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MENTAL HEALTH AND WORK PERFORMANCE: REDUCTION STRATEGIES OF THE IMPACT OF MENTAL DISORDERS IN THE WORKPLACE

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ABSTRACT

There is evidence of the impact of mental disorders at the workplace. The burden of mental health problems in the workplace has serious consequences not only for the employees but also for the productivity of the organizations. However, the burden of mental health disorders on the health and productivity of employees has long been underestimated by the organizations. Several reduction strategies of the burden of mental disorders in the workplace are available and companies can focus on the development and implementation of interventions to promote better mental health in their working environment. This paper provides an overview of the main interventions to promoting mental health in the organizations and comments on their effectiveness.

Keywords*: mental health; workplace; work performance*

Introduction

In the 1960s, economists emphasized the quality of human capital as an essential component for a country's economic growth. Even though emotional health is considered as an element of human capital, measuring the quality of human labor has focused on years of schooling, technical qualification, and work experience. However, these components have not been sufficient in determining greater efficiency of human labor (Weehuizen, 2008).

Mental capital and wellbeing are important factors to productivity (Kirkwood, Bond, May, McKeith, & Teh, 2008). The concept of mental capital is related to an individual's ability to apply cognitive and emotional capacity in their entirety (WHO, 2001, 2007). In other words, good mental health is fundamental to the quality of mental capital. Having good mental health enables cognitive and emotional flexibility, which are essential for social skills and resilience in the face of stressful everyday situations, as well as working productively and contributing to the community (WHO, 2001, 2013).

Since the 1990s, the World Health Organization (WHO) has warned society about the increasing burden of mental disorders (WHO, 2001, 2007, 2012). Psychiatric disorders account for one-third of all disability benefits across the OECD member countries (OECD, 2003). These costs have negative impacts on individuals, family members, public services, and the productive sector. The highest costs of mental illness are indirect—that is, a loss of human capital and labor productivity, poor professional qualifications (dropping out), early death, social exclusion, poor life quality, and impoverishment of individuals and their families. A large portion of people with mental disorders do not work, have difficulty finding a job, are more poorly paid, and retire early (WHO, 2001, 2007, 2013).

Mental illnesses, particularly depression and anxiety, are among the most frequent causes of workplace sickness absence (Wang, Simon, & Kessler, 2003). The WHO estimates that by 2020 depression will be the second most debilitating mental disorder in the world, accounting for 15% of total costs related to illnesses (WHO, 2013). However, the costs generated by mental disorders are often underestimated, despite strong evidence demonstrating that they reduce productivity at work (Marcotte-Gok & Wilcox, 2001). Organizations usually estimate the costs spent on health insurance and corporate benefits, but do not consider the economic impact of their employees' mental disorders on the loss of productivity. Unproductivity deriving from absenteeism (non-attendance or work leave) and presenteeism (performance decrease at work due to health problems, an increase in the number of mistakes and work accidents, difficulties in planning and making decisions, and low engagement) costs companies (Harnois & Phyllis, 2002; Roberts, 2005).

Despite the high prevalence of stress, emotional problems, and mental disorders in the workplace, employers and employees themselves have a lack of knowledge on prevention, identification, and treatment of mental disorders. Moreover, the stigma attached to people with mental disorders (Thornicroft, Rose, Kassam, & Sartorius, 2007) is a crucial barrier for the inclusion and maintenance of these people in the labor market.

WHO and other institutions have focused on health promotion in the workplace and warn that mental health promotion at work should be prioritized through a package of interventions that are effective in preventing and reducing stress, identifying mental disorders early, and giving appropriate treatment when necessary (Bhuí, Dinos, Stansfeld, & White, 2012; Harnois & Phyllis, 2002; Pomaki, Franche, Murray, Khushrushahi, & Lampinen, 2012; Sullivan, 2005; Sun, Buys, & Wang, 2013).

In this review, we examine the relationship between work and mental disorders across the process of becoming ill at work and the evidence for mental health interventions to assist individuals to remain in work.

