

EXPLORING MENTAL HEALTH IN ROMANIA FROM ECONOMIC POINT OF VIEW AND EMPLOYEES' PERCEPTION

*Article history: Received 18 August 2022; Revised 5 September 2022; Accepted 16 September 2022;
Available online 25 October 2022; Available print 25 November 2022.*

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ABSTRACT. Mental well-being is and will continue to be part of what defines an individual's health today. Even if it is a subject with great international notoriety, many cultures and nations do not have concrete definitions or even words to describe mental health and its diseases. Moreover, this is present today most often in the workplace. Examples like late hours worked overtime, mixing family time with work time, neglecting sleep and proper nutrition are related in the action of reaching a target or a deadline. All these few examples are just the premature actions of those who predict and describe the beginnings of mental disorders, such as depression or advanced insomnia. The purpose of this paper was to be observed the actions and costs registered at the European level to combat these mental health conditions, as well as the influence of the pandemic both during and its perception after the lifting of restrictions in Romania at the workplace. Also, to find out the influence of this mental health condition on the economic efficiency and the situations recorded on the labor force as well as the perception of people who have a job in a field or company with a very low notoriety on the labor market. It was wanted to know and highlight the presence of stress that leads to the instability of mental health in Romania both

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among adults and in the case of young adults. The existence of promotion campaigns in Romania at a workplace and the relationship with the superiors in the event of the occurrence of situations that trigger these states of restlessness and anxiety, as well as the identification of ways to combat problems at the local and national level, are also present as subject of interest in this paper.

Keywords: mental health, workplace, WHO, OECD, Covid-19

JEL classification: I18, I38, J81

Recommended citation: Mitu, F-G., Bota, M., *Exploring mental health in Romania from economic point of view and employees' perception*, Studia UBB Negotia, vol. 67, issue 3 (September) 2022, pp. 49-67, doi: 10.24193/subbnegotia.2022.3.03

Introduction and review of literature

Mental health is a current topic that causes both instability and a drastic decrease in the productivity of the population in topics such as quality and efficiency at work. It is present also in academic and educational performance in general as well as on a personal level when it comes to arranging one's own household and ensuring family safety. Moreover, this evidence has become more and more prominent, starting with the year 2020 when the global and national economy experienced a considerable collapse. Thus, together with the pandemic phenomenon known as COVID-19, in addition to the tragic events of death and illness, it also determined an acute struggle with challenges related to psychosocial effects, in the short and long term, on the physical and mental health of people able to work (Damian, 2020).

In the same way that the World Health Organization raised this issue of strengthening psychosocial improvements, as is the current subject of mental health, the large institutions and companies began to prepare and implement actions, which have in mind the detection and prevention of these psychological disorders. In addition to the decrease

in morale and efficiency at the workplace, countless companies have also noticed the impact of the economic element, which has provided enormous costs that link the actions to compensate for the negative effects created by the pandemic. That's why many economic leaders and specialists in the field have started promoting and implementing certain counseling programs and therapy sessions to reeducate the staff and direct beneficiaries of the businesses in terms of mental health and the code of good practices related to it.

Mental health, as considered by the WHO, "*represent a state of well-being in which the individual realizes his own abilities, can cope with the normal stress of life, can work productively and fruitfully and is able to contribute to his community*" (WHO, 2001). Mental disorder is the cause of instability and loss of this mental health. Some mental disorders are recognized as (WHO, 2017):

1. Depression
2. Burnout
3. Anxiety
4. Bipolar disorder
5. Schizophrenia

These mental disorders can be of short or long duration. In the same context, the influence underlying these disorders is described by numerous factors, whether they have their roots in the genetic component, or in the series of experiences encountered during childhood, such as trauma (Wynne et al, 2014). Moreover, there are cases in which certain chronic medical conditions leave their mark on the development and growth of an individual. In the same way that physical abuse, alcohol, or harmful substances affects human progress, so does the social context of any kind or factors such as poverty or debt and leave its imprint on a young adult (OECD, 2018).

