

Underemployed and Underscreened:

The Importance of Screening Theater Artists for Depression in Preventative Care Visits

Ryan Himes, PA-S2

The COVID-19 pandemic has completely changed the world as we know it. Victims of the pandemic have suffered loss including but not exclusive to any combination of financial, physical, mental, or emotional damage. Loss can take multiple different forms, often specific to the individual. The CDC reports that rates of suicide, substance use, and depression have skyrocketed in the past two years.<sup>1</sup> A major factor contributing to this mental health crisis is the lack of sufficient screening for depression when patients visit their primary care providers. In response to these gaps in care, one of the goals of Healthy People 2030 is to increase screenings for depression at primary care visits and encourage preventative care. A population at risk are gig and contract workers, specifically those that work in the arts such as theater. The pandemic has only further exacerbated their decline in mental health, who already experience higher rates of depression.<sup>2</sup> A study done by the Center of Disease Control (CDC) as of late September 2022, reports that as high as 24.2% of United States citizens have readmitted feeling depressed.<sup>3</sup> Underemployed individuals are more likely to experience depression than those that are employed, making them less likely to seek employment, and perpetuating a vicious cycle.<sup>4</sup> While at present, even though there are resources available, the underemployed remain disproportionately affected by depression and we, as healthcare workers, need to do more to increase screening efforts to improve their mental health follow up. This community faces more barriers they must overcome in order to seek help, and ultimately higher rates of depression screening will help speed up access to treatment.

It is important to clarify some definitions to better understand the content of this paper. The DSM V defines depression as:

“A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down). Fatigue or loss of

energy nearly every day. Feelings of worthlessness or excessive or inappropriate guilt nearly every day”.<sup>5</sup>

Merriam-Webster dictionary defines unemployment as “the condition in which people in a labor force are employed at less than full-time or regular jobs or at jobs inadequate with respect to their training or economic needs”.<sup>6</sup> Per the US department of labor, only 50.6% of actors in the actor occupation are fully employed; meaning a staggering number of actors are either without a steady source of income or do not fully meet the criteria to be considered employed.<sup>7</sup> Therefore, going forward, this paper will focus on artists/actors as underemployed individuals and as the population of interest, and use the term artists/actors interchangeably with unemployed/underemployed.

Artists are more at risk of developing depression than those of other professions that have full time jobs. Research has shown that extended periods of underemployment resulted in detrimental effects to a person’s psychological well-being, which included increased rates of depression.<sup>8</sup> Corresponding evidence demonstrated that given the worldwide financial insecurity and increasing rates of depression, those without a secure income can lead to feelings of insecurity and loneliness.<sup>8</sup> The longer artists or theater actors spend existing in this frame of mind, the more likely they are to experience depression and not seek help. Therefore, we need to further assist the underemployed in getting treatment for their depression. As it is now, our healthcare system is not meeting the needs of the artist population.

The American healthcare system is doing a disservice to the general population when it comes to the treatment of mental health issues.<sup>9</sup> As a result, Healthy People 2030 has implemented the goal of increasing the proportion of primary care visits where adults and adolescents are screened for depression.<sup>10</sup> Currently, the source of data for this goal comes from

the National Ambulatory Medical Care Survey and the CDC. The target for 2030 is a 13.5% increase of visits to include depression screening, which can be compared to past data showing only 8.5% of visits included depression screening in 2016. Note that although this data is more than six years old, there have been no updates to the goal. It is now 2022 and there is still time to demonstrate a significant positive increase in these percentages. One thing to keep in mind since 2016, is that more people are giving credibility to mental health, accepting mental health issues, and coming forward to seek support and professional help.

It is an understatement to say that the pandemic irreparably altered the state of societal norms within the United States. It can be argued there has been a mindset paradigm shift for US citizens regarding how they wish to address their mental health. As we have previously explored, artists are much more susceptible to depression, and now we will see how they increasingly show more detrimental effects from clinical low mood. A cross-sectional study of 327 participants whose incomes were less than \$60,000 annually while also having one or more chronic health conditions, measured to what extent financial strain affects participants in choosing to either enroll in an HSMPs (health self-management program) over a FSMPs (financial self-management program) when given the option between the two.<sup>11</sup> Among the chronic health conditions stated in the study, one was depression. Most participants that reported having depression preferred to seek an HSMP over an FSMP. This suggests that even though someone is dealing with financial hardships, they would still prefer to seek help for their depression instead of seeking a solution for their financial situations. In other words, people are taking their mental health seriously, and are willing to seek help if they can. Such a demographic from the study would include many artists who, according to the Department of Labor, have a median average salary far below \$60,000.<sup>7</sup> More so, this is only considering actors reporting full-time

employment. This proves those that are living at an underemployed level of income are motivated to seek care of their mental health. However, actors face difficult barriers when it comes to seeking personal medical help.

