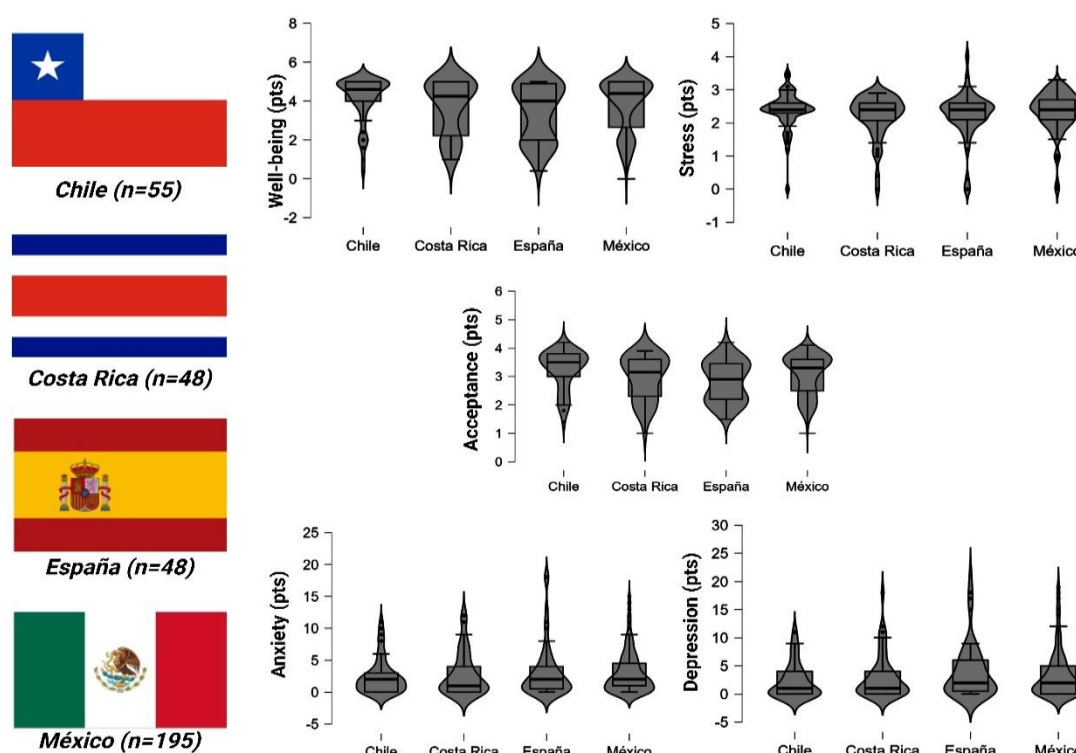


Figure 2. Description of variables of interest according to gender.

Discussion

This study compared levels of anxiety, depression, stress, psychological inflexibility, and well-being among university teachers by country and gender. The results of the study showed high levels of mental health problems in the group of university teachers examined. Approximately one in three teachers presented some level of anxiety and one in four presented depressive symptoms, with women showing a higher prevalence of mental health problems in all tests compared to men. Previous studies have reported that, among teaching staff, depression and anxiety were somehow related to being under 40 years of age and being female (Ganji et al., 2022; Manaf et al., 2021). Among the factors influencing these disorders, it has been documented that teachers in most higher education institutions are expected to teach students, collaborate with their peers, conduct research, and serve their university and community, creating an intriguing dynamic state where mental health and well-being can be affected (Adrian et al., 2014).



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Since the COVID-19 pandemic, the prevalence of mental illness in the population has increased (Husain et al., 2021), with women, young people, those with pre-existing mental or physical health conditions, and minority groups being the most vulnerable (O'Connor et al., 2021). This has prompted a reassessment of teaching methods, affecting the emotional well-being of students and teachers (Sato et al., 2024). Epidemiological statistics show that approximately one in eight people worldwide (almost 1 billion) suffer from a mental health disorder (Kuehn, 2022). When comparing the global results with those obtained in the present study, we can see that the group of teachers is above this range, making them a risk group that must be considered when monitoring mental health. One of the main problems is that many undetected mental health cases lead to suicide or other conditions, creating a significant public health problem (Wainberg et al., 2017). In 2022, the WHO published its most extensive review of mental health since the beginning of the century, describing mental health as 'a growing crisis'. The report highlighted that suicide accounts for more than 1% of deaths and that mental health conditions cause approximately one in six years lived with disability (Hammoudi Halat et al., 2023).

