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The Development of Depressive Disorder Management Model Among Thai Labours in the Eastern Economic Corridor (ECC)

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Abstract

Depression is a barrier to human workforce. However, the lack of major policies and guidelines for depression disorder in Thailand hinders healthcare workers from addressing this issue. Therefore, this research examines ways to develop depressive disorders in laborers. This study used a qualitative approach to examine the context of depression management in labor. The results of this study presented factors related to depression management from individual to organizational contexts. This finding suggests that stakeholders should attend to the first step of depression prevention outside healthcare services.

Keywords: Human workforce • Depression • Industries • ECC (Eastern Economic Corridor) • System of care • Healthcare policy

Introduction

Depression refers to the psychological illness that is presented by the emotion of sadness, loss of interest, or pressure of normal activities [1]. Depression disorders lead to other health issues and serious health care conditions because they interfere with sleep patterns, appetite and tiredness [2]. Between 2005 and 2015, the WHO found that more than 300 million people faced depression disorders [2]. Evidence of depressive disorders leads to disability, particularly in developing countries. This was because more than 75% of patients with depression disorders in developing countries did not receive corrective treatment [2]. From this evidence, people who had depression disorder in development were suffering and poorly functioning to work and perform activities, especially those in the working period [3]. As people of working age present high rates of suicide, low quality to work, antisocial, absent from work in frequency, separated from other co-workers, lead to disability and impact economic improvement [1,3,4]. In Thailand, the incidence of depression in upper middle-income countries in Asia has increased from 4.6% in 2015 to 10.8% in 2019 [5]. As a result, the Ministry of Public Health in Thailand developed the first national development plan for mental health and focused on depression disorders in the working age between 2018 and 2037 [6]. However, the national development plan for mental health was not mentioned in the few studies on depression in workplaces in Thailand. This national development plan for mental health has focused on hospitals [6]. To improve the policy of mental health in workplace, the department of Mental Health in Thailand need to understand all structures of depression care including the workplaces, the healthcare structures such as healthcare services, mental health centers of health region and the provincial health office and the structure of labor and welfare consist of the office of Labor protection and Welfare and the Social Security Office.

In the economic areas of Thailand, the Eastern Economic Corridor (ECC) is one of the major economic areas consisting of three provinces, Chonburi, Rayong and Chachoengsao, which had a working age population increase in triple from to 2018-2020 [5]. Most of the worker population in this area migrated from rural areas of Thailand due to economic issues. The change from rural to industrial areas increases stress for them from being unaccustomed to experience, lifestyle, health, safety and financial security, which leads to mental health issues such as depression [7].

To improve the depression care system, this study aimed to understand the pattern of care for depression in the current context and the barriers to care for working-aged people in ECC. The researchers also expected to find ways to improve the quality of care for depression disorders in both policy and practice for working-age people in economic terms.

Methodology

Participants

The research employed a purposive sampling strategy to identify and recruit participants who work within Thai healthcare settings, companies in EEC and government officers in labor and welfare organizations. This method of sampling participants is based on the objective of the research, which is to improve the care for depression disorder in working-age individuals in Thailand. The participant groups included employees, managers in the companies, human resources officers, safety officers, company nurses, health officers in provincial health offices, social security officers and labor protection officers. It was anticipated that the overall sample would comprise 28 participants.

Inclusion criteria

Employee

- Thai people who work in companies or factories in EEC and are aged between 18 and 60 years.
- Fully conversant in the Thai language.
- Willing to participate and able to provide inform consent.

Managers in companies, human resources officers, safety officers, company nurses, health officers in provincial health offices, social security officers and labor protection officers

- Willing to participate and able to provide inform consent.
- Hold a position and relevant to responsible with people who had depression disorders.
- Have at least two years' experience.

Recruitment

The researcher contacted each organization, including the companies

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(employees, managers in the companies, human resources officers, safety officers and company nurses), provincial health offices (health officers in provincial health offices), social security offices (social security officers) and the office of labor protection (labor protection officers), by phone to explain the information on the research objective and collect data, which is required in relation to ethical approval, recruitment support and research support.

