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Research Article

# Strategies to Support Employees with Depression: Applying the Centers for Disease Control Health Scorecard

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## ABSTRACT

**Introduction:** The purpose of this study is to investigate depression management programs in organizations of the Midwestern and Southern United States, as defined by the Centers for Disease Control Health Scorecard (CDC HSC). Organizations in this study represent retail/wholesale trade, professional, scientific, and technical services, transportation warehousing, and utilities, construction, educational services, and manufacturing.

**Methods:** The CDC HSC is a 125 question, 264-point survey that covers a diverse set of workplace wellness initiatives, with categories such as stress management, organizational structure, physical activity, and tobacco control, and which provides a numerical score for each section. Participants were guided through CDC HSC to provide a quantitative baseline among respondents. During the survey, participants were encouraged to elaborate on their responses to explain the ways their employers address, or fail to address, health and wellness in their workplace. The study then analyzed the qualitative interview data to look for patterns and trends.

**Results:** The research finds that businesses in the Midwest and Southern United States trail behind the standard set by the CDC Validation Study. The responses showed a lower average score for the depression portion of the CDC HSC.

**Conclusion:** The responses in this study suggest that leaders seeking to manage depression in their workforce must be prepared to take an active role in the implementation, maintenance, and daily deployment workplace wellness initiatives. Programs need to be woven into the fabric of the average worker's experience at the organization. The ability to access depression management initiatives must be easy to access.

**Keywords:** Workplace wellness; Leadership; Depression; Management; Mental health

## INTRODUCTION

Depressive disorders represent a persistent problem for employers and employees, both globally and locally. The Global Burden of Diseases, Injuries, and Risk Factors Study 2017 found that depressive disorders contributed third-most to the total number of years living with disability (YLD) in the study. Combined with low back pain and headache disorders, the three disorders combined to collectively cause 162 million YLD for the study period of 1990–2017 [1]. In 1996, the World Health Organization (WHO) ranked major depressive disorder (MDD) as the "fourth leading cause of disability worldwide" [2].

Depression's impact upon the individual is well-documented, as are the numbers of individuals who experience depressive disorders. In the US, depression "accounts for more days absent from work than hypertension and heart disease combined" [3]. Estimates have found that depression's annual cost in the United States is "approximately $26.1 billion for medical care, $5.4 billion for suicide-related mortality, and $44.0 to $51.5 billion for lost productivity" [4]. In a two-year trial that focused on the potential return on investment for employer-driven improvement in depression management, results reported an 8.2% improvement in productivity and a reduction of absenteeism of 28.4%, returning the company $1982 per depressed FTE and $619 per depressed FTE, respectively [5].

Studies have found relationships between depressive disorders and

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having other chronic medical conditions, periods of unemployment, and overall lower income [4]. In an Australian study, it was found that depression is associated with reduced rates of labor force participation in both men (46.4%) and women (28.6%) [6]. At a broader look, studies have found that, within established market economies such as those in North America, mental illness accounts for 15% of the burden of disease [4].

Unfortunately, depression can be difficult to diagnose for a number of reasons. Employees can avoid diagnosis because of stigma, denial, lack of physician skill or knowledge, "lack of availability of providers and treatments, limitations of third-party coverage, and restrictions on specialist, drug, and psychotherapeutic care" [7]. Employees may also misunderstand or misdiagnose their depression if it's covered by burnout. Past research has underestimated the link between burnout and depression. An increasing cause of this feeling in employees are the 24/7 expectations that accompany the rise of the global company [8]. "The human body's stress response system is designed to respond to and resolve acute stressors; the chronic levels of stress experienced by many adults today take an incredible toll on their physical and emotional health in a variety of ways" [8]. Treatments for depression may help workers identified as burned out, due to the overlap [9]. Other tactics, such as one-on-one or group lifestyle counseling, can more directly target burnout as a root cause and can help employees cope with their depression.

With this information as its backdrop, this study seeks to turn its attentions to local employers and to evaluate their efforts at addressing depression within their workforces. The study is being driven by the Center for Disease Control Health Scorecard (CDC, HSC), which has been designed with a segment that looks specifically at depression as a metric of workplace wellness [10]. This study looks at the wellness activities in organizations within the Midwest and Southern United States. The focus upon these areas may be considered particularly relevant, given the overall health status of the regions as Indiana ranks 41st in overall health status in the United States, and Kentucky 43rd [11].

