



Assessing the Mental Health Status of Secondary School Teachers in Ebonyi State

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Abstract

This study assessed the mental health status of secondary school teachers in Ebonyi State. Two research questions and two hypotheses guided the study. The study was a descriptive cross sectional survey research. The population of this study comprised 4,360 secondary school teachers within 226 public secondary schools in Ebonyi State. A sample size of 450 teachers was selected using multistage sampling technique. Data collection was done using an adapted 38-item questionnaire instrument developed by Canadian Mental Health Association (2009). The generated data were analyzed using mean scores and standard deviations to answer research questions while t-test statistic were used to test null hypotheses at 0.05 level of significance. A criterion mean of 2.50 was set to determine high or low mental health levels. The study found that secondary school teachers in Ebonyi State had high level of mental health status (2.43 ± 0.41). Significant differences were found on mental health status of secondary school teachers in Ebonyi State based on gender ($t = 0.511 < 0.609$, $p < 0.05$) and location of schools ($t = 3.917 < 0.000$, $p < 0.05$) of secondary school teachers. Based on the findings, it was concluded that the level of mental health status of secondary school teachers in Ebonyi State was high (2.43 ± 0.41). The study recommended among others that non-governmental agencies should periodically organize mental health intervention programmes and workshops for teachers in conjunction with the Department of Human Kinetics and Health Education in Ebonyi State. It was also recommended that conducive staff room and other teaching and learning facilities should be provided by Ebonyi State Ministry of Education in all secondary schools in the Education Zones in the State to avert occasions of mental health issues that might prevent the teachers from discharging their duties effectively and efficiently.

Keywords: Mental health, Status, Gender, Teachers

Introduction

It is a general belief that health is wealth and an asset every individual desires to hold on to at all time in life. No wonder Egenegbe (2006) affirmed that any individual who is mentally healthy feels happy and might likely take urgent steps to solve problems and avert mental disturbances. Mental health as defined by Townsend (2006) is the successful adaptation to stressors from the internal or external environment and this is evidenced by thoughts, feelings, and behaviours that are age-appropriate and congruent with local and cultural norms. In this study, mental health is defined as a positive state of health in which one feels relaxed, happy, loved, appreciated, and enjoys relative peace of mind and satisfaction in his environment.



A healthy environment according to Udoh and Ajala (2005) contributes to one's mental health status which is often dynamic and can change, depending on a given situation. A healthy environment in this study can be attributed to a healthy academic environment in which Akinsola (2006) explained that such environments affect the mental health level of an individual's intellectual functioning with respect to personal and social aspirations and expectations.

Status according to Samuel (2010) is the position (high or low, presence or absence, functional or not functional) of an endeavour at a given time. When applied to mental health, it could be taken to mean teacher's mental health existing position or endeavour at any given time. Amaraegbu (2013) defined mental health status as the index of one's state of psychological well-being. Consequently, mental health status as pertains to this study is the degree of mental and emotional fluctuations that can affect the health condition of teachers at any point in time.

Mental health status can be subjectively measured (Wong, 2016). This can be achieved using Canadian Mental Health Association (2009) instrument which assessed four dimensions of mental health namely, thoughts, body reactions, behaviours and emotions. The association explained that thoughts involve the way one thinks about something which has great impact on mental health while body reactions are changes in body functions such as heart rate, breathing, digestion, brain chemicals, hormones, and so on. The author further explained that behaviours are helpful or harmful things one does whereas emotions are pleasant or unpleasant way one feels. Each of the four mental health dimensions (thoughts, body reactions, behaviours and emotions) is said to influence the other and mental health in general. In addition, the above dimensions can be influenced by different environments, such as the home, community, school and workplace. Consequently, CMHA (2009) and Wong (2016) noted that mental health status could be adjudged high or low hence it is never static rather it fluctuates. When there are fluctuations in mental health status, daily living and daily responsibilities and challenges of teachers become affected.

Teachers are learned educators. Agwu (2005) defined a teacher as an educator who is trained to impart skill, knowledge and attitude to learners. Teachers can carry out their duties exceedingly well if they are of sound mind and body, but if there are departures from these, teaching outcome becomes low (World Health Organization and International Labour Organization, 2002).

The mental health status of teachers directly influences quality of education. The nature of work of teachers especially in the secondary schools requires that the teacher must be emotionally stable, have positive attitude towards teaching and must be sincerely interested in students and their welfare. Hence, it is important for teachers' mental health status to be high enough to encourage professional development and to create satisfactory work conditions for enhanced effectiveness.