The importance of providing more mental health resources for artists has already been tied to their disadvantage when it comes to having stable income and financial security to afford the cost of living. However, susceptibility to mental health issues of artists goes beyond income. Artists by nature of the psychology of their work are at a higher likelihood of developing affective disorders, including depression.<sup>12</sup> Delgado and Bogousslavsky (2018) discuss how artists have a higher tendency for developing affective disorders and proposes that those that exhibit more creative ideas are afflicted by increased bouts of depression.<sup>12</sup> There was a high correlation between artists and having some form of psychopathology. Therefore, artists that already have a higher tendency to develop depression, who are also largely included in a population that are underemployed, all equate to a demographic that would best benefit from increased attention regarding depression screening. It is a cyclic cycle of developing depression and underemployed status.

As has been pointed out from multiple sources, living in a state of underemployment increases the instances of depression. One might believe a simple solution would be finding enough work to sustain a secure lifestyle. However, there are more factors at play than just simply finding a suitable job. There is a relationship of developing depression due to underemployment among the artist community, but it goes the other way as well. M. Hult et al. conducted a review of multiple controlled trials “detailing the effectiveness of health-improving interventions for obtaining employment in unemployed job seekers”.<sup>4</sup> What they found when comparing job seekers that had therapeutic interventions for depression, to those that had no

interventions, was that the groups that had interventions fared slightly better in finding employment when they were reassessed months later.<sup>4</sup> Morrish and Medina-Lara likewise found that there are relationships between loneliness, mental health, and being unemployed.<sup>4,13</sup> This provides evidence that those who are seeking employment while receiving therapy, such as cognitive behavioral therapy, can demonstrate positive life changes with regards to continued employment. Inversely, lack of any form of therapeutic support may decrease the ability to find employment. Thus, there can be a cyclic nature of depression correlated with underemployment. This continues to support the need for artists being screened for depression at more frequent intervals. Researchers agree that more research should be conducted exploring this correlation between unemployment and mental health. One of their recommendations to aid in data gathering is to increase the number of surveys sent out on a national scale.

This brings up the point of what ways healthcare professionals can begin to help the population of artists that are more deeply affected by depression along with underemployment which both feed into each other. One way to improve outcomes is to tailor screening tools to the patient when conducting an assessment for depression. An investigation into tools that medical professionals use to screen for depression found evidence that implementing the PHQ-9 and GAD-7 screening tools have “strong psychometrics and applicability in primary care settings”, and in providing evidence that a patient may be experiencing depression and anxiety.<sup>14</sup> Usually patients are screened initially with the PHQ-2, a much shorter assessment tool, but if someone scores high or “positive” on the PHQ-2, then they are to proceed with the PHQ-9, which includes more questions. In addition, research discovered when patients score positive on the PHQ-2s, clinicians often used clinical judgement while assessing a patient’s depression screening. In addition, research found that when patients scored positive on PHQ-2s, clinicians often used

clinical judgment while assessing a patient's depression screening.<sup>14,15</sup> However, they discovered that this follow-up assessment usually does not happen mainly due to less structured algorithms that providers follow regarding following up with a PHQ-9, thus meaning the follow up questions were not always required.<sup>14</sup> This missed opportunity can be the starting steps to bridging the gap in our healthcare system, by finding ways to ensure PCPs follow through with a PHQ-9 if a patient scores positive on a PHQ-2.

Standardization of care will ultimately lead to more accurate information about the current state of the patient's mental status. When clinicians rely more on clinical judgment to assess a patient's level of depression, they often underemphasize how depressed the patient might be.<sup>15</sup> Therefore, more education needs to be implemented in the clinician population on the strengths of adhering to PHQ screenings for patients. This can be done at conferences or CME courses that clinicians attend to further educate clinicians on the value of PHQ screenings and to highlight how clinical judgment is not the most accurate way to assess a patient's depression. To increase the use of PHQs, clinics and medical groups should also adopt using PHQs as a metric that clinicians must highlight rigorously in their standard of care. Making it a requirement for the specific practice to utilize a PHQ-2 and then a PHQ-9 will ultimately increase the number of PHQs being used, as clinicians will need to be mindful of hitting those metrics. Beyond that, we need to also include ways to make screening more accessible to artist populations.

