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Health Promotion Initiatives for Reintegrating Employees with Depressive Disorder into the Workplace

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Abstract
This paper looked at health promotion initiatives for reintegrating employees with depressive disorder into the workplace. The paper saw depression as a severe mood disorder characterized by abnormal behaviours that interfere with an individual's normal daily living. Health promotion initiatives necessary for the reintegration of depressed employees to work were identified and discussed. Health promotion in this context was conceived as the combined efforts of employers, employees and society to improve the health and wellbeing of people at work. The paper noted that the essence of these health promotion initiatives is to create a workplace that provides workers with a mentally healthy and supportive environment while returning to work. Such initiatives discussed in the paper were supportive work, health education, health screening, quality circle, holistic approach, communication, incentive, special and multi-modular methodology initiatives. Thereafter, the paper concluded that health promotion initiatives for reintegrating employees with depressive disorder into the workplace is important for the employees, their families, employers and the society, through preventing the possibility of such employee of becoming a nuisance to the world in general. Therefore, it was recommended among others that health promotion in the workplace should be a top priority of the government and employers since one's health determines his/her ability to work effectively in any organization.
Keywords: Health promotion, depression disorder, employee, workplace

Introduction

There is growing evidence of the global impact of mental illnesses in the workplace. Depressive disorder is among the major contributors to the burden of mental health diseases worldwide. A Recent survey has shown that the global prevalence of depressive disorder within an individual's lifetime ranges from 10% to 15% (Jean-Pierre & Mike, 2011). It has also been reported that an estimated 350 million individuals in the world are depressed. In Nigeria research shows that majority of civil servants suffer depressive disorder (Yusuf & Adeoye, 2011). Depressive disorder can reduce an individual's functioning ability hence it is a leading cause of disability in the world affecting every individual and race (World Health Organization-WHO, 2012). It is a singular factor that can substantially affect a person's ability to seek, get, sustain and regain good employment (University of Michigan Depression Center, 2015). Mayo Clinic (2015) defined depressive disorder as a mood disorder that causes a persistent feeling of sadness and loss of interest. Healthline (2012) conceived this health problem as a severe mood disorder involving feelings of sadness, frustration, loss, or anger which affects an individual's way of life on a daily bases for up to two weeks or more. Drawing from these definitions depressive disorder for this paper is viewed or conceptualized as a severe mood disorder characterized with abnormal behaviours that interferes with an individual's normal daily living. Depressive disorder is associated with abnormality in thinking or behaviour that can adversely affect the individual and others (Linnan, Bowling, Childress, Lindsay, Carter, Blakey, Wieker, & Royall, 2008). Among the working class depression is a common phenomenon with many complex factors associated with it (Occupational Safety and Health Administration, European Union, 2007). Research has significantly shown that both work and non-work related factors contribute to the incidence of depression in the workplace. Such factors include undue job stress emanating from worksites and the effect of employees depressive disorder on the worksite (Linnan, Bowling, Childress, Lindsay, Carter, Blakey, Wieker, & Royall, 2008). In the past years, depressive disorder as a mental health problem especially in relation to the workplace has remained a salient issue and under recognized problem (The Sainsbury Centre for Mental Health, 2004). However, recent research shows that there is growing evidence that indicates the relationship between workplace organization and the incidence of depressive disorder, productiveness, and various job stressors in the place of work (Centre for Disease Control and Prevention, 2014). There is also an increasing attention towards reducing the adverse effect of depression among the general population (WHO, 2012).

Despite this growing concern on depressive disorder in the workplace not much has been done regarding the reintegration of depressed employees into work after illness. WHO (2015) observed that the future success of any organization especially in a globalizing market can only be realized when employees are healthy, and well motivated. It is therefore important to have a clear understanding of how best depressed workers could be helped to return to their job after recovery. Through health promotion, depressed workers could be reintegrated into the

workplace. Health promotion programmes geared towards increasing employee's awareness, fostering early identification and efficient medical care of depressive illnesses help to improve workplace outcome as well as employee productive effectiveness (University of Michigan Depression Center, 2015). Gupta (2014) observed that it is beneficial to provide interventions to depressed employees and support them in obtaining medical care, as well as offer promotive assistance which will effectively integrate them back into the workplace. It is in the light of the above that researcher carried out the present research work which focused on "health promotion initiatives for reintegrating employees with depression disorder into the workplace".

