Depression in the Workplace in Europe: A report featuring new insights from business leaders

HR Leadership Forum to Target Depression in the Workplace
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Foreword .............................................................................................................................................. 3

SECTION ONE .................................................................................................................................. 4
The impact and burden of depression in the workplace

SECTION TWO .................................................................................................................................. 12
The impact of cognitive symptoms on an individual’s ability to perform at work

SECTION THREE ................................................................................................................................ 14
The benefits of addressing depression in the workplace

SECTION FOUR .................................................................................................................................. 16
Approaches to the management of depression in the workplace

SECTION FIVE ................................................................................................................................... 18
Conclusion

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Why action is needed to target depression in the workplace

Depression is a ‘brain-based’ disorder and is the principal source of workplace disability, attacking the individual’s ability to concentrate and work productively. Today’s brain-based economy puts a premium on cerebral skills, in which cognition is the ignition of productivity and innovation. Depression attacks that vital asset.

The effects of depression on working men and women in their prime earning years is one of the two leading causes of work years lost in the global economy through disability and premature death.

Depression has a direct impact on the operational costs of businesses and economic losses driven by work years lost on the job. In fact, mental disorders wipe out 4% of the European economy year in and year out.

Target Depression in the Workplace is a European initiative that brings together some of the largest businesses in Europe and international organisations working on health, labour and employment issues. The aim of the ‘Target’ initiative is to advise and support human resources professionals across Europe on the management of depression among their employees.

Further:

✔ 1 in 10 workers have taken time off work due to depression – the average time lost is 36 days per episode

✔ Employees with depression report on average 5.6 hours per week of lost time, representing a serious erosion of productive capacity

✔ Eighty-one per cent of lost productivity time (LPT) is due to reduced performance while on the job, also known as presenteeism (the act of attending work whilst ill)

✔ Studies show that the costs of treating depression are outweighed by productivity benefits.

This is the context in which employer action is called for. Research has proven many organisations fail to have a concrete mental health and wellbeing policy in place. Human resources executives therefore must play an informed leadership, facilitation, advisory and advocacy role to advance mental health in the workplace and that quest begins with depression.

Target’s advisory group is made up of senior executives from Barclays plc, BT Group plc (BT), Deutsche Post DHL (DPDHL), The Federation of European Employers (FedEE), International Labour Organization (ILO), H. Lundbeck A/S, Luxottica, Nature Magazine, Ogilvy, Royal Mail and Unilever.

Many of these organisations are already active in the mental health field and all are committed. As one example, BT is widely recognised for its positive work in workplace mental health policy and practice, demonstrated by the company’s involvement in the launch of the Good Work Good Health guidelines, produced by the H&S Working Group of the European Social Dialogue Committee for Telecommunications. Further, DPDHL has received external recognition for their work in this area, winning several awards including the 2010 Special award of the European Union and Board of Health Insurance, in connection with the European ‘Move Europe’ campaign for ‘excellent engagement in the area of Mental Health’ and the 2013 ‘Health Award’ of the European Network for Work Health Promotion and Board of German Health Insurances for ‘excellent engagement in Health Management.’

The HR Leadership Forum to Target Depression in the Workplace aims to build on this foundation and reach out to employers across Europe as a basis for building an inventory of experience and innovation to share with HR professionals broadly.

This work is underway, and this report represents an important early step toward a framework of knowledge and comprehension of why employers must act, the challenges they face and the steps they can take to reduce the impact of depression in the workplace.

Therefore, this report will outline the challenges organisations face in managing depression in the workplace, share illustrations and examples of progressive steps taken by employers and demonstrate the importance of creating a ‘new openness’ around the discussion of this topic. The real benefits of addressing depression in the workplace through specific mental health programmes and policies have also been highlighted.

The cooperation and support of the entire advisory group has been essential to the development of this report. My special thanks go to BT, DPDHL, Lundbeck, Ogilvy and Unilever for providing the case studies featured in this report. Real signs we are moving forward as a community of employers in contending with one of the most significant public health and economic questions of our times; depression in the workplace.
Depression is the leading cause of disability worldwide, affecting 350 million people. Most importantly, depression disproportionately affects adults of working age, meaning that its financial impact on businesses and ultimately a country’s economy is much more profound.

