Depression

How it Affects Working at a Faith-Based, Nonprofit Organization

Lexi Summers

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Depression: How it Affects Working at a Faith-Based Nonprofit Organization

Alexis Summers

Arts Management

Senior

Abstract submitted for Undergraduate Research Symposium

Cheryl Hughes

Lecturer

School of Public and Environmental Affairs

Faculty Mentor

A 2011 study (the American College Health Association-National College Health Assessment) found that 30 percent of college students stated feeling depressed to the point that it was hard to function. Suicide, a choice made by many who suffer from depression, is the third leading cause of death among people ages 15-24. This mental illness is the cause for people to suffer from lasting sad, anxious, or empty moods, over or under-eating, irritability, loss of interest in activities once enjoyed, over or under-sleeping, fatigue, and feelings of worthlessness and hopelessness.

My personal experience with depression reflects these descriptions, and I know I am not alone on the Indiana University campus facing this mountain. Nothing else affects my personal life, academic pursuits, and career like the ‘fog’ that I wake up with many days of the week. As I finish the final semester of my undergraduate career as a full-time student, I find myself as a nearly full-time employee as well, at a local nonprofit that I will begin officially working full-time at upon graduation. I find myself in a unique situation as a staff member at this particular nonprofit. The Warehouse is a Christian-based community center, whose mission states: “The Warehouse is dedicated to serving youth and their families in need through people whose work is produced by faith, whose labor is promoted by love, and whose endurance is inspired by hope in our Lord Jesus Christ.” When suffering from depression, the brain pushes me to act in an irrational way- one that is the complete opposite of hard work, love, and hope in a faith-system.

My research strives to take a transparent and scientific look at depression in order to understand that this illness is an actual disease, not just a mood that is controllable by will power. I will then examine what research has been completed on the American workplace and the role of depression in its employees. Because my career also deals with a religious aspect, I want to research what the Christian church has had to say about depression. Finally, I will conclude by making a sound summary of what this research means for me personally and for any who connect to this issue. This summary will likely contain suggestions for the future of my career in regards to depression, plans of action for the workplace, and how to create an open work environment that is patient and understanding.
In beginning, a brief explanation of how this issue connects with me personally may help in understanding why such a particular combination of topics was chosen. My final year at Indiana University has proven to be one of the more difficult, challenging times thus far. It is common for this period of time to be a very self-reflective, thought-provoking year for students. They have learned a lot about themselves during their college career and are about to embark on a new, exciting, and slightly terrifying journey. One of things that I have come to recognize, understand, and begin to accept about myself is that I struggle with depression. I am learning that I am not so alone in that struggle, and especially in my generation and my age group. Another aspect of this situation that I am beginning to uncover and attempt to handle is how this mental illness affects my career. I am working at a local nonprofit/ministry organization called The Warehouse (a developing Christian-based community center), and we are called to do our work in faith, hope, and love. However, when the 'fog of
depression’ has rolled in and taken over my mind for the afternoon, day, week, or sometimes weeks, I do not feel nor can I will myself usually to operate in a hopeful, loving way that is in service to others. Therefore, I wanted to go on an exploration using this thesis process, that was educational and therapeutic to me, and hopefully eye-opening or encouraging to others.

The four areas of this investigation into understanding how struggling with depression fits into this line of career are the following:

1) Providing an overview of depression
2) Looking at what the American workplace has had to say about depression
3) Examining what the Christian church has had to say about depression
4) Developing a plan of action
INTRODUCTION

Depression is a word often tossed around loosely in conversations today. It is not uncommon to hear an individual describe theirself as depressed due to a trivial event in his or her day. For example: “I am so depressed that the tickets to next Friday’s concert sold out before I could purchase one.” Depression has to some degree become watered down as people use it to describe their feelings, when other adjectives (sad, down, upset, etc.) more accurately describe the momentary unhappiness they feel when they often say they are depressed. The National Institute of Mental Health defines depression as: “A combination of symptoms that interfere with a person’s ability to work, sleep, study, eat, and enjoy once-pleasurable activities. Major depression is disabling and prevents a person from functioning normally” (National Institute of Mental Health). This mental illness is incredibly hindering to those who suffer from it.

FORMS OF DEPRESSION

1) Major depression
   o This form of depression is severe, and inhibits the ability to function normally every day. It is possible for a person to experience just one episode, but it is more likely for them to suffer multiple occurrences throughout their lifetime.

2) Persistent depressive disorder
   o Persistent is defined as symptoms of major depression lasting two years or more. There may be brief phases of less severe symptoms during the two years, however.