## RESEARCH METHODOLOGY

### Survey design

This study researched depression in the workplace by asking participants to rank their organizations' efforts at combating depression. The CDC HSC is a survey, consisting of 125 questions that cover a diverse set of workplace wellness initiatives across multiple categories including that of depression [5]. The researchers asked that respondents fill out the HSC in its entirely, allowing for the study to categorize the organizations based on their overall HSC score. Respondents were actively encouraged to provide qualitative responses, expanding upon the ways in which their organizations address, or fail to address, the workplace wellness issues being measured. These interviews were transcribed, allowing the researchers to review the responses for patterns and trends. Afterwards, the quantitative results for all respondents were tabulated and their scores were compared against those that the Centers for Disease Control cite from a validation study of the HSC tool.

The study looks at twenty-four organizations and the individuals representing these organizations held a range of positions, including director, human resource manager, lead engineer, designer, front-line manager, and others. The variety of positions and variation of respondent distance from the creation of wellness policies allowed the study additional validity. Organizations in this study fell into the following categories, as defined by the CDC HSC: retail/wholesale trade; professional, scientific, and technical services; transportation; warehousing; and utilities, construction, educational services, and manufacturing.

This study utilizes a case study methodology to provide depth in examining a wide variety of organizations, ranging from 6 employees to 2500 employees, and the viewpoints represented by these organizations suggested a need for data beyond the quantitative nature of the CDC HSC. A case study methodology provided the freedom of including and evaluating additional qualitative data during the study, increasing the overall depth of understanding. The study sought to explain a set of present circumstances, and to gain an extensive and in-depth description of depression as a facet of overall workplace wellness. When seeking to study and explain something of this complexity, but not need to control any variables, a case study is often the recommended course of action [12].

## RESULTS

The CDC HSC measures responses across fifteen categories and this study asked the respondents to each provide quantitative responses to all 125 questions across all categories. The researchers note that the reliability and validity of the CDC HSC was tested in a 2013 assessment [13], which found the HSC to be "reasonably valid" and a "reliable tool" for assessing programs and policies that promote wellness in the workplace.

Participants in this study were asked to respond to the CDC HSC as a whole, and the depression section is evaluated for this paper. For purposes of comparison, information from the CDC validation study will be presented alongside the observed results from this study's participants.

The respondents to this study trail significantly behind the respondents to the CDC validation study, which is all the more striking when considering that the latter group achieved only half of the potential points available on the HSC for depression. The questions focusing on depression received measurably less feedback than did some of the other categories measured by the Health Scorecard, such as stress management. The researcher believes this is an indication that, even if the organizations did enough "in the last twelve months" to meet the criteria for the CDC HSC's point accumulation, the actual and recognizable impact of these employer-driven offerings could be less than those efforts aimed at limiting tobacco use or promoting weight loss, for instance.

Organizations in the highest-scoring category all indicated the presence of specific policies and offerings that would help their employees combat depression disorders. This focus upon treatment was not unique to the highest-scoring category of respondents, but the top four organizations indicate a proactivity in their programs that was absent from the majority of the responses of the organizations scoring in both the middle- and lowest-scoring categories. The organizations scoring in the highest category suggested a wider variety of opportunities available to their employees, as well as a deeper level of consideration given to the design of their depression programs.

A high-scoring organization in the educational services industry

**Table 1:** Comparison of study results and CDC validation study results.

| Comparison of this study to the CDC validation study | | | | | |
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| Depression | Total Points Possible | Average CDC Study Scores | % of CDC Scores | Average for this Study | % of Scores |
| Scores | 18 | 9 | 50% | 7 | 41% |

offers their employees classes on treating depression and provides one-on-one or group lifestyle counseling sessions. One of the high-scoring manufacturing organizations proactively collects information from their employees in the form of a quarterly questionnaire which surveys the workforce on many aspects of health and wellness, specifically depression. Another offers hotlines and free employee assistance programs for drug use and depression. During the interview, their engineer found the verbiage on the Employee Assistance Program website that addresses depression and other mental health issues. He described it as "an employee systems program that provides professional help to associates in the area and their immediate family members who have personal problems such as emotional difficulties, marital, alcohol and drug, family conflict, stress, relationship, finance and legal." The key to success for these programs seems to be reminding and encouraging employees to take advantage of these resources.

