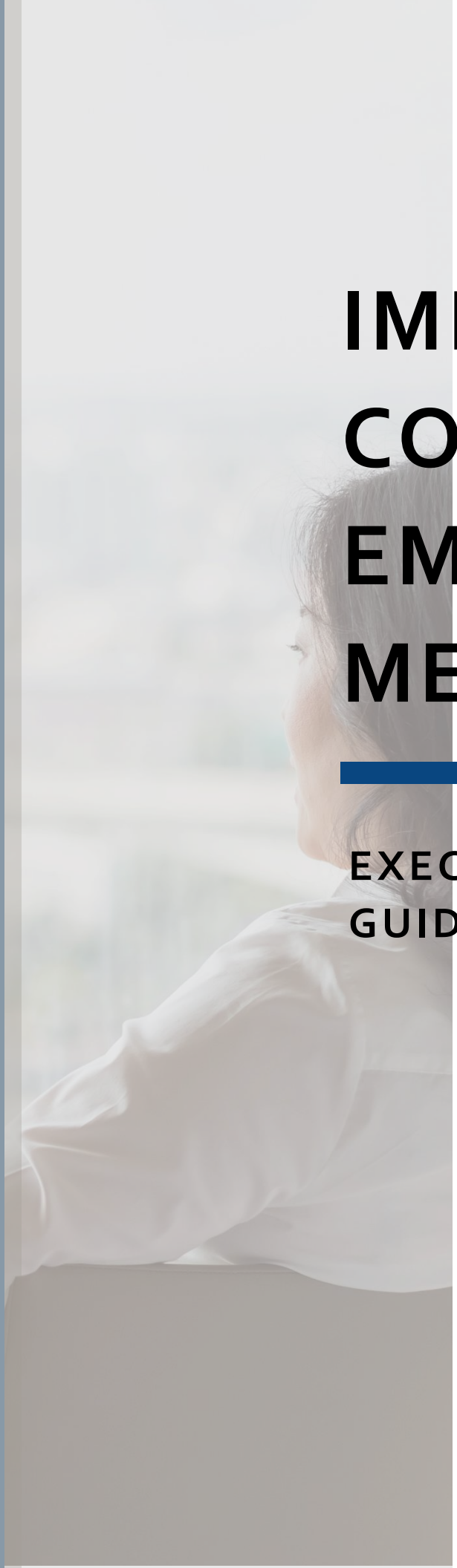

IMPACT OF COVID-19 ON EMPLOYEE MENTAL HEALTH

EXECUTIVE SUMMARY AND GUIDANCE

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INTRODUCTION

Mental health challenges in the US were widespread before the COVID-19 pandemic. Employers and employees and their families struggled with stigma surrounding mental health, as well as access to and disparities in the delivery of quality care. The pandemic exacerbated these existing challenges and created a whole new set of obstacles for employers to resolve. New technology, a growing number of vendors, and insufficient data and guidance combined with an overly stressed, diminishing workforce make mental health one of the top priorities for employers to address. At the request of our members, IBI took on a research study covering this important topic to provide an overview of the mental health state of the employee population. We also acquired additional guidance for employers to make sound benefit strategy decisions moving forward as we begin to redefine wellness, engagement, and productivity in our new world.

STUDY OVERVIEW

The COVID-19 pandemic has taken a toll on employees, especially surrounding mental health. Employees suffering from mental health have increased absenteeism and presenteeism. In fact, employees with poor mental health are absent 5% more than workers without mental health issues.[1] The National Health Interview Survey determined that 10.8% of adults in the US had either anxiety or depression disorder in 2019.[2] In the middle of May 2020, 33.9% of adults reported anxiety or depression disorder – a three-fold increase from pre-pandemic levels.[3] We aimed to learn more about how the pandemic has impacted employees, specifically how challenges, such as work disruptions and receiving health care, have affected employee mental health. Three research questions guided our analyses:

1. How do work disruptions – being on leave, teleworking within the household, and having children home from school – affect mental health?
2. How do demographics differ in the relationship between work disruptions and mental health?
3. How do health care needs – delaying or skipping medical care, unmet mental health counseling needs, and taking a mental health prescription medication – affect the relationship between work disruptions and mental health?