In Europe, it is estimated that every year up to 10% of people experience a depressive episode. An estimated 86-87% of cases of depression in Europe occur in adults of working age.

Depression however, is not recognised in around half of people who present with it to health professionals in primary care. The non-specific nature of some depressive symptoms means that health professionals do not always attribute them to depression, and the stigma of labelling someone as having a mental health condition such as depression also contributes to underdiagnosis.
Case study: Lundbeck

Lundbeck is a global pharmaceutical company which employs approximately 6,000 people in 57 countries, 2,000 of whom are based in Denmark. Lundbeck plan to introduce a state-of-the-art initiative called ‘Mental Health at Work’, a new programme for their employees who suffer from a mental illness. The programme includes presentations, guidelines, training and much more to promote a good psychological working environment.

In order for the programme to focus on the right initiatives, a survey was conducted among employees in Denmark in November 2013, 1,158 of whom responded.

Key results from the survey

**Prevalence**

✔ 29% of employees had experienced 5 or more issues or symptoms of psychological difficulties in the past 5 years

✔ 4% of employees had been diagnosed with depression by a healthcare professional

✔ 8% of employees had been absent or on sick leave for 1 week or more due to psychological difficulties in the past 5 years

**Stigma**

✔ 47% of employees with 5 or more issues or symptoms of psychological difficulties did not tell their immediate superior

✔ 48% of employees with 5 or more issues or symptoms of psychological difficulties did not seek professional help

✔ 48% of employees who sought professional help waited months before doing so

✔ 82% of employees who had been absent or on sick leave for 1 week or more due to psychological difficulties in the past 5 years are back in the same position as before

**Support**

✔ 83% of managers expect to get support from HR in dealing with employees with psychological difficulties

✔ 79% of employees point to either training of managers or providing training and information to employees as an appropriate support for employees suffering from mental illness

The new ‘Mental Health at Work’ initiative complements previous project activities put in place to promote a good psychological working environment including:

✔ A website with information about the psychological work environment such as: definition of a good psychological environment; distribution of responsibility and roles; factors contributing to a good psychological work environment; tools; signs of problems with the psychological work environment and handling of negative signs

✔ Mini courses by BST Nord (Occupational Health Service) on psychological work environment, work-related stress and communication

Lundbeck also has an arrangement with clinical psychologists. Employees can contact them concerning work-related problems, as well as other problems with decisive consequences for the employee’s job satisfaction and work performance.
Economic impact and burden of depression

The World Health Organization (WHO) says that mental health problems are a leading cause of absenteeism and depression has already become a leading cause of disability worldwide.¹

The changing economic model is also increasing the impact that depression has on businesses. The majority of new jobs demand cerebral, not manual, skills.² Not surprisingly, people who rely most on these cerebral skills at work identify stress, anxiety or depression as the most serious work-related health problem affecting them.³

Depression has significant costs to the economy. In 2010 it was estimated that depression cost the European economy €92 billion, of which approximately €54 billion (59%) related to indirect costs (such as absence from work).⁴

Business costs

A recent report by the London School of Economics and Political Science and King’s College London has since confirmed that the annual cost of depression to European businesses directly is in fact £77 billion.⁵ This is due to lost productivity.

In 2007 the Sainsbury Centre for Mental Health estimated that depression cost UK employers £26 billion every year.⁶ This comprised £8.4 billion a year in sickness absences, £15.1 billion a year in reduced productivity at work, and £2.4 billion a year in replacing staff who leave their jobs because of mental ill health.⁷

Absence from work or lower productivity in work by employees with depression can also impact on other staff, putting them under additional strain. This impacts their productivity, job satisfaction and safety and can result in higher turnover of staff overall, and an increasing number of workplace accidents and critical incidents.⁸

In addition, an employee’s absence due to depression is estimated to cost a business an extra 28% on top of the absent employee’s wage.⁹

Finally, failure of a business to manage stress and mental health at work raises the risk of legal action under health and safety or disability discrimination legislation and may further damage a company’s reputation, among both employees and customers.⁹ Conversely, companies which have a good reputation for caring about the wellbeing of their workforce can generate goodwill among potential customers as well as employees.⁹

For any company, it’s the employees that represent the most valuable capital. Health management and active leadership are two essential contributors to employee satisfaction and, in turn, to customer satisfaction and a company’s long-term success. DPDHL
Case study: Unilever