3) Seasonal affective disorder
   o This disorder causes people to suffer from depression only during the wintertime, due to exposure to less natural sunlight. The depression often leaves during the spring and summer.
4) Psychotic depression
   o This is a combination of depression and psychotic experiences. A person suffering from psychotic depression may have delusions or hallucinations.

5) Postpartum depression
   o Women can experience this form of depression after giving birth to a child. Both hormonal and physical changes, and the weight of being responsible for a newborn contribute to this depression that 10-15 percent of women experience after delivery.

6) Bipolar disorder (manic-depressive illness)
   o Though not as common as major depression, this illness is defined by its “cycling mood changes.” People will experience intense highs to intense lows.

(National Institute of Mental Health)

CAUSES

A common way that depression can sometimes be misunderstood is as to what causes it. I have heard people say in response to people struggling with depression the following: “Just snap out of it,” and “Can’t you control how you feel?” This was the biggest hurdle for me, before I accepted the fact that I needed to seek treatment. I despised the fact that I did not possess the ability within myself to control my own emotions, thoughts, feelings, and attitudes. This realization, that I did not have that control, when I wrongly felt that I should without help, shattered me. In reality, depression is caused by a lot of things: it’s a mixture of genetic, biological, environmental, and psychological influences. This illness is a disorder of the brain, not a failure of the individual. Brain scans have even proven that the brains of people who have depression look different than those who do not have depression (National Institute of Mental Health). In Figure 1, PET scans show that the brain activity levels of someone suffering from depression appear significantly different than the levels of someone who is not depressed (Joseph Goldberg). Some forms of depression may be genetic, especially when combined with certain situations (stressful or traumatic experiences, environmental factors, etc.). However, depression can also occur without any sound explanation or family history (National Institute of Mental Health).
The way people experience depression vary from person to person, but there is a collective list of signs that often appear at one point during a person’s depressive episode. National Institute of Mental Health lists the following signs and symptoms as identifiers of depression:

- “Persistent sad, anxious, or ‘empty’ feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment.” (National Institute of Mental Health)
DIAGNOSIS

Depression can often be challenging to diagnosis because it displays in many different ways and is unique to the person suffering. The common tools and tests that doctors use to diagnose illnesses prove mostly unhelpful when attempting to point out depression. Blood tests, yearly physical check-ups, and other laboratory tests cannot alone register mental illness. Instead, talking with a patient and noting their mood, reported behaviors, thoughts, and daily routine can best assist a doctor in identifying depression. It is not uncommon for a general practitioner to refer a patient to a mental health professional in order to more accurately diagnosis and treat the individual’s unique needs (WebMD).

Other ailments often accompany depression, or are the cause or consequence of it. Common coinciding issues are “anxiety, PTSD, obsessive-compulsive disorder, panic disorder, social phobia, alcoholism, and drug addictions” (National Institute of Mental Health ).
TREATMENTS

There are various forms of treatments of depression that can be curtailed towards the individual patient’s needs, the most common of those being medication and psychotherapy.

**Antidepressants**

These medications affect neurotransmitters (particularly serotonin and norepinephrine), which are chemicals in the brain that regulate mood. Monoamine oxidase inhibitors (MAOI’s) are the oldest type of these antidepressants. Though useful in treating atypical instances of depression, people taking MAOI’s must refrain from consuming certain food and drink, and be cautious as to what other medications (over-the-counter and prescription) they are taking (National Institute of Mental Health).

Another class of older antidepressants is tricyclics, which are potent but not used widely today due to their potentially serious side effects (National Institute of Mental Health).

The latest and most common form of antidepressants is selective serotonin reuptake inhibitors (SSRIs). Popular prescriptions in this group include Prozac, Zoloft, Lexapro, Paxil, and Celexa. According to the National Institute of Mental Health, the reason this group of antidepressants is most popular is because they “tend to have fewer side effects than older antidepressants” (National Institute of Mental Health).
Psychotherapy

The two main types of psychotherapy are cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). These treatments are helpful in assisting patients understand their environment, interactions with others, and things or behaviors that may be contributing his or her depression. In doing so, unhealthy thought patterns can be improved. Psychotherapy alone may suffice for mild to moderate depression, however, for severe depression or in some patients, medication in addition to psychotherapy may be required (National Institute of Mental Health).

HOW SERIOUS IS DEPRESSION?