Data were analyzed from the Household Pulse Survey (HPS), an online survey created to determine how households were impacted by the COVID-19 pandemic and implemented by the US Census Bureau.[4] Self-reported feelings of anxiety or depression, the outcome of interest, was measured in the HPS using two validated surveys: the Patient Health Questionnaire (PHQ-2) and the Generalized Anxiety Disorder (GAD-2).[2] The PHQ-2 measured depression by asking two questions on "having little interest or pleasure in doing things" and "feeling down, depressed, or hopeless" in the past seven days. The GAD-2 asked about "feeling nervous, anxious, or on edge" and "not being able to stop or control worrying" in the past seven days to measure anxiety. Having these symptoms half the days or nearly every day estimates having either anxiety or depression disorder.

Survey weights were applied to analyses for results to be representative of the US population. Weighted descriptive statistics provided characteristics of the sample and percentages of employees with anxiety or depression disorder by state for all three phases. Weighted logistic regressions tested the relationship between work disruptions and anxiety or depression disorder while controlling for financial insecurity, insurance coverage (any or none), gender, age, race/ethnicity, marital status, and education using employees who completed Phases 2 and 3 (n=589,322). Health care needs variables were added in an additional model. The margins command provided the predictive probabilities reported as percentages in the findings while controlling for the averages of all other variables in the logistic regression models.

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[1] Bubonya M. et al. Mental health and productivity at work: Does what you do matter? June 2017. Link
[2] Terlizzi EP, Schiller JS. Estimates of mental health symptomatology, by month of interview: United States, 2019. National Center for Health Statistics. March 2021. Link
[3] National Center for Health Statistics, Anxiety and Depression, Household Pulse Survey, Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days. Link
[4] United States Census Bureau. Household Pulse Survey: Measuring Social and Economic Impacts during the Coronavirus Pandemic. Link

SAMPLE OVERVIEW

HPS data were collected weekly in Phase 1 (April 23, 2020 through July 21, 2020) and for two-week periods in Phase 2 (August 19, 2020 through October 26, 2020) and Phase 3 (October 28, 2020 through March 29, 2021). The total sample (n=1,032,730) included adults under 65 years of age who were currently working or on a potentially temporary leave in the past seven days from survey participation and responded to all mental health questions. Weighted characteristics of the sample included:

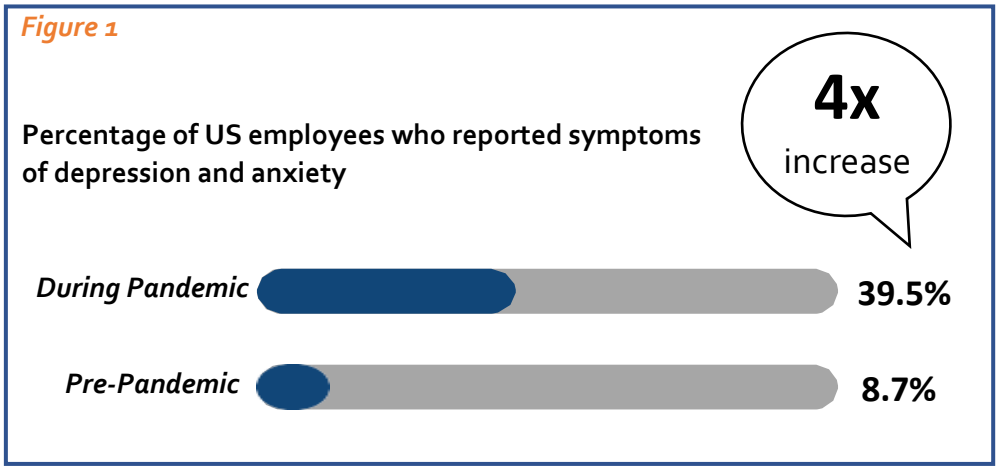
- 92% of employees were currently working and 8% were on leave
- 28.9% had kids home from closed schools and 18.3% had kids still going to school
- Due to the pandemic, 50.1% had an adult transition to telework within the household, 38% worked in person, and 11.9% were already teleworking prior to the pandemic
- More than a third of employees skipped or delayed medical care (38.9%)
- 79.3% had no counseling needs, 8.5% had their counseling needs met, and 12.2% had unmet mental health counseling needs (9.9% partially unmet and 2.3% unmet)
    - Among employees with anxiety or depression disorder, 25.1% had unmet mental health counseling needs
- One in five (19.9%) took a mental health prescription medication
    - Among employees with anxiety or depression disorder, 32% were taking a mental health prescription medication
- Nearly a third of employees had financial insecurity (30.9%)
- 8.8% had no health insurance coverage
- There were an equal number of men and women
- Among age categories, 9.3% were 18-24 years, 25.2% were 25-34 years, 24.4% were 35-44 years, 21.8% were 45-54 years, and 13.3% were 55-64 years
- 61.4% of employees identified as White, 11.5% as Black, 5.6% as Asian, 3.9% as another race or multi-racial, and 16.7% as Hispanic
- Over half of employees were married (56.5%), 13.8% were divorced, separated, or widowed, and 29.7% were never married
- A third of employees had a high school education or less (33%), 20.9% had some college education, 10.1% had an associate degree, 20.5% had a bachelor's degree, and 15.5% completed graduate school