Depressive Disorder in the Workplace

Depressive disorder is one of the most common mental health problem found in the general community and in the workplace**.** Action on Depression (2013) reported that one in every five employees in most large companies is likely to develop depressive illness some time in life and in workplaces with 1000 employees, 200-300 may become depressed during a 30 year service. The high rate of depressive diorder in the workplace is connected to stressors commonly observed in the place of work. These stressors include job insecurity, workplace discrimination or harassment, work-life interference, and job strain (University of Michigan Depression Center, 2015). Depressive disorder in the workplace manifests in diverse ways. It is most often characterized by a mood change demonstrated by lack of interest or desire in usually interesting activities. It is also often characterized by sadness, fatigue, feeling of worthlessness, social isolation and lack of energy. Other manifestations include insomnia or hypersomnia, loss (or gain) of appetite, a tendency to blame oneself and difficult in concentrating, forgetfulness, indecisiveness, distorted thinking and easily distracted (The South African Depression and Anxiety Group, 2015).

Depressive disorder can be difficult to diagnose and can manifest as physical symptoms such as headache, back pain, stomach problems or angina. Hunt (1995) listed the following as the common depression symptoms: depressed mood, loss of interest and enjoyment, reduced self-esteem, pessimistic view of the future, ideas or acts of self-harm or suicide, disturbed sleep, disturb appetite, decreased Libido, reduced energy and reduced concentration and attention. Depressive disorder in the workplace varies in its severity and the pattern of symptoms. Individual symptoms will be of short duration and disappear spontaneously. For others, symptoms persist but with proper treatment most people recover. It has been estimated that 5.8% of men and 9.5% of women will have a depressive episode in any 12-month period (Hunt, 1995).

WHO (2001) estimated that if current trends are maintained, depressive disorder will be the second most important cause of disability by the year 2020 and in the 15-44 year age bracket. Depressive disorder is already the second highest cause of morbidity, accounting for 8.3% of the global burden of disease in that age group. Goldberg and Steury (2001) affirmed that in United States, it has been estimated that between 1.8% and 3.6% of workers suffer from depressive disorder. Alam, Biswas & Hassan (2016) stressed that the average annual costs including, pharmaceutical and disability cost, for employees with depressive disorder may be 4.2 times higher than those for an average employee who receives health benefit.

While it is difficult to know exactly how many employees have depressive disorder, the figure is likely to be significant (Liimatainen, 2000). In the United States, for instance, 18.2% of employed people had evidence of this disorder which had impaired their work performance within the previous 30days (Kessler & Frank, 1997). In a study in Germany, incapacity for work due to depressive disorder accounted for 5.9% of loss workdays and appeared to be increasing (Limatainen & Gabriel, 2000).The disability effects of these disorder vary according to the type and severity of the problem, and also to other factors such as the availability of social support.

Causes of Depressive Disorder

Depressive disorder in general has multiple causes. Research has shown that depressive disorder is associated with a combination of some biological, social and psychological reasons. This implies that a persons, genetic characteristics, way of life, ability to cope with life's situation and relationship with people play significant role in the development of depressive disorder(Melinda-Smith, Joanna-Saisan, & Segal, 2015). Family history and impairment in neural communication are important biological factors commonly linked with depressive disorder. Some proven social causes of depression include lack of social support, urbanization, inability to cope with life situation, unemployment, redundancy and poverty. Some events of life that can trigger off depression include loss of a dear one or spouse, divorce or separation, loneliness, having a baby, early childhood trauma or abuse (Melinda-Smith, Joanna-Saisan, & Segal, 2015; National Health Survey Choices, 2013). Others according to Health line (2015) are alcohol and drug abuse, health conditions such as an under-active thyroid, certain types of cancer, sleep problems and certain types of medications, including steroids.

In the workplace evidence has shown that poor organization of work, physical injuries, poor work condition, life events, job fit, demographic factors, poor workplace relationships, high job demand, and work-home interaction play significant role in the development of depression disorder among the workforce (Rodgers,

& Broom, 2011; Asfaw &Souza,2012; Drug and alcohol Research Connections, 2014). Other factors frequently associated with depressive disorder in the workplace include: content of work such as work overload, job content, participation and control, and context of job such as role in organization, reward, equity (fairness), interpersonal relationship, working environment, workplace culture, having a baby, losing one's job and home-work interface (Karasek & Theorell, 1990; Brockner & Greenberg, 1990 Siegnst,1996; Maslach etal;.2001 WHO,2004;NHS Choices, 2013, Science Nordic, 2013) Work can both contribute to the development of depressive disorder through poor working conditions and conversely provide individuals with purpose, financial resources and a source of identify that which promotes increased positive wellbeing (McDaid, Curran, & Knapp, 2005). The workplace has been identified as one important social context in which to address this disorder and promote employees positive mental health and wellbeing. Without a doubt, one of the key areas that affect our employee's health is the work environment. Work can be beneficial to worker's health through an increased sense of social inclusion, status and identity and by providing a time structure (Harnois & Gabriel, 2000).

