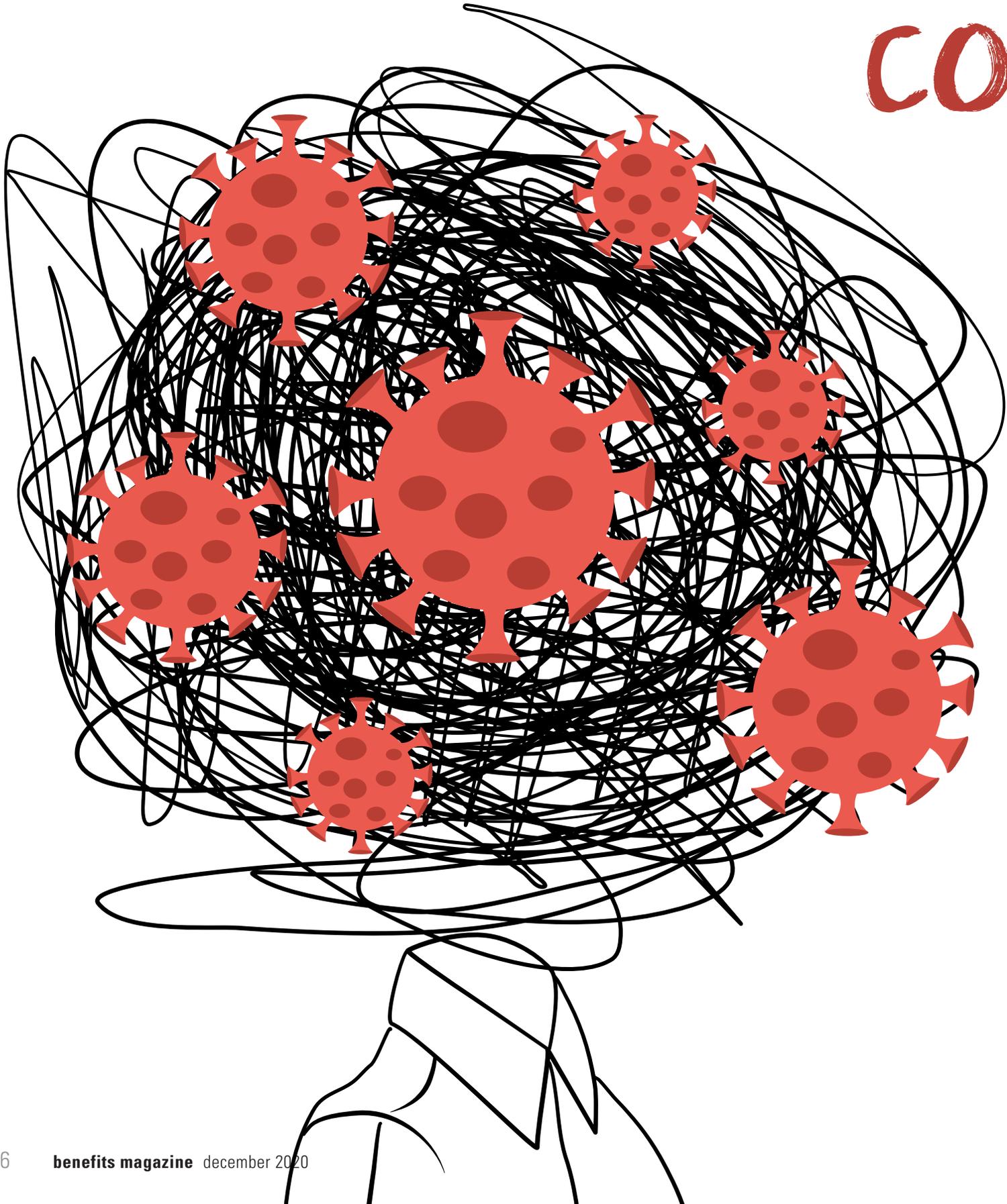


# WORKFORCE MEN CO



# Mental Health and the COVID-19 Pandemic

by | **Anthony Schaner** and **Jean McClurken**

Experts warn that a historic wave of mental health problems may be approaching as people in the United States struggle with the effects of the COVID-19 pandemic. Employers can play a role in recognizing and addressing mental health issues including depression and substance abuse.

