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# Depression at Workplaces: The Factors that Influencing and How to Overcome the Issues

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**Abstract:** Depression is a complex condition with a wide range of expressions of opinions, feelings, and attitudes that can directly strike anyone, and when we consider someone suffering from workplace depression, an amount of work and non-work-related aspects might be at work. Although depression is treatable, it is frequently a lifelong condition with periods of wellness punctuated with depressed illnesses. The objective of the study is to discuss the factors that influencing depression among workers and how to overcome these issues to improve their productivity. A scoping review of the literature was conducted which examined peer-reviewed articles published from Emerald (Management & Education), Labour LawBox, ScienceDirect (Freedom Collection), SpringerLink, Journal Citation Reports (Web of Science). To emphasize, this study discussed a various common risks factor that led to depression at workplace in the first subtopic. In the discussion stated about toxic workplace environment, workplace sexual harassment, discrimination, abusive and bullying and excessive workload. Meanwhile employer is a main role to establishing supportive work environment to improve worker's motivation at a workplace. In second subtopic discussed the several awareness that can be implemented by three categories which is employer, the authorities and by individuals to play their own role to overcome the depression issue such as providing programme that can be increasing self-awareness among community. People may require a more comprehensive understanding of depression, as well as the significance of the work environment in impacting job incapacity due to depression. Thus, this paper will provide a better understanding about the issues for future direction.

**Keywords:** Lost productivity, social behaviour, depression, employees, mental health services

## 1. Introduction

Mental health is an essential component of overall health. It is the root of general well-being, ensuring an individual's constructive functioning. A mental health illness include depression is a common illness that affects a person's thought, mood, and behaviour, as well as causing functional disability (Jing Kiat, 2018). Today, mental health sickness is one of the most serious public health issues in Malaysia, and it is expected to overtake cardiovascular disease as the leading cause of health problems in future (Cheah *et al.*, 2020). This is because a rising number of people will face job and family pressures. According to WHO 2020, depression and anxiety cases have climbed by more than 25% since the outbreak. Depression is the most common disability affecting the society in Malaysia, out of all mental disorders. Depression is a growing concern in the majority of countries around the world. It has increased significantly during the COVID-19 pandemic and should be addressed seriously.

Furthermore, depression can be brought on by biological, psychological, or environmental reasons, particularly risk factors in the job. Depending on the level of stress and available assistance, any workplace or vocation could be a possible cause or a critical component in the development of depression. Suicidal thoughts, anxiety, guilt, and self-

blame are all indicators of depression, which affect psychological health and may restrict work involvement. Depression, stress, and anxiety (DAS) are all significant indications of one's mental health. Poor social connections can cause anxiety and uneasiness, and the concern of becoming mistreated against by colleagues has been recognized as a significant obstacle to enable and disability declaration in the workplace (Thisted, 2020). Workplace supportive relationships, on the other hand, can give emotional support and reduce the risk of job disability. Understanding and support at work, such as regular communication between employer and employee regarding improvement, has been reported to promote work engagement among depressed employees (Bastien *et al.*, 2019).

## 2. Literature Review

According to National Health and Morbidity Survey (2019), the most recent survey, 2.3% of Malaysian adults suffer from depression. Malaysia is required to have one psychiatrist or psychologist for every 10,000 inhabitants, which translates to around 3,000 mental health practitioners, according to Malaysian Medics International (MMI). However, as of February 2022, we only have 479 registered psychiatrists. The proportion of workplace stress among workers at higher education institutions worldwide ranges from 5.5% to 39%. Over 21.7% of higher education personnel in Malaysia experienced severe stress, with academicians being among the most liable to complaint about work-related stress. Employees at higher education institutions have also expressed feelings of depression and anxiety. In Ethiopia, the total prevalence of depression and anxiety among university employees was 22.9% and 19.2%, respectively. University staff in Malaysia showed a higher prevalence of anxiety 52.9% as well as depression (35.4%). Healthcare professionals are a high-risk population for mental health disorders because they endure huge pressures in the workplace (Kim *et al.*, 2018).

Approximately 23% of scholars in Malaysian educational institutions reported severe job strain because of a lack of authority or freedom over their job, and psychological pressure exacerbated job strain and unhappiness. Other research found that job stress related to sadness and anxiety among employees, which hampered their productivity and impaired their capacity to fulfil their job obligations successfully (Jallow, 2020). Unrealistic expectations, greater workload enforced by higher institutional forces, and a lack of support from management and co-workers may all contribute to increasing depression among employees.

However, recently cases studies were conducted according to the procedure and authorized by Asian Metropolitan University Ethics Committee. The responders have also agreed to participate in this study. The web cross-sectional survey was conducted between 15 January 2021 and 15 April 2021, when border controls were in effect and the number of COVID-19 cases and deaths in Malaysia was increasing. For data collection, a snowball sampling approach was used with a research network comprised of institutions, hospitals, colleagues, and their relatives. The survey was done on a sampling of 50 to verify its accuracy. Before started the survey, all participants were told of its aim of the survey and provided their informed consent. The survey was completed by 1554 people.

Table 1 shows demonstrates the frequency of depression among Malaysians Females 29.5% reported more severe depressive symptoms than males 12.4%, while students 26.5% had more symptoms of depression than other occupation categories. Depression was also more common in single people 26.5% than in married or divorced people. Furthermore, people residing in cities 21.9% had moderate depression symptoms. However, this stress disease can be treated and prevented if the cause has been identified. The primary aim of this paper is to discuss the factors that influencing workers having depression at a workplace with specific explanation. Secondary objective was providing solution regarding of these issues by 3 roles which is by employer, government, and individuals (Marzo *et al.*, 2021).