Many artists are employed as gig workers which can make seeking primary care difficult, due to the nature of gig work hours. Often, acting positions require evenings and weekends for extended stretches of time, which may hinder the ability for them to physically travel to appointments and seek medical care as their day times are kept busy with day jobs.<sup>16</sup> One way this gap in care has been addressed, is the recent popularity and implementation of virtual visits

between patients and providers. Since the pandemic, there has been a significant increase of US health care systems using virtual medicine.<sup>17</sup> Some systems also implement screening tools, which during the pandemic were initially focused on COVID screening to triage patients based on the answers they selected.<sup>17</sup> This use of screening could also be applied to other types of illnesses, such as depression tools. While virtual screening questionnaires are implemented in some capacity, they could be improved upon to be more progressive with mental health screenings. This would work well with the artist population who may need more flexible hours in seeking primary care and would offer another mode of access to provide adequate depression screening.

Additional studies have been ongoing to answer how to best implement digital mental health interventions (DMHIs) into the general healthcare system. One study explored the idea that although DMHIs are going to be a necessary step forward for improving access to mental health care, there are some limitations that need to be addressed. The first hurdle is that these online systems can be overwhelming in what type of information they are collecting and assessing – such as a patient may want a specific appointment for depression, but the DMHI system is overloaded with nonessential questions that can make it difficult for the patient to answer thoroughly.<sup>18</sup> Substantial data back-end work will be required to reform systems to be set up to only collect the necessary screening data from patients, rather than broad surveys that may not be specific enough. This may subsequently incur higher costs, as programmers will need to be hired to set up and maintain the DMHIs.<sup>18</sup> Once all the technical aspects are set up, the DMHIs would increase mental health access for patients. They then can be integrated into the patient's EHR system, which would make accessing patient data much more streamlined.



Ultimately, the flexibility and convenience DMHI offers our artists to complete them on their own time – will lead to an increased rate of completed mental health screenings.

Increased research on the relationships between adults in the acting and performance arts occupation who experience symptoms of depression and fact-based education that highlights the benefits of undergoing these screenings by their healthcare provider is what will ultimately improve rates of depression screenings in this demographic. There is very little research where actors are the specific population of interest. Arguably, this is because actors are a very niche population and may not attract the attention of researchers. As previously highlighted, actors are in critical need of depression screening. One way to attract researchers would be for the American Theatre Guild (ATG) to apply for a grant to fund research into this important topic. Arguing the need for this research to be conducted would be a step in the right direction for securing funds to conduct research. What may also help to push the ATG to start funding research would be to offer educational seminars on the effects of depression. One study at a Michigan school found that a peer-to-peer depression awareness program helped increase depression literacy which helped improve early detection of depression and overall fewer instances of depression overall.<sup>19</sup> Presenting more education on the benefits of depression awareness and screening to these organizations may provide a greater incentive for funding research into screening actors for depression.

The last few years have been incredibly difficult for mental health in nations everywhere. There are certain populations that have been affected to a greater extent such as the arts community. We must recognize that this is a community that struggles with underemployment at its base, which invites additional burdens that have only been amplified by the pandemic. Those of the arts community have higher rates of depression due to the nature of their profession, as

well as the correlation of depression with the artistic or creative mind. There are more barriers the arts community must overcome to achieve adequate healthcare. Increasingly, US citizens are asking for and attempting to seek care for their mental health.<sup>12</sup> We need to be doing more to help the art and acting community with depression. This should be done by reaching out to those in the arts community and offering additional resources that will help them overcome these barriers. The best place to start is to begin increasing the percentage of primary care visits that include screening for depression. One step further is to streamline the screening process via DMHIs, which will also increase accessibility for artists. Once screened, additional medical and therapeutic methods and resources can begin. Although more efforts should be made to reach out to actors and artists to help with depression, in general, clinical visits should include depression screenings as a standard. The pandemic is not over, and the emotional or mental baggage it has caused is profound. We can help alleviate this by addressing the increased rates of depression and offering solutions to aid in the healing process.

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