**T**he COVID-19 pandemic is having a devastating effect on mental health in the United States.

A third of people in the U.S. showed signs of clinical depression or anxiety, according to a Census Bureau survey conducted earlier this year to measure the effect of the COVID-19 pandemic on employment, housing, finances, education and health. The 20-minute survey included four questions taken nearly word for word from a form used by doctors to screen patients for depression and anxiety, and those answers provided a real-time look into the country's collective mental health after months of isolation, rising unemployment and continuing uncertainty (Figure 1).<sup>1</sup>

Based on the data, experts warn that a historic wave of mental health problems is approaching: depression, substance abuse and suicide.

### Groups Affected Most by Anxiety and Depression as a Result of the Pandemic

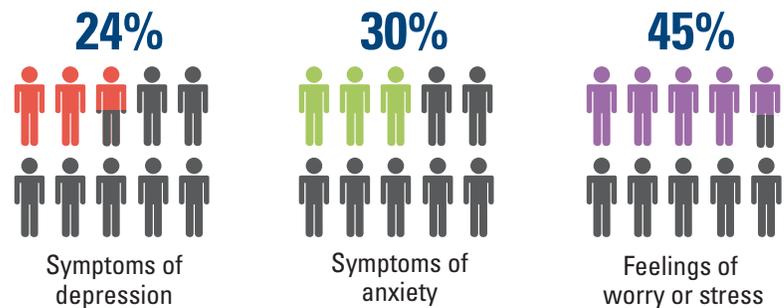
The survey showed that certain groups have been hit harder by anxiety and depression because of the pandemic. For example, New York, which had the worst outbreak in the country, ranked 12th in the nation in the number of adults reporting symptoms of anxiety and depression. In addition, the survey data showed that rates of anxiety and depression were far higher among younger adults, which reflects a deepening of an existing trend of rising depression, stress and suicide among that age group (Figure 2).<sup>2</sup>

Another group with higher rates of anxiety and depression was those in the lower income brackets. In fact, the survey data showed that people in the highest income bracket worry half as often as those in the lowest income bracket. For example, when asked in the survey how often they worried uncontrollably in the past week, 60% of those making \$150,000 or more said they did not struggle with it at all. Meanwhile, those numbers were almost inverted among people making less than \$25,000 a year—with 23% saying they worried uncontrollably nearly every day. This trend correlates with the fact that throughout the crisis, people with lower incomes have struggled with unemployment, food scarcity and jobs that do not allow them to work from home.

All this data points to growing evidence of the psychological toll of the COVID-19 pandemic. According to a

**FIGURE 1**

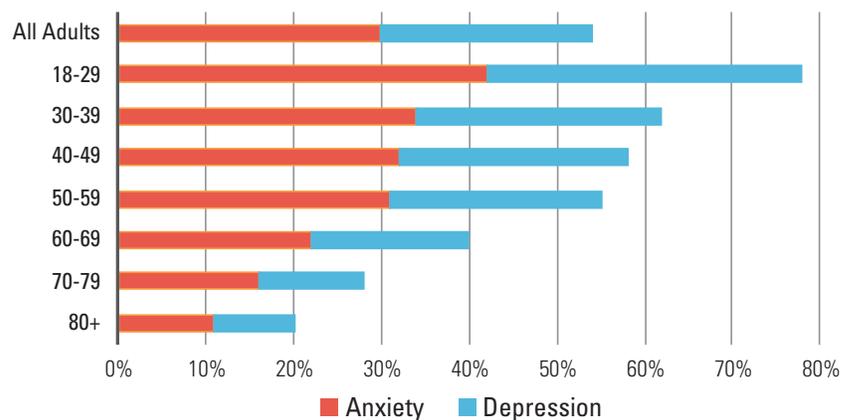
### Mental Health Impacts of the COVID-19 Crisis



Source: U.S. Census Bureau survey.

**FIGURE 2**

### Reports of Anxiety and Depression by Age Group



Source: Mental Health Household Pulse Survey, Centers for Disease Control and Prevention (CDC).

Kaiser Family Foundation poll, nearly half of people in the U.S. report that the coronavirus is harming their mental health. According to the poll, 57% of adults are worried they could be exposed to the virus because they can't afford to miss work and can't stay home.<sup>3</sup>

### The Impacts of Social Distancing and Isolation on Mental Health

Fear and anxiety about a new disease and what could happen can be over-

whelming. Public health actions, such as orders to maintain social distancing, can make people feel isolated and lonely and can increase stress and anxiety.

