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Depression in the Workplace

Andrew A. Cox
Troy University

M. Kathryn Ness
Troy University

Robert F. Carlson
Troy University

Cox, Andrew A., is a professor of Counseling and Psychology at Troy University-Phenix City, Alabama. He has over 30 years experience in mental health practice, clinical supervision and consultation in community mental health and social service agencies, in-patient psychiatric, school, and university settings. Email: andrewtrout@aol.com.

Ness, Kathryn M., is a professor and chair of Counseling and Psychology at Troy University-Phenix City, Alabama. She has extensive experience with community mental health, U.S. Department of Veteran Affairs, and university settings. Email: kness@troy.edu.

Carlson, Robert F., is an assistant professor of Counseling and Psychology at Troy University-Phenix City, Alabama. He has over 30 years experience in counseling/psychological services private practice, clinical supervision, and program evaluation services. Email: rcarlson@troy.edu.

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Depression in the Workplace: Basic Statistics

Depression is a common mental health condition in the United States. Depression affects approximately 10 million to 17.5 million United States employees (Johnson & Indvik, 1997b; Shoor, 1994). Experts estimate that approximately one out of every two American families will have some member suffering from depression at some point in the developmental life cycle (Goldberg & Steury, 2001; Johnson & Indvik, 1997a, 1997b, 1997c; National Institute of Mental Health, 2007). It is estimated that 5 to 10% of the population suffer from depression at any given time. In addition, it is postulated that there are approximately 30,000 suicides per year which are likely associated with depression (Greenberg, Stiglin, Finkelstein, & Berndt, 1993).

With the extent of depression in the general population, this condition overlaps with functioning within the workplace. Estimates of costs to businesses as a result of depressive symptomatology range from 43 billion to 70 billion dollars (Byrne, Kacmar, Stoner, & Hockwarter, 2005; Goldberg & Steury, 2001; Greenberg et al., 1993; Johnson & Indvik, 1997b, National Mental Health Association Fact Sheet, 2006). It is estimated that business and industry lost 12 billion dollars from lost productivity, 12 billion dollars from absenteeism, 12 billion dollars from direct treatment costs, and 17.5 billion dollars from mortality (Greenberg et al., 1993; Lerner et al., 2004). It is evident that this problematic situation cannot be ignored.

Manifestations of Depression in the Workplace

Depression, often called the “common cold of mental illness”, may be defined as an “illness that involves the body, mood, and thoughts” (National Institute of Mental Health, 2007a). Depressive disorders consist of a number of related conditions. Major depression is defined as a period of two or more weeks of sadness and four out of eight other conditions (American Psychiatric Association, 2000; Johnson & Indvik, 1997a, 1997c; National Institute of Mental Health, 2007) that include the following: (a) loss or gain of appetite, (b) sleeping disorders, (c) fatigue, (d) slowing of body movements or thoughts, (e) feelings of worthlessness, (f) loss of pleasure in one’s activities, (g) difficulty concentrating, and (h) suicidal thoughts, desires, or attempts. Other depressive conditions include Dysthymic Disorder with depressive symptoms existing for at least a two year time period, and Depressive Disorder NOS with depressive features not meeting criteria for other depressive disorders. Adjustment Disorder with Depressed Mood, Adjustment Disorder with Mixed Anxiety and Depressed Mood, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct include emotional responses to include depressive symptoms to identifiable stressors. Criteria for these conditions are described within the Diagnostic and Statistical Manual of Mental Disorders, 4 th Edition-Text Revision (American Psychiatric Association, 2000).

Depression in the workplace manifests itself through changes in performance and

behaviors as follows (HealthyPlace.com., 2006; Lerner et al., 2004; National Institute of Mental Health, 2007b): (a) decreased or inconsistent productivity, (b) absenteeism, tardiness, frequent absence from work station, (c) increased errors, diminished work quality, (d) procrastination, missed deadlines, (e) withdrawal from co-workers, (f) overly sensitive and/or emotional reactions, (g) decreased interest in work, (h) slowed thoughts, (i) difficulty learning and remembering, (j) slowed movement and actions, or (k) frequent comments about being tired

Symptoms of depression develop over time. Typically, the employee experiences anxiety and mild depressive episodes that may range from several weeks to several months.

These symptoms often develop into more severe depressive symptomatology.

Unfortunately, this condition peaks during the employee's most productive years, namely ages 24 through 44 years of age (Byrne et al., 2005). Both men and women can develop physical health problems due to depression (National Institute of Mental Health, 2007a).

