

Approaches to Depression in the Workplace

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Abstract

Approaches to depression in the workplace can be roughly divided into 5 stages: early detection, introduction of treatment, during treatment, preparing for reinstatement, and after reinstatement. **Early detection:** Close observation and communication on a daily basis are crucial in identifying the signs of depression in colleagues. In some cases, a decline in work efficiency and/or an increase in errors and overtime can lead to early detection. **Introduction of treatment:** While confirming his/her own wishes, the person concerned should be promptly referred to occupational healthcare staff. If the person does not recognize his/her own depression, it is important that the family be made aware of his/her condition. **During treatment:** While the person is being treated, the responsibilities and the demands made of him/her should be reduced, and the workplace environment should provide adequate support. However, reassignment or transfer is not advised. **Preparing for reinstatement:** The workplace should coordinate with the attending physician so that they have a shared understanding on the expected duration of absence from work, the necessary considerations at work after reinstatement, and the improvements to be made in the workplace environment. It can also be effective to take advantage of reinstatement programs offered by healthcare institutions and NGOs, if available. **After reinstatement:** Since the person can become exhausted after returning to work, his/her strength should not be overly taxed. It is helpful to discuss the signs of a relapse or recurrence of depression with the attending physician.

Key words Depression, Workplace, Early detection, Reinstatement, Management

Introduction

The mental health of workers has been a serious issue in Japan. Since the collapse of the bubble economy, employment patterns have changed with large-scale restructuring and globalization among companies, the traditional seniority system and guaranteed lifetime employment have disintegrated, and irregular employment styles (i.e., temporary and daily employment) has become much more common. Working hours have also changed with the adoption of a flexible working-hours system. These changes and other various factors have raised the mental stress experienced by workers. Moreover, the global economic crisis triggered by the US subprime mortgage crisis in the fall of 2008 forced companies to continue restructuring with additional job cuts and other

measures. This puts even greater pressures on workers' mental health, and there are no signs of improvement.

According to the National Police Agency's statistics on suicide,¹ the number of people committing suicide in Japan has remained above 30,000 since 1998. The number reached 32,249 in 2008, of these 27.9% (8,997 people) were employed. Moreover, from January to August of 2009, 22,378 people already committed suicide, a speed that exceeds the previous record-high of 34,427 in 2003. The increase in suicide has been particularly pronounced among men. The common cause and motivation for suicides among men in their 30s to 50s are often related to the workplace, for example, unable to find a job, mistakes at work, job loss, relationships with colleagues in the workplace, and struggles to make a living.

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In addition, the employee health status survey conducted by the Ministry of Health, Labour and Welfare reported that the proportion of workers responding that they “experience strong anxiety, distress, and/or stress regarding work and the workplace” increased to 58.0% in the 2007 survey.² The main causes of stress in the workplace were “problems with interpersonal relationships with colleagues in the workplace,” “problems with the quality of work,” and “problems with the quantity of work.”

An increase in the number of workers struggling with poor mental health can lead to a vicious cycle, in which the workers taking leave from work due to mental health problems consequently lowers productivity and deteriorate the work environment, which in turn produce more employees suffering from mental health problems. Companies are also faced with a strong sense of urgency to take mental health measures seriously, given their responsibility to pay wages during the employee’s leave of absence and the risk of workmen’s compensation. When dealing with depression in the workplace, the specific efforts can be roughly divided into 5 stages: early detection, introduction of treatment, during treatment, preparing for reinstatement, and after reinstatement. This paper will discuss how to approach depression in the workplace at each stage.

Early Detection

The prevalence of depression in the general population is about 5%,³ indicating that this is not an unusual disorder. It is one of the most common mental disorders among worker, together with alcoholism and various anxiety disorders. Depression is a mood disorder in which the affected person experiences no change in mood for months at a time, during which he/she feels low or hopeless and cannot enjoy anything. However, this abnormal mood is often unexpectedly difficult to notice for the surrounding people. Close observation and communication on a daily basis are essential to identifying such abnormal mood, since the observer needs to be familiar with the affected person’s typical manner.

