Intuition: The BYU Undergraduate Journal of Psychology

Volume 13 | Issue 3 Article 5

2018

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Abstract

It is illegal for equal opportunity employers to ask potential hires about the history and status of their mental health. To allow employers to provide reasonable accommodation for mental and emotional health concerns, voluntary self-disclosure is permitted by the Americans With Disabilities Act of 1990, as long as it does not affect the hiring decision. However, because it is in the employer's best interest to hire strong candidates, the supposed relation between emotional suffering and mental weakness has contributed to the stigma against those who present depressive symptoms. They are commonly assumed to misidentify and misunderstand personal emotions, but alexithymia is not a subcomponent of Major Depressive Disorder (MDD) (Hoffmann et al., 2016). Depression has ties with low empathy, but empathy in remittent depression remains virtually unexamined by the scientific community. Individuals with depression may often be considered weak, yet no study has supported the notion that MDD debilitates resilience; in fact, depression may enhance it (Wingo et al., 2017). The dynamic nature of MDD and the unstudied benefits of remittent depression are much more complicated than a binary self-disclosure statement. Future research should focus on the relation of remittent depression with creativity, sociality, and psychological resilience.

Thinking Outside the Checkbox: Examining the Benefits of Depression in the Workplace

Taylor is the manager of the local branch of a large company and is preparing to hire a new team member. Her branch has been struggling amid the recent economic downturn. Despite the team member's attempts to adapt to these difficult times, they are running out of ideas and tension is rising. Taylor needs someone who can help her restore lost life and vitality. The company relies on an extensive online questionnaire to gather basic information about job applicants. After reviewing dozens of candidates, Taylor has identified the two strongest contenders: Sam and Alex. At first glance, the candidates' applications are nearly identical: Each comes from a strong academic background and has similar job experience. In fact, Sam and Alex share many things in common, including their age, race, gender, ethnicity, and financial status.

Taylor continues to review their responses, searching for something that will differentiate one candidate from the other. Finally, she arrives at the government-mandated portion of the questionnaire in which applicants are invited to disclose any disabilities that they have, and Taylor sees that Sam has checked the box for depression. Taylor pauses and considers the implications that surround Sam's checkbox. Why bring more pessimism, rumination, and instability into an already fragile work environment? She dismisses Sam's application in favor of Alex's. After all, if the only discernable difference between two job applicants is their mental health history, who would ever choose depression over emotional stability?

The Americans With Disabilities Act of 1990 (ADA) was adopted with the intention of preventing workplace discrimination towards people with physical or mental impairment and is enforced by the Equal Employment Opportunity Commission (EEOC). Shortly after its ratification, the EEOC defined mental impairment as "any mental or psychological disorder" as identified in the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental*

Disorders, 5th Edition that "limits one or more major life activities of the individual" (American Psychiatric Association [APA], 2013, p. 7). Major Depressive Disorder (MDD) was specifically listed as one of the six common examples of mental illness that may qualify for disability classification. Depression is the world's second leading cause of disability and has been estimated to cost the global economy nearly $80 billion a year in both lost productivity and healthcare costs (Evans-Lacko et al., 2016). The enormity of the financial cost of depression led to Evans-Lacko et al.'s (2016) determination that investing in the prevention of clinical depression in the workplace is a worthwhile, cost-effective alternative to treating it.

Two options for preventing depression in the workplace include the implementation of new human resource and healthcare programs or a more rigorous hiring process that involves scanning for (and filtering out) applicants with depression. The latter is illegal, as the ADA prohibits employers from asking disability-related questions before making an offer of employment. The ADA does, however, allow for applicants to voluntarily request reasonable accommodation for their disability, which has been interpreted and reduced into an optional self-disclosure statement regarding mental health (Olsen, 2015). Thus, by providing an opt-in feature of the question via an *I do not wish to provide this information* answer option, a loophole has been created that allows companies to collect mental health information before an applicant is offered a position. The data collected from self-disclosure statements can then be used by the employer to satisfy ADA mandates and serve as a basis for providing mental healthcare for employees (Olsen, 2015). Once obtained, nothing (besides the already sidestepped law) prevents an employer from taking the self-reported mental health status of job applicants into consideration during the hiring process. This can be problematic, as the statistics and stigmas

surrounding MDD may make its reported diagnosis an erroneously conspicuous element in the job application.