Methods

Initially, a broad search was performed using the keywords and Boolean operators ("mental health" AND (“workplace” OR “organization*”) AND “performance” in academic journals, books, e-books, conference materials, dissertations and theses in databases such as - British Library Ethos, CINAHL, Digital Access to Scholarship at Harvard (DASH), JSTOR, PsycARTICLES, Social Science Open Access Repository (SSOAR) which generated 1,119 documents. Subsequently, we analyzed each document considering the following inclusion criteria: [a] the study should have examined the relation between mental health and the work environment; [b] our review was not confined to any specific kind of work environment factors; [c] a minimum of 100 persons should have been included in the exposed group; [d] the study should have been published between the years 2007 (may) and 2017; [e] the articles should be written in written in Spanish, French, English or Portuguese. Based on this literature review on the topic, it was found that, on the mental health side, the theme is often approached as a matter exclusively in the context of the health area, while on the Organizational Studies side, the theme is predominantly taken in its economic aspects (e.g., management of people, productivity). Of the total articles analyzed, 1070 deals with topics such as stress management, issues related to health and well-being, mental health strategies, anxiety, depression, stigma, inclusion of individuals with mental problems at work, people management and performance, and for this reason, were disregarded. We have identified 49 studies / articles specifically related to the themes "mental capital", “productivity” and “workplace” or “organization” directly related to the present study.

The Influence of the Work Environment on Mental Health and Productivity

Stress in the workplace has been defined by the WHO (2001, 2007) as "a pattern of physiological, emotional, cognitive, and behavioral reactions to some extremely taxing aspects of work content, work organization, and the work environment". Higher levels of stress in the workplace, due to the global economic recession, financial pressures, and the elimination of positions, have had adverse consequences for organizations, individuals, and society (Kamaaldeep, Dinos, Stanfeld, & White, 2012). This unstable and highly competitive economic environment has led organizations to demand more from employees in relation to performance, time, and discipline. Demands for results and excessive pressure on job performance stress individuals and have immediate physical, mental, and social impacts, besides financial consequences for organizations. Suffering at work is associated with a number of psychopathologic manifestations (Wang, Simon, & Kessler, 2003).

Thus, while good quality work is beneficial for mental health (Waddell and Burton, 2006), being associated with lower prevalence of depression and lower incidence of suicide (Boardman et al., 1999), work environment factors can also contribute to the development of psychiatric symptoms and prolong disabilities associated with mental disorders. There is evidence that specific stressors such as workload, pace, interpersonal relationships, career development, and interrelations between work and personal life are associated with a higher risk of psychiatric morbidity (Bilsker, Wiseman, & Gilbert, 2006).

Mental Disorders and Productivity Reduction: Absenteeism, Presenteeism, Accidents, and Work Leave

Taken together, mental, neurological and substance use disorders exact a high toll, accounting for 13% of the total global burden of disease in the year 2004 (WHO, 2013). Depression alone accounts for 4.3% of the global burden of disease and is among the largest single causes of disability worldwide (11% of all years lived with disability globally) (WHO, 2013). The economic consequences of these health losses are equally large: the cumulative global impact of mental disorders in terms of lost economic output is estimated to amount US$ 16.3 million between 2011 and 2030 (ILO, 2012). Among the more common mental disorders in the workplace, depressive disorders, anxiety, alcoholism, and the use of substances stand out. Anxiety, depression, and stress account for almost 50% of all days lost at work due to illness in the UK (Kamaaldeep, Dinos, Stanfeld, & White, 2012). Depression is the leading cause of work absenteeism in American, with a prevalence ranging from 12% to 17% in companies (Gabriel, 2000), and in Canada depression affects 10% of women in the workplace (Dewa, Lesage, Goering, & Craveen, 2004). The economic impact of mental disorders at work is expressed by productivity losses and work performance. The measurement of these costs can be estimated through absenteeism, presenteeism, work leaves, and work accidents.