In general, the person suffering from depression appears to be sleep-deprived, shows little expression (or color) on the face, speaks in low-keyed voice, and seems irritable and unable to

relax. From the perspective of colleagues at work, these symptoms are often manifested as problems such as lateness to work, absence from work, being away from the desk frequently during working hours, an inability to concentrate on work, a decline in job efficiency, conspicuous errors, and an increase in overtime attributable to the above problems.

Depression becomes even more evident when clear signs start to show, such as lack of appetite during lunch, weight loss, unable to enjoy favorite hobbies, apparent lack of motivation to take on new project, a decline in problem-solving abilities, and lack of confidence in the work. The person may become overly concerned about inconveniencing other people, and may mention wanting to resign.

The personality type most susceptible to depression is often described as being punctilious, serious, and dedicated to work. When this type of person becomes depressed, it is not difficult for colleagues to notice the changes in his/her work style, namely in terms of decline in job performance and increase in mistakes. However, it is difficult to determine the cause of these changes because there are a many possible reasons, like anxiety over personal issues involving the family or friends or anxiety over problems at work.

In this situation, the way in which superiors and colleagues interact with the person concerned is very important. First, his/her superior should talk to the person in a place that will ensure privacy, and take time to speak with him/her. If the superior is able to determine the source of the problem, commonly the superior offers help to resolve the problem. However, depression should be suspected if the person claims not to be worried about anything in particular although his/her emotional slump clearly continues. In many cases, a person suffering from depression will not give a clear answer when asked if he/she is feeling down. In this case it would be effective to ask about the physical symptoms that tend to appear in depression, for example, if he/she has a good appetite, is sleeping well, has any pains or a sense of fatigue, or notices any other physical problems.

When the person has no appetite, is losing weight, and/or wakes up in the middle of the night or early in the morning, it is one basis for suspecting depression. In addition, noticing such

physical symptoms is important because it can often lead to an opportunity to consult an expert.

Introduction of Treatment

In the event that the person concerned recognizes his/her condition and wants to do something about suffering, he/she should be referred to occupational healthcare staff (corporate counselors, counselors at clinics, relevant psychiatrists or occupational physicians, etc.).

If the person has little recognition of the condition and is unable to grasp his/her own mental status, various approaches must be adopted. If the person wants treatment for the physical symptoms described in the previous section, referring to an internist or occupational physician for the time being is one option. In this case, it is important to ensure that the patient's family has a good understanding of his/her emotional breakdown, so that the person concerned will eventually see an expert such as a psychiatrist. Frequently, the family does not understand the problems at work. Thus it is recommended that the superiors and colleagues ask the family about his/her home life and then communicate his/her difficulties at work to the family, so that all parties have the same understanding of the situation. From the company's perspective, the main priority is to protect the worker's interests by providing support so that the worker and the family can make the right decisions.

In particular, if the person's condition is severe and there is a high risk of suicide or a dissociative fugue, his/her situations should be clearly explained so that the person and the family can make the appropriate decisions, and they should be strongly encouraged to consult with an expert. When the symptoms are severe, in many cases the family is confused and bewildered, so it is important that the superiors and colleagues support the family. In the event that the person concerned expresses suicidal thoughts, writes a suicide note, and/or starts to organize personal belongings, everyone must work together to ensure that he/she immediately sees relevant experts including psychiatrist.

During Treatment

Once treatment begins, the company will leave the situation in the hands of the attending physi-

cian and the patient's family. However, the company's efforts and responses to the person concerned during this period will considerably determine whether his/her life during the treatment becomes a stable one or not.

