



WHITEPAPER

COVID-19 elevated mental health impacts on employees.



HealthbyDesign

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With a focus on working with clients to create engaging programs which successfully help employees change their behaviour, we are well placed to provide programs that positively impact the workforce costs and performance outcomes of any business.

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Executive summary.

An organisation's productivity and innovation is highly dependent on the engagement and wellbeing of its employees, particularly during a difficult and unpredictable climate. Therefore, strong strategies to protect and build health and resilience is not only good for your people, it's now critical for optimal business.

Before the COVID-19 outbreak, 35% of Australians reported that stress negatively impacted their personal and professional life. Between 2010–11 and 2014–15, around 91% of workers' compensation claims involving a mental health condition were linked to work-related stress or mental stress.

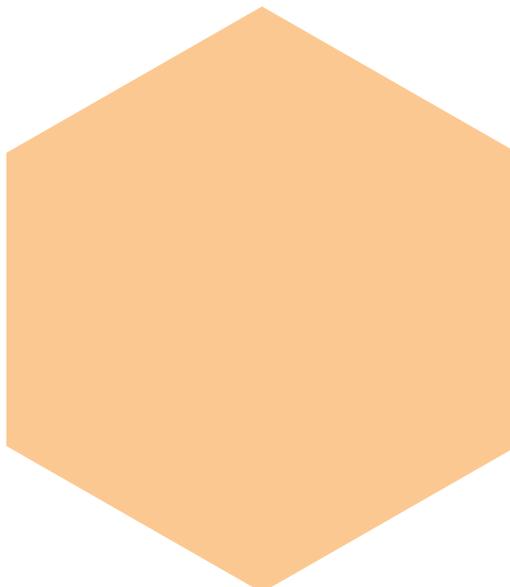
Beyond stress, we also know that almost half of our population will experience significant anxiety or depression during their lifetime. Add to this, the estimated 10-15% overlay of additional anxiety and stress resulting from this pandemic, the costs and risks to your business associated with employee mental health rapidly escalates.

Many of your workers will have experienced a hasty and unprecedented blurring of work and home life, whereas others have had to remain at work despite an imminent sense of threat and incredible uncertainty.

Like any skill, resilience to events such as these can be taught. Like any element of health, proactive actions and lifestyles can delay or prevent progression of risks for those who are vulnerable.

Proactive companies should look to better synergise not only mental health in the immediate, short-term environment, but also proactive education towards science-driven lifestyle strategies that promote long-term employee physical health and mental health.

The value of doing this now is to not only mitigate the risks on employee productivity and illness related to COVID-19, but to boost employee engagement and work towards building a stronger and more resilient workforce in its wake.



Mental illness was a recognised risk for businesses before the COVID-19 outbreak and this risk has now escalated due to the impact of isolation and economic strain.



COVID-19 elevated mental health impacts on employees.

We are currently living and working in extraordinary and unprecedented circumstances, with many workplaces now making significant changes to the way they operate. The lives of your employees are rapidly changing, and the impact of this 'new way of working' (and living) has the potential to be immense.

Risk management planning to optimise human performance for the benefit of each business and the individuals working within it, is critical. Time-critical.

Mental Illness and the pre COVID-19 situation

- 45% of the total Australian population will experience diagnosed anxiety or depression during their lifetime.^(6,7)
- 20% of the population will have diagnosed depression or anxiety each year.⁽⁷⁾
- 54% of those diagnosed, do not seek treatment.⁽⁷⁾

The post COVID-19 situation

- Psychology and psychiatric authorities estimate that every individual is now 'carrying' a 10-15% overlay to normal levels of anxiety as a result of COVID-19.
- Results of a recent study of 1210 respondents in China to investigate the immediate psychological outcomes of COVID-19 revealed the following: - 53.8% of respondents rated the psychological impact of the (COVID-19) outbreak as moderate or severe
 - 16.5% reported moderate to severe depressive symptoms
 - 28.8% reported moderate to severe anxiety symptoms
 - 8.1% reported moderate to severe stress levels.⁽¹⁶⁾
- In March, Lifeline reported a 25% increase in the number of calls received.⁽¹⁷⁾

Mental illness was a recognised risk for businesses before the COVID-19 outbreak and this risk has now escalated due to the impact of isolation and economic strain. While mental health services play an important role in providing care across the population and are useful reference points to direct employees to, these services are dominated by reactive approaches.

