

Review Article

Impact of Depression in Social and Professional Life

Shahnawaz Ahmed

Department of Ecotoxicology Institute for Industrial Research and Toxicology, Ghaziabad, Uttar Pradesh, India

DOI: <https://doi.org/10.24321/2581.5822.202608>

I N F O

E-mail Id:

shanu160by2@gmail.com

Orcid Id:

<https://orcid.org/0000-0002-8678-4541>

How to cite this article:

Ahmed S. Impact of Depression in Social and Professional Life. *J Adv Res Psychol Psychother.* 2026; 9(3&4): 17-29.

Date of Submission: 2026-08-10

Date of Acceptance: 2026-09-01

A B S T R A C T

This article explores the multifaceted impact of depression on individuals within social and professional contexts. Depression, a pervasive mental health disorder, extends its reach beyond personal well-being, influencing social relationships and occupational functioning. The paper delves into the intricate interplay between depression and social dynamics, shedding light on the challenges individuals face in maintaining healthy connections with friends, family, and colleagues. Additionally, the article examines the professional repercussions of depression, addressing issues such as decreased productivity, absenteeism, and impaired interpersonal skills in the workplace. The discussion emphasizes the importance of recognizing and addressing the social and professional challenges associated with depression to facilitate a comprehensive approach to mental health care. By understanding the nuanced ways in which depression permeates various aspects of life, stakeholders can develop strategies for fostering supportive environments and implementing effective interventions to mitigate the broader impact of depression on individuals and the broader society.

Keywords: Depression, Stigma, Social Challenges, Professional Challenges, Productivity, Work Place Well-Being

Introduction

Depression refers to a complex mental health disorder characterized by persistent feelings of sadness, hopelessness, and a lack of interest or pleasure in daily activities. The impact of depression extends beyond the individual's emotional state, affecting various aspects of their life, particularly social and professional domains. Research suggests that depression not only alters the brain's neurotransmitter function but also contributes to changes in social behavior and interpersonal relationships.¹ In the context of the mentioned article, the challenges in social and professional life arise from the debilitating nature of depression, which can lead to isolation, strained relationships, and difficulties in maintaining employment.

Depression's influence on professional life is evident in decreased productivity, absenteeism, and impaired decision-making.² Socially, individuals with depression may encounter challenges in forming and maintaining relationships, often withdrawing from social activities due to feelings of worthlessness and fatigue.³

Prevalence of Depression Worldwide

Globally, depression is a prevalent mental health disorder, with an estimated 264 million people of all ages affected, according to the World Health Organization (WHO).⁴ The burden of depression extends beyond the individual, influencing interpersonal relationships, social dynamics, and professional endeavors. The article underscores the intricate challenges faced by individuals grappling with

depression in maintaining healthy social connections and pursuing successful careers. Socially, depression can lead to isolation and strained relationships. Individuals experiencing depressive symptoms may encounter it challenging to engage in social activities, connect with others, or maintain a support network. The stigma associated with mental health issues can further exacerbate social isolation, hindering the individual's ability to seek help and understanding from friends and family.⁵ Professionally, depression can impede job performance, career advancement, and workplace relationships. The paper tried to highlight the impact of depressive symptoms on productivity, absenteeism, and the overall quality of work. The vicious cycle of depression affecting work and work-related stress exacerbating depressive symptoms is a critical aspect explored in the context of the article.⁶

Impact on Social and Professional Life

In social spheres, the effects of depression are evident in strained relationships, social withdrawal, and a diminished capacity to engage in meaningful interactions. The persistent feelings of sadness and hopelessness associated with depression can lead to isolation, causing individuals to distance themselves from friends and family, ultimately hindering the development and maintenance of healthy social connections.⁷ Professionally, depression can manifest as a pervasive hindrance to occupational functioning. The cognitive impairments and lack of energy associated with depression often result in decreased productivity, impaired decision-making, and an increased likelihood of absenteeism.⁸ Moreover, the stigma surrounding mental health in the workplace can further exacerbate the challenges faced by individuals with depression, making it difficult for them to seek support or accommodations. Several studies underscore the bidirectional relationship between depression and social/professional life. Individuals with depression are at an increased risk of unemployment, and conversely, unemployment can elevate the risk of developing depressive symptoms.⁹ Recognizing and addressing the impact of depression on social and professional life is crucial for implementing effective interventions that encompass both psychological support and workplace accommodations.

Social Challenges of Depression

Isolation and Withdrawal

Depression has profound implications for both social and professional aspects of an individual's life, often leading to isolation and withdrawal. The impact of depression on social challenges is multifaceted, encompassing strained relationships, social withdrawal, and impaired social functioning. Individuals grappling with depression often experience a pervasive sense of hopelessness, leading to

withdrawal from social activities and distancing themselves from friends and family. This isolation exacerbates the cycle of depression, as the lack of social support hinders recovery and exacerbates feelings of loneliness.¹⁰ Professionally, depression can significantly impede performance and career advancement. Individuals may struggle with concentration, decision-making, and overall productivity, leading to a decline in professional achievements. The social challenges of depression extend into the workplace, where strained interpersonal relationships and reduced collaboration further hinder career growth.¹¹ Several studies highlight the bidirectional relationship between depression and social challenges. Social support is recognized as a protective factor against depression, emphasizing the importance of maintaining strong social connections. Conversely, social isolation contributes to the development and persistence of depressive symptoms.^{7,12} Employment status and job satisfaction Job-related stressors serve as potential triggers for depression, closely linking employment status and job satisfaction to the condition, to depression, with job-related stressors serving as potential triggers.¹³

Difficulty in Maintaining Relationships

Maintaining relationships in the face of depression poses significant challenges, both in social and professional spheres. Depression, a pervasive mental health condition, can lead to a range of social challenges, hindering one's ability to connect with others. Individuals grappling with depression often experience feelings of isolation, withdrawing from social interactions due to a distorted self-perception or fear of burdening others with their struggles.^{14,15} This withdrawal can strain existing relationships and make it difficult to form new connections. In the professional realm, the impact of depression is profound. The decreased energy and motivation associated with depression may result in diminished work performance, strained professional relationships, and an increased risk of workplace absenteeism.¹⁶ Colleagues and supervisors may find it challenging to understand and support individuals facing depression, contributing to a negative work environment.¹⁷ Depression's influence on communication further complicates relationship dynamics. Depressed individuals may struggle to express their needs and emotions, leading to misunderstandings and conflicts within personal and professional relationships.¹⁸ Moreover, the stigma surrounding mental health issues can exacerbate feelings of shame and hinder open discussions about depression.¹⁹ Addressing these challenges necessitates a comprehensive approach that includes therapeutic interventions, social support, and workplace accommodations.²⁰ By fostering a more understanding and inclusive environment, both socially and professionally, we can mitigate the impact of depression on relationships, promoting overall well-being.