At the 74th edition of the World Health Assembly in 2021, the action plan on mental health until the year 2030 was approved. Also, regarding the emergence and recognition of those needs in terms of the impact of COVID-19 (evidence of at WHO) on mental health and well-being, EFAMH responds with the following three initiatives to be followed (WHO, 2022):

- creation of a data platform dedicated to mental health where the constant performance of mental health systems and the mental health status of the population are targeted.
- insisting on and promoting the development of resilience for the mental health and well-being of children and young people
- providing support to elderly people with mental health problems.

The political decision-makers in the field of health and economy still have gaps and uncertainties in their understanding of the importance of mental health. Furthermore, resilience, but also the human, social and economic component, leads to missed opportunities to invest in policies and interventions that can truly protect mental health and develop this need for prevention within and beyond the health sector (WHO, 2022).

Despite renewed international attention to mental health and the development of evidence-based tools and innovations for better treatments and services, there remains a set of fundamental challenges that predate the COVID-19 pandemic and affect countries in the region (WHO, 2022):

- a) This includes deep-rooted stigma and discrimination against people with mental health conditions and psychosocial disabilities, leading to a violation of human rights, low levels of mental health literacy among the general population;
- b) Insufficient investment and access to quality services for people across the lifespan, leading to unmet needs and financial hardship;
- c) Provision of fragmented or uncoordinated services; inadequate governance and IT systems;
- d) A continued reliance on psychiatric hospitals or social welfare institutions as the primary place of provision of mental health care.

Material and methods

The main purpose of this work was to explore the phenomenon of mental health both at the European and national level, as well as the degree of impact and awareness of it by the citizens of the country after experiencing a crisis phenomenon such as the Pandemic. It was also desired to observe the actions and costs recorded at the European level to combat

these mental health conditions, as well as the influence of the pandemic both in time and its perception after the lifting of restrictions in Romania. To the same extent, it was desired to observe and find out the influence of this state of mental health on the economic efficiency and the situations recorded on the labor force as well as the statistical situations of the companies in a workplace.

As a secondary data collection method, an exploration and comparison of several specialized reports and articles that have mental health as their main subject was carried out. The data selected and focused on this article were collected over two months and involved the consultation of several platforms such as Google Scholar, Research Gate and various sites specialized in the subject of this work such as Science Direct, Ro Health Review, Europa.eu. The present sources are reliable, providing up-to-date information in the perspective component of the studied field.

Primary and secondary data were identified, collected, analyzed, and interpreted. To collect primary data, qualitative research was carried out by conducting an in-depth interview with five interviewees. The main criterion for choosing the five subjects interviewed was belonging to a workplace with a lower notoriety on the labor market and depending on the diversity of the main field of activity owned by that workplace. Two age categories were interviewed, namely adults, in the number of two people and young adults, who were in the number of three people. The interviewed subjects are aged between 22 and 54 years. They are of Romanian nationality, coming from both rural and urban areas, and the geographical area was mainly represented by Cluj County, followed by Constanța and Tulcea counties. Also, the participants in the interview work in the following fields: financial banking, land improvements, volunteering in the medical field, sales, and hospitality.

The period in which the interview participants were contacted and selected was two weeks, and the discussions with them were carried out both by phone and face-to-face. Regarding the discussion with them, it lasted between 30 minutes and a maximum of an hour, and the number of participating women exceeded the number of men, this being one respondent compared to the number of women, which was four. Also, the questions present in the interview guide were in number of nine, open

questions which led to the determination of the participants to answer justified and without using monosyllabic answers. The questions used in the interview guide led to finding out the following information considering:

- how familiar are people with the phenomenon related to mental health in Romania and in general;
- where do they think the phenomenon occurs most often and in which age category;
- if discussions related to stress and combating mental health problems are promoted at their workplace and what is their relationship with superiors related to this subject or if there is one,

Also, what solutions or remedies do the respondents see to solve these problems that arise among people suffering from these disorders and mental health conditions.

At the beginning of the in-depth interview, it was mentioned that confidentiality would be respected and how these responses would be further used in the research, as well as the fact that the discussions would be recorded.

