



Title: Social workers and depression: Interview with Mark Meier, MSW, LICSW
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Jonathan Singer: So Mark, thanks so much for being here with us today. I was wondering if you could talk a little bit about what we know about rates of depression and social workers, and social work students.

Mark Meier: Sure. You know the data is fairly limited so we're going to rely a little bit on anecdote here as well as the data, but what we know from a couple of studies that have occurred, is that we have got some pretty high rates of depression occurring in the professional population. Darcy Siebert, who did a study out of North Carolina a couple of years back, surveyed a 1,000 active NASW members and she found that 19% of those members scored above the threshold for depression on the CES-D, which is the Center for Epidemiologic Studies for Depression, which when you contrast that with rates of depression in the general population of probably six to seven percent, you can start to see that within our ranks we have a serious problem on our hands. Within our student population, I guess I have to rely a lot on my teaching experience and I teach a course on mood disorders at the University of Minnesota Graduate School of Social Work and I have had many students come up to me during the course of various semesters and share with me their own struggles and battles with depression.

Jonathan Singer: It sounds like the research has found that there's more depression in social workers than in the general population, is that true?

Mark Meier: That is absolutely true and in fact you know there is another study that is out there, it was done in England, again finding that you know significant rates of depression, I believe they found upwards of 15-16%, we're talking almost three times the rate of the general population within our own ranks.

Jonathan Singer: That's really interesting, so do they give any information, or do you have any information about what kinds of depression we might be talking about here that we would find in the, among social workers and students?

Mark Meier: And I think is where we've got some real gaps in our data and our understanding, and you know looking at the work that was done out of North Carolina, we'd be talking more, using the CESD, we'd be talking more your garden variety major depression, you know various levels of mild, moderate, to severe depression. You know I have not come across anything talking about the incidence of bipolar disorder, or dysthymia, which quite honestly, I think the true incidence of dysthymia is quite low because you're going to find people with chronic low levels of depression have likely spiked at one point or another, and would likely meet the criteria for a major depressive episode, so the data is not real clear.

My experience has been both in teaching and in talking to fellow social workers, we are talking primarily about you know the major depressive episodes, more so than bipolar, but again bipolar can be very difficult to detect, and unless we are specifically looking for that, it is possible that's part of problem as well.

Jonathan Singer: I was wondering, can you talk about some of the unique issues associated with being a social worker, and how these issues might be a part of this higher rate of depression we see amongst social workers?

Mark Meier: Well, I think you know, I think the nature of the job itself lends itself to being at risk for depression. We work in stressful environments, we have high caseloads, we often have unrealistic demands placed on us by the public, the organizations that we work for, to solve problems that are life long in developing and we are given 30 days to fix them. You know we work in threatening and dangerous environments, and I think when you add all of that together what you come up with Jonathan is a picture of ongoing stress and what we know is that when we don't manage our stress well, whether you want to call it burnout or compassion fatigue or what you choose to call it, I think what it is most of the time is depression, and there is such a growing body of literature demonstrating that link between stress, you know unremitting stress, and depression.

Jonathan Singer: So it sounds like you're talking about perhaps, people come into the profession, they have a predisposition for depression or they might have a vulnerability to depression, but it's the environment in which many social workers work that would trigger this depression, the stress, the high case loads, the fact that it's unremitting. Did I hear you right?

Mark Meier: Yeah, I think so and I mean you know historically social work is a field in which predominantly females are in, and the data is, you know suggests that women suffer from depression at higher rates, and I think along those lines a lot of men are unwilling, unable, or simply refuse to admit they are suffering from depression, so I think there are some differences that could be explained between the genders there. But I do think a lot of us go into this field, and we are caring people, and perhaps you know our perception of what we're doing to be able to accomplish with our clients and reality, sometimes those two things collide head on and it can become very disheartening and very frustrating. You know you can sort of see that light at the end of the tunnel for your clients and when you're unable to sort of steer them towards that end of the tunnel, that takes its toll on people.

Jonathan Singer: Now you have talked openly about your experiences with depression and I was wondering if you could share a little with us about that?

