Outline

- Mental Health and healthy lifestyles
- Understanding mental disorders
- Common mental disorders
- Workplace stress
- Managing workplace stress
- Conclusion
Mental Health

Not just the absence of mental illness
Mental Health

- Positive sense of well-being
- Belief in own worth and the dignity and worth of others
- Ability to:
  - deal with the inner world of thinking, feeling, managing life and taking risks
  - initiate, develop and sustain mutually satisfying personal relationships
  - Find a meaningful way of looking at life
Healthy lifestyles promoting mental health

- Coping strategies
- Self-esteem
- Self-care
- Relationships with family members, friends, colleagues
- Utilising time, money, self
- Participation and cooperation in social clubs, religious groups, self-help groups work
Mental Disorders

- Disturbances in perception, beliefs, thought processes and mood (psychoses)

- Disturbances in mood, concentration, irritability, fatigue (anxiety and mood disorders)

- Abnormal personality traits which are handicapping to the individual and/or to others (Personality disorders)

- Abnormal behaviours first seen in childhood- ADHD, Autism

- Excess consumption and dependency on alcohol, drugs and tobacco
Causes of Mental Disorders

- Social
- Psychological
- Physical
Social

• Life events
• Chronic adversity
• Lack of social support
Psychological

- Learned helplessness
- Pessimistic cognitive approaches
- Unhelpful patterns of behavior
Physical

- Genetic
- Endocrine
- Nutrition
- Infection
Consequences of mental illness

- Suffering
- Disability
- Mortality
  - Suicide
  - Physical illness
- Unemployment
- Low productivity
- Poverty
- Stress on carer
  - burnout, compassion fatigue, depression
- Marital breakdown
- Intellectual and emotional damage to children
- Cycle of disadvantage across generations
- Reduced access to and success of physical health programmes
How can you recognize mental illness?

- many physical complaints (especially more than three) that do not fit into a pattern of any known physical illness
- relationship problems, such as marital and sexual problems
- life problems, such as unemployment or the death of a close friend/relative
- Direct complaints of symptoms of mental illness, eg depression or psychosis or alcohol problems
- personal or family history of mental illness
- Obvious alcohol misuse or family violence
- The person or relatives suspect supernatural cause
Common mental disorders

- 1 in 4 Kenyans is likely to suffer from a mental disorder at some point in their lives.
- 5 in 6 Kenyans with mental illness do not receive treatment.
- 3x Likelihood of a Kenyan man committing suicide than a Kenyan woman.
- 4 in 5 people who commit suicide are depressed at the time of their death.
- 2 Position of suicide in the leading causes of deaths among youth age 15-29.
- 6 Kenya’s rank in Africa in number of depression cases at about 2 million; Nigeria leads with 7 million.
- 300m people worldwide suffer from depression, which is the most common mental disorder.

Kenya’s mental health problem

Causes of depression:
- Biological changes during pregnancy
- Genetics
- Psychological risks
- Social factors

Access to treatment:
- 54 Number of WHO member states including Kenya which do not have a separate budget for mental health.
- 99,840 Number of outpatients visits due to mental disorders in 2016.
- 62 Number of psychiatrists in Kenya.
- 1 in 7 outpatients seeking mental disorder treatment are in Nairobi County.

The cost:
- 5 hrs. 36 min Number of productive hours per week a depressed worker loses compared to 1 and a half hours for non-depressed workers.
- Sh101 trillion Cost in lost productivity globally due to depression and anxiety.
DEPRESSION

- Low mood
- Loss of interest
- Psychomotor retardation or agitation
- Worthlessness or excessive guilt
- Difficulty thinking or concentrating; indecisiveness
- Forgetfulness
- Suicidal ideation/plans

- Weight loss or gain or appetite changes
- Insomnia/hypersomnia
- Fatigue or loss of energy
- At least 2 weeks
- Significant distress or disruption of function
"How are you?"

Confused; Betrayed
Broken
Never good enough
Fragile; Anxious
I'm falling apart and you don't notice it
Pathetic; Annoying
Rejected
Lonely
Defeated
ANXIETY DISORDERS

- Intense fear or worry
- Out of proportion with any threat
- Impending doom
- Hypervigilance
- Fear of dying
- Fear of losing control or going crazy
- Poor sleep
- Poor appetite
- Palpitations
- Sweating
- Trembling or shaking
- Feeling of choking
- Nausea
- Chest tightness
Anxiety

The anxiety monster is small enough to sit on its victim’s shoulder and whisper things into their unconscious, eliciting fearful thoughts and irrational worries. The anxiety monster is often seen as weak in comparison to others, but it is one of the most common and is very hard to get rid of.

They often carry small objects linked to their victim’s anxieties such as clocks which represent a common but irrational fear of things that might never happen. No-one has ever seen the face of the anxiety monster for it always wears a skull as a mask.
Substance use disorders

- Common substances with use disorders
  - Alcohol
  - Tobacco
  - Cannabis
  - Khat
  - Cocaine
  - Heroin
SOMATOFORM DISORDERS

- Many physical complaints
- Cannot be explained adequately by findings of exam and tests
- Cause significant distress or functional disruption
- Examples
  - Somatisation disorder
  - Pain disorder
  - Hypochondriasis
  - Conversion disorder
  - Body dysmorphic disorder

- GI
  - Bloating
  - Diarrhea
  - Constipation
  - Nausea

- Pain
  - More than four sites

- Sexual
  - ED, low libido, menstrual problems

- Pseudoneurological
  - Convulsions, paresis, paralysis, blindness etc
Body Dysmorphic Disorder

As a master of deception, Body Dysmorphic Disorder loves to work in concert with other monsters such as OCD, Anxiety and Anorexia, amplifying their effects. With broken glass-like shards on its abdomen, it acts like a distorted mirror, reflecting a false view of whoever looks into its reflective surface. This mirrored monster then weaves a web to trap its victim like a spider, and slowly eats away at their self-esteem and overall wellbeing.