Results and discussions

As the 2020 report provided by the World Health Organization claims, the COVID-19 pandemic has stalled almost all mental health services in 93% of countries around the world. This survey conducted in 130 countries, from July to August of 2020, shows how the impact of the pandemic has a devastating aspect on mental health services, emphasizing at the same time the boundless need for these services and funding actions for those. This request regarding increased investments in the improvement of cases caused by mental health conditions, following COVID-19, was inaugurated during the biggest event organized by the WHO for mental health, on October 10 of the same year. As the specialists in the field say, once with the isolation and the transition of most areas of activity to the online work environment, the loss of income, the suffering caused by the acute number of deaths in the family, the fear of regarding the instability

and ensuring a prosperous future resulting from the job losses have caused fears, fears that have led to a much greater and more urgent demand for mental health services and conditions.

Moreover, following the report provided by the states participating in the study, it was found that most countries contributed less than 2% of their national health budgets to mental health before the outbreak of the pandemic. In 2018, the most alarm signals were estimated at the level of the European Union regarding the contributions and expenses for mental health, hence the costs in the amount of over 600 billion euros. (C.G. Damian, 2020) Of this money spent, which is the equivalent of 4% of GDP, 190 billion euros were distributed to health care, 170 billion euros to social programs and 240 billion euros were represented by indirect expenses for remedying the loss on the labor market caused by events that have in mind the mental health of employees (OECD/EU, 2018). More information regarding the performance of employees at the European level can be observed in table 1, as the OECD specialists tell us in the publication made in 2018.

Table 1. Summary of direct and indirect costs regarding mental health problems in the EU in 2015

The categories from which the costs resulted	Specific source of costs	Quantitative estimation of costs	Observations
Health	Direct health cost for services and goods for the prevention, diagnosis and treatment of mental health disorders: <ul style="list-style-type: none"> • Home visits • Hospitalization costs • Pharmaceutical costs 	<ul style="list-style-type: none"> • 194 billion of euros for direct health 	Countries such as Germany and the United Kingdom presented in the estimation 1.4% of GDP, and Luxembourg and Ireland had 0.8% and 0.9% of GDP, respectively. Lithuania, Bulgaria, Romania and the Slovak Republic have estimated taxes of less than 1% of GDP.

The categories from which the costs resulted	Specific source of costs	Quantitative estimation of costs	Observations
Social security spending	<ol style="list-style-type: none"> 1. Paid medical leave 2. Disability benefits 3. Benefits regarding the prediction of unemployment 	<ul style="list-style-type: none"> • 20% of paid sick leave benefits (28 billion of euros) • 37% of disability benefits related to mental health problems (112 billion of euros) • 15% of unemployment insurance benefits (29 billion of euros) 	<p>These estimated costs do not include expenses such as social programs, social assistance benefits or benefits for single parents.</p>
Labour market (indirect costs)	<ol style="list-style-type: none"> 1. Loss of income in terms of death caused by mental illness among the working population 2. Losses within the low employability rate among workers with mental health problems 3. Losses resulting from absenteeism among workers who have mental health problems 4. Losses among people who have mental health problems and who have very low productivity 	<ul style="list-style-type: none"> • 240 billion euros, equivalent to 1.6% of GDP • 22 billion euros in losses resulting from the assumption regarding deaths in the workforce with mental health problems (people aged between 25 and 64). Assuming that the people who died prematurely would have worked until the age of 65 or more, this loss also results in a potential productivity of 640,300 years of life • Losses in the amount of 176 billion euros regarding the low employability rate of people with depression. (only half of the EU population reported population with depression problems among the workforce aged between 25 and 64) 	<p>The assumption regarding the productivity of workers with mental health conditions is made by analyzing to the same extent absenteeism as well as presence at the workplace in the countries studied by Eurostat Database.</p> <p>Workers with mental illnesses seem to be 6% less productive than those without, and this low productivity is also the result of low wages.</p>

Source: Authors' work adapted by OECD/EU (2018), Health briefly: Europe 2018: State of Health in the EU Cycle

Also in the same year, as the specialized website Ro Health Review says, as well as based on the estimates made by Health Metrics and Evaluation from 2016, Romania gives one of the lowest percentages of GDP for the treatment of these diseases of mental origin. As can be seen in Figure 1, below, Romania ranks last in terms of funding for the treatment of mental diseases, namely 2.1% of GDP (Ro Health Review, 2018).