Absenteeism

Absenteeism can be defined as non-attendance of the individual to work, and obviously makes it more difficult for organizations to achieve their goals if their employees do not show up (Alonso et al., 2009). Thus, costs related to time lost at work in the form of absenteeism can be estimated by an employee's number of absences (due to illness) multiplied by what is invested in the employee per day (for example, salary and responsibilities). However, the impact of absenteeism may vary with the type of work performed, business, and region. If absenteeism is prolonged, it is necessary to train or hire another professional to take on the absent employee's role, generating more costs for the employer.

Depression is the leading cause of absenteeism at work, considering that the number of working days lost due to depression is 13 times higher than diabetes-related absenteeism, 10 times higher than hypertension-related absenteeism, and 7.5 times higher than asthma-related absenteeism (Dewa, Lesage, Goering, & Craveen, 2004). Absenteeism among regular users of alcohol was estimated to be double that of occasional drinkers (Tecco, Jacques, & Annemans, 2013). Another study showed that absenteeism was 20 times more frequent among chronic users of alcohol and those who consumed excessive qualities of alcohol (Roche, Pidd, Berry, & Harrison, 2008).

Presenteeism

Presenteeism relates to losses or decreases in work capacity due to health reasons that occur when the individual is physically present at the workplace (Vingard et al., 2004). Many employees come to work with symptoms indicative of physical disease, however, being less productive due to ill health is most likely associated with psychiatric disorders (Kessler et al. 2001). Organizations are increasingly concerned with presenteeism costs in addition to the costs of medical care and absenteeism, which have traditionally been investigated (Schultz, Chen, & Edington, 2009). Thus, employee productivity is much more than time spent at the workplace or on activities associated with work; it also includes the quality and productivity of activities. While organizations can easily track time spent out of work, presenteeism remains a hidden cost for many employers (Schultz, Chen, & Edington, 2009).

Work leave and sickness absence

Work leave may be temporary or permanent. Mental disorders are among the most prevalent work-leave requests, correspond to the highest costs when compared to other diseases in the workplace, and have a direct impact on social benefits paid. Short-term absences are the most common type of absence event with causes different to longer-term sick leave. Respiratory and gastrointestinal disorders are pointed as the most common causes of short-term absences (Stansfeld et al., 1997), although it is probable that the role of psychiatric disorders as contributors is underestimated. When an inability to return to work after a long period is confirmed, the leave is permanent, that is, it constitutes disability retirement. Psychiatric disorders may present as physical symptoms and those assessing may not recognize or be confident to diagnose a psychiatric illness or may see labelling the patient's difficulty as 'physical' as being in their best interest.

Strategies and Interventions to Reduce the Social and Economic Impact of Mental Disorders in the Workplace

The workplace has been identified as a suitable location for primary care interventions to improve health and, in turn, increase productivity (Bambra, Egan, Thomas, Petticrew, & Whitehead, 2007). Focus has primarily been on stress in general and not on the identification and handling of mental disorders (Hiller, Fewell, Cann, & Shephard, 2005). There are several types of interventions for workers diagnosed with some form of mental disorder in the workplace: counseling sessions, medication, and cognitive behavioral therapy, among others. Mental health interventions in the workplace can be directed toward an active population who has not (or not yet) been diagnosed with a mental disorder, a population already diagnosed with a mental disorder, or a population in a work-leave situation due to the diagnosis of mental disorder (in this case, return-to-work interventions). Thus, primary preventive interventions for the entire workforce are aimed at promoting mental health and preventing mental health problems. Secondary preventive interventions for high-risk workers are aimed at reducing mental health problems and avoiding work leave due to mental disorders. Intervention via treatment focuses on individuals diagnosed with mental disorders who have been removed from work for short or long periods. Finally, return-to-work interventions are focused on improving the performance of those diagnosed with a mental disorder.

