Emotional and social reintegration in the age of COVID-19

The situation we are in is unparalleled. We may look to history in an attempt to learn from the past, but few global events have had the immediate and far-reaching economic, financial, social, emotional and health consequences as a previously unknown virus has had – and will continue to have in the coming months.

Work itself will be vastly different in the post-COVID era. Arguably, the novel virus will serve as the catalyst for technological, economical and societal changes that are set to change how we work. *"Everything we've predicted about the future of work will unfold in months,"* writes Heather McGowan.[1] The new era will be characterized by restructured workplaces, redefined work roles, rapid learning and implementation of new technologies.

Much of the workforce today is furloughed or working from home due to restrictions. At some point, social restrictions will be eased, and we will start seeing a return to the workplace. The road map will vary from business to business and location to location. In all likelihood, return will be a gradual, stepped process. It is fair to say that the pandemic's impact on physical and mental well-being will not be fully known for years.

How do we meet the health needs of workers at this time? That is the topic of this paper.

We don't know what the next few months will look like. We don't have all the answers – we may not even have all the right questions. Now is the time to start conversations about the future and start drafting the playbook. Your business depends on having healthy employees.

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[1]McGowan, March 23, 2020

HEALTH

Health is **a biopsychosocial concept** that encompasses physical, mental and social well-being.[2] How has the coronavirus impacted the health of workers?

Biological: Direct and indirect medical consequences

At the time of this writing, there have been over 1.3 million laboratory-confirmed cases of COVID-19 in the U.S. – the real number is undoubtedly much higher. Although **80% of individuals** are expected to have mild-to-moderate disease and recover well, many will have been hospitalized and face a tougher recovery. Over 137,000 deaths from COVID-19 are expected in the U.S. by August 2020.[3]

But COVID-19 is having indirect health consequences as many individuals avoid contact with the healthcare system for fear of infection and due to shelter-in-place directives.[4] Investigators in the U.S. and Spain have documented a 40% reduction in the numbers of heart catheterizations for heart attacks.[5] One result of this avoidance has been an increase in home deaths.[6]

Additionally, routine care for chronic diseases and elective procedures is being postponed by patients and medical providers,[7] creating what some have termed a *"care debt"*[8] that may have grave consequences for Americans' health.

Many businesses may never reopen; unemployment and worklessness will be a problem. Loss of employment is associated with depression, anxiety, low self-esteem and may lead to increased risk of substance use disorder and suicide.[9] The long-term health consequences of worklessness are far-reaching.

> **"** *Workless populations experience a 2- to 3-fold increased risk of poor general health, including higher rates of cardiovascular disease, lung cancer and respiratory infections; a 2- to 3-fold increase in the risk of mental health problems; and an excess mortality of 20% ... Worklessness increases rates of smoking, alcohol abuse, illicit drug use and risky sexual behavior.* **"** [10]

[2]WHO, 1948
[3]IHME, May 11, 2020
[4]Grady, 2020
[5]Garcia, 2020
[6]Gillum, 2020
[7]Bernstein, 2020
[8]Wosik, 2020
[9]Panchal, 2020
[10]Iglesias, 2018

Psychological

Stress at work is normal, as a result of speed of change, job expectations, deadlines, scarce resources, competition, interpersonal conflict, technological challenges, regulatory and legal issues, etc. In fact, 94% of U.S. and UK employees reported work-related stress in 2018.[11] Uncertainty is stressful, and these are uncertain times.

Stress can affect us in many negative ways: emotionally, cognitively and physically.[12] It may impact an individual's health by increasing disease: cardiovascular, gastrointestinal, immune, sleep, pain experience, mood disorders (anxiety, depression) and substance abuse. In the workplace, stress may produce interpersonal conflict, decrease productivity, increase absenteeism, contribute to a negative environment and increase healthcare costs.

There is early evidence that the coronavirus pandemic is taking a toll on the mental health of individuals.[13] Mental Health America reports a 19% increase in screening for clinical anxiety in February.[14] Express Scripts reported a 21% jump in antidepressant, anti-anxiety and anti-insomnia prescriptions between February 15 and March 15.[15] A survey of over 2,000 employees in Australia, France, Germany, New Zealand, Singapore, the UK and the U.S. found that 42% of respondents said that their mental health had declined since the outbreak. Sixty-seven percent of respondents reported higher stress levels since the outbreak.[16] Symptoms of exhaustion, sadness, irritability, confusion, insomnia, anger and guilt were common.