**Table 1 - Depression levels according to respondent's socio-demographic and economic profile**

| Variable | Depression | | | | |
| --- | --- | --- | --- | --- | --- |
| | None | Mild | Moderate | Moderately-severe | Severe |
| **Gender** | | | | | |
| Male | 80(19.9) | 97(24.1) | 88(21.9) | 87(21.6) | 50(12.4) |
| Female | 112(9.7) | 193(16.8) | 242(21) | 265(23) | 340(29.5) |
| **Residency** | | | | | |
| Urban (town/city) | 168(12.7) | 234(17.8) | 289(21.9) | – | – |
| Rural (countryside) | 24(10.2) | 56(23.7) | 41(17.4) | – | – |
| **Race** | | | | | |
| Malay | 64(7.2) | 144(16.2) | 182(20.5) | 227(25.6) | 270(30.4) |
| Chinese | 31(16.7) | 48(25.8) | 55(29.6) | 38(20.4) | 14(7.5) |
| Indian | 85(22.1) | 78(20.3) | 77(20.1) | 66(17.2) | 78(20.3) |
| Others | 12(12.4) | 20(20.6) | 16(16.5) | 21(21.6) | 28(28.9) |
| **Marital status** | | | | | |
| Married | 43(24.3) | 58(32.8) | 35(19.8) | 18(10.2) | 23(13) |
| Single | 142(10.7) | 224(16.9) | 290(21.8) | 320(24.1) | 352(26.5) |
| Divorced | 3(25) | 4(33.3) | 2(16.7) | 2(16.7) | 1(8.3) |
| Widowed | 4(10.8) | 4(10.8) | 3(8.1) | 12(32.4) | 14(37.8) |
| **Occupational status** | | | | | |
| Full-time | 71(15.8) | 117(26) | 92(20.4) | 81(18) | 89(19.8) |
| Part-time | 7(12.1) | 10(17.2) | 16(27.6) | 11(19) | 14(24.1) |
| Unemployed/Homemaker | 11(9) | 20(16.4) | 20(16.4) | 29(23.8) | 42(34.4) |
| Student | 103(11.1) | 143(15.5) | 202(21.9) | 231(25) | 245(26.5) |
| **Family income** | | | | | |
| Less than RM 4,849 | 77(9.3) | 141(17.1) | 179(21.7) | 191(23.2) | 237(28.7) |
| Between RM 4,849 - RM 10,959 | 68(13.3) | 115(22.5) | 97(23.6) | 121(23.6) | 111(21.7) |
| More than RM 10,960 | 47(21.7) | 34(15.7) | 54(24.9) | 40(18.4) | 42(19.4) |
| **Educational Status** | | | | | |
| No formal education | 0(0) | 2(25) | 0(0) | 2(25) | 4(50) |
| Primary | 0(0) | 1(10) | 1(10) | 4(40) | 4(40) |
| Secondary | 15(8.5) | 30(17) | 31(17.6) | 50(28.4) | 50(28.4) |
| Post-secondary education | 47(106.) | 75(16.9) | 94(21.1) | 91(20.4) | 138(31) |
| Higher education | 130(14.2) | 182(19.9) | 204(22.3) | 205(22.4) | 194(22.4) |

*Source: Marzo et al. (2021)*

## 3. Findings and Discussion

Based on research from passed study proved that a major proportion of the assessed Malaysian population, particularly workers, suffered from mental health impairment and the numbers of cases keep increased significantly even a year after COVID-19 epidemic began. In this section, this will discuss specifically about the factors that influence workers having depression at their workplace. In order to solve the issues, this paper also discusses how to overcome the issues form getting worse and to avoid from affecting working productivity.

### 3.1 Factors That Influence the Workers Having Depression at Their Workplace

**Table 2 - Factor 1: toxic workplace environment**

| Authors | Origin | Purpose | Type of source | Research design | Target population | Major themes |
| --- | --- | --- | --- | --- | --- | --- |
| Rasool *et al.* (2021) | China | This study explores the effects of a toxic workplace environment (TWE) on employee engagement (EE). | Research | Quantitative research | 301 workers employed in the small and medium-size enterprises of China | Toxic workplace environment, employee well-being |
| Rasool *et al.* (2019) | China | This study determined how a toxic workplace environment can influence worker productivity, directly and indirectly, using work depression as a mediating variable. | Research | Quantitative research | The data were collected from 23 branches of five Chinese banks in the vicinity of Shanghai | Toxic workplace environment, work depression, worker productivity |
| Wang *et al.* (2020) | Pakistan | The study explores the effects of a toxic workplace environment (TWE) and workplace stress (WS) as determinants of project success in the renewable energy projects of Pakistan. | Research | Quantitative research | The target population was senior managers, middle-level managers, and administrative staff working on renewable energy construction projects in Pakistan. | Toxic workplace environment, workplace stress |
| Siegrist & Wege | Germany | This report provides a review of current | Discussion | NA | NA | Workplace depression, |

| Authors | Origin | Purpose | Type of source | Research design | Target population | Major themes |
|---|---|---|---|---|---|---|
| (2020) | | evidence on their associations with depression, based on several systematic reviews and updated by most recent publications. | | | | psychosocial work environment |
| Abbas Khan (2021) | China | This study investigates the indirect association between toxic leadership and proactive work behavior via psychological safety (PYS). | Research | Quantitative research | The IT firm's personnel departments were engaged to administer online questionnaires to 226 randomly selected employees | Toxic leadership, psychological safety, proactive work behavior |
| Haeruddin et al. (2022) | Indonesia | This study aims to analyze the effect of the work environment on the performance of SAMSAT employees in Maros Regency. | Research | Quantitative research | 31 SAMSAT employees of Maros Regency were recruited as respondents. | Toxic work environment, employee performance |

A toxic office environment refers to the relation between employees and their workplace (Rasool *et al.*, 2020). Previous studies have identified two sorts of working environments: collaborative and poisonous. As a collaborative work environment, a comfortable work environment with the appropriate mix of pleasure, participation, and organizational identification. Meanwhile, narcissistic behaviour such as offensive and harsh leadership, threatening behaviour between employers and co-workers, abuse, bullying, and ostracism are all indicators of a toxic workplace environment (Khan *et al.*, 2021). A physical and mental unbalance is frequently found in a toxic office environment, which is concerning owing to the deep-rooted causes of excessive levels of stress and burnout, as well as being a cause of depression on the employees' health. Workplace pressures cause counterproductive work behaviour and undermine organisational efficiency (Anjum & Ming, 2018). Employees' basic requirements along with their psychological resources are jeopardised in a toxic employment environment. Employee development necessitates the rebuilding of restricted psychological resources, and in order to do so, employees must devote time, effort, and energy in managing interpersonal issues and family disagreements in order to perform vital job obligations and improve work productivity. Besides, toxic workplace also reduces social stigma employee goals and corporate social harmony. Employees in this crucial scenario are unable to obtain work-related knowledge and resources because they are cut off from social connections, resulting in low worker and organisational productivity.

**Table 3 - Factor 2: workplace bullying and abusive**

| Authors | Origin | Purpose | Type of source | Research design | Target population | Major themes |
|---|---|---|---|---|---|---|
| Presti, Pappone & Landolfi (2019) | Itali | This study aimed at examining the intermediate roles of anxiety and depression, in the relations between workplace bullying as a predictor, and physical and psychological negative symptoms as outcomes. | Research | Quantitative research | We sampled 151 Italian employees, who called on a workplace bullying public clinical center as victims and filled a paper-and-pencil questionnaire. | workplace bullying, depression, anxiety, health, well-being, physical symptoms, psychological symptoms |
| Tan & Thomson (2019) | China | This study aims to examine the relationship between healthcare disturbance, surface acting as a response to emotional labour, and depressive symptoms in Chinese healthcare | Research | Quantitative research | Data were collected from 418 doctors and nurses from one hospital in China. | workplace violence; healthcare disturbance; emotional labour; psychological well-being |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | workers. | | | | |
| Tong *et al.* (2019) | China | This study aimed to explore depressive symptoms and its associated factors among general practitioners and nurses in Chinese township hospitals. | Research | Quantitative research | 2,000 general practitioners and nurses in Chinese township hospitals were recruited and 1,736 of them became final subjects | depressive symptoms, workplace violence, psychological capital |
| Balducci, Conway & van Heugten (2021) | NA | This book chapter reviews the available international literature on the organizational antecedents of bullying and harassment by adopting the perspective of the work environment hypothesis as the main underlying theoretical explanation. | Discussion | NA | NA | Workplace bullying, emotional abuse, workplace harassment |
| Miller *et al.* (2019) | Australia | The study aims to identify whether bullying and social support were associated with depression and suicide risk in this cohort. | Research | Quantitative research | 751 respondents who were employed in the Australian resources sector. | Depression, workplace bullying, suicide risk |
| Wang, Zhang & Sun (2021) | China | The study aims to identify the mediating role of interpersonal distrust on the effect of workplace violence on depression among medical staff in China | Research | Quantitative research | 3426 valid questionnaires based on a cross-sectional design distributed among medical staff in Chinese hospitals | workplace violence, depression. |

Bullying in the workplace is defined as negative treatment that is persistent in the workplace for a long period of time in a situation where the victim is increasingly difficult and there is no help from another party to defend himself. Workplace bullying is a severe and damaging problem that occurs all around the world (Blomberg & Rosander, 2020). It will cause a terrible mental damage for any person. Abusive blame, shaming, social exclusion, bullying, criticism, and sarcastic mocking by an employee or employer are all examples of workplace bullying. Bullying has a negative influence on both victims' and onlookers' mental and physical health, as well as job satisfaction, organisational commitment, and motivation to stay. Organizations may potentially face financial ramifications.