Mental health experts say it is normal for people to be anxious and worried amid a highly disruptive health emergency that is accompanied by uncertainty. Research links social isolation and loneliness to poor mental health, and recent data shows that significantly higher shares of people who were shel-

tering in place (47%) reported negative mental health effects resulting from worry or stress related to the coronavirus than among those not sheltering in place (37%).<sup>4</sup>

Social connections also play a key role in suicide prevention. Suicide rates in the U.S. had reached their highest level since 1941 when COVID-19 struck the country.<sup>5</sup> Social distancing and other interventions put in place to curb the spread of the virus fundamentally reduce human contact which, as a secondary consequence, may increase the risk for depression, anxiety and suicide. In addition, factors such as economic, psychosocial and health-related stress can increase the risk of depression and could be associated with higher U.S. suicide rates in the future. Suicidal thoughts and behaviors are associated with social isolation and loneliness, and individuals experiencing suicidal thoughts often disconnect from others as suicide risk increases.

The response to the pandemic poses new barriers to mental health. Health care facilities are adding COVID-19 screening questions at entry points, which means that patients may not be able to attend in-person appointments. Some health care providers also prohibit other family members or children from accompanying patients to appointments, which can create barriers to mental health treatment, for example, if patients need to cancel appointments because they have children at home.

Information in the media also may imply that mental health services are not prioritized at this time since some hospitals and health care facilities are overcrowded, and elective surgeries may be canceled. Moreover, overcrowded emergency departments may negatively affect services for survivors of suicide attempts. Reduced access to mental health care also could harm patients with suicidal ideation.

### Effects and Risks of Anxiety and Depression on the Workforce

Good mental health is an important part of overall health and well-being. It affects how we think, feel and act. It may also affect how we handle stress, relate to others and make choices during an emergency. Depression and anxiety can have physical, cognitive, emotional, behavioral and social effects.

The symptoms of depression and anxiety (Figure 3) often create a vicious cycle with a complex interplay between external environmental factors that individuals often have little control over and internal, self-perpetuating thought pat-

terns—both resulting in and leading to chemical and behavioral changes for an individual. Some or all of these symptoms can, and often do, serve as compounding risk factors for medical problems as well.

If some or all of these symptoms persist for more than two weeks, an individual might be dealing with clinical depression or anxiety and could benefit from intervention. Knowing the common signs and symptoms is important to be able to identify changes in people over time. Breaking the vicious cycle is crucial and involves people and interventions beyond the single affected individual.

The necessary COVID-19 mitigation strategies—including social distancing, mask-wearing and lockdowns—make providing evidence-based interventions to help those dealing with depression and anxiety challenging. The economic instability created by social distancing and the early lockdown is causing ripples of stress and destabilization in the lives of all to various degrees. At the same time, more and more people are now working remotely, and potential symptoms can be harder to notice from a co-worker or supervisor perspective.

In addition to being concerned about the impact of mental issues on workers' overall health, employers also should be concerned with how depression and stress can interfere with job performance and productivity, engagement, communication with co-workers, and physical capability and daily functioning.<sup>6</sup> Research shows that mental health issues such as depression hinder a person's ability to complete physical job tasks about 20% of the time and reduce cognitive performance about 35% of the time.

