



# HEALTHQUEST

A QUARTERLY NEWSLETTER FOCUSING ON  
MENTAL HEALTH ISSUES AND CONCERNS.

## WHEN THE BLUES BECOME DEPRESSION...

Cathy had been a model employee who consistently excelled in her role as assistant to the vice-president in a prestigious consulting company. A year after the death of her mother, she began to feel consistently weary at work and started waking up at night.

Her manager found she was becoming very scattered and getting little done. On her manager's advice, she visited her family doctor, complaining of severe digestive problems. But despite medication for her upset stomach, her symptoms continued. She became teary at work and criticized herself in extreme and despondent terms.

One night, while working late, her manager found her hiding under her desk, teary, scared and threatening to take her own life.

Cathy was found to be suffering from a severe form of undiagnosed depression, which was eventually addressed by her EAP in conjunction with her new family doctor and a psychiatric specialist.

The good news about depression is that it is very treatable. Without treatment, however, a major depressive episode may last up to 12 months, and may then repeat at a later date. Thoughts of suicide are also common for people suffering from depression, and risk of suicide is increased when people are not treated.

Even the experts take their time when diagnosing depression, and nearly everyone suffers from the blues from time to time. Therefore, as with any mental health disorder, care must be taken not to jump to the wrong conclusion.

However, emotional problems being seen by EAPs and other counselling agencies are on the increase, as are the number of clients on anti-depressant medication who are in the care of a psychiatric specialist. It is inevitable that employees suffering from depression can be found in a number of workplaces and some of them may not be getting the help they need.

A number of behaviours may indicate that an employee is depressed. The employee may:

- ▲ become unusually withdrawn and non-communicative;
- ▲ appear emotionally flat and enunciate their words in a monotone fashion;
- ▲ become less productive (may have difficulty with concentrating and keeping a consistent focus);
- ▲ behave lethargically (may appear groggy or even sleep at their workstation);
- ▲ appear increasingly worried and anxious (people will sometimes appear over-excited and babble frenetically)
- ▲ become dishevelled in appearance;
- ▲ sporadically be absent from work;
- ▲ complain of aches and pains and digestive problems;
- ▲ express bizarre ideas which suggest they are losing touch with reality;
- ▲ be excessively critical of themselves;
- ▲ express suicidal ideas which are sometimes very obvious, and sometimes more vague, as in, 'I just didn't want to wake up this morning!' Even if these signs are indicative of other problems, they do suggest that the employee needs help. The overriding factor to be aware of is that some new and different behaviour is emerging.

The experience of loss is believed to be a central component in depression, and a strong argument has been made that depression is a useful and adaptive part of normal experience, enabling the sufferer to consolidate and continue with emotional recovery.

The most severe classifications of depression entail a greater intensity of symptoms, including a general slowing down of mental and physical activity. The sufferer socializes less and work becomes an enormous effort. Feelings of failure and worthlessness predominate. Loss of interest in life in general can extend even to reduced eating, and weight loss may result.

Suicide is a real risk for depressed people. Up to 80 per cent of completed suicides suffered from depression of one intensity or another, and of course the risk is increased when alcohol or other

mood altering chemicals are present.

The warning signs are often hidden, and in fact, there may be no obvious precipitating event.

The incidence of suicide attempts is about the same in both male and female populations, though males are five times more likely to complete the process. The highest incidence of depression is in the prime working years. A recent study of Warren Shepell's own assessed-problem data reveals that 'Personal/Emotional' problems have increased by 47 per cent in the last four years. It is also clear that good supports both at the workplace and within families contribute to better recovery rates. All methods of treatment (medication, short-term counselling, long-term psychotherapy) are more effective when that crucial support is present.

Employees do need support. This does need stating if only because depressed employees are occasionally mislabelled as apathetic with a couldn't-care-less attitude.

The following steps may be of help to the depressed person and to that individual's workplace:

- ▲ Make sure employees are aware of any special counselling services and other benefits they have available through the workplace.
- ▲ Develop an environment in which co-workers support each other. If an employee confides in a peer about stresses, medical problems or feeling generally depressed, co-workers should encourage that person to seek the help that is available.
- ▲ Have managers be affirming of employees who are likely suffering from stress and depression. They are more likely to seek help if they believe they are being supported.
- ▲ Decreased performance levels, if present, should also be a part of that discussion.
- ▲ Make sure a safety protocol is in place in the event that the depressed person is a risk to themselves or others in their safety-sensitive position. In other words, a severely depressed employee should not remain in a safety-sensitive position until a clinical assessment has taken place.

Employees suffering from any of the symptoms mentioned earlier should be encouraged to receive help through their EAP, if available, or a family doctor-or both.

The most effective strategies are often the simplest ones, and so resist the temptation to play the counsellor. Simply express your concern and encourage a referral to EAP.

Your EAP should provide the following:

- ▲ User-friendly access and intake procedures conducted by Masters level clinicians; same-day access for employees in crisis. A supervisory referral component where job performance is at issue.

- ▲ Assessment systems where suicidal risk is explored with every client-symptoms are often hidden.
- ▲ Clinical counsellors with specialized skills in recognizing depression and determining suicidal risk. Suicide is the lethal complication of depression, and even the mildly depressed will sometimes attempt to harm themselves. An EAP should also provide its staff with periodic internal training in suicide assessment and prevention in the same way that ambulance staff are required to repeat CPR training at regular intervals.
- ▲ Consultant psychiatrists who are available to consult on difficult cases, and who may be available to conduct emergency assessments at short notice.
- ▲ Easy access for HR and other managers to Clinical Directors for advice on how to deal with particularly troubling situations in the workplace.
- ▲ A systemic approach which demonstrates a willingness to involve other family members. Spouses, children and other relatives are very much affected by the way the depressed person feels, and they should be part of the recovery process.
- ▲ Worksite and group interventions to help management teams and employees deal with particularly difficult transitions.

Effective treatment will certainly shorten the duration of depression, even when it appears in its severest form. Many treatments have proved effective including short-term counselling, long-term psychotherapy, as well as the use of medication.

Good support in the workplace and an effective EAP can only enhance a generally favourable picture in helping employees deal with depression.

If you have any questions about this topic, or if you wish to discuss a personal situation you may be experiencing, we invite you to contact your EAP counsellors to arrange a telephone or in-person counselling session.

All contact between you and your counsellor is completely confidential.

**English Service: 1-800-387-4765**  
**French Service: 1-800-361-5676**  
**General Information: 1-888-814-1328**