# Study Touts Stress Management Skills to Help Prevent Workplace Depression.

Logisens Corporation, 733 N. Van Buren St. Suite 705, Milwaukee, WI 53202 | www.logisens.com

A study of the literature on the prevention of depression in the workplace revealed that "employees can help prevent depression by building proactive factors such as better coping and stress management skills." The review was conducted by Dr. Gregory P. Couser, MD, MPH, Instructor in Psychiatry at the Mayo Clinic and published in the April 2008 *Journal of Occupational and Environmental Medicine*.

The article pointed out the increasing burden of disease related to depression worldwide, with unipolar depression expected to become the second-ranked cause of disease burden in 2020. Workers in the United States cost employers an estimated $44 billion per year in lost productive time in 2002, an excess of $31 billion per year compared with peers without depression.

Dr. Couser concludes that "a strategy to prevent depression in the workplace can include developing individual resilience, screening high-risk individuals and reducing that risk, improving organizational literacy, and integrating workplace and health care systems to allow access to proactive quality interventions."

"Primary prevention" is defined as "reducing incidence of a disease." Primary preventions aim at reducing modifiable risk factors and improving protective factors. "Secondary prevention" occurs when early symptoms of depression are present and focuses on early detection and intervention to prevent full-blown depressive episodes. ("Tertiary prevention" involves optimizing treatment for symptomatic disease to restore function and minimize disruption and was not included in the literature review).

## PRIMARY PREVENTION – RISK FACTORS FOR DEPRESSION

Risk factors for the onset of depression include some factors that are modifiable and some that are not. Additionally, some factors are work related while others are caused by events and conditions related to life outside the workplace.

**Workplace stress was acknowledged as a risk factor that is BOTH work related and modifiable.** The article cites a specific workplace stress, "burnout," as having "been equated to adjustment disorder with depressed mood or minor depressive symptoms."

Employees who labor under increasing stress loads pass an optimum point when the excessive stress load results in depressed performance by the employee who consequently faces a high risk of depression. A number of different studies reported on the burnout phenomenon leading to the suggestion of assessing employees for burnout as a means of preventing depression.

Other studies looked at organizational structures that impacted stress levels. Some showed the importance of workplace social groups in mitigating some of the strain involved in high demands, low-control work conditions. Other models of workplace stress focused on the imbalance of effort vs. reward and the general conclusion that supervisors and other workplace cohorts play a significant role in determining the risk level for the onset of depression among employees. The culture-work-health model suggests that employers seek to attain a balance between the good of the individual employee and the good of the company.

## PRIMARY PREVENTION – REDUCING THE RISK FACTORS

Reducing risk factors for the onset of depression among a workforce requires companies to decide whether to focus interventions on high risk groups, or to provide universal preventive interventions.

Individual interventions aimed at those specifically at high risk of depression must reduce the effects of stress by improving the individual ability to adapt to the situation and manage stress (resilience).

Organizationally, this can be done, following some of the above studied models, by allowing workers some control over workload, establishing a supportive environment, etc. Dr. Couser concludes:

> *In summary, only isolated studies have shown that environmental interventions for primary prevention of depression through risk reduction are effective. There is, nevertheless, evidence of the effectiveness of certain interventions, such as setting up supportive network systems for vulnerable groups, specific, event-centered interventions and interventions that target vulnerable families and individuals, as well as adequate screening and treatment facilities for mental disorders as part of primary care for physical disability.*
>
> *Conversely, specific preventive interventions that target individuals at high risk for depression may be effective in preventing depression. These interventions reduce risk by reducing perceived stress, promoting coping skills, and developing resilience and protective factors.*

## PRIMARY PREVENTION – PROTECTIVE FACTORS

The literature suggests that resilience is enhanced not by avoiding stress, but in managing it to allow self confidence and social competence to increase. There are many healthful lifestyle factors that can be employed as protective factors as buffers against stress and hence against the onset of depression. These were described, however as not directly effective in reducing depressive disorders, although there is some evidence that they could help in reducing depressive symptomatology to help prevent a later onset of depressive disorders.

