

An Overview of Occupational Mental Health: Challenges and Prospects for Nigeria.

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INTRODUCTION

Mental health is a state of well-being in which a person understands his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. Including mental health in any business is important to a healthy workplace. Poor mental health not only affects the individual, it also reduces corporate profits. It is important that all levels of the workplace - including the Board of Directors, management, finance, and human resources departments - get involved to incorporate mental health at the workplace.

Relationship btw work and health could be either positive or negative. Positive effects of work on health include relief of boredom, avenue for creativity, economic gains, and increased productivity. Positive effects of health on work include ability to work, job satisfaction, creativity and high productivity. Negative effects of poor health on work are poor disposition to or capacity for work, poor productivity and the individual may constitute danger to others. The negative effects of work on health constitute the work of occupational mental health practice.

Occupational physicians first began to demonstrate an interest in the psychological aspects of work in the 1960s. In 1966, International Committee on Occupational Mental Health (now the International Forum on Organizational Health) was formed.⁴

METHOD

The search of empirical studies was conducted using the following databases: Hinari, PubMed, Google complemented by the search engine, Google Scholar. Moreover, websites of the following institutions were searched to identify relevant publications: the National Institute of Occupational Safety and Health (NIOSH) (<http://www.cdc.gov/niosh>) and World Health Organization (WHO) (<http://www.who.int/en>). Key words used were “Occupational Mental Health”, combined with the terms, “definitions”, “burden”, “mental disorders”, “occupational stress” and “overview”. Reference lists from published meta-analyses and books were also scrutinized and references provided by researchers working in the field were included. The search was carried out during January and February of 2012.

DEFINITION OF TERMS

Occupational Mental Health: A state of well-being in which a worker/employee realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Occupational Mental Health Problems: Formerly referred to as neuroses. These are severe forms of ‘normal’ emotional experiences such as depression, anxiety or stress as a result one’s occupation

Occupational Mental Disorders (OMDs): Health conditions arising as a result of an individual’s occupation and characterized by alterations in thinking, mood or behaviour, associated with distress and/or impaired functioning.

Occupational stress: Is the harmful and emotional response that occurs when the requirements of the job do not match the capabilities, resources, or needs of the workers. Job stress can lead to poor health and even injury

BURDEN OF OMDs:

Worldwide, more than one in three people in most countries report sufficient criteria for at least one type of OMD at some point in their life. Occupational demands can be highly stressful and many jobs make severe demands in terms of responsibility, time, and performance. A study conducted by Jones et al (2003) reported that half a million people in the U.K believe they are suffering from work related stress, depression and anxiety and that 13.4 million working days were lost in the UK due to these conditions. Health professionals e.g.

Physicians, dentists, nurses and health technologists) have also been found to have higher than expected rates of suicide. Studies done to rank the most costly mental health condition (both direct and indirect cost), implicated depression (ranked 1st) and anxiety ranked 5th position.

TYPES/CLASSIFICATION OF OCCUPATIONAL MENTAL DISORDERS:

Common problems experienced in the work place have been described in the Diagnostic and Statistical Manual of mental disorders (DSM-IV). They include: Depression; Bipolar affective disorder; Anxiety disorders and Attention Deficit Hyperactivity Disorder (ADHD).

Depression

This is the most studied mental health problem in the work place. One survey of a nationally representative sample reported that about 6% of employees experience symptoms of depression in any given year. It is characterized by low mood which is the defining symptom, according to the Diagnostic Statistical Manual classification (DSM-IV). Other behavioural symptoms include: nervousness, restlessness, irritability, physical complaints, such as aches and pains.

Bipolar Affective Disorder: This condition is typically characterized by cycling between elevated (manic) and depressed moods. In manic phase, the individual is highly energetic and creative, has Self aggrandizement, may flout workplace rules, overly aggressive and make mistakes in judgement.

Anxiety Disorders: This affects about 6% of the population at any point in time. It may manifest as restlessness, fatigue, difficult concentration, excess worrying and the individual may require constant reassurance. There could also be physical complaints and symptoms of irritability. Studies have shown that sufferers are more likely to seek medical care, but for other conditions like GIT problems, sleep disturbances and cardiac problems, rather than for anxiety. The condition may cause significant work impairment (as measured by sickness absence days and lost productivity).

ADHD(Attention Deficit Hyperactivity Disorder): Often considered as a childhood problem, but also occurs in adults. It may manifest as disorganization, failure to meet deadlines, inability to manage workload, problems following instructions from supervisors, arguments with colleagues etc. Workplace performance and career may suffer



Figure 1. Mental Health Continuum

Risk Factors for Occupational Mental Disorders

	PREDISPOSING	PRECIPITATING	PERPETUATING
BIOLOGICAL	Genetic/inherited	Physical illness (saw millers, health worker, factory worker) Substance use(Drivers, security personnel, Hormonal changes	Physical illness Substance use/misuse (long distance drivers, security officers, NBL)
PSYCHOLOGICAL	Developmental experiences Early life experiences Learned behaviours Personality style	Stressful life event Stressful occupation e.g. police, fire-fighters, health persomel, academicians	Maintenance of social role Dysfunctional relationship
SOCIAL	Culture Social class Occupation Social network support	Migration/incessant transfer Sudden termination Retirement	Lack of support Termination, Demotion, non-promotion ,conflict, witch-hunting, long hours of work Stigmatized occupation(sewage worker, mortuary attendant, workers in HIV centres)