Unilever is one of the world’s leading suppliers of fast-moving consumer goods with 173,000 employees across the world. In October 2013, they launched a Mental Wellbeing and Resilience Campaign in the UK and Ireland. The campaign aims to improve mental wellbeing by:

✔ Building resilience in teams and individuals across the organisation
✔ Developing line managers to lead and support a culture of resilience and mental wellbeing and to manage the things that influence resilience, health and wellbeing in the workplace
✔ Providing excellent care and support to any employee who experiences mental ill-health for whatever reason
✔ Providing a one-stop-portal for access to tools and resources

The plan to drive the campaign is based on four pillars:

✔ Leadership and Management
✔ Communication and Culture
✔ Building Resilience and Managing Pressure
✔ Support

Door Talkers

An online portal ‘The Mental Health and You hub’ is a one-stop-shop for all resources related to wellbeing. It includes links to relevant articles, testimonial films and FAQs. LifeWorks is a free of charge employee assistance programme helping employees to manage personal issues at work and at home. Additional resources include “Vital Minds”, a team workshop that identifies potential causes of stress to the team and positive practical responses. Employees are also encouraged to use the Unilever Personal Resilience Tool which gives each person a personal report on their own resilience and access to help if needed. Line manager training is also a key element, with on line training available for all line managers, and face-to-face training being rolled out to over 1000 managers.

In order to measure success, the campaign will aim for a 10% reduction by 2015 in work-related mental ill-health cases and working days lost to mental ill-health. An increase in the percentage of employees self-reporting as ‘resilient’ and functioning well, via associated Personal Resilience and Vital Minds programmes, will also be a key outcome.
Human costs

The company perspective

DPDHL, one of the world’s leading mail and logistics groups based in Germany, with 480,000 employees in more than 220 countries, aims to promote employee health through a supportive work environment and provision of personal health resources. They believe it is important to listen to employees and gain their input. Every year they conduct a company-wide ‘Employee Opinion Survey’ (EOS), allowing their employees to influence the development of the entire group and help shape the individual working environment.

Depression and other mental health conditions are more effectively treated early on.10 Symptoms of depression such as low mood, cognitive symptoms, e.g. lack of concentration, indecisiveness or forgetfulness not only reduce the quality-of-life of sufferers, they also put these people at increased risk of accidents and self-harm.11 Depression will also impact on a person’s relationships with family, friends and colleagues, and time off work or reduced productivity at work can affect finances and push people into debt.3

A report conducted by the WHO found that psychosocial risks, work-related stress, job strain and the associated depression risks are a substantial preventable public health issue.

“Psychological health is determined by a multitude of factors and the workplace is assigned a special significance here. On the one hand, having a job is a primary aspect for promoting health. On the other hand, the requirements for employability and the type of work are changing rapidly, which in turn can have a negative impact on employees’ health.”

DPDHL
Case study: Ogilvy

Ogilvy is an international advertising, marketing and public relations agency operating 450 offices in 120 countries with approximately 18,000 employees.

This year the company is launching a resilience training scheme in all management and leadership programmes. The core of the training is based around an online questionnaire each employee will complete to determine where they sit in relation to their norm group. Once the results have been generated, the individual will attend a session to consider their results and develop an action plan to improve their ‘resilience’ in the workplace.

The company has also launched an occupational health referral scheme to help ensure Ogilvy offers the appropriate assistance to all forms of illness including mental health. A wellbeing working party has been established to look at all forms of wellbeing, including communication, work-life balance, leadership and impact on health. This has included running a number of lunchtime sessions on nutrition, sleep, positive psychology, time management, etc. In addition, Ogilvy has an EAP (employee assistance programme) for all employees which provides a confidential helpline to discuss all matter of issues and includes free face-to-face counselling. The company also offers employees the services of a clinical psychologist. Employees who are suffering from signs of stress or depression are referred to the practice.

My Wellbeing Website
Absenteeism due to depression

The company perspective

After respiratory, cardiovascular and musculoskeletal diseases, psychological illnesses are one of the main causes for absenteeism in the workplace, according to DPDHL. Alongside heart disease and musculoskeletal illness, psychological illnesses account for 40% of costs spent in the German health system, providing DPDHL with another incentive for the company’s ‘Respect and Results’ principle, which aims to promote health and wellbeing within the workplace.