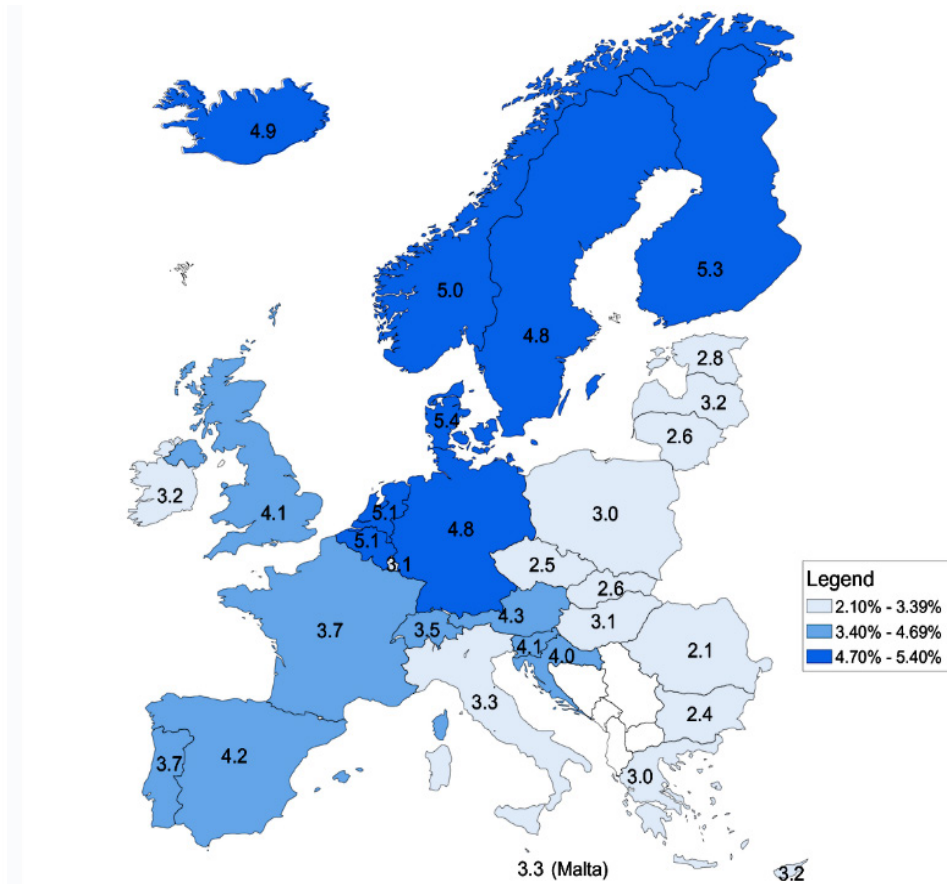
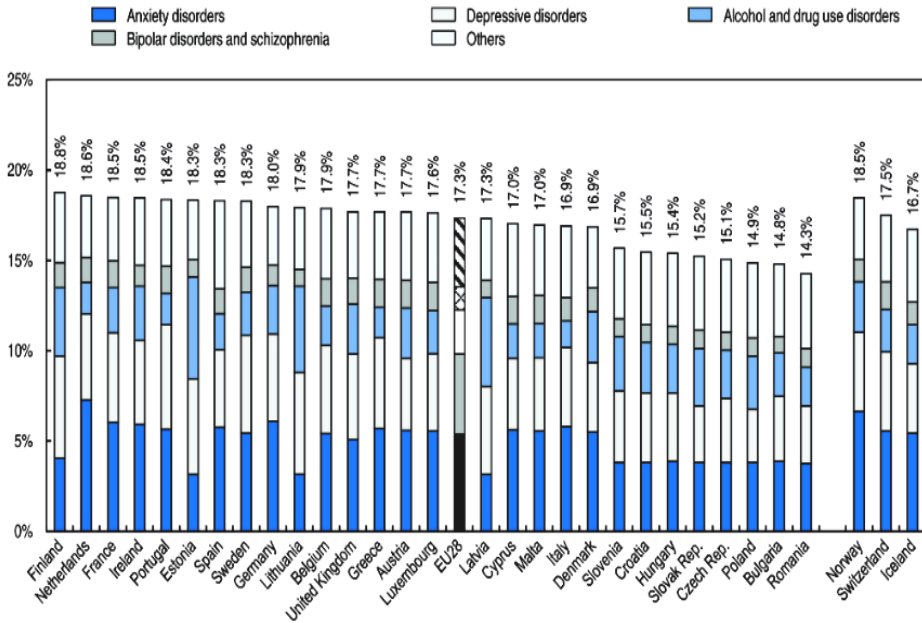


