

Antidepressant Skills @ Work

...Dealing with Mood Problems in the Workplace

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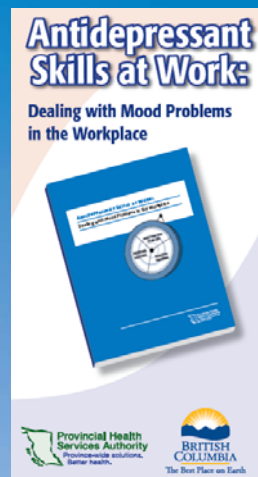
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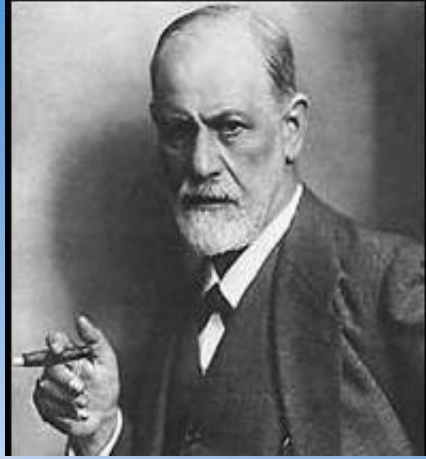
AS@W Antidepressant Skills at Work Dealing with Mood Problems in the Workplace

AS@W... A Self-Care Guide for Workplace Depression

- ✓ CBT- based
- ✓ User-friendly
- ✓ Accessible (free download)
- ✓ Workplace-focused
- ✓ Brief



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**Love and work
are the
cornerstones
of our
Humanness.**

~ Sigmund Freud ~



On the other hand...



Why Be Concerned About Workplace Depression?

DEPRESSION...

- Prevalent mental health condition
- Impacts individuals during their **prime working years**
- Raises risk for **illness, accident and injury**
- Fastest rising cause of LTD
 - *estimated to cost the Canadian economy \$25 billion per annum*
- Impacts **cognitive, interpersonal, and motivational skills** that are necessary for productive and meaningful employment



Dealing with depression in the workplace can reduce the burden of disease to the individual, the organization & society.

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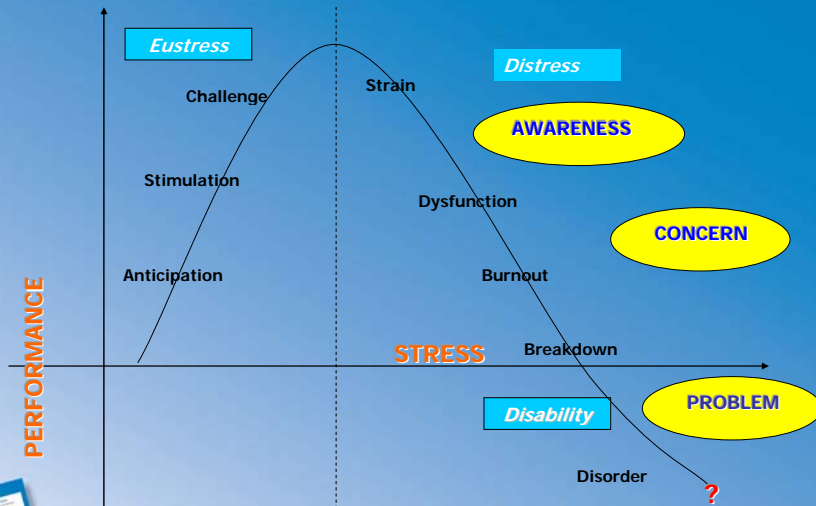
Comorbidity

- Significant clinical issue
 - 40 to 55%, with rates higher among particular populations (i.e., cocaine/opioid dependence)
- Symptoms of one disorder may **mask symptoms** of another (leading to incorrect diagnosis)
- Greater **impact upon functioning & performance** in the workplace
- Higher **rates of relapse**
- Important to recognize that comorbidity refers to a **range of iterative combinations** of mental health and substance use/misuse disorders



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A Continuum of Stress



What is Cognitive Behaviour Therapy (CBT)?