According to Yao *et al.,* (2020) peoples with more resources are less prone to losing resources and more able of gaining resources, according to resource conservation. When individuals with limited resources experience resource consumption, they frequently fall into a losing spiral, which accelerates the consumption of their own resources. When employees are subjected to workplace bullying, it is challenging for them to effectively obtain more resources. This occurs because individuals must expend significant resources to avoid additional negative impacts induced by stressful unfavourable occurrences, and resources used to deal with other events, such as resource access, will be occupied. Based on these reasons, when employees encounter requests for knowledge from colleagues, they will tend to safeguard their individual resources by knowing concealment, such as remaining mute.

Workplace bullying, a toxic work behaviour, can manifest itself as assigning more challenging tasks to employees and forcing them to use more resources, such as forsaking rest time and maintaining a high level of attention to finish the work. In this circumstance, the overload pressure caused by workplace bullying would drive employees to continually use their emotional resources while these resources are not recovered, resulting in job burnout and decreased job participation as well as employee job happiness (Rosander *et al.*, 2020). In this case, the excessive pressure brought on by workplace bullying would drive employees to continuously use their emotional resources while these resources are not recovered, resulting in job burnout and decreased job engagement as well as employee job happiness. Meanwhile, employees who are unable to finish tasks may become frustrated, painful, and angry. Employees' emotional resources will be depleted because of these negative emotions. Excess intake of emotional resources, particularly among personnel with low resources, may lead to a loss circle, exacerbating emotional depletion.

To summarise, if employees are bullied at work, they will use emotional resources, increasing their understanding of resource protection. As a result, when confronted with knowledge requests from colleagues, workers are more likely to conceal knowledge to avoid additional waste of their individual knowledge resources. We suggest the following hypothesis based on the preceding analysis.

**Table 4 - Factor 3: workplace sexual harassment**

| Authors | Origin | Purpose | Type of source | Research design | Target population | Major themes |
|---|---|---|---|---|---|---|
| Gale *et al.* (2019) | USA | The study investigated the relationship between workplace abuse and health in a cohort of cabin crew | Research | Quantitative research | 4,459 U.S. and Canada-based participants from the Harvard Flight Attendant Health Study | Workplace sexual harassment, verbal abuse, sexual assault |
| La Lopa & Gong (2020) | USA | The purpose of this descriptive study was to be the first to survey US hospitality students to see if they experienced sexual harassment during a recently completed internship. | Research | Quantitative research | 297 respondents from hospitality interns | Sexual harassment, gender discrimination |
| Vincent-Höper *et al.* (2020) | Germany | The study aims to establish a conceptual framework for investigating extra organizational sexual harassment in healthcare work. | Research | Quantitative research | Employees working in a variety of settings in healthcare | Sexual harassment, mental health |
| Kahsay *et al.* (2020) | NA | The study aim was to determine the prevalence of sexual harassment against female nurses, the types, perpetrators, and health consequences of the harassment. | Discussion | NA | NA | Sexual harassment, occupational hazard, health consequences |
| Zhu, Lyu & Ye (2019) | China | This study aims to examine the effect of workplace sexual harassment (WSH) on hospitality employees' workplace deviance and family undermining behaviors by focusing on the mediating effect of depression. | Research | Quantitative research | Hotels in China with a final sample of 266 hospitality employees | Workplace sexual harassment, depression, interpersonal deviance |

Sexual harassment in the workplace is described as any sexual impropriety, either verbal, nonverbal, or physical, that the victim feels as unpleasant, humiliating, or dangerous to his or her well-being (Zhu *et al.*, 2019). Studies have shown that workplace sexual harassment has a negative effect on employees' job attitudes, behaviours, and well-being, which include decreased employee productivity and efficiency, increased job and work resignation, reduced job satisfaction, life anger, mental health issues, and stress. This problem can be rated as significant and dangerous, and negative emotions such as embarrassment and depression can be induced. According to research, occupational pressures raise the probability of depression within employees. Second, due of the traits of workplace sexual harassment, victims may find it difficult to seek solace from others or to submit formal complaints about their WSH experience. Furthermore, due to a financial problem, many employees may be unable to avoid the perpetrator of sexual harassment by quitting the firm. As a result, victims may experience feelings of despair and dread, which can contribute to depressive symptoms (Cortina *et al.*, 2021).

According to studies, harassment victims' misbehaviour is exacerbated by despair. First, when employees detect sadness, they suffer expressive motivation, which is defined as a person's need to express and vent negative emotions. Because depressive hospitality workers frequently sense despair, unhappiness, and unworthiness, they may participate in workplace misbehaviour to vent their negative emotions. Second, sad employees often lack energy, making it challenging for them to govern themselves. Consequently, we expected such persons to engage in abusive supervision, such as material waste, property destruction, and assaults on co-workers. Third, studies have shown that persons who are depressed are more unfriendly than persons who are not depressed. Relationship deviance is a potent technique of expressing hostility. In addition, clinical evidence indicates that more than 30% of depressed patients exhibit fury and attacks (Acquadro Maran *et al.*, 2022).

**Table 5 - Factor 4: financial burden**

| Authors | Origin | Purpose | Type of source | Research design | Target population | Major themes |
|---|---|---|---|---|---|---|
| Das *et al.* (2020) | India | The objective of this study was to evaluate the mental health status of pan-Indian frontline doctors combating the COVID-19 pandemic. | Research | Quantitative research | Frontline doctors of tertiary care hospitals in India (East: Kolkata, West Bengal; North: New Delhi; West: Nagpur, Maharashtra; and South: Thiruvananthapuram, Kerala) | Depression, stress, mental health, financial burden, workload stress |
| Witteveen & Velthorst (2020) | USA | This study measures the impact of the COVID-19 lockdowns on workers' economic hardship and mental health. | Research | Quantitative research | European labor force | Economic hardship, mental health |
| Sussman *et al.* (2019) | USA | To compare all-cause health care resource utilization (HCRU) and associated health care payments among patients with TRD and those with depression but without TRD, using administrative claims data. | Research | Quantitative research | This study used data from the Truven Health MarketScan Commercial and Medicare Supplemental Databases (October 1, 2008-September 30, 2016). | Economic burden, depression |
| Greenberg *et al.* (2021) | USA | This study updates the previous findings with more recent data to report the economic burden of adults with MDD in 2018. | Discussion | NA | NA | Major depressive disorder, economic burden |
| Wilson *et al.* (2020) | USA | To determine whether job insecurity due to COVID-19 and financial concern were associated with worse mental health during the COVID-19 pandemic. | Research | Quantitative research | Participants (N = 474 employed U.S. individuals) completed an online survey from April 6 to 12, 2020. | Job insecurity. Financial burden |