Cox, Griffiths and Rial-Gonzatez, (2000) noted that worker's physical, mental and social health can be impacted by their work and working conditions through two pathways. Direct and indirect pathway .A direct physical pathway can be observed between physical work environment and its associated risks and worker's health. In addition, bad physical working conditions can also have an indirect impact by causing stress. Also negative physical and psychological working conditions have detrimental impact that can extend beyond the health of workers, and on the healthiness of organization and employee's availability for the performance at work. Furthermore, Michie and Williams (2003) conducted a systematic review of the psychosocial work factors that were found to be associated with depression disorder. The review found out that the organizational and work factors such as working hours, work overload and pressure, lack of control over work, lack of participation in decision making, poor social support and unclear management and work role contribute to depressive disorder in the workplace.

Impacts of Depressive Disorder in the Workplace

Depressive disorder has severe consequences to both the employee and the employer. Such consequences are: decreased production and productivity rates, increased sickness, absenteeism, ,presenteeism, impaired working efficiency, decreased job satisfaction and organizational commitment, increased intention to quit and turnover, decrease morale and employee loyalty, increase causes of accidents and occupational risks, decrease organizational culture and employee retention. Others include increase in error rates, poor timekeeping, and increase in turn over, tension and conflict between colleagues (Harnois & Gabriel, 2000; Centre for Disease Control and prevention, 2014). Depressive disorder also offers lots of health risks which include mortality, cardiovascular death, and stroke among others ((Jean-Pierre & Mike, 2011). Depressive disorder in the workplace could lead to suicidal thoughts and eventually to suicide. The risk of death due to suicide among depressed people is known to be 20 times higher than in persons who are not depressed (Jean-Pierre & Mike, 2011).

Depressive disorder has serious financial implications for both the employee and employer. In the United States alone it was reported that depressive disorder accounted for over 44 billion dollars yearly in lost productivity due to depressed staff absenteeism and presenteeism. Out of the 83 billion dollars total economic loss in the country, 63 percent was due to workplace depression (University of Michigan Depression Centre, 2015).

The Workplace

Workplace is a place where one work such as an office or factory. It could be the location at which an employee provides work for an employer (Winston, 2012). Capra and Williams (2010) noted that employees spent most of their time in the workplace than in any other location and that workplace health promotion deserves special attention. For instance, in Nigeria, employees spend almost nine hours or more in their workplace while in United Kingdom employees spend up to 60% of their time in the workplace (Clark, 2010). The Report from National Examination Board in Occupational Safety and Health (2010) revealed that about 40% of employees were unhappy, and almost one in ten was described as extremely unhappy when working. In United Kingdom over 25% of the workforce suffered from a work-limiting illness or injury and as working ages are raising the burden of chronic disease in the working age population is expected to increase over the next 30 years (Vaughan – Jones and Barham, 2009). In Nigeria, it has posed majority of workers a lot of health problems such as physical /or emotional exhaustion, negative responses towards oneself and others, headaches and backache (Yusuf &Adeoye, 2011). Ugwu & Kalu (2014) reported that in Nigeria it has caused workers to loss their job and never return, stay longer break than necessary, fighting, being aggressive over issues in the workplace and even in the home Therefore, workplace directly influences the physical, mental, economic and social wellbeing of workers and it is an excellent setting for delivering the key messages of health and for performing health promotion (Capra & William, 1993).

Health Promotion

Workplace health promotion deserves special attention as the state of one's health determines his/ her ability to work effectively in any organization. However, the practice of workplace health promotion gained its first international recognition with the Ottawa Charter for health promotion in 1986. This Charter defined workplace health promotion as the process of enabling people to exert control over the determinants of health and thereby improve their health (WHO, 1986). According to the European Network for workplace health promotion (ENWHP, 1997) workplace health promotion refers to the combined efforts of employers, employees and society to improve the health and wellbeing of people at work. As a result, workplace health promotion is important to both organization and employees. Sochert (1998) noted that workplace health promotion improves working conditions of employees and even the organization. These improvements include: reduced stress as a result of optimized work organization and reduced physical strain due to ergonomic improvements. Health promotion as applied to reintegrating employee with depression disorder into the workplace connote the active participation of individuals and organization in the process of achieving positive health and wellbeing and enhancing quality of life of employee while returning to work after illness. It is an enabling process done by, with and for the people in order to return depressed employee into workplace (Jane-Liopis, Katshchnig, McDaid & Wawbeck, 2007). It also means to create a workplace that provides workers with depressive disorder supportive environment while returning to work.