Work-related ill health can have a significant impact on business costs. Given Europe’s ongoing economic troubles, absenteeism is a serious concern for both employers and governments.

A survey conducted by The Economist Intelligence Unit has analysed the proportion of a salary that is covered by employers during sick leave, as well as the proportion covered by the state and employees. In Germany, for example, as much as 100% of a worker’s salary is paid by their employer for one month of sick leave. For a year’s sick leave, the employer pays for 12%, while the remaining 88% is split between the state and the employee. In other countries this might be slightly less, e.g. in Spain, 39% of a worker’s salary is paid by their employer for one month of sick leave while for a year’s sick leave, the employer pays for 3%.

Lost productivity due to employees being off work with depression is a particular concern for businesses. Workers with mental health problems such as depression are absent from work for health reasons far more often than other workers, and when they have to take time off, they are away for longer.

To examine the impact of depression in the workplace and the subsequent personal and economic burden, the European Depression Association (EDA) commissioned the Impact of Depression in Europe Audit (IDEA) Survey in 2012. The European-wide questionnaire which polled 7,000 workers and managers, revealed that 1 in 10 employees take time off work due to depression, with 36 working days lost per depressive episode, amounting to a total of 21,000 days in this population. The time taken off work for depression/anxiety or other common mental health problems is higher than for other health reasons: The Office for National statistics published a survey in 2007 which found that while 30% of workers took time off for health reasons in one year, among workers with depression, anxiety or other common mental health problems it was almost 50%. The average absence for health reasons was 23 days, whereas for people with depression and anxiety it was 40 days.

The Eurobarometer 2010 survey also found that workers with severe mental health problems were twice as likely to have been absent from work in the last four weeks for health reasons, compared to those without mental health problems.

Sick on the Job? OECD, 2012

Absenteeism and presenteeism for people with and without a mental disorder

<table>
<thead>
<tr>
<th>Sickness absence incidence</th>
<th>Sickness absence duration (days)</th>
<th>Presenteeism (reduced productivity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disorder</td>
<td>No disorder</td>
<td>Mental disorder</td>
</tr>
<tr>
<td>35%</td>
<td>32%</td>
<td>0%</td>
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<tr>
<td>30%</td>
<td>19%</td>
<td>0%</td>
</tr>
<tr>
<td>25%</td>
<td>0%</td>
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<tr>
<td>20%</td>
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<td>15%</td>
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<td>0%</td>
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</tbody>
</table>

80%                  60%                  40%                  20%                  0%                  0%                  0%                  0%                  0%
Case study: Deutsche Post DHL (DPDHL)

Safeguarding the wellbeing and work ability of their 480,000 employees worldwide is vital for DPDHL, who aims to promote employee health through a supportive work environment and provision of personal health resources.

DPDHL’s overall health strategy is guided by one main principle: ‘Respect and Results’ (see diagram). This guides decision making processes and determines their corporate culture to always show respect without compromising on the results. To bring this guiding principle alive they strive for three leadership values: Openness, Responsibility and Commitment.

DPDHL believe you can promote workforce wellbeing on four levels, which are all influenced by health management:

✔ Health promoting workplace design – Favourable workplace set up, working conditions, working hours and working atmosphere

✔ Qualification/Development of decision making competence – Foster capability to take responsibility and improve stress resistance

✔ Individual Health Promotion – Support a healthy lifestyle

✔ Respectful Company Culture and Social Interaction – Open, transparent communication; culture of respectful feedback; creation of social networks; sympathetic interaction

<table>
<thead>
<tr>
<th>Less</th>
<th>More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing people</td>
<td>Leading people</td>
</tr>
<tr>
<td>Using misbehaviour of others as an excuse</td>
<td>Living Respect &amp; Results</td>
</tr>
<tr>
<td>Asking for permission</td>
<td>Asking for “forgiveness”</td>
</tr>
<tr>
<td>Fingerprinting</td>
<td>Allowing mistakes</td>
</tr>
<tr>
<td>Telling</td>
<td>Listening</td>
</tr>
<tr>
<td>Solo thinking</td>
<td>Think as one company</td>
</tr>
</tbody>
</table>

