

# MANAGING DEPRESSION

AN **EAP** HANDBOOK FOR MANAGERS



INTERLOCK

HANDBOOK FOR MANAGERS  
– DEPRESSION

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HOW TO USE  
THIS HANDBOOK

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This handbook is designed to provide you with information on depression in the workplace and strategies which will assist you in dealing with this issue in your role as manager or supervisor. It can be used as a reference guide when a situation arises where you are confronted with an employee who may be depressed, but also for increasing your awareness of depression in the workplace.

Since employees suffering from depression have lower productivity and increased absenteeism, the effect on the immediate work group and the overall organization can be substantial. Managers can help employees get the assistance they need.

## WHAT IS DEPRESSION?

# 02

Depression is when an individual experiences a depressed mood for more than two weeks and that mood interferes with daily functioning – at work, home, school. Symptoms may include one or more of the following:

- Loss of interest in usual activities and hobbies
- Change in eating patterns – loss of appetite or bingeing
- Sleep disturbances – insomnia, sleep disruption, restlessness
- Decreased energy or fatigue
- Feeling helpless or hopeless
- Feeling worthlessness or constantly guilty
- Loss of sexual desire
- Deterioration in appearance and grooming

## WHAT CAUSES DEPRESSION?

# 03

Approximately 14% of adults experience a major bout of clinical depression at some point in their lives. There are many contributing factors:

### GENETIC

Research has established that individuals with depression often have a family history of the illness, so there appears to be a genetic link.

### STRESS

Multiple stressors – personal and professional – can contribute to the development of depression, particularly when causes are not addressed and people lose hope that there can be any resolution.

### PHYSICAL ILLNESS

Some medical conditions, such as stroke, heart disease, cancer, and chronic pain contribute to depression directly or indirectly. Depression can stem from the effect and losses related to the diagnosis; it may be the result of medication or treatment side effects; or it may be a symptom of the physical illness.

### HORMONAL

The phenomenon of post-partum depression is well known. Often the combination of hormonal changes related to pregnancy and delivery, sleep deprivation, loss of familiar routines and roles, as well as isolation within the home, can lead to post-partum depression.

# growing percentage of adults will experience a major bout of clinical depression

depression has  
a direct relation  
to absenteeism and  
presenteeism

#### IMPACT ON THE WORKPLACE

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Depression affects careers, productivity, morale and safety. British Columbia's Provincial Depression Strategy Phase 1 Report notes that depression and stress disorders at work account for more than 30% of all disabilities recorded at major Canadian companies. Depression and stress-related disorders represent the fastest growing category of disability claims.

According to the BC Business and Economic Roundtable on Mental Health, disability claims and "presenteeism" (the problem of employees being at work but not fully functioning) cost Canada's economy an estimated \$30 billion annually.

## the fastest category of disability claims are for depression and stress

According to a recent study, 73% of working women with depression felt that their depression and anxiety limited them at work and that they worked only at around 75% of their ability.

Work can be a source of great support and satisfaction, but it can also be a source of ongoing stress and distress. Signs of serious depression show up in the workplace in many ways:

- Lateness
- Frequent absences
- Decreased productivity
- Mood changes – irritability, sadness, apathy, anger
- Difficulty concentrating or making decisions
- Lessened interest in the work
- Lack of cooperation with colleagues

Individuals suffering from depression often try to hide their problems in the workplace because they fear the effect it will have on their job. The stigma still associated with mental illness prevents many from seeking appropriate help.

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**We know that 80-90% of people with depression can be treated successfully, yet only a third of those who could benefit from help actually seek it.**

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## APPROACHING THE EMPLOYEE WHEN NOTICING WARNING SIGNS

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When you notice warning signs, approach the employee privately. Choose a quiet location where you will not be disturbed. Know the person you are dealing with and plan your approach accordingly. Some employees will want you to “cut to the chase” while others will prefer that you ease into the discussion gradually. When the time is right, let the employee know that you have noticed changes in their behaviour at work. Give a few examples. Be specific, clear, and tactful using positive language.