Stressors within the work environment also contribute to depressive symptoms. Byrne et al. (2005) and Melchior et al. (2007) described interpersonal conflicts, work demands, organizational politics, lack of faith in organizational management or leadership, and perceived control over job tasks and job environment as factors related to depressive reactions. These stressors can combine into multiple work stressors further compounding their impact upon the employee's mental health functioning.

Research suggests that depressive symptoms and how they are manifested differ between men and women (American Psychological Association ONLINE, 2006; CNN.com., 2006; National Institute of Mental Health, 2006, 2007a). Men, instead of reporting helplessness and hopelessness, are more likely to report feelings of fatigue, irritability, anger, discouragement, loss of interest in work or hobbies, and sleeplessness. Depression may be more difficult to recognize in men due to the masking of symptoms through substance use or abuse and working long work hours as a coping method. Men are less willing to acknowledge depression or seek treatment for this condition (National Institute of Mental Health, 2006). Men are also more likely to expose themselves to harm or risky behavior as a function of their behavior (American Psychological Association ONLINE, 2006).

Women experience depression at twice the rate for men (Mental Health America, 2007). They may be more vulnerable to depression following menstrual cycles, pregnancy, miscarriage, postpartum time periods, pre-menopause and menopause. Women also face stressors that men may not experience to include additional responsibilities at home, single parenthood, differential roles and expectations for women, and primary care for children or aging parents. A strong relationship exists between eating disorders and depression for women. Such factors may exacerbate depression for this gender group (Mental Health America, 2007; National Institute of Mental Health, 2007).

Dealing with Depression in the Workplace

There are many strategies that employers might utilize in addressing employee depression:

1. Employer education about depression and manifestation of symptoms is critical. Employers might seek professional trainers to educate supervisors, employee assistance workers, and occupational health personnel regarding depression and its symptoms as a mental health problem in the workplace (Johnson & Indvik, 1997a, 1997b, 1997c).
2. Employee education about depression and treatment must also be sought. Employees must learn to self identify depressive symptoms. (Johnson & Indvik, 1997a, 1997b; National Institute of Mental Health, 2007, National Mental Health Association Fact Sheet, 2006).
3. Employer intervention to mediate negative work-related stressors, i.e., perceived organizational support is recommended. Several researchers (Johnson & Indvik, 1997a, 1997b; Royal College of Psychiatrists, 1999) describe various environmental stressors that may contribute of depression. Some of these environmental stressors that are amenable to employer intervention include unclear job expectations and descriptions; short work deadlines; complex work responsibilities but no or limited decision-making authority; routine, monotonous jobs responsibilities with few avenues for creativity; depersonalization of the workplace through technology, racism, sexism, and ageism; non-supportive and unfair management practices; employee failure to receive recognition. Managerial personnel can be trained to address and reduce these workplace stressors (Johnson & Indvik, 1997a, 1997b). Byrne et al. (2005) describes employer practices and workplace social milieu modifications that can be implemented as mechanisms for remediating and reducing workplace influences contributing to employee depression.
4. Enhance employee social support and job attitudes by addressing sources of stress outside of the workplace such as employee family life changes and personal demands. Referral to employee assistance professionals (EAP) or other mental health or psychosocial practitioners would likely be necessary (Johnson & Indvik, 1997a, 1997b, 1997c). The National Institute of Mental Health (2007a, 2007b) and HealthyPlace.com (2006) describe ways that family and friends can assist depressed individuals. These strategies could be used by employee assistance professionals.
5. Improving employee trust of the organization is essential. Byrne et al. (2005) describes the role of perceived organizational support as a mechanism for assisting employers in supporting employees and building trust within the organization. A key component includes supervisor training to create supervisors who are highly regarded by the organization and viewed by employees to strongly exemplify the organization's character.
6. Establishing or expanding an employee assistance program (EAP), including

- availability of an appropriate referral system, as a means to address employee depression. Johnson and Indvik (1997a, 1997b), Rost, Smith, and Dickinson (2004), Turner (1995), and Wang et al. (2007) describe the importance of employee assistance programs in developing and implementing effective programs and policies in dealing with employee depression. Positive employee assistance programs include the following elements: On-site counseling and support groups, health bulletin boards, employee education to self-identify depressive symptoms, and specialized educational programs to sensitize the business community to the impact of depression and the need for responsive policy and program changes (Johnson & Indvik, 1997a, 1997b; Royal College of Psychiatrists, 1999; Turner, 1995).
7. Instituting employee self-help programs for depression as a company wide strategy. Interventions such as physical exercise programs, encourage participation in reinforcing and time consuming leisure and social activities, breaking large tasks into smaller component steps, setting behavioral priorities, establishing realistic work and life goals, learning positive thinking strategies, and educating employee awareness that depressive symptoms improve gradually are strategies that employers can implement within the work setting (Flynn, 1995; National Institute of Mental Health, 2006a).