From the interventions that have shown positive results in promoting mental health and reducing absenteeism and presenteeism in the workplace, the following stand out:

Early Screening for Depression and Anxiety

Screening, followed by a systematic mental care management, results in decreased mental disorders symptoms (Wang et al., 2007). Screening for depression and anxiety in the workplace can be achieved by employees completing specific questionnaires about psychiatric symptoms, followed by care referrals of those who present such symptoms or risk developing depressive disorders or anxiety (Knapp, McDaid, & Parsonage, 2011). Early intervention reduces the chances of symptoms worsening and progressing to more debilitating stages and, even when this does happen, intervention increases the chances of the individual returning to work (Knapp, McDaid, & Parsonage, 2011). Intervention is usually done through assertive approaches such workshops or referrals to treatment services like brief psychotherapy (Knapp, McDaid, & Parsonage, 2011). Psychotherapy services are usually hired by organizations through providers of health services, and workshops are usually offered by companies specialized in psychological consulting.

Employee Assistance Program (EAP)

EAP is an employer-sponsored program designed to alleviate and assist in eliminating a variety of workplace problems (Attridge et al., 2010) that may impact their job performance, mental health conditions and emotional well-being. EAPs typically provide screening, assessments, brief interventions, referrals to other services and case management with longitudinal follow-up for mental health concerns and substance abuse problems. Even though EAP programs are mainly focused on work-related problems, there are a variety of programs that can assist with personal problems beyond the workplace.

Some studies indicate that offering EAPs may result in several benefits for employers, including lower medical costs, reduced turnover, absenteeism and higher employee productivity (Attridge et al., 2010). Critics of these studies question the scientific validity of their findings, due to small sample sizes, lack of experimental control groups, and lack of standardized measures as primary concerns (Henderson et al., 2003).

Cognitive Behavioral Therapy Workshops

Based on cognitive behavioral therapy (CBT), a workshop with six sessions over 12 weeks is offered to identified individuals, aiming to reduce the symptoms of depression and anxiety as well as productivity losses (Knapp, McDaid, & Parsonage, 2011). Cognitive Behavioral Therapy offers the benefits of both early intervention and of keeping individuals at the workplace, avoiding taking them away from their current duties at the workplace. This intervention has been proven effective in several studies on fighting depression and reducing productivity losses in various workplaces (Kamaaldeep et al., 2012). Benefits are obtained through both reductions of absenteeism and rises in productivity due to presenteeism decreases. Some evidence suggests that CBT generates particular benefits regarding functional recovery. Initially, studies indicate that CBT has a beneficial effect on productivity and is more prolonged than the impact of antidepressant drugs for milder clinical situations (Sherbourne et al., 2001). Another study concluded that CBT has a specific advantage over antidepressants drugs with regards to disability reduction and absence from work, although the treatments were equivalent in reducing the symptoms of depressive disorders (Mynors-Wallis, Davies, Gray, Barbour, and Gath, 1997). Other research suggested that CBT has a direct effect on psychosocial functioning by focusing the therapy on relevant topics such as building social skills (Hirschfeld et al., 2002). At any rate, further research is needed to determine the most effective approach to accelerate the recovery of individuals with mental disorders. The use of interventions such as CBT should be implemented when standard pharmacological treatments have not been effective in recovering the functional capabilities of the individual (Bilsker, Wiseman, & Gilbert, 2006).

Promoting Mental Wellness at Work

The workplace offers a favorable environment to handle a variety of mental health problems that impact organizational costs (WHO, 2001). Interventions in the workplace can increase the productivity of organizations, their image, and safety. They can also reduce the vulnerability of individuals with regards to work-related mental health disorders.

There is a wide range of approaches to the promotion of mental wellness at work. These include flexible work schemes, home based office, possibility to take days-off work, the implementation of career growth opportunities and manager training workshops to recognize mental health risk factors. Undertaking a healthy lifestyle program improves employees' health and work attendance (Wiles et al., 2007). These preventative approaches usually put emphasis on increasing the level of resilience of employees. Stress management programs might have a mild impact on psychosocial factors associated with individual distress (Graveling et al., 2008).