While much has been said about the costs and vices of depressive symptoms, research regarding its virtues is relatively scarce. Verhaeghen, Joorman, and Khan (2005) observed that self-reflective rumination, a characteristic commonly associated with depression, is likely linked to novel thinking. According to Parameshwar (2006), times of psychological distress have been fundamental in the formation of many transformational leaders, and Waugh and Koster (2015) observed that those who suffer from chronic illnesses, including anxiety and depression, reported higher levels of positivity than a control group. These studies, although few in number, seem to contradict what is commonly known and accepted about depression.

MDD is a complex, dynamic disorder that requires more than a binary checkbox in order to understand its implications for the workplace. According to Leonard (2014), most job applicants already refuse to reveal their diagnosis to potential employers for fear of discrimination (see Figure 1); unfortunately, for the few candidates that do, the stigmas, misconceptions, and lack of research regarding current and remittent depression may be detrimental to the hiring process. Although MDD is commonly associated with an impairment of occupational efficacy and may consequently be viewed by hiring organizations as an avoidable expense when considering candidates, equal opportunity employers should not be privy to the diagnosis of depression in potential hires, because applicants who may have experienced depressive symptoms (and subsequently received treatment) have often successfully developed high levels of creativity, enhanced social skills, and a deepened sense of psychological resilience, all of which contribute to achievement and satisfaction in the workplace.

Depression and Creativity

The value of a business comes from its ability to solve problems. Businesses, then, hire employees with the highest potential to resolve concerns and address setbacks (Ryan, 2016). Creativity has been linked to many workplace benefits, including staff morale, motivation, engagement, and productivity (Plano, 2018). Transformational leadership has been a topic of recent interest in organizational behavior and has been strongly correlated with individual creativity and innovation (Çekmecelioğlu & Özbağ, 2016). A committed employer seeking a new associate will naturally want the best candidate and will look for signs of ingenuity and inspiration in the applicant's resume and other personal information. A checked box indicating the past diagnosis of MDD would likely signal to the employer that the candidate will not creatively contribute to the team.

Depressive symptoms, as defined by the APA, include the "diminished ability to think or concentrate" and a "markedly diminished interest or pleasure in . . . almost all activities" (APA, 2013, p. 125). Self-reflective rumination is a state of mind in which the individual compulsively focuses on the origins and implications of his or her distressing symptoms while failing to contemplate potential solutions (Nolan, Roberts, & Gotlib, 1998). Thus, self-reflective rumination both contributes to and results from MDD; depression is not a problem that can be solved through fruitless cognition. In fact, the incapacity to imagine solutions typically compels the depressed individual to experience intense hopelessness, which is detrimental to personal and occupational efficacy.

Although cyclic cognitive processes appear to inhibit the creative mind, recent findings suggest that they may actually cultivate it. Burwell and Shirk (2007) concluded that what had previously been identified as self-reflective rumination actually has two components: brooding

and reflection. Brooding is to focus on symptoms, whereas reflection is to seek insight from adversity. Thus, MDD can be defined as an imbalance between brooding and reflection, and relief from depression may be considered as a return to balance. It should be noted, however, that both depression and its remission are characterized by both variables (Koster et al., 2015). In other words, if an individual has been diagnosed with MDD, but the gloomy, negative symptoms have subsided, he or she is considered to have remittent depression: The cyclic, cognitive tendencies remain, but they are not tainted by negativity (Burwell & Shirk, 2007). The reflection that may be observed in an individual who no longer engages in compulsive brooding may result in creative problem solving and novel thinking, which supports the observation made by Boytos, Smith, and Kim (2017) that exposure to prolonged, unstable struggles augments one's resourcefulness in identifying solutions.

