



## FAST FACTS

### Connections of Depression to Work and Family Relationships

Shane Kim  
May 2021

#### What is depression?

- **Fact 1:** “According to the World Health Organization (WHO), Depression will be the leading contributor to global disease burden by 2020.” (McTernan et al., 2013:321)
- **Fact 2:** “Depression has been typically viewed as either endogenic, when caused by internal biological influences, or exogenic, when caused by external environmental sources” (McTernan et al., 2013:323)
- **Fact 3:** According to the World Health Organization (WHO) estimates, depression is the leading cause of disability world-wide (WHO, 2001)
- **Fact 4:** “Depression is often used as a common descriptor for feeling emotionally low, but it may manifest as a severe chronic clinical condition.” (McTernan et al., 2013:322)
- **Fact 5:** “Depression is additionally a risk factor for suicide, a top ten cause of death globally.” (McTernan et al., 2013:321)

#### How prevalent is depression?

- **Fact 1:** “Major depressive disorder (MDD) was estimated to affect 18.1 million people living in the USA in 2000 and to have a lifetime prevalence of 16.2% and an annual prevalence of 6.6%.” (Adachi, 2012:1)
- **Fact 2:** “Twelve-month prevalence rates for major depressive episodes were 8.3% in the United States, 2.2% in Japan, 4.9% in the Netherlands and 3.0% in Germany (McTernan et al., 2013:322)

- **Fact 3:** “These conditions (depression and anxiety) are widely reported to be increasing in prevalence, and they have the greatest lifetime risk estimates, ranging from 20% to 55% depending on the source of the estimate (Martin et al., 2009:7)

### Who is most likely to experience depression?

- **Fact 1:** “Moreover, the prevalence of depression is highest in the age group of 15-64, which corresponds to the typical working age.” (Adachi et al., 2012:2)
- **Fact 2:** “Although depression can be caused by traumatic life events such as the loss of a loved one or a debilitating injury, it can also result from chronic exposure to stressors.” (McTernan et al., 2013:321)

### What attitudes do people hold toward depression?

- **Fact 1:** “Despite the high prevalence of depression, employees are reluctant to seek help. One possible reason for this is that employees view seeking help as a sign of weakness rather than a medical condition that can be treated.” (Wan et al., 2018:2)
- **Fact 2:** “The general public often conceptualizes depressive symptoms of *living* rather than symptoms of mental illness.” (Wan et al., 2018:2)
- **Fact 3:** “People diagnosed with a mental illness face unnumberable challenges in their daily lives. These difficulties include stigma, which can be defined as the ‘negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency.’ (Selezneva and Batho, 2019:4)

### How might depression affect the workplace?

- **Fact 1:** “By far the greatest contributor to the overall economic impact of depression is loss in productivity and this represents a substantial cost to employers” (Evans-Lacko et al., 2016:1005)
- **Fact 2:** “In high-income countries, trends suggest that sick days lost to mental health problems such as depression have increased in recent years.” (Evans-Lacko et al., 2016:1005)
- **Fact 3:** In the US, estimates for the cost of depression, primarily attribute to worker productivity loss whilst at work, vary widely from \$US36 billion (Kessler et al., 2009) to \$US53 billion per year.” (McTernan et al., 2013:323)
- **Fact 4:** “In fact, the impact of depression on job performance has been estimated to be greater than that of other chronic conditions, such as arthritis, hypertension, back problems, and diabetes.” (McTernan et al., 2013:1)

## How might a workplace help someone with depression?

- **Fact 1:** “It has been suggested that the workplace is an ideal setting to provide information about depression to employees.” (Wan et al., 2018:2)
- **Fact 2:** “Effective care for depression can be transferred into the workplace using occupational health case managers who liaise with general practitioners and mental health specialists where necessary.” (Gilbody, 2012:443)
- **Fact 3:** “Collaborative care is an intervention that can be delivered by a range of healthcare professionals, and occupational case managers may be ideally suited to this role.” (Gilbody, 2012:443)
- **Fact 4:** “A recent meta-analysis by Joyce et al reported that cognitive behavioral therapy (CBT)-based stress management interventions substantially reduced mental health symptoms in the workplace” (Wan et al., 2018:66)
- **Fact 5:** “Prevention programs can be directed at an entire population (universal prevention), only those at high risk (selective prevention), or only those with emerging symptoms (indicated prevention).” (Tan et al., 2014:2)

### **References:**

- Adachi, Y., Aleksic, B., Nobata, R., Suzuki, T., Yoshida, K., Ono, Y., & Ozaki, N. (2012). Combination use of Beck Depression Inventory and two-question case-finding instrument as a screening tool for depression in the workplace. *BMJ Open*, 2(3) <http://dx.doi.org.ezproxy.ithaca.edu:2048/10.1136/bmjopen-2011-000596>
- Martin, A., Sanderson, K., Cocker, F. & Hons, B. A. (2009). Meta-analysis of the effects of health promotion intervention in the workplace on depression and anxiety symptoms. *Scandinavian Journal of Work, Environment & Health*, 35(1), 7-18. <https://doi.org/10.5271/sjweh.1295>
- Evans-Lacko, S., Koeser, L., Knapp, M., Longhitano, C., Zohar, J., & Kuhn, K. (2016). *European Neuropsychopharmacology*, 26(6), 1004-1013. <https://doi.org/10.1016/j.euroneuro.2016.03.005>
- Lau, R., & Mak, W. (2017). Effectiveness of Workplace Interventions for Depression in Asia: A Meta-Analysis. *SAGE Open*, 7(2), <https://doi.org/10.1177/2158244017710293>
- McTernan, W., Dollard, M., & LaMontagne, A. (2013). Depression in the workplace: An economic cost analysis of depression-related productivity loss attributable to job strain and bullying. *Work and Stress*, 27(4), 321-338. <https://doi.org/10.1080/02678373.2013.846948>
- Selezneva, E., & Batho, D. (2020). Stigma towards depression in the workplace. *Psychology in Russia: State of the Art*, 12(3), 3-12. <https://doi.org/10.11621/pir.2019.0301>

Simon, G., Bower, P., & Jo, R. (2012). Better care for depression in the workplace: Integrating occupational and mental health services. *The British Journal of Psychiatry*, *200*(6), 442-443.  
<http://dx.doi.org.ezproxy.ithaca.edu:2048/10.1192/bjp.bp.111.103598>

Tan, L., Wang, M., Modini, M., Joyce, S., Mykletun, A., Christensen, H., & Harvey, S. (2014). Preventing the development of depression at work: A systematic review and meta-analysis of universal interventions in the workplace. *BMC Medicine*, *12*(1), 74-74. <https://doi.org/10.1186/1741-7015-12-74>

Wan Mohd Azam Wan, Mohd Yunus, Musiat, P., & Brown, J. S. L. (2018). Systematic review of universal and targeted workplace interventions for depression. *Occupational and Environmental Medicine*, *75*(1), 66.  
<http://dx.doi.org.ezproxy.ithaca.edu:2048/10.1136/oemed-2017-104532>

Wan Mohd Yunus, W., Musiat, P., & Brown, J. (2019). Evaluating the feasibility of an innovative self-confidence webinar intervention for depression in the workplace: A proof-of-concept study. *JMIR Mental Health*, *6*(4).  
<https://doi.org/10.2196/11401>

#### **About the Author**

Shane Kim is a junior year psychology major with a sociology minor at Ithaca College. He plans to pursue psychology as a professional career after his graduation in May 2022 (Last updated May 2021).