Ask a few open-ended questions and then stop talking. Remain quiet and allow time for the person to respond. Most people feel calmer and more receptive when they have had a chance to speak and be heard.

early intervention is recommended as it allows the issue to be dealt with quickly and effectively

Here is a sample script of how you might approach the employee:

“You have always been very reliable. Lately I have noticed you coming in late on a few occasions and you have appeared less focused on your work. Is there anything I should be aware of?”

Ideally the employee will level with you about their struggle. It may be appropriate to remind them of the confidential counselling available through the Interlock Employee and Family Assistance Program.

When suggesting the EFAP, present this as one option for the employee to consider. Even if you think you know what the employee’s problem is, avoid using labels, diagnoses or falling into a counselling role. While you want to be supportive, as a supervisor you also need to be clear and factual about performance issues and expectations.

It can be a delicate balance and requires skill, diplomacy and clarity.

If the employee discloses that he or she is depressed, you may also need to provide appropriate workplace accommodation, such as flexible work schedules and/or changes in duties. Consult with Human Resources for further assistance in this area.

Early intervention is recommended as it allows the issue to be dealt with quickly and effectively. A timely intervention can prevent major workplace disruptions and assists the employee in getting needed help or support. Without assistance there will be a deterioration in their condition.

## THE ROLE OF INTERLOCK

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Interlock works with you to address these important issues by providing confidential coaching and support to managers and supervisors who are working with employees. You can speak with an Interlock consultant about any questions or concerns you may have. Typically, this management consultation is conducted over the phone and addresses issues as they arise. However, if you prefer, you can also arrange an in person appointment with an Interlock consultant.

Interlock can also provide on-site training sessions on managing depression. Contact Interlock at 1.800.663.9099 if you would like to organize a training session.

All clients using the Interlock EAP service will be asked to complete a Client Questionnaire which assesses for the presence of depression and provides information about the severity of any depression the client may be experiencing. A counsellor and client will decide together how best to integrate the information provided by this questionnaire.

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you can speak with an Interlock consultant about any questions or concerns you may have

## TREATMENT FOR DEPRESSION

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We know that many people never seek help for depression, although it is a highly treatable condition. Antidepressant medication, counselling, combined pharmacotherapy and counselling and light therapy are evidence-based treatments for depression.

Although the effectiveness of individual treatment options varies somewhat across individuals, group studies suggest that initial recovery rates range from 25% to 69% for antidepressant medication and 50% to 88% for counselling. Research notes that people with the best prognosis for recovery receive some combination of anti-depressant medication and psychotherapy. Each treatment option has unique advantages and disadvantages.

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### A) PSYCHOTHERAPY

“Psychotherapy is an effective treatment for depression in motivated patients. Psychotherapy may be almost twice as durable as medication in the long term and there are no side effects”.

(Truax & McDonald).

“The evidence for efficacy is greatest for structured, time-limited psychotherapies, particularly cognitive behavioural therapy (CBT), interpersonal psychotherapy (IPT) and problem-solving therapy (PST, developed specifically for primary care)”

(Kennedy, Lam, Nutt, and Thase).

**Cognitive behavioural therapy (CBT)** is the most frequently researched and supported psychotherapy for depression. For mild to moderate severity of depression, CBT is as efficacious as antidepressants and can be used as sole therapy.

CBT is focused on helping clients identify and modify their thinking and behaviour patterns that are causing their depression. When people are clinically depressed, their thinking patterns are often unrealistic and negatively skewed. These distortions can perpetuate depression.

David Burns describes ten forms of distorted thinking in his best-selling book,

### ***The Feeling Good Handbook:***

#### **ALL-OR-NOTHING THINKING:**

You see things in black-or-white categories. You are either perfect or a total failure; there are no in-betweens or shadings of grey.

#### **OVERGENERALIZATION:**

You perceive a single negative event as a never-ending pattern by using words such as “always” or “never”. For example: I’ll always fail and never succeed at anything.

