

AS@W...FOR MENTAL HEALTH CARE PROVIDERS

Why should mental health care providers be concerned with the workplace?

Mental health difficulties are major contributors to occupational impairment, absence and disability. This is particularly true for depression, the primary source of disability in many occupational sectors. Mental health clinicians in a range of settings – including private practice and Employee and Family Assistance Programs (EFAP) – are in a key position to assist working individuals with mood problems and possible depression, with the goal of preventing worsening of symptoms and impairment of functioning. Indeed, many employees are more likely to approach their EFAP or a private practitioner when they are experiencing personal difficulties, whether or not they recognize this as depression. Managers or supervisors may also recommend EFAP or private practitioner services when they are concerned about the workplace function and well-being of one of their employees. Should these concerns require a formal diagnosis and/or treatment that is beyond the scope of an EFAP or private practitioner, referral to a mental health specialist may be required. However, specialist mental health consultation and/or provision of non-pharmacological intervention from a psychologist, psychiatrist or occupational physician is often unavailable. Provision of practical self-care materials such as AS@W can be of significant benefit.

Who would find AS@W of value?

There are a number of clients who may benefit from the availability of AS@W:

- Clients who are exhibiting workplace behaviours or performance concerns that may be due to depression.
- Working clients with mood issues who require practical support in order help them deal with personal and/or workplace concerns so that may maintain functioning while at work.
- Employees who have been diagnosed with clinical depression and require supports in order to remain at work/
- Clients who present with mood problems that are secondary to or contributing to primary concerns (e.g., family problems, substance abuse, physical illness).
- Employees who are off work on a short or long-term leave due to diagnosed clinical depression and who would benefit from cognitive-behavioural techniques to complement pharmacological treatment.



AS@W Antidepressant Skills at Work Dealing with Mood Problems in the Workplace

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- Employees who are returning to work after a depression-related absence.
- Workers who have recovered from depression but want to maintain good self-care in order to prevent or minimize relapse.

How can mental health care providers use AS@W?

- Information about AS@W can be made available to clients in the waiting areas of clinic and professional offices in the form of AS@W-specific brochures, information sheets or business cards.
- Information about AS@W can be made available to clients during the course of an assessment or treatment session.
- Working clients who may be at increased risk for mood disorders (e.g. due to family history, post-partum status, acute stressors) can merit being screened for depression and receiving support. Similarly, clients with a primary health condition may also be at risk for comorbid depression, particularly if the condition is chronic and/or involves significant pain and impairment. AS@W can provide some practical strategies to aid the client in managing mood issues and maintaining optimal functioning at work.
- Mental health care providers can utilize the AS@W as an adjunct to treatment,** via working with clients on specific sections of the AS@W.
- If a client is receiving pharmacotherapy for their depression, there is merit in complementing medication treatment with CBT.** Indeed, there is evidence that the combination of medication and evidence-based psychotherapy may be most efficacious given the differential impact on particular symptoms and functional deficits. This is especially true for the employed client, whether or not they are still at work, given the importance of maintaining or restoring functioning for the workplace. In the absence of availability of direct provision of CBT, AS@W represents a viable alternative.

Key considerations for mental health care providers

- Collaboratively consider the advantages and disadvantages of work absence.** If an absence from work is suggested, it should be a part of an overall treatment plan with specific recommendations and goals in mind for the time away from work. It is worth bearing in mind that recommending work absence is an intervention and, like any intervention, it is important to balance the therapeutic benefits with the potential 'side effects' (e.g., avoidance of stressors, psychological deconditioning).



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- ❑ **Symptom relief and functional recovery should be evident within the first couple of months of treatment with depressed clients.** If such improvement is not reported or observed within six to eight weeks, it is worth considering a change in treatment strategies and/or involvement of other mental health treatment providers.
- ❑ Encourage clients to be actively involved in decision-making with respect to their care, rehabilitation and work plan (e.g., decisions around modifying duties at work, taking leave from work, and returning to work). Failure to do so may encourage hopelessness and helplessness, which can impede compliance and recovery. It is helpful to elicit information on the client's expectations for recovery.
- ❑ **AS@W is not intended as a substitute for provision of medical or specialist mental health care.** In addition, AS@W should not be considered to be in lieu of other organizational or provider programs and services that are relevant to employee mental health, such as Employee and Family Assistance or extended health plans and services.
- ❑ **All working adults are at some risk of depression. This includes clinicians and counsellors.** Providers are encouraged to attend to their own mental health self-care and to seek assistance as needed. AS@W can be of benefit.

Further Reading

Bilsker, D., Gilbert, M., Myette, L., Stewart-Patterson, Chris. (2004). *Depression and work function: Bridging the gap between mental health and the workplace*. Vancouver, BC: Mental Health Evaluation and Community Consultation Unit. Available at: <http://www.comh.ca/publications/pages/dwf/>

Gilbert, M., Samra, J., & Bilsker, D. (2007). Managing employees with depression: Some suggestions for improvement. *Back to Work*, 6-9. Available at: <http://www.comh.ca/media/>

Moll, S. (2007) *When Something's Wrong: Strategies for the Workplace*. Canadian Psychiatric Research Foundation. Available at: <http://www.cprf.ca/>



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ABOUT AS@W

How was *Antidepressant Skills at Work* developed?

The guide was developed by British Columbia Mental Health and Addiction Services (BCMHAS), an agency of the Provincial Health Services Authority. The guide and accompanying materials have been authored by **Dr. Dan Bilsker**, **Dr. Merv Gilbert**, and **Dr. Joti Samra** – registered psychologists and scientist-practitioners with expertise in issues relating to workplace mental health. These psychologists are with the Centre for Applied Research in Mental Health and Addiction (CARMHA), Faculty of Health Sciences, Simon Fraser University. The guide was written on the basis of a review of the scientific literature; consultation with employers, unions, mental health providers and employee groups; and adaptation of existing self-care depression programs.

How can the manual be accessed?

The manual is available for viewing and free download at www.carmha.ca/antidepressant-skills/work/ or from www.bcmhas.ca/research. Individuals or organizations are free to print and make multiple copies of the guide, with permission from CARMHA (publications@carmha.ca). Print copies and audio CDs are available at a low cost from our ordering page at www.carmha.ca/ordering.

For further information about AS@W and associated resources and materials, please visit www.carmha.ca/selfcare. This information will be updated on a regular basis.



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