
  
EMPLOYEE & FAMILY RESOURCES

## Managing Depression

### State of Iowa

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## Today's Talking Points

- Different types of depression
- Causes of depression
- Signs and symptoms
- Prevention and early intervention
- Different treatments
- Employee Assistance Program (EAP) resources



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## Depression in the Workplace

- Affects more than 19 million adults
- At any time, 1 in 20 workers is depressed
- National cost of depression is estimated to be \$30-\$44 billion
  - \$12 billion in lost work days
  - \$11 billion in decreased productivity

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## Depression in the Workplace Continued



- Safety risks or accidents
- Frequent statements of being tired
- Complaints of unexplained aches or pains
- Alcohol or drug use
- Lack of motivation

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## Depression in the Workplace Continued

- Absenteeism or tardiness
- Decreased productivity
- Morale problems
- Lack of concentration or irritability
- Unresolved conflict



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## Feeling Down?

- Is it the blues or depression?
- Recent losses?
- Unmet expectations?
- What's the duration?
- What's the severity?
- Functional impairment?



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## What's your view?

### Depression is.....




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## What is Depression?

- Depressive Disorders are illnesses that involve the body, mood, and thoughts
- Affect bodily functions such as eating and sleeping, the way one feels about oneself, and the way one thinks about things
- Depression is different than a “bad day”, or grieving
- NOT due to personal weakness
- People often cannot just “get over it”
- Many with depressive illness never seek treatment

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## DSM-IV: Diagnostic and Statistical Manual of Mental Disorders

- Classified as a Mood Disorder; disturbance in mood is the predominant feature
- Duration is longer than feeling sad or blue
- Interferes with daily life and causes pain for the person and those who care about them
- Depression is a common but serious illness

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## Criteria for Major Depressive Episode

- Five or more of this list of symptoms have been present during the same 2-week period and **represent a change from previous functioning**: *at least one* of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure
- Excluding symptoms due to general medical conditions, bereavement, substance use, etc.

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## Symptoms for Major Depressive Episode

- Depressed mood most of the day (feels sad or empty) or tearful. Can also be irritable mood.
- Markedly diminished interest or pleasure in all, or almost all daily activities all day, nearly every day
- Significant weight loss when not dieting or weight gain; decrease or increase in appetite nearly every day
- Insomnia or hypersomnia nearly every day

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## Major Depressive Symptoms Continued

- Fatigue or loss of energy nearly every day
- Restlessness or lethargy (subjective or observable by others)
- Feeling worthless or excessive inappropriate guilt (which may be delusional)
- Diminished ability to think or concentrate; indecisiveness, nearly every day (subjective or observed by others)
- Recurrent thoughts of death, suicidal ideation, suicide attempt, or a specific plan for suicide

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## Types of Depression

- Major Depression (single or multiple episodes)
- Dysthymia (dysthymic disorder)
- Bipolar Disorder (manic-depressive illness)
- Other forms: Postpartum, Seasonal affective disorder (SAD), psychotic depression
- Depressive Disorder- Not otherwise Specified (NOS)

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## What Causes Depression?

- Complex combination of one or more of the following:
  - Biological factors
  - Situational factors such as stress or loss
  - Cultural influences
  - Co-existing illnesses
  - Personality factors
  - Coping styles
  - Thinking styles

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## Cognitive Distortions

• All or Nothing Thinking	• Magnification/Minimization
• Overgeneralization	• Catastrophizing
• Mental Filter	• Emotional Reasoning
• Disqualifying the Positive	• “Should” statements
• Jumping to Conclusions	• Labeling/mislabeling
• Mind Reading/Fortune telling error	• Personalization

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## Symptoms of Depression

- Sad, anxious, or “empty” mood
- Loss of interest or pleasure
- Weight gain or loss
- Changes in sleep
- Thoughts of death or suicide
- Restlessness
- Unexplained physical ailments

- Fatigue or low energy
- Poor concentration or indecisiveness
- Feelings of worthlessness or guilt
- Feelings of hopelessness or helplessness
- Negativity; irritability
- Sulking; feeling misunderstood

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## Symptoms of Mania

- Abnormal elation
- Unusual irritability
- Decreased need for sleep
- Grandiose notions
- Increased talking
- Racing thoughts

- Increased sexual desire
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior

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## Early Intervention

- What to do as a concerned for someone else
  - Get information and help for yourself
  - Consider support versus enabling
  - Use active listening skills
  - Practice “I” statements
  - Normalize “getting stuck”, being in a (temporary) state of unclear thinking
  - Consult: don’t go it alone