Mark Meier: Sure. Well I am one of those guys that went into graduate school suffering from some challenges with depression, I was first diagnosed with my own depression and anxiety issues way back when I was in college 20 something years ago, and ignored it for a long time, and made it through graduate school and like a lot of people with depression, I sort of put on my game face and made it through life. You know it was the stress of being a social worker, I believe, in many ways, I mean there was obviously many other factors associated with it, that really sent me sort of in a downward spiral to

the point where I did become very depressed, very suicidal, and in fact had to you know I purposely left the social work field for a couple of years, with the thought that that would fix my depression, and low and behold of course it didn't, and I ended up being hospitalized, and you know basically out of commission for a few months while I got myself back in a functional position.

Jonathan Singer: What should social workers who are dealing with depression be aware of?

Mark Meier: Well, I think this is one of the challenges because that for so many of us, and so many people who have depression, there's a real lack of insight. I mean as a social worker I had a pretty good sense, and I had a pretty savvy wife who knew what was going on with me, and I still had these blind spots where I simply couldn't face the fact that I was depressed. I was the clinical social worker, this shouldn't happen to me. But I think what we have to watch for is any changes in sort of our practice patterns, I'll tell you what happened to me, I am a pretty profoundly optimistic person and in the throws of my depression, as so many depressed people suffer, I had become profoundly negative and pessimistic. You know I would get done with a client and I would think what is the point of this, I can't help this person, nothing is going to happen, and you know that was a real wake up call for me that something was going on with me. And so, we really do, we owe it to our clients, we owe it to ourselves, and to our colleagues, to be aware of sort of these changes that occur with depression, the negativity, the loss of concentration, the inability to focus, the you know being unable to be present with your client, really being self-aware regardless of whether you're a psychotherapist, a case manager, whatever it is you do, you need to be aware of how you're operating with your clients.

Jonathan Singer: At any point did any of your clinical social work colleagues say Mark, seems like you're having a touch time, are you depressed, have you thought about getting treatment, I mean did anybody come to you and say I think you need some help?

Mark Meier: You know, no, and what I think I became and certainly having gone back and talking to people, but what I became was that difficult colleague. I was moody, I was unpredictable you know people described they needed to walk on eggshells around me and I mean I was classic Jonathan, I mean was oozing depression all over the place, and no, you know nobody did say anything to me, and certainly that you know may or may not have had an impact on me. I you know I think from a supervisory standpoint I probably should have been monitored much more closely, but yeah no, nobody came forward, and nobody. You know I worked with a physician at the time in the setting I was in, not a psychiatrist, you know he said to me, Mark I think we need to talk and you know I didn't really follow through with him, but none of my social work colleagues really did say anything.

Jonathan Singer: You know it's ironic that we're in a helping profession and you were suffering from one of the most debilitating diseases out there and none of your colleagues said anything, and the one colleague that did, you didn't follow through and which sounds like classic depression. So I guess the question is what should we do if we suspect that one of our colleagues or a fellow student is suffering from depression?

Mark Meier: I think we have to start really in and obviously my biases are such that I think we need to enhance the awareness and the education of depression starting in our schools of social work and I know that most of us have classes in psychopathology and mood disorders, but if you think about our work and who we serve, we really really need to emphasize depression because it is the most prevalent mood disorder, it is the most prevalent mental health issue we are going to encounter in our work and so we really have to raise the bar in terms of awareness and what is depression. I'm often surprised by students or even colleagues lack of understanding of depression and sort of the buy into the stereotypes of well depression is you're crying and you're sad when we know depression is so much more than that. But I think what we need to do is we need to feel comfortable going to our colleagues in a manner that conveys caring and compassion and we say to them "Look I am concerned about you from many levels, I'm concerned about you as a person, I am concerned about you as a colleague, and I'm concerned about the clients you're serving" and we need to have systems in place so that social workers can feel safe in getting help, you know when you look at the limited data the reason people don't get help is their afraid for their license, their afraid for their job, their supervisors don't understand it, you know I think within our schools of social work, I suspect students don't feel too safe going to advisors or deans and saying I am depressed, I've had students say I am afraid I'll be put out of the program or I'll have a mark that follows me. So creating environments and cultures that understand and want people to get the help because you know on the other side of being depressed what you generally find is people who are more motivated than before and who are more self-aware than before, and can become very very effective in their work as social workers.

Jonathan Singer: It sounds like you're suggesting sort of this revolutionary idea that the practice will be preached?