While research regarding the link between depression and novel thinking is limited, anecdotal evidence often depicts the world's creative minds attributing their success to initial psychological distress; in other words, depressive symptoms have often been the essential difference between talent and genius (Hershman & Lieb, 1998). Well-known examples of this include Michelangelo, Isaac Newton, Martin Luther King, Jr., and J.K. Rowling (Ghaemi, 2015; Rowling, 2008; Yip, 2012). Reflection, then, becomes a defining characteristic of the mind of an individual with remittent depression. The resultant ability and desire to focus on both learning and solutions can be employed in solving problems in both the workplace and other social settings**.**

Depression and Sociality

With the global reach of social media, the demand for jobs that require social skills has risen by approximately 20 percent in the last 20 years, while the need for routine-task workers

has decreased considerably (Picker, 2015). Phoraris (2017) reported that the most frequently cited reason for job termination is poor cooperation and that the top two traits hiring managers look for are the ability to work in a team and effective interpersonal skills. Thus, it comes as no surprise that much of the application process is an attempt to understand the personality of the candidate. Eighty-nine of the Fortune 100 companies actively incorporate personality tests to evaluate applicants, and although its results are statistically insignificant, the Myers-Briggs Type Indicator (personality test) generates over $20 million a year in revenue (Taube, 2016). With so much attention given to indicators of potential social weakness, applicants who voluntarily disclose their past diagnosis of MDD on a job application may essentially seal their fate as undesirable candidates.

Adding insult to injury, a diagnosis of MDD is commonly associated with impaired emotional judgement regarding one's own mental state. For example, a person diagnosed with depression would be anticipated to be quiet and withdrawn— unwilling or unable to articulate the deep sadness that characterizes MDD. This loss of words and inability to express one's emotional state is called *alexithymia* and has been the subject of recent investigation. Autism research suggests that the onset of alexithymia is independent of MDD, which should impact the way depression is viewed by society, because those who experience depression are not necessarily doomed to the confused silence of alexithymia, and those who have difficulty in recognizing emotions are not necessarily depressed (Hoffmann et al., 2016). Future researchers may further disentangle alexithymia from MDD and thereby reduce the assumption of their comorbidity. As the true nature of MDD comes to light, the stigmas and assumptions surrounding it should dissipate, which will allow society to focus on its definite symptoms.

In addition to impaired emotional self-appraisal, depression is also commonly associated with reduced empathy. Empathy is the ability to understand and share the feelings of another person and has been identified as a necessity in the modern workplace (Holt & Marques, 2012). Empathy can be seen as an archetype of sociality: It encompasses the purpose of most communication and has a strong correlation with both social status and quantity of close friends (Silman & Dogan, 2013). Overwhelming evidence suggests that those in the midst of a depressive episode may experience extreme difficulty in empathizing with others due to the obsession that is characteristic of the disorder (Schneider et al., 2012; Schreiter, Pijnenborg, & aan het Rot, 2013). However, research regarding empathy in remittent depression is practically nonexistent, which is problematic as there is a distinct difference between current and remittent depression. If remittent depression is the absence of negative depressive symptoms, there may be some unstudied empathetic benefit found in remission.

Klinton Hobbs is a clinical faculty member and outreach coordinator in Brigham Young University's Counseling and Psychological Services Center and has observed that the best therapists are often those who have been diagnosed with MDD: "I think it gives them a better ability to connect with and join the client who is in the midst of that. . . . [so] there are maybe benefits to depression that has been remitted" (K. Hobbs, personal communication, March 8, 2018). Therapists are not alone in their ability to transform pain into compassion. For example, Waugh and Koster (2015) identified a correlation between suffering and optimism in the chronically ill. While the link between history of psychological distress and empathy may lack substantial scientific inquiry, the relationship between empathy and social success has been validated: High-empathy counselors have the highest success rate, regardless of theoretical orientation (Moyers & Miller, 2013). Although the literature supporting the connection between

remittent depression and empathy is scarce and anecdotal at present, the possibility of strengthened empathy as a result of psychological distress remains and should be the subject of future research.

