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Helping Employees with Depression and Anxiety

Introduction

Research presented by the Centers for Disease Control and Prevention (CDC) suggests that millions of Americans, across the country, are suffering from depression and/or anxiety. Therefore, it should be no surprise to health care professionals that their peers and colleagues may be suffering from depression and/or anxiety. The question is, how can health care professional help their peers and colleagues who may be suffering from depression and/or anxiety? This course answers that very question, while providing insight into depression and anxiety.

Section 1: Depression and Anxiety

Case Study 1

A health care professional begins employment at a health care facility. The health care professional's performance over the course of the first four months of employment is described by the health care professional's peers and colleagues as "outstanding." However, by week 10 of employment, the health care professional's behavior starts to change, and the health care professional's peers and colleagues begin to observe, what they refer to as, "odd behavior." For example, the health care professional in question begins to move sluggishly, show up late for work, call out "sick," miss job tasks on a daily basis, and the health care professional's overall work performance begins to decline. Also, the health care professional in question appears: fatigued, unable to concentrate, and seems to have lost interest in specific activities. Additionally, the health care professional in question has shown up to work looking, what is referred to by the health care professional's peers and colleagues as, "somewhat disheveled- looking." Furthermore, the health care professional in question has exhibited slurred speech and an active tremor. Most concerning of all is that the health care professional in question made the following comments during general conversations with other health care professionals: "I don't know if I can go on like this anymore"; "I am feeling down enough to end it"; "I want to end it all." Ultimately, the health care professional's peers and colleagues are concerned and want to help.

Case Study 2

Health Care Professional A is transferred from the night shift to the day shift. Within hours of working on the day shift, Health Care Professional A observes Health Care Professional B sweating profusely, and pacing in one of the medication rooms. As the

days progress, Health Care Professional A notes that Health Care Professional B often appears to be keyed up or on edge, irritable, and fearful at times. Health Care Professional A also notes that Health Care Professional B appears to excessively worry about what seem to be trivial events or job-related details. Health Care Professional A also hears Health Care Professional B making the following comments: "I am a nervous wreck" and "I cannot stop worrying." Health Care Professional A becomes progressively concerned about Health Care Professional B's behavior. Health Care Professional A wonders if the observed behavior is "normal" for Health Care Professional B. Health Care Professional A also wonders if there is something "more going on" with Health Care Professional B. Health Care Professional A would like to help Health Care Professional B if help is indeed required. However, Health Care Professional A is not sure how to proceed.

The two case studies presented above highlight health care professionals that may be suffering from depression and/or anxiety. They also highlight the suggestion that health care professionals may be suffering from depression and/or anxiety, and, thus, may require help. The question is, how can health care professionals help their peers and colleagues who may be suffering from depression and/or anxiety? The simple, straightforward answer to the previous question is as follows: health care professionals can help their peers and colleagues who may be suffering from depression and/or anxiety by possessing insight into depression and anxiety, as well as by understanding how depression and anxiety may affect those suffering from such disorders. With that in mind, this section of the course will provide insight into depression and anxiety, and how they may affect health care professionals working in the current health care system. The information found in this section was derived from materials provided by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) unless, otherwise, specified (Centers for Disease Control and Prevention, 2020; World Health Organization, 2020).

What is a depressive disorder?

A depressive disorder may refer to a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life (note: anhedonia may refer to a loss of interest in previously enjoyable activities).

Health care professionals should note the following: a depressive disorder may be present in individuals experiencing prolonged states of depression, which interferes with daily life and individuals' ability to maintain relationships, family obligations, employment, or other important areas of functioning.

What are the risk factors typically associated with depressive disorders?

Clinically significant depression is one of the most common mental health disorders found in the U.S. Research indicates that depression may be caused by a combination of genetic, biological, environmental, and psychological factors. Specific risk factors for depression may include: death or loss, abuse, conflict, and/or significant life events (note: a significant life event may refer to any major shift in an individual's life, such as: marriage, divorce, moving, school graduation, and new employment).

What are the specific types of depression?

There are many different types of depression. Specific information regarding the different types of depression may be found below.

- **Major depressive disorder** - major depressive disorder may refer to a form of depression that occurs most days of the week for a period of two weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- **Persistent depressive disorder** - persistent depressive disorder may refer to a chronic form of depression.
- **Seasonal affective disorder** - seasonal affective disorder may refer to a mood disorder that occurs in the winter months and/or at the same time period each year.
- **Psychotic depression** - psychotic depression may refer to a form of depression which is accompanied by psychotic symptoms such as: hallucinations, delusions, and paranoia.
- **Postpartum depression** - postpartum depression may refer to a form of depression which occurs after childbirth.
- **Premenstrual dysphoric disorder** - premenstrual dysphoric disorder is a depressive-like condition linked to a women's menstrual cycle.
- **Atypical depression** - atypical depression is a condition characterized by periods of depression which are typically resolved by "positive events."

What is the most common form or type of depression?

One of the most common forms or types of depressive disorders is major depressive disorder.

Health care professionals should note the following: research presented by the CDC indicates that millions of Americans, nationwide, may be suffering from a major depressive disorder; individuals suffering from a major depressive disorder may come from any race, social class, or gender.

What are the potential signs/symptoms of a major depressive disorder?

The major signs/symptoms of a major depressive disorder may include the following:

- Depressed mood
- Anhedonia (a loss of interest in previously enjoyable activities)
- Appetite changes
- Weight changes
- Sleep difficulties
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Diminished ability to think or concentrate
- Feelings of worthlessness or excessive guilt
- Social withdrawal
- Suicidality

How is a major depressive disorder diagnosed?

Major depressive disorder is typically diagnosed by a physician using criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). An individual may be diagnosed with major depressive disorder if he or she meets the DSM-5 criteria found below. Health care professionals should note the information found below was derived from materials provided by the National Institute of Mental Health (National Institute of Mental Health, 2020).

- The individual must be experiencing five or more of the following symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.
    - Depressed mood most of the day, nearly every day.
    - Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
    - Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
    - A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
    - Fatigue or loss of energy nearly every day.
    - Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
    - Diminished ability to think or concentrate, or indecisiveness, nearly every day.
    - Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
- To receive a diagnosis of depression, the previous symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.

How may individuals suffering from major depressive disorders appear or act in the workplace?

- Individuals suffering from major depressive disorders may appear in a variety of different states. They may appear untidy, disheveled, or their personal hygiene may be lacking at times. Also, they may appear troubled, distracted, and/or unfocused. Additionally, individuals suffering from major depressive disorders may exhibit behaviors that may seem odd or inconsistent with other individuals (e.g., frequently showing up to work late; frequently missing work; frequently lacking concentration and/or focus; seemingly abrupt behavior changes). Furthermore,

individuals potentially suffering from major depressive disorders may display body language indicating a depressed mood (e.g., moving slowly, head tilting down, and slouching).

- In addition to their appearance, individuals suffering from major depressive disorders may use certain types of wording to describe or articulate their state. Examples of wording that may be used by individuals potentially suffering from major depressive disorders to describe or articulate their state may include:
    - I am depressed.
    - I am feeling depressed.
    - I am feeling down.
    - I am feeling low.
    - I do not have any energy.
    - I am constantly fatigued.
    - I cannot sleep.
    - I can't eat.
    - I don't feel like eating.
    - I have lost a lot of weight.
    - I am having trouble sleeping through the night.
    - I can't think straight.
    - I can't concentrate.
    - I am feeling slow.
    - I am having trouble with my job.
    - I am having problems in my relationships.
    - I am worthless.
    - I am dealing with a lot of guilt.
    - I am carrying a lot of guilt.

