

# Depression Among Women in the Workplace

Conducted for: National Mental Health Association  
[www.nmha.org](http://www.nmha.org)  
American Women's Health Association  
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## Introduction and Methodology

The purpose of this study is to gauge the impact of depression on women in the workplace and explore the benefits of successful treatment. The larger aim is to educate the public and raise awareness about depression and expectations for its treatment.

Specific research objectives were to:

- Gauge the impact of workplace-related challenges women face – particularly depression; and
- Provide a measure of the positive impact that treatment can have on workplace-related success and productivity.

To meet those objectives, Russell Research, an independent survey research provider conducted telephone interviews with 751 employed women. All respondents were 18 years of age or older and had to either currently experience depression or had to have experienced symptoms of the condition in the past. Among these women, 250 were unaware of their depression at the time of the survey (undiagnosed), while the remaining 501 had been previously diagnosed with the condition. Among those who have been diagnosed, half continued to experience symptoms of depression (referred in the report as “diagnosed with mild to major symptoms”) and half had minimal to no symptoms at the time of the survey (referred to as “diagnosed with minimal to no symptoms” in the report). Presence and severity of depression was determined using the Center for Epidemiological Studies-Depression Scale (CES-D), a validated depression screen, developed by the National Institute of Mental Health (See Technical Appendix for details).

Interviews were conducted by telephone from April 21 through May 19, 2003. During this period, researchers located 629 of the 751 women surveyed using random digit dialing (RDD)- a method recognized for generating survey samples that well-represent the population of interest. The remaining sample came from a list of women who indicated that they had depression in a previous general background survey.

Findings for the total sample and any combined samples are projectable to the universe of working women suffering from depression in the United States. At a 95 percent confidence level, a margin of sample error of +/- 3.9 percent applies to the total sample and +/- 6.2 percent applies to subgroups of those diagnosed with minimal to no symptoms, those diagnosed with mild to major symptoms and those who are undiagnosed. For other subgroups, the error rate will increase as the base size decreases.

The following statistical notations are used throughout the report:

- = Indicates figure is significantly higher than remaining respondents at a 95 percent confidence level.
- = Indicates figure is significantly lower than remaining respondents at a 95 percent confidence level.

The total sample is weighted to reflect the actual proportion of each subgroup in the population (description of weighting is included in the Technical Appendix).

The study was conducted on behalf of the National Mental Health Association and the American Medical Women’s Association under a research grant provided by Wyeth Pharmaceuticals.

## Summary of Key Findings

**Depression is the number one barrier to success in the workplace for women suffering from its symptoms. It is a greater impediment than child or elder care responsibilities, pregnancy, sexual harassment, or the "glass ceiling" and sexism.**

- Survey findings indicate that women who are diagnosed with depression rate it as a leading barrier to success for women in the workplace (83 percent). Even women who have not yet been diagnosed recognize its significance (62 percent).
- In fact, depression is the number one barrier compared to other obstacles. Its effects are more debilitating than child- and elder-care responsibilities, pregnancy, sexual harassment, the glass ceiling, and sexism. Diagnosed women estimate that depression is four to five times more of a barrier to success in the workplace, while undiagnosed women rate it second only to child care responsibilities.
- This is no small matter. Findings from surveys show that depression afflicts one out of five (21 percent) adult women in the workplace at some time in their lives. While six out of ten women seek treatment, a surprisingly high 40 percent remain undiagnosed.
- The degree of symptoms varies, but almost half (45 percent) of working women who have suffered from depression appear to experience severe symptoms on a continuous basis over time without significant improvement. By comparison a quarter (28 percent) recovered by the time of the study having exhibited minimal to no symptoms. Mild depression plagues the rest (27 percent).
- Those with severe symptoms pose a notable and unmet challenge to those involved in the treatment of depression because almost half (45 percent) have not sought treatment and are undiagnosed.

**The impact of depression in the workplace is substantial. The condition is costly not only because of time missed from work, but when women who suffer symptoms do come to work, they are working well below potential or not at all. Worse, in many cases depression sufferers leave their jobs entirely.**

- One out of three women with continuing symptoms of depression (32 percent top four boxes out of ten) indicates that it strongly interferes with their work and professional life. When these same women are asked whether symptoms hampered their workplace performance in the past four weeks, over half (56 percent) say that it did at least occasionally. Again, as severity increases so does work-related interference (60 percent with major symptoms and 50 percent with mild symptoms cite interference at least occasionally).
- Findings show that depression interferes with work in many ways. Before treatment, it causes sufferers to be quiet and reserved (74 percent), unmotivated to get things done (64 percent), and more prone to mistakes because of lack of sleep (57 percent). Depressed workers also report crying (43 percent), not returning phone calls (50 percent), difficulty making it into the office (45 percent) and problems with coworkers (39 percent argue, 23 percent are mean). Bad behavior increases as symptoms increase. Those unaware of their depression (undiagnosed) report similar behaviors, but at lower levels.

