UNIT 4 PROBLEMS RELATED TO WORK AREA

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Mental health problems are the outcome of a complex interaction between biological, psychological, social and environmental factors. People spend a large part of their adult life at work, which satisfies their personal, economic and social needs. However, there is growing evidence today that not only the content of our work but also the context of work can play a role in the development of mental health problems in the workplace. Worldwide data also indicate that mental health problems have a direct impact on workplaces through increased absenteeism, accidents, reduced productivity, and increased costs. They also result in a number of employees eventually dropping out of work.

According to the WHO report (2005), some common mental health problems include depression, anxiety, substance abuse and stress that affect individuals, their families, co-workers, and the broader community. An employee may develop mental illness prior to employment or during employment. While there are employees who can successfully manage their illness without any effect on their work life; some may require workplace support for a brief period of time and a minority will require ongoing workplace strategies.

The workplace is thus, an appropriate environment to educate and raise individuals’ awareness about mental health problems. For example, promoting good mental health practices are useful in early identification of the symptoms of problems, and also help in networking with local mental health services for referral and treatment for the benefit of employees. However, it must be acknowledged that some mental health problems need specific clinical care and monitoring, as well as special considerations for the integration or re-integration of the individual into the workforce (ILO, 2000).

International organizations, such as the European Union (EU), World Health Organization (WHO) and International Labour Organization (ILO) have increasingly emphasized the importance of promoting mental health and well-being at work, and developed countries such as the UK, US and EU member countries are also paying attention to mental health issues at workplaces. However, in India awareness about mental health is still very low among employers and HR managers. While they are conscious about terms such as workplace stress, stress management and burnout, most of them either ignore or are largely unaware of the importance of promoting mental health and the impact of mental health issues at workplace.

In this Unit, we will understand the changes in the workplace and its relationship to mental health problems, describe the various types of problems that may be encountered in the workplace, examine the consequences and costs of mental health problems at
the workplace and explain strategies to prevent and reduce their impact on the employees and on the workplace.

### 4.1 OBJECTIVES

After studying this Unit, you will be able to:

- examine the relationship of the changing world of work to mental health;
- describe the various mental health problems encountered at the workplace;
- discuss the impact of mental health problems at the workplace;
- explain the various risk factors for mental health problems and describe some vulnerable population in this context; and
- explain the importance of formulating a mental health policy at the workplace, the key steps involved in developing a policy and the critical barriers and solutions in implementing them.

### 4.2 DEFINITIONS

#### 4.2.1 Mental Illness

Mental illness is a term that refers to a set of medical conditions that affect a person’s thinking, feeling, mood, ability to relate to others and daily functioning. Sometimes referred to as mental disorders, mental health conditions or neuropsychiatric disorders, these conditions affect hundreds of millions of people worldwide (WHO, 2005).

#### 4.2.2 Mental Health

Mental health is more than the absence of a mental disorder (World Health Organization, 2001). It includes concepts such as subjective well-being, perceived self-efficacy, autonomy, competence, and the achievement of one’s intellectual and emotional potential. People who are mentally healthy may occasionally face stress related symptoms and emotional distress, but these are within the normal range and appropriate to the situation. A person’s mental health is affected by individual factors and experience, social interactions, the environment, and societal and cultural norms and expectations (World Health Organization, 2004b). A key component of an individual’s mental health is the ability to adequately fulfill his or her roles, including capacity to work.

#### 4.2.3 Mental Health Problems

Mental health problems are symptoms associated with a mental disorder, but which are not of sufficient severity to be diagnosed as a mental disorder. For example, stress results in a number of symptoms associated with mental disorders, including distress and feelings of not being able to cope. However, these are not usually of such severity that a mental disorder can be diagnosed. While mental health problems can cause significant suffering for individuals and their family, and have a negative impact on work performance, they do not necessarily lead to the development of a mental disorder (WHO, 2005).

### 4.3 THE CHANGING WORLD OF WORK AND MENTAL HEALTH

In the last two decades we have all witnessed rapid changes in working conditions in the industrialized countries, related to globalization and modern communication.
technologies. This has led to more competition which has resulted in increasing demands for speed, efficiency, productivity, and meeting tighter deadlines. In countries, such as China, South Korea and India, these changes have been even more swift and dramatic, especially in the big cities. Besides, repeated economic recessions, such as the one that started in 2008, have contributed to further instability and have increased the restructuring of organizations and changes in manufacturing techniques, resulting ultimately in the reduction of personnel. Let us examine in more detail some of these current social and economic conditions that can play a major role in the development of work related mental health problems.