The output of an organisation is highly dependent on the wellbeing of their employees during an event like COVID-19. Therefore, implementing strategies to protect and build health during these times is not only important, it makes very good business sense and has never been more important.

COVID-19 modified work environments, physical & mental health risks

Transitioning from working in a team office environment to working from home (WFH) can present some unexpectedly difficult experiences.

What was once an employee privilege, is now mandatory for many employees. However, working from home can be quite a difficult, stressful and anxiety inducing situation for many people. Circumstances are made difficult by various factors such as limited space, abrupt changes to team rituals, and stress caused by the rapid need to renegotiate and navigate new household routines.

Interestingly, it isn't only the removal of workmates that can create difficulty as staff transition to (WFH). There is a risk of increased domestic conflict as people adapt to new daily rhythms of work, home schooling, child care, the reality of financial hardship and sharing the space available in the family home.

Key findings of a recent WFH wellbeing survey cite a deterioration of diet and exercise with 20% of respondents admitting to an increase in alcohol consumption, 33% eating a less healthy diet, 60% exercising less, almost half (44%) report losing sleep due to worry and 42% report more fatigue than usual.⁽¹⁵⁾

Each of these findings have considerable implications for employee mental wellbeing.



Employee health and productivity risks linked to isolation:

- Loneliness increases the risk of depression by 15.2%. It is linked to poor health behaviours, poor sleep (leading to daytime dysfunction – low energy, fatigue) and poorer immune function (leading to greater risk of COVID-19 infection, cold or flu). Isolated employees are less productive, make poorer decisions and are less committed to their employers. ⁽⁹⁾ 40% of lonely workers feel less productive, 38% make mistakes and 36% report getting sick more often. ⁽¹⁹⁾
- Loneliness is linked to an increased risk of diabetes, heart disease, depression, anxiety, and substance use. This creates a need for impacted individuals to take time off work or miss work due to illness or stress. ⁽¹⁰⁾ It is also linked with risky drinking behaviours, which has an obvious flow on effect to work performance and productivity. ⁽¹⁴⁾
- There is an increased production of cortisol, the stress hormone, which leads to impaired cognitive performance, lower capacity to think strategically, creatively and with “solution focused” thinking. This is problematic for productivity and business outcomes. ⁽²¹⁾
- Loneliness has the same impact on mortality as smoking 15 cigarettes per day, making it more dangerous than obesity – a widely recognised public health issue. ⁽²⁰⁾
- Greater social connection is associated with 50% lower odds of early death. It also boosts your mental health. Friendships and social connections within the workplace offer a number of mental health benefits, including increased feelings of belonging and purpose, increased levels of happiness, reduced levels of stress, improved self-worth and confidence. ⁽¹¹⁾ Social connection strengthens our immune system (research by Steve Cole, Professor of Medicine and

Psychiatry and Biobehavioral Sciences in the UCLA School of Medicine, shows that genes impacted by social connection also code for immune function and inflammation) and helps us recover from disease faster. ^(12,13) Humans are wired to connect, and this connection affects our health. From psychological theories to recent research, there is significant evidence that social support and feeling connected can help people maintain a healthy body mass index, control blood sugars, improve cancer survival, decrease cardiovascular mortality, reduce depressive symptoms, mitigate post-traumatic stress disorder symptoms, and improve overall mental health. ⁽¹⁴⁾

- From an engagement and productivity standpoint, research shows that workers who feel disconnected and lonely are going to be less engaged and productive compared to those who are not feeling as lonely. This can have a significant impact on your organisation. ⁽¹⁰⁾ Research clearly states that loneliness is linked to lowered productivity, physical and emotional stress, withdrawal from colleagues and work commitments and lower performance – both individually and as a team. ⁽⁸⁾ Additionally, promoting social connection and a sense of belonging fosters engagement of workers, and increases their focus and desire to do well.
- The risk of premature death associated with isolation is similar to the risk of premature death associated with obesity. ⁽²²⁾ Much like obesity, there is plenty we can do to mitigate and prevent these risks. **The workplace, regardless of where it may be (ie. working from home or not), provides an effective platform for this.**

If your employees have transitioned to working from home, they are at risk of poorer mental health due to the socially isolating nature of their new work environment.

