

***European Business Charter to Target
The Impact of Depression in the Workplace***
INTRODUCTION

Depression is a brain-based mental disorder with a significant incidence in the working populations of Europe. It is estimated that every year up to 10% of people in Europe experience a depressive episode, with an estimated 86–87% of cases occurring among men and women in their prime working years.¹

Depression can occur as a one-off illness or episodes can recur during adult life. Depression can also trigger suicide, which is now the leading cause of violent death in the world.² Depression can disable, take lives and is emerging as one of the two principal sources of work years lost through disability and premature death, the other being ischaemic heart disease.^{2,3}

In the digitised world economy, most new jobs will demand cerebral not manual skills. This is an economy that puts a premium on the cognitive health and mental performance of employees at every level of an organisation.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.²

Depression is one of the leading causes of workplace disability. Workers with depression are absent from work for health reasons more often than other workers, and when they have to take time off, they are off work for longer.^{4,5}

The European Depression Association (EDA) commissioned the Impact of Depression in Europe Audit (IDEA) Survey in 2012, which revealed that one in 10 employees takes time off work due to depression, with 36 working days lost per depressive episode, amounting to a total of 21,000 days in the population survey (7,065).⁶

This survey, which led to the formation of the Target the Impact of Depression in the Workplace initiative, has since revealed a similar burden across the world spanning Africa, Asia, Australia, North and South America.

Workers with depression experience cognitive dysfunction up to 94% of the time during an episode, meaning that for those who stay in work, their level of performance is reduced to below the standard expected.⁷ Nearly half of people with depression who return to work after their depression has improved, still suffer from temporary cognitive dysfunction.⁷⁻¹⁰

This demonstrates that ‘functional recovery’ – i.e. the ability to perform work-related tasks – lags behind medical clinical recovery, that is, resolution of clinical symptoms. This is all-important to designing depression-specific case management and return to work programmes.

A recent report by the London School of Economics has estimated that the annual cost of depression to European businesses directly is €92 billion.¹¹

In this light, it can be clearly said that the key elements of a successful economy – namely economic productivity and competitiveness – rely on positive mental health in the workplace. This in turn depends upon our ability to better support employees in dealing with the potentially disabling and deadly effects of depression.

If we defeat depression, we will increase innovation and productivity in the workplace, reduce the costs of doing business, and on top of that, we will save lives.

In this consuming context, we propose the following principles to guide the development of policies, programmes and practices to target depression in the workplace in the form of a 'Business Charter'.

THE BUSINESS CHARTER To Target the Impact of Depression in the Workplace

Each of these principles – as a practical guide – will require CEO leadership and top-down management commitment, support and a true vision of what the workplace of the 21st century must look like and feel like to succeed in a brain-based economy.

Principle one: A Healthy, Prevention-Focused Workplace

Encourage good management practices that facilitate healthy workplaces and protect the mental health of employees.

Principle two: An Informed and Understanding Workplace

Improve the awareness and understanding among executives, managers, supervisors and employees of the symptoms of depression, including cognitive symptoms, and the potential for disability and premature death.

Principle three: A Well-Trained, Responsive Workplace

Mandate training for executives, managers and employees to be informed and constructive in their response to employees in distress on-the-job and employees returning to work from sickness absence.

Principle four: An Open, Safe and Secure Workplace

Create and promote a work environment where employees are safe and feel comfortable talking about mental health concerns, including depression.

Principle five: An Adaptive, Supportive Workplace

Implement workplace health policies and programmes that support employees with depression as a fundamental principle of care and support and provide work adjustments during periods of illness and recovery.

Principle six: A Workplace with Ties to Community Care and Key Influencers

Work with communities and key influencers to ensure that employees have the information and support they need to access community-based services, including health care, to complete their recovery from depression.

Refer: Bill Wilkerson, Chair, European Business Leadership Forum to Target Depression in the Workplace and Executive Chairman, Mental Health International

(bill.wilkerson@mentalhealthinternational.ca)

References

1. Oortwijn W, *et al.* Social determinants state of the art reviews - Health of people of working age - Full Report. (2011) European Commission Directorate General for Health and Consumers. Luxembourg. ISBN 978-92-79-18526-7
2. Wilkerson B. BRAIN Health + BRAIN Skills = BRAIN Capital. Final Report of the Global Business and Economic Roundtable on Addiction and Mental Health. http://www.mentalhealthroundtable.ca/mar_13/Dubai-Speech-Bill-Wilkerson-Mar-14-2013.pdf
3. Depression Factsheet. WHO <http://www.who.int/mediacentre/factsheets/fs369/en/>. Last accessed September 2014
4. Sainsbury Centre for Mental Health (2007). Mental Health at work: developing the business case. SCMH
5. Sick on the job? Myths and Realities about Mental Health and Work. OECD, 2012
6. IDEA: Impact of Depression at Work in Europe Audit Final report. Ipsos Healthcare. October 2012
7. Conradi HJ, Ormel J, de Jonge P. *Psychol Med.* 2011; 41:1165-1174
8. McClintock SM *et al.* *J Clin Psychopharmacol* 2011; 31: 180-186.
9. Greer TL *et al.* *CNS Drugs* 2010; 24: 267-284.
10. Harvey PD. *Psychiatry* (Edgmont) 2009; 6: 23-25.
11. Evans-Lacko S, Knapp M. Importance of Social and Cultural Factors for Attitudes, Disclosure and Time off Work for Depression: Findings from a Seven Country European Study on Depression in the Workplace. *PLOS One.* 2014