Teachers' mental health is often affected by their teaching job as well as teaching environment. When teachers' working environment is conducive, such as light workload, class size, number of teaching hours, good student-teacher relationship and that of the principals, they are likely to motivate and create job satisfaction for the teachers (Adelabu, 2005 and Matthew, 2005). When this scenario is absent, teachers may become demoralized and lose motivation for work commitment.

Poor working conditions, poor facilities for teaching and learning and poor remuneration among teachers in Ebonyi State seem to have led to teachers showing evidence of loss of self-worth, inferiority complex, low self-esteem and consequently might culminate and become problematic to the teacher and robs him or her of having a well-adjusted personality. Such situation could result to more devastating conditions if preventive,



promotive and ameliorative measures are not put in place. Teachers' mental health thus becomes imperative because without the services of mentally healthy teachers, students would lack the desired educational impact and suffer maladjustment in the society. These challenges conflict and might have consequences on the mental health status of the teachers. However, this prompted the researcher to investigate the mental health status of teachers in Ebonyi State

Basavanthappa (2007) identified elements of mental health to include treating others as human beings and getting along well with people; being flexible under internal and external stress; coping with stress; obtaining pleasure from many sources; seeing and accepting self-limitations to fulfill personal needs and in doing productive tasks and a sense of self-esteem. These elements of mental health reflect in a person's overall happiness and cuts across other domains of life such as social relationship, work and community life. When a teacher exhibits such good mental health disposition, his/her work is affected positively likewise teacher-pupil relationship. Following from the above, this study defines a mentally healthy teacher as one who is overly happy with himself and others and functions rationally in his/her immediate environment.

In America, Michiko, Kenji, Timothea, and Nori (2007) revealed that an estimated 7.5 per cent of young teachers experienced some kind of mental disorders at some points in their lives while forty-one million (41, 000, 000) American teachers have been reported with cases of mental illness. In Nigeria, World Bank (2013) reported that the prevalence of mental illness in teachers is in the range of 20% and that 1 in 4 Nigerians suffers mental health challenges. More reports revealed that out of 174 million Nigerians, 64 million are deemed to suffer from different forms of mental illness (Onyeji, 2019). Consequently, the state of mental health having been receiving increasing attention in Nigeria over the past few years still requires more attention especially with respect to teachers in Ebonyi State. Raj (2014) insisted that teachers are the most powerful agents that influence behaviours of students thus they should possess emotional stability as well as healthy attitude towards life. Both physical and mental health of a teacher adds to the efficiency of his/her work.

Gender and location, respectively, are demographic variables generally known to influence the mental health status of teachers. Raj (2014) and Gorsy, Panwar and Kumar (2015) found that gender had strong association with teachers' mental health status. The authors in their respective studies confirmed that male school teachers were found better to have mental health than their female counterparts. Male teachers showed more depersonalization than female teachers. In another study, Davari and Bagheri (2012) noted that female teachers were associated with more mental and physical pressure which lowered their mental health status due to multiple responsibilities than their male counterpart.

Location, on the other hand, as found by Baro (2014), affected mental health status of teachers. Accordingly, teachers were exposed to high levels of stress-related factors in their rural work environment. A commute from home to work of over an hour was clearly associated with a higher risk of lifetime anxiety disorders and depression. Additionally, Gorsy et al (2015) concluded that teachers posted at schools located in urban areas were found to have better mental health status as compared to teachers posted at schools located under rural areas.

Based on reviewed literature, the various socio-demographic independent variables in one way or the other may have played some crucial roles in the mental health status of the reviewed population regardless of their professions. Be it as it may, teachers who are also part of this reviewed group may have been affected also by the various independent variables. The teachers as could conventionally be seen are constantly confronted with daily conflicts or stressors arising from their teaching jobs, families and immediate environment. The teachers



that were reviewed were of different genders. Some of the teachers may have been operating from the rural areas where their schools are located while others live in the urban location in the State where they carry out their teaching job.

Given the various differences in the socio-demographic status, it will not be out of place to say that secondary school teachers in Ebonyi State may not exhibit the same mental health status as obtained in some previous related works. Nevertheless, in situations where they may seem to show the same pattern of mental health status, the various socio-demographic conditions may, in one way or the other, contributed to their peculiar mental health status. Moreover, where there were similarities, their genders and locations differed with this present study. These assertions would be determined by their socio-demographic variables. Against these backdrops, this present study sought to access the mental health status of secondary school teachers in Ebonyi State.

