Relationship Between Poor Work Environment and Mental Health: Psychological and Psychiatric Evaluation in Psychologists in Mental Health Centers in the Field of Occupational Health December 2023 - April 2024

Victor Jose Ramon Blanco Lopez[1*], Jesus Acosta[2]

[1]Surgeon-Specialist in Occupational Hygiene and Family Medicine at The San José De Chincha Hospital.
[2]Psychiatrist at Sna Jose D Echincha Hospital.

*Corresponding Author: Victor Jose Ramon Blanco Lopez, surgeon-specialist in Occupational Hygiene and Family Medicine at The San José De Chincha Hospital.

Abstract

Workers' mental health has emerged as a crucial issue in occupational health, not only because of its individual implications, but also because of its impact on the productivity and success of organizations. Research has shown that between 25% and 30% of workers experience some type of mental health problem during their working lives, significantly affecting their performance, well-being, and quality of life.

This importance has been recognized internationally and nationally. The International Labour Organization (ILO) has established guidelines to promote mental health and well-being at work, emphasizing the creation of healthy work environments free of psychosocial risks. In Peru, Law No. 29634, the Mental Health Law, obliges companies to promote the mental health of their workers and to provide the necessary conditions to prevent and treat mental health problems.

Introduction

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Numerous studies have explored the relationship between the work environment and workers' mental health. Research such as that of Karasek and Theorell (1974) and Siegrist (1996) has identified the "demand-control-social support" model as an important predictor of work-related stress and its impact on mental health. Other studies have looked at the specific effects of psychosocial factors such as workplace bullying, excessive workload, and lack of recognition.

Various psychological and social theories have contributed to the understanding of this relationship. Selye's (1956) theory of stress describes stress as a physiological and psychological response to environmental challenges. Festinger's (1957) theory of cognitive dissonance explains how work situations that generate conflict between expectations and reality can generate stress and discomfort. Deci and Ryan's (2000) theory of self-determination highlights the importance of autonomy, competence, and a

sense of belonging in motivation and psychological well-being.

It is important to note that, in the present study, stress and/or family problems were ruled out in the participants, with the exception of one worker who presented a family and sentimental situation that could influence the results

Rationale for the research

Justification

Despite advances in research on mental health in the workplace, there are still gaps in understanding the complex interaction between the work environment and workers' mental health, especially in specific populations such as psychologists in mental health facilities. These professionals, often exposed to situations of high emotional demand and stress, can be particularly vulnerable to the effects of a bad work environment.

The present case study, by examining in depth the situation of 7 workers with relevant clinical symptoms in a context of poor work environment, seeks to contribute to filling this knowledge gap. Through a detailed analysis of your experiences and psychological and psychiatric evaluations, you are expected to:

1. **To deepen the understanding of the specific mechanisms through which the poor work environment affects the mental health of psychologists in mental health centers.** This includes identifying the most relevant risk factors, as well as individual responses and coping mechanisms that may influence vulnerability or resilience to these factors.

2. **To identify possible early indicators of mental health deterioration in this population.** This could help develop more effective prevention and intervention strategies, allowing mental health problems to be detected and addressed at early stages, before they become serious.

3. **Generate recommendations for the creation of healthier and more supportive work environments for psychologists in mental health facilities.** These recommendations could include organizational-level interventions, such as stress management and wellness promotion training programs, as well as individual-level interventions, such as therapy and psychological support.

General Objective

To analyze the relationship between a bad work environment and mental health in psychologists in mental health centers, identifying risk factors, early indicators of deterioration, and possible intervention strategies.

Specific Objectives

1. **Describe the characteristics of the poor work environment perceived by the participating psychologists,** including dimensions such as workload, interpersonal relationships, social support, leadership, and organizational culture.

2. **To assess the mental health of participating psychologists through psychological and psychiatric assessments,** identifying the prevalence of common mental disorders (such as depression, anxiety, post-traumatic stress) and other relevant mental health problems.

3. **To analyze the relationship between the characteristics of the bad work environment and the mental health of psychologists,** exploring whether there are significant associations between specific variables of the work environment and the presence of mental health problems.

4. **Identify potential early indicators of mental health decline in psychologists,** such as changes in mood, sleep patterns, energy levels, ability to concentrate, and job performance.

5. **Generate recommendations for the prevention and management of mental health problems in psychologists in mental health centers,** including strategies at the organizational level (training programs, improvement of the work environment) and individual level (therapy, psychological support).

Methodology

This study will use a qualitative case study methodology, as it seeks to gain an in-depth understanding of the individual experience of the participating psychologists and the complex interaction between the poor work environment and their mental health. The case study allows for a detailed and contextualized analysis of each case, which is especially relevant in a topic as complex and multifaceted as mental health in the workplace.