Mark Meier: (Laughing) Well, unfortunately I hate to make it sound that simple but I mean I think that is true and that is really, and we all get caught up in busy days and busy schedules, I'm never at a loss for how busy everyone is, but I think it becomes you know this imperative that we simply recognize what is going on and absolutely we practice what we preach, and that we create places, we create whatever it might be, whatever the system may be, for people to say yeah you know what I am really struggling and need some help. Because the longer we let this go the worse people get, the less able we are to treat them, and the more difficult the disease becomes, and quite frankly the more professional challenges people end up creating for themselves.

Jonathan Singer: So if we start in schools of social work and we create an environment where suffering from depression or dealing with depression is not stigmatizing, if we allow students to actually talk about this openly to the extent that they want to, recognizing that it's important that they seek treatment, that they get the help that they need, that this is a good first step in addressing this issue of what to do in the profession with people with depression?

Mark Meier: Absolutely and I think you know what goes along with suffering from any type of mental illness is this accountability for the person who is suffering. You know just because I was depressed, it doesn't mean that I get to continue going through my career as a social worker making life difficult for my colleagues and god knows what you could do to your clients, so I think this environment includes

several layers of not only a place to self-disclose or to educate about depression, but to create the accountability within the profession that we expect you to get better, we expect you to get the help you need because letting someone go through life with unremitting problems and not challenging them, to me is counter what I'm trained to do as a social worker, and I think it shows a level of respect and compassion and caring for others to point out what's going on and to expect them to get the help. And I think yes, I think spending the time at the graduate level, the undergraduate level, to educate people about stress management techniques for themselves, you know we talk about all the work we need to do with our clients but raising that level of awareness about how do we manage our own stress, how do we recognize depression, how do we you know deal with the fact that there's a 20 percent prevalence, you know lifetime prevalence rate, and that there's a fairly good chance that many of our colleagues and students are going to deal with this at one point or another.

Jonathan Singer: You know I really like the point that just made, which is you have a responsibility to get better so that you can provide the services that your clients need. And I want to bring this back to your story, you said that you left the profession, and then you came back. What happened with that? How did you decide to come back?

Mark Meier: Well I, when I left, my situation was such that I was suffering one of the classic wanderlust aspects of depression, and I found no satisfaction in being a social worker, which really had nothing to do with being a social worker, and had to do with that I was depressed, and so you know it was a good opportunity, you know like I said I have a very savvy wife who is a medical professional and you know she pointed out to me what was going on, and she pointed out to me that I wasn't willing to get treatment at that point, and so I took an administrative type job and finally everything sort of caved in on me and I ended up hospitalized and suicidal, and getting treatment etc. When I got out of the hospital and spent the next probably year, year and a half going to therapy, getting a adjusted on medication, and coming out of my depression, what I really saw was look I am a social worker at my core, and it did as I said in my instance create a whole new level of self-awareness about the impact of mental health issues, of difficult life struggles in general on the clients that I served, and so in my instance I was able to learn from my own unpleasant experiences and relate them back to the clients I serve. And you know, like I mean so many people, I went through a profound point in my life, and I want to go back and help others understand that you know treatment is a lot less difficult than the living with the disease, and the sooner we sort of take this time to get the help we need, ultimately, in most instances the happier, the more effective, you know the higher quality of life, and the better professional we will be.

Jonathan Singer: So if we have a personal responsibility to heal ourselves right, is there a responsibility that we have to point this out in our colleagues? Because I think for me this is really, this gets to kind of a sticky issue, let's say; I'll just put the question out to you. Since you've been back in your clinical social worker role, have you come across colleagues that are depressed? And if so, what have you done about it?

Mark Meier: I have come across colleagues who are depressed, and what I do is point out to them what I see, and you know it hasn't been anyone that I have worked directly with, so I think that would be a

little bit of a different scenario, but certainly after doing talks and you know I have had the opportunity to talk all across the country about depression, and people have come up to me and said you know I think I am really suffering, and what I try to do is look I point out to them what I said earlier, you have a responsibility to get treatment, and you need to make sure that your personal situation is not impacting particularly your clients, and importantly your colleagues, your family, and your friends, etc. But I think in any workplace setting, whether it's social work or a law firm, if people are unable to perform their job effectively because of a physical condition or a mental condition, or you know whatever it might be, we do need to point this out. And I believe, we have a very strong ethical responsibility to our clients to point out to others if indeed they are not you know performing up to the level that the client needs them to be performing.