> **For individuals who have COVID-19, post-quarantine stressors include financial loss, stigmatization and a return to "normal" routine.**

Although the majority of those who experience a large-scale disaster recover quickly, and some even become more resilient,[17] the mental health effects of coronavirus could be deep and long-term.[18] Large-scale disasters tend to be followed by increases in depression, PTSD, substance abuse, other mental health problems, domestic violence and child abuse.[19] For the estimated 47 million individuals[20] with existing mental health disorders, the toll may be more pronounced.

Suicide rates have spiked during times of economic contraction such as in 1932 (Great Depression), 1937-1938 (end of the New Deal), 1973-1975 (Oil Crisis) and 1980-1982 (Recession),[21] and being unemployed is associated with higher suicide rates.[22]

As workers return to the workplace from sheltering in place, new sources of stress need to be considered:

- Fear of infection in the workplace.
- Unmet health needs during shelter-in-place.
- For those who had COVID-19, physical, cognitive and emotional sequelae.
- Some may face stigma if they suffered from the disease.
- Personal and family issues, including child care, interpersonal conflict, substance abuse, domestic violence.
- A sense of loss over missed activities – celebrations, graduations, weddings, funerals.
- Mourning over lost loved ones.
- Financial stress.
- Economic uncertainty.
- Deepening of political polarization.
- Fear of social unrest.

[11]Wrike, 2018
[12]See Sapolsky, 1998
[13]Brooks, 2020
[14]Mental Health America, 2020
[15]Express Scripts, 2020
[16]Qualtrics, 2020
[17]Thanks to Dr. Les Kertay for this insightful comment; personal communication
[18]Davis, 2020; Holmes, 2020
[19]Galea, 2020; Neria, 2008; Lee, 2007
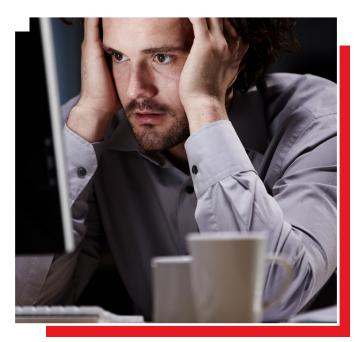[20]NIMH, 2020
[21]CDC, 2011
[22]Blakely, 2003

Social

We are social beings by nature. Social distancing often leads to loneliness and can result in mental and physical disease. Social isolation in older populations has been found to be a factor in premature mortality, increased risk of dementia, cancer mortality, functional decline and stroke.[23]

But even as we begin to reenter workspaces, isolation and social distancing may be the new norm. Dr. Anthony Fauci suggests that the handshake may be a thing of the past. How will this impact relationships and work? What will it take for us to feel safe when we return to the workplace?[24]

After working from home for weeks, many employees will be eager to return; others may not be or may face barriers to returning. Many will continue to work remotely, at least for a period of time. How do you engage a virtual workforce in the long term?

Open offices may create anxiety due to social proximity and use of shared spaces – especially workstations, shared dining and food prep areas. Employees may ask for accommodations, such as separate work areas, physical barriers, face masks, personal protective equipment, cleaning equipment and even working from home. For some employees, such as those with chronic medical conditions and those over the age of 60, this may be crucial.[25]

Other questions that will need to be addressed in the coming weeks and months:

What is the future of in-person meetings?	**How do we train post-COVID?**	**What will work travel, conferences and conventions look like?**

[23]NASEM, 2020
[24]Anthony Fauci, April 8, 2020
[25]Gottlieb, 2020

MANAGING THE UNKNOWN: THINKING ABOUT THE HEALTH OF EMPLOYEES POST-COVID

It is incumbent on employers to develop a strategy of prevention, identification and intervention to mitigate the negative health impacts of the new normal and to increase the well-being of the working population. Here are some things to consider:
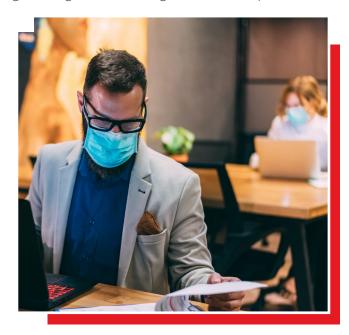
✋ Prevention

Prevention starts by providing a safe environment and reassuring employees that their safety and well-being come first. More will be said by others (see here) about how to create a safe physical environment that protects workers. What is certain, however, is that appropriate social distancing, sanitizing routines and respiratory hygiene will be part of the new work etiquette. The availability of personal protective equipment, engineering controls, design and organizational changes will also be important.

A key aspect of emotional prevention is **providing stability**.[26] How do you do that when so much has changed? Reengagement should start as soon as possible, laying the foundation for the future, and will need to be a carefully choreographed dance between continuity (this is who we are and what we do) and discontinuity (this is how we'll do things now). It is important for employees to know what to expect as they return to the workplace.

