

TAKING ISSUE

Improving Symptoms and Ability to Work

Depression is a private nightmare and a pervasive public health problem. Working-age adults with depression experience higher than average rates of job loss, job turnover, premature retirement, work absences, and impaired work performance. The costs to depressed adults and their families, their employers, and the nation reach into the billions of dollars annually. As two reports in this issue make clear, there is an urgent need for research to find solutions to the employment problems of our returning veterans who suffer from mental disorders, including major depression. Current economic conditions may only worsen the employment picture for this already vulnerable group.

Prior depression treatment trials have contributed to the evidence base on high-quality depression treatment, documenting its impact on symptom relief and subsequent reduction in work productivity loss. These important studies help make the “business case” for high-quality treatment and respond to the private sector’s increasing interest in making value-based health care purchasing decisions. However, even if high-quality medical care were available to all working-age adults with depression, evidence from research in the mental health, disability and rehabilitation, and occupational medicine fields indicates that employment problems will persist.

It is time to ask, what would research look like if we really cared whether depressed workers participate fully in the labor market and function effectively on the job? Research is needed to test new care models that better enable adults with depression to be productive and engaged in work. We have an opportunity to think about interventions at the level of the individual, the health care delivery system, and the workplace, including organizational changes. Recent research suggests that workers with depression benefit from coordination of medical care with workplace support services and provision of vocational interventions. Research based on the chronic care model and related approaches suggests the potential value of multidisciplinary teams, which in this instance could ensure that general medical and psychiatric personnel collaborate with professionals close to the work situation, such as counselors in employee assistance programs.

Programs spanning disciplines, professions, and systems pose unique challenges both logistically and financially that will need to be addressed. In addition, we will need more employers to partner in research to ensure that adults with depression, including returning veterans, will be able to participate fully in the workforce.—DEBRA LERNER, M.S., PH.D., and DAVID A. ADLER, M.D., *Tufts Medical Center Institute for Clinical Research and Health Policy Studies and the Departments of Medicine and Psychiatry, Tufts University School of Medicine*

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