This disorder is one of the most common mental disorders in the United States, and is the leading cause of disability in the US for people ages fifteen through forty-four (Ferrari, Charlson and Norman). It affects approximately 14.8 million American adults in any given year, and 121 million people worldwide (BioMed Central). In 2006, 33,300 people in this country died by suicide: nine out of ten of these individuals had a diagnosable mental disorder (National Institute of Mental Health). Examining these statistics, it is clear the burden mental illness and specifically depression places on our society and the desperate need for education for all and help for those whom suffer from it.
IN THE AMERICAN WORKPLACE

INTRODUCTION

We spend the majority of our waking hours at our workplace. Most of us spend more than one-third of our days at work (Bureau of Labor Statistics). Seeing that a lot of our time is spent in this environment, with our employers, coworkers, and people we serve, it is incredibly important we think about those workers who suffer depression and how we can create a healthy work environment that serves everyone.

DEPRESSION AND OUR PRODUCTIVITY

Today, it is widely accepted that healthier employees make more productive employees. They are less likely to be sick on the job, call-in ill, or use vacation days due to illness. A study by Brigham Young University found that by just having an unhealthy diet increased the chance of productivity loss at work by sixty-six percent (Ashmore). Caring for and taking time to create healthy behavior for family also carries over into better productivity: the employees who do so may miss fewer work days due to taking care of sick children or spouses. When employers take initiative and care to help their workplace to be
healthy by creating health programs for their employees, they will find that the cost of doing so is often much less than the cost of employee productivity-loss due to sickness and other unhealthy issues (Centers for Disease Control and Prevention). The same study as above completed by BYU even found that, “Workers who didn’t believe their employer would support their healthy habits were more likely to have a decrease in productivity” (Ashmore).

Employees who suffer from depression fall in line with loss in work productivity. Up until 2000, depression has cost the US economy $83 billion due to employees being absent from work, lost productivity while at work, and direct treatment costs. The mental illness also costs employers every year $44 billion in lost productivity. Further staggering numbers are the amount of workdays lost when employees suffer from depression: twenty-seven days each year, which is over ten percent of the available workdays in a given year. Finally, Figure 2 shows just how costly depression is per individual employee (Depression Center: University of Michigan Health System).
WHY ALL ASPECTS OF EMPLOYMENT SHOULD CARE

**Employers**

- We now understand how financially destructive depression is in our workplace. As employers, we lack financial responsibility of our organizations if we do not seriously consider adjusting workplace, employee, and health policies to address the issue of mental illness. Successfully treating depression not only creates more direct monetary profit for organizations, “but also improves workplace outcomes, such as employee retention and productivity (Depression Center: University of Michigan Health System). Employers must also be conscious of their own vulnerability to depression. When leading a team of employees, having depression affects the way a superior will communicate and delegate tasks and needs.

**Human Resource Departments**

- The HR department of any organization plays a significant role in the well being of its employees. Handling benefits and skills development of workers are two areas that directly correspond to depression. If HR staff are responsible in caring for individuals by providing them with correct insurance/benefits information and play a role in developing them as both people and employees, they will be successful in fulfilling part of their job requirement while also improving overall productivity.

**Coworkers**

- Because we typically spend more than one-third of each weekday at work, we also spend more than eight hours a day with the same community of fellow coworkers, especially when working in teams or on special projects (which is often how nonprofits operate). As we work with a team of people, we naturally develop personal relationships with them. When done maturely and
respectfully, these relationships allow for better team cohesiveness, improved feelings of acceptance, a growing network of friendships, and a personal support system (Ingram). When a fellow team member is suffering from depression, it will likely not only affect that individual's performance on the team, but also all other team members.
IN THE CHRISTIAN CHURCH

IN THE PAST

Up until the late 1990s, the science behind depression had yet to be uncovered and brought to light. Until that time, the world was fairly uneducated that depression is rooted in biological and chemical issues in the brain. So instead, inaccurate stigmas about depression had all the time in the world to develop and shroud its sufferers in silence and shame. In the 19th and 20th centuries in America, any mental illness was viewed as a direct sign of “moral failing” or “of a weak character” (Rottenberg). The Church has been successful in continuing and furthering those stigmas, causing grief and guilt in many Christians. Many see depression as “an automatic indication of a lack of faith or an indicator of sin that hasn’t been dealt with” (Christian Drug Rehab ). There are pastors, churchgoers, and fellow friends who use scripture to show the person suffering with depression that it is simply a “spiritual issue.” This includes verses such as Psalm 28:7, which states: “The Lord is my strength and my shield,” and Nehemiah 8:10, which states: “Do not grieve, for the joy of the Lord is your strength” (NIV). There are instances where people who developed beliefs before scientific evidence about depression was discovered who go as far as to claim that depression is sinful and they completely discount any biological or medical explanations for the illness (Have Faith Ministries, Inc.).
There also exists another problem within the Church that goes hand-in-hand with the shaming of depression. The pressure for a Christian to appear ‘perfect’ has permeated the religion for many years. From personal experience, there is pressure from within the Church, pressure from outside the Church, and pressure from yourself to be “good enough.” Being willing to not put on the mask of perfection is difficult, but I believe it has contributed to Christians hiding their battle with depression and other manifestations of mental illness.