A study conducted in northern Chile, involving 624 university teachers, revealed that women had higher levels of depressive, anxious, and stressful symptoms than men (Flores et al., 2022), results similar to those found in the present study. This shows that there may be different psychological profiles and that mental health interventions should be tailored to gender. In another study of Mexican university teachers, it was analyzed the prevalence of depressive disorder among 270 faculty members, including gender and disciplinary area differences (Contreras Romero et al., 2009). The results showed that only 8% of teachers showed some type of depression. When comparing females and males, it was found that females tended to manifest depressive disorders more frequently (5%), unlike males, who only showed a prevalence of 3%, as in our study. On the other hand, Cobos and colleagues investigated the physical and mental health of 212 Spanish teachers, showing that university professors are happy with their work and feel empathy for their students, deal with their problems effectively, and feel motivated (Cobos-Sanchiz et al., 2022). However, a significant number of teachers report feeling emotionally exhausted, and more than half acknowledge that they work too much (Cobos-Sanchiz et al., 2022). In another study of Latin American university teachers, the levels



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of depression, anxiety, and stress present in university teachers were investigated, obtaining relevant results showing that 85.2% of academic staff presented mild depression, while 7.4% presented moderate depression, leaving 7.4% and 7.4% of teachers experienced severe and extremely severe depression, respectively (Jirón Jiménez et al., 2024). Mild anxiety was reported by 74.1% had mild anxiety, 18.5% had moderate anxiety, and severe and extremely severe anxiety shared similar percentages at 3.7% respectively. It was noted that among the job functions they perform most frequently, 51.9% work in teaching, research, outreach, and administrative management (Jirón Jiménez et al., 2024). These findings among university teachers demonstrate that the demanding work environment, the need to balance personal and professional obligations, and the constant pressure to be productive while juggling multiple tasks of teaching, research, tutoring, professional development, and service affect the mental health and overall well-being of university teachers, especially in the aftermath of the COVID-19 pandemic.

Limitations

The limitations of the study include the small sample size and the self-selection of participants. It was not representative of the experiences of all teaching staff and, as such, cannot be generalized outside the context of these universities. In addition, social desirability and memory biases may have been introduced through the use of questionnaires.

Practical applications

Based on the results of this study, it is recommended that higher education institutions develop screening models to identify professionals who are experiencing mental health problems in order to apply psychological interventions to improve their health and quality of life in this population. An early monitoring system using artificial intelligence (AI) algorithms may be a good strategy to combat the mental health pandemic affecting teachers who train teachers.

Specific Recommendations for Universities

Based on our findings, several recommendations for higher education institutions emerge. Annual mental health screenings for all faculty using validated instruments such as the DASS-21 are recommended to enable early identification of at-risk individuals.



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Gender-sensitive programs are urgently needed, including women's support groups, flexible work arrangements, and female-led counseling services, given the higher prevalence of anxiety and depression among women. Workload reduction through equitable distribution models, teaching assistants, and capped teaching hours should be implemented. On-campus psychological services offering free and confidential faculty-specific counseling should be established. Department heads require training in mental health first aid to recognize distress and provide appropriate referrals. Peer support networks with regular wellness workshops and check-ins should be created. Tenure and promotion policies should be made more flexible, allowing deadline extensions and reduced publication requirements during periods of crisis. Finally, a formal mental health leave policy, separate from sick leave, should be developed to protect faculty seeking mental health treatment.

Conclusions

This study demonstrates a high prevalence of anxiety and depression among university faculty across four Ibero-American countries, with female educators being disproportionately affected. The lack of significant cross-national variation suggests that these mental health challenges are inherent to the academic profession's structure and demands in the region. These results underscore the urgent need for higher education institutions to proactively address this crisis by integrating systematic mental health monitoring and implementing personalized support programs. Investing in the psychological well-being of faculty is an essential strategic investment in the overall health and efficacy of the educational ecosystem itself.



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