Depression and Resilience

Resilience is a term used to describe how a substance responds to a force such as heat, stress, or a jarring blow, that is, whether it "bounces back" or returns to its previous state. In recent years, psychological resilience has been defined as an individual's ability to positively adapt to adversity, trauma, or distress. A common example is how many Americans responded with patriotism and hope to the terrorist attacks of September 11, 2001 (APA, n.d.). Rebuilding and becoming stronger as a direct result of distress epitomizes psychological resilience. The study of resilience came from other fields, such as performance and military psychology; only recently have organizational behaviorists begun to study it (King, Newman, & Luthans, 2016). As resilience becomes a more familiar concept, it may become a first-priority characteristic sought after in job applicants as companies face a slew of concerns and setbacks, both large and small.

Historically, MDD has been associated with a dearth of will that invites negativity to flood the mind and essentially takes over the life of an individual. In the eyes of an uninformed prospective employer, an applicant with depression might be considered ill-suited for the obstacles and setbacks that accompany the job. However, the popular framework of explaining depression as a lack of resilience has been shown by the scientific community to be not only overly simplistic but also entirely misguided.

In recent years, psychological resilience has been reconceptualized so as to no longer be a state but a dynamic, malleable process that can be strengthened over time (Waugh & Koster,

2015). This is supported by a study that found many of the world's transformational leaders experienced significant psychological distress, including the diagnosis of MDD, before their breakthrough (Parameshwar, 2006). Thus, instead of classifying individuals as resilient or non-resilient, it is more effective to examine an individual's history of distress and how his or her responses to it have changed over time.

In addition to the recently identified variability of individual resilience, research also implies its independence from depression. Wingo et al. (2017) confirmed that psychological resilience is positively correlated with strong social functioning and emotional support; they found no significant relationship between resilience and the diagnosis of MDD or other mood-affecting disorders. As mentioned previously, studies of the chronically ill revealed a significant correlation between physical and psychological burden and positive emotions (Waugh & Koster, 2015; Westbrook & Viney, 1982). Although a direct connection between enhanced resiliency and the experience of depressive symptoms has not yet been made, the notion that depression inhibits resilience has been refuted. The malleable nature of resilience, combined with its independence of depression and implied correlation with optimism, suggests that those who remit from MDD may experience higher levels of resilience and positivity as a direct result of their distress.

Conclusion

The principal presenting characteristic of MDD is negativity. Its common metaphors speak of darkness, weight, and emptiness, and the public perception of MDD is just as bleak. The many studies examining depression have made ample allegations against the potential of the diagnosed individual, yet very little has been said about the possibility (or promise) for growth after times of distress. It is commonly said that a broken bone, once healed, is stronger than it was before the break. Although the diagnosis of a serious mood-affecting disorder may not be

entirely comparable to a skeletal injury, the optimism surrounding recovery from physical trauma greatly outweighs that of its emotional counterpart. Mental illness can neither be seen nor understood as easily as a broken bone; perhaps it is for that reason that so much stigma surrounds it.

Recent studies have both negated popular understanding and highlighted the unknown. Alexithymia and psychological resilience are not directly related to the diagnosis of MDD (Hoffmann et al., 2016; Wingo et al., 2017). Depression is readily associated with compulsive brooding, but its association with deepened reflection is often overlooked (Burwell & Shirk, 2007; Koster et al., 2015). These refuted claims signal a need to readjust the depression paradigm, and the lack of research regarding remittent depression suggests there may be more silver lining in the gloomy clouds of MDD than previously anticipated. Self-reflective rumination may be a means for creatively approaching problems (Burwell & Shirk, 2007; Koster et al., 2015). Positivity, empathy, and novel thinking may be enhanced by overcoming psychological trauma and times of distress (K. Hobbs, personal communication, March 8, 2018; Parameshwar, 2006; Waugh & Koster, 2015; Westbrook & Viney, 1982). Future researchers should focus on remittent depression and the interaction with other variables such as creativity, sociality, and psychological resilience. Additionally, the effectiveness of employees with remittent depression compared to their undiagnosed counterparts should be examined.