- I see no end in sight to my mood.
- My depression has lasted for weeks.
- I tried to cheer myself up, but I can't.
- I have lost interest in previously enjoyable activities.
- I cannot find happiness.
- I do not want to live.
- I want to die.
- I want to kill myself.

- Health care professionals should note the following: when attempting to distinguish specific wording regarding depression, health care professionals should keep in mind that they may hear or encounter many different versions or variations of the previously highlighted language; additionally, individuals suffering from depression may mix or inject versions or variations of the previously highlighted language into general conversation.

What is an anxiety disorder?

An anxiety disorder may refer to a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. In regards to an anxiety disorder, excessive worry may refer to worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity, and/or situation.

Health care professionals should note the following: an anxiety disorder may be present when an individual experiences intense, long-term anxiety for a variety of different reasons, which ultimately negatively impacts his or her life.

What are the risk factors typically associated with anxiety disorders?

Research indicates that an anxiety disorder may result from a multitude of different contributors including both genetic and environmental factors. More specific risk factors for anxiety disorders include: trauma, abuse, and stress.

As it relates to this course, stress may refer to a factor that causes emotional, physical, or psychological tension. Stress in and of itself can be very impactful when it pertains to the development of an anxiety disorder. The type of stress that may result in a potential anxiety disorder may arise from a single stressful event such as: a prolonged illness, unexpected death, and/or a traumatic event (e.g., accident, loss of employment, or divorce). With that said, a potential anxiety disorder may also arise from a buildup of stress from smaller events, which occur in close proximity to each other such as: problems with employment, school, and/or personal relationships. Recognizing stress as a contributor to the development of an anxiety disorder may assist health care professionals in identifying individuals that may be suffering from a potential anxiety disorder. Reports of stress or prolonged periods of stress may be a sign or indication that an individual may be suffering from an anxiety disorder.

What are the specific types of anxiety disorders?

There are many different types of anxiety disorders. Specific information regarding the different types of anxiety disorders may be found below.

- **Generalized anxiety disorder** - generalized anxiety disorder may refer to a mental health disorder characterized by excessive anxiety and worry occurring more days than not, for at least 6 months, and about a number of events or activities (such as work or school performance), which is difficult to control and leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- **Panic disorder** - a panic disorder may refer to a mental health disorder characterized by repeated panic attacks (note: a panic attack may refer to an episode of sudden feelings of intense anxiety, fear, and/or terror that reach a peak within minutes).
- **Separation anxiety disorder** - separation anxiety disorder may refer to a form of an anxiety disorder characterized by excessive worry and/or fear centered around being apart from select individuals.
- **Social anxiety disorder** - social anxiety disorder may refer to a form of an anxiety disorder characterized by irrational and excessive anxiety, worry, and/or fear regarding social situations.
- **Agoraphobia** - agoraphobia may refer to a form of an anxiety disorder characterized by fear and avoidance of places and situations which lead to feelings

of panic, helplessness, being trapped, and/or embarrassment. Health care professionals should note that other more specific phobias may be present among specific populations.

What is the most common form or type of anxiety disorder?

One of the most common forms or types of anxiety disorders is generalized anxiety disorder.

Health care professionals should note the following: generalized anxiety disorder can affect both men and women from any race or social class; however, women may be more prone to generalized anxiety disorder when compared to men.

What are the potential signs/symptoms of a generalized anxiety disorder?

The major signs/symptoms of a generalized anxiety disorder may include the following:

- Excessive anxiety
- Excessive worry
- Restlessness
- Persistent feelings of being keyed up or on edge
- Easily fatigued
- Difficulty concentrating
- Racing thoughts
- Mind feeling blank at times (mind going blank)
- Irritability
- Fearful
- Hypervigilance
- Muscle tension
- Sleep difficulties

How is a generalized anxiety disorder diagnosed?

Generalized anxiety disorder is typically diagnosed by a physician using criteria outlined in the DSM-5. An individual may be diagnosed with a generalized anxiety disorder if he or she meets the DSM-5 criteria found below. Health care professionals should note the information found below was derived from materials provided by the National Institute of Mental Health (National Institute of Mental Health, 2020).

- The individual exhibits excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months, about a number of events or activities (such as work or school performance).
- The individual finds it difficult to control the worry.
- The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past six months; note only one item required in children).
    - Restlessness, feeling keyed up or on edge.
    - Being easily fatigued.
    - Difficulty concentrating or mind going blank.
    - Irritability.
    - Muscle tension.
    - Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).
- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism). The disturbance is not better explained by another medical disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder, contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder,

having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

How may individuals suffering from generalized anxiety disorders appear or act in the workplace?

Individuals suffering from generalized anxiety disorders may appear in a variety of different states. They may appear anxious, worried, fearful, terrified, troubled, distracted, and/or helpless. Also, they may report experiencing sleep problems, muscle tension, and stiffness. Additionally, they may exhibit behaviors that may seem odd or inconsistent with other populations (e.g., breathing heavy due to what appears to be fear; sweating due to what appears to be fear; appearing restless or irritable; frequently lacking concentration). Furthermore, individuals potentially suffering from generalized anxiety disorders may also display body language indicating anxiety, worry, tension, and/or fear (e.g., consistently moving limbs, rubbing hands together, shaking, pacing, excessive finger nail biting, and/or lip biting).

In addition to their appearance, individuals suffering from generalized anxiety disorders may use certain types of wording to describe or articulate their state. Examples of wording that may be used by individuals potentially suffering from generalized anxiety disorders to describe or articulate their state may include:

- I have anxiety.
- I have a lot of anxiety.
- I am anxious.
- I am anxious about everything.
- I am worried.
- I am always worried.
- I am worried about everything/everyone.
- I cannot stop worrying.
- I am always scarred.
- I am tense.
- I am nervous.

- I am nervous all the time.
- I am keyed up.
- I am on edge.
- I am on edge all the time.
- I am restless.
- I am tired all the time.
- I cannot sleep.
- I am having trouble sleeping through the night.
- I can't think straight.
- I can't concentrate.
- My mind goes blank.
- I am having trouble with my job.
- I am having problems in my relationships.
- I have muscle tension.
- I have a lot of muscle tension.
- I am stiff.
- I am easily irritated.
- I am always irritated.

Health care professionals should note the following: when attempting to distinguish specific wording regarding a generalized anxiety disorder, health care professionals should keep in mind that they may hear or encounter many different versions or variations of the previously highlighted language; individuals suffering from a generalized anxiety disorder may mix or inject versions or variations of the previously highlighted language into general conversation.

What should health care professionals consider while working alongside individuals who may be suffering from depression and/or anxiety disorders?

- **Burnout** - burnout can be associated with depression and anxiety. According to the WHO, burnout may refer to a syndrome resulting from chronic workplace stress that has not been successfully managed (WHO, 2020). Health care professionals should note that burnout is often characterized by the following: feelings of energy depletion; feelings of exhaustion; feelings of being overwhelmed; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy (WHO, 2020). Health care professionals should also note burnout may act as a catalyst for depression and/or anxiety.

- **Suicidal ideation** - as previously alluded to, individuals suffering from depression and/or anxiety may experience suicidal ideation. Suicidal ideation may refer to thoughts of suicide and/or thoughts of planning suicide (CDC, 2020). Health care professionals should make efforts to identify the potential for suicide and prevent suicide in the workplace, when applicable. Additional information regarding suicide and suicide prevention may be found below. The information found below was derived from materials provided by the CDC (CDC, 2020).