Jonathan Singer: So it sounds like you have addressed this issue with colleagues but they haven't been people that you worked directly with?

Mark Meier: Correct.

Jonathan Singer: And it seems like that right there is kind of the sticky issue, and do you have any ideas or recommendations, and I am thinking specifically about folks who are listening to this who are saying to themselves, wow, now that I am thinking about it, I think so and so is probably depressed.

Mark Meier: Right. And I think what you start getting into is some of the legal issues, and again this cuts across all situations but I do believe that what we do in social work, that there is even a more urgent need to address the issue in colleagues because I will tell you that when I was so depressed my interest in helping my colleagues, I'm sorry, my clients, was not very high on my priority list, and yet these folks were coming to me with expectation that I as the professional, I was there to help them. So I believe that you know if you know this is occurring in your colleagues, it's imperative that you talk to whether it's an HR person who's in charge of this, or whether there's a supervisor that's in charge of it, you know I think in the perfect world you approach the individual as a professional, as a colleague and raise the issue to them and if they choose not to do anything about it, I think you have to take it to that next level you know depending upon where you work and get it addressed because we obviously erode the credibility of our profession if we are allowing you know people who are not capable for whatever reason to continue practicing. And beyond that, we have very very vulnerable people coming to us who need people at the top of their game if you will to be providing services.

Jonathan Singer: So it sounds like there's no magic solution to this one, just sort of doing what we do, connecting people with resources, making it known, and it sounds like you kind of stop short of saying that you know I would have a responsibility to sort of make this an issue if somebody, if one of my colleagues didn't want to address it in themselves.

Mark Meier: Well then let me, if that's yeah, I certainly don't mean that to be the procession because I do think you have to make it an issue and I think that people ought not be practicing who are suffering from profound depression that is getting in the way of their ability to effectively perform their job because again, we wouldn't let somebody who is actively abusing alcohol or drugs take care of patients

and that you know impairs your judgment, impairs your thinking, it impairs your compassion, you know it impairs so many different things just like depression does. And you know we want people to get better and we want people to get the help they need but at the same time we need them to not be negatively impacting their clients by you know continuing to practice when they're suffering and when they are struggling. So I think it is, I think it absolutely needs to be made an issue and it's always challenging to think about and talk about where I was at, but you know I was simply ineffective as a social worker. Not only ineffective, I think I could very well have been damaging, and needed to not be working directly with individuals at that point in my life.

Jonathan Singer: That's quite a thing to be able to admit to. Because I think all of us have underperformed at our jobs at some point or the other. But to actually sit back and say wow, I think I might have been doing harm is pretty profound, and I think that most people would agree that's not why we came into this profession. I did not become a social worker because I want to make your life more difficult. Maybe we can take a step back here, clearly there are some challenges talking with a colleague about their personal life, especially if that personal issue is a struggle with depression that might be impairing their job, their ability to do their job. And I'm, earlier you talked about talking with students and making the schools of social work and the educational experience a different environment a place where they can begin to address these issues in themselves and really understand why in the bigger scheme of things, it's important to address their own depression. So I was wondering, what might you suggest that we offer in the way of education or preparation to students as they enter the field to help them cope with stress and depression so as to perhaps make it less important, or less necessary for colleagues to be the ones to intervene?

Mark Meier: Well I think that since we know that that profession, I'm sorry, that depression is probably the one issue that is most likely to occur in your professional career, I think you offer classes, I think you offer seminars, you know I can't speak to each individual institution obviously, but I think you make it a priority and you say look we are going to work with you over the course of a quarter, a semester, and we're going to teach you about professionalism, we are going to teach you about boundaries, we are going to teach you about managing your stress, we are going to teach you about self-recognition of your own feelings and your own thoughts about the work you're doing. I recall when I was, and I don't know that we have to go back to this, but it struck me, I was in graduate school back in 1992 and one of our adjunct professors, I remember him saying that he went to graduate social work school in the 60's, and the program he went to, every social work student was required to go through some actual counseling sessions, you know with this idea that they would try to find anybody who was struggling or having problems and work with them to make sure that they were as well prepared as possible to go into the field. I think it's inherently irresponsible to think that we don't have this issue in our students and our professionals, and to sort of look the other way and launch people into a career that they're not prepared for. And like I said before, it does a disservice to our clients, our colleagues, to ourselves, and certainly our profession. I mean if you take a look at the, at medicine, you know physicians have notoriously ignored this issue and they have profound rates of depression and suicide, and they are finally starting to sort of own up to it, there's all sorts of campaigns in medical schools to train residents, interns, medical students to be aware of depression. The American Foundation for

Suicide Prevention (<http://www.afsp.org>) has put out a fantastic program for medical students. So we need to do the same, because we have equivalent if not higher rates of depression in our field.

