

Feature

Depression in the workplace—a journalist's personal story



Wladimir Bulgar/Science Photo Library

It was just 2 years ago, sitting at the BBC's news desk in London (UK), when I knew I couldn't carry on. I was so tired—that's the only way I can describe it. Tired, lost, and heartbroken by life.

It wasn't work, it wasn't my personal life, it wasn't my finances, and it wasn't the job. It was all of those things. I had lost all my resilience to life's challenges; but to recognise that in a busy, stressful, working environment was very hard.

I know now this was depression. I'd had it before in my twenties but hadn't acknowledged it—back then I was too ashamed to seek help. Journalists are supposed to be brave, cynical, and tireless. It's just too embarrassing to say you're depressed by life when colleagues around you are reporting stories of death, tragedy, and horror.

The BBC was hugely kind to me. I had some time off and returned with light duties for a few months. But my boss summed it all up with one phrase, "I just don't know what to do to help." And even after my own experience, I knew that I would feel exactly the same if one of my team told me they were depressed.

So I decided to speak out to help others and to start a conversation about how we handle depression in the workplace. If one in five of us are touched by a mental health issue at any one time, whether it's personally or a friend or family member, then anything I could do at work would be a positive step forward.

And as soon as I was open at work, the whole newsroom seemed to open up to me. One foreign news correspondent, who doesn't wish to be named, shared a similar experience with many colleagues:

"I disclosed my depression to a small number of my closest friends—but never formally told my managers. It never quite felt right simply to approach them and say 'I have depression.' That's partly because, in the absence of an immediate crisis, there's no forum for such a conversation."

It was simple stories like these that inspired me to try to make a real difference—to use my experience, and the very best research I could find, to make my newsroom and the job I love more mentally healthy.

Then came an enormous stroke of luck. The Knight-Wallace Fellowship at the University of Michigan (Ann Arbor, MI, USA) is an opportunity for mid-career journalists who want to reassess their careers and find new challenges. BBC News has a long-standing relationship with the programme and when I discovered that the University has the world's first dedicated Depression Centre, I immediately knew I could potentially pursue my interests on US soil.

Moreover, The Knight-Wallace Fellowship is partly named after the legendary CBS "60 Minutes" broadcaster Mike Wallace—who himself spoke out about his own mental health.

I applied to join the Fellowship with him in mind and a project proposal to help all journalists who bring their depression to work.

As soon as I arrived in Ann Arbor and stepped into the University of Michigan Depression Center (UMDC), I saw huge scope for collaboration. Dr John Greden founded the UMDC in 2001, with a mission to detect depression and bipolar disorders earlier, treat them more effectively, prevent recurrences and progression, counteract stigma, and improve public policy.

He realised that a partnership with another profession, in my case broadcast journalism, could bring dividends for both the UMDC and my own workplace. This is especially true in my field, as it's only when journalists really understand depression and mental health that the rest of the world—the patients, their families, and the majority who suffer in silence—will begin to feel that they're really not alone.

By end of the fall term, my project was really beginning to lift off and I was hugely honoured to be awarded another Visiting Fellowship by the UMDC and help run a team of MBA graduate students looking at workplace mental health.

In the spring of this year, we visited Wall Street giants, vast public organisations, the BBC, charities, and lobby groups. We were hugely fortunate to spend time with Dr Lloyd Sederer in New York (NY, USA), Professor Dinesh Bhugra in London (UK), and Professor David Clark in Oxford (UK).



Gala Image/Science Photo Library

It was in New York that we met many inspiring individuals who were trying to make a real difference in workplace wellness. Michael Thompson, formerly of PricewaterhouseCoopers and now President and CEO of the US National Business Coalition on Health, gave a fascinating insight into what makes a mental health programme work.

To remove the stigma of talking about depression, those at the very top of any organisation must speak out and create an environment where staff feel free to seek help:

“When you do break that silence—people start to talk. It creates a level of closeness and mutual respect. Suddenly you realise you’re not alone and everything gets easier.”

This was echoed by the BBC’s Chief Medical Officer Dr Colin Thomas, who said much positive work can be achieved without the need of expert intervention:

“I believe that good practice starts at the grass roots—building a trained peer network that could stimulate the discussion about mental health, identify potential issues for prevention and supportively point people in the right direction when they require help. I think if you involve clinicians too soon you can ‘medicalise’ issues inappropriately and actually a lot of good practice is really just good common sense.”

Many businesses we spoke to said they were concerned that the mental health profession would find it hard to deal with the increase in patients, as more people sought treatment. Michael Thompson suggested that: “If we don’t have enough professionals we need to use them smartly—primary care needs to play a more significant role. We need to make the collaborative care system work and technology can help with many of the cases where medication isn’t necessary.”

He added that “The opportunity to deal with mental health has never been better—we need society to acknowledge and mobilise the emerging knowledge about the brain and mood disorders.”

We also heard a need for those working in or studying mental health to reach out more to the outside world and

share this knowledge with employers and organisations who are often at the frontline of dealing with individuals who are suffering.

As Dr Colin Thomas described: “There can be a disconnect between consultant and GP advice to patients and the practicalities of the workplace. I think specialists could, and should, be better connected to the world of work as this is an important part of all our lives. Collaboration, where perhaps psychiatrists and other specialists spend a period of time in industry in their training, would I think open their eyes to a world outside the wards and consulting rooms.”

And now I’m so excited that the Depression Center back in Ann Arbor is continuing to bring the world of the workplace into the very heart of its research.

For the past 10 years, Dr Srijan Sen has been studying stress and depression among 13 000 training physicians across 55 US institutions. He found a dramatic increase in depression when training began, with about half of the young doctors in his study becoming depressed at some point during their first year. This was down to a series of individual and workplace factors which helped predict depression risk—including long hours, lack of sleep, genetic variants, and general wellbeing.

Dr Sen told me: “We have been making progress in identifying some online and mobile health tools that can help the training physicians develop skills to handle high stress and stop the progression to depression. We hope that employers and managers anywhere will be able to use this work to develop workplaces that more effectively promote wellness and mental health.”

It’s this kind of research and many of the wellness programmes I have studied over this past year that give me real hope that bringing your depression to work will no longer be something you need to do silently and alone. And that the place you spend most of your waking hours will be able to reach out with the right support, understanding, and tools for prevention and recovery.

Matthew Shaw