Impact on Social Activities

Depression significantly impacts social activities, creating substantial challenges in both personal and professional spheres (Table 1). In social contexts, individuals grappling with depression often experience diminished social functioning and interaction. Withdrawal from social events, isolation, and impaired communication are common manifestations, leading to strained relationships with family and friends.²¹ The reluctance to engage in social activities may exacerbate feelings of loneliness and further contribute to the vicious cycle of depression. Professionally, the impact of depression is profound, affecting work performance, interpersonal relationships, and overall job satisfaction. Depressive symptoms can lead to absenteeism, decreased productivity, and impaired decision-making.⁸ The stigma associated with mental health issues may also hinder individuals from seeking support in the workplace, exacerbating the professional consequences of depression.²² In the article, the author emphasizes the reciprocal relationship between depression and social challenges, underscoring how depressive symptoms can undermine social connections and, conversely, how a lack of social support can contribute to the persistence of depression.²³ Recognizing the intricate interplay between social activities and depression is crucial for developing effective interventions that address both aspects comprehensively. To mitigate the impact of depression on social and professional life, integrated approaches involving therapeutic interventions, social support networks, and workplace mental health initiatives are essential.² Addressing the multifaceted nature of depression is crucial for fostering holistic well-being and facilitating individuals' ability to navigate both personal and professional realms successfully.

Stigma and Misunderstanding

Depression, a pervasive mental health disorder, exerts a profound impact on individuals' social and professional lives, often leading to significant challenges. The societal stigma and misunderstanding surrounding depression exacerbate these difficulties, hindering effective coping mechanisms and support systems.²⁴ Socially, individuals grappling with depression often face isolation due to the prevailing misconceptions surrounding mental health. The stigma attached to mental disorders fosters an environment of silence and shame, deterring individuals from seeking help and sharing their experiences openly. Consequently, relationships may strain, exacerbating the sense of loneliness and alienation that characterizes depression.²⁵ Professionally, the repercussions of depression are notable, with decreased productivity, absenteeism, and impaired work performance. The societal expectation to maintain a

façade of well-being exacerbates the pressure on individuals with depression, leading to a vicious cycle of deteriorating mental health and professional challenges. Employers and colleagues may misunderstand the nature of depression, further contributing to workplace discrimination and reduced job opportunities.^{12,26} To address these social challenges, a multi-faceted approach is imperative. Public awareness campaigns, educational programs, and workplace initiatives can contribute to destigmatizing depression and fostering a supportive environment. Mental health policies and legislation also play a pivotal role in promoting inclusivity and safeguarding the rights of individuals with depression.²⁷

Public Perception of Depression

The public perception of depression plays a pivotal role in the social challenges individuals with this mental health condition face. Despite increasing awareness, societal attitudes often contribute to the stigmatization of depression, hindering open discussions and support systems. A key aspect of the social challenges of depression is the pervasive misconception that it is merely a sign of weakness or a lack of willpower, leading to feelings of shame and isolation for those affected.²⁴ The impact of depression on social and professional life is profound. Individuals grappling with depression may experience strained relationships, withdrawal from social activities, and difficulties in maintaining employment.²⁸ Social stigma further exacerbates these challenges by perpetuating a sense of alienation and discouraging individuals from seeking help. Consequently, the reluctance to disclose depression hampers the creation of supportive environments in both personal and professional spheres.²⁹ Addressing the social challenges of depression requires a multifaceted approach. Public education campaigns can contribute to dispelling myths surrounding depression, fostering empathy, and encouraging open conversations.²⁷ Additionally, workplace initiatives promoting mental health awareness and support can mitigate the professional repercussions of depression. Creating a more compassionate and understanding societal framework is crucial to dismantling the barriers that impede individuals from seeking help and fully participating in social and professional life.³⁰

Fear of Judgment

The fear of judgment plays a pivotal role in the social challenges associated with depression, as highlighted in the article. Individuals grappling with depression often experience heightened sensitivity to perceived judgments from others, exacerbating the difficulties they face in social interactions. This fear may lead to social withdrawal, isolation, and avoidance of social situations, further deepening the impact of depression on one's social life.³¹

The stigma surrounding mental health issues intensifies the fear of judgment, making it a significant barrier to seeking support or disclosing one's struggles, this fear extends beyond personal relationships and infiltrates professional settings, affecting job performance and career advancement. The apprehension of being judged negatively by colleagues or supervisors may contribute to workplace challenges and hinder the individual's overall professional well-being. Several studies have identified the fear of judgment as a common theme in the social complexities of depression. For instance, Smith et al. (2018) explored the interpersonal challenges faced by individuals with depression, emphasizing the role of perceived judgment in hindering social functioning.³¹ Additionally, the work of Jones and Brown (2019) investigates into the impact of stigma on mental health disclosure and its consequences for social and professional relationships.³² Addressing the fear of judgment is crucial in developing effective interventions for individuals with depression. Interventions that promote mental health awareness, reduce stigma, and foster supportive environments can contribute to mitigating the social challenges associated with depression.^{33,34}

Professional Challenges of Depression

Impaired Concentration and Productivity

In the professional realm, one of the most pronounced challenges is impaired concentration and productivity. The cognitive symptoms of depression, including difficulty concentrating, indecisiveness, and memory issues, can hamper an individual's ability to perform optimally in their professional responsibilities. A key manifestation of impaired concentration in the workplace is a decline in productivity. Tasks that were once manageable become overwhelming, leading to a decreased output and potentially jeopardizing career advancement. The persistent feelings of sadness and hopelessness associated with depression can create a pervasive sense of fatigue, making it challenging for individuals to sustain focus on their professional duties. The link between depression, impaired concentration, and decreased productivity is well-supported by empirical studies. Research emphasizes the substantial economic burden of depression in the workplace, citing impaired work performance as a significant contributor.² Similarly, another study highlights the negative impact of depression on workplace productivity, with impaired concentration identified as a key mediator.³⁵ Interventions such as cognitive-behavioral therapy (CBT) and pharmacotherapy have shown efficacy in addressing cognitive symptoms of depression and improving work-related outcomes.^{36,37} Recognizing and addressing the interplay between depression, impaired concentration, and productivity is crucial for fostering a mentally healthy work environment.³⁸

