Chapter 2
Effects of Psychiatric Disorders on Women in Sustainable Business

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2.1 Introduction

There are many different cultural and social roles and behaviours developed between men and women. Beyond those differences, individual's health was also affected by sex. There are certain biological differences between men and women. Those biological, hormonal and genetic factors have great impact on gender-specific health issues. Finally, many diseases and health problems occur with different rates by gender in the population. On the other hand, some other factors like occupational health risks generated with division of labour by gender and social norms that preventing women access to health care are also very important factors that negatively affect women's health.

Many factors negatively affect women's health. Exposure to health risk factors and accessing the appropriate prevention or treatment systems can be different between men and women. Women are more likely to have part-time employment compared to men. Women are also exposed to different social risk factors and social roles that affect mental health negatively. Foreign-born women showed to have higher rates of mental disorders than natives (Lytsy et al. 2015). Beyond those negative factors, women on average have lower cash incomes than men. In most countries, women earn significantly less money than men for similar work. Interestingly, even though same educational background is provided for women, men have better health (Dahlberg et al. 2007).

World Health Organization's definition for health is "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization 1946). That definition of health underlines that mental health is the integral part of health. Similarly to the biological conditions, some psychiatric disorders are more common in women than men.

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Psychiatric disorders can affect women at any age, status and occupational position. Finally, effects of psychiatric disorders on women in business raise an important problem for women. Understanding and learning the psychiatric disorders which are more common in women, and how they express themselves with their symptomatology and whom more susceptible to those disorders are important factors to help women in business.

In this review, epidemiology of psychiatric disorders in women, their symptoms, risk factors for psychiatric disorders in working women and finally effects of psychiatric disorders on women in business have been highlighted.

2.2 Psychiatric Disorders and Woman

There are certain sex differences in the prevalence of some psychiatric disorders. Common mental disorders affecting women are mood disorders, eating disorders, anxiety disorders and postpartum psychiatric disorders; on the other hand, men are more likely to have alcohol and substance use disorders and antisocial personality disorder. In a large epidemiologic population, both lifetime and 12-month prevalence of psychiatric disorders are studied. In this study, affective disorders and anxiety disorders are found more common in women. Results showed that lifetime prevalence of major depressive disorder was found to be 12.7% in men compared to 21.3% in women, dysthymia 4.8% in men compared to 8.0% in women, panic disorder 2.0% in men compared to 5.0 in women, agoraphobia 3.5% in men compared to 7.0 in women, social phobia 11.1% in men compared to 15.5% in women, simple phobia 6.7% in men compared to 15.7 in women, generalized anxiety disorder 3.6% in men compared to 6.6 in women and any anxiety disorder 19.2% in men compared to 30.5 in women (Kessler et al. 1994).

Depression or its clinical synonym major depressive disorder is one of the most common psychiatric disorders. Women are nearly twice as likely as men to have depression. Beyond its high prevalence rates, depression is the one of the most leading causes of disability. Diagnostic criteria for depression include depressed mood, markedly diminished interest or pleasure in all or almost all, activities, weight loss or gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feeling of worthlessness or guilt, diminished ability to think or concentrate or indecisiveness, and recurrent thoughts of death, recurrent suicidal ideation or suicide attempt. Those symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning (American Psychiatric Association 2013). Depression is the most prevalent mental disorder to cause absenteeism from work. Depression may also cause job loss or changing job in severe cases.

Eating disorders are rare psychiatric disorders. Women are much more likely than men to develop an eating disorder. There are two important eating disorders listed in Diagnostic and Statistical Manual of Mental Disorders; anorexia nervosa and bulimia nervosa (American Psychiatric Association 2013). The 12-month

prevalence of anorexia nervosa is about 0.4% and bulimia nervosa 1–1.5%. Male-to-female ratio of eating disorders is about 1:10. Anorexia nervosa is characterized by body image problems. Despite patients with anorexia nervosa show low body weight, they struggle to lose more. They reduce their food intake and engage binge eating. The eating disorders tend to start in adolescence or early adulthood. Beyond its social and occupational functional limitations, all eating disorders show increased mortality risk (Smink et al. 2012). Vocational and social factors are important aetiological factors in anorexia nervosa. For example, it is showed that women who join ballet school, risk for anorexia nervosa increases significantly.