TODAY

Though there is still great room for improvement in the Church today, strides towards destroying the stigma attached to depression have been made and are continuing. There are many believers and pastors within Christianity who are proactive in increasing awareness about depression as an illness, instead of a spiritual sin. Organizations such as Christian Enquiry Agency are also taking a stand on the issue: “Depression is an illness. It is not anybody’s fault. It is not a spiritual failure. It is not a sin. It is not a punishment. It is not a symptom of anything evil. It is not a sign that God has stopped loving
someone. It is just an illness” (Christian Enquiry Agency). Even more noticeable on the front lines are groups, magazines, and churches whose demographic is the millennial generation. One popular magazine and website, RELEVANT, consistently produces articles, blogs, and media discussing depression. Titles of published material in just this year include:

- “How the Church Should Talk About Depression”
- 5 Things Christians Should Know About Depression and Anxiety”
- “Study: Stress May Trigger Major Depression”
- “I Love Jesus. Why Am I Still Depressed?”

Full books, such as Losing God: Clinging to Faith Through Doubt and Depression, are being published and championed. Its author, Matt Rogers, struggled through depression and doubting God and Christianity through his college years from 1996-2000. All the while, he searched for a book or resource that would simply assure him he was not alone in the struggle the types of questions he was asking- he could not find one. After overcoming the trenches of the battle, he wrote Losing God in hopes of comforting others who deal with the pain, loneliness, and doubt he experienced (Rogers).

Finally, in my personal experience of being Christian and also one who is prone to depression, the community of fellow believers who surround me with compassion and understanding is a source of significant strength and hope. When I am wrestling with doubt and uncertainty, my pastor is beside me assuring and strengthening me. When I have a day or week in the fog of depression, my Bible study friends make the extra effort to be comforting and helpful. This people are choosing to give love instead of shame, and it makes a world of difference in the life of someone with depression.
RECOMMENDATIONS FOR THE WORKPLACE

Policies

- Employers and HR departments need to make a point to treat mental health issues with the equivalent attention and needs as any other medical problem that employees encounter. Revising policies so that it is clear the organization is dedicated to upholding mental health is a great first step. Plans should also be developed that are “aimed at reducing and managing workplace stress” (Depression Center: University of Michigan Health System).

- Awareness campaigns can also be added to policies and the yearly calendar. This puts particular focus on the issue of mental illness and the workplace and provides a launching pad for open discussions (Depression Center: University of Michigan Health System).
Training

- When any training occurs in relation to the workplace and human relations, a component of the training should include how to help another employee who might be depressed. Supervisors need to feel equipped to recognize common signs of depression and feel comfortable in encouraging their workers to seek support. Continuing to encourage them through the treatment process, counseling process, or even time away from work period is vitally important. Coworkers also need to feel comfortable in supporting fellow team members through times of depression. Because these individuals are on the “same level” at work, the possibility for trust and open conversation is very likely. These steps will encourage early recognition of depression, allowing it to be treated before the depression becomes deeper.

If all staff stimulate discussions on mental health issues transparently and openly, those employees who suffer from depression will likely feel much more comfortable in addressing their own needs in the workplace (Depression Center: University of Michigan Health System).

Personal Plan

- Because of the open and transparent fashion of my workplace and staff, there already exist many outlets I can utilize to seek help and understanding. I wish to improve my communication and honesty about my struggle with depression with my coworkers so that we operate as a team better and our personal relationships strengthen. The following list itemizes situations and resources that already exist that I wish to accomplish this through:

  1) Weekly Staff Meetings
  2) Group Text Message: meant to provide a quick way to encourage, share praise or prayer needs, and be accountable in spending time with God.
  3) Staff Lunches
4) One-on-one discussions with supervisor

5) Posted prayer list in office
   - One way that my experience with depression quickly worsens is due to my expectations of myself and the desire to control the depression. I often feel discouraged and down on myself when going through a depression period, and feel that I am “wasting time” and simply need to push myself harder to focus and complete tasks.

