

Mental health problems in the workplace: the depression alarm!

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Abstract

Mental health care problems have been in the focus of this research paper seeking to examine what is the seriousness of mental health problems in the workplace worldwide and on what basis are we running in Albania regarding these disorders. This research aims to give answers to the following research questions: “On what extend and How are these mental health problems reflected worldwide in the workplace” “ Does the workplace/organization provide employees with care or assistance regarding mental health and wellbeing in the industrialised world?” “Is there any room for employees’ mental health care in Albanian workplace context depending on reports?”. The research is based on relevant data coming out of working documents, academic researches, policy papers, etc from national, European and International organizations conducting studies on mental health disorders in the workplace and depression. Findings report an alarming trend regarding the extend and seriousness of mental health disorders, especially depression in the workplace reflected roughly from managers, patterns of absenteeism and presenteeism to lack of support, stigma and fear of losing one’s job affecting the individual to talk about their problems and seek for professional help to the psychologist. Figures are constantly confirming that there is a risen attention towards these mental problems as long as they fully concern health in all dimensions: the social, the physical and the mind. Information and awareness on detection and early prevention about these mental issues starting with early education in childhood to training parents and informing them about mechanisms on how to support and cope with their family member/colleague stress could be the first positive

struggle to taking care about each other and reducing the ongoing empowerment of depression and other mental disorders.

Keywords: mental disorders, depression, psychologist, education, mental health.

INTRODUCTION

As grown ups spend most of their productive part of life at work, given to the rise of attention to the dimensions of the workplace for the individual, the research question of this article consists in the inclination between problems coming from the workplace and depression. Driven from relevant survey data monitoring depression and mental health problems at the workplace, the research has the nuances of a policy paper in the hands of a psychologist collected throughout the evidences and collected data of European, national and international working documents. Because whatever is psychological is purely biological, concern about human mental health and wellbeing is always present in psychologists' analysis. Depression is one brain-centered related disorder which not only impacts individuals lifestyle, but even increments their economies. The benefit of knowing which are the cognitive, emotional and behavioural reflections of depressed employees in workplace would help professionals to diagnose earlier complications and work better on treatment and interventions. So far, there is an abundant scientific literature focused on depression and the "black dog" analogy, considering the disorder as one of the artifacts of our postmodernist era.

Objectives of the research: This research seeks to examine what is the seriousness of mental health problems in the workplace worldwide and on what basis are we running in Albania regarding these disorders? Keeping these objectives, this report aims to answer the following research questions:

-On what extend are mental health disorders present worldwide? How are these mental health problems reflected in the European workplace?

-How are mental health problems provided to companies and organizations where employees work? Does the workplace/organization provide employees with care or assistance regarding mental health and wellbeing in the industrialized world?

-Is there any room for employees' mental health care in Albanian workplace context depending on reports?

These questions imply the major concerns in this research paper.

1. The attention' rise for mental health wellbeing in the workplace

There is a lot of attention being given during this decade to threats on our wellbeing and mental health. Many reports from American Psychological Association, World Health Organization, International Labour Organization, World Economic Forum and other important units have been constantly highlighting how mental health disorder affect the employee and the organization effectiveness at the same time.

Recently in Europe there is an increased attention to psychological disorders in the workplace. A report produced under the EU Health Programme (2014-2020) ¹ states that the European Union considers mental health as a priority given the fact that alarming figures regarding anxiety and depression have made these two problems being considers as “common problems in the workplace”. There has been an historical apology considering working as good in terms of economy and personal productivity, but while working people find anxiety and depression, can the work be good any longer? The report utilized several data coming out of EU Compass for Mental Health and Well-being, reports from the Joint Action on Mental Health and Well-being on mental health at the workplace, World Health Organization on mental health and occupational health, reports from World Health Organization European Office on Policies and Practices for Mental Health in Europe, EU literature review focused on peer reviewed journals, policy documents, etc and results that: “The majority of people living with a common mental disorder

¹ Leka,S. Jain,A. (2017) Consensus paper-Mental Health in the workplace in Europe. Centre for Organizational Health & Development, School of Medicine, University of Nottingham.Funded by the European Union in the frame of the 3rd EU Health Programme (2014-2020)

https://ec.europa.eu/health/sites/health/files/mental_health/docs/compass_2017workplac_e_en.pdf

are employed but many are at greater risk of job loss and permanent labour market exclusion than colleagues without these problems”.

