

FACT SHEET



DEPRESSION IN THE WORKPLACE

INTRODUCTION - DEPRESSION IN THE WORKPLACE

Research conducted on behalf of the South African Depression and Anxiety Group (SADAG) recently unearthed some startling statistics on the incidence of people suffering from depression, the number of days they took off work on average and the difficulty in managing such absenteeism, as the infographic presented in this Fact Sheet shows.

South African organisations are, appropriately, working to improve the levels of employee engagement. With the incidence of depression revealed by the research, HR practitioners need to reflect on the impact that high levels of depression can have on employee engagement. It is quite unlikely, for example, that an employee with untreated depression will have high levels of engagement with their work, their team or their organisation.

HR practitioners need to be skilled in understanding the impact that mental illness can have on employees and managers in the workplace, and be able to draw up and implement appropriate policies for the organisation.

This Fact Sheet draws almost exclusively from the research material of the South African Depression and Anxiety Group (SADAG) with whom the SABPP is proud to be associated.

1. INTERNATIONAL TRENDS

Depression was predicted in 2004 to become the greatest cause of disability worldwide by 2030¹ and researchers in 2012 found that 11% of the population had one or more episodes of depression over a lifetime². US researchers found that prevalence rates for depression seemed to be unrelated to race, religion, education, income or civil status³.

2. IMPACT OF DEPRESSION IN THE WORKPLACE AUDIT

In 2014, health and economic research company Hexor recruited over 1 000 participants in South Africa for the Impact of Depression in the Workplace Audit, using a validated survey instrument, developed in Europe and localized for South Africa. The results of this study showed that the presence of depression was not related to level of education or income, but there was a difference in prevalence between genders, age groups, marital status and working status.

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- 1** Global Burden of Disease, WHO, 2004
 - 2** World Health Organisation, Disorders Management – Mental Health
 - 3** US Agency for Health Care Policy and Research. Depression in Primary Care: Vol. 1 1993

The infographic below shows the highlights of the research findings:

SADAG PRESENTS

The Impact of Depression at Work

A South African IDeA Report 2015

Fact Sheet

- 74%** of people experienced one or more of these cognitive symptoms the last time they had depression: trouble concentrating, indecisiveness, forgetfulness
- 54%** of people who experienced depression said they took more time to complete simple jobs while 50% made more mistakes than usual at work.
- 50%** Overall, half of those who have been diagnosed with depression have taken time off work at some point because of their depression
- 1 in 10** More than one in 10 didn't know how to react or what to say to someone with depression
- 18 DAYS** On average, people with depression took 18 days off work due to their depression in South Africa
- 80%** Of those who have taken time off work because of depression, 32% did not tell their employer the reason
- 25%** Only a quarter of managers felt they had very good support in dealing with an employee with depression.
- 50%** Half of managers don't know how many sick days are due to employees having depression
- 1 in 4** Over 25% of respondents have been diagnosed with depression by a health-care professional
- 85%** Adults who gave themselves a top rating (8-10) without depression, then gave a performance score <8 with depression

80% More than 80% of those diagnosed with depression continued to work during their last episode of depression

Research of 1061 Participants done by Hexor

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3. DEPRESSION IMPAIRS EMPLOYEES' INTELLECTUAL FUNCTIONING

Classified as a mood disorder, people mostly associate depression with sadness, loss of pleasure in daily activities, social isolation and feelings of worthlessness. Yet, aside from affecting how a person feels and behaves, depression also influences thinking.

The Hexor research now proves depression is not just a bad mood. Although respondents showed a poor awareness of cognitive symptoms, 74% of them reported experiencing one or more of the following the last time they were depressed: trouble concentrating, forgetfulness, indecisiveness. According to nearly half of the participants with depression, the cognitive symptom that most affected their ability to perform work tasks as they normally would was difficulty concentrating.

4. COMMON COGNITIVE SYMPTOMS OF DEPRESSION

- Poor concentration
- Easily distracted
- Poor memory/forgetfulness
- Indecisiveness
- Slower thinking speed
- Problem solving difficulties
- Struggling to find the right words to express your thoughts
- Negative or distorted thinking patterns

“Depression affects cognitive functioning such as decision making, concentration, memory and problem solving abilities. Depression negatively impacts productivity. If an employee has depression but is at work, they are 5 times less productive than an employee who was absent due to depression,” says Psychiatrist and Clinical Psychologist, Dr Frans Korb.

Less than 20% of the employees taking part in the 2014 study associated forgetfulness and indecisiveness with depression, in contrast to sadness/low mood, which the majority identified as a symptom of depression. When it comes to recognising depression in the workplace, it seems SA workers would mostly look for withdrawal from colleagues, crying and extended sick leave as signs of its presence.

Despite rarely being a topic of discussion, the cognitive symptoms of depression tend to be quite debilitating and can affect all domains of a person's life.

Diagnosed with depression, Greg (not his real name) had this to say about his experience: “Trying to handle all my work responsibilities is very challenging for me, and it takes me a lot longer to get things done.

It’s like you can’t see the small steps, and you don’t have the energy to take big steps, so you feel stuck... trapped. At the end of the day, very little gets done. This kind of thinking makes it difficult to do any normal daily tasks, not just those related to work.”

