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DEPRESSION IN THE WORKPLACE

Why Be Concerned About Depression in the Workplace?

Major depression is the leading cause of disability worldwide among persons aged 5 years and older, according to the World Health Organization. In Canada, one in six employees reports having been diagnosed by a doctor as being clinically depressed and a further one in twelve believe they have experienced depression, although not diagnosed. Eight in ten employees who experience depression report that their symptoms interfere with their ability to work to some degree. The actual cost of depression in the workplace is related to loss of productivity rather than absence and is therefore hard to estimate. Nevertheless, experts estimate that the per capita cost of depression is greater than hypertension or back problems and comparable to diabetes and heart disease. In 1998 experts estimated that depression cost Canadian workplaces \$14.4 billion.

What is Depression?

A depressive disorder is an illness that involves the body, mood and thoughts. It affects the way a person eats and sleeps, feels about them self, and the way they think about things. A depression is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months or years. Appropriate treatment, however, can help most people who suffer from depression.

Causes of Depression

Depressive illnesses arise when a person's nervous and hormonal system stop functioning normally. Some types of depression run in families, suggesting that a biological vulnerability can be inherited. However, the reverse is not true: Not everybody with the genetic makeup that causes vulnerability to bipolar disorder will have the illness. The environment in which we live or work in can contribute to the emergence of a depression. For example, stresses at home, work or school, may be involved in the onset of a depressive illness. Whether inherited or not, major depressive disorder is often associated with changes in brain structures or brain function.

People who have low self-esteem, who consistently view themselves and the world with pessimism, or who are readily overwhelmed by stress are prone to depression. Whether this represents a psychological predisposition or an early form of the illness is not clear.

Medical illnesses such as stroke, heart attack, cancer, Parkinson's disease and hormonal disorders can cause depressive illness, making the sick person apathetic and unwilling to care for her physical needs, thus prolonging the recovery period. Very often, a combination of genetic, psychological and environmental factors is involved in the onset of a depressive disorder.

Symptoms of a Depressive Disorder

Similar to heart disease, depressive disorders come in different forms. Three of the most common types of depressive disorders are described in this article.

- Major depression is manifested by a combination of symptoms (see symptom list) that interfere with the ability to work, study, sleep, eat and enjoy once pleasurable activities.
- A less severe type of depression, dysthymia, involves long-term, chronic symptoms that do not disable, but keep one from functioning well or from feeling good.
- Manic-depressive illness is not nearly as prevalent as other forms of depressive disorders. Bipolar disorder is characterized by cycling mood changes: severe highs and lows.

Not everyone who is depressed or manic experiences every symptom. Some people experience a few symptoms, some many. Severity of symptoms varies with individuals and also varies over time. The following is a list of symptoms associated with depression:

- Persistent sad, anxious, or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness or helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Poor judgment
- Difficulty concentrating, remembering or making decisions
- Insomnia, early morning awakening or oversleeping
- Appetite and/or weight loss, or overeating and weight gain
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Decreased energy, fatigue, being "slowed down"
- Inappropriate social behavior
- Increased sexual desire
- Inappropriate social behavior
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.
- Mania
- Abnormal or excessive elation
- Unusual irritability
- Decreased need for sleep

In the Workplace, Symptoms of Depression Often may be Recognized by:

- Decreased productivity
- Morale problems
- Lack of cooperation
- Safety risks, accidents
- Absenteeism
- Frequent statements about being tired all the time
- Complaints of unexplained aches and pains
- Alcohol and Drug abuse

As a supervisor, you cannot diagnose depression. You can, however, note changes in work performance and listen to employee concerns. If your company does not have an Employee Assistance Program (EAP), ask a counselor for suggestions on how best to approach an employee who you suspect is experiencing work problems that may be related to depression. Discuss changes in work performance with the employee. You may suggest that the employee seek consultation if there are personal concerns. Confidentiality of any discussion with the employee is critical. If an employee voluntarily talks with you about health problems, including feeling depressed or down all the time, keep these points in mind:

- Do not try to diagnose the problem yourself.
- Recommend that any employee experiencing symptoms of depression seek professional consultation from an EAP counselor or other health or mental health professional.
- Recognize that a depressed employee may need a flexible work schedule during treatment.
- Remember that severe depression may be life-threatening to the employee, but rarely to others. If an employee makes comments like "life is not worth living" or "people would be better off without me," take this seriously. Immediately call an EAP counselor or other specialist and seek advice on how to handle the situation.

What Can a Supervisor Say to a Depressed Person?

"I'm concerned that recently you've been late to work often and aren't meeting your performance objectives. . . I'd like to see you get back on track. I don't know whether this is the case for you, but if personal issues are affecting your work, you can speak confidentially to one of our employee assistance counselors. The service was set up to help employees. Our conversation today and appointments with the counselor will be kept confidential. Whether or not you contact this service, you will still be expected to meet your performance goals."