4.3.1 Globalization

Globalization has influenced individuals, families and the society in general. On the one hand, globalization has brought in changes in the workplace that has resulted in increased income of employees, improved working conditions, facilitate access to education and training, thus having a positive effect on the mental health of employees. On the other hand, globalization may also have a negative impact on employment and working conditions. For example, studies indicate that the increase of large multinational companies has resulted in greater decentralization, outsourcing and flexible work environments. This has brought about large variations in the conditions of work and also exposure to occupational hazards (Rantanen, 1999).

Globalization has also resulted in the emergence of new industries, such as the assembly industry in which 90% of employees are women or children, and workplaces are often influenced by unstable jobs, low wages, long working hours, sexual harassment, temporary contracts and subcontracting (Gutierrez, 2000). Although these new industries make valuable contribution to the national economy, their undesirable working conditions are likely to have a negative impact on the mental health of employees and their families.

4.3.2 Urbanization and Migration

The necessity to find work has also resulted in many workers migrating to other countries having stronger employment opportunities or better working conditions. The International Labour Organization (ILO) estimates that there are about 120 million workers living outside their country of origin, representing 3% of the global labour force. Migration also occurs from the rural areas to the urban areas in the same country. People move out of their native place and migrate to the cities in search of greener pastures.

Internal migrants in India constitute a large population: 309 million internal migrants or 30 per cent of the population (Census of India 2001), and by another estimate, 326 million or 28.5 per cent of the population (NSSO 2007–2008). Estimates of short term migrants vary from 15 million (NSSO 2007–2008) to 100 million. Most short-term migrants belong to socioeconomically deprived groups, such as Scheduled Castes or Scheduled Tribes, having negligible educational attainment, limited assets and resource deficits. Out of the total internal migrants, 70.7 per cent are women (Census of India 2001). Marriage is given as the prominent reason for female migration in both the rural and urban areas –91 per cent of rural female migrants and 61 per cent of the urban female migrants (NSSO 2007–2008). Migration for employment-related reasons is given as the prominent reason for male migration in both rural and urban areas – 29 per cent rural male migrants and 56 per cent of urban male migrants (NSSO 2007–2008). Migrants face denial of basic entitlements including access to subsidized food, housing, drinking water, sanitation and public health facilities, education and banking services and often work in poor conditions devoid of social security and legal protection (www.unicef.org/india/1_Overview_(03-12-2012).pdf).
Thus, while migration can have a positive effect on the mental well-being of an employee, it can also be the source of stress through an increased risk of exposure to poverty and exploitation, difficulties in integrating into a new culture, and the loss of social support networks including the family.

4.3.3 Information Technology

Today, information and communication technology can permit work to be performed in different physical locations creating different challenges for employees. While some may enjoy the freedom associated with working at home, for others it may suggest isolation and loss of social support associated with working alone, causing stress and increased risk of developing a mental health problem. Boundaries between home and work have become blurred at present compromising the conventional separation between work and the private sphere (Kanter, 1977).

4.3.4 Small and Medium-sized Workplaces

Working conditions in small and medium-sized businesses differ considerably. Several such businesses are family-based and often operate outside regulatory frameworks increasing the likelihood of psychosocial risks. Exposure to physical, biological, mechanical and chemical hazards is likely to have consequences for employees’ mental as well as physical health.

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<td>2) Name three factors contributing to the development of work related mental health problems.</td>
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4.4 UNDERSTANDING MENTAL HEALTH PROBLEMS IN THE WORKPLACE

It may be noted that the term mental disorder is used to refer to clinical syndromes, as classified by ICD-10. However, here, we use the broader term mental health problem (WHO, 2005) to include not only diagnosable clinical syndromes, but also symptoms of emotional distress, which may not be of sufficient severity to warrant a diagnosis of a mental disorder, but nevertheless result in substantial personal suffering and distress and reduce productivity.

Mental health problems can have a disabling effect depending upon the type and severity of the problem, and also other factors such as the availability of social support. Let us
now look at some of the mental disorders and mental health problems that may be found in the workplace.

### 4.4.1 Depressive Disorders

Depression is one of the most common mental disorders found in the general community and in the workplace. According to WHO (2001), depression is characterized by sadness, fatigue, loss of interest in most activities, and lack of energy. Other features, such as insomnia (or hypersomnia), loss (or gain) of appetite, a tendency to blame oneself, and difficulty concentrating are often present. In its most serious forms, it can lead to suicidal thoughts and eventually to suicide. Depression can be difficult to diagnose and can manifest as physical symptoms such as headache, back pain, stomach problems, or angina.