Occupational Mental Health in Nigeria:

Occupational mental health in Nigeria is still very much in its rudimentary phase, although there is an ongoing global discourse on the issue of mental health in the workplace and the focus has been on how countries are ensuring the prevention of mental stress in the workplace by facilitating unhindered access to curative and restorative care for work-related mental health problems and incorporating workers who suffer mental health injuries in employee compensation schemes. Compared to other Sub-Saharan African countries, Nigeria has recently included provision for compensation for mental stress in the newly promulgated Employee Compensation Act (ECA) of 2010.

Occupational stress is the harmful and emotional response that occurs when the requirements of the job do not match the capabilities, resources, or needs of the workers. Chronic stress at work can lead to poor mental health and even injury. Long-term exposure to occupational stress has also been linked to an increased risk of depression, emotional exhaustion and job “burnout”.

I. BARRIERS TO OMH IN NIGERIA

Though there is a paucity of relevant data which makes information on the current state of workplaces’ strategy for mental health promotion in Nigeria difficult; the realities on ground suggest that many employers of labour in the country take the mental wellbeing of their employees as opportunity cost for cost-control. The tendency for employers of labour to want to compromise the physical and mental wellbeing of employees for profit is further complicated by the weak and resource-constrained institutions of both labour administration and law enforcement in the country. Other challenges militating against effective occupational mental health include socio-economic and political circumstance of work, unstable power supply, inefficient transportation and port systems, non-transparent business environment, unfriendly tax regimes and political instability, which ultimately transforms into policy inconsistency.

Despite the obviously high risk of mental stress in the workplace in many countries of sub-Sahara Africa, the current framework for management of work-related mental health problems is still very poor in the country. Low level of mental health literacy, poor attitudes towards and low prioritisation of mental health issues among employees has been identified as being among the barriers to mental health care systems in the country. A situation whereby employees continue to work out of economic, social or exploitative compulsion, and where the labour market is flooded continuously with prospective workers, owing to the high rate of unemployment further underpins the problem of job casualization. There is a high prevalence of casualization of labour in Nigeria workforce. Reports from Nigeria indicate that up to 40-90% of the workforce of some sectors of the economy is made up of casual workers.

The effect of low prioritization of mental health issues among employees has been seen in the delivery of occupational mental health care in some states. In a cross-sectional study conducted among 200 work managers in Port Harcourt, Nigeria, while many of them believed in the need to use different methods to alleviate stress as a means of ensuring continuous wellbeing in the workplace; less than half of them endorsed mental health services like counselling and other psychological interventions as a veritable means of stress reduction. Also, preliminary data from a survey conducted to examine the knowledge of, attitude towards and prioritization of workplace mental health issues conducted among a cohort of human resource managers drawn from different companies in Nigeria reported that majority would not want to employ a person with an established mental disorder, more than half of respondents were not willing to reinstate an employer who had suffered mental disorder back to their previous positions after recovery and did not prioritize mental health seminars among the health education strategies in the workplace.

II. PROSPECTS

Attaining OMH requires a multi-faceted approach targeted at employers and human resource (HR) managers, labour law policy makers, the body of mental health professionals, and the government (local, state and federal).

Employers:

Employers should see Investing in the welfare of employees as an incentive to drive productivity rather than viewing employees’ welfare as an opportunity cost for sustaining profitability. Establishment of a mental-health and welfare sub-committee, comprising of representatives from the workers’ body, human resource unit, and mental health safety experts should be a part of workplace occupational health and safety policy. Stress reduction management should be operationalized through flexibility and predictability of work-hours, adherence to terms of employment, institutionalization of holidays, recreation, stress management training seminars and employee assistance programs.

Government: The government should enact and vigorously enforce legal instrument to outlaw casualisation of labour and any form of exploitative and dehumanising practice in the work place. Institutions of law making and law enforcement should be strengthened. Unemployment and underemployment should be stemmed as they are the bulwark for employee exploitation. Furthermore, there is an urgent need for the government to stabilize the electricity supply in the country, and thereby foster an increased number of employment opportunities.

Mental health professionals:

Public health professionals should be at the fore front of advocacy for occupational mental health through workshops and seminars organised for and in collaboration with HR managers. A division of occupational mental health can also be created within the Nigerian Association of Psychiatrists and Allied Professions to stimulate research and advocacy in this field. It is advocated that occupational mental health issues, including short industrial attachment, be incorporated into the training of Psychiatrists and allied professionals.

III. CONCLUSION

This overview has highlighted that occupational mental health is still very much rudimentary in Nigeria and that much needs to be done in terms of creation of awareness about occupational stress among workers in order to assist them in maintenance of their psychological health and well being. Furthermore, the work reiterates that OMH can only be achieved through the collaborative efforts of the employee, the employer, the government and the professional bodies involved in mental health care.