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Introduction

Mental illnesses, or psychiatric disorders if you will, are considered to be abnormal psychological conditions that are distinctly characterised by a high degree of dysregulation and disorganisation of mood, psychological condition, or thought. In principle, all individuals suffering from such disorders tend to exhibit highly erratic psychological behaviours that can practically render them as inefficient and unable to cope with reality. One such disorder – which is, in fact, by far the most common psychiatric disorder – is severe depression that is predominantly developed and observed in more females than males (Saveanu & Nemeroff, 2012). Depression is commonly characterised as a mood disorder that causes ‘*a persistent feeling of sadness and loss of interest*’ (mayoclinic.org. 2016). Typical symptoms of this disorder include the development of extreme sadness or even despair that lasts for a substantially long period of time and can, therefore have a devastating impact on the individuals’ quality of life. Furthermore, a highly problematic side-effect of depression is that individuals suffering from this disorder might also find themselves indulged in alcohol abuse, abuse that can be initiated regardless of the individuals’ age. In fact, one of the most important studies that has efficiently demonstrated the connection between depression and alcohol abuse was performed by Kessler et al (1997). This study showed that the potential odds of alcohol dependence and abuse are significantly elevated in individuals (both for men and women) suffering from this disorder. Among others, the relationship between depression and alcohol abuse imposes a severely negative effect in workplaces because it propels substantial loss of productivity, loss of professional ambition, demotivation, absence from the workplace, etc. (Madan and Hotopf 2014). Hence, the following lines intend to discuss this highly devastating connection of depression and alcohol abuse by emphasising on the role of occupational safety in employees’ health and well-being.

Depression as a mental disorder

First of all, it should be mentioned that nearly £ 70bn were spend on healthcare costs as a result of mental health illnesses. Therefore, and prior to unfolding research papers that provide solid evidence regarding the connection of depression and alcohol abuse, it would be very beneficial to introduce depression as a psychological disorder. In fact, and in order to underline the importance of this disorder, specifically in the UK, one should simply refer to the official statistics which show that depression *'is the most common mental disorder in Britain, with 9% of people meeting criteria for diagnosis, whereas 4 - 10% of people in England will experience depression in their lifetime'* (mentalhealth.org.uk. 2016). In the majority of the cases, individuals feel helpless, completely unworthy of anything nice or beneficial, and deprived of any hope or positive emotions. The latter, essentially incorporates the unavoidable need that these individuals have in order to blame themselves for experiencing such negative feelings. Consequently, this instantly interferes and hinders their normal progress of their daily lives, including their performance at work – due to the loss of appetite for work. Furthermore, this severe disorder can enhance the manifestation of conditions such as sleep deprivation, loss of the ability to concentrate on plain tasks, etc. Moreover, it should be also noticed that severe depression can exacerbate cognitive impairment or other mental illnesses that can primarily manifest themselves in older adults (Kiosses, Leon & Areán PA., 2011). Therefore, depression is a very serious condition that, once diagnosed, it requires immediate attention and treatment.

What causes depression?

The parameter that renders depression as a very serious condition that can naturally manifest to each and every individual, is the fact that it can develop without any single cause. However, researchers have suggested that depression occurs as a result of a plethora of

factors that can be distinguished into four distinct categories: genetic factors, biological factors, environmental factors, and psychological ones (Saveanu & Nemeroff, 2012). For example, issue such as the loss of a person that was very close to the given individual, postpartum depression, high levels of work-related stress, physical emotional or sexual abuse, retirement, irrational fear of death, can all contribute to the manifestation of this disorder (nhs.uk, 2016). Hence, this unavoidably translates into a high degree of underdiagnoses thus rendering patients that are under the need of immediate care as untreated. This is exactly why one of the most critical aspects in occupational safety, an issue that will be also discussed later on, involves the recognition of any early signs that can dictate the development of depression to employees by trained health care professionals.

Depression and alcohol abuse

The core issue of this essay revolves around the relationship between depression and alcohol abuse by focusing on employees suffering from this disorder. First of all, it has been suggested that depression on individuals that are already alcohol-defendant, is bound to lower the respective resolve to resisting – or withdrawing – alcohol. However, and most importantly, such individuals often tend to seek alcohol in order to alleviate their depressive symptoms (Hasin & Grant, 2002). This is exactly why researchers have observed distinct rates of relapse after alcohol abuse treatment on individuals suffering from depression (Kuria et al., 2012). There are many factors that give rise to the causal linkage between depression and alcohol abuse, and it has, in fact, been suggested that the higher the levels of depression the higher the risk for related alcohol abuse. Moreover, it has been hypothesised that individuals suffering from depression often use alcohol in order to reduce, or eliminate, any related stress or tension in the daily lives. This temporary relief, that is unrealistic whatsoever, tends to build a distinct problem-solution relationship that consciously suggests that alcohol is the answer to relieve all problems. In any case, the lifetime risk of suicide as a

result of severe alcohol abuse is about 10–15%, with the majority of these attempts occurring as a result of impulsiveness and/or following high quantities of alcohol (Pompili et al., 2010). However, the comorbidity of alcohol abuse and depression can highly increase the respective suicide rates.