Jonathan Singer: So there are other professions that are grappling with this and it sounds like doing a better job of addressing the issue. And what you mentioned about students getting their own counseling, I remember having an adjunct who said the same thing to our class and I also remember thinking that it was great that we didn't have to do that because boy we had time to go to field and do classes, and then get into counseling. In retrospect, I think it would have been good if there had been a little more urging on the part the school to deal with your stuff. I decided to go see a counselor in part because I actually thought the adjuncts idea was good and I found it an amazing experience that I draw from in my own clinical work to this day.

Mark Meier: But I think to make it part of the curriculum, like you said we don't have time to go to field, and we don't have time to do the work, and many of my students have jobs and families and so you know to add another layer maybe creates a burden and even though we can't mandate it within the educational setting, you know there are other avenues to deliver this information, through regular coursework or course offerings, and you know it goes back to what you just said, just going through that counseling puts you in a position of what it feels like for your clients to be in that spot and if you draw on it today, it was obviously a very important aspect of your education.

Jonathan Singer: Yeah, it really was. You've mentioned a couple of times that there are ways to integrate this into the curriculum, and I'm wondering if you could mention some specific classes or workshops or things like that, that you've either been a part of or created, or think theoretically would be useful that educators who might be listening to this podcast could consider incorporating into their own schools of social work?

Mark Meier: One of the things that I've had the opportunity to do is go back to a few various graduate schools throughout the country and do just short, two, three, four hour workshops either at night or on a Saturday, and the topic is depression and the word client rarely comes into it. It's about talking to the professionals, it's about opening up dialogue, and you know you get people who self-select and likely are struggling with the issues who come to these seminars, I recognize that, but it gives an opportunity for people to talk about their own struggles and their own fears about what do I do with this, who do I turn to, do I dare bring this issue to light, and what most people will find is that in talking to others that have gone through it, the likelihood that I am not going to lose my license is very high and that ultimately if I get help I will probably be a more effective professional. In my own class that I teach at the U, I've given students the opportunity, we'll take a couple of classes and we will talk about what are your own experiences with depression, and again within the context that nobody is compelled or you know I hope I do a good job of creating an environment where people don't feel you know cornered to share or to create issues that don't exist, but to demonstrate that you know what, this does happen, and a lot of people, when given the opportunity, will talk about it. And you know the very first time I shared my own experiences in my class was a big struggle, and I went to the Dean and the Associate Dean and said you know this is what I'm going to do or this is what I'd like to do, what do you think? And you know I think with appropriate mulling and conversation, we came to the conclusion, you know using some

good common sense and being careful with you know specific details, which I am always aware of, they said yeah why don't you try it. Well I can tell you the response was overwhelming, and my students were so grateful to hear somebody say you know what, I had these problems, I got over them, and here I am today as effective, actually more effective and successful as I was before.

Jonathan Singer: So you really, this is coming full circle, so you were able to bring in the experiences that you had with depression to bring up the subject with your students, which then resulted in really an opening of the dialogue, which really is exactly what you said you wanted to do in the first place, which is get students to think about this, to talk about this, so when they go in the field as professionals, this is not a taboo subject so they can serve their clients the best they can.

Mark Meier: Exactly, and I hate to be cliché, but you know if I had diabetes and I was teaching in a medical school, I would openly share challenges I've had with managing my glucose, or my diet, or you know my exercise. Depression is a bio-psycho-social issue and it is not taboo, and we're getting there, but we need it to get more out on the table so people can talk about it.

Jonathan Singer: Well Mark, I really appreciate you taking the time to talk with us today about your experiences with depression, but the issue of depression and social workers in general, and I think that I don't know about our listeners, but I have certainly learned from you about the importance of bringing this up in class and being aware of this in colleagues, so thank you so much.

Mark Meier: Oh, my pleasure, and I really appreciate you bringing this to light, and I hope people will embrace it and think about it because I think that's all I would ask at this point.

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