Economic circumstances are also linked to mental disease. Financial stress has been linked to a higher risk of depression, which is being impacted by the COVID-19 epidemic. Financial stress does have a compounding impact on attempted suicides and thoughts, with higher income stress leading to an increased suicide rate. During economic downturns, joblessness, greater job stress, worker's reductions and lower pay, as well as changes in mental health care, are all potential pathways to depression (Ettman *et al.*, 2020). Lower socioeconomic variables are related to an

increased risk of mental disorder. On the other hand, wealth is correlated with better health, particularly mental wellness. There is substantial evidence that as money rises, so does the development of prevalent mental disorders and depression. Aside from salary, having access to flexible capital assets such as savings can provide a safety net and decrease psychological anguish. Having more inherited wealth is linked to better mental health. Having access to physical assets, such as having a home, may provide greater mental health stability (Park *et al.*, 2018).

Depression is also more prevalent in communities with limited social assets, such as lower levels of education and unmarried status. Education has been linked to improved mental health, including depression reduction. Being married is related with better mental health as well as better economic condition. Populations that are more sensitive to mental illness prior to major events are also more sensitive to life disruptions following traumatic events and are more likely to endure financial difficulties due to those disasters (Brailovskaia *et al.*, 2021). In conclusion, that the people most economically impacted by the COVID-19 outbreak are the same people who were already more vulnerable before the epidemic began, notably people with little income who are more likely to be unemployed. This dual perceived risk of tend to have fewer assets to start with and enduring financial stressors because of the pandemic may both lead to a stronger effect on mental health, increasing health inequalities.

**Table 6 - Ways to overcome the issues**

| Authors | Origin | Purpose | Type of source | Research design | Target population | Major themes |
|---|---|---|---|---|---|---|
| Bellón *et al*. (2019) | NA | The study aimed to evaluate the effectiveness of such interventions through a systematic review and meta-analysis of randomized controlled trials (RCT). | Discussion | NA | NA | Psychological and educational interventions, depression prevention |
| Finstad *et al*. (2021) | NA | The aim of this narrative review is to investigate the positive aspects associated with the COVID-19 pandemic and the possible health prevention and promotion strategies by analyzing the available scientific evidence. | Discussion | NA | NA | Organizational support, Coping strategies, occupational safety and health |
| Bina *et al*. (2022) | NA | The aim of this study was to examine organizational factors associated with public health nurses' (PHNs) perceived preparedness to screen women for PPD, intervene, and refer them in cases of suspected PPD. | Research | Quantitative research | Two hundred and nineteen PHNs completed a self-report survey | organizational support, supervisor's support, colleagues' support, and colleagues' preparedness, depression |
| Kurtulmus (2020) | NA | This book chapter looks for answers to the question that how under toxic leadership workplace bullying victims struggle and engage into coping strategies in order to reduce stress-related health and mental problems and what is | Discussion | NA | NA | Organizational support, Coping strategies, followers, workplace bullying |

| | | the role of followers in this process if there is any. | | | | |
|---|---|---|---|---|---|---|
| Schuch & Stubbs (2019) | NA | The role of exercise in preventing and treating depression | Discussion | NA | NA | Exercise, treating depression |
| Bear *et al.* (2020) | NA | The role of the gut microbiota in dietary interventions for depression and anxiety | Discussion | NA | NA | Anxiety, depression, diet, mental health, microbiome–gut–brain axis, microbiota, mood, nutrition, nutritional psychiatry |
| Kris-Etherton *et al.* (2021) | NA | The purpose of this study is to describe the global burden and features of depression and anxiety and summarizes recent evidence regarding the role of diet and nutrition in the prevention and management of depression and anxiety. | Discussion | NA | NA | Nutrition, behavioral health disorder, depression |
| Fusar-Poli *et al.* (2021) | USA | This study reviews the evidence supporting primary prevention of psychotic, bipolar and common mental disorders and promotion of good mental health as potential transformative strategies to reduce the incidence of these disorders in young people. | Discussion | NA | NA | Government role, mental health prevention and policies |
| Knapp & Wong (2020) | NA | This study aims to identify some consequences at the treatment or care level that are of relevance to service providers and funding bodies. | Discussion | NA | NA | Mental health, mental health policy strategies |

## 3.2 Company or Employer Roles

### 3.2.1 Encouraging Employee to Work from Home

According to an Oracle and Workplace Intelligence (2021) study, 85% of participants stated mental health concerns at work, such as stress, anxiety, and depression, had an impact on their home life, and 78% claimed the pandemic has harmed their mental health. According to the findings, people who worked only from home during the three-month lockdown had much lower levels of mental health overall compared to those who did not work from home at all. Changes in working patterns have made it more difficult to maintain healthy mental health. While there are significant benefits to growing usage of technologies in the workplace, an always being available culture can be damaging to employee well-being.

Employers must support and encourage each employee to discover their own style of balancing work and life. Some may like to reproduce the traditional eight-hour workday while others may wish to combine their work with household responsibilities and be capable of working late into the evening. Organizations have no alternative but to rely

on their employees to work efficiently from home by constructing their preferred working environment based on time and ergonomics. Managers must assist their employees in determining the best method of homeworking for them as individuals and, if necessary, sign off on an agreed-upon closely monitoring strategy with every one of them. This will encourage employees to take responsibilities and prevent burnout.

Positive implications through the strategy of working from home can also produce more flexible time, more autonomy and power in controlling working hours as well as a lower level of stress on work (Siby, 2021). Daud *et al.* (2021) argues that working from home is an employment strategy that gives freedom of working hours and is seen to produce good work attributes and offer flexibility to balance work and non-work. Therefore, working from home is one strategy that is seen as one way to improve work-life balance and family-friendly policies. In line with the boundary theory where an individual can manage between work and personal life through the process of segmentation and/or integration of jurisdiction, work and life balance is seen to minimize individual role conflicts and bring happiness at work in addition to being able to work efficiently (Delanoeije, Verbruggen, & Germeys, 2019).

### 3.2.2 Providing Stress Check Program at Workplace

The Stress Check Program mandates that employers conduct an annual test to better understand the psychological strains placed on their employees. A stress test is administered to all employees in an organisation, and each employee is informed of the results (Tsutsumi *et al.*, 2020). Based on the findings, persons experiencing excessive levels of stress are offered an appointment with a physician. For groups of a specific size, personal results are summarised and analysed, and group analysis is used to enhance the work environment. In Japan, the Stress Check Program is the major preventative tool for mental health problems among workers.