MAIN FINDINGS

Two in five employed adults reported symptoms of anxiety or depression disorder during the pandemic (from April 2020 through March 2021), a four-fold increase compared to pre-pandemic levels (39.5% and 8.7%,[5] respectively).

Figure 1

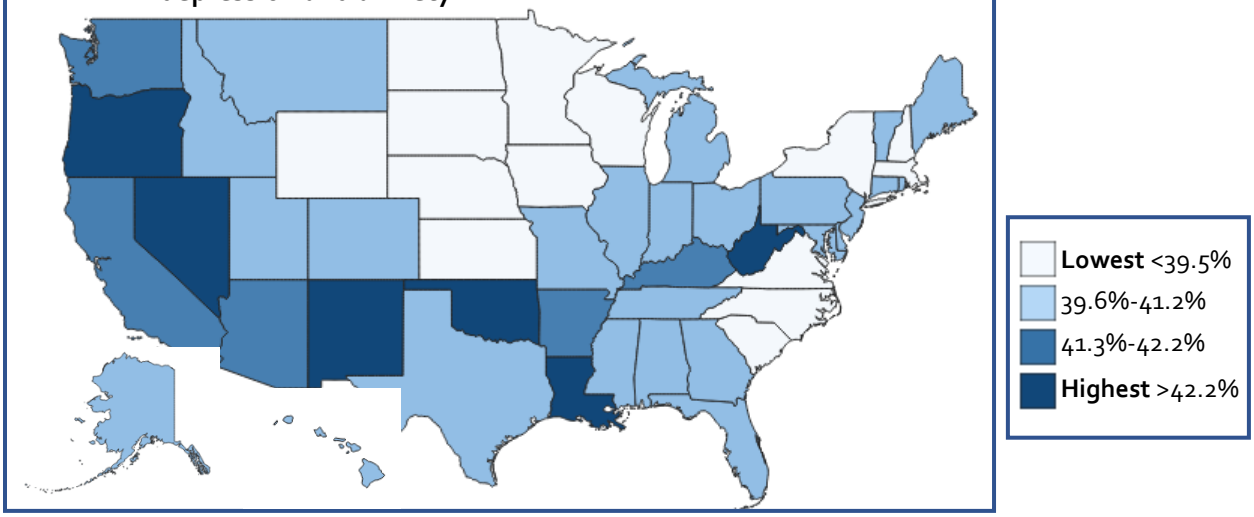
Percentage of US employees who reported symptoms of depression and anxiety



GEOGRAPHIC DIFFERENCES

- States in the south (Arkansas, Kentucky, Louisiana, Oklahoma, and West Virginia) and west (Arizona, California, Nevada, Oregon, and Washington) had the highest percentage of employees with mental health issues.

