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Studies Show Workplace Depression Is Significantly Under-Treated

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The *Journal of Environmental and Occupational Medicine (JOEM)* has published a series of new studies that suggest depression in the workplace may be a much bigger problem - with more serious social and economic impacts - than employers realize.

The peer-reviewed journal has devoted an entire special-edition, titled "Depression in the Workplace," to the topic, with 15 papers prepared by experts on depression and workplace health. The special issue presents a comprehensive update on workplace depression and calls for a new approach to managing the disorder.

Among the findings highlighted in the special issue:

- **Workplace depression closely tracks depression in the general population.**

More than six percent of the employed population meets criteria for major depressive disorder. When people with bipolar disorder and other forms of depression are added, the true rate is even higher.

- **Only about half of depressed workers receive any treatment**, and less than half of these receive care that is consistent with current treatment guidelines for organizations such as the American Psychiatric Association.

- **Because so few workers are treated for depression, workplace productivity is impacted significantly.** Studies show increases in absenteeism and unemployment, as well as disruptive effects on work organization and increased health and disability costs.

- **Depression tends to strike workers earlier than other chronic diseases and may affect productivity for a much longer period.** Unlike conditions such as cardiovascular disease or hypertension, depression often strikes very early in a worker's career, creating a disease burden that may last for decades in the workplace.

The latest *JOEM* findings follow a major *JOEM* study released last summer indicating that the costs of health conditions such as depression, sleep disorders and fatigue have not been fully measured by employers. Using new measurement tools, including employee self-assessment, the study showed that conditions such as depression can be more costly than health conditions that have traditionally been

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assumed to be an organization's key cost-drivers - such as cardiovascular disease and hypertension.

The *JOEM* study suggested that when measurements of health costs take into account factors such as absenteeism and presenteeism, conditions such as depression may be costing employers up to four times more than they realize in lost productivity.

The American College of Occupational and Environmental Medicine, which publishes *JOEM*, presented the special issue as the latest offering in its Depression in the Workplace Project, which is striving to raise awareness of the problem. Project co-directors are Garson M. Caruso, MD; and T. Larry Myette, MD.

"We are now beginning to fully realize how great an impact depression has on workplace productivity," said Dr. Myette. "Unlike other chronic conditions such as cardiovascular disease, depression may strike at a much earlier age - often in one's twenties - so workers may experience disability throughout their working careers."

The result, he said, is an ongoing drain on productivity as those dealing with depression experience recurring episodes of the disease. "The average person has depression ten years before it is diagnosed," Dr. Myette said. "Sometimes it is not until the third or fourth depressive episode that depression is finally recognized."

The result is that over time, depression may cost employers thousands of dollars in productivity losses per affected employee - losses that can be lowered or prevented through effective treatment strategies.

"What we are trying to establish through research, and one of the major points of the entire Depression in the Workplace project, is that businesses can achieve a positive return on investment when they create programs to intervene and treat depression at its early stages," Dr. Caruso said. "More and more studies are now making this connection."

Conditions such as depression are more responsive, more quickly, in the workplace than others (diabetes, heart disease, etc.); offering employers an opportunity for greater return on dollars invested in treatment than may be recognized.

Having defined the scope of the problem, the *JOEM* issue examines promising approaches to improving the management of workplace depression, including programs to improve coping skills, screening programs and the promotion of early treatment. The *JOEM* studies also suggest that while antidepressant medications are effective for some depressed workers, specific types of psychotherapy may be underused.

The *JOEM* issue also calls for a new, collaborative approach to depression that integrates the best features of clinical, community and workplace programs.

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