The Stress Check Program's major functions are to raise awareness of workers' stress by offering self-care assistance and to enhance the work environment based on test findings. The stress assessments allow for the identification of workers who are under extreme stress, including those who need professional assistance. This enables employers to implement methods to recognize and react to mental health issues among their workers (Kataoka *et al.*, 2021). The researchers demonstrate that increasing initiatives, such as handling initiatives by hiring someone in charge of improving mental health and adopting a stress check with regular medical exams, are necessary therefore to spread the Stress Check Program inside the firm.

### 3.2.3 Provide Resilience Training

One possible path for reducing the incidence of depression in the workplace is resilience promotion. Resilience is defined as the ability to retain mental health in the face of psychological or physical adversity. Individuals who are resilient are better able to create and sustain healthy interpersonal relationships, regulate their behaviour, and keep a positive self-image and outlook on life. Finally, resilience can lead to improved life satisfaction overall and a lower risk of depression (Horton *et al.*, 2022). Interventions in resilience training have been found to be directly useful in workplace contexts and to improve employee workplace functioning. According to the findings, resilience interventions have a consistent, small influence on occupational performance, health, and social functioning.

Resilience training, for example, has been found to promote well-being and positive affect while decreasing depression (Forbes & Fikretoglu, 2018). Physical health consequences such as a stress hormone, heart rate, blood pressure, and cholesterol have all benefited by resilience training. Individuals who participated in resilience trainings reported higher levels of positivity, support systems, self-efficacy, and life purpose compared to those who did not get such trainings. In conclusion, it is becoming obvious that employee health is closely related to employee productivity, loyalty, engagement, and societal harmony. These characteristics, in effect, are strongly linked to the overall performance of a firm.

### 3.3 Individuals' Roles

### 3.3.1 Physical Exercise

Exercise makes people healthier and fitter, which can lead to feelings of increased self-efficacy, knowledge, and improved self-image. It is also a domain where significant success is conceivable. If goals are made that are tough but achievable, they are very likely to be met. Setting and achieving a goal outside of job, family, and other duties can provide a sense of success and quite well that might not be evident in other aspects of one's life. Furthermore, exercise frequently results in increased social engagement (Haller *et al.*, 2018). Gyms and yoga classes are places where people meet and create friends. Joining a jogging group, going on a hike with a friend, or simply conversing with the person next to you generates social connections that would not have occurred otherwise, most likely contributing to enhanced happiness in a person's life. During the exercise, endorphins hormone is produced and attach to morphine receptors within the brain, soothing the mind and alleviating pain. Exercise also boosts the synthesis of two hormones called the vascular endothelial growth hormone and neurologically neurotropic factor.

These have been related to enhanced neuron growth in the hippocampus, known as neurogenesis. Depression patients have a lower memory (Garrett *et al.*, 2022). Depression is also thought to be caused by a lack of the

monoamine neurotransmitters dopamine, serotonin, and norepinephrine. All three of such neurotransmitters can be increased through exercise. Physical activities can be categorized into various types and among them are walking, running, sports and so on. Each type of physical activity attracts employees to do physical activities according to their preferences. According to Brush and Burani (2021), interest in doing physical activity based on gender is different. Women are fonder of doing activities such as walking and running, but men are fonder of sports and participating in competitive tournaments or competitions. This situation clearly shows that men are fonder of competition and competition than doing activities without having a goal.

### 3.3.2 Seeking Help and Treatment with The Professional

Medication and counselling, either individually or in combination, are the most popular outpatient treatment techniques for depression. The number and prevalence of depression in the United States have gradually climbed, and while treatment rates have also increased, a considerable proportion of individuals who might benefit from treatment do not really obtain it (Weinberger *et al.*, 2018). The goal of this therapy is to reduce the symptoms of chronic depression, such as feeling depressed and tired, and to maintain them from returning. They are designed to help the patient gain back emotional maturity as well as return to a normal daily routine. They are often used to treat symptoms such as restlessness, anxiety, and insomnia, and to prevent suicidal ideation.

According to Kadir *et al*. (2018), untreated depression will affect a person's ability to carry out responsibilities and daily tasks because it is related to emotional problems and human nature. Therefore, the impact of depression has a negative impact on individuals who need more serious observation to prevent it from continuing to be prolonged until it can lead to serious mental illness. According to past studies, persons closer to the individual can influence whether the individuals seek mental health treatment when suffering disturbing symptoms. the significance of creating a social network that supports and supports people seeking assistance with an issue Before seeking psychiatric assistance, most people consult with at least four of their social connection about their personal difficulties (Vogel, 2018). Furthermore, many people still having a problem with the right way to seek help from professional, so here the step how to start the treatment:

Step 1: Make an appointment with your primary care physician or a general practitioner (GP).
Step 2: Inquire for a prescription to a psychiatrist. Before booking an appointment at a public hospital psychiatry clinic, you will require a letter of reference from your primary care physician.
Step 3: Inquire with your psychiatrist about all your treatment options, as well as a prescription to a clinical psychologist or counsellor for psychotherapy.
Step 4: If you are taking medicine, please be aware of the negative effects. Make sure you have follow-up sessions with your psychiatrist (or the prescribing physician) to check your symptoms and medication adverse effects.

The problem of depression is no longer a new issue. Therefore, measures or interventions should be implemented to curb this problem by seeking help from professionals. All the interventions that are done can helping individuals to treat mental disorders and provide guidance to depression patients to improve life to be more harmonious and prosperous (Yahya & Sham, 2020).

### 3.3.3 Nutrition and Dietary Pattern

The well-established epidemiological correlations between nutrition and depression, as well as the favourable outcomes of various intervention trials, suggest that diet and nutrition may offer important modifiable targets for the prevention of moderate to severe depression (Kris-Etherton *et al*., 2021). Prevention can assist to reduce the worldwide burden of depression (Bear *et al*., 2020), but cost-effective therapies are needed. Dietary and food-related behaviour interventions for depression are potentially desirable, effective, pragmatic, scalable, and stigma-free public health preventative measures. However, few studies have directly manipulated diet and food-related behaviour alone to examine their effects on depression prevention, leaving unresolved whether a true causal association between diet and depression exists (Kris-Etherton *et al*., 2021), and none have specifically targeted high-risk, overweight individuals. Interventions that focus on modifying food-related behaviours and habitual eating patterns are one strategy to change diet and affect the start of depressive episodes. Behavioural treatments can be used to target people or groups that are at a higher risk of developing depression.

### 3.4 The Authorities or Government Roles

### 3.4.1 Adopt Mental Health Policies

At the national level, health policy will determine the range of health, mortality rates, disability, and mortality problems that it will address, the applicable settings covered by the policy, and the system completely for legislative enactment in the relevant settings, such as health care services, social services, education, the workplace, and the crime control sector (Lee *et al.*, 2021). The policy may identify desired results and provide a structure for local planning. The aims of mental health policy involve mental health advertising, lowering the rate and symptoms of chronic disorders, lowering the amount and severity of associated injury, establishing services for people with mental illnesses and

lowering stigma, promoting people with mental illnesses' human rights and dignity, endorsing psychosocial factors of primary care, and lowering the death rate related to mental illness. Governments should consider the relevant officials are aware of the importance of mental health for the community, and even the effect which their behaviour has had on mental health, and that effective coordination occurs between relevant authorities. This coordination is common for anti-drug and anti-AIDS initiatives, although it is unusual for health programs, despite the fact that mental illness is the most prevalent in the community.