#### **MENTAL FILTERING**

You take a single negative detail and dwell on it exclusively. For example: you receive much positive feedback and one slightly negative criticism about your project. You hear only the negative and disregard the positive.

#### **DISCOUNTING THE POSITIVE**

You reject or downplay positive experiences by telling yourself “that’s no big deal” or “anyone could have done it”.

#### **JUMPING TO CONCLUSIONS**

You assume the worst based on no evidence. A small disappointment becomes a disaster.

#### **LABELLING**

You evaluate yourself in a harsh way, labelling yourself as a “loser”, “idiot”, or “clutz”.

#### **MAGNIFICATION**

You exaggerate the importance of problems and minor annoyances.

#### **EMOTIONAL REASONING**

You mistake your emotions for reality: I feel lonely, therefore, I must not be good company. “Should” and “Shouldn’t” Statements: Your “self-talk” contains a great many “shoulds”. I should be a certain way...I should have done something different with my life.

#### **PERSONALIZE THE BLAME**

You take responsibility for things beyond your control.

The goal is to become aware of distorted thinking and replace it with more balanced and realistic thinking. Changing thinking habits is difficult, especially since one often is not consciously aware of negative “self talk”.

**Interpersonal Therapy** focuses on relationships as a key to overcoming depression. The goal is to improve relationships and communication skills while also improving self esteem.

Interpersonal Therapy explores four main areas:

01. unresolved grief
02. conflicts or disputes with others,
03. changing from one social or occupational role to another
04. difficulties with people skills.

**Problem-Solving Therapy (PST)** uses a structured approach to identify and resolve problems that contribute to depression.

#### **B) ANTIDEPRESSANT MEDICATION**

“Antidepressant medication leads to quicker symptom reduction, a faster return to full work capacity, and more effective treatment response in severe depression”.

(Truax & McDonald).

There are many types of antidepressants.

“Research efforts over the past 50 years have led to a better understanding of their pharmacology and to a growing insight into the way in which this pharmacology leads to adaptive brain changes that alleviate depression” (Kennedy et al.)

the goal is to improve relationships and communication skills while also improving self esteem



employers can  
support a smooth  
re-entry to work

## RETURN TO WORK



Where an employees has been on disability leave as a result of depression, their return to work needs to be carefully managed. Even after the person is cleared by his or her physician to return-to-work, you need to understand that the employee is likely still recovering.

This is natural. Employers can support a smooth re-entry to work. As a manager, you perform a key role in the return-to work process. You need to make allowances. Someone recovering from depression is likely to be more sensitive to stress or fatigue. Modifications of job content and/or hours of work may be required to accommodate employees with returning to work full-time.

## RECOMMENDED LITERATURE ON DEPRESSION



**BURNS, DAVID.**

The Feeling Good Handbook

Feeling Good: The New Mood Therapy

**LEWINSOHN, PETER, RICARDO ET AL.**

Control Your Depression

**SOLOMON, ANDREW.**

The Noonday Demon: An Atlas of Depression

**JAMISON, KAY REDFIELD.**

An Unquiet Mind

**STYRON, WILLIAMS. DARKNESS VISIBLE:**

A Memoir of Madness

**Padesky, Christine.**

Mind Over Mood: A Cognitive Therapy Treatment for Clients

as a manager, you  
perform a key role  
in the return-to work  
process

## WEBSITE RESOURCES ON DEPRESSION

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CMHA BC  
(<http://www.cmha-bc.org>)

Mood Disorders Association of BC  
(<http://www.mdabc.ca>)

Canadian Health Network  
(<http://www.canadian-health-network.ca>)

Global Business and Economic Roundtable  
on Addiction and Mental Health  
(<http://www.mentalhealthroundtable.ca>)

BC Business and Economic Roundtable  
on Mental Health  
(<http://www.bcmentalhealthworks.ca>)  
DepNet Canada (<http://www.depnet.ca>)

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