Impact of Undiagnosed Depression and Anxiety on Work Ability

Thesis

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By

Bassant Nabil Ahmed Ali

M.B.B.Ch

Under Supervision of

Prof. Dr. / Mohamed Fikry Abdelaziz

Professor of Neuropsychiatry
Faculty of Medicine – Ain Shams University

Assist. Prof. Dr. / Soheir Helmy ElGhonemy

Assist. Professor of Neuropsychiatry
Faculty of Medicine – Ain Shams University

Dr. / Hussien Ahmed Elkholy

Lecturer in Neuropsychiatry
Faculty of Medicine – Ain Shams University

Faculty of Medicine
Ain Shams University

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List of Contents

Subject *PageNo.*

List of Abbreviations ..... **i**

List of Tables ..... **ii**

List of Figures ..... **vi**

Introduction **1**

Aim of the Work **5**

Review of Literature

Impact of Mental Health on Work 7

Impact of Depression on Work 13

Impact of Anxiety on Work 20

Management of Work Load 25

Subjects and Methods **28**

Results **38**

Discussion **98**

Summary **111**

Conclusion **114**

Recommendations **115**

References **118**

Appendices ..... **I**

Arabic Summary ..... **—**

List of Abbreviations

Abbr.	Full-term
ADHD	: Attention deficit hyperactivity disorder
ASD	: Acute stress disorder
CBT	: Cognitive-behavioral therapy
GAD	: Generalized anxiety disorder
GHQ	: General health questionnaire
HAM-A	: Hamilton Anxiety Rating Scale
MDD	: Major depressive disorder
SAD	: Social anxiety disorder
SCID	: Structured Clinical Interview for DSM-IV
UAE	: United Arab of Emirates
WAI	: Work ability index
WHO	: World Health Organization
WHP	: Workplace health promotion

List of Tables

Table No.	Title	Page No.
Table (1):	Variable of employees	31
Table (2):	Demographic distribution of the sample	39
Table (3):	Distribution of the sample according to working condition	41
Table (4):	Descriptive distribution of the WAI among the sample	44
Table (5):	Distribution of diagnosed illnesses among the sample:	45
Table (6):	Descriptive of the GHQ scores among the sample	45
Table (7):	Distribution of depression & anxiety according to GHQ in the sample	46
Table (8):	Correlation between illness and potential anxiety and or depression.	47
Table (9):	Distribution of mental illness according to SCID	48
Table (10):	Distribution of anxiety & depression according to SCID-I	49
Table (11):	Distribution of severity of anxiety according to Hamilton test	50
Table (12):	Distribution of severity of anxiety according to Hamilton test	50
Table (13):	Correlation between ability to work & demographic & working condition[1]	52

Table (14): Correlation between the ability to work & GHQ[2] 53

Table (15): Correlation between physical ability& demographic & working condition variables [3] 54

Table (16): Correlation between mental ability & demographic & working condition variables [4] 56

Table (17): Correlation between diagnosed illnesses & demographic and working condition 57

Table (18): Correlation between work related illnesses& demographic and working conditio[6,7] 58

Table (19): Correlation between Sick leave& demographic and working conditions..... 60

Table (20): Correlation between expected ability to work in 2 years& demographic and working conditio[9] 61

Table (21): Correlation between mental readiness& demographic and working conditio 62

Table (22): Correlation between being active & alert& demographic and working conditions[11] 63

Table (23): Correlation between having hope& demographic and working conditions..... 64

Table (24): Correlation between Psychosomatic score of GHQ& demographic and working conditio[13] 66

Table (25): Correlation between anxiety score of GHQ & demographic and working conditions 67

Table (26): Correlation between social scores of GHQ and demographics &working conditio..... 69

Table (27): Correlation between depression of GHQ and demographics &working conditio..... 71

Table (28): Correlation between depression SCID-I and demographics &working conditions 73

Table (29): Correlation between Hypomania SCID-I and demographics &working conditions 74

Table (30): Correlation between Panic SCID-I and demographics &working conditions[19] 76

Table (31): Correlation between OCD SCID-I and demographics &working conditions 77

Table (32): Correlation between GAD SCID-I and demographics &working conditions 78

Table (33-1): Correlation between psychosomatic & SCID scale variables 83

Table (34): Correlation between Hamilton anxiety scale & demographic and working conditions 86

Table (35): Correlation between Hamilton anxiety scale & WAI variables 87

Table (36): Correlation between Hamilton anxiety scale & GHQ..... 88

Table (37): Correlation between Hamilton anxiety scale & SCID 89

Table (38): Correlation between Hamilton depression scale & demographic & working conditions 90

Table (39): Correlation between Hamilton depression scale & WAI variables 91

Table (40): Correlation between Hamilton depression scale & GHQ variables 92

Table (41): Correlation between Hamilton depression scale & GHQ variables 93

Table (42): Correlation between WAI score, job demand & mental resources to demographic & working conditions 94