Figure 1. Estimate of direct and indirect costs of mental illness at the EU level as a percentage of GDP in 2015

Source: OECD/EU (2018), *Health immediately: Europe 2018: State of Health in the EU Cycle*

At the same time, some of the countries present in Figure 1 that offer one of the highest percentages are, for example, Norway and Finland, which allocate 5% and 5.3% of GDP, in response to the improvement of treatments to this phenomenon. A main reason could be the fact that the degree of diagnosis of mental health diseases is higher in this country in recent years, and the population has started to raise more and more this problem as well as the desire to solve it as soon as possible. Also, looking at Figure 2 below, Romania is last in the ranking in terms of registering people with mental health problems in the EU, showing a percentage of 14.3% (Ro Health Review, 2018).



Source: IHME, 2018 (these estimates refer to 2016).

Figure 2. Countries with mental illnesses in the EU

Source: OECD/EU (2018), *Health at a Glance: Europe 2018: State of Health in the EU Cycle*

Although maybe it seems like a small percentage, taken by comparison, but this is not a concrete one, because in Romania there is still this wrong conception of fear and ignorance of everything related to accepting

psychological help. At the same time, in addition to this trend of ignorance regarding treatments and the request for assistance in the case of people with mental health problems and symptoms, another big problem is the state together with employers who do not properly provide these benefits such as medical leaves and financial aid, as well as free access to educational programs, treatment and counseling regarding mental health both personally and at the workplace. On the other hand, it seems that this difference between the more developed countries, such as those in the north and the south-east of Europe, boils down to the simple fact that people report their health-related problems in a much larger number and more frequently mentally, because they have much more access to medical services for the treatment of mental illnesses.

The fear of numerous companies and entrepreneurs, especially in the last years since the outbreak of the pandemic, regarding employability and the decrease in the productivity rate continues to grow even now after the restrictions have been lifted. The fact that people suffer from depression and anxiety causes enormous costs at the level of institutions and the country from an economic point of view. People lack motivation, they no longer want to return to work in physical form (Bergefurt et al, 2022). The world took on a sense of constraint and resulted in a state of convenience and lack of prosperity, regarding the existence of the possibility of exclusively physical work, without which 2 years ago it was impossible to practice. Even education is currently struggling with a deficit in terms of motivating students and academic staff to return didactic activities to a side of normality. The isolation and constraint of people to be on their own in such severe and crisis situations led to an involution in terms of social inclusion, the security of belonging to a social group and the desire for development in this sense.

As also given to us by IHME, in the study done in 2016, over 25 million people suffer from anxiety, 21 million have depression, over 11 million are drug and alcohol dependent and 5 million people suffer from bipolar disorders. The consumption of alcohol, drugs, suffering related to mental disorders, insomnia and anxiety have always existed and will continue to exist even today, but the presence of this pandemic has led to more complications from a neurological point of view and of course, mentally.

A simple example is described by states of acute panic, agitation, and stroke, which without treatment and awareness can lead to death (Ro Health Review, 2018).

At the same time, according to the publication made by the OECD/EU in 2018, it seems that among the most present causes in the development of these chronic diseases are the level of education and the difference in age and sex. Women are much more affected by anxiety, bipolar disorders, and depression, while men have problems with excessive consumption of alcohol and drugs. More than 11.4% of women, respectively 7.1% of men suffer from depression, according to the estimates presented by the OECD in 2018. Depression is found most often in people over 50 and 75 years old, but it is found in a very alarming number among adolescents, where up to 15% of children between the ages of 6 and 11 from countries such as Romania, Bulgaria, Germany suffer from a mental or behavioral disorder (Ro Health Review, 2018).