RESOURCES FOR DEPRESSION

www.checkupfromtheneckup.ca—fact sheets and online checkups

www.heretohelp.bc.ca/jelpmewith/indez.shtml—fact sheets and quizzes

www.cmha.ca—quizzes and information

www.mentalhealthroundtable.ca—international network of business, health and education leaders; provides a toolkit of strategies for dealing with mental health in the workplace

www.healthyplace.com/index.asp—resources and screening tools

www.bcmentalhealthworks.ca—network of people committed to building healthy workplaces

www.cgsst.com—chair in occupational health and health in the workplace

www.healthyplace.com/index.asp—resources and screening tools

Treatment for Depression

The first step to getting appropriate treatment for depression is a physical examination by a physician. Certain medications, as well as some medical conditions like a viral infection, can cause the same symptoms as depression, and the physician should rule out these possibilities. If a physical cause for the depression is ruled out, a psychological evaluation should be done. There are a variety of antidepressant medications and psychotherapies that can be used to treat depressive disorders. Some people with milder forms may do well with psychotherapy alone. People with moderate to severe depression most often benefit from antidepressants. Most do best with combined treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective coping skills for existing issues and dealing with the symptoms of depression. Most people with a major depressive episode will get better although half of those having had one episode will have another and 90% of those who have had three distinct depressive episodes will have a fourth.

Treatment of depression consists of three phases. The first, acute treatment generally lasts 6-12 weeks and is aimed at remission of symptoms. The second, continuation treatment lasts 6-9 months and is aimed at preventing relapse. The third, maintenance treatment, is aimed at preventing new episodes.

Psychological Therapies for the Treatment of Depression

Many forms of psychotherapy, including some short-term (10- to 20-week) therapies, can help depressed individuals. "Talking" therapies help patients gain insight into and resolve their problems through verbal exchange with the therapist, sometimes combined with "homework" assignments between sessions. Two of the short-term psychotherapies that research has shown helpful for some forms of depression are interpersonal and cognitive-behavioral therapies. Interpersonal therapists focus on the patient's disturbed personal relationships that both cause and exacerbate (or increase) the depression. Cognitive-behavioral therapists help patients change the negative styles of thinking and behaving often associated with depression.

Responsibilities for Managing Depression in the Workplace

Responsibilities				
A C T I O N		<i>Workplace</i>	<i>Employee</i>	<i>Treating Professionals</i>
	<i>Preventive</i>	Manageable jobs Educational talks Mental health policies Health surveillance – access to web-based screening tools Information Discussion with employee	Healthy lifestyles Work life balance Proactive identification of issues Discussion with Dr. Discussion with workplace	Education Surveillance – use depression screening tools
	<i>Early Intervention</i>	Access to employee assistance programs Access to programs such as yoga, health coaching, groups	Ask for help Identify issues Make mentally healthy choices	Evidence based treatment Assessment of cognitive/emotional capacity
	<i>Formal Treatment</i>	Formal disability management Provision of work accommodations Access to qualified professionals	Participation in recommended treatment	Participation in treatment and return to work planning Evidence based treatment Referral to specialists

workplace news

Job stress is a risk factor for a range of adverse effects on health, including major contributors to the overall burden of disease in developed countries, such as cardiovascular disease (CVD) and depression. A recent Australian study, using established prevalence estimates for job strain (a combination of high demand, low control, and low workplace support) of 19% for men and 23% for women, estimated that 14.6% of deaths related to 'depressive episodes' among men and 9.8% among women were attributable to job strain. The findings also showed that job strain and associated depression risks were inequitably distributed, with workers in lower skill level jobs most likely to be adversely affected, particularly among males.

NEWS FROM COUNSELLING

(From Medscape Psychiatry) September 11, 2008 — The first randomized controlled trial of psychotherapy for teens with bipolar disorder has shown that adding family-focused therapy to standard medications alleviates depressive symptoms.

"Intensive, regular psychotherapy is a vital part of the effort to stabilize bipolar depression in teens, as we had previously found in adults," lead study author David J. Miklowitz, PhD, from the University of Colorado in Boulder, told *Medscape Psychiatry*.

"Involving the family in treatment, including educating them about how to recognize early warning signs of recurrence, how to help their child stay on medications, and how to keep the family environment stable and supportive will go a long way towards stabilizing bipolar disorder in kids," he added.

News From Health

Depression has a greater impact on overall health than arthritis, diabetes, angina, and asthma, but it all too often goes unrecognized and untreated, a report from the World Health Organization (WHO) suggests.

Based on interviews with almost 250,000 people living in 60 countries, WHO researchers found depression to be a greater predictor of poor health in patients with these chronic conditions than having one or more chronic medical conditions without depression.

People who had arthritis, diabetes, angina, or asthma were more likely to suffer from depression than people without these conditions. And consistent across different countries and cultures, people with depression plus one or more of the chronic diseases included in the study had the worst overall health scores.

Mental health researcher Gavin Andrews, MD, says doctors must recognize the integral nature of mental and physical ailments in their patients. "They should put as much energy into screening and treating depression as they put into treating angina, diabetes, arthritis, or any other chronic condition," he tells WebMD.