Data generation

Data generated through audio-recorded, individual, in-depth interviews. After collecting the data, the research used transcriptions, note-taking and audio recordings from each interview. The interviews were professionally and carefully transcribed in Thai language. On completion of the translation process, the researchers discussed any translation or meaning issues with the research team until an agreement was reached.

Data analysis

After transcribing the data, the researchers carefully read all of the transcriptions word by word to gain a sense of the whole data. The coding and group categories were developed in the next process. Thematic analysis was used to analyse the data in order to understand the phenomena in the research context.

Ethical consideration

Ethical approval was obtained from Burapha University Human Research Ethics Committee code HS 030/2563. Prior to their involvement in the study, the participants were informed about the processes and time involved. All participants were assured that the information would be collected anonymously and treated with strict confidentiality. The participants had the right to withdraw at any time.

Confidentiality and anonymity

All the data collected in this study will remain confidential. In this research, the researcher stored the documents to ensure the trustworthiness of the data. During the research period, the data collection sheet, transcript and other documents were kept in a locked cabinet with access only to a key located in the researcher's office, Faculty of Nursing, Burapha University. Audio-recorded data were stored in a locked cabinet with access only to a key located in the researcher's office, Faculty of Nursing, Burapha University. After the research was completed, the processed data were stored in a locked cabinet, as per Burapha University's management of the research data policy.

Folders and files are named in an uncomplicated and logical manner in drive H, which can only be accessed by the researcher. A backup copy of all the data is also stored on the external hard drive and under locked conditions. Moreover, all participant's answers and responses remained confidential and part of the dataset; therefore, identities were protected at all times. All responses were stored securely and designated with a unique code and no names were included in the interviews or transcripts.

Results

Participant demographic

The demographics from all participants were summarized in the Table 1.

Table 1. Participant demographic.

	Data	(N=28)	Percentage
Type of Stakeholders	Employees	5	17.85
	Manager	8	28.56
	Human resources officers	4	14.28
	Human resources officers	3	10.71
	Company nurses	3	10.71
	Social security officers	2	7.14
	Labor protection officers	2	7.14
	Health officers in provincial health offices	1	3.57
Gender	Male	8	28.57
	Female	20	71.43
		Age(Average 42.52 Years Old)	
Education	Undergraduate	4	14.29
	Bachelor's degreee	20	71.42
	Master's degree	4	14.29

The definition of depression disorder

From the data, the participants interpreted the depression disorders as feelings of sadness, unhappiness, lazy to work, hopelessness, stress, negative attitude and loneliness.

I1P1 "Depression is the psychological symptoms refers to stress and cannot do anything."

I2P1: "Depression is like staying alone, no important for others. If breading but nonexistence for every people, they don't want to live."

I4P2 "They are not come to work, separated themselves from other co-workers, unconcentrated to work and slow progression."

Context and condition of depression disorder

After data utilization, the context and condition of depression disorders of labor in ECC were identified under three themes: Less accessibility, hidden care and individual management.

Less of accessibility: Less accessibility refers to the fact that labor in ECC had less access to proactive depression disorder care, such as the lack of a survey or evaluation in labor, lack of depression database in working age in ECC and lack of a platform for coordination and contract with other stakeholders who influenced depression management care. Moreover, the management of depression disorders in the workplace also increases costs.

"We did not have information of depression care in workplace. We had only the law of flout and infringements." I11P3.

"The employees never talk about stress or mental health issues with administrators that the reason that we don't have project or channel for depression disorder in our factory." I12P5.

"We do not have the mental assessment form or checklist to evaluate depression. Because the nurse works in nursing room and the employees came to see our in this room. We cannot come to evaluate all of employees to prevention depression disorders." I16P7.

"For my concern, cost and expense will be increase, if we have service for depression management care such as paid for psychiatrist or nurse specialists." I6P8.