Research Questions

1. What is the mental health status of secondary school teachers in Ebonyi State?
2. What is the mental health status of secondary school teachers in Ebonyi State based on gender?
3. What is the mental health status of secondary school teachers in Ebonyi State based on location?

Hypotheses

1. There is no significant difference in the mental health status of secondary school teacher in Ebonyi State based on gender.
2. There is no significant difference in the mental health status of secondary school teacher in Ebonyi State based on location.

Methods

The study was a descriptive cross sectional survey design aimed at gathering information in their natural setting without manipulation (Bryman, 2015). The population for the study was 226 public secondary schools Ebonyi State with a total number of 4,360 teachers. The sample size for the study was 450 secondary school teacher determined based on the rule of thumb that when the population is a few thousand, 10 percent or less of the population can be used as sample (Nwana, 2006). The multi-stage sampling technique was used to draw the sample. The first stage involved the identification of the three educational zones in Ebonyi State as clusters. From each cluster 6 secondary schools are selected through random sampling giving a total of 18 secondary schools. Convenient sampling method was used to select 25 teachers from each sampled school.

The instrument for data collection was the Canadian Mental Health Association Questionnaire extracted from the Canadian Community Health Survey (CCHS) 2011. The questionnaire was made of two sections. Section A ask questions on the socio-demographic characteristics of the respondents. While section B elicited responses on the mental health of the respondents in thought, body reaction, behaviour and emotions. Face validity of the instrument was adjudged by five experts in the Departments of Human Kinetics and Health Education and Measurement and Evaluation in Science Education Department respectively, all in Ebonyi State University, Abakaliki.

Reliability of the instrument was determined by administering the questionnaire on 30 secondary school teachers in Enugu State, once, since the schools fall outside the study area and they share similar characteristics with the area under study. Five trained research assistants helped in the distribution and collection of the instrument on the spot. A total



number of 450 copies of the instrument were distributed while 424 valid copies yielded a return rate of 94.2%. This was used for the study. The reliability obtained for Thought was 0.83, Body Reactions 0.74, Behaviour 0.19 and Emotions, 0.76 respectively was obtained. This was established through the use of Chronbach Alpha estimate of reliability and the reliability coefficient of 0.83 was established. All the reliability indices met the recommended standard of 0.67. Accordingly, if the correlation coefficient obtained attains 0.67 and above, then the instruments should be considered reliable for use in a study (Udegbe, 2007).

Mean and Standard Deviation were used to answer the research questions while Student t-test, was used to analyze the hypotheses at .05 level of significance. A criterion mean of 2.50 was set to determine high or low level of mental health. However, based on the nature of the structure of the questionnaire items, any item with a criterion mean of 2.50 and above was considered low mental health status while items below 2.50 was considered high mental health status.

Results and Discussion of Findings

The following findings were made and presented in Tables for the purpose of answering research questions and hypotheses.

Table 1: Mean and Standard Deviation of Mental Health Status of Teachers

Variables	\bar{x}	SD	Decision
Thought	2.41	0.57	High
Body Reaction	2.43	0.69	High
Behaviour	2.39	0.52	High
Emotions	2.37	0.69	High
Mental Health Status	2.43	0.41	High

The data presented in Table 1 show that thought (2.41 ± 0.57), body reaction (2.43 ± 0.69), behaviour (2.39 ± 0.52) and emotions (2.37 ± 0.69) respectively have mean scores that are below the criterion mean of 2.50 set for the study. Overall mental health status (2.43 ± 0.41) has a mean score that is below the criterion mean. These data imply that the mental health status (2.43 ± 0.41) of secondary school teachers in Ebonyi State is high. The standard deviations show that the teachers' responses did not vary so widely from the central mean.