Stress management was described as "a very important protective factor" in Couser's article:

> *Preventive stress management for individuals is directed toward the stressor itself at the primary prevention level. It involves managing personal perceptions of stress (including learned optimism, constructive self talk, transformational coping, and changing type A behavior patterns), managing the personal work environment, and managing one's lifestyle.*
>
> *At an organizational level, increasing resilience to improve response to individual stressors or reducing personal health risk behavior that might contribute to the onset of depression is the essence of mental health promotion.*

Dr. Couser drew the comparison between mental health promotion and organizational development, both focusing on making changes in the workplace environment, in this case to support wellness. The article presented a lengthy list of possible environmental changes including:

- Technical and task interventions
- Social interventions
- Health incentives
- Cultural interventions
- Educational Interventions such as providing information on stress management and improving coping skills.

The article recognized the above list as making common sense but acknowledged the need for more research to prove the effectiveness of individual interventions.

## SECONDARY PREVENTION – EARLY DETECTION OF DEPRESSIVE SYMPTOMS

While primary prevention strategies aim at preventing the onset of depression, secondary prevention strategies acknowledge the presence of illness, "even if not apparent to the individual." Secondary prevention efforts for depression in the workplace may detect depressive symptoms before the development of a full-blown depressive disorder.

The most prevalent secondary prevention include employment of any of a wide array of screening tools for detecting depressive symptoms. The study revealed that cost and return on investment consideration often dictate a company's decision on screening entire workforce populations vs. screening high risk groups, or not to screen at all.

Not surprisingly, employers are interested in outcomes when it comes to early detection and interestingly, the research reveals that catching depression earlier "has not necessarily equated to improved depression outcomes.

The study concludes "employers…need to have the infrastructure and data not only for detection, but also for surveillance… Ideally, employers would be able to link health information (e.g. through health risk appraisals ) to productivity measures."

In summary, increased detection of depressive symptoms as a secondary prevention effort might make

sense for employers if there is data integration to monitor employee population health trends and the proper infrastructure to deal with a positive screening result is in place."

## SECONDARY PREVENTION: EARLY INTERVENTION FOR DEPRESSIVE SYMPTOMS

Early intervention in treating depressive symptoms was regarded as crucially important due to the far-reaching benefits accrued, including mental health, quality of life and physical health. One study pointed out that chronic work stress seemed to amplify effects of psychiatric disorders and chronic physical conditions on disability.

Other studies echoed that early intervention for depression is important so as not to contribute to the etiology of chronic disease. Depressive disorders were associated with increased prevalence of chronic diseases such as asthma, arthritis, cardiovascular disease and its risk factors, cancer, diabetes and obesity.

The study reiterates the value of taking primary prevention measures to prevent the onset of depression in the first place. In other words, if stress management principles are implemented, burnout will not occur. Failing that, the same preventive measures can be used therapeutically.

Finally, a wide range of other secondary prevention measures were reviewed; including psycho-education to increase mental health literacy, teaching strategies to promote resilience, CBT, and other training-oriented measures. The author concludes that while a wide range of organizational methods have been evaluated and studied, more research needs to be done as he acknowledges that many of the organizational approaches are as yet unproven or unrealistic.

## SUMMARY AND DIRECTIONS FOR THE FUTURE

Dr. Couser's review of the literature suggested that employees with any of the following risk factors make good candidates for depression screening:

- Performance concerns
- Job insecurity
- Chronic medical conditions
- Use of an Employee Assistance Program
- Perceived unfair treatment by supervisors
- High perceived workplace stress

Individual approaches to help prevent depression for those at risk include building protective factors such as:

- Coping skills
- Exercise
- Better nutrition
- Improved sleep
- Relaxation
- Better time management

The author concluded that the evidence base for preventive organizational interventions thus far has been weak. He called for further study in areas such as written policies, empowering employees with control of their workload, decreased demand, clear workplace roles, etc. and called for better collection of data regarding work organization risk factors, how they may be changing and how they effect mental health over time.

To sum up, there is extensive literature to establish the link between workplace stressors and the onset of depression. The issue is complicated, however, by the fact that risk factors can be both work-related and non-work related, both modifiable and non-modifiable. Both primary (to prevent illness) and secondary (early detection) preventive measures can and should be employed in the cause of preventing depression.

Individual, primary protective interventions are the most direct and most easily measurable means of addressing the multitude of factors that contribute to the onset of depression among workers. A logical approach would include individual, targeted interventions in a workplace culture of awareness and education.

The author, finally, suggests that organizations may have a vested interest in considering the prevention of depression in a productivity enhancement framework as opposed to absence of disease. Early intervention for depression not only can improve quality of life but also can decrease burden of physical illness and decrease disability.