For example, in Malaysia, the state government has provided free counselor assistance through the Selangor Mental Sihat (Healthy) online initiative. The Healthy Initiative in the SELangkah (Safe Step) application is the State Government's latest effort to help Selangor citizens deal with mental health issues (Azni, 2021). In addition, The National Mental Health Strategic Plan (2020-2025) was created to address the increase in mental health problems among the Malaysian community (Strategic Framework of Medical Programme 2021-2025, 2020). The plan is prepared by experts taking into account input from stakeholders including government agencies, professional bodies and non-governmental organizations (NGOs). The eight main scopes outlined in the plan include improving governance and the regulatory framework, strengthening the mental health regulatory system, ensuring the availability and accessibility of comprehensive and quality mental health services. In addition, it is to strengthen mental health resources, increase and foster joint and inter-sectoral collaboration, promote well-being and mental health in all settings and target groups (Mohamad Yunus, 2021).

### 3.4.2 Effective Use of social media to Promoting Mental Health Awareness

As we know, with the constant advancement of technology and other situations, social media is expanding as a powerful platform for sharing data and raising awareness of a variety of socially relevant topics. Social media marketing can aid to improve mental health. Users can view the content at any time because social media networks are open 24 hours a day, seven days a week (Latha *et al.*, 2020). According to social modelling, individuals' and behaviours are impacted by the actions of others. Therefore, the social media post piques the interest of someone who keeps track of the actions of a close relative. People in this country are also seen to be increasingly using devices for the purpose of using social media. In the 2018 Digital Report released by Hootsut and We Are Social, the number of Internet users in Malaysia has increased dramatically, with 79 percent of Malaysians spending an average of three hours a day on social media sites (Ili Hadri Khalil, 2018).

The use of social media is widely seen as a good medium of communication in conveying information, especially awareness about mental health, for example health awareness campaigns through Twitter, Facebook and other social media (Saha *et al.*, 2019). In addition, social media is also seen as a platform for open discussion especially for those who have experienced mental health issues and is one of the popular forums for people to share opinions, advice and information about mental health (Naslund *et al.*, 2020). Social media networks can help to promote social participation and assistance in low-resource environments. Other advantages include low cost, parallel processing, self-tracking, and personalised feedback. Social media enables people from faraway places, including rural locations, and provides mental health promotion possible. Social media campaigns are less expensive than traditional media campaigns. Social media brings a new dimension in the development of health care because it is widely used by every layer of society and potentially as a platform or main communication tool in delivering information about mental health (Karim *et al.*, 2020).

### 4. Conclusion

In this section, contains the general conclusion to the entire issue of the factors that can be influence by mental illness which depression among workers within their workplaces and the solution from employers, government, and individuals to overcomes this issue. This section also provides several recommendations on methods for increasing depression awareness so that it can assist in overcoming the prejudice of the condition and allowing those struggling from it to seek out for the treatment they require to overcome it. Depression is one of the most common illnesses seen in primary care, but it is frequently misdiagnosed, mistreated, and ignored. Depression has an increased death rate because once left untreated. Most people who suffer from depression do not refer to depression as such, but rather to a depressed mood or confusing unexplained symptoms. The results of this research enable a better understanding of the causes that lead to or influence depression among employees within organisations, as well as providing solutions for overcoming and assisting employees who are depressed. Based on the findings prove that many of the reason and factors that can be triggered a employee for having depression, which is financial burden, bullying and abusive, sexual harassment at workplaces especially when they are working in toxic environment. Besides that, this study also found the important employer awareness regarding to mental health among their workers. To effectively avoid work disability due to depression and encourage workers perform among employees with depression, employers may require a broader depression and the significance of the workplace environment influencing work disability.

In addition, in this study shows that the untreated depression can have a major influence on work performance. It leads to low productivity which is workers who are present but not engaged and absences, employees who miss days of work. It may also have a negative impact on a variety of aspects of employee performance, such as concentration and

making decisions, time management, accomplishing physical tasks, interpersonal relationships, and communication. Early discovery and appropriate treatment, as with the majority of health conditions, decrease the extent and effect of the condition. Employers can play an important role in promoting early detection of depression and other mental illness disorders, as well as facilitating access to care. It is a worthwhile investment. Depression is difficult to deal with, yet it is a reality for many people. Raising depression awareness benefits both people and communities. Whether you require treatment or want to assist raise awareness, there are numerous resources accessible.

Throughout this study has been identified numerous significant of ways that can be done from anyone in order to overcome the issue of depression at workplace. However, there are still lack of awareness among community that causes a barrier to prevent mental illness case getting increase. This should be investigated more so that a higher understanding of the concerns of mental health may enlighten the population on this matter. The authors put forward three recommendations to find a way for raising depression awareness, which will eventually lead to a more people will understand the importance of mental health. Any family doctor, pediatrician, or general practitioner can conduct a depression screening on their patients. In fact, most doctors do this on a regular basis. People in their state can get mental health screening by visiting Helping Yourself Help Others and selecting on the right state. They can also take an online self-screening test and bring their results to their doctor. At the same time, we can promote these websites with our colleagues and followers on social media. With one in every five individuals experiencing depression at a certain time in their lives, the information is sure to help someone.

Knowing what symptoms and signs to check for can assist you in determining whether yourself or a closest friend or family member is suffering from depression. Informing others about the behaviours and feelings that often characterize depression can motivate them to seek assistance for themselves loved ones. Some symptoms of depression include lack of interest in activities, feeling down or gloomy for two weeks or more, being unable to get up from bed, insomnia, eat too much or not enough, physical concerns such as headaches and stomach issues, crying a lot and refusing to attend school or work.

There are numerous misunderstandings regarding depression. Dispelling such beliefs is an excellent method to improve depression awareness. If you overhear someone spreading depression misconceptions, speak up gently but forcefully. For example, if a friend argues that someone suffering with depression should just get out of bed and do something constructive, you might tell them that depression does not have an on or off switch, cannot be controlled and that medical attention is often required for someone to feel better.

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## References

Abbas Khan, N. (2021). Determinants of proactive work behavior of employees during the COVID-19 crisis: A perspective on toxic leadership in the virtual work setting. *European Journal of Psychology Open, 80*(1-2), 77–87. https://doi.org/10.1024/2673-8627/a000007

Balducci, C., Conway, P. M., & van Heugten, K. (2021). The contribution of organizational factors to workplace bullying, emotional abuse and harassment. *Pathways of job-related negative behaviour*, 3-28.

Acquadro Maran, D., Varetto, A., & Civilotti, C. (2022). Sexual harassment in the workplace: Consequences and perceived self-efficacy in women and men witnesses and non-witnesses. *Behavioral Sciences*, *12*(9), 326. https://doi.org/10.3390/bs12090326

Anjum, A., & Ming, X. (2018). Combating toxic workplace environment: An empirical study in the context of Pakistan. *Journal of Modelling in Management*, *13*(3), 675–697. https://doi.org/10.1108/jm2-02-2017-0023

Azni, E. S. (2021, August 30). *Selangor lancar fungsi Sehat tangani isu kesihatan mental.* Retrieved January 5, 2023, from https://www.sinarharian.com.my/article/158646/edisi/selangor-lancar-fungsi-sehat-tangani-isu-kesihatan-mental

Bastien, M.-F., & Corbière, M. (2019). Return-to-work following depression: What work accommodations do employers and Human Resources Directors put in place? *Journal of Occupational Rehabilitation*, *29*(2), 423–432. https://doi.org/10.1007/s10926-018-9801-y

Bear, T. L., Dalziel, J. E., Coad, J., Roy, N. C., Butts, C. A., & Gopal, P. K. (2020). The role of the gut microbiota in dietary interventions for depression and anxiety. *Advances in Nutrition*, *11*(4), 890-907.

