

Research Paper

Promoting Mental Health in Workplaces of Iran; Reviewing Present Status and Future Approaches



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ABSTRACT

Objectives The purpose of this study was to survey the mental and social health status in Iranian workplaces and recommend promoting approaches.

Methods This research has a qualitative-dominant mixed-methods design. The study data were collected through review of documents and resources, interviews, and group discussions. The results were classified in three separate areas of the current situation, future direction, and requirements of implementation.

Results Analysis of data revealed that mental health plans for workplaces were autonomous and voluntarily not pre-planned or based on national policy. Also, the evaluation was not performed before and after the intervention. Recommended approaches to promote mental and social health are administrative promotional interventions, compulsory interventions, and facilitative interventions.

Conclusion The recommended approaches in this study should be approved by the coordination council for health services of the insured people and gradually be implemented in the framework of a national policy for promoting social and mental health throughout the country and first from one province as a pilot study.

Extended Abstract

1. Introduction

According to the World Health Organization definition, mental health is not just lack of mental disorders but comprises subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and self-actualization of one's intellectual and emotional potential [1]. Approximately 919 million people are suffering from psychiatric disorders around the world [2]. According to the latest survey, 33% of the workforce in

Iran suffer from mental disorders. Therefore, reducing this level of mental disorders requires a national plan.

In addition to the personal, biological, genetic, and the environment (in which one grows up), the mental health in workplaces depends on satisfaction with the job specifications, cultural environment, the income, communication with colleagues, and the irrational discrimination [7, 8, 9].

Based on the statistic, more than 80% of people are accessible in the workplaces. Therefore, health programs in workplaces are one of the key health promotion interventions. Mental health promotion can be part of human resource

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management policies, and treatment of mental health problems in their early stages of diagnosis is critical [5].

Improving mental disorders in workplaces and labor communities need national policy plans and the agreement of key officials, including representatives of employers and workers, and suppliers of services and resources. The purpose of this study is to survey the mental and social health status in Iranian workplaces and to recommend promoting approaches.

2. Method

A mixed method (qualitative-quantitative) was used in this study, whereby the dominant part was qualitative. The study data were collected through review of documents, interviews, and group discussions. The results were classified in three separate areas of the current situation, future direction, and requirements of implementation.

The qualitative section includes stakeholder analysis, interviews, group discussion, organizational status analysis, and document review. A stakeholder analysis was conducted by the commitment-impact matrix to form a leading technical committee. The level of experience and expertise of the legal entities was considered to select the member of the leading committee. The purposeful sampling was done for interviews and choosing members of the focused group. A public health specialist organized and held the interviews.

Questions were initially emailed to individuals, and then, face-to-face interviews were performed.

The obtained data were analyzed by thematic analysis method, and the results were presented in three separate sections: 1. Understanding the current status including the review of the existing data, evaluating previous interventions and upper-hand documents; 2. Future directions including prospects, strategic goals; and 3. Interventions and implementing obligations including the required resources, monitoring and evaluation indicators, motivation patterns, implementation structure, the capability of executive staffs and manuals prepared.

Furthermore, the interventions were categorized into three groups; promotional, facilitative, and compulsory interventions. Then, the leading committee revised and finalized the presented results.

3. Results

The data collected from questionnaires shows the average prevalence of mental health in workplaces was 34.5% in Iran in 2016. The details of mental health dimensions shown in Table 1.

According to the achieved results, the Ministry of Cooperatives, Labor, and Social Welfare of Iran with the assistance of inter-sectoral cooperation and participation of the union of employees and employers plans to reduce mental

Table 1. Statistical indexes of mental health in workplaces

Row	The Problems of Workplaces	Mean
1	Lack of health and safety in the workplace	23.84
2	Failure to respect human dignity	7.91
3	The unhealthy mental atmosphere in the workplace	8.19
4	Inappropriate management	5.06
5	Job insecurity	6.83
6	Lack of supportive laws	4.19
7	Stress due to workload	7.40
8	Occupational discrimination and injustice	6.72
9	Lack of career development	6.02
10	Lack of supportive infrastructure	11.44
11	Salaries and benefits	2.59
12	Family problems	4.73
13	Financial worries	8.24
14	Mental problems	1.09
15	The workplace problems (total score)	103.67

Table 2. Achieved results of the Ministry of Cooperatives, Labor, and Social Welfare of Iran

Type of Intervention	Description
Promotional	Providing a tutorial package about mental health specific for employees and employers, designing and institution-izing a mental health promotion training course in workplaces, designing and presenting mental health education package for in-person training for workplaces (less than 50 employees- between 50 to 500 employees- over 500 employees).
Mandatory	Ranking the workplaces and employers in terms of compliance with the laws and regulations of the workplaces to improve mental and social status, implementing standards of labor inspectors to supervise the obligations of a suitable workplace to improve mental and social status, health insurance coverage for mental disorders and provisions of services for acute mental problems due to trauma
Facilitatory	Expansion of phone counseling services, establishing staff-help centers in all workplaces from 50 to 500 staff, Screening preparation, Brief Intervention, and Referral to Treatment (SBIRT), establishing Employee Assistance Coordinates (EACs) to find resources in the community for getting help, the employer shows a contract that a specialized clinic or center takes the responsibility of care and treatment of mental disorders in the workplace when referred from the workplace.

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disorders down to 25% of mental diseases in the starting year, and increase in the level of social capital and happiness among labor communities by 2020. Details of this report shown in Table 2.

Ethical Considerations

Compliance with ethical guidelines

All ethical principles were considered in this research. The participants and interviewees were informed about the purpose of the study and they were also assured about the confidentiality of their data. Furthermore, they were free to leave the study whenever they want.

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Authors contributions

Conceptualization: All authors; Methodology: Behzad Damari; Investigation: Narges Salehi Shahrabi, Seyed Hossein Hajebi; Writing-original draft: Narges Salehi Shahrabi, Behzad Damari; Writing-review and editing: Seyed Hossein Almadani, Behzad Damari; Funding acquisition: Seyed Hossein Hajebi, Seyed Hossein Almadani; Resources: Narges Salehi Shahrabi, Behzad Damari; Supervision: Behzad Damari.

Conflicts of interest

The authors declared no conflict of interest.

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