Prevalence rates of anxiety disorders are higher in women. These higher rates explained with the some personality traits that women have. It is showed that women tend to internalize their emotions more than men. Internalization of the emotions leads depression and anxiety symptoms (Eaton et al. 2012). Anxiety disorders are panic disorder, agoraphobia, specific phobia, social anxiety disorder or phobia and generalized anxiety disorder. Prevalence rates of panic disorder in women are 3–4 times higher than men. Increased rates of stressful life events and history of childhood sexual abuse in women have been shown in the aetiology. Specific phobia is the most common mental disorder in women, and prevalence rates are about twofold compared to men. Similarly, social phobia is more prevalent in women compared to men. Finally, prevalence rate for generalized anxiety disorder is about two times higher in women (Benjamin and Pedro Ruiz 2015).

Childhood maltreatment is another important factor that affects women, and its consequences are related with psychiatric disorders. Some cultural and ethnic groups found more vulnerable for childhood maltreatment. Cultural aspects and female gender role in those groups may be underlying factors for increased childhood maltreatment. Physical or sexual abuse may be associated with depressive disorders, anxiety disorders and post-traumatic stress disorder (Warner et al. 2012).

Sexual violence is a common problem in our society. Some of the sexual violence occurs in workplace. As an example, female film performers showed to have significantly worse mental health that that 37% of them had forced sex (Grudzen et al. 2011). Unfortunately, more than 90% of sexual assault victims are women, and it is estimated that half of the cases remain unreported. Sexual violence can be very traumatizing. Women who experience sexual assault are more likely to use mental health services. The literature and statistics are showing higher psychiatric correlation between childhood sexual assault and increased mental health service utilization and severity of psychiatric disorder. Lifetime prevalence of rape found to be about 15% in national samples of women. Similarly, post-traumatic stress disorder, major depressive disorder and alcohol use disorder are associated with rape (Zinzow et al. 2012). Sexual disorders may also be triggered by rape in women. As a conclusion, being women in workplace increases the risk for sexual assault and increases the risk and severity of psychiatric disorders (McLindon and Harms 2011).

2.3 Women's Mental Health and Pregnancy

Because of the some biological, psychological and hormonal changes occur during peripartum period, women are vulnerable for psychiatric disorders and also vulnerable for the exacerbation of the psychiatric symptoms. Some other factors like disruption of treatments and sleep problems during peripartum period are important for psychiatric disorders. A postpartum prevalence study revealed higher rates of depression and anxiety in postpartum women (Bener et al. 2012). Those results are contrary to the belief that pregnancy protects women from psychiatric disorder. Furthermore, women who have history of psychiatric disorder or stop taking their medication during pregnancy have higher risk for psychiatric disorders (Coble et al. 1994). On the other hand, because of the many of the psychotropic medications are not safe during pregnancy, especially at first trimester, many women tend to discontinue their psychiatric treatment.

Postpartum period is very important for women. Many women in postpartum period experience affective symptoms that associated with rapid hormonal changes. Those symptoms may last several days. Postpartum blues is not a clinical syndrome and not require treatment. But only small percentage of women in postpartum period experience depression and psychosis. Both depression and psychosis are severe psychiatric disorders and require appropriate treatment.

Contrary to the effects of pregnancy on mental health, psychiatric disorders also affect probability of marriage and pregnancy. Studies demonstrated that fertility of patients with psychotic disorders like schizophrenia or severe mood disorders is reduced (Stevens 1969).

Prevalence of women working with pregnancy is increasing. Most of the pregnancies occur between 15 and 35 years of age, and today, most of the women work while pregnant. Interestingly, pregnant working women tend to stay in their jobs into their last one or two months. In most cases, it affects working life of women and conversely some occupations adversely affect pregnancy. Prolonged standing, hard physical work, heavy lifting and shift work may be underlying risk factors for occupational adverse effects (NHS Plus Royal College of Physicians 2009). Most women can return their jobs in one or two months after delivery.