Case in which the person does not take a leave of absence

There is a wide range of methods available to evaluate work-related stress. Currently, the methods most commonly used are the combination of Demand-Control Model⁴ and a model that incorporates social support.⁵ The former model attempts to explain occupational stress according to the demands of the job (work obligations, quotas, and speed) and levels of the control (discretion and degree of freedom in performing one's job), and the latter evaluates support at work (support from superiors and colleagues). Research conducted thus far has demonstrated that highly demanding work, low levels of control, and minimal social support has a significant correlation to depression.⁶

As this finding shows, ideally during the treatment period, the patient's work responsibilities should be reduced and demands lowered, while the patient would receive solid support from the close people. But in reality, it is not always possible to sufficiently respond all the time. However, when the patient with depression feels incapable to complete the assigned tasks at work, his/her conditions are likely to deteriorate before long. At the very least, the patient must be allowed to have his/her own discretion to decide which tasks are within one's capacity, so that he/she can focus on the feasible tasks while putting other tasks on hold.

Interpersonal relationships in the workplace are probably the largest source of workplace stress. If there is any tension with colleagues, any person will feel severe stress no matter how motivated one is. That said, the superiors cannot defer solely to the patient's views and shift positions among workers. Instead, the superiors must consider, together with the patient, the most constructive way to alleviate interpersonal problems and encourage him/her to start with the feasible changes.

Work environments that are too noisy or warm can also be an issue for physiological adaptation of any persons. Of course, there are individual differences in a person's ability to adapt to

physical conditions, but stressful environments should be avoided as much as possible during the treatment.

During the treatment of depression, the patient should not be reassigned to a new position, transferred, or given a different role. Such change leads to a loss of familiar environment and could actually worsen depression.⁷ In addition, irregular work hours, including shift work, should be avoided. Findings indicate that working in shifts including night shifts are major risk factors for health.⁸ About 10% of workers on shifts, including night shifts, are diagnosed with sleep disorders related to shifts, and there have been reports that the prevalence of depression is significantly higher for those with sleep disorders.⁹

In the case of home care

In the event that the patient recuperates at home, the company generally checks in with the family regularly to ask about his/her condition and visits occasionally. The rest at home gives the patient some leeway, although he/she is always anxious about the work and workplace. This anxiety can lead to a sense of frustration and urges the patient to return to work quickly. But this can result in a negative cycle, in which the patient returns to work while not fully recovered and suffers another breakdown. Visits by the superiors or colleagues can alleviate the anxiety of the patient, and at the same time, the supervisor can see the situations of the patient and the family at home that will form the basis for subsequent decisions.

Hospitalization

In case of hospitalization, the company may ask the family about the attending physician's views. If visits are allowed, the company may visit the patient with the family's permission. Depending on the hospitalization status, only family members may be allowed to visit. In that case, the company may ask the family to have the patient visit the company once he/she is allowed to stay out overnight. It is also important for the patient to see the workplace when deciding to return to work.

When the patient is in remission and is positive about the future, all involved parties, including the patient, family, attending physician, superiors, and someone from the company's health manage-

ment division, should meet together to discuss the reinstatement and future plans. The patient may find having clear plans helpful. Currently, many companies in Japan support the reinstatement of workers with depression in accordance with "Reinstatement Support Guidelines for the Workers Who Were Absent Due to Mental Health Problems" issued by Ministry of Health, Labour and Welfare.¹⁰

Preparing for Reinstatement

There are many companies that hesitate to stay in touch with the worker while he/she is on leave of absence and do not know what have been decided between him/her and the attending physician. So, they rush to prepare for the reinstatement when the attending physician submits the order for reinstatement. The company would have enough time to prepare if the workplace maintains contact with the attending physician and requests to include in the medical certificate an estimated duration of the leave and the accommodations and adjustments to the work environment to be made.

Although the attending physician evaluates the symptoms, the physician does not have a concrete image of tasks and the work environment of the patient. So in many cases the physician decides that the patient can be reinstated without having evaluated his/her ability to perform and adapt in the workplace. It is important that the attending physician be informed of the worker's job description, work environment, and support from colleagues, while coordinating with the occupational physician as needed.