Respect + Results
The cognitive symptoms of depression (concentration difficulties, indecisiveness, and/or forgetfulness) are a frequent but lesser known part of depression, yet they have a significant impact on quality-of-life and the ability to function professionally and socially.¹¹

Presenteeism due to depression

Workers with depression experience cognitive symptoms, such as trouble concentrating, indecisiveness or forgetfulness up to 94% of the time during an episode, reducing their level of performance in the workplace to below the standard expected.¹² UK estimates suggest that 1.5 times as much working time is lost through presenteeism as absenteeism for mental health conditions,⁹ and in the US it has been suggested that it could be four times as much.¹⁰ The cost of presenteeism to employers is substantially higher because it occurs more frequently with higher paid staff.⁸

Results from the Eurobarometer survey demonstrate this. While 28% of European workers with a severe mental illness said they had missed days from work in the past four weeks as a consequence of an emotional problem, 49% admitted they had worked fewer hours, 56% said they had accomplished less and 67% had worked less carefully.¹⁰ When asked specifically whether they had accomplished less than they would have liked in the last four weeks, because of either emotional or physical health problems, those with a severe mental disorder were more than 3 times as likely than those without to say they had (88% versus 26%), and those with a moderate disorder, 2.5 times as likely (69%).¹⁰

Where sickness absences due to depression are lower, the effects of presenteeism on productivity are likely to be higher because studies suggest that presenteeism and absenteeism are to some extent substitutes for each other.¹⁶ Many workers with mental health disorders never take sick leave,¹⁰ because they are afraid of losing their job. This means reduced productivity can continue for an extended period, with the employer often unaware of the reason why, because employees do not disclose the condition because they fear stigma and discrimination.¹⁵

Acknowledging and talking about issues when they arise is a sign of strength and the first step to resolution.

Unilever

Geoff McDonald’s story

Geoff McDonald is a Vice President at Unilever. He suffers from depression. Since a young age, Geoff admits he has felt anxious about certain things. These thoughts have included worries about the family as well as day to day rituals such as reading bad news in a newspaper. After 3 months working on an intensive project – that finished successfully, Geoff experienced a severe panic attack. As he had not been through anything like this before, he wasn’t sure how to manage it. The panic attack triggered a period of depression, which led him to taking 2 months off work to recover. Geoff sought treatment with the help of different therapies such as cognitive behavioural therapy (CBT) and medication; he was gradually able to recover and return to work. Geoff has experienced subsequent bouts of depression since, but feels he is now more aware of the condition and how best to manage himself when feeling ill.

How did his employer help?

Geoff feels that one of the most important things in his recovery was talking to family, friends and his manager at work. His manager was extremely supportive, which meant he could focus on getting well. He says he is lucky that he didn’t experience any discrimination; in fact once he started talking about his experiences he noticed a lot of compassion and support from those around him. In particular speaking to those who had been ill before and seeing them fully recovered gave him so much hope.
Case study: British Telecom (BT) Group plc

BT is one of the UK’s largest private companies and is an established global communications company serving customers in more than 170 countries with almost 90,000 employees worldwide.

The company launched a three-tier framework in 2002 combining prevention, intervention and rehabilitation.

The three-tier framework includes:

✔ Primary prevention: encouraging all workers to look after their mental health to prevent conditions such as depression, by providing information on managing stress and adopting a healthy work/life balance

✔ Secondary intervention: identifying people at risk of depression by looking for the early signs of depression and for individuals under stress

✔ Tertiary rehabilitation: the identification and support of employees who are already experiencing an episode of depression to help improve their ability to function as quickly and by as much as possible

All of the company’s employees are given information on how to stave-off and combat mental health issues and a BT Mental Health Toolkit which includes access to a wide range of resources for all BT employees and managers. The resources are divided into three different levels: promoting good mental health; support when mental health may be at risk; and managing mental health issues.

The initial goal was to ensure workers affected by depression received appropriate support with affected employees working with their line manager to establish a plan to handle stress, which might include access to counselling. The ultimate goal was to move from treatment and towards prevention of the condition through a supportive and healthy working environment.

Results from a programme BT launched in 2006 called ‘Positive Mentality’ has demonstrated sickness absence rates due to mental health have been reduced by 30%. Feedback from staff revealed that 68% learned something new about how to look after their mental health, 56% had tried some of the recommendations and were continuing to follow them and 51% had noticed improvements in their mental wellbeing.