Effect on Work Performance

Depression, a prevalent mental health condition, can significantly impact work performance, posing formidable challenges in professional settings. Individuals grappling with depression often experience a range of symptoms, including persistent sadness, fatigue, and difficulty concentrating – all of which can detrimentally affect their ability to perform optimally at work. One of the prominent challenges is the cognitive impairment associated with depression.² Employees may find it challenging to focus on tasks, make decisions, and solve problems efficiently. Additionally, the pervasive sense of hopelessness may lead to a lack of motivation, reducing productivity and engagement. Absenteeism and presenteeism become common, as individuals may struggle to attend work regularly or, when present, may not be fully engaged in their responsibilities.³⁹ Interpersonal relationships at the workplace can also suffer. Depression may hinder effective communication and collaboration, creating a strained work environment.⁴⁰ This can lead to misunderstandings, conflicts, and a decline in teamwork, all of which are pivotal for achieving organizational goals. Addressing depression in the workplace requires a holistic approach. Employers should foster a stigma-free environment that encourages open communication about mental health.⁴¹ Implementing employee assistance programs (EAPs) and providing access to mental health resources can support affected individuals. Moreover, flexible work arrangements and accommodations can enable employees to manage their condition while maintaining professional responsibilities.⁴²

Struggles with Decision-Making

Making decisions can be a daunting task, especially when individuals grapple with the professional challenges of depression. Depression, a pervasive mental health condition, can significantly impact cognitive functions, including decision-making processes. The struggles with decision-making in the context of professional challenges of depression are multifaceted and can manifest in various ways.² Individuals experiencing depression often face difficulty concentrating, a common symptom that hampers the ability to make informed decisions. The cognitive impairment associated with depression can lead to indecisiveness, self-doubt, and heightened sensitivity to potential negative outcomes. The fear of making mistakes may exacerbate decision-making paralysis, hindering professional progress.⁴³ Moreover, depression can distort perceptions of self-worth, making individuals hesitant to assert their opinions and choices in professional settings. This lack of confidence may contribute to missed opportunities and hinder career advancement.⁴⁴ The chronic fatigue and lack of motivation associated with depression further compound decision-making challenges,

making it challenging for individuals to prioritize tasks and set goals.⁴⁵ Addressing the struggles with decision-making in the professional realm requires a comprehensive approach. Professional support, such as counseling or therapy, can provide coping mechanisms and strategies for managing decision-related stress. Additionally, workplace accommodations and understanding from colleagues can foster a supportive environment for individuals navigating depression and its impact on decision-making.⁴⁶

Increased Rates of Absenteeism

Increased rates of absenteeism in the workplace can be attributed to the profound professional challenges associated with depression. One key professional challenge of depression is the difficulty in maintaining consistent productivity.² Individuals experiencing depressive symptoms may find it challenging to concentrate on tasks, leading to a decline in work efficiency and output. Moreover, the emotional toll of depression can result in frequent absences as individuals may struggle to summon the motivation to attend work regularly.⁴⁷ The stigma surrounding mental health issues further compounds these challenges, making it difficult for individuals to openly discuss their struggles and seek the necessary support. Fear of judgment and potential repercussions in the workplace can contribute to a reluctance to disclose mental health issues, exacerbating the impact of depression on absenteeism.⁴⁸ To address this issue, employers can implement mental health awareness programs, destigmatize seeking help, and create a supportive work environment.⁴⁹ Additionally, providing access to Employee Assistance Programs (EAPs) and mental health resources can be instrumental in helping employees cope with and manage their depression.⁴¹

Job Loss and Career Impact

Job loss and career impact can significantly contribute to the professional challenges associated with depression. Losing a job is often accompanied by financial stress, feelings of inadequacy, and a sense of uncertainty about the future. These factors can trigger or exacerbate depressive symptoms, creating a challenging cycle that affects one's mental health and professional well-being.⁵⁰ Career identity is closely tied to one's sense of self-worth, and a sudden job loss can lead to a loss of identity and purpose, further contributing to depressive feelings. The stigma surrounding unemployment and societal expectations add an extra layer of pressure, making it difficult for individuals to seek help or discuss their struggles openly.⁵¹ Professional challenges of depression can manifest in various ways, including decreased productivity, difficulty concentrating, and strained interpersonal relationships at work. These challenges may hinder the ability to secure new employment or advance in a career, perpetuating a cycle of professional

setbacks and mental health struggles.^{52,53} To address these issues, it is crucial to consider a holistic approach that combines mental health support with career guidance and retraining opportunities. Access to counseling services, career coaching, and community support can play a pivotal role in helping individuals navigate the complexities of job loss and career transitions during periods of depression.⁵⁴

Intersection of Social and Professional Challenges

Dual Impact on Relationships and Work

The intersection of social and professional challenges in the context of depression has a dual impact on relationships and work. In relationships, depression can strain communication, diminish emotional intimacy, and lead to a sense of isolation. The stigma associated with mental health may hinder open discussions, further exacerbating the challenges faced by individuals and their partners.⁵⁵ On the professional front, depression can impede cognitive function, concentration, and decision-making, compromising work performance and career advancement.⁵⁶ The dual impact is reciprocal, as workplace stressors can contribute to the onset or exacerbation of depression, while strained relationships at home can amplify stress in the professional sphere.⁵⁷ This interconnectedness underscores the importance of addressing both social and professional aspects when tackling depression. Interventions such as cognitive-behavioral therapy (CBT) and workplace mental health programs can be effective in mitigating the impact of depression on both relationships and work.⁵⁸ Supportive social networks and a positive work environment are crucial in fostering resilience and recovery.⁵⁹

Strained Personal Relationships

The intersection of social and professional challenges can significantly strain personal relationships for individuals grappling with depression. On a social level, the stigma surrounding mental health may hinder open communication, leading to isolation and strained connections with friends and family.⁶⁰ This social barrier can exacerbate the individual's sense of loneliness and further deepen the impact of depression on their personal life. Professionally, the demands of the workplace can contribute to heightened stress and exacerbate depressive symptoms.⁶¹ The pressure to perform well and maintain a facade of competence may lead individuals to withdraw from colleagues, creating a rift in professional relationships. Additionally, the lack of understanding or support from employers can exacerbate feelings of inadequacy and hinder the individual's ability to seek help.⁶² The strained personal relationships, whether social or professional, can form a feedback loop, where the challenges in one domain spill over into the other, intensifying the overall impact of depression. This

intricate interplay between social and professional factors underscores the need for a comprehensive approach to mental health support that addresses both personal and workplace dynamics.²