Depression varies in its severity and the pattern of symptoms. For many, individual symptoms will be of short duration and disappear spontaneously. For others, symptoms persist, with an increasing sense of hopelessness and despair and sometimes suicidal thoughts. With proper treatment, most people recover. The WHO (2005) has estimated that given the current trends, depression will be the second most important cause of disability by the year 2020. In the 15–44 year age bracket, depression is already the second highest cause of morbidity, accounting for 8.3% of the global burden of disease in that age group (World Health Organization, 2001).

**Bipolar affective disorder** is a depressive illness which exists together with episodes of mania, characterized by elated mood, increased activity, overconfidence and poor concentration. It is much less common than depression alone (World Health Organization, 2001), but is associated with significant impairment of work performance and disability.

### 4.4.2 Substance Abuse

The use of psychoactive substances is a key problem for the workplace. Substances include alcohol, opioids such as heroin, cannabinoids such as marijuana, sedatives and hypnotics, cocaine, other stimulants, hallucinogens, tobacco and volatile solvents. Substance misuse can lead to intoxication, dependence and psychosis (World Health Organization, 2001). The negative effects of inappropriate use of alcohol and drugs include increased absenteeism, decreased productivity, a marked increase in accidents, thefts, and an increased predisposition towards aggressive behaviour, including violence at work and at home.

### 4.4.3 Anxiety Disorders

While some anxiety is normal, and moderate levels can even improve a person’s performance, people with anxiety disorders have specific and recurring fears that they recognize as irrational, unrealistic and debilitating.

Some examples of common anxiety disorders include panic disorder, agoraphobia (fears of open spaces, leaving home, entering shops, crowds and public places, of traveling in trains, buses or planes), social phobia (fear of eating in public, public speaking, or encounters with the opposite sex), generalized anxiety disorder and obsessive-compulsive disorder. There is growing evidence that the workplace can have an important role in the development of anxiety problems and disorders (Linden and Muschalla, 2007). Severe anxiety can impair a person’s ability to understand new information, plan activities or undertake complex tasks.
4.4.4 Work-related Stress

A regular global trend is the prevalence and severity of stress-related disorders (Cooper et al., 2009). The World Health Organization (2001) identified mental health problems and stress-related disorders as the biggest overall cause of early death in Europe.

Stress is a pattern of emotional (e.g. anxiety, depression), cognitive (e.g. poor concentration), behavioural (e.g. increased alcohol and drugs use) and physical (e.g. increased blood pressure, headaches) reactions to adverse conditions and is characterized by high levels of arousal, distress and feelings of not being able to cope. Stress is not usually classified as a mental disorder, even though it can precipitate both physical and emotional problems (WHO, 2005).

Pressure at work can be positive for employees but it depends on the nature, intensity and length of the pressure, the degree of control of the situation that an individual feels he or she has, the individual’s response, and the existence or absence of protective factors. For example, a worker who is exposed to continued pressure over a long period (excessive workload for a number of months), who feels unable to control the situation (fears losing the job) and has minimal support at work and at home is at risk of the negative consequences of stress.

Exposure to critical incidents such as assaults, sexual or psychological harassment, and accidents is a main source of stress for employees. There is also a rising awareness of the impact of bullying or psychological harassment in the workplace. Psychological harassment include daily humiliations, subtle criticisms, inappropriate remarks concerning a person’s physical or psychological attributes, sexual advances, and inappropriate and unrealistic demands that undermine a person’s dignity. All of these can affect physical and mental health. One consequence of long-term exposure to stress may be burnout. The person feels isolated, intensely fatigued and not achieving anything, accompanied by a sense of loss of control and a sense of failure. It is also often accompanied by physical symptoms such as insomnia, headaches, muscle and joint pains, gastrointestinal symptoms, and lapses in memory.

4.4.5 Psychotic Disorders

Psychotic disorders are associated with marked behavioural problems and abnormal thinking. Schizophrenia is a severe psychotic disorder characterized by distortions in thinking and perception with associated inappropriate emotions. Symptoms can include disturbed behaviour, strong false beliefs (delusions), hallucinations and disturbed thought processes. Typically it commences in late adolescence or early adulthood. The course is variable; for some people it will be chronic or recurrent with residual disability (World Health Organization, 2001).

In India, a comprehensive National-level data on the prevalence of mental disorders is still not available. However, in 2005, the National Commission on Macroeconomics and Health reported that almost 650-700 lakhs people in India (Figure 1) are in need of care for various mental disorders in all age groups and the figure is expected to be 800 lakh by 2015. This estimate excludes a large group of common mental disorders like phobia, anxiety, disassociative disorders, panic states and mild depression and substance abuse. Certain mental illnesses, like unipolar depression is higher among women in 15-44 yrs, while schizophrenia and other mood disorders are found more among men. (Reference: www.who.int/macrohealth/.../Report%20of%20the%20National%20Commission.pdf)
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Fig. 4.1: Disease burden in India due to psychiatric illness


Lack of employment is a major problem for many people with psychotic disorders (World Health Organization, 2001). In the United Kingdom, for example, more than 50% of people with schizophrenia were classed (although not necessarily correctly) as permanently unable to work and only 1 in 8 was employed (Patel & Knapp, 1997). The lack of access to employment can exacerbate a vicious cycle of poverty and worsening mental health.

