MENTAL HEALTH IN THE WORKPLACE: ISSUES FOR DEVELOPING COUNTRIES

GELİŞMİŞ ÜLKELERİN İŞYERLERİİNDE MORAL VE RUH SAĞLIĞI SORUNLARI

ЎМСТВЕННОЕ ЗДОРОВЬЕ НА РАБОЧЕМ МЕСТЕ: ПРОБЛЕМЫ ДЛЯ РАЗВИВАЮЩИХСЯ СТРАН

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Özet


Makalede, gelişmiş ülkelerde işçilerin çalıştığı yerde; korunma, ruh halinin (moralın) yüksek ve sağlıklı olması yolları araştırılmaktadır.

Anahtar Kelimeler: Ruh sağlığı, işyeri, gelişmiş ülkeler, genel ruh sağlığı bozuklukları

Abstract

The capacity to work productively is a key component of health and emotional well-being. Common Mental Disorders (CMDs) are associated with reduced workplace productivity. It is anticipated that this impact is greatest in developing countries. Furthermore, workplace stress is associated with a significant adverse impact on emotional wellbeing and is linked with an increased risk of CMDs. This

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review will elaborate on the relationship between workplace environment and psychiatric morbidity. The evidence for mental health promotion and intervention studies will be discussed. A case will be developed to advocate for workplace reform and research to improve mental health in workplaces in developing countries in order to improve the wellbeing of employees and workplace productivity.

Key Words: Mental health, workplace, developing countries, CMDs: Common Mental Disorders

Introduction

Mental health difficulties can affect an individual’s functional and working capacity in numerous ways. Depending on an individual’s age at the onset of a mental health problem, his or her working capacity can be significantly reduced. In the workplace, this can lead to absenteeism, require sick leave, and reduce productivity. Long-term mental health difficulties are, according to a WHO report, one of the three leading causes of disability, along with cardiovascular disease and musculo-skeletal disorders, and they are a major reason for granting disability pensions in several countries. The United Nations estimates that 25% of the entire population is adversely affected in one way or another as a result of disabilities. Mental health problems do not just affect the individual. They impact the entire community. The cost of excluding people with mental health difficulties from an active role in community life is high. Exclusion often leads to diminished productivity and losses in human potential.

Workplace stress

As a consequence of the changing nature of work and the impact of globalisation, workplace stress is an issue of increasing importance in the developing world [5]. Workplace stress has been defined by the WHO as a "pattern of physiological, cognitive and behavioural reactions to some extremely taxing aspects of work content, work organisation and work environment" [5].

There are two key models that have been developed to understand the impact of psychosocial stressors at work. The first is the demand-control model, which characterises jobs according to the level of demand on the employee and the level of control he or she is able to exert [8]. The combination of high demands and low control is described as job-strain and is associated with the highest risk for developing CMDs [8]. Job-strain is inequitably distributed, as workers in lower skill level jobs are most likely to be affected with depression [6]. Furthermore, other adverse health outcomes have been associated with job-strain, including heart disease and musculoskeletal problems, which in turn add to the impact of psychological stress [1].

Second, the effort-reward imbalance model characterises jobs according to the balance between the effort made by the employee and the rewards received, which
include financial rewards, esteem, prospects of promotion and job security [8]. Psychological stress is most associated with employment in which the rewards do not match the effort made [8].

In reality, it should be noted that the demand-control and effort-reward imbalances are intertwined and ought to be seen as integrated when considering the adverse impact of workplace conditions and also when considering potential workplace interventions to reduce the risk of CMDs [2].

**The association between CMDs and reduced workplace productivity**

The pattern of prevalence of CMDs in the workforce is similar to that found in the general population [9]. Regarding the assessment of the impact of mental illness on work productivity, different measures have been used. These include: loss days, or the number of days during which respondents were unable to do their usual activities; cutback days, or the number of days during which activities were reduced; and extra effort days, or the number of days during which individuals were able to function normally but only with significant effort [9].

**Workplace mental health interventions in the developing world**

Whilst health promotion in workplace settings has received attention in the developed world, the focus on mental health promotion has been on stress in general and the identification and treatment of individuals with CMDs has not been a specific focus [4]. Employers in developing countries may be more likely to enforce attendance of employees when unwell; hence it could be expected that higher rates of mental illness and a greater level of presenteeism may contribute to even lower productivity [4].

In developed countries, the welfare system provides a public "safety net", as a result of which the burden of unemployment is shared by the government [3]. In the absence of a welfare system that may protect individuals who are unable to work as a result of their mental illness, workers in developing countries are likely to continue to work despite their disability [3]. The impact on workplace productivity in developing countries is hence magnified, and goes beyond the direct costs as a result of impairment in the workplace. Given the evidence for the effectiveness of workplace interventions, workplace interventions in developing countries ought to be seen as an investment in social capital [10]. It could hence be argued that the workplace provides a critical setting for health promotion, screening of individuals with CMDs as well as a focal point for the provision of interventions and identifying individuals who would benefit from referral to mental health professionals for further management. However advocacy is critical to improve working conditions in impoverished settings in order to prevent psychiatric morbidity and to improve the quality of life of workers.

The economic benefits that may arise from improving workplace conditions and reducing the burden of mental illness in the workplace are substantial, and it is
highly likely that demonstration of the cost effectiveness of such programs to employers in developing countries would improve their uptake [7].

**Conclusion**

The interaction between mental illness and workplace environment is complex and multifaceted. CMDs have a negative impact on workplace productivity and adverse workplace environments are associated with a higher prevalence of CMDs. Studies thus far have focused on mental health promotion and interventions to treat CMDs in the workplace, primarily in developed countries. However by contrast there are stark differences in workplace environment and standards in the developing world. In the current era of globalisation, greater attention is required to address the imbalance between workplace standards in the developed and developing worlds. Advocacy and research in mental health promotion and interventions to address CMDs in the workplace setting in developing countries is an urgent priority.

**ABBREVIATIONS**