Conclusion

Research indicates that productivity, absenteeism, and potential continued employment can be positively impacted with proper treatment for depression (Lerner et al. 2004). Rost, Smith, and Dickinson (2004) indicate that evidenced based depression treatment for employees is a cost effective strategy that can be implemented by business and industry to manage depressive symptomatology that impacts employee productivity. This presentation has described depression within the workplace as a major mental health problem within the United States and presented strategies for amelioration of this debilitating and costly condition.

References

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders IV-TR* (4 th ed., text revision). Washington, DC: Author.

American Psychological Association ONLINE (2006). Men: A different depression. *Psychology Matters*. Retrieved September 12, 2006 from <http://www.psychologymatters.org/mendepress.html>.

Byrne, Z.S., Kacmar, C., Stoner, J., & Hochwarter, W.A. (2005). The relationship between perceptions of politics and depressed mood at work: Unique moderators across three levels. *Journal of Occupational Health Psychology*, 10, 330-343.

CNN.com. Male depression: Don't ignore the symptoms. *Health Library*. Retrieved September 5, 2006, from <http://www.cnn.com/HEALTH/library>.

Flynn, G. (1995). Program fights workplace depression. *Personnel Journal*, 74, 26.

Goldberg, R.J., & Steury, S. (2001). Depression in the workplace: Costs and barriers to treatment. *Psychiatric Services*, 52, 1639-1643.

Greenberg, P.E., Stiglin, L.E., Finkelstein, S.N., & Berndt, E.R. (1993). The economic burden of depression in 1990. *Journal of Clinical Psychiatry*, 2, 32-35.

HealthPlace.com (2006). Depression in the workplace. Retrieved February 15, 2006 from <http://www.healthyplace.com/Communities/Depression/related/work.asp>.

Johnson, P.R., & Indvik, J. (1997a). Blue on blue: Depression in the workplace. *Journal of Managerial Psychology*, 12, 359-365.

Johnson, P.R., & Indvik, J. (1997b). The scourge of the workplace: Depression at work. *Journal of Workplace Learning*, 9, 12-17.

Johnson, P.R., & Indvik, J. (1997c). The boomer blues: Depression in the workplace. *Public Personnel Management*, 26, 359-365.

Lerner, D., Adler, D.A., Chang, H., Lapitsky, L., Mood, M.Y., Perissinotto, C., et al. (2004). Unemployment, job retention, and productivity loss among employees with depression. *Psychiatric Services*, 55, 1371-1378.

Melchior, M., Caspi, A., Milne, B.J., Danese, A., Poulton, R., & Moffitt, T.E. Work stress precipitates depression and anxiety in young working women and men. *Psychological Medicine*, 37, 1119-1129.

Mental Health America (2007). *Depression in women*. Retrieved September 15, 2007 from <http://www.mentalhealthamerica.net>.

National Institute of Mental Health (2006). *Men and depression*. Retrieved September 1, 2006 from <http://www.menanddepression.nimh.nih.gov>.

National Institute of Mental Health (2007a). *Depression*. Retrieved September 1, 2007, from <http://www.nimh.nih.gov>.

National Institute of Mental Health (2007b). *The effects of depression in the workplace*. Retrieved September 1, 2007 from <http://www.mental-health-matters.com>.

National Mental Health Association Fact Sheet (2006). *Depression in the workplace*.

Retrieved November 8, 2006, from <http://www.nmha.org>.

Rost, K., Smith, J.L., & Dickinson, M. (2004). The effect of improving primary care depression management on employee absenteeism and productivity: A randomized trial. *Medical Care*, 42, 1202-1210.

Royal College of Psychiatrists (1999). *Depression in the workplace*. London: The Royal College of Psychiatrists, 17 Belgrave Square.

Shoor, R. (1994). The consequences of depression. *Business and Health*, 12, 6-10.

Turner, S. (1995). Identifying depression in the workplace. *Human Resources Magazine*, 40, 82-85.

Wang, P.S., Simon, G.E., Avorn, J., Azocar, F., Ludman, E.J., McCulloch, J., Petukhova, M.Z., & Keller, R.C. (2007). Telephone screening, outreach, and care management for depressed workers and impact on clinical and work productivity outcomes. *Journal of the American Medical Association*, 298, 1401-1411.

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