This causes the victim to become increasingly worried or preoccupied about a particular part of their body or overall appearance. They begin to believe that their distorted version is the truth. Victims will often try to conceal what they think is a defect, or worse, actively seek to change it themselves.
PSYCHOTIC EPISODE

- Hallucinations
- Delusions
- Bizarre behaviour
- Disorganised speech
- Negative symptoms
  - Avolition, affective flattening, alogia
- Social and occupational dysfunction
MANIC EPISODE

- Elevated, expansive irritable mood
- Grandiosity
- Pressured speech
- Flight of ideas or racing thoughts
- Distractibility
- Agitation
- indiscretions

- Decreased need for sleep
- ‘no time to eat’!
- Occupational and social dysfunction
Workplace stress
Stress

- A state of physical and/or psychological arousal
- A result of an individual’s coping or adaptive capacity being overwhelmed by an event
- Often brought about by a perceived threat or challenge
- May be expressed differently by different cultures
Perceived Stressors

- **Internal**
  - Anticipation of loss, failure, exertion
  - Fear of consequences of actions
  - Overreaction to trivial events
  - Sense of lack of control

- **External**
  - Threat to life or limb
  - Loss of loved one
  - Loss of job or status
  - Loss of property
  - Loss of sense of security
  - Unexpected gains!
Causes of Workplace Stress

• Job-related Factors
• Organisational Factors
• Individual Factors
Job-Related Factors

- Highly specialised jobs
- Heavy workload
- Long working hours and shift work
- Inadequate resources
- Poor working conditions
- Discrimination
Organisational Factors

- Role ambiguity
- Role Conflict
- Uncertainty over Security of tenure
- Poor relationships with workmates
- Little participation in decision-making
- Little or unclear career development
Individual Factors

- Personality and coping mechanisms
- Physical health
- Mental health
- Nature of family and social support
- Stage of career development
Effects of Workplace Stress

- On the Individual
- On the Organisational
Individual Level

- Violence
- Substance misuse
- Physical illnesses- heart, low immunity
- Mental illnesses- depression, anxiety
- Uncertain career paths
- Social problems- family, friends, the law
Organisational Level

- Accidents
- Thefts
- Reduced productivity (virtual go-slow)
- Absenteeism
- Costs of treatment
- Staff turnover
- Negative corporate image
Coping with Stress

• Coping is a way to prevent, delay, avoid, or manage stress

• Coping mechanism categories:
  • Changing the source of stress
  • Changing the view of the situation
  • Tolerating the stressor until it passes or becomes less troublesome
Examples of Coping

- Seeking help from others or offering to help others
- Using natural support systems
- Talking about their experiences and trying to make sense of what happened
- Hiding until the danger has passed
- Seeking information about the welfare of others
- Making the best of the situation
Factors promoting coping

Physical

- Balanced diet
- Regular exercise
- Physical activity
- Relaxation techniques
- Avoid alcohol, coffee or other drugs
Factors promoting coping

- Psychological
  - Positive thinking
  - Problem solving skills
  - Visualising success
Factors promoting coping

- Social
  - Strong family ties
  - Good circle of friends
  - Good working environment
  - Job satisfaction
  - Frequent laughter!
  - Games
Bad habits that promote Stress

- Alcohol, cigarettes, coffee
- Irresponsible sexual behaviour
- Bad eating habits- irregular meals, junk food, bingeing
- Worrying about things you cannot change
- Setting impossible goals
- Concentrating on avoiding failure
Strategies to Combat Workplace Stress

- Regular staff meetings
- Availability of counselling services
- Availability of clinical services
- Stress management programmes
- Flexible working hours and shifts
- Adequate staffing and resources at work
- Continuing education and skills acquisition
- Regular rotation of staff and time off duty
### Mental Health Continuum Model

#### Healthy
- Normal fluctuations in mood
- Normal sleep patterns
- Physically well, full of energy
- Consistent performance
- Socially active

#### Reacting
- Nervousness, irritability, sadness
- Trouble sleeping
- Tired/low energy, muscle tension, headaches
- Procrastination
- Decreased social activity

#### Injured
- Anxiety, anger, pervasive sadness, hopelessness
- Restless or disturbed sleep
- Fatigue, aches and pains
- Decreased performance, presenteeism
- Social avoidance or withdrawal

#### Ill
- Excessive anxiety, easily enraged, depressed mood
- Unable to fall or stay asleep
- Exhaustion, physical illness
- Unable to perform duties, absenteeism
- Isolation, avoiding social events

### Actions to Take at Each Phase of the Continuum

#### Healthy
- Focus on task at hand
- Break problems into manageable chunks
- Identify and nurture support systems
- Maintain healthy lifestyle

#### Reacting
- Recognize limits
- Get adequate rest, food, and exercise
- Engage in healthy coping strategies
- Identify and minimize stressors

#### Injured
- Identify and understand own signs of distress
- Talk with someone
- Seek help
- Seek social support instead of withdrawing

#### Ill
- Seek consultation as needed
- Follow health care provider recommendations
- Regain physical and mental health

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IN SUMMARY

(https://canadianlabour.ca/what-are-mental-health-and-mental-illness)
THANK YOU

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