Financial Education

Even before the global financial crisis, it was estimated that 8% of the population in developed countries had serious financial problems and another 9% showed signs of financial stress (Fearnly, 2007). Research shows a link between the presence of debts and poorer mental health—individuals who initially did not have mental disorders, but got unmanageable debts in periods of up to 12 months, had a 33% greater risk of developing disorders related to anxiety and depression when compared with the population without financial problems in the same period (Bender et al., 2006). The vast majority of mental health problems concern disorders related to depression and anxiety and these conditions are associated with a significant rise in health care costs and loan recovery (Knapp, McDaid, & Parsonage, 2011). Only half of people with debt problems look for financial guidance, and without appropriate financial intervention approximately two-thirds of people with unmanageable debts problems face them during the following 12-month period (Pleasence, Balmer, Buke, O Grady, & Genn, 2004).

Current evidence suggests that there is potential for financial education interventions to alleviate bad debt, which would reduce mental problems resulting from financial unmanageability (Knapp, McDaid, & Parsonage, 2011) and, thus, mental health symptoms associated with debt. For the general population, contact with face-to-face financial counselling services is associated with a 56% probability that debts will become manageable (Williams & Sansom, 2007). Workshops providing financial guidance are offered to certain individuals, enabling them to better manage their financial lives and decrease symptoms of depression and anxiety, which, consequently, lessen impacts on productivity and increasing labor costs.

Parental Education for Preventing the Antisocial Conduct of Children

Conduct disorders are the most common childhood psychiatric disorders (Knapp, McDaid, & Parsonage, 2011). The destructive behavior of children negatively impacts parents in terms of costs related to absenteeism and presenteeism, since parents need to devote time and care to children at moments when they should be working. Parental education programs are targeted at parents with children who have problems or a risk of developing conduct issues, and are designed to improve parenting skills and the quality of relationships between parents and children (Knapp, McDaid, & Parsonage, 2011). Educational programs for parents have a positive effect on the behavior of children and these benefits continue for a period of one year (Dretzke et al., 2009). Among those children whose parents completed the program, 38% have considerably improved their conduct problems and from this percentage, behavior improvements were sustained for a period of one year to 50% of children (Knapp, McDaid, & Parsonage, 2011).

Drug Treatment for Depression

There is evidence that drug treatment for depression has a positive effect on occupational functioning (Razzouk, 2008). In some cases, treatment for depression does not change the number of days with the illness, but there are signs of an association between the remission of depression, an increase in occupational productivity, and a decrease in absenteeism. Another study showed an association between the complete remission of depression and a reduction of the total cost of depression at the end of the second year of follow-ups, suggesting that the impact of depression improvement in reducing indirect costs is prevalent later on (Simon et al., 2000). Treatment for depression also improves adherence to the treatment of somatic diseases such as diabetes and high blood pressure, which leads to a reduction in the use of health services and total costs. That is, the treatment of mental illness improves the treatment of somatic diseases, contributing to better overall individual performance.

Conclusion

Economists emphasized the quality of human capital as an essential component for a country's economic growth. Having good mental health enables cognitive and emotional flexibility, which are essential for social skills and resilience in the face of stressful everyday situations, as well as working productively and contributing to the community.

Mental illnesses, particularly depression and anxiety, are among the most frequent causes of workplace sickness absence. However, the costs generated by mental disorders are often underestimated, despite strong evidence demonstrating that they reduce productivity at work. Regardless of the high prevalence of stress, emotional problems, and mental disorders in the workplace, employers and employees themselves have a lack of knowledge on prevention, identification, and treatment of mental disorders. Although many factors related to professional performance and mental health need to be better elucidated, the scientific evidence demonstrates advantages in promoting mental health and treating mental disorders as early as possible.

The workplace has been identified as a suitable location for primary care interventions to improve health and, in turn, increase productivity. There are several types of interventions for workers diagnosed with some form of mental disorder in the workplace: counseling sessions, medication, and cognitive behavioral therapy, among others. From the interventions that have shown positive results in promoting mental health and reducing absenteeism and presenteeism in the workplace, the following stand out: early screening for depression and anxiety, employee assistance program, cognitive behavioral therapy workshops, promoting mental wellness at work, financial education, parental education for preventing the antisocial conduct of children, drug treatment for depression. Reduction strategies of the burden of mental disorders in the workplace are available and companies can now devote to the development of actions to promote better mental health amongst their employees to reduce the personal and organizational burden of the mental disorder.

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