Challenges in Maintaining Employment

Maintaining employment while navigating the intersection of social and professional challenges associated with depression is a complex endeavor that poses significant hurdles for individuals. On a social level, the stigma surrounding mental health issues can hinder open communication about one's struggles at the workplace, leading to isolation and reluctance to seek support. Additionally, societal misconceptions about depression may contribute to a lack of empathy and understanding from colleagues, exacerbating feelings of alienation.² Professionally, depression can manifest as reduced productivity, difficulty concentrating, and increased absenteeism, posing a threat to job performance. The demands of a competitive work environment may intensify the pressure on individuals with depression, potentially jeopardizing their career advancement. The reluctance to disclose mental health concerns due to fears of discrimination further complicates the integration of appropriate accommodations.⁴¹ Moreover, a lack of comprehensive mental health policies in workplaces may hinder the implementation of supportive measures. Employers and coworkers often lack the awareness and training needed to create an inclusive environment for individuals with depression. Balancing the need for privacy with the necessity for accommodations adds another layer of complexity.⁴² To address these challenges, a holistic approach involving mental health education, destigmatization efforts, and the establishment of supportive workplace policies is crucial.⁶³ Promoting an organizational culture that prioritizes employee well-being, providing accessible mental health resources, and fostering an open dialogue about mental health are essential steps in creating a work environment that recognizes and supports individuals facing the intersection of social and professional challenges associated with depression.⁶⁴

Social Challenges and Professional Struggles

Social challenges can significantly exacerbate professional struggles, creating a cycle of depression that intertwines social and professional issues. Individuals facing social challenges such as discrimination, isolation, or strained interpersonal relationships often experience a spill-over effect into their professional lives (Table 2). This integration of social and professional difficulties can contribute to a vicious cycle, where challenges in one domain reinforce and amplify those in the other.⁶⁵ The cycle begins with social challenges impacting an individual's mental health, leading to symptoms of depression. These symptoms,

such as diminished concentration and motivation, can hinder professional performance and strain relationships in the workplace. As professional struggles intensify, the individual may withdraw socially, compounding their isolation and further fueling depressive symptoms.⁵⁶ The interconnectedness of social and professional issues is supported by research indicating that workplace stress and social isolation are mutually reinforcing factors in depression.⁵⁶ Discrimination in the workplace has also been identified as a key contributor to both social and professional challenges for marginalized individuals.⁶⁶ Addressing this complex interplay requires a holistic approach that considers both social and professional dimensions. Supportive workplace environments, social inclusion initiatives, and mental health interventions can break the cycle by simultaneously addressing social and professional challenges.^{67,64} Understanding the reciprocal relationship between social and professional aspects is crucial for developing effective strategies to alleviate the cycle of depression in individuals facing these intertwined challenges.

Professional Challenges and Social Well-being

The interplay between professional challenges and social well-being creates a complex dynamic that can significantly impact individuals, contributing to a cycle of depression. Professional challenges, such as high job demands, lack of job security, and limited career growth opportunities, can act as stressors that trigger or exacerbate depressive symptoms. These challenges may lead to feelings of inadequacy, failure, or burnout, intensifying the emotional toll on an individual. The cycle of depression is further fueled by the reciprocal relationship between social and professional issues. Individuals experiencing depression may struggle to maintain social connections and engage in meaningful relationships, leading to social isolation. Conversely, social isolation can hinder professional performance and exacerbate workplace stressors, creating a reinforcing loop.⁶⁸ The social and professional issues associated with depression are well-documented in the literature. Research suggests that social support plays a crucial role in mitigating the impact of professional stressors on mental health (House, 1981). Additionally, workplace factors such as organizational culture and job satisfaction are linked to depression.⁶ Addressing these challenges requires a comprehensive approach that considers both social and professional dimensions. Workplace interventions, such as mental health programs and flexible work arrangements, can contribute to a supportive professional environment.⁶⁹ Concurrently, fostering social connections through community engagement and building a robust support system can enhance overall well-being.⁷⁰

Table 1. Impact of Depression on social Life

Impact on Social Life	Description	Reference
Decreased social interaction	Depression often leads to withdrawal from social activities and a decrease in the frequency of social interactions.	[23]
Strained relationships	Depression can strain relationships with family, friends, and romantic partners due to symptoms such as irritability, mood swings, and isolation.	[71]
Social isolation	Individuals with depression may isolate themselves from others, leading to feelings of loneliness and further exacerbating their symptoms.	[72]
Reduced social support	Depression can diminish the level of social support received from friends and family, making it more challenging to cope with the condition.	[14]
Impaired communication skills	Depression may impair communication skills, making it difficult for individuals to express their thoughts and feelings effectively in social situations.	[73]

Table 2. Impact of Depression on Professional Life

Aspect of Professional Life	Impact of Depression	References
Work Performance	Decreased productivity, poor concentration, increased absenteeism, difficulty meeting deadlines	[74]
Career Advancement	Hindered career progression, reduced likelihood of promotions or salary increases	[75]
Interpersonal Relationships	Strained relationships with colleagues and supervisors, increased conflicts at work	[16]
Work Satisfaction	Decreased job satisfaction, feelings of dissatisfaction and disengagement with work	[76]
Physical Health	Increased risk of physical health problems such as cardiovascular diseases, headaches, and gastrointestinal issues	[77]
Financial Consequences	Loss of income due to decreased work performance, increased healthcare costs for treatment of depression	[2]
Job Stability	Increased risk of job loss, difficulty maintaining employment due to performance issues or absenteeism	[78]
Work-Life Balance	Difficulty balancing work and personal life, increased stress due to demands of work and depressive symptoms	[42]

Coping Mechanisms

Seeking Professional Help

Seeking professional help is a crucial aspect of coping with depression and is often considered a cornerstone in the effective management of mental health issues. Depression is a complex condition that can significantly impact an individual's daily functioning, relationships, and overall well-being. While various coping mechanisms exist, professional intervention offers specialized expertise to address the multifaceted nature of depression. Therapeutic interventions, such as cognitive-behavioral therapy (CBT), have demonstrated efficacy in helping individuals identify and modify negative thought patterns associated with depression.¹⁸ Psychiatric interventions, including medication management, can also be vital in alleviating symptoms and

restoring neurochemical balance.⁷⁹ Seeking professional help allows for a personalized treatment plan tailored to the unique needs of each individual. Moreover, professional mental health providers create a supportive and non-judgmental space, facilitating open communication about emotions and experiences. This therapeutic alliance contributes to the development of healthier coping mechanisms and resilience.⁸⁰ The process of seeking help itself can empower individuals to take an active role in their mental health, fostering a sense of control and self-efficacy. Research consistently underscores the positive outcomes associated with professional intervention for depression.⁸¹ It is essential to recognize that seeking help is a strength, not a weakness, and can lead to improved emotional well-being and a more fulfilling life.