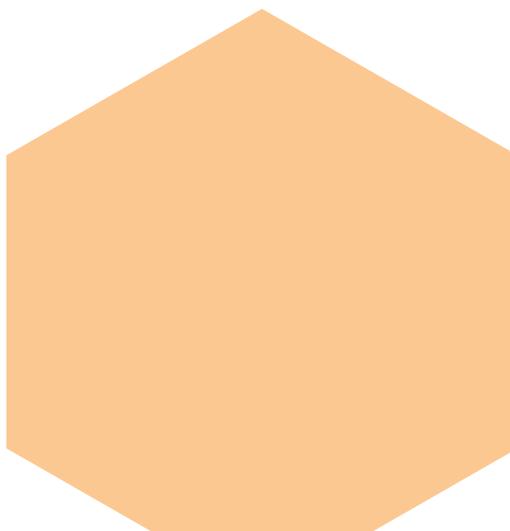
During this period, the value of protecting and building the mental, emotional and physical health of employees is critically important.

There has never been a more important time to protect the health of your employees.

To limit the impact of mental illness on employees, it is clear that a “prevention” based approach is enormously preferable to reactive interventions.

The importance of this is elevated when there is less visibility of employee wellbeing due to WFH arrangements. Employees are disconnected from the more frequent, face-to-face experiences they would have with their peers and managers if they were working in an office environment thus reducing the opportunity to observe the physical and mental wellbeing of employees.

How can a prevention-based approach most effectively be implemented across workplaces in cost effective ways that do not distract from business deliverables?



FIRST - Understand your employee base

GROUP A: 50%

We expect that 50% of your workforce are mentally healthy and resilient. They are coping. **Let's keep them here.**

GROUP B: 30%

30% of your workforce are likely to be vulnerable right now. **Ensure they move in the right direction.**



GROUP C: 20%

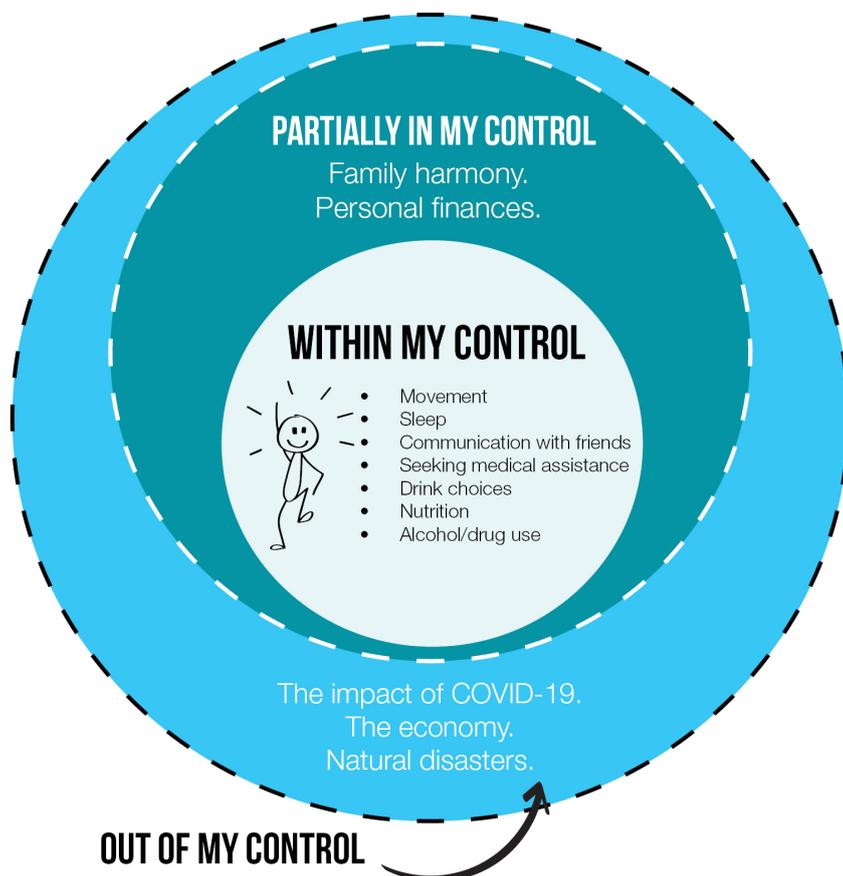
20% have a diagnosed mental health condition. **Offer positive support alongside their clinical treatment.**