Table 2: Mental Health Status of Male and Female Teachers (n = 424)

Variables	Gender	N	\bar{x}	SD	Decision
Thought	Male	183	2.40	0.61	High
	Female	241	2.42	0.54	High
Body Reaction	Male	183	2.43	0.75	High
	Female	241	2.44	0.64	High
Behaviour	Male	183	2.39	0.53	High
	Female	241	2.38	0.51	High
Emotions	Male	183	2.43	0.68	High
	Female	241	2.33	0.68	High
Mental Health Status	Female	241	2.39	0.39	High

Data presented in Table 2 show that thought (male, 2.40 0.61, female, 2.42 0.54); body reaction (male 2.43 0.75, female 2.44 0.64); behaviour (male, 2.39 0.53, female (2.38 0.51) and emotions (male, 2.43 0.68, female, 2.33 0.68) respectively have mean scores below the criterion mean of 2.50 set for the study. Overall, mental health status (male, 2.41 0.44, female, 2.39 0.39) of the male and female teachers have mean scores that are below the criterion mean. The results imply that the male and female teachers have high mental health status. However, mental health score of the male teachers is higher than that of the female teachers. The standard deviations show that the responses of the groups did not vary so widely from the central mean.

Table 3: Mental Health Status of Rural and Urban Schools n = (424)

Variables	Location of School	N	\bar{x}	SD	Decision
Thought	Rural	176	2.51	0.58	Low
	Urban	248	2.34	0.56	High
Body Reaction	Rural	176	2.51	0.77	Low
	Urban	248	2.38	0.62	High
Behaviour	Rural	176	2.46	0.43	High
	Urban	248	2.34	0.51	High
Emotions	Rural	176	2.49	0.69	High
	Urban	248	2.29	0.68	High
Mental Health Status	Rural	176	2.49	0.41	High
	Urban	248	2.34	0.40	High

Data presented in Table 3 show that thought for rural (2.51 ± 0.58) and urban (2.34 ± 0.56); body reaction for rural (2.51 ± 0.77) and urban (2.38 ± 0.62); behaviour for rural (2.46 ± 0.43) and urban (2.34 ± 0.51) and emotions for rural (2.49 ± 0.69); and urban (2.29 ± 0.68)



respectively are below the criterion mean of 2.50 set for the study except for thought under rural location (2.51 ± 0.58) whose mean score is above the criterion mean. Overall, mental health status for rural (2.49 ± 0.41) and urban (2.34 ± 0.40) locations for teachers have mean scores that are below the criterion mean of 2.50 set for the study. The results imply that teachers from rural and urban locations have high mental health status. The standard deviations show that the responses of the groups did not vary so widely from the central mean.

Table 4: Summary of t-test Analysis of Male and Female Secondary School Teachers' Mental Health Status in Ebonyi State

Variables	Gender	N	\bar{x}	SD	t-value	p-value	Decision
Thought	Male	183	2.40	0.61	0.272	0.786	NS
	Female	241	2.42	0.54			
Body Reaction	Male	183	2.43	0.75	0.049	0.961	NS
	Female	241	2.44	0.64			
Behaviour	Male	183	2.39	0.53	0.176	0.860	NS
	Female	241	2.38	0.51			
Emotions	Male	183	2.43	0.68	1.365	0.173	NS
	Female	241	2.33	0.68			
Mental Health Status	Male	183	2.41	0.44	0.511	0.609	NS
	Female	241	2.39	0.39			

NS at $p \leq 0.05$

Table 4 shows the summary of t-test analysis on mental health status of male and female secondary school teachers in Ebonyi State. The data indicated that generally, $t =$ of 0.511 was not significant at 0.609 ($p < 0.05$) of male and female teachers. This implies that there is no significant difference in the mental health status of male and female teachers in Ebonyi State.



Table 5: Summary of t-test Analysis between Rural and Urban Schools' Teachers' Mental Health Status in Ebonyi State

Variables	Location	N	\bar{x}	SD	t-value	p-value	Decision
Thought	Rural	176	2.51	0.58	2.931	0.004	S
	Urban	248	2.34	0.56			
Body Reaction	Rural	176	2.51	0.77	2.038	0.042	S
	Urban	248	2.38	0.62			
Behaviour	Rural	176	2.46	0.43	2.356	0.019	S
	Urban	248	2.34	0.51			
Emotions	Rural	176	2.49	0.69	3.014	0.003	S
	Urban	248	2.29	0.68			
Mental Health Status	Rural	176	2.49	0.41	3.917	0.000	S
	Urban	248	2.34	0.40			

*p < 0.05

Table 5 shows the summary of t-test analysis on mental health status of rural and urban secondary school teachers in Ebonyi State. The data indicated that generally, $t = 3.917$ was significant at 0.000 ($p > 0.05$) on mental health status of rural and urban teachers. This implies that there is significant difference in the mental health status of rural and urban secondary school teachers in Ebonyi State. The hypothesis was however rejected.

