

# Depression in the Workplace: Response and Recognition

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# Work, Stress and Health Program, Centre for Addiction & Mental Health

- Specialty program assessing and treating disabled workers since 1998
  - Multidisciplinary Team
    - Psychiatry
    - Psychology
    - Occupational Therapy
  - Comprehensive Disability Assessment
  - Multidisciplinary Treatment
    - CBT and Medications
    - RTW coordination
  - Research
  
- Positive disability outcome in 75% of clients!



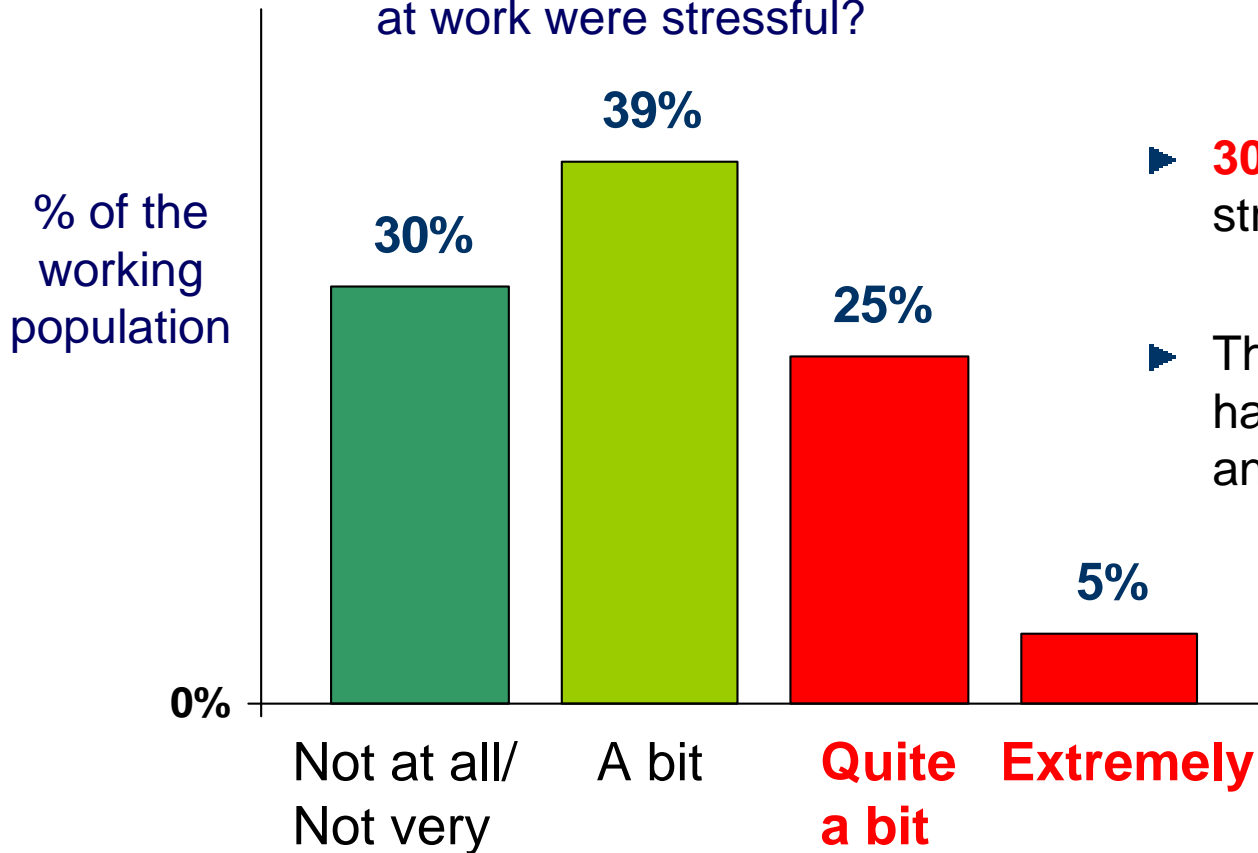
# Objectives

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- Review manifestations of depressive illness in the workplace
- Develop strategies for response to possible mental health impairment in employers to prevent disability
- Improve management skills through use of case studies

# How common is work stress in Canada?

Would you say most days at work were stressful?