In a systematic review of studies of mental disorders in Switzerland, Iceland and Norway² it was reported that “approximately 38.2% of the EU population suffer from a mental disorder each year”. Authors suggested that “The most frequent disorders are anxiety disorders (14%), insomnia (7%), major depression (6.9%), somatoform disorders(6.3%), alcohol and drug dependence (>4%), ADHD (5%) in the young, and dementia (1–30%, depending on age)”.

In the meantime, the recorded cost of mental illness health in corporates in Europe is €240 billion/per year of which €136 billion/per year is the cost of reduced productivity including absenteeism and €104 billion/per year is the cost of direct costs such as medical treatment”³. There is a growing interest from the EU in promoting health and wellbeing in European workplaces.

In order to measure what the European level of wellbeing and happiness is and how mental health and/or depression is rated related to the workplace, research was extended to the statistics and data on subjective wellbeing from the European Social Survey (ESS)⁴, an academically driven cross-national survey which started to be conducted every two years since 2002. The ESS categorized wellbeing in terms of hedonism-happiness and pain, meanwhile eudemonic explained in terms of flourishing from happiness. Moreover, by combining some theoretical models and statistical analysis, the ESS identified six dimensions of wellbeing including: Evaluative wellbeing (overall estimations of how well their life is going), Emotional wellbeing (positive day-to-day feelings and lack of negative feelings such as anxiety and depression), Functioning (feelings of autonomy, competence, engagement), Vitality(sleeping well, feeling energized), Community wellbeing (trust in other people, feeling supported, a sense of neighbourliness) and Supportive relationships (companionship, appreciation, and with whom they can discuss intimate matters)⁵. After creating indexes for each of the dimensions the European Social Survey shows how wellbeing differs across

² As cited above:pp.9-10. conducted by Wittchen et al. (2011)

³ As cited above pp.14

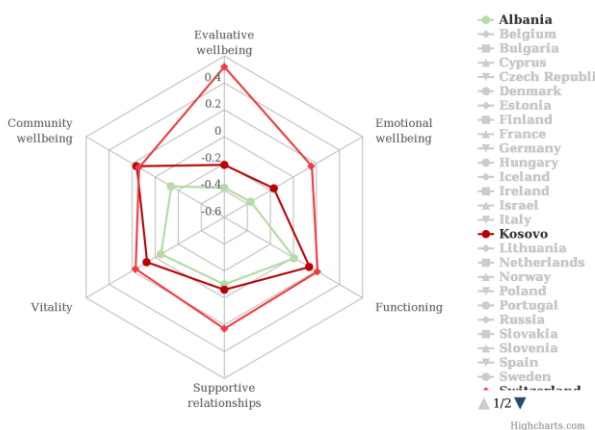
⁴ European Social Survey.Measuring and reporting on European’s wellbeing: findings from the European Social Survey
https://www.europeansocialsurvey.org/docs/findings/ESS16_measuring_and_reporting_on_europeans_wellbeing.pdf

⁵ <http://www.esswellbeingmatters.org/data/index.html>

countries in Europe. Generally, there is a pattern in EU countries starting from economic level: high economy countries like Switzerland report high levels of wellbeing, meanwhile low economy countries in the Western Balkan tend to show lower. In order to better mark the difference, a withdraw of the data regarding Switzerland reporting a high level of wellbeing and Albania shall be found below. Because of similarity in economy and culture, but however different approach to community life because of historical reasons, the data from Kosovo population wellbeing was withdrawn too in this paper.

| Dimensions of Wellbeing | Albania | Switzerland | Kosovo |
|--------------------------|---------|-------------|--------|
| Evaluative Wellbeing | -0.38 | 0.52 | -0.21 |
| Emotional Wellbeing | -0.37 | 0.16 | -0.17 |
| Functioning | 0.01 | 0.21 | 0.14 |
| Supportive Relationships | -0.10 | 0.23 | -0.06 |
| Vitality | -0.05 | 0.17 | 0.07 |
| Community Wellbeing | -0.14 | 0.14 | 0.16 |

FIGURE 1: Average score on different dimensions of wellbeing by country



Data source: ESS Round 6 (2012/2013). Post-stratification weights applied⁶

Referring to lack of wellbeing related to depression in the workplace in Europe, World Federation for Mental Health after having analysed

⁶ AS cited above

empirical data coming out of surveys from EDA, WHO, etc recognizes that depression is one of the worlds leading disabilities affecting individuals in various ways. Researches conducted with managers reported that in Europe one in ten managers has encountered depressive employees and they did not know how to properly behave towards them: how to come to help, how to better address their problems and they even reported (one in three of the managers) that they had no information, neither resources provided to further support them⁷. Evidently, there is so much speaking about the presence of depression in the workplace and the situation becomes even more complicated when speaking about giving support and solution to the problems of these employees in the organization. Stigma and the fear of losing their job still remain major causes for not talking about depression in the workplace, and if they did in their best scenario, what they could get it would just be an allowance of time off.