2.4 Effects of Psychiatric Disorder on Women in Business

Mental health problems have negative effect on quality of life, social and occupational functioning. Previous studies have shown that women with mental health problems have higher rates of unemployment than healthy women (Bursalioglu et al. 2013). Psychiatric disorders like major depressive disorder and anxiety disorder are the important cause of disability in women. Disability and subsequent sick leave negatively impact work life for women. During this period, interpersonal relations and business career may be affected and finally losing a job may occur for

severe cases. The loss may not be limited to job but women can lose social roles at home and at work (Nielsen et al. 2013). Many studies have shown the effects of mental health problems on involuntary job loss. Mostly, the depressive symptoms were found associated with job loss compared to anxiety symptoms (Dew et al. 1992). Contrary to the higher incidence of mood disorders, anxiety disorders and emotional problems seen in women, they showed to underutilize mental health services and overutilize physical health services to deal with their psychiatric problems (Jimenez et al. 1997). This underutilizing of psychiatry can partly explain increased vulnerability to mental health problems and disability in women. Obviously, only women who have correct diagnosis and receiving appropriate treatment may recover form psychiatric disorders.

Work-related factors can also cause stress in working women. High workload, problems with colleagues and poor working conditions may play role on increased stress in workplace. On the other hand, women have different roles except career. Responsibilities in home, family and children are also associated with increased stress in women. If women experience stress over a prolonged time, it may affect health. Finally, perceived poor physical and mental health is one of the most important factors for poor working ability. Reduced working ability is associated with mental distress.

According to the workplace gender segregation, women work generally in different occupations than men. Women working in sedentary positions may show low level of physical activity. Studies showed protective effect of physical activity for mental health in women. Gender segregation may have influence on women's mental health in workplace. Decreasing workplace gender segregation may help to increase physical activity in women. Increased physical activity positively affects mental health. Increasing physical activity is also beneficial for menopausal symptoms (Griffiths et al. 2014).

Pregnancy is not considered an illness. But on the other hand, significant physical, hormonal, psychological changes occur during pregnancy. Pregnant women showed to have increased rates of sickness absence compared to the normal women population, and also duration of the sickness absence is significantly longer in pregnant women (Sydsjo et al. 2001). High level of stress during pregnancy may also affect psychological well-being. Psychiatric disorders are common in pregnancy. But without direct relationship with psychiatric disorders, sick leave rates are shown to be increased during last decades. This increase cannot be explained with actual physical or psychological illness (Sydsjo et al. 1998). But on the other hand, high prevalence rates of psychiatric disorders on peripartum period negatively affect occupational performance of women. Moreover, occupational factors may negatively affect pregnant women like miscarriage, premature birth, low birthweight or birth anomalies.

Premenstrual dysphoric disorder is some kind of depressive disorder. During the premenstrual period, women experience mood lability, irritability, dysphoria and anxiety symptoms. Premenstrual dysphoric disorder occurs up to 10% of menstruating women. Generally, premenstrual dysphoric disorder symptoms are seen during the week before menstruation. According to the severity of the symptoms,

social and occupational impairments may occur (American Psychiatric Association 2013). Women who experience moderate-to-severe premenstrual difficulties are demonstrated to have increased lifetime prevalence of mood disorders and drug abuse (Mackenzie et al. 1986). In particular, patients diagnosed with bipolar disorder report higher rates of menstrual dysfunction prior to the onset of psychiatric disorder (Joffe et al. 2006).

Diagnosing premenstrual dysphoric disorder requires that symptoms should be associated with clinically significant distress or interference with work, school, usual social activities or relationships with others. Emotional and behavioural symptoms related to the premenstrual dysphoric disorder may lead long-term difficulties in interpersonal relationships and occupational roles. Evidently, women with premenstrual dysphoric disorder experience long-term difficulties in work life.

In some patients, mental problems or stress can cause physical symptoms that is known as somatization or somatic symptom disorder. Atypical physical symptoms, chronic conditions in the workplace or long-term sickness absence should be evaluated in detail for possible somatization (Olaya-Contreras et al. 2010). Since the symptoms are physical, medical care utilization is very high in somatic symptom disorder. But because the aetiology is related with psychological origins, most patients with somatic symptom disorder do not benefit from medical treatments. Like many other psychiatric disorders, prevalence of somatic symptom disorder is higher in women and women tend to report more somatic symptoms. Somatic symptom disorder is associated with impairment in social and occupational life.