Let's look specifically at group B: 30%. It is estimated that 30% of your workforce will be feeling vulnerable right now. We know that mental health was already a big risk for all organisations before the COVID-19 pandemic began. Now, due to factors such as forced isolation and lack of social connection opportunities, economic uncertainty/financial pressures, family harmony/dispute risks, changes to routine etc., the risk to employee mental health is bigger than ever. This risk is going to escalate. The individuals within this group may have been functioning members of the workforce with undiagnosed mental illness, or on the border of experiencing poor mental health. They may have been managing day to day, but suffering in silence.

This crisis could be the stress event that pushes them further into not functioning well. The critical question is – "Is your workforce physically and mentally resilient enough to deal with COVID-19 and still deliver on business outcomes?" More specifically, is group B resilient enough or will they ride a slippery slope towards group C who have a diagnosed mental health condition.

There is a lot within the control of your employees that can help protect their mental health, but education and awareness around these protective factors is crucial, in addition to being given the compelling reasons as to why they should make any lifestyle changes.

Simply telling your staff to do something isn't sufficient. This is a core component of science-driven, behaviour change workplace health programs.



Herein lies a huge opportunity for organisations to support their employees – from each of the 3 groups cited above - to not only help them through the current uncertainty, but to help them build their mental fitness skills to protect them for years ahead, and position them for greater personal and professional fulfillment.

SECOND – UNDERSTAND WORKPLACE OBLIGATIONS AND HEALTH RISK PROGRESSION

Your workplace obligations

As organisations conduct Risk Assessments and create Business Continuity Plans in relation to COVID-19, there are a multitude of new considerations to take into account and interventions to rapidly implement to protect business outcomes and meet legislative obligations.

Australian employers are legislatively required to provide a safe place of work under workplace health and safety legislation (as far as is reasonably practicable) and have a duty of care to monitor the health of their employees which extends to risks to employees' psychological and mental safety.

- ACT – Work Health and Safety Regulation 2011 (ACT)
- NSW – Work Health and Safety Regulation 2017 (NSW)
- NT – Work Health and Safety (National Uniform Legislation) Regulations (NT)
- QLD – Work Health and Safety Regulation 2011 (QLD)
- SA – Work Health and Safety Regulations 2012 (SA)
- TAS – Work Health and Safety Regulations 2012 (TAS)
- VIC – Occupational Health and Safety Regulations 2017 (VIC)
- WA - Occupational Health and Safety Regulations 1996 (WA)

(<https://www.business.gov.au/Risk-management/Health-and-safety/Work-health-and-safety>)

Understanding employee health risk progression

Diabetes comes about gradually, influenced by lots of things – just like mental health. You don't just wake up one day with diabetes. An employee with diabetes would have been low risk, moved to moderate then to high risk before they were even diagnosed. How would this risk progression have looked, and changed, if they were identified as moderate or high risk and provided with compelling reasons to reduce their risk and educated around how they could reduce their risk? Mental health is no different.

During circumstances like the current pandemic, public health messages focus on the broad stroke (and important!) basics. Your employees are now very familiar with expectations around hygiene, hand washing, social distancing and WFH arrangements. However forward thinking organisations are considering interventions to prevent damage to their teams' health, both now and when things return to "business as usual" following national isolation measures. There has never been a more blunt reminder of the importance of looking after one's health. Beside the elderly, the biggest at-risk, vulnerable group for COVID-19 is those with chronic health issues. For many, these are largely preventable conditions with the right support, education and awareness.

