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Government employees and depressive and anxiety disorders: A systematic review

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Introduction Depressive and anxiety disorders are common among working adults and costly to employers and individuals and their prevalence is high. Public sector employees are also vulnerable to poor mental health, mainly where have been occurring organisational changes similar to private sector concepts.
Objective To highlight the unmet mental needs for new vulnerable working population, government employees.
Methods The search was conducted using PubMed, Medline, Web of Science, Scopus, B-on, Science Direct with the terms "government employees", "federal employees", "depressive disorders", "anxiety disorders". Using the PRISMA methodology, 1374 articles were considered with the search terms and if were published in the last 10 years; after a review of the title and summary, 5 eligible studies in english were included.
Discussion Mental disorders are growing public health problem, and creating an enormous toll of suffering, disability and economic loss. There are few studies about depressive and anxiety disorders in public sector and those confirm that it would be to examine to what extent national characteristics can explain why individual and organizational characteristics are more related to them in some countries than in others, especially not including military or police officers who usually are submitted to high psychological distress.
Conclusions Workplace health promotion in addressing job stress is crucial to fight against to a range of mental health outcomes. Mental health screening in the public sector may contribute for changes to the traditional roles of government and its management structures and must be encouraged to find out the underlying mechanisms of developing depressive and anxiety disorders.
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Decentering and avoidance: Mechanisms between external shame and depression symptomatology

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It is widely accepted that shame plays a significant role in the development and maintenance psychopathology, namely depressive symptoms. In fact, the experience of shame is highly associated with the adoption of maladaptive strategies to cope with negative feelings, such as experiential avoidance (i.e., the unavailability to accept one's private experiences), and the inability of decenter oneself from unwanted internal events. The present study aims to explore a mediation model that examines whether external shame's effect on depressive symptomatology is mediated through the mechanisms of decentering and experimental avoidance, while controlling for age. Participants were 358 adults of both genders from the general population that completed a battery of self-report scales measuring external shame, decentering, experimental avoidance and depression. The final model explained 33% of depression and revealed excellent model fit indices. Results showed that external shame has a direct effect on depressive symptomatology and simultaneously an indirect effect mediated by the mechanisms of decentering and experiential avoidance. These data seem to support the association between shame and depressive symptomatology. Nevertheless, these findings add to literature by suggesting that when the individual presents higher levels of shame he or she may present lower decentering abilities and tends to engage in experiential avoidance, which amplify the impact of external shame and depression. Furthermore, our findings seem to have important clinical implications, stressing the importance of developing intervention programs in the community that target shame and experimental avoidance and that promote adaptive emotion regulation strategies (e.g., decentering) to deal with adverse experiences.
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Chronic illness-related shame and experiential avoidance mediate the impact of IBD symptomatology on depression

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Inflammatory bowel disease (IBD) is group of chronic diseases that cause symptoms such as abdominal pain, urgent diarrhoea and fatigue, as well as associated complications (e.g., arthritis). Literature has pointed that IBD may cause depressive symptomatology, which seems to aggravate physical symptoms in a cycle of depression and inflammation. This study's aims to examine the mediator roles of chronic illness-related shame and experiential avoidance in the relationship between IBD symptomatology and depression, while controlling for associated medical complications. The sample comprised 161 adult IBD patients (52 males and 109 females), with a mean age of 36.73 (SD = 10.93), that completed validated measures. The hypothesised model was tested through path analyses. Results (see Fig. 1) showed that although IBD symptomatology presented a direct effect of .13 on depression, the majority of its impact was mediated through chronic illness-related shame and experiential avoidance with an indirect effect of 0.22. Indeed, IBD symptomatology seemed to lead to higher chronic illness-related shame, which presented a direct effect on depression of .15 and an indirect effect mediated by experiential avoidance of 0.37. This model presented excellent goodness-of-fit indices. These findings suggest that targeting shame and experiential avoidance in IBD patients would have beneficial outcomes for patients' well-being. It thus seems that compassion and acceptance-based psychotherapies should be included in treatment programs for IBD.

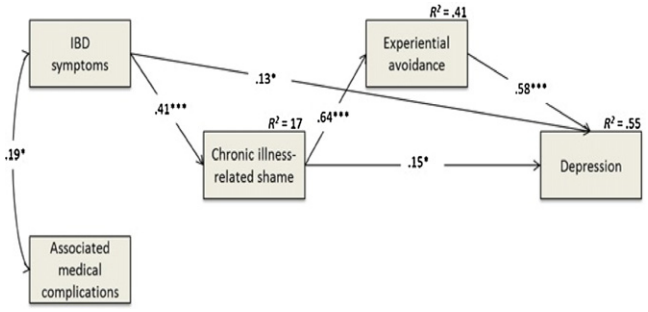

Fig. 1

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