Table (43): Pearson bivariate correlation between GHQ & WAI scores 95

Table (44): ANOVA correlation between WAI scores & type of employees 96

List of Figures

Figure No.	Title	Page No.
Figure (1):	The study phases	29
Figure (2):	Bar chart representing distribution of the demographic variables of the sample	39
Figure (3):	Bar chart representing distribution of mental & physical illness according to GHQ	47
Figure (4):	Bar chart representing distribution of mental disorders according to SCID-1	48
Figure (5):	Venn Diagram representing distribution of anxeity & depression.	49
Figure (6):	Bar chart representing the mean score of mental resources across different categories of employees	97
Figure (7):	Bar chart representing the mean score of General WAI score across different categories of employees	97

Introduction

The World Health Organization (WHO) definition of health is the capacity to participate in community life, rather than the old traditional view of health as the absence of disease. According to this definition, health refers to a state of wellbeing in which the individual is able to work and contribute productively in the community ***(WHO, 2003).***

Mental health problems are more common than many people realize. Mental illness can significantly affect how a person feels, thinks, behaves and interacts with other people ***(Begg et al., 2007).*** Mental health problems represent a growing concern being common in the working population. They have potential impacts on workers (e.g., discrimination), organizations (e.g., lost productivity), workplace health and compensation authorities (e.g., rising job stress-related claims), and social welfare systems (e.g., rising working age disability pensions for mental disorders). Moreover, they are costly to society at large, healthcare systems, employers, and affected individuals and their families. Conservative estimates of economic costs for European Union countries are 3-4% of gross domestic product ***(OECD, 2012).***

It is estimated that at any point of time, one-sixth of the working age population is suffering from symptoms of

mental illness, most commonly depression and anxiety. A further one-sixth of the population will be suffering from symptoms associated with mental ill health, such a worry, sleep problems and fatigue, which, while not meeting criteria for a diagnosed mental illness, will still be affecting their ability to function at work ***(Lelliott et al., 2008).***

Studies in developed countries have demonstrated that the common mental disorders are under-recognized and under-treated, while the incidence of workplace stress is higher in developing countries. In addition, studies found that the social attention has focused primarily on the impact of bad working environments on people's human rights, rather than their emotional wellbeing specifically ***(Bilsker al, 2006).***

While there is a considerable body of evidence supporting a dominant "normal causation" model regarding the impact of working conditions on employee mental health, it should be noted that reversed causality, that is the impact of mental health on the assessment of working conditions can also occur. There is some evidence that working conditions and mental health influence each other reciprocally and longitudinally ***(de Lange et al., 2004).***

Workplace culture is a key factor in either reducing or increasing stress in the workplace and subsequently productivity. Bullying, discrimination and abuse of

employees are extreme examples of poor workplace culture. On the other hand, positive morale and team dynamics are creating a positive workplace culture ***(Hillier et al, 2005).***

Workplace interventions have developed relatively independently along three main threads medicine, public health, and psychology. And these three threads need to be integrated to enhance the prevention of mental health problems in working populations. such intervention needs to comprehensively: protect mental health by reducing work–related risk factors for mental health problems, promote mental health by developing the positive aspects of work as well as worker strengths and positive capacities, and address mental health problems among working people regardless of cause ***(Martin et al., 2009).***

The available evidence supports that the work can be helpful for an employee's well-being, particularly if good-quality supervision is present and there are favorable workplace conditions and the positive effects of good work and the role work can play in facilitating recovery from an illness and increasing mental well-being need to be highlighted and promoted more widely. Hence the work stressor can be eliminated or reduced to help recovery from many illness including physical such as cardiovascular diseases and mental illness such as anxiety & depression ***(Tan et al., 2014).***

In United Arab of Emirates (UAE), a study of health care employees' opinions about stress patterns in the UAE was conducted. A sample of 175 respondents from different health organizations in the public and private sectors of health care participated in the study. The health care sector is an appropriate setting to investigate workplace stress. Health care employees face numerous challenges to providing adequate patient care, including the increased level of responsibility for patients' lives. Research addressing sources of workplace stress among health care professionals has determined a significant relationship exists between interactions with colleagues and perceptions of inadequacy of professional knowledge. This study was conducted using a four-part questionnaire. The questionnaires were distributed to and collected from health care workers in the two largest emirates – Abu Dhabi and Dubai. Results revealed a significant relation between work related stress and the flexibility, age and years of work experience of the employees ***(Barhem et al., 2009).***

In Egypt a cross –sectional study was conducted on 488 residents from Ain Shams University, This study aimed to measure the prevalence and risk factors of work related stress among residents at Ain Shams University hospitals as well as to study the relationship between work related stress and job satisfaction**.** The study detected that 58%of them

were stressed, (29.9% scored severe stress) There was a significant association between work related stress and leisure time, total working hours, workload, perception of doing job of no value, role ambiguity, role conflict, work relationships, limited opportunities for skills development and uncomfortable work environment. In addition, relation between work related stress and associated manifestations was also examined and revealed a significant relation between work related stress and the physical manifestations as (fatigue, chronic headache, muscle ache) ***(Ghanem etal, 2015)***.