4.4.6 Mental Retardation

Mental retardation is defined in the International Classification of Diseases as “a condition of arrested or incomplete development of the mind characterized by impairment of skills ... which contribute to the overall level of intelligence, i.e. cognitive, language, motor and social abilities” (World Health Organization, 1992). The term intellectual difficulties or disabilities is being increasingly used instead of mental retardation. The employment opportunities for people with mental retardation tend to be in low-paid jobs, in small workplaces, where they may be vulnerable to exploitation, with an increased risk of developing other mental health problems.

4.4.7 Co-morbidity

Mental and physical health problems are inter-related. For example, people with certain physical disorders, such as hypertension, epilepsy, diabetes, cancer, human immunodeficiency virus (HIV) infection, and tuberculosis, or who have had a myocardial infection or stroke, have a high prevalence of depression (World Health Organization, 2003a). Such depression not only worsens the individual’s suffering, but also results in lower adherence to medical treatment. There has been growing evidence over the past 20 years of the impact of stress on physical health. For example, acute emotional or physical stress activates the sympathetic nervous system and results in increased heart rate and blood pressure.

Chronic stress may result in long-term circulatory changes. There is also a strong association between chronic pain and mental disorders (Dershet.al., 2002a) and chronic
work-related musculoskeletal pain and mental disorders (Dershet. al., 2002b). Different mental health problems themselves often occur together. For example, people with anxiety are frequently also depressed. Similarly, many people with substance use problems also have depression or anxiety.

### 4.4.8 Post-traumatic Stress Disorder (PTSD)

PTSD can occur as an acute disorder soon after a trauma or have a delayed onset in which symptoms occur more than 6 months after the trauma. It can occur at any age. Both natural disasters such as flood, earthquake; and man-made disasters such as war, terrorist attack, rape, assault, imprisonment etc. can lead to PTSD. Post-traumatic stress disorder can lead to personal distress, significant disability and reduced work performance.

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| 1) According to the WHO ......................... is estimated to be the second most important cause of disability by the year 2020.  
  (a) anxiety disorder (b) work related stress (c) depression (d) substance abuse |
| 2) The inappropriate use of alcohol and drugs increases predisposition towards :  
  (a) aggressive behaviour (b) fatigue (c) depression (d) insomnia |
| 3) ........................................ is a consequence of long term exposure to stress characterized by feelings of intense fatigue and a sense of isolation and loss of control.  
  (a) post-traumatic stress disorder (PTSD) (b) burnout (c) anxiety disorder (d) psychotic disorder. |
| 4) ......................................... can occur soon after a trauma at any age and can follow a natural disaster or a man made disaster.  
  (a) depression (b) post-traumatic stress disorder (PTSD) (c) chronic stress (d) bi-polar affective disorder |

### 4.5 IMPACT OF MENTAL HEALTH PROBLEMS

There is increasing awareness among employers and organizations at the national and international levels that the economic and social costs of mental health problems in the workplace cannot be overlooked. Mental health conditions are the leading cause of DALYs (Disability Adjusted Life Years) worldwide and account for 37% of healthy life years lost from Non-communicable diseases (NCDs). Among these conditions, unipolar depressive disorder, alcohol use disorders and schizophrenia constitute the greatest global burden in terms of disability (WHO, 2011).

Impact of mental health problems on employment and work efficiency needs to be properly understood and managed. Protection and promotion of good mental health in the workplace has long term benefits for the employees, employer as well as the organization. Hence we need to understand this and take concrete steps and make concerted efforts to address the mental health issues at the work place. The workplace can contribute positively to a person’s mental health, may aggravate an existing problem, or may contribute to the development of a mental health problem. Mental health problems, thus have an impact on employers and businesses directly through increased absenteeism, reduced production, increased costs, and reduced profits. They also affect employers indirectly through factors such as reduced morale of staff. Let us examine some of these factors in more detail.
4.5.1 Increased Absenteeism

In many developed countries, 35–45% of absenteeism from work is due to mental health problems (World Health Organization, 2003a). In the United Kingdom, for example, mental health problems are the second most important reason for absence from work, accounting for between 5 and 6 million lost working days annually (Liimatainen & Gabriel, 2000). A study in the United States found that an average of 6 working days per month per 100 workers were lost as a result of mental disorders (Kessler & Frank, 1997).

