

***European Business Charter to Target
The Impact of Depression in the Workplace***

INTRODUCTION

Depression is a brain-based mental disorder with a significant incidence in the working populations of Europe. It is estimated that every year up to 10% of people in Europe experience a depressive episode, with an estimated 86-87% of cases occurring among men and women in their prime working years.¹

Depression can occur as a one-off illness or episodes can recur during adult life. Depression can also trigger suicide, which is now the leading cause of violent death in the world.² Depression can disable, take lives and is emerging as one of the two principal sources of work years lost through disability and premature death, the other being ischaemic heart disease.^{2,3}

In the digitised world economy, most new jobs will demand cerebral not manual skills. This is an economy that puts a premium on the cognitive health and mental performance of employees at every level of an organisation.²

Not surprisingly, people who rely most on these cerebral skills at work identify stress, anxiety or depression as the most serious work-related health problem affecting them.²

Depression is one of the leading causes of workplace disability. Workers with depression are absent from work for health reasons more often than other workers, and when they have to take time off, they are off work for longer.^{4,5}

The European Depression Association (EDA) commissioned the Impact of Depression in Europe Audit (IDEA) Survey in 2012, which revealed that 1 in 10 employees take time off work due to depression, with 36 working days lost per depressive episode, amounting to a total of 21,000 days in the population survey (7,065).⁶

This survey, which led to the formation of the Target the Impact of Depression in the Workplace initiative, has since revealed a similar burden across the world spanning Africa, Asia, Australia, North and South America.

Workers with depression experience cognitive dysfunction up to 94% of the time during an episode, meaning that for those who stay in work, their level of performance is reduced to below the standard expected.⁷ Nearly half of people with depression, who return to work after their depression has improved, still suffer from temporary cognitive dysfunction.⁷⁻¹⁰

This demonstrates that 'functional recovery' – i.e. the ability to perform work-related tasks – lags behind medical clinical recovery, that is, resolution of clinical symptoms. This is all-important to designing depression-specific case management and return to work programmes.

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A recent report by the London School of Economics has estimated that the annual cost of depression to European businesses directly is €92 billion.¹¹

In this light, it can be clearly said that the key elements of a successful economy – namely economic productivity and competitiveness – rely on positive mental health in the workplace. This in turn depends upon our ability to better support employees in dealing with the potentially disabling and deadly effects of depression.

If we defeat depression, we will increase innovation and productivity in the workplace, reduce the costs of doing business, and on top of that, we will save lives.

In this consuming context, we propose, therefore, the following principles to guide the development of policies, programmes and practices to target depression in the workplace in the form of a ‘Business Charter’.

Leading on from this is an outline for conducting pilot projects, which will be aligned to these principles and undertaken by volunteers from our advisory group. At the heart of these concepts is the need to begin the evolution of best practices because the “tool box” for pragmatic and validated resources is severely limited at the present time.

THE BUSINESS CHARTER **To Target the Impact of Depression in the Workplace**

Each of these principles – as a practical guide – will require CEO leadership and top-down management commitment, support and a true vision of what the workplace of the 21st century must look like and feel like to succeed in a brain-based economy.

Principle one: A Healthy, Prevention-Focused Workplace

Encourage good management practices that facilitate healthy workplaces and protect the mental health of employees.

Principle two: An Informed and Understanding Workplace

Improve the awareness and understanding among executives, managers, supervisors and employees of the symptoms of depression, including cognitive symptoms, and its potential for disability and premature death.

Principle three: A Well-Trained, Responsive Workplace

Mandate training for executives, managers and employees to be informed and constructive in their response to employees in distress on-the-job and employees returning to work from sickness absence.

Principle four: An Open, Safe and Secure Workplace

Create and promote a work environment where employees are safe and feel comfortable talking about mental health concerns, including depression.

Principle five: An Adaptive, Supportive Workplace

Implement workplace health policies and programmes that support employees with depression as a fundamental principle of care and support and provide work adjustments during periods of illness and recovery.