The diagnosis of MDD is not a life sentence. According to Whiteford et al. (2013), spontaneous remission from depression is high, with 53 percent of people reporting the dissipation of depressive symptoms within a year. But for many, such symptoms ebb and flow with time and MDD may be experienced for several years. Depression is complex— it can be seasonal, episodic, or continuous, and it can remit and return (Whiteford et al., 2013). Every

individual with MDD has a unique relationship with it and experiences both positive and negative consequences associated with its diagnosis. Given that MDD is a vague clinical term used to describe past or present symptoms and may incorrectly imply occupational deficiency, employers should consider the downside of including voluntary self-disclosure of one's mental-health history as part of the hiring process, namely, that it will likely harm the candidate's chances of being seriously considered for the job. The issue lies not with the candidate's decision to check the box or to leave it empty but in the fact that the box exists in the first place. The EEOC requires that each employer give potential applicants a fair chance of getting a job, but voluntary self-disclosure statements may be self-defeating for both applicant and employer.

The ADA allows for the reasonable accommodation of mental or physical impairment. If the applicant suffers from MDD to the extent that accommodation should be provided, that information should be disclosed in a more personal setting (such as a job interview or one that takes place after the applicant is hired). Otherwise, checking a box may elicit the employer's stigmas, misconceptions, and self-interest in a manner that will get in the way of providing an equal opportunity to all applicants and employees, including those who suffer (or have suffered) from depressive symptoms. After all, it may be that such candidates provide benefit to the workplace by transforming their disorder into personal and corporate success.

"Rock bottom became the solid foundation on which I rebuilt my life."

-J.K. Rowling

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

American Psychiatric Association. (n.d.). The road to resilience. Retrieved March 26, 2018, from http://www.apa.org/helpcenter/road-resilience.aspx

Boytos, A., Smith, K., & Kim, J. (2017). The underdog advantage in creativity. *Thinking Skills and Creativity, 26*, 96–101. doi:10.1016/j.tsc.2017.10.003

Burwell, R. A., & Shirk, S. R. (2007). Subtypes of rumination in adolescence: Associations between brooding, reflection, depressive symptoms, and coping. *Journal of Clinical Child and Adolescent Psychology, 36*(1), 56–65. doi:10.1207/s15374424jccp3601_6

Çekmecelioğlu, H. G., & Özbağ, G. K. (2016). Leadership and creativity: The impact of transformational leadership on individual. Retrieved from https://www.sciencedirect.com/science/article/pii/S1877042816315543

Evans-Lacko, S., Koeser, L., Knapp, M., Longhitano, C., Zohar, J., & Kuhn, K. (2016). Evaluating the economic impact of screening and treatment for depression in the workplace. *European Neuropsychopharmacology, 26*(6), 1004–1013. doi:10.1016/j.euroneuro.2016.03.005

Ghaemi, N. (2015, October 26). Martin Luther King's manic-depressive illness: A source of His greatness and despair. Retrieved from https://www.medscape.com/viewarticle/853024

Hershman, D. J., & Lieb, J. (1998). *Manic depression and creativity*. Amherst, NY, US: Prometheus Books.