- Type of **psychotherapy** that is effective in the treatment of depression (& substance use/abuse)
- Focus is on **current patterns of behaving, thinking, feeling and interacting**
- Emphasis on learning and applying **new coping skills**
 - Goal Setting Structured Problem-Solving*
 - Realistic Thinking Social Skills*
- Strong evidence-base



Why is CBT relevant to the workplace?

- CBT is an **effective** treatment
- CBT has **specific benefit** for recovery of **work function**
- Fosters the worker's **active coping** with workplace issues

"[CBT] has a direct effect on psychosocial functioning through therapeutic work on issues that have relevance to psychosocial functioning, such as the building of social skills." Hirschfeld RM et al (2002), Biol. Psychiatry 51.

...however, CBT is minimally available in the public health system, so workers rarely can access this form of non-drug treatment.



What is Self-Care?

- An approach to management of a disorder that is **guided by the individual** and **complementary** to existing care and rehabilitation
- Increasingly being incorporated within **chronic disease management (CDM)** best practice guidelines for a number of disorders
 - *e.g. arthritis, chronic pain and...depression*
- **Cost effective and efficient:** can be made available to individuals exhibiting early symptoms or functional signs of a disorder or recurrence of an episode



Supported Self Management

Mild

Moderate

Severe

level of depression

(Supported) Self-Management

Medication and/or CBT



What is the purpose of AS@W?

To help employees with low mood or depression...

- Manage signs and symptoms & maintain/regain work functioning
- Actively participate in treatment (*if provided*)
- Engage in successful and sustained work return (*if absent*)

To help employers...

- Support employees with low mood or depression
- Collaborate with treatment and rehabilitation providers
- Reduce direct and indirect costs of workplace depression



Development Process

- Informed by Depression & Work Function (2005) report
 - Great-West Life Assurance Company
 - Healthcare Benefit Trust
- Extensive consultation
 - Medical Coordinators | Disability Insurers |
 - Rehabilitation Managers | Self-Insured Union | Family Physicians |
 - Occupational health physicians | Psychiatrists | Employees | Union representatives |
 - Human resources managers | Occupational health nurses |
 - Employees with history of depression | Mental health consumer group |
 - Regional Occupational Health & Safety Directors | BC Partners for Mental Health and
 - Addiction | Canadian Mental Health Association-BC Division
- DRAFT manual created & pilot evaluation with EFAPs



AS@W is intended for...

- **Working people** with low mood, who may be at risk for developing depression
- **Working people** who have developed a mild or major depression
- **Individuals who have been off work** for a period of time, and are re-entering the workplace
- **Partners, family members, friends** or workplace colleagues who want to help an individual suffering from low mood or depression
- **Employers, supervisors or managers** concerned about the well-being of their staff
- **Treatment providers** who would like a tool to use as an adjunct to their clinical treatment

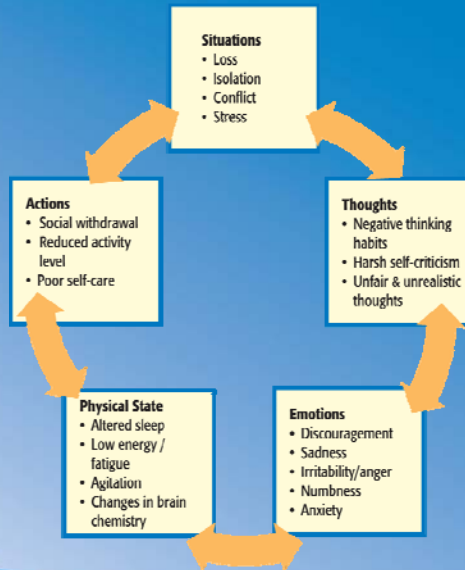


What is in the Manual?