Pollett (2007) noted that the essence of the health promotion is to enhance protective factors that contribute to good mental health. It implies the development of individual's social and environment conditions, which enable optimal health and promote personal empowerment and development. Austin and Duck, (2004) maintained that health promotion in the workplace promotes less sick leave, improves psychological wellbeing and work satisfaction and lowered cholesterol levels. It lead to greater health awareness, help to manage and reduce work-related stress and strains, promote or enhance health promoting behaviours, and in turn, enhance the worker's overall health and wellbeing.

Health Promotion Initiatives for Reintegrating Employees with Depressive Disorder into the Workplace

Returning to work is often an important component of an individual's recovery from a depressive disorder. The workplace can play an important role in ensuring a successful return. In addition, people with depression disorder are important part of the human capital needed for a successful work. Returning them to work will ensure that their knowledge and skill are not lost to the workplace. Both the employer and employee require special initiatives in order to function effectively (McDonad & Wilson (2002).). These initiatives include: supported work education initiatives, health screening initiatives, quality circle initiatives, holistic approach initiatives, communication initiatives, incentive initiative, special initiative and multi-modular methodology initiatives.

Supported Work Education Initiatives

This initiative is geared towards raising employee awareness. The focus of the initiative is on the participant processes rather than on practitioner activity .The initiative has three phases called Choose/Get/keep phases. In the choosing phase the employee is helped in describing why he/she wishes to go back to work and making an enlightened choice as to the type of environment which suits his /her needs, as well as in making a choice as to which workplace might meet expectations. The eliciting of educational goals, the assessment of personal criteria, and the realistic objective evaluation of the employee's abilities are paramount in facilitating the decision-making process. Part of this phase also involves the identification and securing of other sources of support for the employee, including family and friends. In the getting phase a decision for getting to the workplace is made by the practitioner and the employee concerning the assignment of responsibility for getting to the workplace including obtaining the financial support needed. The decision is also made concerning the amount of information which the employee may wish (or may not wish) to disclose concerning the health situation. In the keeping phase, efforts are made to continue to support the employee in the workplace. The practitioner will provide health education to the employer on the special skills which the employee might need to pursue throughout his/her work life in the workplace (Sullivan, 1993). .

Health Screening Initiatives

Health screening is seen as a key element in health promotion initiatives. Such screening may include body mass index, blood pressure and blood cholesterol level. Lifestyle risk indicators could also be screened such as physical activity levels, smoking status, nutrition habits and perceived levels of stress. Individual risk reports, based on such assessments, provide feedback to employees regarding their relative risk for various mental and physical health conditions. In one large study conducted in the US, approximately 60% of respondents reported

taking action on their health, based on feedback from health screening (Taitel, Haufle, Heck, Loeppice, & Fetterolf, 2008).

Quality Circle Initiatives

A quality circle initiative involves groups of employees who meet regularly to discuss and monitor the welfare of employees, and encourage organizational processes that promote employees' return to work. The initiative is a dynamic system that allows the workplace to adapt according to feedback from employees. The initiative is particularly concerned with the quality of resources, quality of life at work, communication and participation, working relationships, team spirit and motivation (Bernard & Jacob, 2004).

Holistic Approach Initiatives

This initiative optimally involves comprehensive interventions that solely target changing individual behaviour and organization level towards mental health promotion (Leka & Cox, 2008). In the individual levels those activities that are aimed at the individual seek to increase emotional resilience, by promoting self-esteem, coping and social skills and enhancing relaxation abilities and mental calm are maintained. The organization level involves those initiatives that focuses on the workplace that are meant to improve working conditions of the employee, the environment as well as the working organization and to increase social support, social inclusion and participation in work (Michie & William, 2003). Holistic approach also involves promoting employees' health by addressing their physical, mental and social wellbeing. This approach is in line with the definition of health as given by the World Health Organization, and should form an integral component of any depression disorder health promotion initiative.