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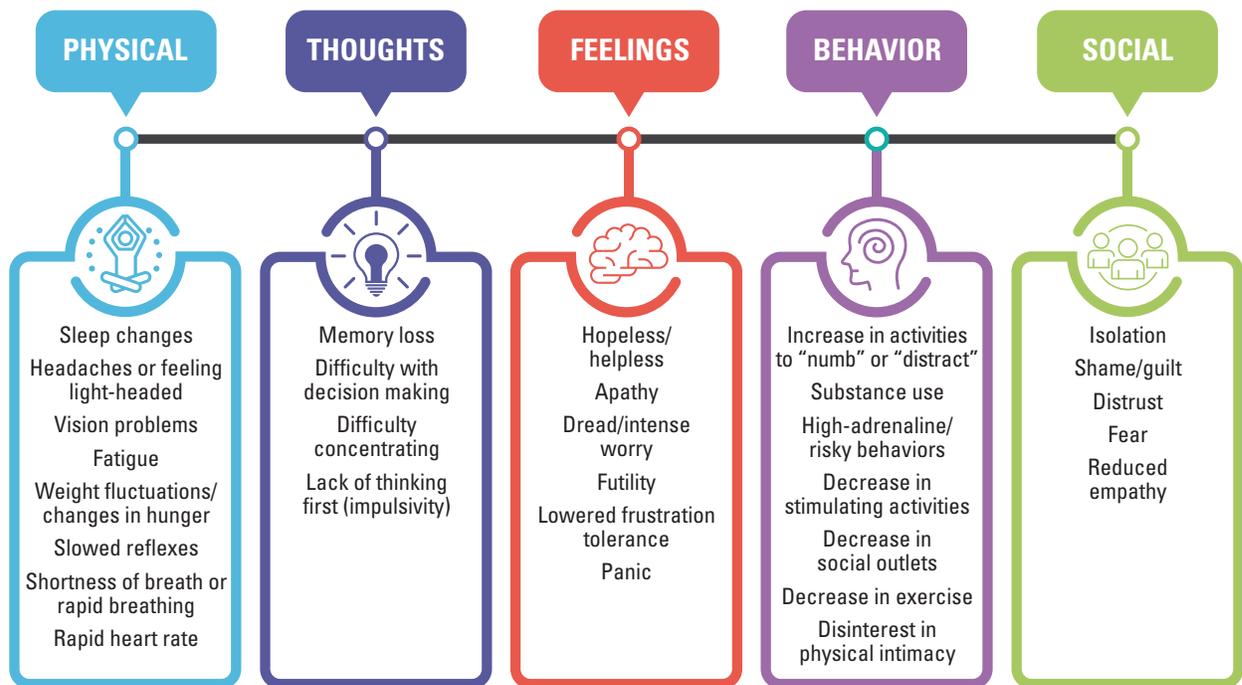
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FIGURE 3

Symptoms of Depression and Anxiety



**Increases in Prescriptions for Antidepressants and Antianxiety Medications**

With more people struggling with mental health issues during the COVID-19 pandemic, prescriptions for medication to treat depression and anxiety have increased as well. Express Scripts has reported prescription increases as high as 34.1% for antianxiety medications and 18.6% for antidepressants.<sup>7</sup> While these medications are useful tools for treating depression and anxiety, doctors warn about the possibility of long-term addiction and abuse, since patients can develop a physiologic dependence on such medications. Researchers have projected that without intervention, the country is poised to experience a rise in substance abuse.

Benzodiazepines (BZDs) (e.g. Xanax, Valium) are some of the most prescribed medications to treat anxiety and depression. BZDs can provide rapid relief for symptoms but are also linked to a variety of adverse effects. While there is some evidence for the effectiveness of short-term BZDs in treatment-resistant cases of anxiety, depression and insomnia, these medications are frequently overprescribed and used

for longer periods than recommended and before other first- and second-line treatments are tried (e.g., psychotherapy, relaxation techniques, etc.).<sup>8</sup>

During the pandemic, the pressure to prescribe BZDs can be intense. Psychotherapy and other medications have stronger evidence of success, but the benefits may take longer to achieve.<sup>9</sup> In addition, COVID-19 has resulted in providers adjusting service delivery methods, which has resulted in reduced access to established in-person treatment for mental health concerns.

However, BZDs are linked to a variety of adverse effects, whether they are used for the long or short term or only as needed. Unlike medicines that specifically target the areas of the brain implicated in anxiety and depression, BZDs indiscriminately target the entire brain, which can lead to adverse effects including motor, sensory, speech and respiratory impairments.

This does not mean BZDs do not provide a needed benefit for some. Many find that they provide tremendous short-term relief, especially as a bridge while longer term medica-

tions start to work. However, as these antidepressants kick in, the BZDs should not be needed regularly.

A major disadvantage with BZDs is that tolerance develops relatively quickly while many adverse effects persist. BZDs stop working as people build up a tolerance, which patients report developing in as little as two weeks. This explains why patients commonly increase the dosage and many eventually take more than one type of BZD after the first loses effectiveness. As tolerance builds, anxiety levels may increase as a reaction to the dependence/withdrawal cycle, and patients wrongly believe that this state is their baseline, thus making them vulnerable to feeling they need other substances such as alcohol or other drugs to self-medicate the anxiety.

