



## The Connection between Sleep and Depression: Unravelling the Complex Relationship

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**Citation:** Lorente S (2023) The Connection between Sleep and Depression: Unravelling the Complex Relationship. *J Trauma Stress Disor Treat* 12(7): 379

**Received:** 24-Nov-2023, Manuscript No. JTSDDT-23-120877; **Editor assigned:** 25-Nov-2023, PreQC No. JTSDDT-23-120877 (PQ); **Reviewed:** 11-Dec-2023, QC No. JTSDDT-23-120877; **Revised:** 18-Dec-2023, Manuscript No. JTSDDT-23-120877 (R); **Published:** 27-Dec-2023, DOI:10.4172/2324-8947.100379

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### Introduction

In the bustling world of the workplace, where deadlines loom and productivity is paramount, mental health often takes a back seat. However, the impact of depression in the workplace is profound, affecting both individuals and the organizations they serve. This article delves into the challenges posed by depression, the pervasive stigma that shrouds it, and strategies for fostering mental health to create workplaces that prioritize the well-being of their employees [1] Depression is a global health concern that extends its reach into the workplace. According to the World Health Organization, an estimated 264 million people worldwide suffer from depression. In the professional realm, the consequences are tangible, with decreased productivity, increased absenteeism, and strained workplace relationships [2,3].

Despite its prevalence, depression is often stigmatized in the workplace. The fear of judgment, discrimination, or professional repercussions often compels individuals to suffer in silence. The pervasive silence perpetuates a culture where mental health concerns are viewed as a weakness rather than a legitimate health issue, hindering open conversations and support systems [4] Depression can significantly impact an employee's ability to perform effectively. The cognitive effects of depression, such as difficulty concentrating and making decisions, coupled with physical symptoms like fatigue, can lead to a noticeable decrease in productivity, underperformance, further exacerbating the individual's mental health challenges [5].

Breaking the stigma surrounding depression in the workplace is crucial for fostering a culture of support and empathy. Here are key strategies to dismantle the stigma: Encourage open conversations about mental health. Establish forums where employees can share their experiences, reducing the sense of isolation that often accompanies depression. Leadership can set the tone by discussing mental health openly and authentically [6,7]. Training and Education: Provide training to employees at all levels to increase awareness and understanding of mental health issues. This includes recognizing symptoms, understanding the impact of stigma, and learning how to offer support. Knowledge is a powerful tool in breaking down barriers [8].

Normalizing Mental Health Days: Promote the idea that mental health days are as valid as sick days. Normalize the concept of taking time off to address mental health concerns without fear of judgment or reprisal. This sends a strong message that mental health is a priority. Fostering Mental Health: Beyond breaking the stigma, fostering mental health in the workplace involves creating an environment that prioritizes well-being. Mental Health Policies: Implement clear and comprehensive mental health policies. These policies should address confidentiality, accommodation, and the support available to employees [9].

EAPs can be instrumental in providing employees with the tools and resources to manage their mental health effectively. Flexible Work Arrangements: Recognize that mental health challenges may require flexibility. Offering flexible work arrangements, such as remote work options, flexible hours, or compressed workweeks, allows employees to manage their workload while prioritizing their mental health [10].

### Conclusion

Addressing depression in the workplace is not just a matter of individual well-being; it is an organizational imperative. By breaking the stigma surrounding mental health, fostering a culture of support, and implementing targeted interventions, workplaces can become environments where employees feel valued, heard, and empowered to prioritize their mental health. The benefits extend beyond individual employees to the organization as a whole, contributing to increased productivity, creativity, and overall job satisfaction.

### References

1. Dobson KS, Szeto A, Knaak S. The Working Mind: A Meta-Analysis Of A Workplace Mental Health And Stigma Reduction Program. *Can J Psychiatry*. 2019;64(1):39S-47S.
2. Seaton CL, Bottorff JL, Oliffe JL. Mental Health Promotion In Male-Dominated Workplaces: Perspectives Of Male Employees And Workplace Representatives. *Psychol Men Masc*. 2019;20(4):541.
3. Edwards AM, Kotera Y. Mental Health In The UK Police Force: A Qualitative Investigation Into The Stigma With Mental Illness. *Int J Ment Health Addict*. 202;19:1116-34.
4. Houshyar KS, Borrelli MR, Tapking C, Popp D, Puladi B, et al. (2020) Molecular mechanisms of hair growth and regeneration: current understanding and novel paradigms. *Dermatology*; 236(4): 271-2

5. McCann TV, Lubman DI, Clark E. The Experience Of Young People With Depression: A Qualitative Study. *J. Psychiatr Ment Health Nurs.* 2012;19(4):334-40.
6. Williams L, Gorman R, Hankerson S. Implementing A Mental Health Ministry Committee In Faith-Based Organizations: The Promoting Emotional Wellness And Spirituality Program. *Soc Work Health Care*
7. AJahoda CA, Whitehouse CJ, Reynolds AJ, Hole N(2003) Hair follicle dermal cells differentiate into adipogenic and osteogenic lineages. *Exp Dermatol ;* 12(6):849-859.
8. Pinfold V, Toulmin H, Thornicroft G. Reducing Psychiatric Stigma And Discrimination: Evaluation Of Educational Interventions In UK Secondary Schools. *Br J Psychiatry.* 2003;182(4):342-6.
9. Hassanein AE. Promoting Mental Treatment In The Arab World .
10. Couser GP. Challenges And Opportunities For Preventing Depression In The Workplace: A Review Of The Evidence Supporting Workplace Factors And Interventions. *J Occup Environ Med.* 2008:411-27.