    - Suicide may refer to a death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

    - A suicide attempt may refer to a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior. Health care professionals should note that a suicide attempt may or may not result in injury.

    - Suicide is one of the leading causes of death in the United States.

    - Specific risk factors that may lead to suicide include the following: individual issues (e.g., a history of depression and other mental illnesses, hopelessness, substance abuse, certain health conditions, previous suicide attempt, violence victimization and perpetration, and genetic and biological determinants), relationship issues (e.g., high conflict or violent relationships, sense of isolation and lack of social support, family/ loved one's history of suicide, financial stress, and work stress), community issues (e.g., inadequate community connectedness; barriers to health care; lack of access to providers and medications), and societal issues (e.g., availability of lethal means of suicide, unsafe media portrayals of suicide, stigma associated with help-seeking, and mental illness).

    - Suicide can be prevented.
    - Health care professionals can work to prevent suicide by providing individuals with information regarding recourses, such as the National Suicide Prevention Lifeline. Health care professionals should note that the National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

- **Substance abuse** - substance abuse is often associated with depression and anxiety (note: substance abuse may refer to the harmful or hazardous use of psychoactive substances such as alcohol and illicit drugs). Health care professionals should note the following signs of alcohol and illicit drug use: slurred speech, an active tremor, shakiness, poor coordination, sweating, nausea, vomiting, aggression, agitation, compulsive behavior, craving, red eyes, dry mouth, drowsiness, involuntary eye movements, dilated pupils, nasal congestion, mouth sores, reduced consciousness, lack of pain sensation, intolerance to loud noise, dizziness, confusion, lack of awareness to surroundings, and needle marks. Health care professionals should also note that substance abuse may lead to impairment in the workplace (note: within the context of this course, the term impairment in the workplace may refer to an inability to function in a safe and effective manner while engaging in work-related responsibilities due to the affects of alcohol and/or drugs). Additionally, health care professionals should note the following: impairment in the workplace can dramatically jeopardize patient safety; thus, health care professionals should work to identify impairment in the workplace; when working to identify impairment in the workplace health care professionals should keep the 3 **R**s of identifying impairment in the workplace in mind. Specific information regarding the 3 **R**s of identifying impairment in the workplace may be found below.
    - The first of the 3 **R**s of identifying impairment in the workplace stands for **R**eason, or more specifically, the reasons why it is important for health care professionals to identify impairment in the workplace. Health care professionals should note that they often have both an ethical and legal responsibility to identify impairment in the work place. The ethical responsibility to identifying impairment in the work place, typically, comes from the four major ethic principles of health care, which include: patient autonomy, beneficence, nonmaleficence, and justice. The ethic

responsibility to identifying impairment in the work place also comes from health care organizations', such as the American Nurses Association (ANA) and the American Medical Association (AMA), specific codes of conduct. The legal responsibility to identify impairment in the work place can come from federal and individual state laws. Health care professionals should consider their specific codes of conduct and any related laws when working to identify impairment in the workplace.

- The second of the 3 **R**s of identifying impairment in the workplace stands for **R**ecognize, or more specifically, **R**ecognizing impairment. In the context of this course, the term **R**ecognizing impairment can refer to the act of acknowledging the characteristics and/or signs and symptoms of impairment in another individual. Health care professionals should note the following: due to the complexity and the nature of impairment, it can manifest itself in a variety of ways and can show up in many different forms; therefore, impairment in the workplace can be easily misinterpreted; often the signs and symptoms of impairment are concealed and/or dismissed by those who exhibit them, making it that much harder to discern the signs and symptoms of impairment from those of stress, lack of sleep, disease, illness, and/or personal turmoil; however, health care professionals can **R**ecognize impairment by establishing a baseline for an individual's behavior, noting behavior changes, observing individuals for the signs of alcohol and drug use, and by observing individuals over a specific, determined, amount of time (e.g., one week; one month).
- The last of the 3 **R**s of identifying impairment in the workplace stands for **R**eport, or more specifically, **R**eporting impairment. Health care professionals should note the following: health care professionals should be aware of their health care organizations' internal channels for reporting any potential impairment in the workplace; health care professionals may find information regarding the reporting of impairment in the workplace within their health care organizations' policies and procedures.

- **The Americans with Disabilities Act** - health care professionals should consider and acknowledge that individuals suffering from depression and/or anxiety may have specific rights in the workplace protected by the Americans with Disabilities Act. Specific information regarding the Americans with Disabilities Act may be found below. The information found below was derived from materials provided

by the U.S. Equal Employment Opportunity Commission (U.S. Equal Employment Opportunity Commission, 2020).

- The Americans with Disabilities Act prohibits discrimination on the basis of disability in employment.
- The Americans with Disabilities Act defines an individual with a disability as a person who has a physical or mental impairment (e.g., mental illness/ mental health disorder) that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.
- The Americans with Disabilities Act indicates that in order to be protected, an individual must be qualified for his or her job and must have a disability as defined by the law; an individual can show that he or she has a disability in one of the following three ways: an individual has a disability if he or she has a physical or mental condition that substantially limits a major life activity (e.g., walking, talking, seeing, hearing, and/or learning); an individual has a disability if he or she has a history of a disability (e.g., cancer that is in remission); an individual has a disability if he or she is subject to an adverse employment action and is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he or she does not have such an impairment).
- The Americans with Disabilities Act requires employers with 15 or more employees to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others. For example, it prohibits discrimination in recruitment, hiring, promotions, training, pay, social activities, and other privileges of employment. The Americans with Disabilities Act also restricts questions that can be asked about an applicant's disability before a job offer is made, and it requires that employers make reasonable accommodations to the known physical or mental limitations of otherwise qualified individuals with disabilities, unless it results in undue hardship.
- The Americans with Disabilities Act requires that an employer provide reasonable accommodations to employees and job applicants with a disability, unless doing so would cause significant difficulty or expense for

the employer; a reasonable accommodation may refer to any change in the work environment (or in the way things are usually done) to help a person with a disability apply for a job, perform the duties of a job, or enjoy the benefits and privileges of employment; reasonable accommodations for individuals with mental illnesses include: flexible hours, adjusted job tasks, leave (paid or unpaid) during periods of illness or hospitalization, and regular guidance and feedback about job performance.

- The Americans with Disabilities Act indicates that it is illegal to harass an applicant or employee because he or she has a disability, had a disability in the past, or is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less).
- The Americans with Disabilities Act indicates that harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (e.g., the victim being fired or demoted); harassment can include, for example, offensive remarks about a person's disability.

Section 1: Summary

A depressive disorder may refer to a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life. There are many different types of depressive disorders including: major depressive disorder, persistent depressive disorder, seasonal affective disorder, psychotic depression, postpartum depression, premenstrual dysphoric disorder, and atypical depression. One of the most common types of depressive disorders is major depressive disorder. Potential signs and symptoms of major depressive disorder may include the following: depressed mood, anhedonia, appetite changes, weight changes, sleep difficulties, psychomotor agitation or retardation, fatigue or loss of energy, diminished ability to think or concentrate, feelings of worthlessness or excessive guilt, and/or suicidality. Major depressive disorder is typically diagnosed by a physician using criteria outlined in the DSM-5.