### Increasing Alcohol Consumption

Another trend of the pandemic is the increase in alcohol sales and reported alcohol consumption. The pandemic has created a crisis felt by huge numbers of people, leading to difficult psychological consequences. It takes considerable effort to adapt to an unknown and uncertain situation and figure out how to deal with many unpleasant emotions, daily irritations, and the looming threat of the virus to the health and financial stability of oneself and one's family.

In addition to antianxiety medications and antidepressants, many individuals are turning to alcohol and other psychoactive substances to provide temporary relief from unpleasant emotions, stress, anxiety or depression. As an example, a March 2020 study conducted by the USA Nielsen Company found 240% increases in internet alcohol sales, including strong liquor (spirits) by 75%, wine by 66% and beer by 42%.<sup>10</sup>

Many people pick up a drink as a way to relieve stress and don't realize that those initial, relaxing effects are short-lived and that alcohol actually stimulates the body's stress response. While those who drink infrequently will feel the sedative effects of alcohol quickly, individuals who drink regularly don't feel those sedative effects as much, which means they have adapted to consuming higher levels of alcohol, and they are driven to drink more when they are stressed. As a result, someone who normally has one or two drinks a day may start drinking more alcohol to achieve the sedative effects.

Another study found that alcohol proved to be the most commonly used of the psychoactive substances (almost 73%) in the early stages of the pandemic, followed by smoking tobacco (just under 25%) and then by recreational drugs (almost 4%). More than 30% of respondents had also changed

their drinking habits during the pandemic, with 14% drinking more.<sup>11</sup>

A more detailed comparison of the results with specified test standards showed that 28% of the subjects were graded into hazardous drinking, .07% into harmful drinking and .09% into a possible addiction. The remaining 70.2% were either abstinent (27%) or drank at low-risk levels.

The assessment used in the study showed that subjects who drank more alcohol were significantly less likely to derive any positive benefits from their stress-coping strategies during the pandemic. But results also showed that some in the study may have adopted drinking alcohol as a strategy for coping with difficult situations in general, not just the pandemic.

Subjects who were now drinking more than before the pandemic started also possessed worse mental health than the other groups. They coped less well with everyday functioning and in doing their daily tasks and duties; deriving less satisfaction with their actual performance. They also significantly suffered more from depression and suicidal thoughts.

As a response, the World Health Organization (WHO) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) issued a warning to avoid excessive drinking. Alcohol consumption is already a major public health prob-

## takeaways

- The COVID-19 pandemic has increased the prevalence of anxiety and depression in the United States, heightening the risks of substance abuse and suicide.
- Measures such as social distancing and remote work that have been used to combat the spread of COVID-19 can make people feel isolated and lonely and can increase stress and anxiety.
- Prescriptions for antidepressants and antianxiety medication have increased during the pandemic. Many people are turning to alcohol and other psychoactive substances for temporary relief from stress and anxiety.
- Strategies that employers can use to recognize that workers may be struggling with mental health issues include engaging workers in frequent video chats, prioritizing phone contact, acknowledging good performance and asking employees how they are managing stress.
- Employers should consider offering wellness programs, lifestyle coaching, employee assistance programs and behavioral health services via telehealth to address mental health in the workforce.

lem in the U.S. According to the Centers for Disease Control and Prevention (CDC), from 2006 to 2010, excessive alcohol use was responsible for an annual average of 88,000 deaths, including one in ten deaths among adults ages 20 to 64 years.<sup>12</sup>

The pandemic also may cause some people who have already recovered from substance abuse to relapse during the lockdown. And some people who are in the early stages of recovery may find it more difficult to stick to their treatment programs.

### Holistic Treatments for Mental Health During the Pandemic

As an alternative to potentially dangerous prescriptions or unhealthy coping methods like alcohol and other drugs, doctors advise turning to more evidence-based treatments to address anxiety and depression, including exercising, eating well and therapy. A strong social support system improves overall mental health and the ability to recover from stressful situations. In fact, research shows that 77% of people who have open and honest conversations about their feelings of depression, anxiety and stress feel better afterward.<sup>13</sup>

When people take care of their emotional health during an emergency, they're better able to think clearly and protect themselves and their families. Self-care during an emergency will help long-term healing. The tactics shown in Figure 4 can help reduce depression and anxiety.

