

A Managers Guide...

...To Depression

WHAT IS DEPRESSION?

Depressive disorder, or depression, is a common mental health condition that can happen to anyone. It is more than simply feeling unhappy or fed up for a few days. It is characterised by a low mood or loss of pleasure or interest in activities for long periods of time, i.e., weeks or months. This is different from regular mood changes and feelings about everyday life. Depression can be thought of as being on a continuum, from mild depression; feeling low in mood, to severe depression; which can lead to suicidal thoughts.

WHAT CAUSES DEPRESSION?

Sometimes there is an obvious trigger for depression, such as life-changing events like divorce, or bereavement, some people can also have a genetic predisposition to depression. It is important to note that depression is more likely to be caused by a combination of these things. But you can also become depressed for no obvious reason. Some of the more common contributory factors for depression include:

- Stressful events: for example, bereavement, financial pressures, illness or a relationship breakdown. When these stressful events occur, the risk of becoming depressed increases, this can be especially so if you stop seeing your friends/family and withdraw to try to deal with your problems on your own.
- Loneliness: feeling lonely can increase one's risk of depression.
- Personality: you may be more vulnerable to depression due to personality traits such as low self-esteem or being overly self-critical, which may be due to early life experiences.
- Family history: if someone in your family has depression, you may also be more likely to develop it. Severe depression is also thought to be partly caused by genes inherited from your parents. However in many cases, depression is usually due to a number of contributory factors, with family history being just one of these.
- Hormonal influences:
 - Pregnancy and giving birth: the hormonal and physical changes which pregnancy brings, as well as the new responsibility of becoming a parent can lead to postnatal depression. Antenatal depression starts before someone gives birth.
 - Menopause: The physical changes which the menopause brings can also be accompanied by feelings of sadness and mood swings, and can sometimes trigger or make worse pre-existing depression, particularly in the first few years of this time of life.
- Alcohol and drugs: both drugs and alcohol affect brain chemistry, which can increase the risk of depression. People may also try to cope using drugs and alcohol when life gets hard, so called 'self-medication', which can contribute to a spiral of depression.
- Illness: people with longstanding or life-threatening illness such as cancer, or a condition that causes chronic pain are also at higher risk of depression.

REMEMBER: Depression can be developed from incidents from inside and outside the workplace. Depression does not have to come from a work incident only to impact someone at work.

Symptoms of depression can be both psychological, physical, as well as social or behavioural:

Psychological symptoms:

Continuous low mood or sadness, feeling hopeless and helpless, lacking enjoyment in life and previously enjoyed hobbies and interests, low self-esteem, tearfulness, feeling irritable around others, lacking in motivation, feeling anxious or worried, feelings of worthlessness, having suicidal thoughts or thoughts of harming yourself.

Physical symptoms:

Moving or speaking more slowly than usual, changes in appetite or weight, unexplained aches and pains, lack of energy, disturbed sleep, e.g., struggling to get to sleep and or early morning waking.

Social or Behavioural symptoms:

Avoiding contact with friends and taking part in fewer social activities, neglecting hobbies and interests, having difficulties in your home, work, or family life, difficulties in relationships with close others.

For more information on depression and its symptoms, you can visit the NHS website: [NHS depression page](#).

REMEMBER: You shouldn't expect everyone with depression to have the same symptoms. Depression can look different from person to person, and everyone may not present with the exact same symptoms.

WHERE CAN EMPLOYEES GET HELP WITH OR WITHOUT A DIAGNOSIS?

- Please ensure you have discussed with the individual whether they want support, and if they do ensure you gain consent before making a referral.
- You can signpost staff to other resources including Vivup, Spiritual and pastoral care, and their GP.

Vivup: employee assistance programme provides 24/7, 365 days a year confidential helpline offering a non-judgemental listening ear and provides free staff counselling. Contact 0330 380 0658 or visit VIVUP.co.uk

The spiritual and pastoral care team offer a 24/7 confidential, sympathetic non-judgemental listening ear for those of any faith and those who do not have any religious belief. Call 01623 622515 ext. 2754 between 8.30am and 4.30pm / 3047 or call Switchboard for the on-call Chaplain 24/7.

Remind the staff member that their GP can be contacted about any health concern, whether that be physical or mental, and reaching out to their GP could mean access to different kinds of support.

WHAT CAN YOU DO TO HELP SOMEONE WITH DEPRESSION?

You can do a few things to help someone who may be suffering from depression. These include:

- Listen and give them space to talk about how they are feeling.
- Being prepared to listen to what they want to share.
- Do not judge.
- Don't be critical of how they are feeling. Ask them what support they would like from you.

If you have concerns relating to the individual's risk, i.e., suicidal ideation or self-harm, please follow the Crisis Flow Chart [Crisis flow chart](#). Wherever necessary please seek additional support from the Safeguarding team who can be contacted on x3357 in office hours, or the Duty Nurse Manager out of hours.

REMEMBER: it is important to set boundaries when it comes to supporting people, you don't want to take on too much and be unable to support the individual at all.

ADJUSTMENTS WHICH MIGHT HELP AT WORK

If you have any questions or concerns about making reasonable adjustments in the workplace, please get in contact with occupational health: sfh-occupational.health@nhs.net.

- Create a safe space for employees to speak out.
- Work with the person on what they want/need.
- Allow for flexibility in policies, e.g., agreeing with a member of staff that they are allowed to call in sick via text message, rather than calling in.
- Allowing flexible working hours and locations where possible, including being flexible about when breaks can be taken, and about whether the employee works from home, or in-person.
- Allow time off for appointments, e.g., psychology appointments and time after the appointments (as they may feel drained, both emotionally and physically).
- Avoid making changes to their routine/working day without discussing this with them.
- Provide clear and direct instructions for tasks and break this down into manageable chunks.
- Offer extra time to get tasks completed if needed and feasible.
- Work with the employee to create a plan for managing their depression at work.

You may also want to look at the Trust stress risk assessment with a staff member who maybe struggling. This can be found here: [Trust risk assessment](#).

WHAT CAN YOU DO AS A MANAGER IF THIS IMPACTS ON YOU?

Sometimes managers can find that by supporting someone with a mental health difficulty such as depression, it may bring up issues for themselves, i.e., they might find it difficult because of their own history, or stressors in their life. If you are finding it difficult because of your own issues, or wish to access additional support, you can also access:

- **Vivup, contact 0330 380 0658 or visit VIVUP.co.uk.**