Romania is currently, as was estimated in 2018, one of the countries with the most working hours per week. This, as well as putting a greater preference on finding a job to the detriment of mental health, can also be seen in the current trend in which young people choose to interrupt their studies to find and secure a job to cover certain losses suffered during the pandemic. That's why the neglect of their mental health has led to increases in mental disorders quite impregnating, and the alarming factor is that they are still unreported. At the Romanian level, it can also be seen in the figures 3 and 4 below how mental disorders experienced an increase in 2019 and 2020 compared to 2018.

The number of cases of mental illness in Romania in the period 2011-2020 in 2020 was lower by only a few thousand compared to 2019, when the Covid-19 pandemic began, being equal to 231,288 in 2020 and 234,800 in 2019 (INSP-CNEPSS, 2022). As the National Institute of Public Health says in the 2022 report on mental health, mental disorders in Romania in 2020 were 1200.8% (reported per 100,000 inhabitants) in a slight decrease compared to 2019. In the same context, the number of hospital discharges for those diagnosed with mental disorders was lower in 2020 compared to 2019, in a percentage of 6.9% compared to 12.4% in 2019.

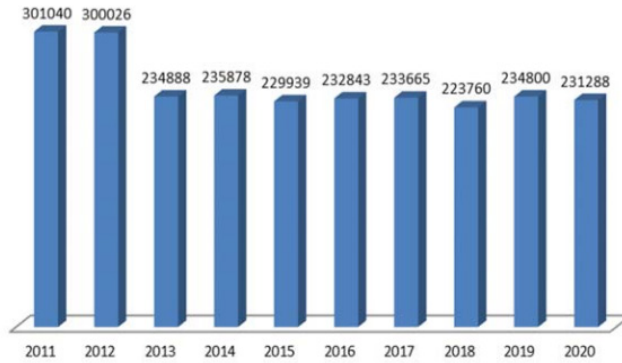


Figure 3. The distribution of the number of new cases of mental disorders in Romania, in the period 2011-2020

Source: INSP, 2022; https://insp.gov.ro/download/cnepss/stare-de-sanatate/boli_netransmisibile/sanatate_mintala/Analiza-situatie-Sanatate-Mintala-2022-decembrie14.pdf

At the same time, looking at figure 4, counties such as Arges and Braila, has the prevalence percentage of people with mental disorders higher compared to the rest of the counties with values such as 6233.45%000 (reported per 100,000 inhabitants) and respectively 4732.03%000 (reported per 100,000 inhabitants) in 2020. Also, regarding new cases of disorders mental disorders (reported per 100,000 inhabitants), in Romania, 22,100%000 cases were registered in 2020 for people over 60 years old and 16,596%000 for those over 65 years old, compared to 2019 when these numbers were higher than 22,515%000 for those aged 60+ and 16,879 for those aged 65+. If the gender classifications are considered, according to the same 2022 report released by the National Institute of Public Health, it seems that the rate of women (308.23%000) is higher than that of men (157.45%000) in terms of incidence to depressive episodes.