   - This negative process encourages a vicious cycle of the depression spiral. I have developed a simple worksheet that will allow me to assess my thoughts, feelings, and mood. My hope is that in completing this exercise, I will be able to realistically assess and evaluate my expectations and performance. I have designed the sheet to be able to be completed as a reflection for the day, week, and month.

<table>
<thead>
<tr>
<th>1) What are your thoughts/feelings on how this day/week/month went?</th>
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<table>
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<th>2) What did you accomplish?</th>
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<tr>
<th>3) Did you experience moments of stress, impatience, or depressive thoughts? How did you handle them?</th>
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<th>4) Did you open up to anyone or ask for help when feeling these moments?</th>
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<th>5) How was your struggle with needing control? Did you trust others with tasks and loosen your grip?</th>
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<tr>
<th>6) If you could improve how you chose to handle a situation or emotion, how would you?</th>
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<tr>
<th>7) What is your advice for yourself for tomorrow?</th>
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RECOMMENDATIONS FOR THE CHRISTIAN FAITH

CHURCHES, PASTORS, & FELLOW CHRISTIANS

- As a faith of love, patience, and social service, the church should operate as hospitals helping the sick and needy instead of storefronts showing off people trying to appear perfect through the display window.

- In a role of leadership and in the public eye, pastors have the great opportunity to lead their congregations and educate them on mental illness. Pastors worldwide have the sole attention of millions of people every Sunday. What an occasion for opening up and instructing Christians on depression and what it truly is. Pastors have the ability to crush the false belief that depression and other mental illnesses are simply a failure of the individual’s will or faith.

- As a faith community, Christians should help and uplift one another through times of trial. This includes times of depression and deep sadness. Understanding, compassion, patience, and knowledge would help immensely in assisting someone through depression. Encouraging fellow believers to seek help, instead of sweeping their struggles under the rug, will help fight the stigmas associated with Christians and depression.

Biblically Based Programs

- I believe the theology behind Christianity and teachings provided in the Bible provide great foundations for programs concerning depression and mental illness to be developed. There are a handful of “faith-giants” in the Bible who likely struggled from depression. The prophet Elijah is one of these individuals. The story of Elijah tells readers of his extraordinary gifting and blessing from God. Elijah was lifted high above many negative situations. But Elijah acted incredibly irrationally and terrified. After experiencing a momentous victory that God
accomplished through him, Elijah ran away from everything and slept for days, all the while asking God to just let him die. It is likely he suffered from some form of mental illness, possibly even depression. Christians are able to use the way God responds to individuals like Elijah to base programs on helping those who face this battle. In the story of Elijah, God cares for the physical and immediate needs of Elijah and then takes the time to listen to Elijah’s thoughts and feelings, regardless of how irrational they were. I believe this is a phenomenal example of how Christians should handle fellow believers with depression.

**Personal Plan**

- As I continue to learn about depression and treat my own battle with it, I have the desire to provide help to other young adults who experience similar struggles. I would like to use my position at The Warehouse to open up and further the discussion on mental illness and wipe out the stigma and taboo-nature of it. Music therapy has been proven to be a source of healing for many sicknesses. The American Music Therapy Association lists that the practice can be designed to “promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, and promote physical rehabilitation” (American Music Therapy Association). I believe these are all issues that are relevant to those struggling with depression. A 2011 study even found that “After three months, patients who received music plus standard care experienced significantly greater improvement in depression and anxiety levels than those treated with standard care only” (Swartz).

- Alongside our future art program, I would like to design a component that is focused at using music and art as: 1) a source of healing for depression, and 2) a space for open communication. I will first need to become certified through the American Music Therapy Association or another
credible organization, but I believe this developing idea will be fruitful to young adults in our community when it is executed and put into practice.
CONCLUSION

In conclusion: depression is messy. It is chaotic, confusing, disorganized, and muddled. It pulls the hope and love for life out of millions of working Americans and Christians every year. Until the last two decades, we have treated depression as a shaming failure of self. Only until recent time have honest, educated, and transparent discussions and programs begun. As a society, we have a long ways to go. But I believe even with the tiniest of acts, like simple theses like this one, we take small steps to bettering the way we talk about and help depression and those who struggle with it.


Have Faith Ministries, Inc. Dealing with Depression Biblically. 6 April 2014 <http://www.have-faith.org/depress.html>.


WebMD. Depression Health Center: Diagnosis. 2014. 1 April 2014