Good Work Good Health

(produced by H&S Working Group of the European Social Dialogue Committee for Telecommunications)

<table>
<thead>
<tr>
<th>Primary Prevention</th>
<th>Secondary Intervention</th>
<th>Tertiary Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education &amp; Training</td>
<td>General awareness training to workforce of mental health issues, healthy lifestyle and stigma avoidance</td>
<td>Training of people managers to recognise signs of distress and to signpost support services</td>
</tr>
<tr>
<td>Assessment</td>
<td>Risk assessment of work and change to control psychosocial hazards</td>
<td>Stress audits to identify people and/ or business units at risk of harm</td>
</tr>
<tr>
<td>Practical Support</td>
<td>Adoption of flexible working (time &amp;/ or location) to help balance work and home commitments</td>
<td>Availability of confidential employee assistance programme</td>
</tr>
</tbody>
</table>
The benefits of addressing depression in the workplace

Benefits to the individual

Despite the profound negative effect of depression on an individual, Lundbeck’s internal survey found that 47% of employees with five or more issues or symptoms of psychological difficulties did not tell their immediate superior, while 48% did not seek professional help. The IDEA survey, of 7,000 workers in Europe, also revealed that of those who took time off for depression, 25% did not tell their employer the reason why.1

Treatment of depression is more successful when the condition is diagnosed and treated early on.10 A workplace environment where staff do not feel they have to hide their condition because it might harm their career prospects, and where those exhibiting signs of the condition will be supported to seek help will start treatment sooner. Once they embark on treatment, being in an environment where they feel surrounded by supportive colleagues and managers, who will be considerate and try to accommodate their needs, can facilitate the recovery process, because employment is beneficial to both physical and mental health.

Continuing to go to work, even if for fewer hours or in a slightly amended role, will provide continuity of routine for the affected individual, social inclusion and reduce the financial impact they and their family would have experienced if absent from work for a prolonged period.6

A study from the London School of Economics and Political Science (LSE) found that employees with depression are less likely to take time off work if their managers offer help or a flexible working pattern.6

Good mental resilience is vital to our wellbeing; it enables us to bounce back when bad things happen in our lives preventing anxiety, stress or depression from taking hold.

Unilever
Benefits to businesses

The company perspective

BT’s mental health framework has not only seen benefits to the individual in terms of their wellbeing, but a positive impact on the overall company has also been recorded, with sickness absence rates due to mental health reduced by 30%.

For employers, taking action to promote mental wellbeing amongst staff and support those experiencing an episode of depression, or at risk of one in the workplace, makes business sense. It will lessen the overall financial impact that a depressive episode will have through absenteeism and presenteeism. At any one time in Britain one worker in six will be experiencing depression, anxiety or problems relating to stress. Among people who describe their mental health as poor, 80% say this is at least in part a result of problems at work.

It has been calculated that employers could save at least 30% of what they lose financially through lost productivity and the need to replace staff because of mental health conditions by taking simple steps to prevent and improve early identification of mental health problems in the workplace; in the UK, that would equate to at least £8 billion a year.

A good psychological work environment is important. It results in satisfied and committed employees, few work-related injuries, minor work-related stress symptoms, low absence due to sickness and low staff turnover. A good psychological work environment not only influences the wellbeing of the employees but also Lundbeck’s efficiency and financial position.

Lundbeck
Approaches to the management of depression in the workplace

Mental health legislation

Some form of mental health legislation exists in numerous countries across Europe, either as a stand-alone law or else incorporated with their general health act. A comprehensive overview can be found at http://ec.europa.eu/health/mental_health/docs/europopp_full_en.pdf (table 5.2).

However, there is an increasing political call in Europe for the need to prioritise legislation that enables individuals with depression in the workplace to be identified sooner, and be encouraged to seek help. A number of members of European parliament recommend policies and legislation that support better working conditions, combined with provision of practical support for staff members who have depression or other mental illnesses. They specifically suggest that the imminent updates to the European Strategy on Health and Safety at Work (2013 - 20) should acknowledge the need to address shortfalls in policy on mental health and depression.17

WHO recognised the need for a comprehensive, coordinated response at the country level to the global burden of mental disorders. It called for a comprehensive Mental Health Action Plan (2013 - 20) to promote mental wellbeing, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders.