In Australia the rehabilitation of a depressed employee seems to be fairly managed. Empirical data coming out of national statistics in the risk big industries conducted from the Black Dog Institute constantly interested in research, assessment and supporting the mental health in the workplace, report that “mental illness is the leading cause of sickness absence and long-term work incapacity in Australia, equating to up to \$12 billion lost to Australian businesses each year”. Statistics report that 1 in 6 Australian workers having experienced mental illness problems during one year, therefore the struggle to support and rehabilitate workers is relatively high. Through education and training, the Black Dog Institute has created opportunities for big industry companies to train managers and then workers to support workers, colleagues promoting mental wellbeing through staff engagement and raise productivity. The core attention of the Institute is promoting “mental health wellbeing as everybody’s business” believing that businesses know what is being referred to⁸.

⁷ World Federation for Mental Health. Depression in the workplace.
<http://www.dgt.es/Galerias/seguridad-vial/unidad-de-victimas-de-accidentes-de-trafico/articulos-de-interes/DepresionTrabajoWFMH.pdf>

⁸ <https://www.blackdoginstitute.org.au/education-training/workplace-mental-health-and-wellbeing/mental-health-training-for-managers-nsw> Retrieved on August, 14th, 2019

In Brasil, results of an online survey⁹ conducted in 2014 from a group of researchers in collaboration with the International Chamber of Commerce and the European Depression Association¹⁰, concerning the occurrence and perseverance of depression in the workplace of 1,000 workers recruited from online sources were scarcely alarming. Given the changes in the economic structure, the work-depression investigation reported the common symptoms that attribute depression consist in crying, lost of interest, sadness, etc. Over half of the respondents reported to have difficulties in concentration, indecisiveness and forgetfulness and 73.5% of them reported to have (ever) been depressed but still remained working. The question of absenteeism at work consisted in one indicator of not feeling well, which was highly underestimated from their managers. The study found that depression is highly tackled in the workplace but the identification and management of symptoms of depression needs to be considered seriously and set as a priority in the worker's health care.

In Japan, there is a serious attention being given to the mental care health of workers since there has been various changes and restructuring in globalization among companies, irregular employment styles (temporary and daily employment), working hours system, mortgage economic crises and job cuts in 2008, leading to stress among employees, raise of number of suicides in men in their 30-50's related to struggles to make a living, mistakes at work, job loss, etc. In 2011 health status survey¹¹ conducted from the Ministry of Health, Labour and Welfare reported as the following “the proportion of workers responding that they experience strong anxiety, distress, and/or stress regarding work and the workplace has increased”. Employees reported feeling anxiety, “problems with interpersonal relationships with colleagues in the workplace,” “problems with the quality of work,” and “problems with the quantity of work.” The researcher found out that depression is going to increase in the workplace if colleagues and supervisors will not

⁹ Yuan-Pang Wang and Clarice Gorenstein. (2014). Attitude and Impact of Perceived Depression in the Workplace. *Int. J. Environ. Res. Public Health* 2014, 11 pp.60222-60336

<https://pdfs.semanticscholar.org/4683/d33cb1e1e6c0ad3fd1b52e138e1908218fe3.pdf>

¹⁰ EDA <https://www.europeandepressionday.eu/>

¹¹ Otsubo, T. (2010). Approaches to Depression in the Workplace *JMAJ* 54(2): 81–86, 2011 https://www.med.or.jp/english/journal/pdf/2011_02/081_086.pdf This article is a revised English version of a paper originally published in the *Journal of the Japan Medical Association* (Vol.138, No.11, 2010, pages 2260–2264).

acknowledge the signs of depression of their employee and will not support them to recover¹².

Depression treatment is a process which should clearly be managed from psychologists but the main concern is that supervisors and managers should understand that supporting the recovery of their employee is a chance for them to show how much they take care of each other and at the same time “reflect signs of their own growth” as successful leaders.

2. Mental health wellbeing on the psychologist’s screen depending on current data

In one longitudinal study conducted in the USA in 2003-2004 a total of 14,268 employed adults (18–62 years) from primary care offices were screened by using questionnaires regarding them being present or absent at work. It resulted that questions of presenteeism and absenteeism were quite evident for the depressed employees. Results of the study showed that being present at work was associated with more depression symptoms and poor health, however days being absent meant that employees were suffering from poor health but which was not characterized from stress at the workplace. Even though the difference between feeling well and not feeling well was quite insignificant, employees could benefit from health care institutions and day-leave medical reports¹³.