- ▶ **30%** identify significant stress at work
- ▶ They have **twice** the odds of having a major depression and/or anxiety disorder.

# Depression & Anxiety Are at Work Every Day in Canada

**7 out of 10** patients with Depression are in the workforce







- On average, depressed workers reported **32** days in the past year when they were totally unable to work or carry out normal activities
- Work-related productivity losses due to depression are estimated to be **\$4.5 billion** per year

# Depressive Disorders

- Affect about 1 in 10 Canadians
  - ▣ Major Depressive Disorder is the most common
  - ▣ Dysthymia
  - ▣ Seasonal Affective Disorder
- The symptoms of depression vary widely from person to person
- Bipolar Disorders affect 1-3% and are associated with extreme highs and lows (“manic-depression”)

# Symptoms vs. Functioning

<ul style="list-style-type: none"><li>□ Irritability</li><li>□ Sadness</li><li>□ Anxiety</li></ul>	Mood 	<ul style="list-style-type: none"><li>□ Conflict</li><li>□ Unexpected emotions</li><li>□ Avoidance</li></ul>
<ul style="list-style-type: none"><li>□ Loss of enjoyment</li><li>□ Helplessness</li><li>□ Suicidal thoughts</li></ul>	Thoughts 	<ul style="list-style-type: none"><li>□ Withdrawal</li><li>□ Poor motivation</li></ul>
<ul style="list-style-type: none"><li>□ Poor concentration</li><li>□ Memory problems</li><li>□ Indecisiveness</li></ul>	Cognition 	<ul style="list-style-type: none"><li>□ Decreased task efficiency</li><li>□ Increased errors</li><li>□ Poor decision-making</li></ul>
<ul style="list-style-type: none"><li>□ Sleep changes</li><li>□ Eating changes</li><li>□ Poor energy</li><li>□ Agitation</li></ul>	Physical 	<ul style="list-style-type: none"><li>□ Task vigilance</li><li>□ Limited range of activities</li><li>□ Neglect</li></ul>

# Presenteeism

- “Partial disability” in the form of reduced productivity while at work
  - ▣ Reduced effort
  - ▣ Reduced efficiency
  - ▣ Reduce accuracy
  - ▣ Impaired interpersonal task management
- Depressed workers experience a 4.2x increase in impaired work performance (5 hrs/wk)
- Depressed medical residents made 6.2x as many errors as non-depressed residents  
(Fahrenkopf et al, 2008)

# Declining Function: Workplace Indicators

## Poor Work Performance

- ❑ Consistent late arrivals
- ❑ Frequent absences/sick days
- ❑ Decreased productivity
- ❑ Lower quality of work/increase in errors
- ❑ Increased accidents or safety problems
- ❑ Decline in dependability (eg. meeting deadlines or completing work tasks)
- ❑ Decreased interest or involvement in work
- ❑ May work longer hours, but performance still poor

# Declining Function: Workplace Indicators

## Personal Changes

- ❑ Difficulty concentrating, making decisions, or remembering things
- ❑ Speech slowed down (or speeded up)
- ❑ Tired all the time or sleeping on the job
- ❑ Pronounced mood swings
- ❑ Observable weight loss or gain
- ❑ Significant change in behavior or attire
- ❑ Overly pessimistic or “grandiose”
- ❑ Evidence of alcohol or illicit drug use that interferes with work