"Almost all companies mention on physical health issues than mental health issues. This was because physical health issues directly impacted work. The I6P8.ession disorder as the vacuity. No people talk about it." I7P6.

Hidden of care: Due to the lack of a unit of people directly responsible for depression disorders in the workplace, depression disorders are considered hidden care. The participants mentioned the following:

"The employees pay attention to work in the frontline. They did not have time to talk about depression or mental health issues." I2P8 and

"We lack time to consult mental health with other people, but it hidden in working period. If the employees find someone who open mind and understand them, the employees also talk with them. However, the consult is in general." I5P6.

Individual management: Individual self-management as the participants noted that:

"We know the depression disorder must selfcare because the company is not do anything. The depression disorder as the individual issues." I2P5.

"If I had stress or sadness, I would be talk with co-workers. The co-workers can support and understand me. It makes my stress can release." I11P12.

The factors are influenced to the depression disorder in working age at ECC

The data presented three factors related to depression disorder in working age, including the attitude toward depression disorders, knowledge and management skills, the context of companies and policy.

Attitude: Employees who had experienced stress or depression disorder were uncomfortable living. They fear that the other were pretending or bully, which made them mortify. Almost all the workers who had depression disorder were not told their condition to others, as the participants noted:

"If I talk with other people, I feel embarrassed because I don't know what they think about it." I2P5.

However, managers or human resource officers can observe them from the often-absent work and lack of concentration to work.

"The workers who had depression sometimes they do not trust me. They did not talk about it. This issue refers to the human resource officer's lack of depression disorder data from our employees." I4P6.

Knowledge and management skills: Workers lack the basic knowledge and skills to evaluate and manage depression.

"I knew someone who had depression disorder, but he did not accept. In this time, I saw him stress and lack of ability to work. I came to approach him and advised him to see the nurse and consult with human resource officers. However, he refuses to do this until his family brings him to the hospital." I1P7.

"The employees may not know that they faced with depression disorder, but when I talk with them, I also known they had mental issues. They also complain about their family, their responsibility and they clinical symptoms." I3P5.

The company contexts: Company context refers to a company's size, environment and welfare. The company's size includes the number of employees. The environment refers to the company's management, working atmosphere and co-worker's relationships that impact depression disorder management in the workplace. Moreover, the welfares also increased opportunities for employees to reduce depression disorders, such as scholarships for their children, shuttle buses for pick-up their employees and others.

"Our company had around 100 employees. The administrators provide accommodation, shuttle bus for pick-up, the money to support health besides public health insurance, meals and sport days that twice times per year. I think it can release stress and made healthy for employees." I1P5.

"The first benefit as the company provides facilities for us such as dining areas and areas for relaxation. Following with company management. The last things as the incomes and compensation." I3P4.

"Welfare is importance for employees. My company as the Japanese company is not pay the high salary for employees. However, the welfare is good. My company has bonuses, scholarships for employees' kids, gifts for marriage, birthday gifts and vacation and others." I5P5.

The policy: The policy also includes the company's policy and the policy from the relational organization, as the data presented:

"We support standard tools, safety measurements and health check-ups. But we are not mentioned in the psychological context." I6P5.

"The company supports the physical issues than mental issues. For example, if the employees had illness or unwell, they (administrator in company) sent these employees to healthcare services." I12P6.

Pattern for manage the depression disorder in workplace

From the suggestion from participants, the way to develop patterns of managing depression disorder as integrated healthcare and workplace for depression disorder by including the process of assessment, reconciling the depression disorder, setting the system for companies to support employees and evaluation.

"My previous workplace had doctor to visit employees every week. For my opinion, it's good to assessment patients before had serious issues in mental health." I1P3.

"Safety officers may discuss with the head of divisions to assess their employees. Because they also know who is at risk with depression disorder. The other way that the company has training or courses for increase the knowledge of depression disorder." I3P5.

"I think the safety officers should educate employees about the depression disorder and find the way to prevention this issue." I4P5.