4.5.2 Decreased Productivity

Even if an employee is not absent from work, mental health problems can cause a significant reduction in productivity. For example, in the United States, the number of “cutback” days (on which less work is done than usual) attributable to a mental disorder averaged 31 per month per 100 workers (Kessler & Frank, 1997). In annual terms, this represents 20 million working days on which employees are not fully productive because of a mental health problem (World Health Organization, 2003a). In a large financial services company in the USA, depression resulted in an average of 44 working days for each employee with depression lost because of short-term disability compared with 42 days for heart disease, 39 days for lower back pain, and 21 days for asthma (Conti & Burton, 1994).

4.5.3 Increased Costs

In the United States, each worker with depression costs his or her employers approximately US$3000. The majority of costs for employers are related to absenteeism and loss of productivity rather than treatment (Harnois & Gabriel, 2000). The Association of Canadian Insurance Companies estimates that 30–50% of disability allowances are paid for mental health problems and that these problems are the leading cause of long-term absence from work. The experience of many employers is that, once an employee has been absent for three months for mental health reasons, it is very likely that the absence will last more than one year (Harnois & Gabriel, 2000).

4.5.4 Indirect Costs

There are numerous indirect costs of mental disorders in the workplace which are difficult to quantify, such as poor work performance, reduced morale, high employee turnover, early retirement and work complaints and litigation.

4.5.5 Employees and their Families

For individuals, mental health problems can lead to a reduced quality of life, as well as having significant economic and social consequences. Absence from work can affect the person’s income, and healthcare costs may result in financial suffering for employees with mental health problems. Many workers, particularly those in low-paid employment or small workplaces, do not have insurance to cover the cost of ill-health or absence from work. They neither have access to health services to treat their mental health problem, nor can they afford to take leave from work required for recovery.

4.5.6 Stigma

Individuals with mental health problems often experience stigma and discrimination (World Health Organization, 2001). The financial and personal burden of having a mental health problem can create a negative vicious cycle, without effective treatment, and thus, may lead to a worsening of the mental health problem. Families also experience
the impact of mental health problems. They may have economic difficulties related to the reduced income and increased health care costs, the stress of coping with altered behaviour, disruption to the household routine, and restricted social activities (World Health Organization, 2001).

4.5.7 The Community

The cost of mental health problems to the overall community includes the cost of treatment, especially hospitalization. Other costs to the community include those related to the loss of productivity, loss of lives, consequences of untreated illnesses (for example, increased numbers of people in prison), social exclusion and human rights abuses. Mental health problems in the workplace unfavorably affect the national economy (WHO, 2005).

4.6 RISK FACTORS FOR MENTAL HEALTH PROBLEMS

There are several risk factors that increase the likelihood that a mental disorder will develop or that an existing disorder will become worse.

4.6.1 Individual Risk Factors

Mental health problems are the result of a complex interplay between biological, psychological and social factors (World Health Organization, 2001). An understanding of these factors has influenced the development of effective treatments.

4.6.1.1 Biological Factors

Mental health problems are associated with biological factors, such as genetic characteristics and disturbance in neural communications (WHO, 2001).

4.6.1.2 Psychological Factors

Individual psychological factors are associated with the development of mental health problems. For example, children who are separated from their primary caregiver or deprived of nurturing for extended periods of time have a greater risk of developing a mental or behavioural disorder either in childhood or later in life. Similarly, mental or behavioural problems can occur as a result of failing to adapt to a stressful life event.

4.6.1.3 Social Factors

Urbanization, poverty and technological changes are social factors associated with the development of mental health problems. The costs of treatment and lost productivity linked with a mental health problem contribute significantly to poverty, while factors associated with poverty, such as lack of adequate housing and malnutrition also contribute to the development of mental health problems. Social support from colleagues and superiors, joint problem-solving play a significant role in both the perception of stressors and the impact of stress on mental health outcomes (Kortum & Ertel, 2003).

4.6.2 Organizational Risk Factors

There are some significant mental health risk factors in the work situations identified in the following areas of job design and conditions of work (Carson et al., 2007).

1) **Work load and pace:** The critical factor here is the degree of control the worker has over the pace of work, rather than output demand. Machine-paced assembly work may be especially hazardous to mental health.
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2) **Work schedule**: Rotating shifts and night work have been associated with elevated risk for psychological difficulties.

3) **Role stressors**: Role ambiguity (such as uncertainty about who has responsibility for what), which is common in many work environments, has a negative impact on mental health as well as role conflict (incompatible role demands).