Hoffmann, F., Banzhaf, C., Kanske, P., Gártner, M., Bermpohl, F., & Singer, T. (2016). Empathy in depression: Egocentric and altercentric biases and the role of alexithymia. *Journal of Affective Disorders, 199*, 23–29. doi:10.1016/j.jad.2016.03.007

Holt, S., & Marques, J. (2012). Empathy in leadership: Appropriate or misplaced? An empirical study on a topic that is asking for attention. *Journal of Business Ethics, 105*(1), 95–105. doi:10.1007/s10551-011-0951-5

King, D. D., Newman, A., & Luthans, F. (2016). Not if, but when we need resilience in the workplace. *Journal of Organizational Behavior, 37*(5), 782–786. doi:10.1002/job.2063

Koster, E. H. W., Fang, L., Marchetti, I., Ebner-Priemer, U., Kirsch, P., Huffziger, S., & Kuehner, C. (2015). Examining the relation between mood and rumination in remitted depressed individuals: A dynamic systems analysis. *Clinical Psychological Science, 3*(4), 619–627. doi:10.1177/2167702615578129

Leonard, B. (2014, November 24). Survey: 23 percent of workers diagnosed with depression. Retrieved from www.shrm.org/resourcesandtools/hr-topics/risk-management/pages/employees-missed-work-depression.aspx.

Moyers, T. B., & Miller, W. R. (2013). Is low therapist empathy toxic? *Psychology of Addictive Behaviors, 27*(3), 878–884. doi:10.1037/a0030274

Nolan, S. A., Roberts, J. E., & Gotlib, I. H. (1998). Neuroticism and ruminative response style as predictors of change in depressive symptomatology. *Cognitive Therapy & Research, 22*(5), 445–455. Retrieved from https://link.springer.com/journal/10608

Olsen, H. B. (2015, May 27). This is the lie I tell on every job application. Retrieved from https://medium.com/@mshannabrooks/this-is-the-lie-i-tell-on-every-job-application-b4111631ddd8

Parameshwar, S. (2006). Inventing higher purpose through suffering: The transformation of the transformational leader. *Leadership Quarterly, 17*(5), 454-474. doi:10.1016/j.leaqua.2006.06.002

Picker, L. (2015, November 30). How important are social skills at work? Retrieved from https://www.weforum.org/agenda/2015/11/how-important-are-social-skills-at-work/

Plano, C. (2018, March 5). The benefits of encouraging creativity and innovation in the workplace. Retrieved from https://startupnation.com/trending/creativity-innovation-workplace/

Phoraris, S. (2017, October 30). The importance of interpersonal skills in the workplace. Retrieved March 24, 2018, from https://www.careeraddict.com/the-importance-of-interpersonal-skills-in-the-workplace

Ryan, L. (2016, March 03). 12 qualities employers look for when they're hiring. Retrieved October 19, 2018, from https://www.forbes.com/sites/lizryan/2016/03/02/12-qualities-employers-look-for-when-theyre-hiring/#ba5295a2c242

Rowling, J.K. (2008, June 5). Text of J.K. Rowling's speech. Retrieved from https://news.harvard.edu/gazette/story/2008/06/text-of-j-k-rowling-speech/

Silman, F., & Dogan, T. (2013). Social intelligence as a predictor of loneliness in the workplace. *Spanish Journal of Psychology, 16*, E36. doi:10.1017/sjp.2013.21

Schneider, D., Regenbogen, C., Kellermann, T., Finkelmeyer, A., Kohn, N., Derntl, B., . . . & Habel, U. (2012). Empathic behavioral and physiological responses to dynamic stimuli in depression. *Psychiatry Research, 200*(2-3), 294–305. doi:10.1016/j.psychres.2012.03.054

Schreiter, S., Pijnenborg, G. H. M., & aan, h. R. (2013). Empathy in adults with clinical or subclinical depressive symptoms. *Journal of Affective Disorders, 150*(1), 1–16. doi:10.1016/j.jad.2013.03.009

Taube, S. (2016, December 14). Why employers use personality tests. Retrieved from https://www.geteverwise.com/human-resources/why-employers-use-personality-tests/