- Why focus on depression at work?
- What is depression?
- What are the effects of depression on work life?
- What causes depression?
- What can I do about depression?
- What should I know about medication?



Causes of Low Mood & Depression



Antidepressant Skills

- I. **Solving Problems Effectively**
Identifying useful actions
Evaluating (pros & cons)
Planning, implementing
- II. **Realistic Thinking**
Identifying distorted thinking
Challenging, replacing, practicing
- III. **Reactivating your Life**
Social, self-care, interests
Goal-setting



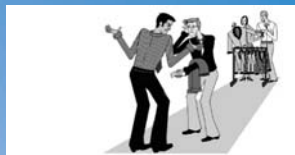
Other Topics

- Preventing Relapse
 - Planning ahead for stress
 - Mood emergency plan

- Making Decisions about Depression
 - Should I tell people at work about my depression?
 - Should I take time off work?
 - How can I return to work successfully?
 - What lifestyle changes might be helpful (sleep, diet, use of alcohol & drugs, physical activity)?



Stories



PUTTING ANTIDEPRESSANT SKILLS TO WORK: AN EXAMPLE
 Stanley becomes angry over small problems.

Stanley had a high level of energy in his previous job. He was engaged in his work and maintained good relationships with his colleagues. However, in his new job, he found himself feeling less motivated and more stressed. He began to experience mood swings and anger over small problems. He started to miss work and his performance suffered. He began to drink more and his relationships with his family and friends became strained. He felt overwhelmed and lost control of his life. He started to experience symptoms of depression and anxiety. He began to feel hopeless and lost. He started to experience mood swings and anger over small problems. He started to miss work and his performance suffered. He began to drink more and his relationships with his family and friends became strained. He felt overwhelmed and lost control of his life. He started to experience symptoms of depression and anxiety. He began to feel hopeless and lost.

Used to illustrate:

- Contribution of conflicts or coping difficulties to depression onset
- Impact of depression on function
- Use of support systems
- Use of the self-care manual & antidepressant skills
- Realistic outcomes



AS@W: Resources

<http://www.carmha.ca/antidepressant-skills/work/>

- **AS@W Manual** (PDF, HTML, Audio CD – in progress)
Web downloads: free | Print Copies: @ cost
- **Support Materials** (brochures, handouts, business cards)
- **AS@W Frequently Asked Questions** (employers, employees, HR professionals, occupational health providers, physicians, mental health providers, managers)
- **Support Materials** (*Workplace Mental Health & Occupational Disability: Guidelines for Physicians*)
- **Other Self-Care Guides** (adult depression, teen depression, suicide)
- **Useful Links** (e.g., CMHA, BC Business & Economic Roundtable, Partnership for Workplace Mental Health)



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How can AS@W be used?

Primary Prevention (individuals who may be at risk but do not have current signs or symptoms)

Provision of AS@W materials at employee orientation; posting materials on bulletin boards, publications or company intranet; staff meeting or 'lunch and learn' events.

Secondary Prevention (early stage to facilitate recovery and reduce impact)

Inclusion of AS@W in mental health awareness training for managers; orientation to guide for key personnel (e.g. HR professionals, OH&S committees, union officers); EFAP training; provision of guide to employees exhibiting mood problems.

Tertiary Prevention (enhancing recovery and preventing reoccurrence)

- *Provide AS@W as an adjunct to other interventions (psychological or pharmacological); incorporate AS@W in disability / rehabilitation management; support employees returning to work to use AS@W for sustained return to work and relapse prevention/management.*



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AS@W: Target Audiences

- **AS@W...for EFAP**
- **AS@W...for Human Resources**
- **AS@W...for Managers/Supervisors**
- **AS@W...for Occupational Health**
- **AS@W...Employees**



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Contact Info

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Employers or organizations wishing to do a print run or inquire about consultation on using AS@W are requested to contact 778.782.7671 or publications@carmha.ca.



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