An anxiety disorder may refer to a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The various types of anxiety disorders include: generalized anxiety disorder, panic disorder, separation anxiety disorder, social anxiety

disorder, agoraphobia and other types of phobias. One of the most common types of anxiety disorders is generalized anxiety disorder. Potential signs and symptoms of generalized anxiety disorder include: excessive anxiety, excessive worry, restlessness, persistent feelings of being keyed up or on edge, easily fatigued, difficulty concentrating, mind feeling blank at times (mind going blank), irritability, muscle tension, and sleep difficulties. Generalized anxiety disorder is also typically diagnosed by a physician using criteria outlined in the DSM-5.

When working alongside peers and colleagues that may be suffering from depression and/or anxiety, health care professionals should consider the potential for: burnout, suicidal ideation, substance abuse, as well as the Americans with Disabilities Act.

Section 1: Key Concepts

- Depression and anxiety can be common among health care professionals.
- A depressive disorder may be present in individuals experiencing prolonged states of depression, which interferes with daily life and individuals' ability to maintain relationships, family obligations, employment, or other important areas of functioning.
- Specific risk factors for depression may include: death or loss, abuse, conflict, and/or significant life events.
- The different types of depressive disorders include: major depressive disorder, persistent depressive disorder, seasonal affective disorder, psychotic depression, postpartum depression, premenstrual dysphoric disorder, and atypical depression.
- One of the most common forms or types of depressive disorders is major depressive disorder.
- Potential signs and symptoms of major depressive disorder include: depressed mood, anhedonia, appetite changes, weight changes, sleep difficulties, psychomotor agitation or retardation, fatigue or loss of energy, diminished ability to think or concentrate, feelings of worthlessness or excessive guilt, and suicidality.
- An anxiety disorder may be present when an individual experiences intense, long-term anxiety for a variety of different reasons, which ultimately negatively impacts his or her life.
- Specific risk factors for anxiety disorders include: trauma, abuse, and stress.

- The different types of anxiety disorders include: generalized anxiety disorder, panic disorder, separation anxiety disorder, social anxiety disorder, agoraphobia, and other types of phobias.
- Potential signs and symptoms of generalized anxiety disorder include: excessive anxiety, excessive worry, restlessness, persistent feelings of being keyed up or on edge, easily fatigued, difficulty concentrating, mind feeling blank at times (mind going blank), irritability, muscle tension, and sleep difficulties.
- Major depressive disorder and generalized anxiety disorder are typically diagnosed by a physician using criteria outlined in the DSM-5.
- Individuals suffering from major depressive disorders, as well as generalized anxiety disorder, may appear in a variety of different states and may use certain types of wording to describe or articulate their state.
- When working alongside peers and colleagues that may be suffering from depression and/or anxiety, health care professionals should consider the potential for: burnout, suicidal ideation, substance abuse, as well as the Americans with Disabilities Act.
- Burnout is often characterized by the following: feelings of energy depletion; feelings of exhaustion; feelings of being overwhelmed; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy.
- Health care professionals should make efforts to identify the potential for suicide and prevent suicide in the workplace, when applicable.
- Health care professionals should work to identify impairment in the workplace.
- Individuals suffering from depression and/or anxiety have specific rights in the workplace protected by the Americans with Disabilities Act.

Section 1: Key Terms

- **Depressive disorder** - a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life
- **Anhedonia** - a loss of interest in previously enjoyable activities

- **Significant life event** - any major shift in an individual's life
- **Major depressive disorder** - a form of depression that occurs most days of the week for a period of 2 weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning
- **Persistent depressive disorder** - a chronic form of depression
- **Seasonal affective disorder** - a mood disorder that occurs in the winter months and/or at the same time period each year
- **Psychotic depression** - a form of depression which is accompanied by psychotic symptoms such as: hallucinations, delusions, and paranoia
- **Postpartum depression** - a form of depression which occurs after childbirth
- **Premenstrual dysphoric disorder** - a depressive-like condition linked to a women's menstrual cycle
- **Atypical depression** - a condition characterized by periods of depression which are typically resolved by "positive events"
- **Anxiety disorder** - a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- **Stress** *(within the context of this course)* - a factor that causes emotional, physical, or psychological tension
- **Excessive worry** *(in the context of an anxiety disorder)* - worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity and/or situation
- **Generalized anxiety disorder** - a mental health disorder characterized by excessive anxiety and worry occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance), which is difficult to control and leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning
- **Panic disorder** - a mental health disorder characterized by repeated panic attacks

- **Panic attack** - an episode of sudden feelings of intense anxiety, fear, and/or terror that reach a peak within minutes
- **Separation anxiety disorder** - a form of an anxiety disorder characterized by excessive worry and/or fear centered around being a part from select individuals
- **Social anxiety disorder** - a form of an anxiety disorder characterized by irrational and excessive anxiety, worry, and/or fear regarding social situations
- **Agoraphobia** - a form of an anxiety disorder characterized by fear and avoidance of places and situations which lead to feelings of panic, helplessness, being trapped, and/or embarrassment
- **Burnout** - a syndrome resulting from chronic workplace stress that has not been successfully managed (WHO, 2020)
- **Suicidal ideation** - thoughts of suicide and/or thoughts of planning suicide (CDC, 2020)
- **Suicide** - a death caused by self-directed injurious behavior with any intent to die as a result of the behavior (CDC, 2020)
- **Suicide attempt** - a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior (CDC, 2020)
- **Substance abuse** - the harmful or hazardous use of psychoactive substances such as alcohol and illicit drugs
- **Impairment in the workplace** *(within the context of this course)* - an inability to function in a safe and effective manner while engaging in work-related responsibilities due to the affects of alcohol and/or drugs
- **Recognizing impairment** *(within the context of this course)* - the act of acknowledging the characteristics and/or signs and symptoms of impairment in another individual
- **Reasonable accommodation** - any change in the work environment (or in the way things are usually done) to help a person with a disability apply for a job, perform the duties of a job, or enjoy the benefits and privileges of employment (U.S. Equal Employment Opportunity Commission, 2020)

Section 1: Personal Reflection Question

How can depression and/or anxiety affect health care professionals suffering from such disorders?

Section 2: Recommendations

To effectively help those suffering from depression and/or anxiety, it is important for health care professionals to possess insight into depression and anxiety as well as understand how such disorders may affect their peers and colleagues. It is also important for health care professionals to understand how to effectively work alongside individuals suffering from depression and/or anxiety to adequately help those who may require assistance. This section of the course will review specific recommendations that can help health care professionals effectively work alongside those individuals suffering from depression and/or anxiety. The information found in this section of the course was derived from materials provided by the CDC and the WHO unless, otherwise, specified (CDC, 2020; WHO, 2020).

Recommendations

- Create a welcoming workplace atmosphere and environment - first and foremost, to effectively work alongside individuals suffering from depression and/or anxiety, health care professionals should work to create a welcoming workplace atmosphere and environment free of judgment, harassment, bias, and intolerance towards those individuals suffering from depression and/or anxiety. Creating a welcoming workplace environment may be easier said than done - however, striving towards such an environment by remaining open-minded can go a long way to achieving such a goal. Health care professionals should note that developing a subculture within a specific health care facility centered around acceptance can help create a welcoming workplace atmosphere and environment where all individuals have the opportunity to thrive.

- Work to remove the negative stigma associated with depression and anxiety - unfortunately, in today's culture, there is still a negative stigma associated with depression and anxiety. The negative stigma associated with depression and anxiety can prevent individuals from being comfortable around those suffering from depression and/or anxiety. Thus, health care professionals should work to remove the negative stigma associated with depression and anxiety. Health care professionals should note the following: health care professionals can work to

remove the negative stigma associated with depression and anxiety by building awareness, among their peers and colleagues, about depression, anxiety, and how they may affect those individuals suffering from such mental health disorders.