*adapted from Conference Board of Canada & CMHA Mental Health Works*

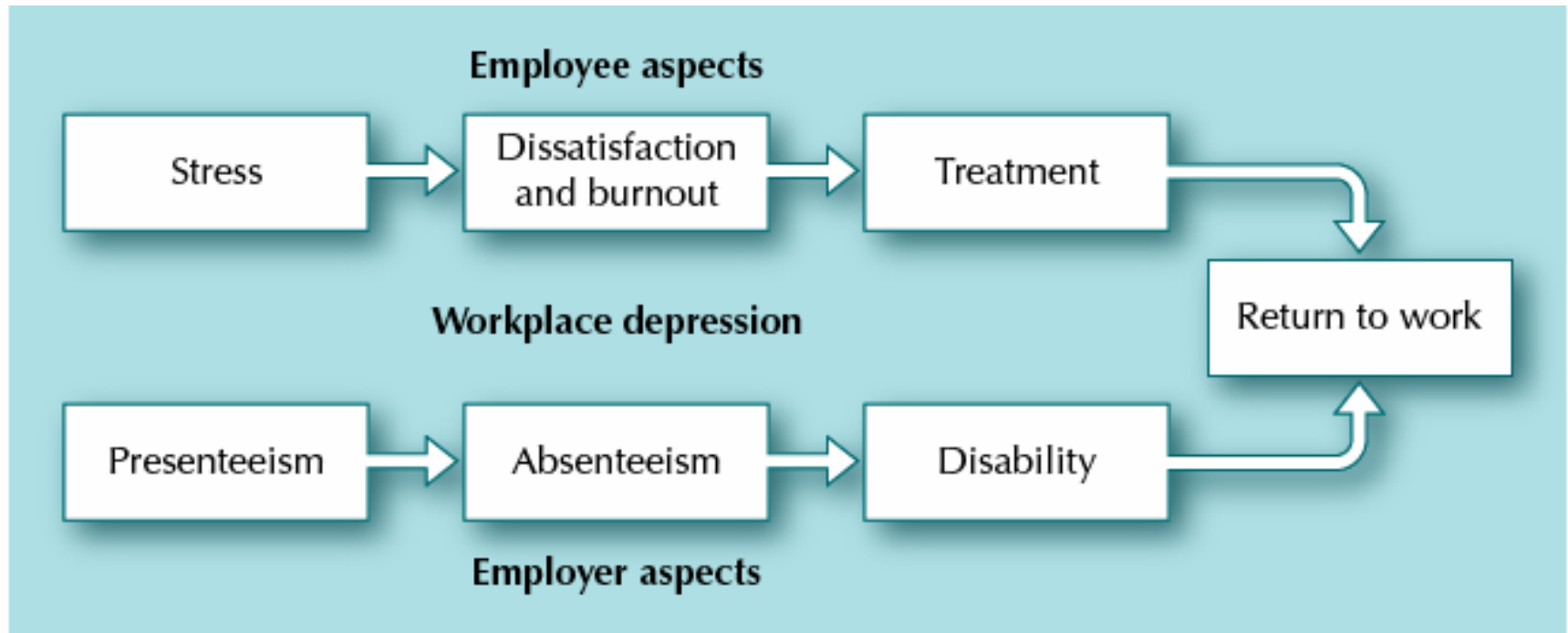
# Declining Function: Workplace Indicators

## Social Changes

- ❑ Lack of co-operation or a general inability to work with coworkers
- ❑ Hostility or blaming of others
- ❑ Resenting or even alienating clients
- ❑ Sudden outbursts at meetings
- ❑ Tearful when approached about work or performance
- ❑ Working at home to avoid the "negativity" of the office
- ❑ Avoids eye contact when talking to others
- ❑ Withdrawal from, or extreme dependence, on others