When evaluating the patient's work ability, at the very least the physician should confirm that the patient can commute to work safely on his/her own during rush hours and has regained the mental and physical strength to be at the company during the working hours stipulated by corporate regulations. Irregular work hours that are contrary to the regulations, such as working only in the morning, could actually hurt the patient's prognosis. In principle, ideally the patient would return to the same workplace and would not work overtime. He/she should be asked to start with familiar work that use about 60% of the previous energy level (burden reduction measures), while still ensuring that the work provides a sense of satisfaction to him/her. The

details of the work conditions, such as limits on work hours, working on weekends or holidays, irregular or flexible work hours, and the scope of business trips, should be considered in light of the work description and the extent of the patient recovery.

The most essential aspect when considering reinstatement is whether the regular sleep rhythm has been restored. The inability to sleep is one of the main symptoms of depression, and there is still a risk of relapse and recurrence if the patient is unable to control his/her insomnia. If the patient feels sleepy during working hours due to insomnia, even a light workload could be exhausting and can lead to accidents.

One good method to measure the patient's ability to perform everyday tasks before returning to work is to have him/her go to the library for several consecutive days to determine whether the patient is able to study on his/her own for a specific time period. Assigning the tasks essential to his/her work (reading, computer work, light labor, etc) and assessing his/her work ability through observations is also important. In these processes, the patient must subjectively perceive the extent of his/her recovery. It can also be effective to take advantage of reinstatement programs offered by medical institutions and NGOs, if available.

Since the patient and his family's impatience and anxiety over the reinstatement could affect the patient's desire to return to work, it is essential to ensure that the patient has clear intent toward reinstatement and is motivated to work.

After Reinstatement

One problem that may occur after reinstatement is exhaustion, which in itself may not qualify as relapse or recurrence of depression. When returning to work, the person concerned may become exhausted by trying too hard to make up for lost time. Three days, 3 weeks and 3 months after reinstatement are when the person may be susceptible to exhaustion. Although this in and of itself is not equivalent to relapse or recurrence of depression, regular visits to the attending physician at short intervals after reinstatement would help to address the exhaustion and thus prevent the relapse and recurrence. Exhaustion tends to improve in about 1 week, and conveying this information to the person

concerned at the time of reinstatement would prevent him/her, the family, and superiors from worrying unnecessarily.

During follow-ups, the attending physician must pay attention to medication compliance or any decline in adherence, both of which are major risk factors in relapse and recurrence of symptoms.

The superiors may feel that the person's efforts to make up for lost time have a positive significance, but they should be made aware that this is often the trigger for exhaustion. Regaining the lost ground may take years, not days or weeks, and knowing it is also helpful for both the person concerned and the superiors.

It is also essential to not only check for relapse or recurrence of symptoms with the person, but also to inquire in detail regarding the work assessment and the status of efforts to accommodate his/her needs at work. It is particularly important to closely monitor the recovery processes from fatigue and the sleeping habits. In case of a problem, it is important to create an opportunity in which those involved in the workplace can discuss possible approaches together as soon as possible.

The person concerned often takes his/her own experience of depression to rethink the significance of work and time spent with family. Compared to the previous way of life where value can only be found in a sense of achievement and accomplishments at work, the person may find value in working itself. I would like to clearly state that the person who had depression may be able to lead a fuller life after experiencing depression.

Conclusion

The economic recession brought mental, physical and economic crises to many workers, and the number of people with depression is not likely to decrease. However, it should be recognized that depression can have positive effects if one's depression causes the colleagues to take the right steps and his/her own behavior and thought can change. These positive changes are premised on the understanding of depression among the people in the workplace, namely the superiors who have the most influence. A superior should consider the subordinate's depression as a chance for his/her own growth. I strongly believe

that the interpersonal relationship to support and be supported by each other will be the very foundation of a mature society, which will

lead to individual growth and greater vitality in communities.

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