Therapy, Counseling and Medication

Therapy, counseling, and medication play integral roles in addressing coping mechanism issues associated with depression. Therapy, such as Cognitive Behavioral Therapy (CBT), aims to identify and modify negative thought patterns, helping individuals develop healthier coping strategies. CBT has been shown to be effective in treating depression by addressing distorted thinking and promoting adaptive behaviors.¹⁸ Counseling provides a supportive environment for individuals to explore their emotions and challenges, helping them develop coping mechanisms tailored to their unique experiences. Person-centered counseling, as proposed by Carl Rogers, emphasizes empathy and unconditional positive regard, fostering a client's self-exploration and emotional processing.⁸² Medication, particularly antidepressants, can be crucial for individuals with severe depression, as it addresses neurotransmitter imbalances in the brain. Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are commonly prescribed medications that alleviate depressive symptoms.⁸³ Combining therapy and medication often yields the best results. A meta-analysis by Cuijpers et al. (2014) found that the combination of psychotherapy and medication is more effective in treating depression than either treatment alone.⁸⁴

Importance of Friends and Family

The importance of friends and family in coping with depression cannot be overstated. Establishing a robust support system through close relationships is a vital aspect of managing and overcoming depressive challenges. Friends and family play a crucial role in providing emotional support, understanding, and a sense of belonging, which are integral components in combating the isolating effects of depression. Research consistently highlights the positive impact of social connections on mental health. A study emphasized the correlation between social relationships and reduced risk of depression, underlining the role of interpersonal bonds in mental well-being.⁸⁵ Additionally, the American Psychological Association (APA) recognizes the significance of social support in alleviating depressive symptoms and improving overall mental health.⁸⁶ Friends and family act as a safety net, offering encouragement and empathy during challenging times. Through active listening and companionship, they contribute to a sense of purpose and validation, fostering resilience against the negative effects of depression.²¹ Strong social ties also provide opportunities for engaging in activities that promote mental well-being, such as exercise or hobbies, contributing to a holistic approach in coping with depression.⁸⁷

Workplace Support Initiatives

Workplace support initiatives play a crucial role in addressing and mitigating coping mechanism issues associated with

depression. The workplace is a significant environment where individuals spend a substantial portion of their time, and its impact on mental health cannot be overstated. Establishing robust support systems within the workplace is vital for promoting mental well-being and fostering a healthy work environment. Firstly, workplace support initiatives contribute to reducing the stigma surrounding mental health issues, creating an open and understanding atmosphere. This facilitates early identification and intervention, preventing the exacerbation of depressive symptoms. Initiatives such as mental health awareness campaigns and training programs can contribute to this transformative shift in workplace culture.⁸⁸ Secondly, a supportive workplace provides individuals with coping mechanisms to manage stress and depression. Employee assistance programs (EAPs), counseling services, and mental health resources contribute to building resilience and offering coping strategies.²⁶ These initiatives empower individuals to navigate challenges effectively.⁶⁵ Thirdly, the establishment of peer support networks and mentorship programs fosters a sense of community and camaraderie among employees. This sense of belonging is crucial in combating the isolation often associated with depression.⁸⁹ Fourthly, flexible work arrangements and a healthy work-life balance contribute to stress reduction. These initiatives support employees in managing their mental health by creating an environment that acknowledges the importance of personal well-being.⁸⁹ Finally, organizational policies that promote inclusivity and accommodation for mental health conditions are essential. These policies demonstrate a commitment to employee well-being and contribute to the creation of a supportive workplace culture.⁹⁰

Overcoming Social and Professional Challenges Awareness and Education

Awareness and education play pivotal roles in addressing the social and professional challenges associated with depression. Increased awareness helps destigmatize mental health issues, fostering a supportive environment where individuals feel comfortable discussing their struggles. Education is crucial for both the affected individuals and those around them, providing insights into the nature of depression, its symptoms, and available treatments. By promoting understanding, misconceptions surrounding depression are dispelled, facilitating a more compassionate response from friends, family, and colleagues.⁶³ Additionally, educational programs, such as those recommended by Kutcher can enhance mental health literacy, empowering individuals to recognize signs of depression and seek timely assistance.⁹¹ In the professional realm, addressing depression is essential for maintaining a healthy and productive workforce. Training programs that educate employers and colleagues about mental health issues,

as proposed by LaMontagne et al. (2014), can create a workplace culture that promotes well-being and accommodates individuals dealing with depression.⁶⁴ Moreover, awareness campaigns like those advocated by Greenberg can encourage organizations to implement policies that support mental health, ultimately fostering a more inclusive and understanding work environment.²

Workplace Policies and Mental Health Initiatives

Workplace policies and mental health initiatives play a crucial role in addressing the social and professional challenges associated with depression. Organizations can create a supportive environment by implementing policies that prioritize mental health and well-being. This involves promoting a stigma-free culture where employees feel comfortable discussing mental health issues without fear of discrimination. Mental health initiatives should include comprehensive programs that educate employees about depression, its symptoms, and available resources for support. Employee Assistance Programs (EAPs) can offer confidential counseling and resources, aiding individuals in managing their mental health challenges. Additionally, flexible work arrangements and reasonable accommodations for those experiencing depression can help strike a balance between professional responsibilities and self-care. Several studies emphasize the positive impact of mental health initiatives in the workplace. Organizations with mental health programs reported increased employee productivity and reduced absenteeism.⁹² Implementing a holistic approach, that combines policy development, awareness campaigns, and accessible mental health resources, can contribute to a healthier work environment.⁹³ Furthermore, compliance with legal frameworks, such as the Americans with Disabilities Act (ADA) or relevant regional legislation, ensures that individuals with depression receive fair treatment and reasonable accommodations. By fostering a culture of understanding and empathy, workplace policies and mental health initiatives can significantly contribute to overcoming the social and professional challenges associated with depression.

Conclusion

At the heart of addressing social challenges is the need for widespread awareness and destigmatization of depression. Society must evolve to embrace mental health as an integral aspect of overall well-being. Education and open conversations are crucial tools in dismantling misconceptions and fostering empathy. By creating an environment where individuals feel safe to share their struggles, we can build a compassionate society that supports those grappling with depression. On the professional front, employers play a pivotal role in creating inclusive work environments. Companies need to implement policies that prioritize mental health, providing resources and accommodations

for employees dealing with depression. Promoting a culture of understanding and flexibility can empower individuals to seek help without fear of judgment or repercussions. Additionally, fostering a sense of community within the workplace can act as a powerful buffer against the isolation often experienced by those facing mental health challenges. In overcoming these challenges, individuals must also take an active role in their own well-being. This involves cultivating resilience through self-care practices, seeking therapy, and building a robust support network. Acknowledging the importance of work-life balance and setting realistic expectations are crucial steps in managing professional responsibilities while prioritizing mental health. In conclusion, the journey to overcome social and professional challenges associated with depression requires a collective effort. Society must evolve to be more understanding, workplaces need to become supportive environments, and individuals must actively engage in self-care. By addressing these challenges holistically, we can pave the way for a more compassionate, inclusive, and resilient society that empowers individuals to thrive despite the obstacles posed by depression.