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## Be Proactive

### Prevention

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## Have a Healthy Lifestyle

- The basics: proper nutrition, exercise, healthy sleep, practice relaxation skills
- Social support: spend time with friends
- Stay in the “now” – present moment time
- Communication skills – use “I” statements
- Attitude is everything – optimists anyone?
- Volunteerism/doing good deeds for others

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## Things You can Change

- How you think about things/interpretation
- How you prioritize what’s important to you
- How often you say “yes” or “no”
- How you express yourself: assertiveness
- How you deal with conflict
- How you take care of your body

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## Get Skills to Cope Better

- Redirect thoughts and actions
- Focus on what's within your control
- Communicate with "I" statements
- Relaxation Exercises
- Put energy into things and people that restore it for you
- Learn resiliency skills

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## More Tips and Suggestions

- Reframe thoughts: change your view
- **Release** negative thoughts
- Exercise: stretch, shake it Breathing, progressive relaxation, yoga
- Self-care: massage, hobbies, "down time"

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## More Strategies

<ul style="list-style-type: none"> <li>• Vary physical activity</li> <li>• Try new healthy foods</li> <li>• Physical exam, review of current medications</li> <li>• Reduction in alcohol, nicotine</li> <li>• Meditation, prayer</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate sleep</li> <li>• Attention to quality relationships and support systems</li> <li>• Humor</li> <li>• Light therapy</li> <li>• Alternative therapies</li> <li>• Supplements/hormone replacement</li> </ul>
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## Treatment Options

- Combination of counseling and medication produces best outcomes in most cases
- Treatment is very individual
- Support groups can be helpful
- Many people have success combining varieties of therapies

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## Your Employee Assistance Program

*The EAP is your 24/7 direct line to free, confidential & professional help when you need it.*

For you and your family  
**800.327.4692**

[www.efr.org/myeap](http://www.efr.org/myeap)

*Better Living Web Resource*

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## Resources

- <http://www.nimh.nih.gov>
- <http://www.nim.nih.gov/medlineplus>
- National Suicide Lifeline: 1-800-273-TALK (1-800-273-8255)
- The Relaxation & Stress Reduction Workbook: Davis, Eshelman & McKay
- The Depression Workbook: Copeland & McKay
- The Resiliency Factor: Karen Reivich & Andrew Shatte
- The Resiliency Advantage: Al Siebert
- Dancing in the Dark: How to Take Care of Yourself When Someone You Love is Depressed: Bernadette Stankard and Amy Viets

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## ***State of Iowa's Mental Health and Substance Abuse Benefits***



AFSCME-covered, Non-Contract, PPME-covered, and UE/IUP-covered employees



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### **Applicable Laws**

- Mental Health Parity and Addiction Equity Act (Federal law)
- Biologically Based Mental Illness Coverage (Iowa law)

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### **Mental Health Parity & Addiction Equity Act**

- Became law in 2008
- Does not require group health plans to provide benefits for mental health and substance use disorder
- Requires group health insurance plans that offer coverage for mental illness and substance use disorders to provide:
  - Coverage at levels that are no lower and with treatment limitations that are no more restrictive than would be the case for the other medical and surgical benefits offered by the plan

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## Biologically Based Mental Illness Coverage

- Iowa Chapter 514C.22
- Effective January 1, 2006
- Employers shall provide coverage benefits for treatment of a biologically based mental illness
- "Biologically based mental illness"
  - Schizophrenia
  - Bipolar disorders
  - Major depressive disorders
  - Schizo-affective disorders
  - Obsessive-compulsive disorders
  - Pervasive developmental disorders
  - Autistic disorders



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## MHSA Inpatient Services

Inpatient	Hospital Room & Board	Physician Care
Blue Access Blue Advantage	0% coinsurance, no deductible	0% coinsurance, no deductible
Iowa Select	In-Network: 10% coinsurance, after deductible Out-of-Network: 20% coinsurance, after deductible	In-Network: 10% coinsurance, after deductible Out-of-Network: 20% coinsurance, after deductible
Program 3 Plus	20% coinsurance, after deductible	20% coinsurance, after deductible
Deductible 3 Plus	20% coinsurance, after deductible	20% coinsurance, after deductible



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## MHSA Outpatient Services

Outpatient	Physician Care
Blue Access Blue Advantage	\$0 copayment
Iowa Select	In-Network: \$0 copayment Out-of-Network: \$0 copayment
Program 3 Plus	\$0 copayment
Deductible 3 Plus	0% coinsurance, after deductible



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