Job loss and its effects on women is another important topic, and there are bidirectional interaction between job loss and psychiatric symptoms and stress. Impact of psychiatric disorders on occupational life and job loss is underlined before. On the other hand, job loss is a stressful life event, and this traumatic experience can negatively affect individual's mental health. Job loss is associated with psychiatric symptoms and depression. Job loss is recognized as less stressful for women because women have alternative roles other than career. Studies demonstrated that most women do not perceive job loss as a stressful life event. Most of them perceive job loss as a challenge and threat. But single woman tends to report more psychiatric symptoms after job loss compared to married women. Consequently, because unmarried women lack social support, they are more vulnerable to job loss (Nuttman-Shwartz et al. 2009). Additionally, job insecurity showed to affect men and women differently; job insecurity is positively associated with major depressive disorders in men, but there is no association in women (Wang et al. 2008).

Psychiatric disorders are associated with disability and decreased quality of life. Consequently, those disabling mental disorders can cause long-term sick leave. There are also many medical conditions like musculoskeletal pain that may cause disability during long-term sick leave but comorbid depression with those medical conditions showed to increase disability and decrease quality of life of women (Jansen et al. 2011). Workplace-related psychological factors may affect men and women differently. On the other hand, work-related stress is showed to an important

factor for predicting future sick leave risk in women (Holmgren et al. 2013). Women with psychiatric disorders showed to have higher rates of sick leave. Combination with psychiatric disorders and physical disorders is associated with even higher rates of sick leave (Hensing et al. 1997).

Alcohol dependence and alcohol abuse prevalence are increasing in women. Similar to the men, alcohol use disorders negatively affect social and occupational life. Studies showed strong association between alcohol use disorders and sick leave in women (Spak et al. 1998).

Longer, shorter or no sick leave demonstrated to affect psychiatric patients differently in various mental disorders. Patients with anxiety disorders with long-term sick leave showed deterioration in symptoms compared to short-term sick leave, and patients with depressive disorder with long-term sick leave showed to have higher improvement compared to short-term or no sick leave. Those results indicate that sick leave in different psychiatric disorders should be evaluated separately (Tritt et al. 2005).

Psychiatric disorders may lead disability for whom permanently or temporarily unable to work due to psychiatric morbidity. Granting disability pension is investigated in outpatient psychiatric patients diagnosed with major depressive disorder. Including other factors such as age, educational level or living alone, being female found to be associated with granting disability pension (Mittendorfer-Rutz et al. 2014). Those results are interesting, that among other factors being female increase the disability support pension.

Finally, subjective evaluation of patients' self-health is very important to predict disability pension, sick leave or hospital admission. High inverse correlation between self-rated health and sick leave and disability pension is demonstrated in both men and women (Halford et al. 2012).

There are many factors affecting returning to work after long-term sick leave for women. Studies demonstrated that unemployed women are exposed to more risk factors compared to men or employed men and women. Individual, occupational or environmental factors are important ones. A study showed that some emotions like desire, longing and vanity play an important role for women when return to work (Ahrberg et al. 2010).

2.5 Conclusion

As a conclusion, women report more occupational problems and sick leave than men. Similarly, increased early retirement pensions are higher in women. During the last few decades, prevalence of psychiatric disorders is also increased in women. Primarily major depressive disorder, anxiety disorders and stress-related problems are increased. Therefore, work-related stress is also increased and negative impacts of stress in work is demonstrated to impair mental health in women (Holmgren et al. 2009).

Women live longer than men, but medical and psychiatric health risks are not low. There are certain biological differences between men and women. Additionally, women experience other risk factors like marriage, pregnancy or lactation. Sexual violence, income inequalities and social roles also influence women's mental health. Prevalence of many psychiatric disorders is higher in women than men. In conclusion, all those factors and psychiatric disorders with their psychological, social and occupational impact negatively affect women in workplace. Finally, there is need for separate approach to women's mental health in business world.

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