Employees who experienced cognitive symptoms rated their work performance with depression as worse off than those with depression who did not experience cognitive symptoms. This suggests that people who find their thinking more affected by the condition feel more incompetent at work than those who struggle more with a low mood or feelings of helplessness. Workers with cognitive symptoms were also more likely to have taken time off for their depression.



5. ABSENTEEISM AND PRESENTEEISM

These findings highlight the issues of absenteeism in the workplace while ill, as well as continuing to work whilst ill, which then impacts severely on productivity.

During their last depressive episode, SA employees took an average of 18 days off work due to the condition. However, the recent study also showed that only half of those diagnosed with depression

have taken time off work because of it. What could this say about the level of performance achieved by the other half who continued working, especially when considering the commonly experienced cognitive symptoms of poor concentration, forgetfulness and indecisiveness?

Operations Director of the South African Depression and Anxiety Group (SADAG), Cassey Chambers, says: "This is one of the reasons why it's vital to examine how depression is managed in the workplace and what procedures are in place to ensure that affected employees are encouraged to and supported in seeking treatment." With the help of Lundbeck SA, SADAG conducted the new research to gain a better understanding of how many South Africans making up the country's workforce experience depression, how much awareness exists in the working world about the condition, and how the illness is managed in the workplace.

6. THE ROLE OF HR PRACTITIONERS IN ASSISTING EMPLOYEES SUFFERING WITH DEPRESSION

1. Educate employees on depression and especially how cognitive symptoms can affect work performance.
2. Raise awareness of any existing employee assistance programmes AND emphasise that they can help with mental health problems, like depression, too.
3. Promote a culture of acceptance around depression and other psychiatric disorders – they are no different to diabetes or asthma.
4. If an employee shares their struggle with depression, refer them to a mental healthcare professional and reassure them the illness can be treated.
5. Explore creative ways to support an employee's recovery, like flexible/adjusted working hours or working from home for a while.

7. GETTING SUPPORT FROM SADAG

SADAG is an NGO funded entirely through their own fund-raising efforts and provision of services such as help-lines for employers.

Recently, SADAG, through a grant from Adcock Ingram Pharmaceuticals, launched a dedicated Depression and Anxiety Helpline (0800 70 80 90) which will offer free telephonic counselling and referrals for callers to resources such as psychologists, psychiatrists, GPs, hospitals, clinics, support groups, counselling centers and other NGOs nationwide. By having a dedicated helpline for people with Depression or Anxiety, as well as their family members and loved ones, to call for help – more people will have access to treatment, care and support.

“Stigma is still a major problem in South African society. Many people don’t know where to go or who to speak to for help - people fear that they will be judged or discriminated against, or that others will think that they are weak. By educating the population about mental illness, we can create more awareness and encourage more people to seek treatment,” says SADAG’s Cassey Chambers.

SADAG also provides:

- The **“I AM” campaign** which has real people sharing real stories of their mental illness. The campaign seeks to **#BreaktheStigma** about people living with mental illness and encouraging people to talk about their experience and remind them that they are people, not their illness.
- Online **Facebook Friday chats** with experts answering all questions related to challenging mental health issues
- **250+ Support Groups** throughout the country who provide safe, caring environment for people living with a mental illness, as well as family members, an opportunity to share experiences and gain support
- Sharing helpful articles, information and videos via online platforms such as website www.sadag.org, facebook (“The South African Depression and Anxiety Group”) and twitter @TheSADAG

8. THE ROLE OF HR PRACTITIONERS IN MANAGING THE EFFECTS OF DEPRESSION IN THE WORKPLACE

1. Ensure that the absenteeism management process is working so that patterns of repeated absence can be identified and possible causes investigated. (See also the SABPP Professional Practice Standard on Absenteeism Management.)
2. Educate managers in the symptoms of depression and make sure managers know where and how to refer employees they think might be suffering from depression.
3. Ensure that the management of poor performance is corrective in nature and can therefore identify possible causes such as depression.
4. Stay in touch with employees in the workplace and be alert for signs of depression.

CONCLUSION

“With the World Health Organisation (WHO) predicting that depression will be the second highest cause of morbidity in the world by 2020, employers cannot afford to bury their heads in the sand and hope for the best.

A proactive approach for managing mental illness in the workplace is essential and it is heartening to see the increasing focus on proactively addressing the mental and emotional health of employees evident across both medical schemes and employers.

Like any chronic condition, mental illness can be managed successfully through disease management. Many companies have established specific programmes to manage depression, bipolar disorders, post-traumatic stress disorder and substance abuse amongst employees and medical scheme beneficiaries.

Some companies have also established Employee Assistance Programmes (EAPs) to support employees dealing with issues that impact on mental health. To improve the efficacy of these programmes, appropriate linkages between EAPs and other interventions, such as scheme-level disease management, are important.” Dr Ali Hamdulay, General Manager: Health Provider and Policy Unit at Metropolitan Health.



FACT SHEET

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March	2	ETHICS, FRAUD AND CORRUPTION
April	3	NATIONAL DEVELOPMENT PLAN
May	4	BARGAINING COUNCILS
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2014		
February	1	EMPLOYING FIRST-TIME JOB MARKET ENTRANTS
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June	5	RECRUITMENT – SCREENING OF CANDIDATES
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August	7	BASIC HR REPORTING (1)
September	8	BASIC HR REPORTING (2)
October	9	EMPLOYEE ENGAGEMENT
November	10	SEXUAL HARASSMENT

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