*adapted from Conference Board of Canada & CMHA Mental Health Works*

# Different Aspects, Same Problem



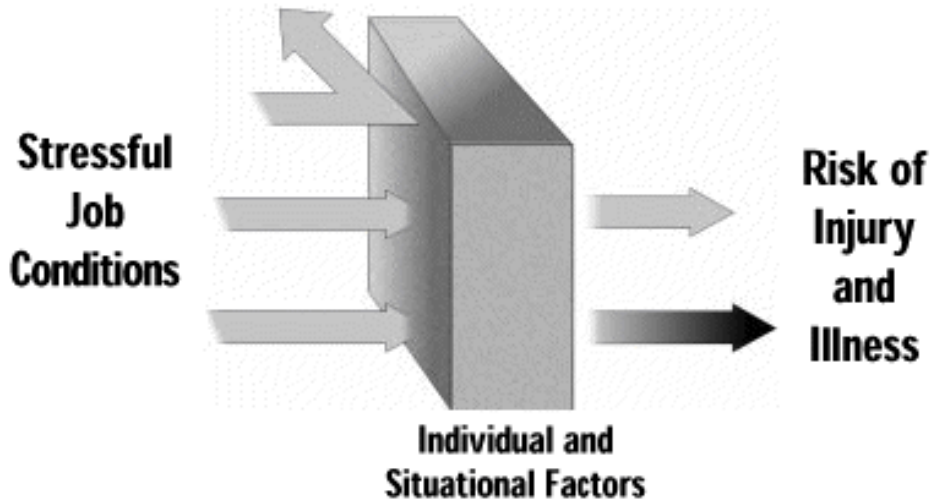
(Bender and Farvolden, 2008)

# An Approach to Management



# The Mentally Safe Workplace

*NIOSH Model of Job Stress*



- Treatment of employees by supervisors e.g. TTC, Sulz v. A.G. Canada (RCMP in BC)
- Treatment of employees by fellow workers, e.g. Rees v. RCMP (NFLD)
- Management of employees returning to work e.g., Honda
- Management of employees while on disability leave e.g. BOM
- Dismissal and how it is done e.g. Wallace

# Workplace Policies

- WHO has guidelines for developing effective workplace mental health policies
- Modifiable workplace factors include:
  - Factors associated with job strain
  - Lack of recognition and inequity
  - Poor working conditions
  - Poor leadership and communication
- Supportive rather than punitive policies are associated with greater rates of work participation

# Why Talk About Mental Health?



# Key Components

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- I. Education and Training
- II. Screening and Surveillance
- III. Triage and Referral
- IV. Treatment and Monitoring
- V. Return to Work

# I. Education and Training

- Goals:
  - Create training material to establish core knowledge and skills base among first-line staff
  - Provide educational material for employees to improve treatment-seeking
  - Utilize effective methods for delivery of relevant material and training for the organization
  - Consider cost and time investment to allow for resource allocation

# Mental health issues may affect communication

## Some employees will need:

- Verbal and written communication
- Face-to-face rather than telephone contact or vice versa
- Time to establish trust and rapport
- Frequent clarification and focusing
- Validation of their experience
- Support during meetings

Let the employee's needs and preference guide the methods of communication

# II. Screening and Surveillance

- Goals:
  - Consider health-related causes for poor performance
  - Identify resources for early identification which may be suited to the organization (eg. EAP, Occ Health, GP)
  - Promote continuous health surveillance for those who may be at risk for developing mental health problems