- Build trust among peers and colleagues - to effectively work alongside individuals suffering from depression and/or anxiety, health care professionals should work to build trust among their peers and colleagues. Health care professionals should note the following methods to build trust among their peers and colleagues: remain professional, remain emotionally stable, avoid gossip, avoid talking negatively about individuals, and avoid talking negatively about depression, anxiety, and other mental health disorders.

- Pursue education regarding depression and anxiety - to build on the previous recommendation, health care professionals should pursue education regarding depression and anxiety to help them effectively work alongside individuals suffering from depression and/or anxiety. Essentially, pursuing education regarding depression and anxiety can help health care professionals build upon their own awareness of such mental health disorders. Health care professionals should note the following: health care information is always being updated; health care professionals should pursue opportunities to further their education; remaining up to date on relevant health care topics can help health care professionals in their daily practice and can further their understanding of how to effectively work alongside individuals suffering from various disorders and/or conditions.

- Health care professionals should foster effective communication when engaging with their peers and colleagues - effective communication occurs when information and messages are adequately transmitted, received, and understood. Working to foster effective communication when engaging with peers and colleagues can help health care professionals obtain and transmit relevant information, as well as establish effective working relationships. Health care professionals can foster effective communication when engaging with other individuals by speaking clearly, actively listening to others when they speak, maintaining eye contact, asking questions, maintaining emotional stability, and by limiting interruptions and distractions. Health care professionals should note the following: when engaging with their peers, colleagues, and other relevant individuals, health care professionals should work to avoid miscommunication; when miscommunication occurs between individuals, intended meaning may be lost; health care professionals can work to avoid miscommunication by removing

physical barriers when communicating with other individuals, remaining professional, clarifying points of confusion, and by allowing for a free flow of information between individuals.

- Avoid potentially offensive behavior - to effectively work alongside individuals suffering from depression and/or anxiety health care professionals should work to avoid potentially offensive behavior. Examples of offensive behavior may include the following: negative remarks about depression and/or anxiety, jokes about depression and/or anxiety, and jokes about individuals suffering from depression and/or anxiety. Health care professionals should note that potentially offensive behavior regarding depression and/or anxiety may alienate those suffering from such disorders as well as other individuals sensitive and empathetic to those suffering from depression and/or anxiety.

- Recognize the signs and symptoms of depression and/or anxiety - recognizing the signs and symptoms of depression and anxiety can help health care professionals identify individuals who may be suffering from depression and/or anxiety. Health care professionals should note the following potential signs and symptoms of a depressive disorder: depressed mood, anhedonia, appetite changes, weight changes, sleep difficulties, psychomotor agitation or retardation, fatigue or loss of energy, diminished ability to think or concentrate, feelings of worthlessness or excessive guilt, and suicidality. Health care professionals should also note the following potential signs and symptoms of an anxiety disorder: excessive anxiety, excessive worry, restlessness, persistent feelings of being keyed up or on edge, easily fatigued, difficulty concentrating, mind feeling blank at times (mind going blank), irritability, muscle tension, and sleep difficulties.

- Recognize individuals who may be suffering from depression and/or anxiety - to effectively work alongside individuals suffering from depression and/or anxiety, it may be beneficial for health care professionals to recognize individuals who may be suffering from depression and/or anxiety. Health care professionals should note that they may recognize individuals who may be suffering from depression and/or anxiety via observation and/or by listening for specific language (e.g., language that may indicate or reveal signs/symptoms of depression and/or anxiety). Health care professionals should note that some individuals may openly discuss their depression and/or anxiety with them or with other individuals.

- Listen to and/or engage with individuals who openly discuss their depression and/or anxiety, when appropriate and/or applicable - to build on the previous

recommendation, health care professionals should, or at least attempt to, listen to and engage with individuals who openly discuss their depression and/or anxiety, when appropriate and applicable. Doing so can help build an understanding about such mental health disorders and about the individual speaking openly about depression and/or anxiety. Listening to and/or engaging with individuals who openly discuss their depression and/or anxiety can also help health care professionals establish and build relationships that can assist in effectively working alongside individuals suffering from depression and/or anxiety. Health care professionals should note that every individual may not be comfortable with speaking openly about his or her depression and/or anxiety.

- Respect an individual's privacy - as previously mentioned, some individuals may not be comfortable with speaking openly about their depression and/or anxiety. Health care professionals should respect an individual's privacy to effectively work alongside individuals suffering from depression and/or anxiety. Essentially, if an individual does not want to discuss his or her depression and/or anxiety a health care professional should not push or bully him or her into doing so (note: the term bullying may refer to unwanted and/or aggressive behavior towards an individual or group of individuals that consistently continues over an extended period of time). Health care professionals should note that bullying, in some health care facilities, may be seen as a form of harassment.

- Do not harass individuals suffering from depression and/or anxiety - to effectively work alongside individuals suffering from depression and/or anxiety, health care professionals should not harass individuals suffering from depression and/or anxiety. Health care professionals should note the following: the Americans with Disabilities Act indicates that it is illegal to harass an applicant or employee because he or she has a disability, had a disability in the past, or is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less); the Americans with Disabilities Act indicates that harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted); harassment can include, for example, offensive remarks about a person's disability (U.S. Equal Employment Opportunity Commission, 2020).

- Do not harass individuals suffering from depression and/or anxiety on any form of social media - to build on the previous recommendation, health care professionals

should not harass their peers and colleagues, suffering from depression and/or anxiety, on any form of social media (note: the term social media may refer to any electronically driven application that enables individuals to create and share content for the purposes of virtual communication). An example of harassment via social media may include posts or tweets regarding an individual's mental health disability. Health care professionals should note that behavior on and/or communication via social media can impact work relationships; health care professionals should be cognizant of their interactions and communication via social media platforms.

- Do not interfere with a health care professional's depression and/or anxiety-related treatment - to effectively work alongside individuals suffering from depression and/or anxiety health care professionals should not, in any way, interfere with an individual's depression and/or anxiety-related treatment. Health care professionals should note the following treatment options for depression and/or anxiety: diet, exercise, psychotherapy, cognitive behavioral therapy, support groups, and medications (note: psychotherapy, also known as talk therapy, may refer to the use of psychological techniques and/or psychotherapeutic approaches to help individuals overcome problems and develop healthier habits; cognitive behavioral therapy may refer to a form of psychotherapy that focuses on helping individuals solve problems and create positive outcomes by changing unrealistically negative patterns of thought and behavior).

- Offer support to individuals suffering from depression and/or anxiety - some individuals suffering from depression and/or anxiety may require support. Thus, to foster positive relationships and to effectively work alongside individuals suffering from depression and/or anxiety, health care professionals should offer support, when applicable. Health care professionals should note the following examples of support that may be beneficial to individuals suffering from depression and/or anxiety: help individuals with their job tasks, provide education, provide positive feedback, and listen to an individual's concerns.

- Provide reasonable accommodations to individuals suffering from depression and/or anxiety - the Americans with Disabilities Act requires that an employer provide reasonable accommodations to employees and job applicants with a disability, such as a mental health disorder (U.S. Equal Employment Opportunity Commission, 2020). Examples of reasonable accommodations for individuals with mental illnesses/mental health disorders include: flexible hours, adjusted job

tasks, leave (paid or unpaid) during periods of illness or hospitalization, and regular guidance and feedback about job performance (U.S. Equal Employment Opportunity Commission, 2020). Health care professionals should note that reasonable accommodations may be made to help individuals with depression and/or anxiety thrive in workplace settings.