Discussion

Results in Table 1 showed that the mental health status (2.43 0.41) of secondary school teachers in Ebonyi State was high. The finding was expected because experience shows that a mentally healthy person puts in his best in his work. The teachers in the survey reported high mental health status and this was an indication of a good mental health. By implication, the teachers would put in their best in the teaching job as reflected on the attitude of some teachers in the schools under survey. The teachers despite meager salary and certain unhealthy treatment meted on them such as non- implementation of national minimum wage by the government, the teachers are seen happy with their job and other activities in relation to their job, thus living above board. The result of this study could be attributable to extra fund they make from extra lessons they indulge in and other businesses a lot of them may be involved with that attracts more money to argument their salaries.

The result was in conformity with a study by Nwimo (2004) which found a high health status on teachers which however was a suggestion of good health and efficiency in the discharge of their duties as teachers. The result of the study implies that teachers had



good mental health and displayed a sense of job satisfaction which invariably cuts across discharging other duties effectively and efficiently both at school and at home.

Results in Table 2 showed that mental health status of male (2.41 ± 0.44) and female (2.39 ± 0.39) secondary school teachers in Ebonyi State was high. Result on table 4 indicated that there is no significant difference in the mental health status of male and female teachers in Ebonyi State ($t = 0.511$; $p < 0.05$). This finding was not surprising since evidence abound that mental health was not related to gender. Steel, et. al., (2014) agreed that mental health status is an issue that has the potential to affect anyone, male or female, young or old, rich or poor. Gorsy, et. al., (2015) lent support on the finding of this study where t-values in their study revealed significant gender difference among government school teachers in India. Male teachers were however found to be better on mental health than their female counterparts. The implication of this finding could be that female secondary school teachers do not apply appropriate strategies and measures in balancing their work as teachers with domestic responsibilities thereby causing stress and burnout. The daily stress associated with their work may be capable of causing them appreciable level of strain hence bringing down their mental health status.

Results in Table 3 showed that mental health status of rural (2.49 ± 0.41) and urban (2.34 ± 0.40) secondary school teachers in Ebonyi State was high. Table 5 also indicated that there is significant difference in the mental health status of rural and urban secondary school teachers in Ebonyi State ($t = 3.917$; $p > 0.05$). The result was surprising as it disagrees with the study by Gorsy, et. al., (2015) who reported that teachers' mental health were affected due to stress and exhaustion which were very pervasive in across different locations and nations. However, Baro (2014) and Maheswara (2017) in their various findings found that urban high school teachers' mental health status was found to be higher than that of rural high school teachers' mental health status. Accordingly, the assertion that teachers were likely to be experiencing stress, burnout, and depression in different locations as they commute to their workplace on a daily basis appears not to affect their mental health status. Some of them may encounter transportation challenges coupled with the distance they may have to cover going to and from their school may likely have put certain coping strategies in place to minimize the stress they encounter when going to work especially in the rural areas. This might be by relocating and residing near the school to avoid stress of commuting to work.

However, the implication of the result of this study is that teachers may likely be able to carry out their duties effectively as most urban roads are relatively in good condition as opposed to deplorable roads in most of the schools in rural locations. Common observations show that some rural schools are confronted with deplorable and challenging terrains that may likely contribute to stress and physical exhaustion. Others could be relatively conducive work environment in some of the schools especially in the urban location unlike the rural schools. Despite these observations, teachers reported high mental health status. This follows that they may have devised positive means of combating challenges that might threaten their mental health such as commuting to and fro their work place.

Conclusion

Secondary school teachers in Ebonyi State reported high level of mental health status. Specifically, they reported high level mental health status based on gender and location. Though the difference in health status by location was not statistically significant.



Recommendations

Based on the findings of the study, the following were recommended

1. At regular intervals, there is need for the State's Ministry of Education to mount health talks and sensitization programmes aimed at equipping teachers with positive strategies that would enable the teachers maintain high mental health status.
2. Mental health intervention programmes and workshops should be organized from time to time by non-governmental agencies in conjunction with the Department of Human Kinetics and Health Education in higher institutions in Ebonyi State for teachers in the State.
3. Conducive staff rooms and other teaching and learning facilities should be provided in secondary schools in all the Education Zones in the State most especially in schools in the rural areas to avert occasions of mental health issues that might prevent them from discharging their duties effectively and efficiently.

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