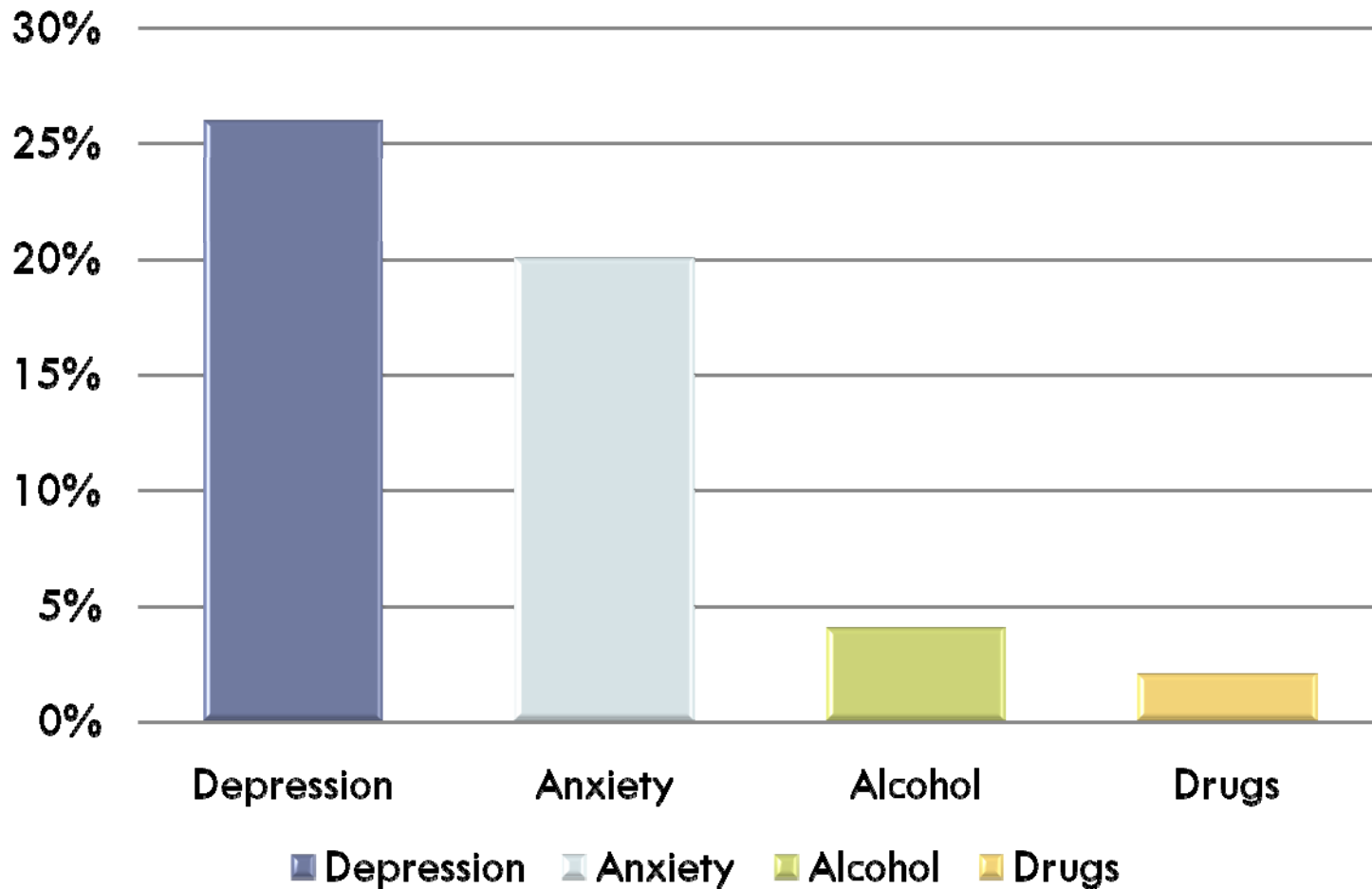
# Addressing performance issues

- **Describe** the observations you have made.
- **Express** your concern for the individual.
- **Ask** if there is anything affecting work performance.
- **Listen**
- **Advise** about available supports/resources and encourage accessing treatment through services either within or outside the organization.
- **Assist** in identifying possible solutions at work.
- **Respect privacy.**

# III. Triage and Referral

- Goals:
  - ▣ Identify potential care pathways within the organization (eg. EAP, Occ Health)
  - ▣ Focus on reducing time to high quality mental health treatment
  - ▣ Have plan for the management of confidential health information
  
