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Manual Provides Skills to Combat Depression in the Workplace

By Dwayne Runke, Ph.D.



The World Health Organization predicted that by the year 2020 the most common disability, besides heart disease, will be depression and although heart disease is less stigmatizing and easier to confront in the workplace, mental illnesses are often more difficult to detect and are relatively unexpressed among co-workers on the job. Although this figure is daunting, it is predicted to rise in developed countries. Depression tends to be more prevalent in low-income families, evening and night shift workers, people who abuse drugs and alcohol, have anxiety disorders, have higher levels of perceived stress, and in women. Furthermore, a Health Canada report estimated that mental illnesses (depression being one of the most common) cost the private and public sectors \$14.4 billion annually. It is becoming clear among medical and human resource professionals that the workplace will need to incorporate educational programs so employees will be able to detect signs of depression early, seek professional help, and be provided with co-worker and supervisor/manager support on the job so employee absenteeism and presenteeism (a loss in productivity even though the depressed individual is at work) will not negatively impact productivity.

In an opinion survey that was conducted by Ipsos-Reid on behalf of the Global Business and Economic Roundtable on Addiction and Mental Health and released earlier this year found that 88% of Canadians believe that company CEOs or Presidents should make workplace depression



Joti Samra

“a key human resource priority” and 67% of those surveyed felt that their President or CEO would be understanding of their mental illness. Surprisingly, even though respondents believed that their President and CEO would be sympathetic to an individual suffering from depression 79% of those surveyed believed that a depressed person would not reveal their condition in the workplace “for fear of hurting their future opportunities”. This would suggest that employees resist offering any information about their illness in the workplace and indeed this is the case.

The 2002 Canadian Community Health Survey: Mental Health and Well-Being found that depressive people were more likely to report that they coped with stress by avoiding people or less likely to talk to others. Other techniques included drinking alcohol, smoking more cigarettes than usual, use of drugs and medication, eat more or less than usual, sleep more than usual, blame

themselves or wish the stress will go away and less likely to “look on the bright side”. This survey also noted that those suffering from depression are three times more likely to contribute to presenteeism than workers with no history of depression (29% compared to 10%). Furthermore, 13% of workers who experienced depression in the year prior to the survey took one mental health disability day compared to 1% of workers that did not have any history of depression. In late June, The Centre for Applied Mental Health and Addiction at Simon Fraser University made available their manual on *Antidepressant Skills at Work* intended to battle workplace depression.

The authors, Dan Bilsker, Merv Gilbert, and Joti Samra, all clinical psychologists, describe depression as a chronic low mood disorder lasting for weeks or longer. Other symptoms described in the manual include a loss of motivation and concentration, sleep disturbances, fatigue, and thoughts of suicide and death. There are two types of depression, mild and major, and the signs of the mental disorder are the same in the two taxonomies although the symptoms in major depression are more serious. Even though the authors acknowledge that medication is important, especially combating major depression, and is usually accompanied with behavioural or verbal therapy, the manual emphasises “antidepressant skills rather than antidepressant pills.” It is neatly segmented into three sets of skills followed by practical exercises and a life-like scenario involving a character suffering from depression.

Solving the Problem Effectively

The first skill involves identifying a problem and documenting the way an individual feels when encountering such a problem. Next the depressed person brainstorms solutions to resolve the problem. During depression even the smallest difficulty may be hard to overcome and the manual suggests starting with a simpler problem since a larger one may be more difficult to overcome and as result make the individual less motivated to attempt other crisis. The key is to build up on one's accomplishments. The individual identifies the various actions (i.e., passive, aggressive, and assertive) and the results of each action. The reader of the manual is directed to compare actions, choose the action with the best result, and make a plan that has a time limit to reach the end result. Once the goal is reached or time has run out the depressed individual is to evaluate the goal and move on.

Thinking Realistically

The second skill is an exercise in changing unrealistic thoughts to realistic ones. The individual performing the exercise is to identify and write down their thoughts during a depressive mood. In depressed individuals there is often no ground for their excessively negative thinking and the manual directs the person to challenge and re-evaluate their cognitive processes and replace them with more realistic ones. Often a person with depression will think that a situation is much worse than it is.

Reactivating Your Life

The last skill suggests that a person with depression must get active even though there may be a lack of motivation. The manual points out that only a couple of activities should be chosen so as not to feel

overwhelmed and that specific and easily set goals should be met. This allows for a better success rate and sense of accomplishment. As self-esteem and motivation increase the difficulty of the goals in an activity can also elevate.

Dr. Samra points out that the skills and procedures in the manual are derived from scientific studies involving Cognitive Behavioural Therapy. She also notes that only 1 in 10 people suffering from depression are utilizing the Employee Assistance Programs offered through work. Dr. Samra stated that the reasons may be multiple including the stigma attached to mental illness, lack of information, and cost of accessing proper treatment. *Anti-Depressant Skills at Work* is designed to educate and reduce depression so the afflicted individual will regain a sense of well-being and productivity in the workplace. In addition, practicing the skills in the manual may help reduce absenteeism and presenteeism for those suffering from depression thus benefiting the organization. *Anti-Depressant Skills at Work* can be ordered for a small fee or downloaded for free at www.carmha.ca.


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The Living Moment:

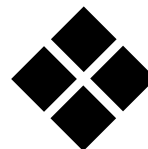
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room. Then it hit him that his wife had done her hair. He walked out of the front door, around the house, back through the kitchen door, said hello to his wife (again), stopped and exclaimed how nice her hair looked. Such living moments are the stories of lasting relationships.

Peck, M. S. (1978). *The Road Less Traveled*. New York: Touchstone Book

Rovers, M.W. (2005). *Healing the Wounds in Couple Relationships*. Ottawa, Novalis Publications. 

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