The brain is involved in everything we do. How we think, how we feel, how we act, how well we get along with other people, is all related to the moment-by-moment functioning of the brain. When the brain is healthy, people tend to work well. When the brain is troubled, people struggle being their best selves.

Depression is a closet disease. According to Michael Mazaar in his book Global Trends 2005, “Depression is now, in terms of victims and economic impact, the world’s second most insidious illness behind heart disease. It is estimated that 330 million people worldwide suffer from depression.”
Depression can strike anyone regardless of age, background, socioeconomic status, or gender. According to the World Health Organization (WHO), depression is the #1 cause of disability in the USA. One in five employees is either currently depressed, have been depressed in the past, or will be depressed during their lifetime.

The National Institute for Mental Health reports that in any given one year period, nearly twenty million Americans, or 10% of the population, experiences depression. Only one in ten will ever seek treatment, although the great majority, even those with the most severe cases, can be helped. Depression costs billions of dollars every year. The Rand Corporation found that patients with depressive symptoms spent more days in bed than those with diabetes, arthritis, back problems, lung problems, or gastrointestinal problems.

High profile individuals such as Mike Wallace, Tipper Gore, Art Buchwald, Joan Rivers, Ernest Hemmingway, Dick Clark, Ted Turner, Dick Cavett, Patty Duke, all publicly acknowledged having depression in their lives and have openly discussed the need for greater awareness and treatment.

Click here to listen to Jimmy Brown’s story.

Click here to listen to Paul Gottlieb’s story.

Click here to listen to Rene Ruballo’s story.

Visit the National Institute of Mental Health for additional information.
CAUSES OF DEPRESSION

- Biological – brain chemical imbalance
- Cognitive
- Genetic
- Situational
- Co-occurring with other diseases

Biological:
People with depression typically have too little or too much of certain brain chemical, called “neurotransmitters.” Such as serotonin, dopamine, norepinephrine. Changes in these chemicals may cause, or contribute to depression.

Cognitive:
People with negative thinking patterns – people who are pessimistic, have low self esteem, worry too much or feel that they have no control over life events are more likely to develop depression. (External locus of control)

Genetic:
A family history of depression increases the risk for depressive illness. Depression, however, can also occur in people who have no family members with the disorder.

Situational:
Difficult life events, including the death of loved one, financial problems, moving to a new place or starting a new job can contribute to depression.

Co-occurring:
Depression is more likely to occur along with certain illnesses, such as a stroke, heart disease, cancer, Parkinson’s disease, Alzheimer’s disease, diabetes, thyroid, anemia and hormonal disorders. This is called “co-occurring depression” and should be treated in addition to the primary illness.
A LOOK AT THE BRAIN

- SPECT Studies
  - Cerebral blood flow
  - Levels of brain activity
- Depression sufferers show decreased activity in some areas, over-activity in others.

What is SPECT?
It is an acronym for Single Photon Emission Computerized Tomography. This is a sophisticated nuclear medicine study that looks directly at cerebral blood flow and at brain activity (or metabolism). A special camera takes photos which detects the brain’s activity. A supercomputer then reconstructs a 3-D image of the brain’s activity level. (Amen Clinic, http://amenclinics.com/bp/atlas/ch1.php)

A COMPARISON

<table>
<thead>
<tr>
<th>Normal Brain</th>
<th>Depressed Brain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most activity in the rear (white areas)</td>
<td>Over-activity (white areas)</td>
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</table>
SYMPTOMS

- “Whole body” illness – mental and physical
- Physiological responses
  - Distorted sensory perceptions
  - General body malaise
  - Insomnia, hypersomnia
  - Flat or blunted affect
  - Significant change and weight loss or gain
  - Somatic Complaints: headache, digestive disorders, chronic pain

Depression can affect the whole body, including general aches and pains, headaches, inability to sleep or excessive sleep, sad or blank facial expression, and weight loss or gain due to change in appetite. People also describe feeling surreal, feeling in a fog, under a dark cloud, having “clouds behind my eyes” or “plaque on my brain.”

SYMPTOMS, Cont.