Principle six: A Workplace With Ties To Community Care and Key Influencers

Work with communities and key influencers to ensure that employees have the information and support they need to access community-based services, including health care, to complete their recovery from depression.

The Business Charter to Target the Impact of Depression in the Workplace, 2014, has been endorsed by major employers who form the advisory group of the Leadership Forum: Barclays, BT Group plc, H. Lundbeck A/S, Luxottica, Nature Publishing Group, Ogilvy & Mather, Royal Mail Group Ltd and Unilever. The Charter has also been developed with support from the Federation of International Employers.

Refer: Bill Wilkerson, Chair, European Leadership Forum to Target Depression in the Workplace and Executive Chairman, Mental Health International
(bill.wilkerson@mentalhealthinternational.ca)

PUTTING THE CHARTER TO WORK

A series of pilot projects to support the practical implementation of the Business Charter by other European organisations will be undertaken by employers including Royal Mail Group Ltd, BT Group plc, Barclays, Ogilvy and Mather and H. Lundbeck A/S.

The following are example focus areas, which have been aligned with the Business Charter, and will be built upon when designing the pilot projects:

Charter Principle one: A Healthy, Prevention-Focused Workplace

Encourage good management practices that facilitate healthy workplaces and protect the mental health of employees.

Proposed Pilot Project to focus on:

- Integrated approach with Health & Safety
- General awareness training to workforce of mental health issues, healthy lifestyle and stigma avoidance
- Risk assessment of work and change to control psychosocial hazards
- Adoption of flexible working (time/location) to help balance work and home commitments
- Implementation of mental wellbeing and resilience campaigns

Charter Principle two: An Informed and Understanding Workplace

Improve the awareness and understanding among executives, managers, supervisors and employees of the symptoms of depression, including cognitive symptoms, and its potential for disability and premature death.

Proposed Pilot Project to focus on:

- Training of people managers to recognise signs of distress and to signpost support services
- Stress audits to identify people/business unit at risk of harm

Charter Principle three: A Well-Trained, Responsive Workplace

Mandate training for executives, managers and employees to be informed and constructive in their response to employees in distress on-the-job and employees returning to work from sickness absence.

Proposed Pilot Project to focus on:

- Mini courses by an occupational health service on psychological work environment, work related stress and communication
- Line manager training – online and face to face
- Guidance for managers and employees on effective return to work adjustments
- Access to occupational health service for assessment of sick employees and advice to management

Charter Principle four: An Open, Safe and Secure Workplace

Create and promote a work environment where employees are safe and feel comfortable talking about mental health concerns, including depression.

Proposed Pilot Project to focus on:

- Education programmes to tackle stigma, position depression alongside physical illness

Charter Principle five: An Adaptive, Supportive Workplace

Implement workplace health policies and programmes that support employees with depression as a fundamental principle of care and support and provide work adjustments during periods of illness and recovery.

Proposed Pilot Project to focus on:

- Acknowledgement by CEO/snr management that depression in the workplace deserves to be prioritised and have policies in place naming it as a condition (versus blanket mental health)
- Conduct baseline company-wide ‘employee opinion survey’ around mental health at work and then re-assess annually following implementation of tools and policies

Charter Principle six: A Workplace With Ties To Community Care and Key Influencers

Work with communities and key influencers to ensure that employees have the information and support they need to access community-based services, including healthcare, to complete their recovery from depression.

Proposed Pilot Project to focus on:

- Provision of psychological support (cognitive behavioural therapy) services for mentally ill staff
- Provide information and access to local support programmes

STARTING POINT:

These proposals are a starting point and we welcome ideas, suggestions and, critically, workplace test sites from employers and others who are already leading the way and are willing to pilot a project in their own organisations that is aligned to one of the principles.

Our goal is to help companies across Europe better manage the effects of depression, by providing practical recommendations and equipping executives, managers, occupational health and safety and human resources professionals with tools and resources. We believe these pilot projects will bring us one step closer to achieving this goal.

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