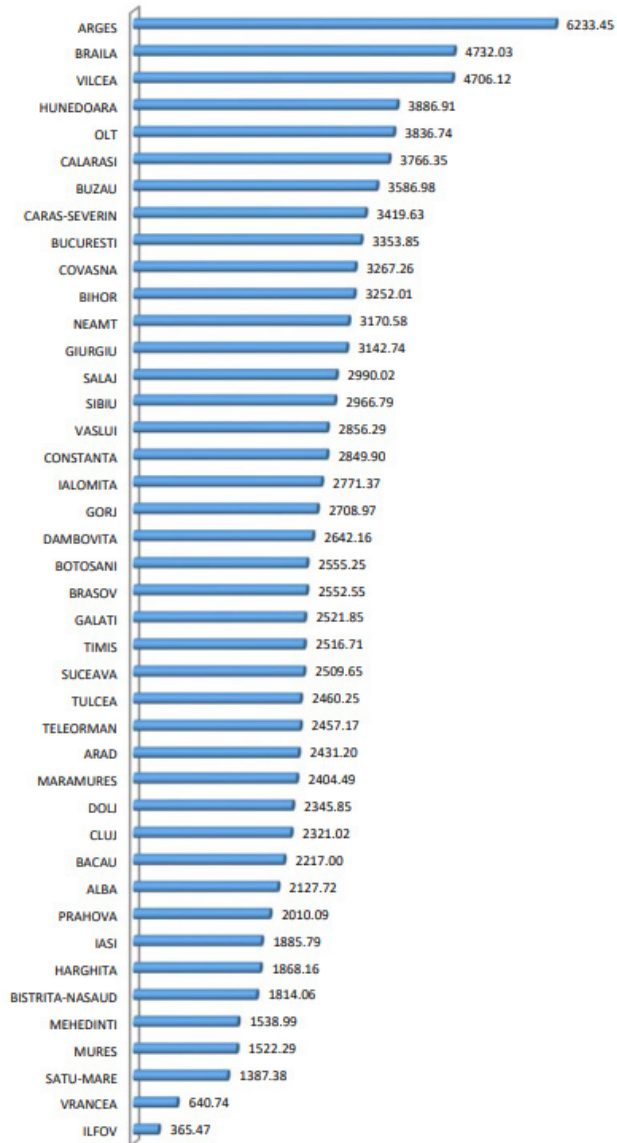


Figure 4. Prevalence of mental and behavioral disorders (ICD-10 code F00-F99) (rate %000 loc.), by county, in 2020

Source: INSP, 2022; https://insp.gov.ro/download/cnepss/stare-de-sanatate/boli_netransmisibile/sanatate_mintala/Analiza-situatie-Sanatate-Mintala-2022-decembrie14.pdf

Among the elderly in 2020, the incident rates of the depressive episode were the highest in people aged between 75 and 79, both among women and men, approximately 596.56‰ for women and 426.20‰ for men (reported per 100,000 inhabitants). In the case of the average resistance to this incidence rate of the depressive episode, according to INSP (2022), in the urban environment the rate was higher, around 241.57‰ compared to 226.09‰ in the rural environment (reported per 100,000 inhabitants).

Following the implementation and the start of the discussions from the interviews with the adults and young adults present on the labor market in Romania now, a general conclusion was reached that the stress is present to a very large extent, in their daily activities and these are mainly related to the money factor and the need for monthly income. Because in Romania today salaries are very low compared to the costs of living, stress is constantly present and leads to these episodes of restlessness and anxiety, especially at work.

In recent years, many problems have arisen regarding occupational stress, which is also closely related to the topic related to the problems that arise related to mental health. Occupational stress, as the specialists in the field say, is a large and expensive complex phenomenon in the workplace all over the world. Continuing this idea, the specialists from the International Labor Organization (ILO) said that the workplace environment was and continues to be severely affected by globalization and the global financial crisis, especially during and after the pandemic period. These have led to increased demand, as well as stress and related mental health problems (Lee, 2016).

Moreover, the adults interviewed answered that they are not immediately aware or that these stressful situations are constantly present in their individual daily activities and at work. One of these people working in the financial-banking field wanted to mention that the stress that led to nervous breakdowns and restlessness at work was during the pandemic, when working with people, submitting constant and periodic reports on time led to the elimination the breaks from the fear of the program, not eating on time and lack of sleep. She also wanted to mention that she considers panic attacks much more dangerous than depression itself, because they are much more unpredictable and difficult to manage or be aware of. The presence of technology was also discussed, which also causes a stress factor for employees, as is the case with small and

medium-sized companies. One respondent's remark was: "*In Romania, one employee has the duties of several employees, and thanks to the use of technology, 5-7 employees are eliminated and there remains one who does this work at one place, and that's why this stress is much greater.*"

Another participant, an adult who works in the field of land improvements, brought to this interview the problem of death in the family, which most of the time leads to these mental illnesses and states of mental restlessness.