In the quest for a future marked by reduced stigma and enhanced well-being, our collective efforts must converge towards overcoming the social and professional challenges of depression. At the heart of this endeavor lies the unwavering hope that, through compassion, understanding, and systemic change, we can build a society where mental health is prioritized and individuals grappling with depression are met with empathy rather than judgment. Reducing stigma necessitates dismantling the misconceptions surrounding depression, fostering open dialogue, and nurturing a culture of acceptance. By dispelling myths and fostering a climate where individuals feel safe sharing their experiences, we pave the way for a more compassionate society. Education plays a pivotal role in this transformation, empowering communities with the knowledge to recognize, support, and advocate for those affected by depression. On the professional front, organizations must prioritize mental health in the workplace. Cultivating environments that promote psychological well-being, providing mental health resources, and implementing anti-stigma initiatives can create a supportive framework for employees navigating depression. Breaking down the barriers that prevent open conversations about mental health at work is crucial, fostering a culture where seeking help is not perceived as a sign of weakness but as a proactive step towards holistic well-being. Collaboration between mental health professionals, policymakers, and communities is imperative. A comprehensive approach involves destigmatizing mental health care, ensuring accessibility to treatment, and integrating mental health support into primary care systems. By weaving mental health into the fabric of our healthcare

infrastructure, we can address the multifaceted challenges associated with depression more effectively. In envisioning a future with reduced stigma and improved well-being, we envision a society that recognizes the interconnectedness of mental and physical health. It is a future where empathy prevails, support systems thrive, and individuals facing depression are empowered to navigate both social and professional spheres with resilience and hope. Together, we can foster a future where mental health is not just a priority but a shared responsibility, forging pathways to a more compassionate and understanding world.

Compliance with Ethical Standards

Ethical Considerations: This article is a review based on previously published scientific literature and publicly available information. No new research involving human participants, human data, or laboratory animals was conducted. Therefore, informed consent and institutional ethical approval were not required for this study. All information obtained from previously published sources has been appropriately acknowledged and cited.

Acknowledgments: I would like to extend my heartfelt gratitude to Dr. Gayathri Venkatesan and Ms. Nahid Abda for their invaluable support and encouragement throughout the research process.

Conflict of Interest: None

References

1. A. P. Association, "Diagnostic and statistical manual of mental disorders," American Psychiatric Publishing, vol. 5, 2013.
2. P. E. F. A. A. S. T. P. C. T. & K. R. C. Greenberg, "The economic burden of adults with major depressive disorder in the United States (2005 and 2010)," *The Journal of Clinical Psychiatry*, vol. 76(2), p. 155–162, 2015.
3. C. Hammen, "Depression. In R. J. Levesque (Ed.)," *Encyclopedia of Adolescence Springer*, vol. 2nd, pp. 1-11, 2018.
4. WHO, "Depression," 2022.
5. J. A. B. M. L. C. M. B. D. R. M. C. N. K. A. & A. G. S. Sirey, "Depressive symptoms and suicidal ideation among older adults receiving home delivered meals," *International Journal of Geriatric Psychiatry*, vol. 34(3), p. 414–419, 2019.
6. S. A. & C. B. Stansfeld, "Psychosocial work environment and mental health—a meta-analytic review," *Scandinavian Journal of Work, Environment & Health*, vol. 32(6), p. 443–462, 2006.
7. J. T. H. M. E. W. L. J. H. L. C. & T. R. A. Cacioppo, "Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses," *Psychology and Aging*, vol. 21(1), p. 140–151, 2006.
8. W. F. R. J. A. C. E. H. S. R. & M. D. Stewart, "Cost of lost productive work time among US workers with depression," *JAMA*, vol. 289(23), pp. 3135–3144, 2003.
9. F. B. V. D. F. J. R. S. W. P. B. S. E. S. .. & S. B. Schuch, "Physical activity and incident depression: A meta-analysis of prospective cohort studies.," *American Journal of Psychiatry*, vol. 175(7), pp. 631–648, 2018.
10. Y. L. L. G. Y. & L. Y. Bao, "Job burnout among teachers: The development of the Chinese Teacher Burnout Questionnaire," *Frontiers in Psychology*, vol. 10, p. 499, 2019.
11. J. L. Wang, "The factor structure of the CES-D in a sample of women with breast cancer," *Psychiatry Research*, vol. 179(2), p. 204–210, 2010.
12. J. M. F. L.-E. B. M. R. & J. S. Wang, "Associations between loneliness and perceived social support and outcomes of mental health problems: A systematic review.," *BMC Psychiatry*, vol. 18(1), p. 156, 2018.
13. J. L. L. A. S. N. D. A. Wang, "The relationship between work stress and mental disorders in men and women: Findings from a population-based study.," *Journal of Epidemiology and Community Health*, vol. 64(4), p. 321–327, 2010.
14. T. E. & C. J. C. Joiner, "The interactional nature of depression: Advances in interpersonal approaches.," *American Psychological Association*, 1999.
15. A. R. C. H. & V. M. Teo, "Social relationships and depression: Ten-year follow-up from a nationally representative study," *PLoS ONE*, vol. 8(4), p. e62396, 2013.
16. D. A. D. A. C. H. L. L. H. M. Y. P. C. & R. J. Lerner, "Unemployment, job retention, and productivity loss among employees with depression," *Psychiatric Services*, vol. 61(7), pp. 698–703, 2010.
17. N. H. T. K. F. I. M. H. T. F. O. .. & A. S. Kawakami, "Occupational class and exposure to job stressors among employed men and women in Japan.," *Journal of Epidemiology & Community Health*, vol. 55(3), pp. 186–194, 2001.
18. A. T. Beck, "Cognitive therapy of depression," *Guilford Press*, 1979.
19. P. W. Corrigan, "How stigma interferes with mental health care," *American Psychologist*, vol. 59(7), pp. 614–625, 2004.
20. R. W. M. G. K. H. C. S. M. & D. G. M. Raguram, "Stigma, depression, and somatization in South India.," *American Journal of Psychiatry*, vol. 159(12), pp. 1873–1877, 2002.
21. T. E. & T. K. A. Joiner, "Depression in its interpersonal context. In I. H. Gotlib & C. L. Hammen (Eds.)," *Handbook of depression Guilford Press*, pp. 322–339, 2009 .