4) **Career security factors**: Feelings of insecurity related to issues such as job future or obsolescence, career development, and encouragement of early retirement adversely affect mental health.

5) **Interpersonal relations**: Poor or unsupportive relations among work colleagues significantly increase the risk of unpleasant psychological reactions.

6) **Home-work interface**: Tensions between home and work have consequences for a person’s mental health. For example, conflicting demands of work and home, a lack of support in the workplace for personal commitments, or inadequate support at home for work commitments can increase the risk of developing a mental health problem.

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### 4.7 VULNERABLE POPULATIONS

The burden of mental health problems does not equally affect all sections of society. Particular population groups may be at increased risk of developing a mental health problem. At the same time, these groups may experience extra barriers in accessing the required services.

#### 4.7.1 Women

Women comprise over 40% of the global labour force, represent 70% of the world’s poor, earn on average two-thirds of the income of men, and spend twice as much time as them on unpaid work (International Labour Organization, undated). In some countries women’s access to education is restricted, which can result in their being employed in hazardous, low-paid jobs. This, in turn, can increase the risk of their developing a mental health problem. Women are also largely responsible for raising children, looking after an elderly parent and managing the household. Attempting to juggle these multiple responsibilities can create stress and contribute to the development of mental health problems. This contributes significantly to absenteeism in the workplace. For example, it has been estimated that, in the United States, one in five employees takes leave of
absence (or even leaves work completely) in order to deal with responsibilities of parents. The aggregate cost of such caregiving, as measured in lost productivity, is estimated at more than US$11 billion a year (Lewis & Cooper, 1999). In India also, with the rising trend of nuclear families, it is the woman who takes the burden of household duties along with their duties at the workplace. Multi-tasking, trying to play the role of a supermom, juggling between the home and work drains out the woman, leaving her vulnerable to mental health problems.

4.7.2 Children

Children represent a substantial proportion of the workforce. There are an estimated 168 million children worldwide in child labour, accounting for almost 11 percent of the child population as a whole. Children in hazardous work that directly endangers their health, safety and moral development make up more than half of all child labourers, numbering 85 million in absolute terms. The largest absolute number of child labourers is found in the Asia and the Pacific region but Sub-Saharan Africa continues to be the region with the highest incidence of child labour with more than one in five children in child labour. Apart from this, a total of 85 million children are involved in hazardous work in the 5-17 years age group and 38 million in hazardous work in the 5-14 years age group (ILO, 2013).

With respect to India, the Census 2001 figures report that there are 1.26 crore working children in India in the age group of 5-14 as compared to the total child population of 25.2 crore. There are approximately 12 lakhs children working in the hazardous occupations/processes which are covered under the Child Labour (Prohibition & Regulation) Act i.e. 18 occupations and 65 processes. However, as per survey conducted by National Sample Survey Organisation (NSSO) in 2004-05, the number of working children is estimated at 90.75 lakh. (http://labour.nic.in/content/division/child-labour.php) The stresses associated with working under unhealthy conditions may increase a child’s risk of developing a mental health problem, in both short and the long term.

4.7.3 People with Disabilities

People with disabilities, including mental disabilities, are often denied opportunities for meaningful employment, and so remain trapped in a cycle of marginalization, social exclusion and poverty. Unemployment among people who are disabled is far higher than among other individuals of working age, and many disabled people who want to work are unable to do so (International Labour Office, 2002b).

People with mental disorders have the lowest rate of employment of any group with disabilities despite evidence that the majority want to work and could work, if support was provided (WHO, 2005). People with mental disabilities are frequently discouraged because of limited opportunities to obtain work, insufficient incentives for employers to employ people with mental disabilities, financial penalties of employment, stigma and discrimination, such as beliefs that people with mental health problems are not productive (World Health Organization, 2001).

4.8 WORKPLACE MENTAL HEALTH POLICY

In India, mental health is specifically mentioned in the general health policy (WHO Mental Health Atlas, India). India is also working towards framing a mental health policy based on internationally accepted guidelines. The New Mental Health Care Bill, 2013 introduced in Rajya Sabha in August 2013 has fulfilled the gap in the mental health law in the country after India ratified the UN Convention on the Rights of Persons
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with Disabilities that requires harmonization in its laws with those prevalent worldwide. The convention was signed by India on 1 October 2007 and it came into force from 3rd May 2008. While the Union Cabinet in January 2014 approved the amendments in the Mental Health Care Bill with an aim to empower people suffering from mental illness and to protect their rights, the Bill needs to be passed by the Parliament and further assented by the President to replace the Mental Health Act of 1987. The new Mental Health Care Bill marks a complete shift from the existing Mental Health Act 1987 from viewing persons with mental disabilities as persons requiring institutionalization, to persons with autonomy, equal recognition of their rights and full legal capacity (Dhar, 2012)

Workplace mental health is very crucial as it not only affects the productivity but also plays an important role in creating a safe and healthy workplace. Hence there is a need to recognize and promote mental health in the workplace. Both managers and workers have roles to play in building a safe work environment that promotes the mental health of all and provides adequate support to workers with mental illness.