**96% of working Australians have at least one chronic disease risk factor.
75% have multiple. Most are modifiable.⁽³⁾**

WHERE TO NOW?

Current actions are aimed at limiting the impact of COVID-19 by ensuring measures to protect the mental and physical health of employees are prioritised.

The immediate aim should be to limit the impact of COVID-19 to your employees and organisation, and to implement measures that protect the physical and mental health of your employees.

Progressive organisations will implement these measures remotely, and with consideration to the financial restrictions a pandemic can create within a business.

1. Be aware of the legislative obligations
2. Implement the 'easy wins' around staff communication, leadership guidelines, recognition and reward etc.
3. Make your 'Mental Health Strategy' crystal clear to employees and communicate the role of each potential aspect, for example:

EMPLOYEE ASSISTANCE PROGRAMS (EAP)

Usage rates of EAP's in some industries are as little as 2-3% and average rates hover around 5-6%. Yet 20% of the population will have diagnosed depression or anxiety each year.

Despite uptakes in digital and telehealth, there has been a decline in people using mental health services.⁽¹⁷⁾

These programs certainly have their place in the workplace, but the nature of them is reactive. They are more catered for those with identified mental illness, rather than being able to help or teach how poor mental health may be prevented. In addition to this, they rely on your employees taking the initiative to engage in them, to break through any perceived stigma and to recognise that they need support.

CONSIDER – If EAP services are genuinely designed to improve mental wellness, why is the uptake so low and how can we supplement the offering in a cost-effective manner for a better outcome?

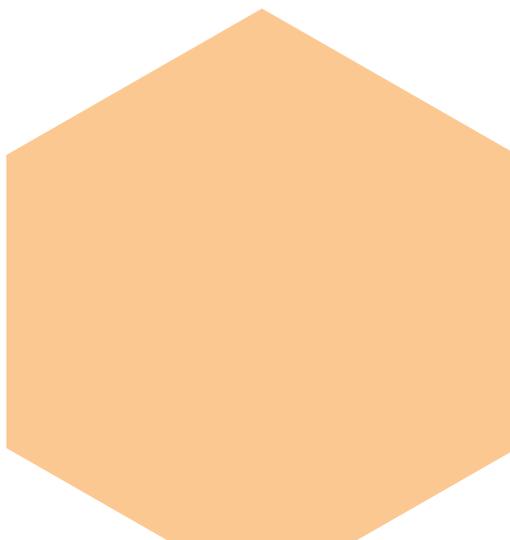
MENTAL HEALTH (MH) FIRST AID TRAINING

- Do you have this accurately categorised?
- Do you fully understand the expected outcomes, the value and the limitations of implementing this?
- Do you fully understand the potential implications around 'training' your people in MH first aid?

MH first aid training teaches a five-part "action plan":

1. Assess for risk of suicide or harm
2. Listen non-judgmentally
3. Give reassurance and information
4. Encourage appropriate professional help
5. Encourage self-help and other support strategies.

MH first aid training is not designed to help prevent the at-risk/vulnerable groups and resilient groups prevent mental health issues. It does not provide discussion and education around lifestyle tips and strategies to ensure they stay mentally healthy or move them towards being more mentally fit. It involves waiting until an employee is in need of mental health support and assistance – and it requires the designated mental health first aider to recognise this, to approach with confidence, to be able to bear the burden, to take responsibility and to be able to take the time out of their work schedule to be able to offer this assistance.



Some of the limitations found in the research includes:

“Much of the existing research on the program’s efficacy has been conducted by its founders in Australia. More troublingly, it tends to focus primarily on how trainees feel after training—not on actual benefits to the mentally ill.”⁽¹⁾

“We also found examples where staff felt unsupported and where, for example, they had co-workers contacting them outside working hours: there were significant issues around lack of clarity with boundaries and potential safety concerns for the trained person.”⁽²⁾

The Institute of Occupational Safety & Health (IOSH) states that a ‘prevention first’ approach, which may incorporate mental health first aid as part of an organisation’s overall efforts to protect their workforce from mental health problems, is necessary.