Bellón, J. Á., Conejo-Ceron, S., Cortes-Abela, C., Pena-Andreu, J. M., Garcia-Rodriguez, A., & Moreno-Peral, P. (2019). Effectiveness of psychological and educational interventions for the prevention of depression in the workplace. *Scandinavian Journal of Work, Environment & Health*, *45*(4), 324-332.

Bina, R., Glasser, S., Honovich, M., Ferber, Y., & Alfayumi-Zeadna, S. (2022). The Role of Organizational Factors in Nurses' Perceived Preparedness to Screen, Intervene and Refer in Cases of Suspected Postpartum Depression. *International Journal of Environmental Research and Public Health*, *19*(24), 16717.

Blomberg, S., & Rosander, M. (2020). Exposure to bullying behaviours and support from co-workers and supervisors: a three-way interaction and the effect on health and well-being. *International Archives of Occupational and Environmental Health*, *93*(4), 479–490. https://doi.org/10.1007/s00420-019-01503-7

Brailovskaia, J., Cosci, F., Mansueto, G., Miragall, M., Herrero, R., Baños, R. M., Krasavtseva, Y., Kochetkov, Y., & Margraf, J. (2021). The association between depression symptoms, psychological burden caused by Covid-19 and physical activity: An investigation in Germany, Italy, Russia, and Spain. *Psychiatry Research*, *295*(113596), 113596. https://doi.org/10.1016/j.psychres.2020.113596

Brush, C. J., & Burani, K. (2021). Exercise and physical activity for depression. Essentials of exercise and sport psychology: An open access textbook, 338-368. Daud, K., Turiman, M. S., Rahmat, N. H., & Kasi, P. M. (2021). Working from Home In The New Normal: Perceived Benefits And Challenges. In *International Virtual Symposium: Research, Industry & Community Engagement (RICE 2021).*

Chowdhury, S. R., Kabir, H., Mazumder, S., Akter, N., Chowdhury, M. R., & Hossain, A. (2022). Workplace violence, bullying, burnout, job satisfaction and their correlation with depression among Bangladeshi nurses: A cross-sectional survey during the COVID-19 pandemic. *PLoS One*, *17*(9), e0274965. https://doi.org/10.1371/journal.pone.0274965

Cortina, L. M., & Areguin, M. A. (2021). Putting people down and pushing them out: Sexual harassment in the workplace. *Annual Review of Organizational Psychology and Organizational Behavior*, *8*(1), 285–309. https://doi.org/10.1146/annurev-orgpsych-012420-055606

Das, A., Sil, A., Jaiswal, S., Rajeev, R., Thole, A., Jafferany, M., & Ali, S. N. (2020). A study to evaluate depression and perceived stress among frontline Indian doctors combating the COVID-19 pandemic. *The primary care companion for CNS disorders*, *22*(5), 26168.

Delanoeije, J., Verbruggen, M., & Germeys, L. (2019). Boundary role transitions: A day-to-day approach to explain the effects of home-based telework on work-to-home conflict and home-to-work conflict. *Human Relations*, 72(12), 1843-1868.

Ettman, C. K., Abdalla, S. M., Cohen, G. H., Sampson, L., Vivier, P. M., & Galea, S. (2020). Low assets and financial stressors associated with higher depression during COVID-19 in a nationally representative sample of US adults. *Journal of Epidemiology and Community Health*, *75*(6), 501–508. https://doi.org/10.1136/jech-2020-215213

Finstad, G. L., Giorgi, G., Lulli, L. G., Pandolfi, C., Foti, G., León-Perez, J. M., ... & Mucci, N. (2021). Resilience, coping strategies and posttraumatic growth in the workplace following COVID-19: A narrative review on the positive aspects of trauma. *International Journal of Environmental Research and Public Health*, *18*(18), 9453.

Forbes, S., & Fikretoglu, D. (2018). Building resilience: The conceptual basis and research evidence for resilience training programs. *Review of General Psychology: Journal of Division 1, of the American Psychological Association*, *22*(4), 452–468. https://doi.org/10.1037/gpr0000152

Fusar-Poli, P., Correll, C. U., Arango, C., Berk, M., Patel, V., & Ioannidis, J. P. (2021). Preventive psychiatry: a blueprint for improving the mental health of young people. *World Psychiatry*, *20*(2), 200-221.

Gale, S., Mordukhovich, I., Newlan, S., & McNeely, E. (2019). The impact of workplace harassment on health in a working cohort. *Frontiers in psychology*, 1181.

Garrett, L., McCaulley, L., Perri, S., Terrell, J., Vallabhajosula, S., Harris, G. K., Watkins, R., & Bailey, S. (2022). The effects of quinine on performance and brain activity during 5 time sit to stand: 2612. *Medicine and Science in Sports and Exercise*, *54*(9S), 520–521. https://doi.org/10.1249/01.mss.0000881576.73547.fe

Greenberg, P. E., Fournier, A. A., Sisitsky, T., Simes, M., Berman, R., Koenigsberg, S. H., & Kessler, R. C. (2021). The economic burden of adults with major depressive disorder in the United States (2010 and 2018). *Pharmacoeconomics*, *39*(6), 653-665.

Haller, N., Lorenz, S., Pfirrmann, D., Koch, C., Lieb, K., Dettweiler, U., Simon, P., & Jung, P. (2018). Individualized Web-based exercise for the treatment of depression: Randomized controlled trial. *JMIR Mental Health*, *5*(4), e10698. https://doi.org/10.2196/10698

Haeruddin, M. I. M., Akbar, A., Dipoatmodjo, T. S., Kurniawan, A. W., & Abadi, R. R. (2022). The toxicity of our city: The effect of toxic workplace environment on employee's performance. *International Journal of Social Science and Business*, *6*(2).

Horton, N., Drayton, M., Wilcox, D. T., & Dymond, H. (2022). Evaluating the effectiveness of resilience-building training within the national health service in the UK. *The Journal of Mental Health Training Education and Practice*, *17*(6), 538–549. https://doi.org/10.1108/jmhtep-05-2021-0048

Ili Hadri Khalil. (2018). *Malaysia negara ke-9 paling aktif media sosial, ke-5 paling ramai guna edagang.* Astro Awani, 30 Januari 2018. Retrieved from https://www.astroawani.com/gayahidup/malaysia-negara-ke9-paling-aktif-media-sosial-ke5-paling-ramai-guna-edagang-laporan166998

Institute for Public Health, National Institutes of Health, Ministry of Health Malaysia. (2020). *National Health and Morbidity Survey 2019 Non-communicable diseases, healthcare demand, and health literacy.* Http://Bit.Ly/NHMS2019. https://iku.gov.my/images/IKU/Document/REPORT/NHMS2019/NHMS2019Infographic.pdf

Kadir, N. B. Y. A., Johan, D., Aun, N. S. M., & Ibrahim, N. (2018). Kadar Prevalens Kemurungan dan Cubaan Bunuh Diri dalam kalangan Remaja di Malaysia (The prevalence of depression and suicide attempts among adolescents in Malaysia). *Jurnal Psikologi Malaysia*, 32(4).