- Respect and honor reasonable accommodations made for individuals suffering from depression and/or anxiety - if reasonable accommodations are made for individuals suffering from depression and/or anxiety in the workplace, then other health care professionals should respect and honor such accommodations. For example, if reasonable accommodation adjustments are made to a health care professional's job tasks, then other health care professionals should not attempt to force or require that individual to work outside the reasonable accommodation adjustments (e.g., add tasks that are not included in the health care professional's adjusted job tasks). Health care professionals should note the following methods to respect and honor reasonable accommodations made for individuals suffering from depression and/or anxiety: allow individuals to work within the parameters of the reasonable accommodations made for them, avoid complaining about reasonable accommodations made for other individuals, and avoid making others feel uncomfortable because reasonable accommodations have been made for them.

- Identify and work to prevent burnout - as previously mentioned, burnout may act as a catalyst for depression and/or anxiety. Thus, to effectively work alongside individuals suffering from depression and/or anxiety health care professionals should work to recognize and prevent burnout. Health care professionals should note the following: burnout is often characterized by the following: feelings of energy depletion; feelings of exhaustion; feelings of being overwhelmed; increased mental distance from one’s job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy (WHO, 2020). Health care professionals should also note the following examples of how to prevent burnout: taking designated breaks while working, exercise, yoga, and meditation.

- Identify and/or assist individuals suffering from suicidal ideation - as previously alluded to, individuals suffering from depression and/or anxiety may experience suicidal ideation. Health care professionals should make efforts to identify the potential for suicide and prevent suicide in the workplace, when applicable. Health care professionals should note the following: health care professionals can work to

prevent suicide in the workplace by informing health care managers and altering them to any individuals exhibiting suicidal ideation; providing individuals with information regarding recourses such as the National Suicide Prevention Lifeline.

- Identify and/or assist individuals suffering from substance abuse, when appropriate and/or applicable - as previously mentioned, substance abuse is often associated with depression and anxiety. Therefore, health care professionals should work to identify and/or assist individuals suffering from substance abuse, when appropriate and/or applicable. Identifying and/or assisting individuals suffering from substance abuse can potentially help get those individuals the assistance they may require and, ultimately, lead to effective working relationships. Health care professionals should note the following: the term substance abuse may refer to the harmful or hazardous use of psychoactive substances such as alcohol and illicit drugs; potential signs of alcohol and illicit drug use may include the following: slurred speech, an active tremor, shakiness, poor coordination, sweating, nausea, vomiting, aggression, agitation, compulsive behavior, craving, red eyes, dry mouth, drowsiness, involuntary eye movements, dilated pupils, nasal congestion, mouth sores, reduced consciousness, lack of pain sensation, intolerance to loud noise, dizziness, confusion, lack of awareness to surroundings, and needle marks. Health care professionals should also note the following: substance abuse may lead to impairment in the workplace; impairment in the workplace can dramatically jeopardize patient safety; thus, health care professionals should work to identify impairment in the workplace; when working to identify impairment in the workplace health care professionals should keep the 3 **R**s of identifying impairment in the workplace in mind; the 3 **R**s of identifying impairment in the workplace stand for **R**eason, **R**ecognize, and **R**eport.

- Adhere to the laws and regulations outlined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Title 42 of the Code of Federal Regulations, Part 2, otherwise referred to as 42 CFR Part 2 - in some cases health care professionals suffering from depression, anxiety, and/or related substance abuse may have to seek treatment in the very health care facility where they work. In those cases, health care professionals should adhere to the laws and regulations outlined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Title 42 of the Code of Federal Regulations, Part 2, otherwise referred to as 42 CFR Part 2. Specific, relevant information regarding HIPAA and 42 CFR Part 2 may be found below. Health care professionals should note the information found below was derived from materials provided by the U.S. Department of

Health and Human Services (U.S. Department of Health and Human Services, 2020).

- HIPAA provides provisions for safeguarding medical information.
- HIPAA safeguards protected health information (PHI); PHI may refer to any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity.
- HIPAA safeguards individually identifiable health information; individually identifiable health information is information, including demographic data, that relates to the following: an individual's past, present or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual (i.e., individually identifiable health information is information that may be used to identify an individual and their relationship to the health care system); examples of individually identifiable health information include: patients' names, birth dates, home addresses, and Social Security Numbers.
- A central aspect of the HIPAA is the principle of "minimum necessary" use and disclosure; a covered entity must make reasonable efforts to use, disclose, and request only the minimum amount of PHI needed to accomplish the intended purpose of the use, disclosure, or request; the minimum necessary principle/rule can help prevent the disclosure of any unnecessary PHI; health care professionals should always keep the minimum necessary principle/rule in mind when disclosing PHI.
- 42 CFR Part 2 heightens the restrictions, even beyond those of HIPAA, on an individual's protected health information related to addiction treatment.
- 42 CFR Part 2 protects the confidentiality of records containing the identity, diagnosis, prognosis, or treatment of any patient maintained in connection with the performance of any federally assisted program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research.
- 42 CFR Part 2 indicates the following: health care professionals may not disclose information that identifies individuals as having, having had, or

referred for a substance use disorder, without the patient's consent unless a 42 CFR Part 2 exception applies.

    - 42 CFR Part 2 indicates the following: health care professionals may not acknowledge that a person is a patient in a substance use program.

- Show a general level of respect to all individuals - finally, and perhaps most importantly, health care professionals should show a general level of respect to all individuals working around them. The simple truth of the matter is that some health care professionals may not know which of their peers or colleagues may be suffering from depression and/or anxiety. Thus, by showing a general level of respect to all individuals working around them, health care professionals can work to build professional relationships and, ultimately, effectively work alongside those individuals suffering from depression and/or anxiety. Health care professionals should note the following methods to show a general level of respect to all individuals working around them: remain professional, remain politically correct, adhere to health care-related laws and regulations, work within the general parameters of one's job description, and respect individuals' personal boundaries.

Section 2: Summary

Health care professionals can effectively work alongside individuals suffering from depression and/or anxiety by following related recommendations. Specific recommendations centered around depression and/or anxiety in the workplace include the following: create a welcoming workplace environment, work to remove the negative stigma associated with depression and anxiety, build trust among peers and colleagues, pursue education regarding depression and anxiety, health care professionals should foster effective communication when engaging with their peers and colleagues, avoid potentially offensive behavior, recognize the signs and symptoms of depression and anxiety, recognize individuals who may be suffering from depression and/or anxiety, listen to and/or engage with individuals who openly discuss their depression and/or anxiety, when appropriate and/or applicable, respect individual's privacy, do not harass individuals suffering from depression and anxiety, do not harass individuals suffering from depression and/or anxiety on any form of social media, do not interfere with an individual's depression and/or anxiety-related treatment, offer support to individuals suffering from depression and/or anxiety, provide reasonable accommodations to individuals suffering from depression and anxiety, respect and honor reasonable accommodations made for individuals suffering from depression and anxiety, identify and work to prevent burnout, identify and/or assist individuals suffering from suicidal

ideation, identify and/or assist individuals suffering from substance abuse, when appropriate and/or applicable, adhere to the laws and regulations outlined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Title 42 of the Code of Federal Regulations, Part 2, otherwise referred to as 42 CFR Part 2, and show a general level of respect to all individuals.

Section 2: Key Concepts

- It is important for health care professionals to understand how to effectively work alongside individuals suffering from depression and/or anxiety to adequately help those who may require assistance.
- Health care professionals can effectively work alongside individuals suffering from depression and/or anxiety by following related recommendations.