The development and implementation of a workplace mental health policy and program will benefit the health of employees, increase the productivity of the company and will also contribute to the well-being of the community at large. Due to the heavy contributions of the private sector to the economy, employee wellness programs are not only a strategic priority for India but also an economic imperative for organizations (Rajgopal, 2010).

A mental health policy for the workplace helps to define the vision for improving the mental health of the workforce and to establish a model for action. A mental health policy for the workplace can be developed separately, or as part of a broader health and safety policy. Putting the policy in place involves the following steps (WHO, 2005):

Step I: Analyzing the mental health issues
Step II: Developing the policy
Step III: Developing strategies to implement the policy
Step IV: Implementing and evaluating the policy

4.8.1 Step I: Analyzing the Mental Health Issues

A detailed assessment of mental health issues in the workplace, may not be possible until commitment of the management has been secured. In order to garner support from the employer for the development of a policy, its potential cost impact can be demonstrated. In making the business case, for example, general data showing the link between mental ill-health and reduced productivity and increased costs should be presented. A coordinating body, such as a steering committee group, should be established to guide the assessment of the workforce, facilitate consultation with the various stakeholders and coordinate the development of the workplace mental health policy. Involvement of all stakeholders is important in developing the policy. A complete understanding of the issues, includes a detailed assessment of the situation. All available relevant information such as human resources data (e.g. absenteeism records or number of resignations), occupational health and safety data (e.g. accidents or risk assessments), financial data (e.g. the cost of replacing employees who are on long-term disability leave) and health data (e.g. common health problems among the workforce) should be gathered. New information may also be collected based on surveys for example, risk assessments to identify occupational health and safety issues in the work environment, interviews or focus group discussions with key people such as employees, their families, managers, and medical personnel within the organization.
4.8.2 Step II: Developing the Policy

A workplace mental health policy usually entails a vision statement, a statement of the values and principles on which the policy will be based, and a set of objectives. The vision statement presents a general image of the future of mental health in the workplace. It is essential to involve all stakeholders in developing the vision. Values refer to beliefs about what is considered desirable, and principles refer to the standards or rules that guide actions, and emanate from the values. Workplaces have their own values and culture, which should be reflected in a policy. Objectives translate the policy vision into concrete statements of what is to be achieved to improve the mental health of the workforce. They should be specific and attainable within a specified time frame.

4.8.3 Step III: Developing Strategies to Implement the Policy

Strategies are needed to implement the policy. The first task is to review the options for strategies, which can be divided into five main categories:

1) increasing employee awareness of mental health issues
2) supporting employees at risk
3) providing treatment for employees with a mental health problem
4) changing the organization of work
5) reintegrating employees with a mental health problem into the workplace.

The specific strategies chosen will depend on the needs of the business and its employees and the resources available. Next, it is important to ensure that sufficient resources are available to implement the strategies. The resources needed might include additional financing (for example, to establish an employee assistance programme) or the redirection of funds that are currently used elsewhere (for example, negotiating with health clinic staff to conduct a mental health awareness campaign). Finally, the plan to implement the policy has to be formulated. The plan should outline the objectives, specific strategies to be used, targets to be achieved and activities to be carried out. The time frame, responsible people, outputs and potential obstacles should be clearly identified.

4.8.4 Step IV: Implementing and Evaluating the Policy

The main actions in implementing and evaluating a mental health policy in the workplace include the following (WHO 2005):

1) Support and collaboration: The mental health policy needs to be disseminated and communicated to all stakeholders to generate support as many policies fail because they are poorly communicated.
2) Careful coordination and monitoring: The implementation process needs to be cautiously coordinated and monitored. The plan should be reviewed and updated as necessary. A process for implementation needs to be established. For example, an individual, a department or a committee might be given responsibility for the implementation of the plan. Regular reporting to the employer, employees, and funders of the policy can be part of the implementation plan.
3) Training: Ensuring that the people who will be leading the implementation process are properly trained is imperative to understand the issues associated with mental health in the workplace. It is also helpful to set up a demonstration project to implement a strategy in one part of the workplace.
4) Evaluation: It is essential to evaluate the effect of the policy and strategies on both individual workers and on the organization. This will also provide support in building an evidence base of effective mental health interventions in the workplace.
### 4.8.5 Barriers and Solutions