PREVENTION SERVICES

- Is it well understood how critical prevention is, not only for general health risks, but particularly in relation to mental health?
- Is there high engagement and/or total population prevention services in place that work concurrently and synergistically with the above type services?
- Have you previously utilised the above low engagement, reactionary services such as EAP and MH first aid under the guise that you have ‘prevention services’ in place?

Don’t just focus on the portion of the workforce that are already actively looking after their health, but instead focus on those who need compelling reasons as to WHY they should take action to improve their health.

Global standards show ‘voluntary involvement/engagement’ in ongoing health initiatives, on average, is less than 20% of the total workforce population. This is a consistent criticism of workplace health programs - that they “only cater for those people who already look after themselves”, and that “those who need it the most” are often not engaged.

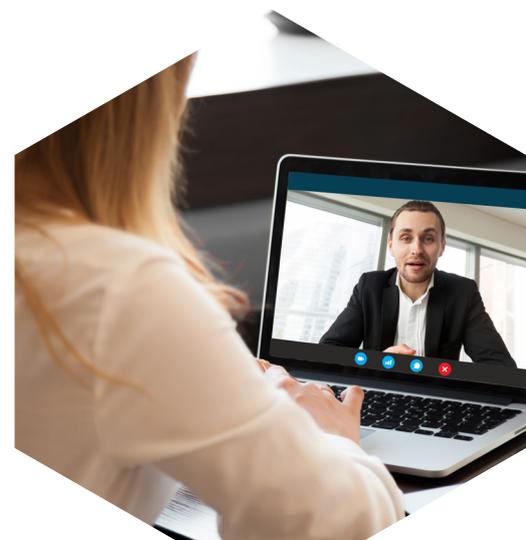
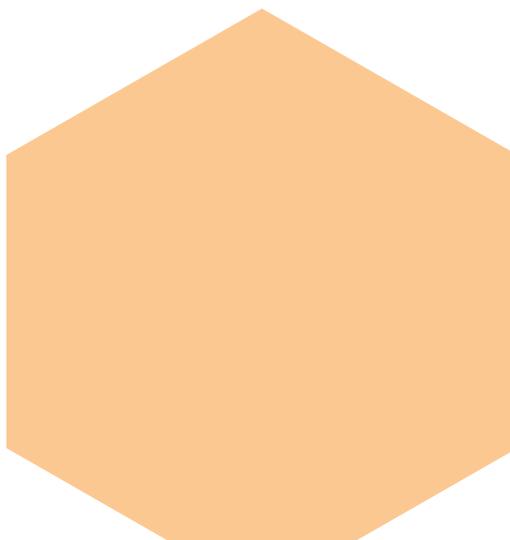
WILL YOU BE PROACTIVE OR REACTIVE?

There are vast differences between reactive and proactive approaches to health, specifically mental health.

A proactive approach to mental health at work focuses on eliminating problems and reducing the risk of poor mental health (before it becomes an issue), creates a negative financial impact or starts to cost a business money or negatively impact productivity.

A reactive approach is based on responding to events after they have happened. What would a reactive company do during the current crisis?

Unfortunately, this is what most companies look to do. They book in a MH first aid session (which has its place, but it’s a tiny piece of the puzzle), and they probably have an EAP provider available for their staff. Yet, as previously highlighted, EAP uptake can be as little as 2%. Considering 20% of your workforce is CURRENTLY experiencing a mental health issue, this EAP uptake rate clearly and simply, isn’t enough. This “solution” isn’t working.



Additionally, where does this leave the 54% of people who don't seek help?⁽⁷⁾

A concluding factor to consider also - do your staff have to ask for access to their EAP? The stigma associated with mental health would be enough to stop many employees from seeking help through an EAP.

In contrast, a proactive company is better able to support their employees and promote good mental health. A proactive company teaches their employees how they can reduce their risk of poor mental health by implementing scientifically proven, lifestyle improvements or learning more about their brain chemistry so they can optimise sleep, nutritional, recovery and exercise strategies to prevent depression and anxiety and optimise mental fitness.