- **Stigma and discrimination can discourage people from seeking help**

# Percentage of Workers Presenting at an EAP with Mental Health Concerns

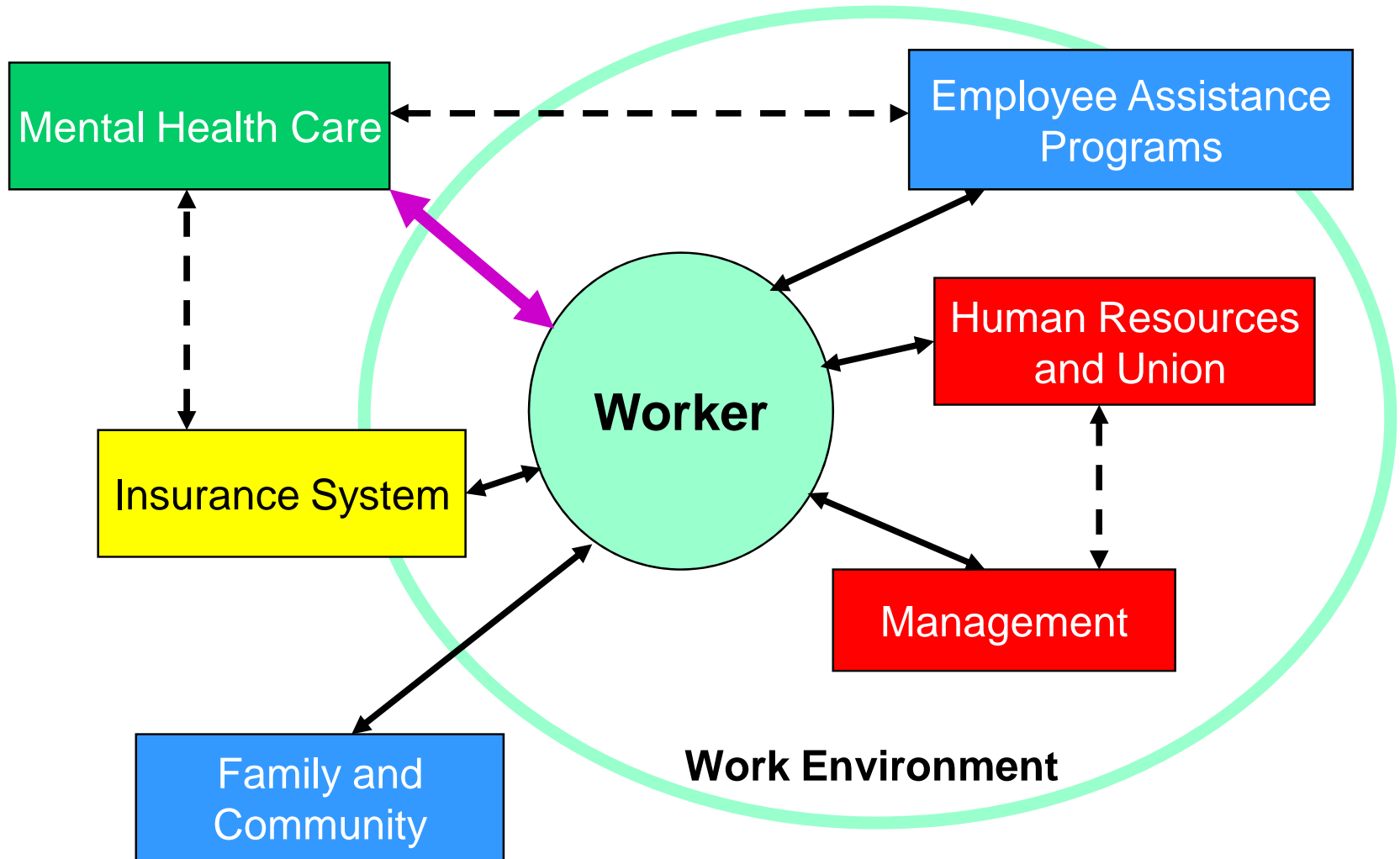


(Preece et al, 2004)