According to a report on depression in the workplace conducted in Europe in 2014, “depression has shown significant cost implications both in economic and individual business perspective. Therefore, many international companies such as BT, DPDHL, Lundbeck, Ogilvy and Unilever are leading the way in this area, with the provision of mental health policies aiming to address the challenges of depression in the workplace¹⁴. The assistance they offer is through the HR practices and training on time management, communication, team building, leadership, moreover emphasizing the need to talk about stress and problems of wellbeing and not beholding stigma.

¹² As cited above

¹³ Lerner, D. et al. (2004). Work Performance of Employees With Depression: The Impact of Work Stressors. US National Library of Medicine. National Institute of Health <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4174367/>

¹⁴ Depression in the workplace in Europe. A report featuring new insights from business leaders http://targetdepression.com/wp-content/uploads/2014/04/TARGET_Report_Final.pdf

Collected data from studies conducted in several international business organizations have led the WHO in 2002 to state out in a monograph that the issue of mental health in the workplace is a very serious issue, cited as “WHO recognizing mental health as a top priority”¹⁵. Moreover, in 2002 WHO assessed that “Five of the 10 leading causes of disability worldwide are mental problems including major depression, schizophrenia, bipolar disorders, alcohol use and obsessive-compulsive disorders. In clinical terms, these disorders are all associated with extinguished level of anxiety and stressful reaction to situations, therefore the alarming scenarios of having mental health disorders has strived for attention: anytime mental health concerns are met, we are highlighting the employee, not the organization.

Consistent to research on employees and psychological wellbeing, The International Labor Organization (ILO) reported that the attention to employees’ mental health and wellbeing is far more than on the psychologists concern¹⁶. It is one of the issues of interest concerning International Organization of Labour (ILO) as well, giving serious inclination between psychosocial factors of the employee and future of work in a global trend. In the centenary accomplishment of its work and contribution, ILO posted that the megatrends for future work consist in: technology, demography, globalization and climate change. However, besides identifying the mega trends driving our future works and the generated opportunities coming out of these, the implication is genuinely human as well. What kind of human impact are these megatrends giving to the individual? Are we ready to properly manage these market based challenges relying on the knowledge and skills acquired so far? Are these trends going to offer better lifetime opportunities for our people or they are going to threaten job security? Whether these job trends are going to impact the employee’s well being or not and if they are, on what matter, “this is going to be part of a broader understanding of the factors which affect the employee’s health” according to the ILO.

¹⁵ World Health Organization (2002).Mental Health and work: Impact, issues and good practices. ISBN 92 4 159037 8 (NLM classification: WA 495) ISSN 1726-1155 -pp.8/77 https://www.who.int/mental_health/media/en/712.pdf

¹⁶International Labour Organization (2017).Inception report for the global commission on the future of work. ISBN 978-92-2-131371-7 (print) ISBN 978-92-2-131372-4 (web pdf) Chapter 2. Work and Society. pp 18-20 https://www.ilo.org/wcmsp5/groups/public/---dgreports/---cabinet/documents/publication/wcms_591502.pdf

The question whether the “job bring much more value to the individual than just the income it generates” emphasized from ILO finds a relevance in the context of the Albanian satisfaction towards job. Based on the evolutionary perspective focusing more on the gain than what you get, Albanian adults questions derived from “Are you happy when you go to work?” to “How much do you get paid in a month?” lead to another assumption: What are employees looking for in their jobs?

Mental health problems of a person, are not only individual: the problems these individuals reflect in thinking and behavior impact the life of their family members, their friends, their partners, their colleagues and their work at the same time. Employees who have mental health disorders are about 6% less productive at work in comparison with other employees not carrying these problems¹⁷. The calculated loss in the European countries for employees’ mental health disorder in financial terms is 4% of the one country GDP including absenteeism-loss of work from being reported ill and presenteeism-being at work and not being productive. This is reflected even in their lower wages and in 2015 “the cost of this loss of productivity is estimated at almost EUR 23”¹⁸.