### Addressing Mental Health in the Workforce

Research has demonstrated that employers can implement workforce strategies and services that promote good behavioral health practices, minimize total costs, and provide early and efficient referrals for treatment.

It can be challenging to observe whether workers are struggling in real time in the best of circumstances, but it is achievable through creating a culture of connection and personal appreciation. Specifically, for remote workforces, it can be important to engage employees and co-workers, have personal connections and pay attention to subtle changes.

Following are some strategies employers can use to overcome the additional challenges.

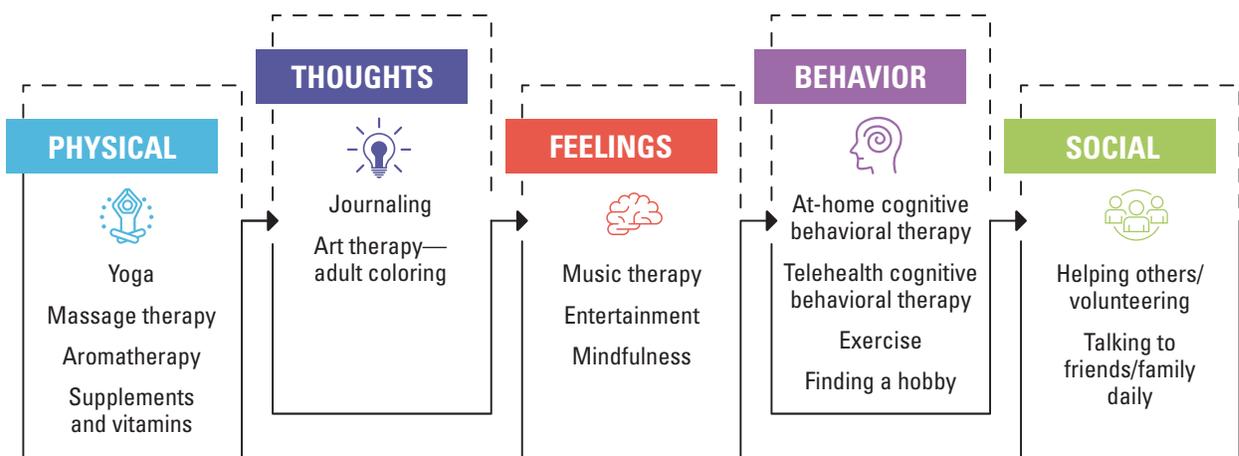
- Engage people through video chats as often as possible.
- Increase and prioritize phone contact with intentionally scheduled times just to check in.
- Look for and acknowledge good performance.
- Ask direct questions about how people are managing stress.

Recognizing the importance of both physical and mental health is the first step toward managing employees' behavioral health issues. Employers can then invest in quality health and wellness programs where early identification and referrals to treatment can be encouraged and facilitated.

There are several best practices and interventions to address mental health in the workforce, including:

**FIGURE 4**

### Strategies for Addressing Depression and Anxiety



- Offering workforce wellness programs to identify those at risk and to provide support and treatment
- Providing free or subsidized lifestyle coaching, including behavioral health services
- Offering mental health counseling telehealth services as an employee benefit
- Implementing and promoting an employee assistance program (EAP)
- Engaging in suicide prevention awareness campaigns that happen throughout the year<sup>14</sup>
- Having a virtual library of specific trainings focused on work-life balance and promoting engagement with messaging geared toward work-from-home employees
- Promoting information about the risks of self-medicating with alcohol or BZDs during high-stress times
- Ensuring all wellness activities and programming are culturally inclusive and support a diverse workforce equally.

Studies show mental health treatment can help empower people to live better lives. Employers that bring workforce health tools to their employees are well-served by thinking strategically around a total health approach—addressing and integrating employees’ physical and mental health. By addressing mental health issues in the workforce, employers can not only improve the overall health and well-being of their employees but also reduce health care costs for their business and workforce. 🌱

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### bios



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### If you or someone you know needs help:

- **National Suicide Prevention Lifeline**  
1-800-273-8255 | TEXT “273TALK” to 839863
- **Veterans Crisis Line**  
1-800-273-8255, press 1 | TEXT 838255
- **Crisis Text Line** | TEXT “Hello” to 741741

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