Method

1. **Selection of participants:** 7 psychologists who work in mental health facilities and present relevant clinical symptoms, such as symptoms of depression, anxiety, post-traumatic stress or other mental health problems, will be selected. The selection will be made through purposive

sampling, looking for participants who represent different profiles in terms of age, gender, years of experience and type of employment contract.

2. **Data collection:** Various data collection techniques will be used to obtain a complete and detailed view of each participant's situation:

o **Semi-structured interviews:** Individual interviews will be conducted with each participant to explore their perception of the work environment, their experiences of stress and psychological distress, their coping strategies, and their mental health status.

o **Psychological and psychiatric assessments:** Structured clinical assessments (such as the SCID-5) will be conducted and validated questionnaires (such as the BDI) will be applied to assess participants' mental health and diagnose potential mental disorders.

o **Questionnaires on the work environment:** Validated questionnaires (such as the CL-SPC) will be applied to assess the participants' perception of different dimensions of the work environment.

o **Review of Medical Records:** Participants' medical records will be reviewed (with their consent) for additional information about their mental health history and potential risk factors.

3. **Data analysis:** A thematic analysis approach will be used to identify recurring patterns and themes in the qualitative data (interviews, open-ended questionnaires). Quantitative data (closed questionnaires, psychological assessments) will be analyzed using descriptive statistics and association tests (such as Pearson's correlation or chi-square test) to explore the relationship between variables.

4. **Data triangulation:** Data triangulation will be used to increase the validity and reliability of the results. This involves comparing and contrasting data obtained from different sources (interviews, questionnaires, medical records) to identify points of convergence and divergence.

5. **Preparation of final report:** A final report will be prepared that includes a detailed description of the cases, the results of the data analysis, the conclusions and recommendations for the prevention and management of mental health problems in psychologists in mental health centers.

Ethical Considerations

Informed consent will be obtained from all participants prior to initiating the study. The confidentiality of the data will be guaranteed and the identity of the participants will be protected. Psychological support will be offered to participants who need it during or after the study.

Variables

- **Independent variable:** Poor work environment

o Dimensions: Workload, interpersonal relationships, social support, leadership, organizational culture.

o Measurement instruments: Validated questionnaires (e.g., the Work Environment Assessment Questionnaire - CL-SPC) and semi-structured interviews.

- **Dependent variable: Mental** health

o Dimensions: Presence of common mental disorders (depression, anxiety, post-traumatic stress), other mental health problems (exhaustion, burnout), early indicators of impairment (changes in mood, sleep patterns, etc.).

o Measurement instruments: Structured clinical interviews (e.g., the Structured Clinical Interview for the DSM-5 - SCID-5), validated questionnaires (e.g., the Beck Depression Inventory - BDI), and psychometric tests.

Control variables

- Age
- Gender
- Years of work experience
- Type of Employment Contract
- Family and sentimental situation (in the case of the worker who reported this situation).

Research Strengths

- **Qualitative approach:** It allows a deep and detailed understanding of the individual experiences of workers and the work context in which they develop.

- **Case study:** Provides an opportunity to examine a particular case in detail, allowing for the identification of patterns and relationships that might be difficult to detect in studies with larger numbers of participants.

- **Triangulation of methods:** Combines psychological and psychiatric assessment with observation of the work environment, providing a more complete view of the situation.

Research contribution

- **It provides empirical evidence on the relationship between a bad work environment and workers' mental health.**

- **It identifies specific psychosocial factors that contribute to mental health problems in the workplace.**

- **It proposes recommendations for intervention in cases of poor work environment and associated mental health problems.**

Results

Evaluation of worker 1

- **Clinical diagnosis:** Generalized anxiety disorder with symptoms of depression.

- **Relationship between clinical symptomatology and poor work environment:** The worker reported that symptoms of anxiety and depression intensified in the context of a bad work environment, characterized by conflictive interpersonal relationships, excessive workload, and lack of social support.

- **Specific findings:**

o The worker had a high score on the Beck Anxiety Scale, indicating a clinically significant level of anxiety.

o The worker also had depressive symptoms, such as sadness, anhedonia and fatigue, although they did not meet the criteria for a diagnosis of major depression.

o The worker described feelings of helplessness, frustration and fear of the future as a result of the bad work environment.

Worker Assessment 2

- **Clinical diagnosis:** Obsessive-compulsive disorder (OCD) with anxiety features.

- **Relationship between clinical symptomatology and poor work environment:** The worker reported that OCD symptoms, such as intrusive thoughts and repetitive compulsions, intensified in the context of a bad work environment, characterized by uncertainty, lack of control, and work pressure.