1. Albanian Labour Market issues and attention to psychological disorders

Albania is an ILO member country from 1920-1967 and since 1991¹⁹. Within the framework of “Decent Work for All” ²⁰, ILO has identified the country program priorities in the period 2017-2021. These priorities are mainly focused on the promotion of employment, capacity strengthening, social protection and work conditions. Apart from the researcher’s interest in detecting attention in the personnel and their well-being, the employment situation in Albania still needs

¹⁷ HEALTH AT A GLANCE: EUROPE 2018 © OECD/EUROPEAN UNION 2018 ISBN 978-92-64-30335-5 (PDF)
pp.30-32

<http://sante.public.lu/fr/publications/p/panorama-sante-indicateurs-ocde-2017-fr-en/panorama-sante-indicateurs-ocde-2017-en.pdf>

¹⁸ As cited above

¹⁹https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11110:0::NO::P11110_ISO_C_ODE:ALB

²⁰ ILO (2017). Albania Decent Country Work program, 2017-2021, pp.13
https://www.ilo.org/wcmsp5/groups/public/---ed_mas/---program/documents/genericdocument/wcms_562105.pdf

to be focused on employment agenda than focusing on the individual mental health and wellbeing.

Albanian employability situation is in line with European policies underlined from European Treaties as well. The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs), adopted by the UN General Assembly in 2015, gives power to reaching the goal 8 according to employment issues. Goal 8 aims to “Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all”. Still, the goal’s indicator is highly economic citing as the following: “Annual growth rate of real GDP per capita”²¹. These data show that the employability sector has an economic approach rather than a humanistic approach because of the job market problems.

Based on the humanistic approach and Maslow’s hierarchy of needs²², once individuals fulfill their basic needs starting from food and shelter, love and safety, then they may recognize that there are some other things worrying them: things related to being evaluated from the others, taking care of their self-esteem etc. Likewise this hierarchy of needs, our country’s employment situation as not yet completed the number of available jobs for adults to be employed therefore cannot make room for their individual concerns unrelated to work.

Does the Albanian Code of Labour predict days of not feeling emotionally well? Or maybe employees should have only problems with their health in order to take care of themselves? On the other hand, would employees accept to have on their medical reports to have written that one has been absent at work because of feeling stressed, anxious or depressed? How should the HR unit of the organization, managers and colleagues see the person carrying these emotional turmoils? These are still unknown facts which need to be explored further in order to better aid and support employees wellbeing in the workplace.

The Action Plan of Health promotion in Albania health reports that there is a rise of mental health disorders “A significant threat for the quality of life in Albania is the mental ill health; some studies in Tirana report that about one in three people manifest

²¹ <http://www.instat.gov.al/en/sdgs/>

²² Maslow: Hierarchy of needs

depression, among young people as well as among elderly”²³. Based on the objective of raising awareness regarding health, the use of basic medical services and control have been provided from 2016 in Albania as the check up of the population from 35 to 70 years old. In the check up package there is even the test and depression test provided to the population aiming to control and to promote health in a physical, mental and social dimension²⁴, not only the lack of disease in our body.’ The check-up list provided to the Albanian population includes a depression measurement test aiming to ask on “how are you?” and “how happy are you with...?” This is a progressive step towards the realization of the population needs and gaps. Future research could further elaborate which are the most prominent gaps of the Albanian population wellbeing and mental health.

CONCLUSIONS AND RECOMMENDATIONS:

This research intended to make a thorough investigation on the situation of mental health in the workplace. Since the nature of work has changed dramatically through the years and has been associated with changes in economy, the individual has been in the crossroad between personal high demands and little return and compensation. Moreover, the humanity presented in the workplace relationships has been replaced with apathy towards the other and no support. In the climate of “nobody taking care for the other next to you” problems have risen in emotional wellbeing and everyday functioning compromising mental health and the organization the employee is working in.

Survey reports and policy papers in European and International level emphasize that the situation regarding mental health in the workplace is alarming in Europe and worldwide! Depression has strived upon the mindset of the employee leveraging thee from absenteeism to presenteeism. The impact is dramatic concerning the individual, family, the community, the organization. From the perspective of a psychologists, looking at the alarming figures of mental disability and suicides, intervention since in early

²³ Action Plan of Health Promotion 2017-2020. Ministry of Halth in Albania, Swiss Agency for Development and Cooperation, Health for All Projects, UNFPA. pp.11 <https://shendetesia.gov.al/wp-content/uploads/2019/01/Action-plan-Health-promotion-2017-2021.pdf>

²⁴Cited as above pp.12

stages of education and individual development should be given in order to be better informed about these mental disorders and know when and how to seek for help to a professional.

During early education, there should be promoted good mental health and preventing mental health problems and equipping parents with skills in coping with situations regarding mental and emotional problems of their children, their parents, their partners and even their colleagues.

Recommendation for future research and implication lays on designing a model of depression evaluation at the workplace to be of help in many organizations and companies in Albania.

At the same time, a survey conducted various organizations in Albania on how much do they care about the employee's mental health and wellbeing could be further considered.

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