Communication Initiatives

Communication was found to be essential in order to encourage and facilitate the return of workers with depressive disorder into his/her workplace. Good communication initiative enables employees to be aware of the ongoing initiative, to understand why certain actions are taken and to understand the reason behind the decisions made by the management. Nohammer and Stummer (2010) saw communication as information flow and the way in which information is presented and received. Lovato and Green (1990) gave some examples of forms of communication initiatives that can be used to reintegrate employees with depression disorder into the workplace to include posters, bulletins, articles in newsletters, and including information with the pay Cheques. Further, the use of reminders during the course of the initiatives has been found to be effective increasing the return of employees into the workplace expenses (Terry, Fowles, & Harvey, 2010). Seaverson, Gross, Miller, and Anderson (2009) found that strong and purposeful communication initiatives led to a strong health promoting culture. Nohammer, Schuster and Stummer (2010) stressed that personalized emails and workshop can be useful forms of direct communication initiative for reintegrating employees into the workplace and may be effective in raising employees level of awareness of key health issues and health promotion pregrammes offered by the organization.

Incentive Initiative

The use of incentives which includes material and social incentives can be a helpful initiative for employees with depression disorder. The material incentives are for example, money or price, offering loans to employees, funded childbirth, and offering provision of housing for workers facing housing problems while social incentives can be achieved by positive appraisal, and recognition or feedback (Lavato & Green, 1990). Incentive initiative has a significant impact, not only on reintegrating the employees with depression disorder into the workplace but also motivating them to participate in health risk assessments which will help to determine the level of progress and ill health expenses (Seaverson, Gross, Miller, & Anderson, 2009; Taitel, Haufle, Heck, Loeppice & Fetterolf, 2008).

Special initiatives

These initiatives are aimed to promote health of the employee's both within the workplace and beyond the workplace as well (a focus on workplace health and also on health in the private life). These services include offering a healthy lunch that employees can choose to take home, comprehensive assessment of health state and lifestyle of employees, offers several steps for learning how to live healthier and monitor the success, a corporate social responsibility, encouraging employees to spread the lessons learned and to inform people within their community (Keyers, 2002).

Multi-modular methodology initiatives

These initiatives involve following the viewing of films, and interactive dialogues with experts. The experts use documentary films as a method of informing employees about health-related topics such as stressful

life situations, disabilities, family violence, and effects of politics on families (McDaid, Curran and Knapp, 2005). For example, a combination of information materials, videos, role playing or learning with models. In this way, the training takes on a workshop character that is more effective than up-front teaching.

Conclusion

It has long been known that severe depressive disorder often impairs dramatically one's capacity to work and to earn a living. It can lead to impoverishment, which in turn may worsen the illness. Loss of productivity is often substantial, especially since absenteeism caused by depressive disorder can be prolonged, the more so if it is not officially recognized and adequately addressed as part of the health coverage benefits available to the employee. There will be instances in which depressive disorder will appear to be mostly related to difficult working conditions. Therefore, all efforts to reintegrate them into their different working places are essential since this will help to improve quality of life and reduce both impoverishment and the high service and welfare costs engendered by this group Whatever the etiology, the issue should be addressed adequately using supportive work education, health screening, quality circle and other initiatives discussed in this paper may go a long way to bring them back to their respective workplaces.

Recommendations

The following recommendations were made to the government, private sector, society, organizations and workers.

1. Government should have more strong political will and legislation which will postulate that disability shall be included in a meaningful life with respect to access to work. These laws will dictate that reasonable accommodations should be made by employers.
2. Health educators should organize seminars/workshops to educate employers to understand the relationship between health and productivity and improving their management strategies by developing and implementing programmes supportive of work/family/ life issues, such as the flexi time, part-time schedules, child care benefits, personal leave, wellness health programmes and family counseling
3. Government should break the circle of discouragement and eliminating the numerous societal barriers that affect employment. As this is the key to enhancing the economic and social integration of people with depression disorder.
4. Social cooperation organization should be established as they will help to provide many rehabilitation packages and professional education and programmes to depressive employee.
5. Employers and workers should support the individual in order to establish a working relationship based on known expectations, cooperation and partnership.
6. Organizations should adopt a more proactive approach by encouraging employers and employees to enhance positive mental health promotion in the workplace policies.
7. Non Governmental Organizations should equally be more proactive in promoting a positive understanding about mental health in the society.
8. Health promotion in the workplace should be a top priority of the government and employers since one's health determines his/her ability to work effectively in any organization.

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