"The law should be mentioned to the psychologist for factory or company. At present, the law mentions nurses in a factory within 24 hours. However, the employees do not dare to talk about mental issues." I5P7.

"I had discussed with nurse to develop the program for depression disorder care with managers and human resource division. It may reduce the burden of depression on employees." I28P5.

Discussion

Depression management in the workplace depends on the context and condition of the workplace, as Steadman K and Taskila T [8] argued that the employer should support employees in managing and preventing depression. This is because the workplace is an important organization for reducing and increasing the cause of depression disorder [9]. Therefore, stakeholders in the workplace or company are the quality of evidence to reduce depression disorder for employees.

The factors are influenced by depression disorder in working age and are categorized into four domains: attitude toward depression disorders, knowledge and management skills, the context of companies and policy. The attitude of depression disorder is the stigma for employees to leave their jobs and increase the severity of illness. This was because attitude has been shown to have a negative effect on the toxic psychological cycle [10]. As Conway PM, et al. [11] noted that social face and speech are negative and harmful to the brittle mind. From the knowledge, management skills and policy, the World Health Organization [12] suggested that the guidelines and policy of safety for industry need to involve both physical and psychological terms. The domain of pattern for management depression disorder, Dinis MAP, et al. [10] argued that the depression disorder in workplace need the integration with stakeholders who related with employees to develop the care during every stages of protection, prevention, treatment and promotion.

Conclusion

In conclusion, this research presents evidence to support depression management in the workplace in developing countries. The lack of a core policy of depression disorder care in the workplace refers to all organizations in the workplace, healthcare organizations, government welfare officers and public health insurance organizations co-operating the channels to reduce the serious issues of depression disorder in working age. Our findings also suggest a way to create a strong policy to protect labor from depression. Future research is needed regarding the implementation of depression programs for labor in both experimental and longitudinal studies.

Authorship Contributions

Please indicate the specific contributions made by each author (list the author's initials followed by their surnames, e.g., B.H. Smith). The name of each author must appear at least once in each of the three categories below.

Category 1

Conception and design of study: Sorut Wongsuttitum and Chaweerat Chernchomkul.

Acquisition of data: Sorut Wongsuttitum, Boonyapa Pokasem and Chaweerat Chernchomkul.

Analysis and/or interpretation of data: Sorut Wongsuttitum.

Category 2

Drafting the manuscript: Boonyapa Pokasem.

Revising the manuscript critically for important intellectual content: Sorut Wongsuttitum and B. Pokasem.

Category 3

Approval of the version of the manuscript to be published (the names of all authors must be listed): Sorut Wongsuttitum, Boonyapa Pokasem and Chaweerat Chernchomkul.

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Declaration

Paper's title: The development of depressive disorder management model among Thai Labors in the Eastern Economic Corridor (ECC)

The authors hereby certify that:

1. We participated in the conception of the paper and made public my responsibility for its content.
2. All information concerning any source of funding received for the development of this research has been properly disclosed and made available to the editors during the submission.
3. There were no connections or agreements between authors and funding sources that constitute any conflict of interest, potential or apparent, that may affect the results of the research.
4. That the manuscript is original and that the research is not in part nor in whole currently submitted to another periodical, either in print or in an electronic format, nor is any other material of my authorship with substantially similar content so submitted.
5. If requested, I will provide and cooperate fully in obtaining and providing data on which this text is based, for the editor's examination.
6. I have read and agreed with the terms of the Open Access and Data sharing.

Share upon reasonable request policy

This research is performed under the qualitative approach. All data collected in this research had keep confidential. In this research, researcher had stored the documents for trustworthiness of the data in Thailand. During the research period, the data collection sheet, transcript and other documents were kept in a locked cabinet with access only with a key, located in the researcher's office, Faculty of Nursing, Burapha University. Audio recorded data was stored in a locked cabinet with access only with a key, located in the researcher's office, Faculty of Nursing, Burapha University. Furthermore, after the research is completed, the processed data stored in a locked cabinet as per Burapha University's management of research data policy.

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Disclosure of Interest

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