Section 2: Key Terms

- **Bullying** - unwanted and/or aggressive behavior towards an individual or group of individuals that consistently continues over an extended period of time
- **Social media** - any electronically driven application that enables individuals to create and share content for the purposes of virtual communication
- **Psychotherapy** *(also known as talk therapy)* - the use of psychological techniques and/or psychotherapeutic approaches to help individuals overcome problems and develop healthier habits
- **Cognitive behavioral therapy** - a form of psychotherapy that focuses on helping individuals solve problems and create positive outcomes by changing unrealistically negative patterns of thought and behavior
- **Protected health information** *(within the context of HIPAA)* - any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity (U.S. Department of Health and Human Services, 2020)
- **Individually identifiable health information** *(within the context of HIPAA)* - information, including demographic data, that relates to the following: an individual's past, present or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual

or for which there is a reasonable basis to believe it can be used to identify the individual; information that may be used to identify an individual and their relationship to the health care system (U.S. Department of Health and Human Services, 2020)

Section 2: Personal Reflection Question

How can health care professionals use the above recommendations to effectively work alongside individuals suffering from depression and/or anxiety?

Section 3: Case Studies Revisited

The two case studies presented at the beginning of this course will be revisited in this section to further explore the concepts found in this course. Each case study will be presented below, followed by a case study review. The case study reviews include the types of questions health care professionals should ask themselves when considering depression, anxiety, and how they relate to the workplace. Additionally, reflection questions will be posed, within each case study review, to encourage further internal debate and consideration regarding the presented case study, depression, and anxiety. The information found within this section was derived from materials provided by the CDC and the WHO unless, otherwise, specified (CDC, 2020; WHO, 2020).

Case Study 1

A health care professional begins employment at a health care facility. The health care professional's performance over the course of the first four months of employment is described by the health care professional's peers and colleagues as "outstanding." However, by week 10 of employment, the health care professional's behavior starts to change, and the health care professional's peers and colleagues begin to observe, what they refer to as, "odd behavior." For example, the health care professional in question begins to move sluggishly, show up late for work, call out "sick," miss job tasks on a daily basis, and the health care professional's overall work performance begins to decline. Also, the health care professional in question appears: fatigued, unable to concentrate, and seems to have lost interest in specific activities. Additionally, the health care professional in question has shown up to work looking, what is referred to by the health care professional's peers and colleagues as, "somewhat disheveled- looking." Furthermore, the health care professional in question has exhibited slurred speech and an active tremor. Most concerning of all is that the health care professional in question made the following comments during general conversations with other health care

professionals: "I don't know if I can go on like this anymore"; "I am feeling down enough to end it"; "I want to end it all." Ultimately, the health care professional's peers and colleagues are concerned and want to help.

Case Study 1 Review

What details may be relevant to the possible presence of depression and/or anxiety?

The following details may be relevant to the possible presence of depression and/or anxiety: by week 10 of employment, the health care professional's behavior starts to change; the health care professional's peers and colleagues begin to observe, what they refer to as, "odd behavior" (e.g., the health care professional in question begins to move sluggishly, show up late for work, call out "sick," miss job tasks on a daily basis, and the health care professional's overall work performance begins to decline); the health care professional in question appears: fatigued, unable to concentrate, and seems to have lost interest in specific activities; the health care professional in question has shown up to work looking, what is referred to by the health care professional's peers and colleagues as, "somewhat disheveled- looking"; the health care professional in question has exhibited slurred speech and an active tremor; the health care professional in question made the following comments during general conversations with other health care professionals: "I don't know if I can go on like this anymore"; "I am feeling down enough to end it"; "I want to end it all."

Are there any other details that may be relevant to the possible presence of depression and/or anxiety; if so, what are they?

How are each of the aforementioned details relevant to the possible presence of depression and/or anxiety?

Each of the previously highlighted details may be potentially relevant to the possible presence of depression and/anxiety. The potential relevance of each detail may be found below.

By week 10 of employment, the health care professional's behavior starts to change - the previous detail is relevant because individuals suffering from depression and/or anxiety may undergo, what appears to be, changes in behavior/behavior changes.

The health care professional's peers and colleagues begin to observe, what they refer to as, "odd behavior" (e.g., the health care professional in question begins to move sluggishly, show up late for work, call out "sick," miss job tasks on a daily basis, and the

health care professional's overall work performance begins to decline) - the previous details are relevant because individuals suffering from depression and/or anxiety may exhibit behaviors that may seem odd or inconsistent with other individuals (e.g., frequently showing up to work late; frequently missing work; frequently lacking concentration and/or focus; seemingly abrupt behavior changes). Furthermore, individuals potentially suffering from major depressive disorders may display body language indicating a depressed mood (e.g., moving slowly, head tilting down, arms crossed, and slouching).

The health care professional in question appears: fatigued, unable to concentrate, and seems to have lost interest in specific activities - the previous details are relevant because they may represent signs/symptoms of depression. Health care professionals should note the following signs/symptoms of depression: depressed mood, anhedonia, appetite changes, weight changes, sleep difficulties, psychomotor agitation or retardation, fatigue or loss of energy, diminished ability to think or concentrate, feelings of worthlessness or excessive guilt, and suicidality. Health care professionals should also note that anhedonia may refer to a loss of interest in previously enjoyable activities.

The health care professional in question has shown up to work looking, what is referred to by the health care professional's peers and colleagues as, "somewhat disheveled-looking" - the aforementioned detail is relevant because some individuals suffering from depression and/or anxiety may have trouble carrying out daily, mundane tasks such as personal hygiene. Health care professionals should note that depression and/or anxiety may lead to a form of self-neglect (note: self-neglect may refer to a failure to meet one's own basic needs).

The health care professional in question has exhibited slurred speech and an active tremor - the aforementioned details are relevant because they may be signs of substance abuse. As previously mentioned, substance abuse can be associated with depression and anxiety. Health care professionals should note the following signs of alcohol and illicit drug use: slurred speech, an active tremor, shakiness, poor coordination, sweating, nausea, vomiting, aggression, agitation, compulsive behavior, craving, red eyes, dry mouth, drowsiness, involuntary eye movements, dilated pupils, nasal congestion, mouth sores, reduced consciousness, lack of pain sensation, intolerance to loud noise, dizziness, confusion, lack of awareness to surroundings, and needle marks.

The health care professional in question made the following comments during general conversations with other health care professionals: "I don't know if I can go on like this

anymore"; "I am feeling down enough to end it"; "I want to end it all" - the previous detail is relevant because the health care professional's comments may indicate suicidal ideation. As previously mentioned, suicidal ideation/suicide may be associated with depression and anxiety.

What other ways, if any, are the aforementioned details relevant to the possible presence of depression and/or anxiety?

Is the health care professional highlighted in Case Study 1 suffering from depression and/or anxiety?

Based on the information presented in Case Study 1, it does appear the health care professional in question is suffering from depression - perhaps, more specifically, major depressive disorder.

How can health care professionals potentially gather additional information to help confirm the possible presence of depression?

How can the health care professional's peers and colleagues help the health care professional in question?

Health care professionals can help the health care professional in question by identifying the possible presence of depression, specifically major depressive disorder, and by recognizing how it may be affecting the health care professional in question. Health care professionals can also help the health care professional in question by considering and adhering to the following relevant recommendations: create a welcoming workplace environment; work to remove the negative stigma associated with depression and anxiety; build trust among peers and colleagues; pursue education regarding depression and anxiety; foster effective communication when engaging with their peers and colleagues; avoid potentially offensive behavior; do not harass individuals suffering from depression and/or anxiety; offer support to individuals suffering from depression and/or anxiety; identify and/or assist individuals suffering from suicidal ideation; identify and/or assist individuals suffering from substance abuse, when appropriate and/or applicable; show a general level of respect to all individuals.