- **Specific findings:**

o The worker had an elevated score on the Yale-Brown OCD scale, indicating moderate severity of the disorder.

o The worker also had symptoms of anxiety, such as restlessness, irritability, and difficulty concentrating.

o The worker described how the bad work environment created an excessive need for control and order, which exacerbated her compulsions.

Worker 3

- **Clinical diagnosis:** Severe work-related stress.

- **Relationship between clinical symptomatology and poor work environment:** The worker reported that stress symptoms, such as irritability, fatigue and difficulty concentrating, intensified in the context of the bad work environment, characterized by excessive work pressure, lack of recognition and poor communication.

- **Specific findings**

o The worker had a high score on the Cohen and Williamson Perceived Stress Scale, indicating a clinically significant level of stress.

o The worker also exhibited physical symptoms related to stress, such as headaches, muscle tension, and digestive problems.

o The worker described how the bad work environment generated a feeling of exhaustion and a loss of motivation for his work.

Worker 4

- **Clinical diagnosis:** Narcissistic personality disorder with dominant leadership traits.

- **Relationship between clinical symptomatology and poor work environment:** The worker reported that his dominant leadership style and his need for recognition generated conflicts with his co-workers and superiors, which contributed to a bad work environment.

- **Specific findings**

o The worker had a high score on the Millon Narcissism Scale, indicating clinically significant narcissistic traits.

o The worker also had difficulty empathizing with others and a tendency to blame others for their mistakes.

o The worker was aware that his leadership style could lead to problems, but he struggled to change his behavior.

Worker 5

- **Clinical diagnosis:** Dependent personality disorder with traits of excessive optimism.

- **Relationship between clinical symptomatology and poor work environment:**

The worker reported that his dependence on the approval of others and his excessive optimism prevented him from making assertive decisions and defending his interests at work, which made him vulnerable to a bad work environment.

- **Specific findings:**
o The worker had a high score on the Million Dependency Scale, indicating clinically significant dependency traits.
o The worker also had difficulty making decisions for himself and a tendency to seek constant approval from others.
o The worker was aware that his dependence and excessive optimism could cause him problems, but he found it difficult to change his behavior.

Worker 6

- **Clinical diagnosis:** Obsessive-compulsive personality disorder (OCD) with features of perfectionism.
- **Relationship between clinical symptomatology and poor work environment:** The worker reported that his perfectionism and his need for control generated anxiety and stress at work, which intensified in the context of the bad work environment, characterized by uncertainty and lack of control.
- **Specific findings:**
o The worker had an elevated score on the Yale-Brown OCD scale, indicating moderate severity of the disorder.
o The worker also had a tendency to ruminate and difficulty tolerating uncertainty.
o The worker was aware that his perfectionism and need for control could cause him problems, but he found it difficult to change his behavior.

Worker 7

- **Clinical diagnosis:** Borderline personality disorder (BPD) with traits of impulsivity and thrill-seeking.
- **Relationship between clinical symptomatology and poor work environment:** The worker reported that her impulsivity and her search for strong emotions led her to make impulsive decisions and have conflictive relationships with her co-workers, which contributed to a bad work environment.
- **Specific findings:**
o The worker had a high score on the Millon TPL scale, indicating clinically significant borderline features.
o The worker also had difficulty regulating her emotions and a tendency to self-harm.

The worker was aware that her impulsivity and thrill-seeking could cause her problems, but she found it difficult to change her behavior.

Table1:

Case	Clinical Diagnosis	Relationship with Bad Work Environment	Specific Findings
Worker 1	Generalized anxiety disorder with symptoms of depression	Intensification of symptoms of anxiety and depression	- High score on the Beck Anxiety Scale
Worker 2	Obsessive-compulsive disorder (OCD) with anxiety traits	Intensification of OCD symptoms	- High score on the Yale-Brown scale for OCD
Worker 3	Severe work-related stress	Intensification of stress symptoms	- High score on the Cohen and Williamson Perceived Stress Scale
Worker 4	Narcissistic personality disorder with dominant leadership traits	Conflicts with co-workers and superiors	- High score on Millon's Narcissism Scale
Worker 5	Dependent personality disorder with traits of excessive optimism	Vulnerability to poor work environment	- High score on the Millon Dependency Scale
Worker 6	Obsessive-compulsive personality disorder (OCD) with features of perfectionism	Anxiety and stress at work	- High score on the Yale-Brown scale for OCD
Worker 7	Borderline personality disorder (BPD) with impulsivity and thrill-seeking traits	Impulsive Decisions and Conflicting Relationships	- High score on Millon's TPL scale

Analysis

The case study presented offers a valuable look at the complex relationship between poor work environment and workers' mental health. The findings

confirm that poor work environment can exacerbate pre-existing mental health problems, trigger new problems, and negatively affect workers' job performance and quality of life.