Because fear and anxiety love a vacuum, timely, factual, clear and supportive **communication** is essential, especially in times of risk.[27] Employees want to hear about the company's response and plans, as well as workforce and financial stability. Public health and safety information needs to come from credible sources, such as the CDC, state health departments, and reputable medical organizations and journals.

Supervisors and managers play a crucial role in communicating with and caring for employees as a way of reducing fear and providing stability, as research published by Qualtrics shows.[28]

Flexible work arrangements may need to be extended in an effort to reduce stress for those dealing with personal and family issues, such as school closures, day care and caring for loved ones.

Patience, understanding, frequent touch points and opportunities for **emotional openness** need to be considered and built into our employee interactions. We need to celebrate our health, our jobs and our return, but we may also need to grieve over many losses – economic, social and even life.

Engaging in social activities, even if virtually, and rallying to help communities rebuild may provide an important outlet that has been shown to improve mental and physical health outcomes.[29,30]

Companies will need to assess and strengthen, if needed, their policies on:

- Return to work.
- Flexible work arrangements.
- Absence (paid time off, sick leave, leave of absence, disability, bereavement).
- Travel.
- Access to the worksite and possible restrictions.
- Crisis interventions.

[26]Linden, 2020
[27]National Research Council, 1989
[28]Qualtrics, 2020
[29]Yeung, 2018
[30]Holmes, 2020

Identification

There will be employees who have a hard time reentering and adjusting to the new norm. It is crucial that supervisors be trained in how to identify these challenges and to know how to intervene.

A simple *"Are you okay?"* may open the door to better communication and also provide an opportunity to gauge an employee's mental health risk. A recent study shows that 57% of workers are comfortable with their manager asking them about their mental health and 41% want their manager to proactively ask them.[31] Don't assume that even those who have had a difficult time are traumatized or struggling. The important thing is to ask.[32]

Supervisor training should focus on:

* Active listening and empathic communication.
* Identifying employees with depression, suicidal ideation and domestic abuse.
* Handling accommodation requests.
* Managing the stigma of COVID-19 and mental health issues.

Interventions

One of the immediate effects of the novel coronavirus pandemic has been a surge in the use of **telehealth** in its many forms – synchronously **(audiovisual)**, asynchronously **(patient portals, e-consults)** and even through apps and chatbots.[33,34] Avoiding physical interactions, we have turned to remote and virtual meetings that may facilitate healthcare and improve health outcomes in the long term. Medical visits **(initial, follow-up, rechecks)**, rehabilitation, addiction treatment and mental health may prove to be an acceptable and efficient alternative to in-person care.[35] Access to telehealth will be an important part of the strategy of facilitating care for employees post-COVID.

Resilience training may reduce depression and anxiety, as well as facilitate post-traumatic growth.[36] Resilience training addresses:[37]

* Building connections.
* Fostering wellness by promoting good nutrition, sleep and regular exercise.
* Nurturing healthy thinking, including stress management.
* Finding meaning, which can be facilitated by volunteer opportunities and improving goal setting.

Employers must have available mental health resources for employees in need. This may take the form of an Employee Assistance Program (EAP) or referral to external organizations that can provide crisis intervention, counseling or other assistance. Easy access to and promotion of a company's EAP can help provide many resources – not just mental health – to employees in need.

There may be cases when urgent intervention is needed: suicide risk and threats of violence. Employees need to know how to identify this risk and what to do in these crisis situations, and having a plan is imperative.[38]

Conclusion

The health of the post-COVID workforce will face many challenges. The road map has yet to be drawn. There will surely be unexpected twists and turns, but the opportunity for employers to shape the well-being of workers as they return is a destination that we dare not miss.

[31]Qualtrics, 2020
[32]Thanks to Dr. Les Kertay for this insightful comment; personal communication
[33]Wosik, 2020
[34]Basu, 2020
[35]Huckman, 2020
[36]Seligman, 2011
[37]American Psychological Association, 2020
[38]American Foundation for Suicide Prevention

RESOURCES

Disaster Distress Helpline (SAMHSA)
Call 1-800-985-5990 or text TalkWithUs to 66746

National Suicide Prevention Lifeline (Link)
Call 800-273-8255 or Chat with Lifeline

Crisis Text Line (Link)
Text TALK to 741741

Veterans Crisis Line (VA)
Call 800-273-8255 or text 838255

211 – Locating Local Resources (Link)

Substance Abuse and Mental Health Services Administration (SAMHSA) (Link)

Centers for Disease Control and Prevention – Taking Care of Your Emotional Health (Link)

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