Several barriers may be encountered in trying to introduce mental health policies at the workplace. However, a number of solutions can usually be found. Some examples (WHO, 2005) are given below in the Table.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>BARRIERS</th>
<th>SOLUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Belief that mental health policy will reduce profits</td>
<td>Provide information to employers on mental health and productivity</td>
</tr>
<tr>
<td>2)</td>
<td>Belief that the workplace is too small</td>
<td>Provide assistance to small workplaces and encourage links between small workplaces and primary health care services</td>
</tr>
<tr>
<td>3)</td>
<td>Resistance from stakeholders</td>
<td>Provide information to stakeholders and use influential people in the workplace to champion mental health and arrange demonstration project.</td>
</tr>
<tr>
<td>4)</td>
<td>Stakeholders do not believe that interventions will be effective</td>
<td>Key opinion leaders, such as medical staff, may be able to convince them of the importance of addressing mental health issues. External experts may also be useful.</td>
</tr>
<tr>
<td>5)</td>
<td>Insufficient resources</td>
<td>Develop low-resource strategies, explore opportunities for redirecting resources from other activities and explore opportunities for external funding</td>
</tr>
<tr>
<td>6)</td>
<td>Fear among employers that focusing on mental health problems will have unforeseeable consequences</td>
<td>Provide relevant information on the impact of mental health issues in the workplace; evidence of effective mental health interventions; show how other businesses have successfully implemented mental health programmes and introduce activities slowly.</td>
</tr>
<tr>
<td>7)</td>
<td>Stigma</td>
<td>Show evidence that challenges the myths of mental illness; invite a speaker who has had experience of a mental illness to speak with staff to educate the workforce.</td>
</tr>
<tr>
<td>8)</td>
<td>Resistance to employ people with mental health problems</td>
<td>Provide information to employers on mental health problems ; Make sure that employers know about their legal responsibilities; use experiences from other businesses to illustrate positive impact of employing people with mental health problems</td>
</tr>
<tr>
<td>9)</td>
<td>Employees do not attend activities</td>
<td>Involve employees in the planning of activities; ensure that information about the programmes is distributed to employees; ensure that employees are given the time to attend the programme.</td>
</tr>
</tbody>
</table>
4.9 LET US SUM UP

In this Unit you learned that workplace is one of the most crucial environments that affect our physical and mental health. Our work life is undergoing substantial and incessant change and several factors linked with globalization have mental health consequences which not only affect individuals but also their families, business and communities. You also learned that employers and managers need to address the mental health needs of their employees by identifying and accepting mental health as a legitimate concern of the organization in the first place. Thus, an understanding of mental health problems as well as the risk elements for mental health problems in the workplace is essential. Companies could benefit by addressing mental wellness at the workplace through a clearly articulated workplace policy on mental health. The development and execution of a workplace mental health policy and programme will benefit the health of the employees as well as the enterprise. However, it is also important to understand the obstacles encountered in implementing such a policy and its solutions. Work organizations also need to be aware of vulnerable populations like women, children and people with disabilities who could be at bigger risk of developing a mental health problem as they experience further barriers in accessing mental health services.

4.10 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) Mental health problems are symptoms associated with a mental disorder, but which are not of sufficient severity to be diagnosed as a mental disorder.

2) Three factors contributing to the development of work related mental health problems are globalization, migration and information technology.

Self Assessment Questions 2

1) (c) depression

2) (a) aggressive behaviour
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(b) burnout
(b) PTSD

Self Assessment Questions 3

1) Increased absenteeism and decreased productivity are the two impacts of mental health problems in the workplace.

2) The social risk factors for mental health problems are urbanization, poverty and technological change.

Self Assessment Questions 4

1) The steps involved in developing mental health policy as given by WHO are as follows:
   
   - Step I: Analyzing the mental health issues
   - Step II: Developing the policy
   - Step III: Developing strategies to implement the policy
   - Step IV: Implementing and evaluating the policy

2) Three barriers in implementing mental health policy at the workplace are, (a) stigma, (b) insufficient resources, & (c) employees do not attend activities

4.11 UNIT END QUESTIONS

1) Describe how the various changes at the workplace can negatively impact the mental health of the employees.

2) “Mental health problems affect an individual’s functional and working capacity in many ways”. Discuss.

3) Examine the various risk factors for mental health problems.

4) What are the steps involved in putting a mental health policy in place? Identify the barriers encountered in introducing the plan at the workplace.

4.12 REFERENCES


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4.13 SUGGESTED READINGS

About Child labour (http://labour.nic.in/content/division/child-labour.php)


Mental Health Care Bill, 2013 (www.prsindia.org/.../1376983253~~mental%20health%20care%20bill%202013.pdf)