When symptoms are at their worst, the vast majority of women diagnosed with depression (94 percent) report carrying out some type of unproductive behavior. Crying is the most common (82 percent). Half avoid contact with co-workers (54 percent), particularly those

with mild to major symptoms (61 percent). Others hide in the office (34 percent) or bathroom (24 percent), leave work early or do not return from lunch (34 percent). Three out of ten (27 percent) of the women with mild to major symptoms abuse alcohol. Again, undiagnosed women do these things too, but not as much.

- Symptoms of depression often lead to job loss. Three out of ten women in the study (30 percent) report that they quit or lost a job while depressed, mainly because of symptoms of the condition. In fact, the greater the symptoms, the greater the job loss, reaching 42 percent of those diagnosed with mild to major symptoms.
- In addition to job loss, absenteeism among depressed women is twice as high as for women workers in general (10.6 days per year versus 5 days according to the National Health Interview Survey or NHIS average). Moreover, lost days due to depression (4.8 average) increase with the severity of symptoms (from 2.7 days per year for those diagnosed with minimal/no symptoms to 9.5 days for those diagnosed with mild to major symptoms).
- Among those who have missed more than one day in the past 12 months, over half of the women admit to misrepresenting the reason for their depression related absence (60 percent).
- When they do come to work, women sufferers are often less productive, cutting back an average of 1.2 days in the past four weeks. When this happens, they spend more than half the day on things other than work (4.9 hours).

**The impact of depression on women who are the main source of income for their families is particularly harsh.**

- These women form a large group, including almost half (45 percent) of working women who have been diagnosed or who are currently suffering, but undiagnosed.

Compared to women who have more support, fewer sole breadwinners achieve symptom relief (24 versus 31 percent) and more have mild to moderate symptoms of depression (76 versus 69 percent). These women report a poor appetite, are less happy, and are more tense, stressed, lonely and blue than women who share economic responsibility for their families. They are also more worried about job security because of their symptoms, but at the same time are twice as likely to strongly agree that they fear seeking treatment from their Employee Assistance Program because of repercussions (12 percent strongly agree versus 6 percent for other women).

Demographically, sole breadwinners are predominately single (72 percent), often divorced (44 percent), widowed (10 percent), and without a steady partner (48 percent). More black women are in this group (13 percent), but sole providers are still predominately Caucasian (77 percent). With one income, household income is predictably lower among these women, and more live in urban areas (40 percent).

**Women who have been diagnosed with depression, but who are no longer experiencing mild to major symptoms have a strikingly better outlook toward work and life.**

- Eight out of ten (79 percent) of the women with minimal to no symptoms today say that they are almost completely improved (top four boxes out of ten).

- Productivity increases for 84 percent of the women with relieved symptoms, at least doubling it for almost half (42 percent).
- Virtually all of them (98 percent) note specific improvements in the workplace such as being able to feel good at work again (95 percent) and work more efficiently (84 percent). They say their performance improved (83 percent) and they take more interest in their work (78 percent).
- Besides improvements at work, life in general is much happier for diagnosed women who now show minimal to no symptoms of depression. Compared to those experiencing major symptoms, they are almost twice as likely to enjoy life (92 versus 56 percent), be happy (90 versus 44 percent) or hopeful (89 versus 48 percent), and feel that they are just as good as other people (88 versus 58 percent).

**The benefits of treatment and medication for depressed working women are great.**

- Medication appears to have a positive impact on work-related performance. In fact, medicated women are happiest at work (97 percent report feeling good again), and most of those who have experienced specific improvements credit this to treatment (90 to 97 percent mentioning specific improvements), especially if they are on medication (94 to 99 percent).
- Those who have achieved relief from their symptoms after treatment currently have a much more positive outlook. They describe themselves today as highly self-confident and interested in their own improvement. Fewer report being stressed at work, or having trouble getting out of bed in the morning, or feeling withdrawn or worried about their job security versus undiagnosed and diagnosed women who continue to have mild to major symptoms.
- Women diagnosed with mild to major symptoms also benefit from treatment - particularly those on medication. Regardless of the severity of their symptoms, nine out of ten (94 percent) notice improvements at work since seeking treatment for their depression.
- Compared to when their symptoms were at their worst, women on medication have improved the most, citing more improvements in total (96 percent) and generally higher levels of specific improvements than non-medicated women. Those on medication especially credit their treatment for being able to feel good at work again, their improved work performance, and their improved relationships with co-workers (97 percent).

**Seeking help immediately is tied to greater relief of symptoms, but many depressed women don't realize that treatment can help.**

- Only half of women diagnosed with depression seek help right away (47 percent), but those who have improved the most are more likely to have sought help immediately versus those who wait (56 percent diagnosed with minimal to no symptoms sought help immediately versus 39 percent diagnosed with mild to major symptoms).