The organizations in the middle-scoring category discussed depression as an aspect of worksite wellness that they feel is important, but it received less overall focus than organizations in the highest-scoring category. A representative of one of the middle-scoring manufacturing organizations stated that "depression might be picked up in a yearly physical, but other than that, it really isn't addressed. The only thing about (the yearly physical) is that it's optional. I mean, as a manager, if I notice somebody for whatever reason is feeling blue or whatever, had a death in the family, I have a pamphlet I can give them."

The respondent for a 3-D design company stated that their workplace respects the emotional health of their employees but that they do not have a specific program to address depression. The interviewee stated that "I remember there were some of us that there were dealing with some struggles in our personal lives and then we would talk about things and help each other." The respondent indicated that this had proven to be an effective tool for helping employees through situations such as "divorce and break ups." Only one of the organizations the lowest-scoring category provided additional qualitative data on depression, stating simply that "besides our HR department, which you can talk to, there's really no significant group that deals with emotions."

Some organizations provided responses that were indicative of deeper considerations for depression programs. A respondent from a high-scoring manufacturing organization stated that they made a conscious decision to involve some payment on the part of the employees, to encourage a sense of cost and active election in using the services. The respondent stated that they "have a lot of resources and at one point we were going to make them all free, but then it came back that we really probably ought to have a little skin in the game." The same respondent also noted that the cost was on a sliding scale, according to an individual employee's resources, and that the organization's policies specifically refused to turn away an employee who requested help but could not pay. Further research could investigate why depression is not supported like other dimensions of health.

The researchers found one noteworthy similarity between organizations throughout all three of the categorizations: Demonstration of policy that put the burden of screening for and treatment of depression onto the employee. An organization within the highest-scoring category stated of their Employee Assistance Plan (EAP) that "the EAP information on depression is posted on the bulletin board," as opposed to being more proactively presented and pursued by the employer. Respondents from another organization echoed that arrangement, saying of their depression resources: "it's posted on the bulletin board right now about our EAP. It's not a well-utilized benefit. So we could probably bump up our presentations on that. It's part of the new hire presentation, but if you've been here 20 years, you've forgotten that."

Other organizations stated that depression is not discussed openly, that employees have to ask for the resources, and that the culture is such that employees need to fix their own depression problems. Some respondents expressed that the organization lumped depressive disorders into the same programs as other emotional difficulties, such as drug use, domestic problems, and financial worries. A respondent from an education services organization acknowledged the organization's depression screening tools, but said "it's not necessarily in your face unless you were at the corporate office, because they've got that clinic. The clinic does everything." Satellite offices did not have these resources.

Respondents from many organizations indicated a bias against depression and other stress-related illnesses. The respondent for one manufacturing organization said that the company requires employees to make use of vacation or flex time to visit the chaplain that the company provides for depression, while in contrast they provide up to six hours of flex time to see a nurse or physician for physical issues. The representative of an organization within the technical services industry stated that their culture is very hands-off when it comes to depression, and that "the culture is very much like everyone here is a big boy or girl. If you have a problem or if you see someone close to you having a problem, then you just need to identify it and address it and fix it."

## CONCLUSION

The qualitative responses gathered during this study suggest a need for leaders of organizations to make depression screening and treatment a proactive and readily available part of the employee experience. Research shows that employees can avoid diagnosis because of stigma and policies put the onus upon the employee to seek treatment. This sample of organizations leave the authors to conclude that businesses within the Midwestern and Southern United States are not doing enough to address their employees' needs in screening for and treating depression. Of all the metrics on the CDC HSC, the researchers feel that screening and treatment of depressive disorders is the area where most improvement can be made by the organizations involved in this study. As other studies have shown, there is a substantial cost associated with untreated depression. There is a verifiable return on investment for

addressing those needs, and organizations can benefit financially from addressing this aspect of workplace wellness, while also providing wellness relief to their employees.

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