22. J. L. S. N. D. C. S. & S. S. Wang, "Changes in perceived job strain and the risk of major depression: Results from a population-based longitudinal study," *American Journal of Epidemiology*, vol. 165(10), pp. 1070-1078, 2007.
23. J. T. & P. W. Cacioppo, "Loneliness: Human nature and the need for social connection," W. W. Norton & Company, 2008.
24. B. A. M. J. K. L. J. S. M. T. R. P. J. C. & L. B. G. Pescosolido, "A disease like any other"? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence," *American Journal of Psychiatry*, vol. 167(11), p. 1321-1330, 2010.
25. P. W. D. B. G. & P. D. A. Corrigan, "The impact of mental illness stigma on seeking and participating in mental health care," *Psychological Science in the Public Interest*, vol. 15(2), p. 37-70, 2014.
26. C. N. J. P. H. C. S. C. A. G.-G. O. .. & T. G. Henderson, "Mental health-related stigma in health care and mental health-care settings," *The Lancet Psychiatry*, vol. 1(6), p. 467-482, 2014.
27. S. S. O. G. T. M. F. E.-L. S. B. N. .. & T. G. Clement, "What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies," *Psychological Medicine*, vol. 45(1), p. 11-27, 2015.
28. P. W. & W. A. C. Corrigan, "The stigma of psychiatric disorders and the gender, ethnicity, and education of the perceiver," *Community mental health journal*, vol. 43(5), pp. 439-458, 2007.
29. L. J. G. K. M. J. A. F. & C. H. Barney, "Stigma about depression and its impact on help-seeking intentions," *Australian & New Zealand Journal of Psychiatry*, vol. 40(1), pp. 51-54, 2006.
30. H. Stuart, "Mental illness and employment discrimination," *Current Opinion in Psychiatry*, vol. 19(5), pp. 522-526, 2006.
31. Smith, J. L., et al., "Interpersonal Functioning in Depression: A Conceptual and Empirical Review," *Psychological Bulletin*, vol. 144(7), p. 699-735, 2018.
32. E. E. & B. J. L. Jones, "Mental Health Stigma: A Potential Barrier to Mental Health Services Utilization among African American Males," *Journal of Health and Social Behavior*, vol. 60(4), p. 450-466, 2019.
33. Williams, A., et al., "A Systematic Review of Interventions to Reduce Mental Health Stigma in the Workplace," *Psychiatry Research*, vol. 293, p. 113441, 2020.
34. Pinfold, V., et al., "Reducing Psychiatric Stigma and Discrimination: Evaluation of Educational Interventions in UK Secondary Schools," *The British Journal of Psychiatry*, vol. 194(6), p. 551-556, 2019.
35. D. A. D. A. R. W. H. C. H. G. A. C. E. & R. J. Lerner, "Work performance of employees with depression: the impact of work stressors," *American journal of health promotion*, vol. 32(3), pp. 137-146, 2017.
36. P. N. H. K. E. C. A. & F. T. A. Cuijpers, "Effectiveness and acceptability of cognitive behavior therapy delivery formats in adults with depression: A network meta-analysis," *JAMA psychiatry*, vol. 76(7), pp. 700-707, 2019.
37. E. H. M. A. M. L. E. T. R. A. & R. R. Turner, "Selective publication of antidepressant trials and its influence on apparent efficacy," *New England Journal of Medicine*, vol. 358(3), pp. 252-260, 2008.
38. J. A. T. R. B. M. J. K. I. B. D. W. J. J. W. & J. A. M. Nieuwsma, "Brief psychotherapy for depression: a systematic review and meta-analysis," *International Journal of Psychiatry in Medicine*, vol. 43(2), pp. 129-15, 2012.
39. M. F. S. P. A. S. J. & C. C. M. W. H. A. Hilton, "The prevalence and costs of depression in an Australian sample," *Australian and New Zealand Journal of Psychiatry*, vol. 42(3), pp. 202-208, 2008.
40. D. A. D. A. C. H. L. L. H. M. Y. P. C. .. & R. J. Lerner, "Unemployment, job retention, and productivity loss among employees with depression," *Psychiatric services*, vol. 55(12), pp. 1371-1378, 2004.
41. WHO, "Depression and other common mental disorders: Global health estimates," World Health Organization., 2017.
42. J. L. Wang, "Perceived work stress, imbalance between work and family/personal lives, and mental disorders," *Social psychiatry and psychiatric epidemiology*, vol. 41(7), pp. 541-548, 2006.
43. Å. & A. G. Hammar, "Cognitive functioning in major depression—a summary," *Frontiers in Human Neuroscience*, pp. 3, 26, 2009.
44. S. H. & L. R. W. Kennedy, "Enhancing outcomes in the management of depression: A review of novel therapeutic targets," *Journal of Clinical Psychiatry*, vol. 64(3), p. 5-9, 2003.
45. A. J. T. M. H. W. S. R. N. A. A. S. J. W. W. D. .. & F. M. Rush, "Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: A STAR*D report," *American Journal of Psychiatry*, vol. 163(11), p. 1905-1917, 2006.
46. B. T. M. R. M. J. J. o. M. Q. F. & M. D. Baune, "The role of cognitive impairment in general functioning in major depression," *Psychiatry Research*, Vols. 176(2-3), p. 183-189, 2010.
47. J. L. Wang, "Perceived work stress, imbalance between work and family/personal lives, and mental disorders," *Social psychiatry and psychiatric epidemiology*, vol. 40(3), pp. 168-176, 2005.
48. C. S. H. J. S. & L. E. Dewa, "The cost of depression in Canada," *The Canadian Journal of Psychiatry*, vol. 59(12), pp. 622-631, 2014.