At the same time, when the respondents were asked about the notoriety of the phenomenon in Romania and at the workplace, they mentioned the fact that it is very present in the country, but it is not known or aware in a very large number by the inhabitants. They generally defined mental health as the ability to face a challenge even in unforeseen situations.

In the same context, it was mentioned that this phenomenon is more common among young adults and even among teenagers and then among those close to retirement who reach a very big impasse and the stress factor and concluded with depression. They are being ignored by employers because they no longer have the power to work compared to a young person.

During the interview with the participants, the existence of campaigns to promote and combat these mental health problems at the workplace, as well as open communication with superiors regarding them, was also discussed. Most of them said that there are no special campaigns to promote the well-being of mental health at their workplace. In another vein, one person wanted to mention that "*the concern for health in general and mental health is communicated when labor protection is done once every 3 months, and when tests are done where the well-being is also evaluated of the employee's mental health*". They also mentioned that the relationship in general with the superiors is a good one, there is understanding, and ways of remediation and resolution are sought when he has episodes of stress at work.

It was also brought into consideration by a young adult respondent who works in the hospitality field that the superiors do not know how to manage employees very well and to offer them the necessary conditions and benefits to keep them at work for longer. That's why many employees end up leaving the workplace and end up encountering a lot of problems and mental restlessness due to the lack of a stable income.

Conclusions and recommendations

One of the main conclusions of this study is described by the effects and implications of the pandemic that will remain present for a long time, both socially and psychologically. Social factors and results such as social exclusion or absenteeism from work, as well as its loss, continue to shape the mental health of the population both in Romania and worldwide, as evidenced by the statistical results of recent years.

Therefore, psychological support is an acute need today, both within educational institutions and in the social one for the elderly groups and those still present on the labor market (Moreno et al., 2020). At the same time, technology is and will continue to be a double-edged blade, because this is the cause and one of the solutions that have in mind people's mental health. On the one hand, the new and popular evolution of the online environment led to saving the economy to a small extent in the context of the pandemic.

People have learned to appreciate technology and to adapt their way of working and living by joining this online environment either through actions to digitize the sales and purchase process or through the creation and provision of services exclusively online, such as promotion in social media or even offering trainings and consultations at a managerial but also a psychological level, as is the Better Help platform or, in the case of Romania, About HUB, and many other platforms. On the other hand, technology has also created a great source of depression and anxiety, because the way of working and existing between four walls as well as the wrong concept of escape in the online environment has led to these states that affect the mental health of an individual. In addition to these caused states, the access to erroneous and false news and posts both in terms of the economic, educational, political and health fields have led to a decrease in motivation and living prosperity as well as to a wrong education of the population that most of the time it presents political substrates in origin. The burden brought by mental illnesses, as well as the impact of family losses due to suicides or deaths aggravated or accelerated by these mental illnesses, have contributed to the presence of high costs in Europe. Along the same lines and because of the pandemic and the responses to it, as well as the increase in demand and need for mental health assistance and care, there is an increased awareness among

European member states of the need for significant investments and innovations, the provision and strengthening dynamic policies and services for the near future. Following the countless conventions and agreements at the European level, the need for the rapid implementation and monitoring of the actions presented in the reports regarding the assistance of groups showing symptoms of mental disorders was found.

Both member states and at the microeconomic level are requested to promote the provision and protection of the mental health of the population. Moreover, educational institutions should, first, offer even more support to this crisis in terms of mental health among young people.

Considering the answers from the in-depth interview as well as the statistical data obtained from the secondary research, one of the main recommendations has in mind the granting of more funds and benefits from the state to treat and combat the problems arising from this phenomenon. We also want a remodeling or change of the medical mentality in our country regarding the importance of mental health. At the same time, psychotherapy offices should be included in compulsory medicine, as is the case with medical tests, so that more people can have access and that it no longer presents such a high cost for an ordinary person. Not to mention that in the countryside they are non-existent. And thus, this taboo conception can be eliminated, in which a person without a very advanced education categorizes this condition as non-existent and embarrassing.

Another recommendation would be to introduce and maintain a better mediatization and explanation of mental health and not only in the online environment but also in educational institutions.

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