Nevertheless, epidemiological studies have reported that the manifestation of depression and alcohol abuse often occur together (Schuckit et al., 2013); however, few studies have focused on whether depression actually leads to alcohol abuse. Childs et al (2011) suggested that alcohol abuse comes as a natural consequence of depression because this condition tends to interfere with their educational or/and professional achievements and/or their work performance. Therefore, and as previously mentioned, such individuals will resolve to alcohol – and subsequently to alcohol abuse – in order to escape from the reality that they have created (or more correctly that their condition has provoked). The methods used for this study, one of the first that provide solid evidence that depression is leading to alcohol abuse (and not vice versa), suffers from the distinct limitation of using a very small sample size. However, its findings clearly suggest that depression in early life can have a devastating impact on the individuals' lives that can gradually lead to alcohol abuse. An additional study performed by Crum et al (2008) also provides similar evidence as above. However, this publication should be considered far more reliable because it is based on two successive cohort studies that include a large sample of nearly 2300 students. The findings of this study suggest that depression in early life can highly increase the risk for subsequent alcohol abuse either during adolescence or during later years of life. In fact, the authors state that depression, or related disorders, might be early precursors of later alcohol disorders.

Depression in the workplace and the role of occupational health nurse in health and well-being in workplace

Depression ranks amongst the top three problematic issues that can be observed in workplaces – the other two being stress and family issues (mentalhealthamerica.net 2016). As previously mentioned, there are significant issues stemming from employees suffering from depression such as low rates of productivity, inability to concentrate on corporal targets and objectives, short term – or long term – disability leaves, but this condition can also negatively affect the overall mood and composure of all co-workers. In principle, individuals who suffer from depression will rarely admit their condition and, thus will not seek any treatment. However, one of the most critical elements is that employees who are aware of their conditions are usually not inclined to seek treatment because they are concerned about both the confidentiality and the effect that this process will have on their jobs and careers. Hence, the condition of these employees is bound to get worse, a point that as previously suggested can be associated with alcohol abuse; and here is where the critical role of occupational health nurse comes in place.

Occupational health nurses have the challenging responsibility of delivering health care at the workplace. They are responsible for adopting and implementing distinct and custom based health and safety strategies in order to prevent any potential accidents at the workplace, but also to ensure that all employees get the optimal working environment they are entitled to (Tew, 2005). Moreover, their role is to improve the overall environmental health management by promoting and applying specific interventions that are in accordance to the respective *health and safety acts* so that the management of the facility will comply with safety rules and regulations, and health and safety guidelines; that includes machinery, equipment, tools, fire alarms, etc. Assessment tools associated with risk evaluation in mental health such as the CRMT (Clinical Risk Management/ Working with risk), FACE (Functional analysis of care environments), START (Short-term assessment of Risk and Treatability), Patient Health Questionnaire (PHQ), Hospital Anxiety and Depression Scale (HADS), or the

simple Plan – Do – Check – Act are all essential and efficient tools that can aid occupational healthcare nurses in their duties (NICE, 2007). Therefore, these health care professionals need to highly emphasise on all preventable conditions that are bound to diminish employees' performance or behaviours; and this includes the cases where employees are suffering from depression.

Effective interventions

One of the most fundamental policies, the Mental Health Act introduced in 2007, provides a detailed description and analysis of the means with which people suffering from mental disorders should be treated at work. However, and in order to address the economic issues caused by mental health problems, it was the Layard report in 2005 that initially introduced a change in healthcare nursing. When it comes to depression or any other mental disorder, nurses need to focus their intervention on two distinct areas: psychological interventions and pharmacological ones. For instance, behavioural therapy, problem solving therapy, counselling, interpersonal therapy, all aim at alleviating the symptoms of a disease such as depression. Such interventions are psychological treatments that intend to teach employees how to manage their own negative feelings and handle their own stressful experiences (Areal et al., 2010). However, the most important element of such therapies is that they help these individuals to identify their condition, and the resulting challenges stemming from this condition, by trying to become more hopeful and patient. In fact, cognitive behavioural therapy, whose approach lies on replacing the destructive ways of the past with more constructive and positive approaches in the future, has proved to be an extremely essential tool. Hence, a central part in these interventions involves strengthening individuals' education. This is extremely important within the workplace environment because not only is it a helpful means for employees to overcome their depression – and, thus their potential alcohol abuse – but it will also provide them with more incentives to be more productive (but

also decrease the related healthcare costs as a result of mental health illnesses). On the other hand, pharmacological interventions (anti-depressants or antipsychotics) such as *Selective Serotonin Reuptake Inhibitors* (SSRIs), *Tricyclic Antidepressants* (TCAs) or alternative *Atypical Antidepressants*, have shown to be extremely helpful in terms of alleviating the symptoms that patients suffer from and, thus, improve their lives and their attitudes (Hannan et al, 2007). It should be mentioned that Wand (2012) states that despite the fact that risk assessment and management has become an integral part of mental health policies and legislation, they have yet to shift their focus on therapeutic interventions. However, this recent introduction of the occupational health care nursing profession has proved to be a great step towards implementing efficient interventions within the workplace of the employees.

Conclusions

All things considered, this essay intended to present two highly challenging and devastating issues that are undoubtedly degrading the quality of life of individuals: depression and alcohol abuse. It was stated that the relationship between the two is bidirectional and there has been distinct evidence provided showing that depression can indeed lead to alcohol abuse. This is of utmost importance when it comes to workplaces because of potential diminished performance, inability to cope with the collective aims and targets, frequent leave of absence, healthcare cost in terms of treating the disorder, etc. The newly introduced profession of occupational health care nurses can provide efficient solutions to this problem, provided that these professionals are specialised and have extremely high level education. Depression is a disorder that cannot be easily identified, and this is exactly why these nurses must be extremely skilful. Finally, the last part of this essay emphasised on the plethora of psychological and pharmacological interventions towards depressed individuals. Such interventions need to focus on the means with which the employees can learn how to manage

their negative emotions, to alleviate the symptoms that they suffer from and, thus, to improve their lives and their attitudes

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