Consider this:

- Just 30 minutes of exercise each day can prevent depression and anxiety by up to 30%.⁽⁴⁾
- You can reduce your risk of depression by 35% by following a healthy diet.⁽⁵⁾

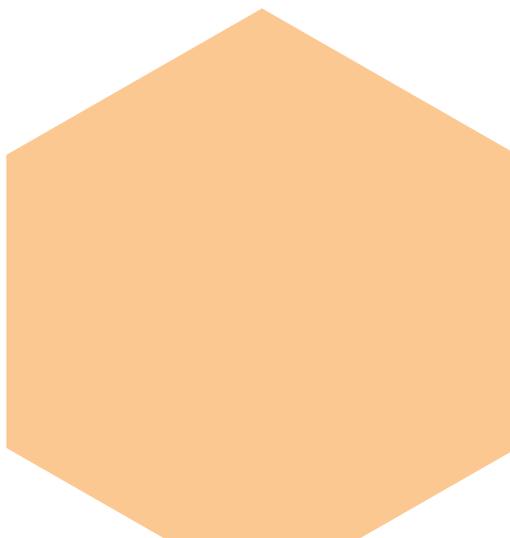
These are just two lifestyle changes that can be taught to your workforce as part of a proactive approach to mental health.

Previous pandemics suggest that the mental health impacts of COVID-19 will be felt in the months and years ahead following the event, not just during this period of lockdown and significant change. Research following the SARS epidemic showed a spike in suicide and alcohol abuse after the outbreak. Immediately post-quarantine during the SARS outbreak there were reports of exhaustion, anxiety, irritability, insomnia, depression, stress, poor concentration and deteriorating work performance.⁽¹⁸⁾

This highlights the importance and need for a proactive approach to reduce these risks among your workforce.

RECOMMENDED NEXT STEPS

1. Check out the free COVID19 resource page on the [Health by Design website](#) and share with your team.
2. Review your current EAP. Does it meet the basic requirements for ensuring optimum employee mental health?
3. Contact Health by Design for a chat to discuss the many options available for your workforce.



Information sources:

<https://www.webmd.com/balance/news/20180504/loneliness-rivals-obesity-smoking-as-health-risk>

1 - <https://www.bostonglobe.com/ideas/2015/01/23/the-promise-and-limits-mental-health-first-aid/TaSVSJma5TMnHZZzNltYKM/story.html>

2 - <https://www.iosh.com/more/news-listing/research-exposes-significant-issues-with-workplace-mental-health-first-aid-implementation/>

3 - <https://www.aihw.gov.au/reports/risk-factors/risk-factors-participation-work/contents/summary>

4 - Department of Health PA, Health Improvement and Protection (2011). Start Active, Stay Active: A report on physical activity from the four home countries' https://www.sportengland.org/media/388152/dh_128210.pdf

5 - <https://www.abc.net.au/news/2019-02-04/to-improve-your-mood-ditch-the-junk-food/10776508>

6 - <https://www.beyondblue.org.au/the-facts>

7 - https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf?sfvrsn=8

8 - <http://workplacementalhealth.org/Mental-Health-Topics/Loneliness>

9 - <https://www.workforce.com/news/workplace-loneliness-is-sad-for-people-and-bad-for-business>

10 - <https://www.healthline.com/health-news/loneliness-in-the-workplace#How-loneliness-affects-workers>

11 - <https://www.mindwise.org/blog/uncategorized/the-importance-of-social-connection/>

12 - <https://www.psychologytoday.com/au/blog/feeling-it/201208/connect-thrive>

13 - <https://www.betterhealth.vic.gov.au/health/HealthyLiving/Strong-relationships-strong-health>

14 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6125010/>

15 - Institute for Employment Studies (IES) Working from Home Wellbeing survey

16 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7084952/>

17 - <https://www.abc.net.au/news/health/2020-04-30/coronavirus-mental-health-second-wave-impacts-of-pandemic/12197930>

18 - [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext)

19 - Workplace Loneliness Report – A future that works, Dr Lindsay McMillan

20 - <https://www.apa.org/monitor/2019/05/ce-corner-isolation>

21 - <https://health.clevelandclinic.org/what-happens-in-your-body-when-youre-lonely/>

22 - <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>

