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Depression doesn't have to mean unemployment

By SUSAN PINKER

Dear Susan,

I am an account manager in my mid-30s with expertise in commercial and agricultural banking portfolios. Due to a low-grade depression, I have difficulty functioning at 100 per cent, and, as a result, I have been fired or have resigned five times so far.

When I am depressed, I have problems getting along with people and learning everything I need to. For example, my most recent job required me to complete hours of training and planning outside of my regular hours. I was having trouble just making it to work and studying for an exam to obtain my mutual fund license (I ended up getting a mark of 85 per cent), so I resigned.

Any information on continuing to work while depressed would be helpful.

-- Loan Guy

Dear Loan Guy,

Depression is a treatable disease that should not prevent you from holding a job. If you achieved an 85-per-cent grade in a field as unstable as mutual funds, you can learn how to control your destabilizing negative thoughts so that you can keep a job that suits you.

Employment is obviously your priority, but the first order of the day is to devise a long-term plan to treat your depression. Making employment decisions while depressed is like driving a car without your glasses: Your body is hurtling through space with only a vague idea of obstacles and a destination.

For example, due to perfectionism and defeatism (both symptoms of depression), you resigned from a job instead of negotiating alternatives. Had people at the bank known what was facing you, they might have helped you arrange a different schedule for outside training.

Banks especially "have quite a progressive approach to disability management," said Bill Wilkerson, CEO of the Global Business and Economic Roundtable on Addiction and Mental Health.

But in any workplace, he advised people to work with their employee assistance programs, and to speak to their managers about gaining flexibility due to treatment for a chronic illness. Mentioning depression per se might work against you because of its persisting stigma.

Ironically, only if you're thinking clearly can you see these shades of grey that allow thinking about alternatives; depression colours your world black and white.

How do you devise a long-term treatment plan? Like an investment strategy, the key is a smorgasbord approach. Sample every treatment that has been shown to be effective through double blind studies that compare various treatments in similar groups of people.

Your physician should be aware of these studies and the latest treatment guidelines, so you should start there. Indeed, finding a family physician or psychiatrist to follow you long-term may be your biggest challenge, given physician shortages. The doctor's job is to get to know you, find and regulate the dose of the medication that will alleviate your symptoms, and refer you to one or several psychologists with a good track record.

Feel free to try the psychologist's approach on for size, and keep looking until you find the right fit. Cognitive behavioural therapy (which focuses on changing your thought patterns and anxiety level through behavioural means), and talk therapies are equally effective, according to studies linked with the National Institute of Mental Health.

Although some people choose between medication and therapy, my advice is to diversify: take one of each. Add to that education, through resources like the Canadian Network for Mood and Anxiety Treatments (<http://www.canmat.org>) and the Canadian Mental Health Association (<http://www.cmha.ca>). The latter offers links to employment information through its Route to Work program.

Another site even offers on-line tools to track your mood, and access to Web-based support groups (<http://www.depressioncenter.net>).

Finally, add on exercising with a group. There is no downside to flooding your body with exercise-induced endorphins and serotonin.

Doing so with other people will help you sleep, make you feel more motivated and less isolated (even if a 2001 CMHA survey shows that Canadians are stoics who prefer exercise and meditation to talking about what's bothering them).

If it's any comfort, your predicament is pervasive: 12.2 per cent of Canadians have had a major depression during their lifetimes, according to University of Calgary professor Scott Patten, who analyzes huge volumes of data collected by Statistics Canada. He added in an e-mail that 3.6 per cent of those who have never been depressed will get a taste of the illness before the end of the year.

Now that's a sobering thought for employers who hate to lose talent.

Chicken Little Returns

Two weeks ago a government employee asked whether silence was the right way to deal with derogatory comments about ethnic groups made by her manager's husband, and occasionally repeated by the manager herself.

My advice to give discrete feedback to the manager generated electricity from many readers who felt I did not go far enough. Nerves are clearly close to the surface when people feel that inappropriate comments must be publicly denounced. One reader even suggested that the employees "nail the racism" by banding together to mount an intervention like the tactics used to face down substance abusers, an approach that seems more witch hunt than interpersonal exchange. Other readers suggested reporting the indiscretion to the authorities.

"Your advice should have included a discussion of the broader issues and a recommendation to call Employee Relations," wrote Sharon Bar-David, a workplace harassment specialist.

Lynne Sullivan, an employment diversity consultant, suggested that the employee bring a complaint to human resources or to the ombudsman if she could not handle it herself.

Clearly tasteless comments can come back to haunt, if not humiliate uncouth managers. And while it's reassuring to know there's a big stick for egregious offences, jumping to conclusions about someone's beliefs based on a few inappropriate comments could be jumping the gun. One travelling Dane with a suitcase full of cartoons discovered this the hard way: Whistle-blowing has its own risks.

Susan Pinker is a psychologist and writer.

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