# IV. Treatment and Monitoring

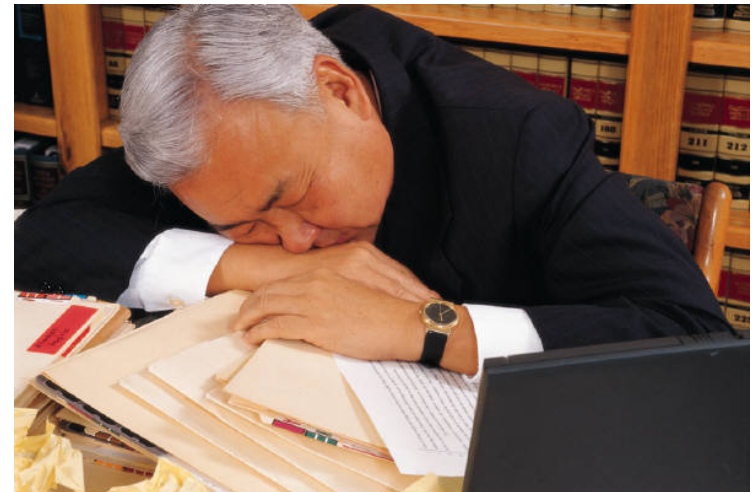
- Goals:
  - Educate employers regarding current standards of mental health care
  - Develop workplace-supported treatment interventions
    - Comprehensive drug benefits
    - Adequate funding for psychological care
  - Develop strategies to improve communication between care providers and employers

# Challenges to Managing Workplace Mental Health



# Accommodation prevents disability

- The definition of light duty for a physical disability is “less physically demanding”
- Consider early mental health accommodation
  - ▣ Communication requirements
  - ▣ Social demands
  - ▣ Cognitive demands
  - ▣ Scheduling
  - ▣ Supports



# Monitoring Progress

- Regular meetings to check in on progress and performance while health-related issues remain active
  - ▣ Agreed upon schedule
  - ▣ Trusted contacts
- Planning up front for how the employee can let the supervisor know when they are having trouble coping, and what is needed
- Planning up front for expected high risk situations
  - ▣ Suicidal behaviour

# Case Studies



# Case #1: “All work and no play”



- 53 y.o. married man with 2 children
- Senior partner at reputable law firm
  - Past history of untreated depression in his 20's after bad break-up
- Develops increased marital problems
  - Working late to “catch-up” on files
  - Avoids conflict with clients
  - Substantially reduced billable hours
  - Overheard discussing personal problems at work

# Working it through...

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- Who should speak to him?
- What do you say?
- When do you do it?
- Where should it happen?
- How do you manage the problem?

# Case #2: Disappearing Act

- 27 y.o. woman, single with no dependents
- Administrative assistant at large bank for 8 months
  - Long history of mild depression treated with antidepressant
- Assigned to new division 2 months ago
  - Begins calling in “sick” more frequently
  - Leaves desk unexpectedly over course of the week
  - Seen “day-dreaming” at her computer despite being way behind on work
  - Rumours she is unhappy with her new boss

# Working it through...

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# Case 3: Mr. Joy

- 38 y.o. man, separated, hobby recording artist
- 16 years in maintenance at nuclear power plant
  - Previous return to work after a “stress leave”
- Becomes increasingly preoccupied with his musical career and going “world-wide”
  - Shows up at work wearing cowboy boots, cowboy hat and with guitar begins singing to coworkers
  - Escorted off by security
  - Threatening with HR when told he could not return to work until medically cleared

# Working it through...

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- Who should speak to him?
- What do you say?
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- Where should it happen?
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# The “take home” message



- Depressive disorders are very common in working populations and associated with high personal and organizational costs if left unaddressed
- Recognizing depression-related impairment requires knowledge and use of best-practice management skills
- Responding to possible mental health impairment requires preparation, comfort and a supportive approach

# Additional Resources

- Mental Health Works
  - [www.mentalhealthworks.com](http://www.mentalhealthworks.com)
- National Partnership for Workplace Mental Health
  - [www.workplacementalhealth.org](http://www.workplacementalhealth.org)
- When Something's Wrong: Strategies for Employers
  - [www.cprf.ca](http://www.cprf.ca)

# Thank you!

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