Are there any other options that may be used to help the health care professional in question; if so, what are they?

Case Study 2

Health Care Professional A is transferred from the night shift to the day shift. Within hours of working on the day shift, Health Care Professional A observes Health Care Professional B sweating profusely, and pacing in one of the medication rooms. As the days progress, Health Care Professional A notes that Health Care Professional B often appears to be keyed up or on edge, irritable, and fearful at times. Health Care Professional A also notes that Health Care Professional B appears to excessively worry about what seem to be trivial events or job-related details. Health Care Professional A also hears Health Care Professional B making the following comments: "I am a nervous wreck" and "I cannot stop worrying." Health Care Professional A becomes progressively concerned about Health Care Professional B's behavior. Health Care Professional A wonders if the observed behavior is "normal" for Health Care Professional B. Health Care Professional A also wonders if there is something "more going on" with Health Care Professional B. Health Care Professional A would like to help Health Care Professional B if help is indeed required. However, Health Care Professional A is not sure how to proceed.

Case Study 2 Review

What details may be relevant to the possible presence of depression and/or anxiety?

The following details may be relevant to the possible presence of depression and/or anxiety: Health Care Professional A is transferred from the night shift to the day shift; Health Care Professional A observes Health Care Professional B sweating profusely, and pacing in one of the medication rooms; Health Care Professional B often appears to be keyed up or on edge, irritable, and fearful at times; Health Care Professional B appears to excessively worry about what seem to be trivial events or job-related details; Health Care Professional A also hears Health Care Professional B making the following comments: "I am a nervous wreck" and "I cannot stop worrying."

Are there any other details that may be relevant to the possible presence of depression and/or anxiety; if so, what are they?

How are each of the aforementioned patient details relevant to the possible presence of depression and/or anxiety?

Each of the previously highlighted details may be potentially relevant to the possible presence of depression and/anxiety. The potential relevance of each detail may be found below.

Health Care Professional A is transferred from the night shift to the day shift - the previous detail is relevant because it provides a context for Health Care Professional A's observations and concerns regarding Health Care Professional B. Essentially, Health Care Professional A has never worked with Health Care Professional B before, and thus, is observing Health Care Professional B and Health Care Professional B's behavior for the first time. Health care professionals should note the following: due to shift changes and/or schedule changes, health care professionals may encounter and/or work with health care professionals they have not worked with in the past; thus, health care professionals may observe different types of behavior or may walk into a situation that cannot be explained due to a lack of experience; in such situations, health care professionals should remain professional, observe and/or document information, if applicable, speak to other health care professionals to gather information, and/or speak to a health care manager if concerns continue to mount.

Health Care Professional A observes Health Care Professional B sweating profusely, and pacing in one of the medication rooms - the previous detail is relevant because individuals suffering from anxiety disorders may appear in a variety of different states: they may appear anxious, worried, fearful, terrified, troubled, distracted, and/or helpless; also, they may report experiencing sleep problems, muscle tension, and stiffness; additionally, they may exhibit behaviors that may seem odd or inconsistent with other populations (e.g., breathing heavily due to what appears to be fear; sweating due to what appears to be fear; appearing restless or irritable; frequently lacking concentration). Furthermore, individuals potentially suffering from anxiety disorders may also display body language indicating anxiety, worry, tension, and/or fear (e.g., consistently moving limbs, rubbing hands together, shaking, pacing, excessive finger nail biting, and/or lip biting).

Health Care Professional B often appears to be keyed up or on edge, irritable, and fearful at times - the previous details are relevant because they may represent signs/symptoms of anxiety. Health care professionals should note the following signs/symptoms of anxiety: excessive anxiety, excessive worry, restlessness, persistent feelings of being keyed up or on edge, easily fatigued, difficulty concentrating, mind feeling blank at times (mind going blank), irritability, muscle tension, and sleep difficulties.

Health Care Professional B appears to excessively worry about what seem to be trivial events or job-related details - the previous detail is relevant because it may represent a sign/symptom of anxiety.

Health Care Professional A also hears Health Care Professional B making the following comments: "I am a nervous wreck" and "I cannot stop worrying" - the previous detail is relevant because Health Care Professional B's comments may indicate the presence of anxiety signs/symptoms. Health care professionals should note the following: in addition to their appearance, individuals suffering from anxiety disorders may use certain types of wording to describe or articulate their state.

What other ways, if any, are the aforementioned details relevant to the possible presence of depression and/or anxiety?

Is the health care professional highlighted in Case Study 2 suffering from depression and/or anxiety?

Based on the information presented in Case Study 2, it does it appear the health care professional in question is suffering from anxiety - perhaps, more specifically, generalized anxiety disorder.

How can health care professionals potentially gather additional information to help confirm the possible presence of anxiety?

How can Health Care Professional A help Health Care Professional B, if help is indeed required?

Health Care Professional A can help Health Care Professional B by identifying the possible presence of anxiety, specifically generalized anxiety disorder, and by recognizing how it may be affecting Health Care Professional B. Health Care Professional A can also help Health Care Professional B by considering and adhering to the following relevant recommendations: create a welcoming workplace environment; work to remove the negative stigma associated with depression and anxiety; build trust among peers and colleagues; pursue education regarding depression and anxiety; foster effective communication when engaging with peers and colleagues; avoid potentially offensive behavior; recognize the signs and symptoms of depression and/or anxiety; recognize individuals who may be suffering from depression and/or anxiety; listen to and/or engage with individuals who openly discuss their depression and/or anxiety, when appropriate and/or applicable; respect individual's privacy; do not harass individuals suffering from depression and anxiety; do not harass individuals suffering from depression and/or anxiety on any form of social media; offer support to individuals suffering from depression and/or anxiety; show a general level of respect to all individuals.

Are there any other options that may be used to help the health care professional in question; if so, what are they?

Section 3: Summary

Health care professionals should work to identify those health care professionals who may be suffering from depression and/or anxiety. When attempting to identify health care professionals suffering from depression and/or anxiety, health care professionals should differentiate details that may be relevant to the possible presence of depression and anxiety, and consider how those details may be relevant to the possible presence of depression and anxiety. Health care professionals should note that, often, one of the main goals of identifying health care professionals suffering from depression and/or anxiety is to facilitate required help, when applicable.

Section 3: Key Concepts

- When attempting to identify health care professionals suffering from depression and/or anxiety, health care professionals should differentiate details that may be relevant to the possible presence of depression and anxiety, and consider how those details may be relevant to the possible presence of depression and anxiety.
- One of the main goals of identifying health care professionals suffering from depression and/or anxiety is to facilitate required help, when applicable.

Section 3: Key Terms

- **Self-neglect** - a failure to meet one's own basic needs

Section 3: Personal Reflection Question

Why is it important for health care professionals to recognize relevant details when attempting to identify those health care professionals potentially suffering from depression and/or anxiety?

Conclusion

Health care professionals may be suffering from depression and/or anxiety, and, thus, may require help. Health care professional can help their peers and colleagues who may be suffering from depression and/or anxiety by possessing insight into depression and/or anxiety, understanding how depression and anxiety may affect those suffering from such disorders, and by following recommendations that can help health care

professionals effectively work alongside individuals suffering from depression and/or anxiety.

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