When asked why they didn't seek help right away, three-quarters (74 percent) who have not sought immediate help say they thought that they could deal with their symptoms themselves. In addition, many feel that depression is something that they have to live with (60 percent); that the condition carries a stigma (55 percent); that it is a sign of weakness (49 percent) or a character flaw (35 percent).

Others don't know where to go for help (40 percent) or fear insurance will not cover the costs (31 percent). Being too busy with work (45 percent), having confidentiality concerns, and even a fear of income or job loss (32 percent) are also reasons.

Those diagnosed with mild to major symptoms cite more obstacles than those with minimal to no symptoms.

Among those who have sought help for their depression, advice from family and friends (50 percent) is an important factor in encouraging them to do so. In addition, workplace issues, such as trouble concentrating (49 percent), interference with job performance (46 percent), and finding it hard to go to work each day (43 percent) also push women with depression to seek help.

**Help is often not as readily available as women think it should be. The majority of companies do not offer Employee Assistance Plans covering depression that respondents are aware of. Consistent with this finding, virtually all women surveyed agree that they need better, more accessible help and a large majority of these believe a dramatic improvement in available options is needed.**

- As far as respondents know, only four out of ten employers (38 percent) offer an Employee Assistance Program (EAP) that helps with depression. Women achieving remission from their symptoms are most aware of an employer's plan (44 percent) suggesting this can be an important part of the road to recovery.
- While the majority of the women whose companies have EAPs are familiar with the program, one in three knows little or nothing about it (35 percent), especially undiagnosed women (42 percent).
- As would be expected, when employees are knowledgeable about their company's plan, they are more likely to use it (84 percent knowing a lot or a moderate amount use the plan versus 59 percent knowing little to nothing about the plan). Besides promoting use, greater knowledge also dispels myths about depression. Diagnosed women who are familiar with their EAP program are more likely than those who are not to disagree that depression is seen as a character flaw (60 percent disagree strongly or disagree), that it is a weakness (56 percent), or that it carries a stigma (47 percent). Women more familiar with the plan are also less likely to fear workplace repercussions from using it (69 percent bottom two box disagreement with the fear factor versus 52 percent who know less about the plan).

While four out of ten (37 percent) of those women with diagnosed depression who currently experience symptoms use their company's plan, only 11 percent of undiagnosed women have ever used their company's plan.

- The apparent scarcity of workplace plans, or, at a minimum, lack of knowledge of these plans, likely contribute to nearly universal dissatisfaction with workplace related assistance for depression.
- Most women with depression agree that the workplace falls short in providing the help they need to meet their work responsibilities (93 percent). Two-thirds of those wanting better help from the workplace say that treatment options and their availability need to improve dramatically (67 percent top four boxes out of ten).

**Greater stress leads to greater depression. The women currently suffering mild or higher symptoms of depression (diagnosed and undiagnosed) are under greater pressure in their lives than those who achieve relief of their symptoms.**

- Those showing the most improvement, *diagnosed women with minimal to no symptoms* (i.e. scored 0-15 on CES-D Scale), are also better educated, have higher incomes, and receive more support at home (more are married at 62 percent, fewer are the sole support of their household at 38 percent) versus those with mild to major symptoms.
- Those with continuing symptoms, *women currently suffering mild or higher symptoms* (i.e. scored 16+ on CES-D Scale), diagnosed and undiagnosed, experience considerably greater pressure in their lives than diagnosed women with minimal or no symptoms. They are more likely to be the sole support of their household (51 percent), are less educated, less likely to be married, more likely to have non-career jobs, and one in three live in poverty (household income less than \$25,000).
- Those who have not sought treatment, the *undiagnosed women*, are the youngest group and include more minorities (18 percent Black, 10 percent Hispanic) and blue collar workers (15 percent). Half (52 percent) of these undiagnosed women suffer from major symptoms of depression.

Interestingly, most of these women (95 percent) seem to suspect they are depressed, with 50 percent having first suspected it in the past year - more recently than the diagnosed group.

**Lack of insurance likely discourages undiagnosed women from seeking treatment.**

- Findings show that those without insurance are half as likely to have relieved symptoms (17 percent versus 34 percent). This is most likely because those without insurance are more likely to be undiagnosed (51 percent versus 31 percent) and less likely to be medicated (25 percent versus 47 percent).

**Given the toll depression takes on working women, their families, and their employers, programs promoting awareness and more and better treatment options are well worth the effort. These could potentially include:**

- Campaigns to raise awareness of the problem in Human Resource Departments;
- Government assisted programs, especially for disadvantaged women suffering from depression;
- More corporate plans that offer treatment for symptoms of depression; and,
- For companies with established EAP plans, employee awareness campaigns and improved options for treating depression.