Verhaeghen, P., Joorman, J., & Khan, R. (2005). Why we sing the blues: The relation between self-reflective rumination, mood, and creativity. *Emotion, 5*(2), 226-232. doi:10.1037/1528-3542.5.2.226

Waugh, C. E., & Koster, E. H. W. (2015). A resilience framework for promoting stable remission from depression. *Clinical Psychology Review, 41*, 49–60. doi:10.1016/j.cpr.2014.05.004

Westbrook, M. T., & Viney, L. L. (1982). Psychological reactions to the onset of chronic illness. *Social Science & Medicine, 16*(8), 899–905. doi:10.1016/0277-9536(82)90209-X

Whiteford, H. A., Harris, M. G., McKeon, G., Baxter, A., Pennell, C., Barendregt, J. J., & Wang, J. (2013). Estimating remission from untreated major depression: A systematic review and meta-analysis. *Psychological Medicine, 43*(8), 1569–1585. doi:10.1017/S0033291712001717

Wingo, A. P., Briscione, M., Norrholm, S. D., Jovanovic, T., McCullough, S. A., Skelton, K., & Bradley, B. (2017). Psychological resilience is associated with more intact social functioning in veterans with post-traumatic stress disorder and depression. *Psychiatry Research, 249*, 206–211. doi:10.1016/j.psychres.2017.01.022

Yip, J. (2012, July 4). What doesn't destroy me makes me stronger. Retrieved from https://www.psychologytoday.com/us/blog/the-ocd-monster/201207/what-doesnt-destroy-me-makes-me-stronger

Appendix

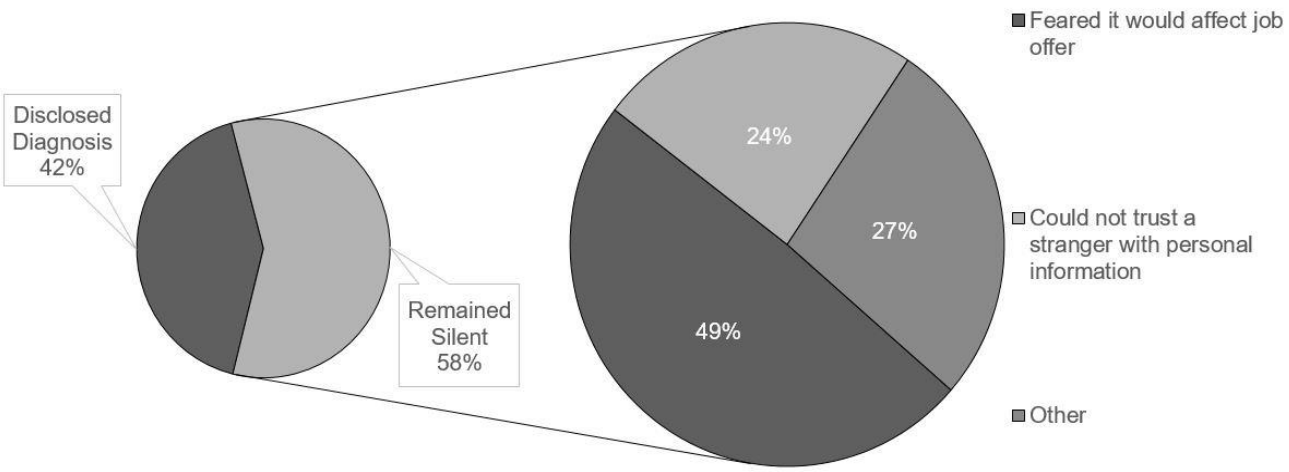

Figure 1. Graphical representation of self-disclosure of a diagnosis of MDD by adult job applicants. Fifty-eight percent of U.S. respondents did not disclose the diagnosis in their application. The graph on the right indicates the reasons given by those who did not report the diagnosis. Adapted from "Survey: 23 Percent of Workers Diagnosed with Depression," by B. Leonard, 2014.