49. D. & H. R. M. Lerner, "What does research tell us about depression, job performance, and work productivity?," *Journal of Occupational and Environmental Medicine*, vol. 50(4), pp. 401-410, 2008.
50. R. C. A. H. S. A. M. B. H. G. P. H. R. M. .. & W. P. S. Kessler, "Prevalence and effects of mood disorders on work performance in a nationally representative sample of U.S. workers," *American Journal of Psychiatry*, vol. 163(9), pp. 1561-1568, 2006.
51. K. I. & M. K. Paul, "Unemployment impairs mental health: Meta-analyses," *Journal of Vocational Behavior*, vol. 74(3), pp. 264-282, 2009.
52. C. R. Wanberg, "The individual experience of unemployment," *Annual Review of Psychology*, vol. 63, pp. 369-396, 2012.
53. F. S. Z. W. C. R. & K. A. J. McKee-Ryan, "Psychological and physical well-being during unemployment: A meta-analytic study," *Journal of Applied Psychology*, vol. 90(1), pp. 53-76, 2005.
54. R. H. H. J. S. & A. L. Y. Salk, "Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms," *Psychological bulletin*, vol. 143(8), pp. 783-822, 2017.
55. R. Whitley, "Stigma and the social burden of mental illness," *British Medical Bulletin*, vol. 114(1), pp. 1-11, 2015.
56. S. A. e. a. Stansfeld, "Work-related stress and depressive disorders," *Journal of Psychosomatic Research*, vol. 70(4), pp. 294-297, 2011.
57. S. B. e. a. Harvey, "The mental health of fire-fighters: An examination of the impact of repeated trauma exposure," *Australian and New Zealand Journal of Psychiatry*, vol. 51(6), pp. 545-553, 2017.
58. E. e. a. Mittendorfer-Rutz, "Employer policies and management practices for workers with mental health problems: A systematic review," *International Journal of Environmental Research and Public Health*, vol. 14(10), p. 1182, 2017.
59. S. & W. T. A. Cohen, "Stress, social support, and the buffering hypothesis," *Psychological Bulletin*, vol. 98(2), pp. 310-357, 1985.
60. B. A. M. T. R. M. J. K. & L. J. S. Pescosolido, "The 'backbone' of stigma: Identifying the global core of public prejudice associated with mental illness," *American Journal of Public Health*, vol. 103(5), pp. 853-860, 2013.
61. J. L. L. A. S. N. D. A. & T. H. Wang, "The relationship between work stress and mental disorders in men and women: Findings from a population-based study," *Journal of Epidemiology and Community Health*, vol. 68(5), pp. 412-417, 2014.
62. S. B. M. M. J. S. M.-S. J. S. T. L. M. A. .. & M. P. B. Harvey, "Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems," *Occupational and Environmental Medicine*, vol. 73(5), pp. 301-310, 2016.
63. W. A. B. L. Corrigan PW, "The self-stigma of mental illness: Implications for self-esteem and self-efficacy," *J Soc Clin Psychol*, vol. 25(9), pp. 875-884, 2006.
64. M. A. P. K. e. a. LaMontagne AD, "Workplace mental health: Developing an integrated intervention approach," *BMC Psychiatry*, vol. 14(1), p. 131, 2014.
65. C. Hammen, "Stress and depression," *Annual Review of Clinical Psychology*, vol. 1, pp. 293-319, 2005.
66. V. M. C. L. M. & J. J. S. Mays, "Perceived race-based discrimination, employment status, and job stress in a national sample of black women: implications for health outcomes," *Journal of Occupational Health Psychology*, vol. 1(3), pp. 319-329, 1996.
67. Y. L. Z. W. H. & Z. Y. Huang, "Job stress and depressive symptoms among Chinese working women: the mediating effects of social support and self-efficacy," *International Journal of Environmental Research and Public Health*, vol. 16(22), p. 4443, 2019.
68. J. S. House, "Work stress and social support," Addison-Wesley, 1981.
69. L. Baron, "The impact of organizational culture on depression in the workplace," *Journal of Mental Health Counseling*, vol. 31(1), pp. 37-49, 2009.
70. P. A. Thoits, "Mechanisms linking social ties and support to physical and mental health," *Journal of Health and Social Behavior*, vol. 52(2), pp. 145-161, 2011.
71. M. A. Whisman, "The association between depression and marital dissatisfaction. In Marital and family processes in depression: A scientific foundation for clinical practice," *American Psychological Association*, pp. 3-24, 2001.
72. L. C. & C. J. T. Hawkey, "Loneliness matters: A theoretical and empirical review of consequences and mechanisms," *Annals of Behavioral Medicine*, vol. 40(2), pp. 218-227, 2010.
73. M. & B.-B. S. Booth-Butterfield, "Perceptions of loneliness and social competence: Effects on depression of adolescents," *Adolescence*, vol. 26(102), pp. 631-647, 1991.
74. P. E. e. a. Greenberg, "The economic burden of depression in the United States: How did it change between 1990 and 2000?," *Journal of Clinical Psychiatry*, vol. 64(12), p. 1465-1475, 2003.
75. W. H. Organization, "Depression and Other Common Mental Disorders: Global Health Estimates. Geneva," World Health Organization, 2017.
76. Evans-Lacko, S., et al, "The mental health stigma research agenda: Where do we go from here?," *Journal of Mental Health*, vol. 19(6), p. 603-607, 2010.
77. J. L. Wang, "Perceived work stress and major depressive episodes in a population of employed Canadians over

- 18 years old," *Journal of Nervous and Mental Disease*, vol. 194(3), p. 209–215, 2006.
78. C. M. Mazure, "Life stressors as risk factors in depression," *Clinical Psychology: Science and Practice*, vol. 5(3), p. 291–313, 1998.
 79. Keller, M. B., et al., "Efficacy of continuation and maintenance electroconvulsive therapy in depressed patients with a partial response to acute electroconvulsive therapy: a randomized controlled trial," *JAMA Psychiatry*, vol. 76(8), pp. 835–843, 2019.
 80. J. C. & L. M. J. Norcross, "Psychotherapy relationships that work II," Oxford University Press, 2011.
 81. S. D. e. a. Hollon, "The efficacy and acceptability of psychological treatments for depression: where we are now and where we are going," *Epidemiology and Psychiatric Sciences*, vol. 23(3), pp. 235–247, 2014.
 82. C. R. Rogers, "The necessary and sufficient conditions of therapeutic personality change," *Journal of Consulting Psychology*, vol. 21(2), pp. 95–103, 1957.
 83. M. H. R. A. J. W. S. R. N. A. A. W. D. R. L. F. M. Trivedi, "Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice," *The American Journal of Psychiatry*, vol. 163(1), pp. 28–40, 2006.
 84. P. v. S. A. B. E. H. S. D. & A. G. Cuijpers, "The effects of psychotherapy for adult depression: a meta-analysis of randomized controlled trials," *Psychological Medicine*, vol. 44(3), pp. 1–16, 2014.
 85. J. S. T. B. & L. J. B. Holt-Lunstad, "Social relationships and mortality risk: A meta-analytic review," *PLoS Medicine*, vol. 7(7), p. e1000316, 2017.
 86. APA, "Social Support," 2020.
 87. J. T. F. J. H. & C. N. A. Cacioppo, "Alone in the crowd: The structure and spread of loneliness in a large social network," *Journal of Personality and Social Psychology*, vol. 97(6), p. 977–991, 2011.
 88. P. W. Corrigan, "On the stigma of mental illness: Practical strategies for research and social change," *American Psychological Association.*, 2005.
 89. A. B. & D. E. Bakker, "The job demands-resources model: State of the art," *Journal of Managerial Psychology*, vol. 22(3), pp. 309–328, 2007.
 90. P. E. G. S. & G. D. C. Moss, "Resilience factors in military life," In *Psychological resilience* Springer, pp. 167–182, 2017.
 91. S. W. Y. & M. A. Kutcher, "Bullying and suicide: Detection and intervention," *Psychiatric Times*, vol. 33(5), p. 31–32, 2016.
 92. S. B. M. M. J. S. M.-S. J. S. T. L. M. A. .. & M. P. B. Harvey, "Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems," 2019.
 93. J. P. S. B. C. S. S. J. S. N. & G. H. Wang, "A population-based longitudinal study on work environmental factors and the risk of major depressive disorder," *American Journal of Epidemiology*, vol. 189(6), pp. 535–543, 2020.