Kahsay, W. G., Negarandeh, R., Dehghan Nayeri, N., & Hasanpour, M. (2020). Sexual harassment against female nurses: a systematic review. *BMC nursing*, *19*, 1-12.

Karim, F., Oyewande, A. A., Abdalla, L. F., Ehsanullah, R. C., & Khan, S. (2020). Social media use and its connection to mental health: a systematic review. *Cureus*, 12(6).

Khan, M. R., Khan, M. S., Khan, M. A., Siraji, M. J., & Director, I. A. (2021). The toxic leadership and employee performance: mediating effects of employee commitment. *Ilkogretim Online*, *20*(1), 4613-4625.

Knapp, M., & Wong, G. (2020). Economics and mental health: the current scenario. *World Psychiatry*, *19*(1), 3-14.

Kris-Etherton, P. M., Petersen, K. S., Hibbeln, J. R., Hurley, D., Kolick, V., Peoples, S., ... & Woodward-Lopez, G. (2021). Nutrition and behavioral health disorders: depression and anxiety. *Nutrition reviews*, *79*(3), 247-260.

Kurtulmuş, B. E. (2020). Toxic leadership and workplace bullying: The role of followers and possible coping strategies. *The Palgrave Handbook of Workplace Well-Being*, 1-20.

La Lopa, J. M., & Gong, Z. (2020). Sexual harassment of hospitality interns. *Journal of Hospitality & Tourism Education*, *32*(2), 88-101.

Marzo, R. R., Vinay, V., Bahari, R., Chauhan, S., Ming, D. A. F., Nelson Fernandez, S. F. A., Johnson, C. C. P., Thivakaran, A. Q. A., Rahman, M. M., & Goel, S. (2021). Depression and anxiety in Malaysian population during third wave of the COVID-19 pandemic. *Clinical epidemiology and global health*, *12*, 100868. https://doi.org/10.1016/j.cegh.2021.100868

Miller, P., Brook, L., Stomski, N. J., Ditchburn, G., & Morrison, P. (2019). Depression, suicide risk, and workplace bullying: A comparative study of fly-in, fly-out and residential resource workers in Australia. *Australian health review*, *44*(2), 248-253.

Mohamad Yunus, M. Y. (2021, October 10). Pelan strategik bantu tangani isu kesihatan mental rakyat. Retrieved January 5, 2023, from https://www.sinarharian.com.my/article/166164/berita/nasional/pelan-strategik-bantu-tangani-isu-kesihatan-mental-rakyat

Naslund, J. A., Bondre, A., Torous, J., & Aschbrenner, K. A. (2020). Social media and mental health: benefits, risks, and opportunities for research and practice. *Journal of technology in behavioral science,* 5(3), 245-257.

Presti, A. L., Pappone, P., & Landolfi, A. (2019). The associations between workplace bullying and physical or psychological negative symptoms: anxiety and depression as mediators. *Europe's journal of psychology*, *15*(4), 808.

Rasool, S. F., Maqbool, R., Samma, M., Zhao, Y., & Anjum, A. (2019). Positioning depression as a critical factor in creating a toxic workplace environment for diminishing worker productivity. *Sustainability*, *11*(9), 2589.

Rasool, S. F., Wang, M., Zhang, Y., & Samma, M. (2020). Sustainable work performance: the roles of workplace violence and occupational stress. *International journal of environmental research and public health*, *17*(3), 912.

Rasool, S. F., Wang, M., Tang, M., Saeed, A., & Iqbal, J. (2021). How toxic workplace environment effects the employee engagement: The mediating role of organizational support and employee wellbeing. *International journal of environmental research and public health*, *18*(5), 2294.

Saha, K., Torous, J., Ernala, S.K., Rizuto, C., Stafford, A., & De Choudhury, M. (2019). A computational study of mental health awareness campaigns on social media. *Society of Behavioral Medicine*. doi: 10.1093/tbm/ibz028

Schuch, F. B., & Stubbs, B. (2019). The role of exercise in preventing and treating depression. *Current sports medicine reports*, *18*(8), 299-304.

Siegrist, J., & Wege, N. (2020). Adverse psychosocial work environments and depression–a narrative review of selected theoretical models. *Frontiers in psychiatry*, *11*, 66.

Strategic Framework of Medical Programme 2021-2025. (2020). https://www.moh.gov.my/index.php/pages/view/1917?mid=613

Sussman, M., O'sullivan, A. K., Shah, A., Olfson, M., & Menzin, J. (2019). Economic burden of treatment-resistant depression on the US health care system. *Journal of managed care & specialty pharmacy*, *25*(7), 823-835.

Tang, N., & Thomson, L. E. (2019). Workplace violence in Chinese hospitals: the effects of healthcare disturbance on the psychological well-being of Chinese healthcare workers. *International journal of environmental research and public health*, *16*(19), 3687.

Tong, C., Cui, C., Li, Y., & Wang, L. (2019). The effect of workplace violence on depressive symptoms and the mediating role of psychological capital in Chinese township general practitioners and nurses: a cross-sectional study. *Psychiatry investigation*, *16*(12), 896.

Vincent-Höper, S., Adler, M., Stein, M., Vaupel, C., & Nienhaus, A. (2020). Sexually harassing behaviors from patients or clients and care workers' mental health: development and validation of a measure. *International journal of environmental research and public health*, *17*(7), 2570.

Wang, Z., Zaman, S., Rasool, S. F., Zaman, Q. U., & Amin, A. (2020). Exploring the relationships between a toxic workplace environment, workplace stress, and project success with the moderating effect of organizational support: Empirical evidence from Pakistan. *Risk management and healthcare policy*, 1055-1067.

Wang, H., Zhang, Y., & Sun, L. (2021). The effect of workplace violence on depression among medical staff in China: the mediating role of interpersonal distrust. *International archives of occupational and environmental health*, *94*, 557-564.

Wilson, J. M., Lee, J., Fitzgerald, H. N., Oosterhoff, B., Sevi, B., & Shook, N. J. (2020). Job insecurity and financial concern during the COVID-19 pandemic are associated with worse mental health. *Journal of occupational and environmental medicine*, *62*(9), 686-691.

Witteveen, D., & Velthorst, E. (2020). Economic hardship and mental health complaints during COVID-19. *Proceedings of the National Academy of Sciences*, *117*(44), 27277-27284.

Yahya, N. A., & Sham, F. M. (2020). Pendekatan Tazkiyah Al-Nafs Dalam Menangani    Masalah Kemurungan. *Al-Hikmah*, 12(1), 3-18.

Zhu, H., Lyu, Y., & Ye, Y. (2019). Workplace sexual harassment, workplace deviance, and family undermining. *International Journal of Contemporary Hospitality Management*, *31*(2), 594-614.