- Moods and Thoughts
  - Loss of pleasure
  - Difficulty concentrating
  - Uncontrolled tearfulness
  - Feeling worthless or inappropriate guilt
  - Suicidal ideation

Many people suffering from depression have difficulty concentrating at work, or at home. They may experience a loss of pleasure or interest in activities and hobbies. They may cry, feel worthless or have thoughts of suicide.
Problems in the workplace can include: decreased productivity, morale problems, lack of cooperation, safety risks, or accidents, absenteeism, alcohol and drug abuse, frequent statements of being tired all the time, complaints of aches and pains, high job turnover rates, problems with concentration, memory and decision-making.

Depression in the workplace should not be taken lightly. When this illness strikes any employee, it greatly affects their productivity, their effectiveness on the job, and relationship with other employees and customers. When it strikes an executive, a department head, a dean or faculty member, the results can be catastrophic to the University as profits plummet and staff morale declines.

According to the American Psychiatric Association in a 2002 survey, depression costs employers more than any other illness in terms of lost productivity. The cost has been estimated to be between $30 - $44 billion.

Twenty percent of the $44 billion cost of depression was accounted for by absenteeism, while 80 percent of the costs associated with depression, or $37.5 billion, was linked to “presenteeism” - that is, present on the job but has significantly reduced productivity. Employers don’t realize the “hidden costs” of lost productivity due to lack of energy, lack of insight, creativity or motivation—all items difficult to quantify.

Those interviewed for the DDS survey estimated that while depressed, they lost an average of 5.6 hours a week of productivity, versus 1.5 hours a week for persons without depression. These numbers do not include long-term disability along with other invisible costs.
LACK OF REPORTING

☐ Lack of awareness
☐ Stigma
☐ Shame
☐ Concern about job status

WORKPLACE IMPACT

☐ Decline of work relationships
☐ Increased complaints and grievances
☐ Increased turnover
☐ Anger at management

Industry pays dearly for millions of people who don't report their depression and don't seek treatment. Many individuals are afraid, ashamed, or unaware that their problems are caused by depression. They fear that their careers might be ruined.

When one person in a work group is depressed, and unable to keep up with their usual pace, the group suffers and morale is negatively affected.
SUPERVISOR’S RESPONSE

☐ Your Goals
  - To promote early detection and referral.
  - To return employee to satisfactory job performance

☐ How?
  - Respectful communication, focused on OBJECTIVE job performance/behavior.
  - EAP, HR and WorkLife consultations.

As a supervisor your goal is to observe changes in employee behavior. You may consult with EAP personnel (49-47707) for assistance.

BEFORE TROUBLE HITS...

☐ Written job description for each employee
☐ Regular annual performance reviews
☐ Address problems as they arise. Don’t let them fester!

Job descriptions provide an objective means to evaluate an employee’s job behavior and performance. It is important to do these annually. Changes in performance should be addressed in an objective manner, as they develop.
IF TROUBLE HITS...

☐ Respectful communication and referral.
  - I’m concerned that you aren’t meeting your performance objectives.
  - EAP counselors are available to help with personal issues. It’s a confidential service.
  - You will be expected to meet your performance goals.

Recognize the need for flexible work schedules while the employee is getting help. With some flexibility, continue to expect the employee to meet performance goals. Remember that severe depression may be life-threatening to the employee, but rarely to others. If an employee makes comments like, “life is not worth living” or, “people would be better off without me”, take the statements seriously. Immediately call an EAP counselor at 49-47707 or other specialist and seek advice on how to handle the situation.
TREATMENT OPTIONS

- Physical examination
- EAP evaluation and referral
- Therapy
- Medication

There are numerous options available to an employee who is suffering from depression. Many physical disorders can be the cause of depression. An employee has choices among treatment providers, medication and therapies. An EAP counselor can assist an employee to make decisions as to a plan of action.

HR Issues

- Insurance options
- FMLA/Short term disability
- Americans with Disabilities Act (ADA)

Contact EAP (49-47707) or Employee Relations (49-41679) for consultation.

Purdue insurance covers medical care for depression. Employees may also be eligible to use the FMLA program or to go on short term disability. The ADA assists employees to return to work by recommending work accommodations as necessary.
In the global, technology-driven corporate world, companies must depend evermore on the MENTAL CAPABILITIES of their employees to successfully execute their best-laid strategic plans. It is the minds of our employees that must be healthy to carry out the business plans of the universities and corporations in America. Maintaining employees’ mental well-being results in a happier, healthier, and more productive workforce.