Depression, the leading cause of a disability worldwide, is one of the major challenges that occupational health and safety legislation will have to overcome in the future.

MEP Angelika Werthmann

The ILO is committed to maintaining a regular dialogue between enterprises and practitioners working on mental health, and health and safety. We have everything to gain from cooperation which will enable us to collectively react and respond to the pressing issues facing today’s workplaces.

Guy Ryder, Director-General, ILO
Depression is relatively common, but there is a striking lack of awareness of it in the workplace and many managers admit they do not know how to support employees with the condition or even what their workplace policies on mental health are. Perhaps not surprisingly, as a result most workers are reticent to inform their bosses when diagnosed with the condition.

The IDEA survey revealed the extent to which people with depression hide the condition. While one in five workers in Europe had been diagnosed with the condition at some stage, only half (54%) were aware of a colleague who had been. This is because only a third of workers with depression told anyone at work about it – and those that did were most likely to tell an immediate colleague. The predominant reasons employees gave for keeping silent is stigma and the fear of putting their job at risk.

Furthermore, one in 10 managers confronted with an employee with depression admitted that they did not know how to react, while nearly one-third said they have no formal support or resources to deal with employees who have depression.

In fact the majority of workplaces (78% in the UK), do not have a formal mental health policy in place and would most likely benefit from reviewing how they deal with depression.

WHO’s comprehensive mental health action plan seeks to address this issue. It encourages employers to place a greater emphasis on employee mental health wellbeing. Options for implementation include promoting work participation and return-to-work programmes for those affected by mental health and psychosocial disorders.

Ogilvy believes there are two challenges when it comes to addressing depression and mental health among employees. One is the absence in some companies of a detailed policy to manage mental health in the workplace. The other is a lack of training among managers in this area.

The predominant reasons employees gave for keeping silent is stigma and the fear of putting their job at risk.

Mental health and depression remain taboo subjects unfortunately. Although we are getting better as a nation and in the corporate world at recognising the severity of the issue and its effect on individuals and businesses, it frightens many managers who do not want to be seen to worsen a situation or react wrongly.

We need to design new intervention strategies and conduct a more robust evaluation of the interventions once they have been implemented.

Ogilvy

Dr. Dan Chisholm, Department of Mental Health and Substance Abuse, WHO
Conclusion

Depression is now the leading cause of disability worldwide, disproportionately and affecting people of working age. It causes considerable reduction in productivity due to the impairment from cognitive symptoms, which has significant cost implications from both an economic and individual business perspective. Companies such as BT, DPDHL, Lundbeck, Ogilvy and Unilever are leading the way in this area, with mental health policies that aim to address the challenges of depression in the workplace. Examples shared in this report demonstrate how employers can encourage early detection and management of depression, when equipped with the right policies and resources. Equally, Håkan and Geoff’s stories illustrate the personal burden of depression and how the right kind of support from an employer can enable a person with depression to continue working.

However, a third of managers in Europe say they lack the resources and support needed to tackle depression at work. The HR Leadership Forum to Target Depression in the Workplace is at the forefront of a global drive to address this issue and combat the devastating effects of depression. Their goal is to provide practical recommendations and equip human resources professionals across Europe with the tools and resources to help them deal with depression among their employees.

The advisory group has held two meetings to date: the first, hosted by Royal Mail in London, the second by the International Labour Organization in Geneva; and has embarked upon development of a ‘toolbox’ containing resources now available to employers to diagnose their own requirements and to act upon that information. In 2014, the group also plans to develop an HR charter, which will set out the ten principles of HR Leadership to Target Depression – an outline of the key actions that businesses should take to identify and support people with depression in the workplace.

This work is underway, and this report represents an important early step toward a framework of knowledge and comprehension of why employers must act, the challenges they face and the steps they can take to reduce the impact of depression in the workplace.

By taking action now, we will preserve the future wellbeing of individuals and their families, as well as deliver benefits to business in a time when the economy places ever more demands on business’ primary commodity – its people.

**Depression and mental health is an area that many, including those in HR, feel unqualified to deal with appropriately and effectively. A plan, training, policy and a general toolkit for those businesses which are smaller would be incredibly useful.**

Ogilvy

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