The cases analyzed demonstrate the diversity of ways in which a bad work environment can impact mental health. In some cases, such as that of worker 1, the hostile work environment intensifies symptoms of anxiety and depression that already exist. In other cases, such as worker 3, severe work stress generated by the poor work environment leads to new mental health problems.

Importantly, the relationship between a bad work environment and mental health is not unidirectional. Individual characteristics of workers, such as their personality traits and ability to cope with stress, also play an important role in how they experience the impact of a bad work environment.

Absolutely! Here's an improved version of the conclusions, with a more concise and action-oriented approach, as well as an expanded discussion section for more depth:

Conclusions

This case study reveals the deep interconnection between poor work environment and deteriorating mental health in psychologists in mental health facilities. The findings highlight that a negative work environment not only exacerbates pre-existing conditions, but can also trigger new mental health problems, impacting the well-being and professional performance of psychologists.

Individuales cases illustrate the diversity of manifestations of this problem, from anxiety disorders and depression to personality disorders and severe work-related stress. Each case underscores the importance of considering workers' individual characteristics, such as their personality traits and coping mechanisms, when analyzing the impact of the work environment on their mental health.

Discussion

The results of this study align with growing evidence highlighting the crucial role of the work environment in workers' mental health. In the specific case of psychologists in mental health centers, constant exposure to situations of high emotional demand and stress can increase their vulnerability to the negative effects of a bad work environment.

The risk factors identified in this study, such as excessive workload, conflicting interpersonal relationships, and lack of social support, are consistent with previous research findings. However,

this study brings a unique perspective by focusing on a specific population and by exploring in depth the individual experiences of affected psychologists.

The early indicators of mental health decline identified in this study, such as changes in mood, sleep patterns, and energy levels, could be very useful for the early detection and prevention of more serious mental health problems in this population.

Implications for practice

The findings of this study have important implications for occupational health practice and human resource management in mental health facilities. It is crucial for organizations to implement proactive strategies to improve the work environment and promote the mental health of their psychologists.

Some key recommendations include:

- **Regular assessment of the work environment:** Use validated tools to identify problem areas and track changes over time.

- **Stress Management and Wellness Promotion Training Programs:** Provide psychologists with tools and resources to manage stress and improve their emotional well-being.

- **Fostering a culture of support and open communication:** Create an environment where psychologists feel comfortable to voice their concerns and seek help when they need it.

- **Access to psychological support services:** Provide psychologists with access to confidential and quality psychological counseling and therapy services.

Foundations of an Occupational Plan to Improve the Organizational Climate

Based on the conclusions of the case study, the following bases are proposed for an occupational plan that addresses the problem of poor work environment and its impact on the mental health of workers:

1. Evaluation of the work environment:

Conduct a thorough assessment of the work environment to identify the psychosocial risk factors present, such as excessive workload, conflicting interpersonal relationships, lack of control over work, lack of social support, etc.

Use evaluation methods such as surveys, interviews, and focus groups to gather information from workers about their perception of the work environment.

2. Intervention on psychosocial risk factors:

- Develop and implement a comprehensive

intervention program to address identified psychosocial risk factors.

- The programme should include measures to reduce workload, improve communication and interpersonal relationships, increase workers' control over their work, strengthen social support and promote a healthy work culture.

3. Awareness-raising and training:

- Implement awareness-raising and training programs for managers and workers on the importance of mental health at work and psychosocial risks.

- Training should address topics such as recognizing the signs and symptoms of mental health issues, promoting healthy behaviors, and creating an inclusive and respectful work environment.

4. Psychological Assessment and Intervention Services:

- Provide workers with access to quality psychological assessment and intervention services to identify and treat work-related mental health issues.

- These services may be provided by psychologists or psychiatrists hired by the company or through agreements with external institutions.

5. Promoting a Culture of Mental Health Care:

- Foster a culture of mental health care in the company that values the emotional well-being of workers.

- This involves creating an environment where workers feel comfortable talking about their mental health issues and seeking help when they need it.

Additional recommendations:

- Involve workers in the design and implementation of the occupational plan to ensure their buy-in and commitment.

- Periodically monitor and evaluate the effectiveness of the occupational plan and make adjustments as needed.

- Stay up-to-date on the latest research and best practices in mental health at work.

It is important to note that a successful occupational plan requires a continuous commitment from the company and all its workers. The effective implementation of the proposed measures can contribute significantly to improving the work environment, promoting the mental health of workers and enhancing the productivity and general well-being of the organization.

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