Figure 2 **Percentage of US employees in state who reported symptoms of depression and anxiety**



[5] National Health Interview Survey 2019 analysis with adults 18-64 years old who worked in the past 7 days

Figure 3

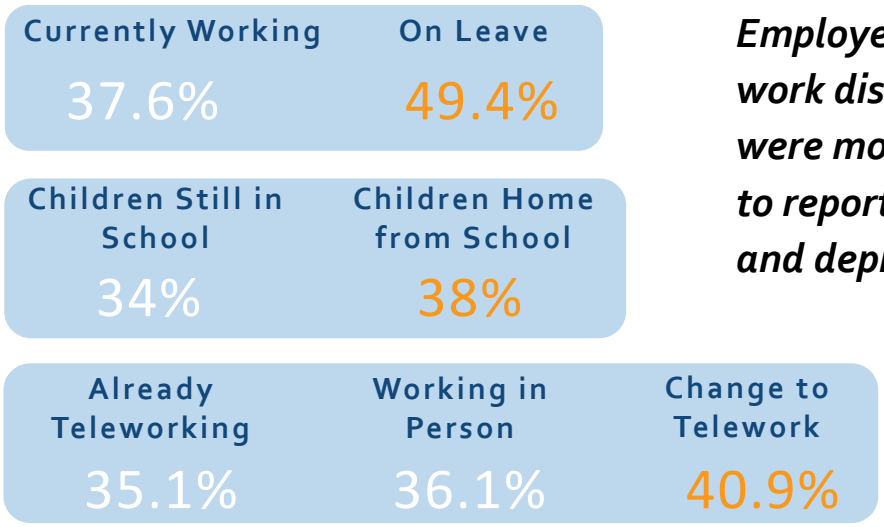
State/District	% of Employees with Anxiety or Depression Disorder	% Difference from Nationwide Average
Nationwide Avg	**39.5**	**0.0**
Alabama	38.2	(3.4)
Alaska	38.7	(2.0)
Arizona	41.8	5.8
Arkansas	41.2	4.4
California	41.4	4.7
Colorado	40.4	2.2
Connecticut	38.9	(1.6)
DC	41.1	4.1
Delaware	37.9	(4.1)
Florida	40.6	2.7
Georgia	39.3	(0.6)
Hawaii	38.0	(3.7)
Idaho	38.8	(1.8)
Illinois	39.4	(0.3)
Indiana	39.2	(0.9)
Iowa	36.6	(7.3)
Kansas	36.8	(6.7)
Kentucky	41.4	4.9
Louisiana	42.3	7.1
Maine	39.7	0.6
Maryland	38.3	(3.2)
Massachusetts	38.3	(3.0)
Michigan	39.7	0.4
Minnesota	36.0	(9.0)
Mississippi	41.3	4.5
Missouri	39.2	(0.8)
Montana	38.0	(3.9)
Nebraska	35.4	(10.4)
Nevada	43.4	9.9
New Hampshire	37.6	(4.9)
New Jersey	38.5	(2.4)
New Mexico	43.8	10.9
New York	37.9	(4.1)
North Carolina	37.5	(5.1)
North Dakota	31.5	(20.2)
Ohio	39.9	1.1
Oklahoma	42.6	7.9
Oregon	44.7	13.1
Pennsylvania	39.4	(0.2)
Rhode Island	39.0	(1.3)
South Carolina	37.7	(4.6)
South Dakota	32.5	(17.7)
Tennessee	39.0	(1.2)
Texas	39.6	0.2
Utah	39.5	0.1
Vermont	39.3	(0.6)
Virginia	37.6	(4.7)
Washington	41.3	4.7
West Virginia	43.0	8.8
Wisconsin	36.6	(7.4)
Wyoming	36.8	(6.8)

● statistically significantly worse than average
● statistically significantly better than average

WORKPLACE DISRUPTIONS

- Work disruptions increased mental health issues among employees:
  - A higher percentage of employees who went on leave reported anxiety or depression disorder (49.4%) than employees currently working (37.6%).
  - Employees with kids at home from closed schools had higher levels of anxiety or depression disorder (38%) compared to employees with kids going to school in person (34%).
  - Employees who had a change to telework within the household due to the pandemic reported the greatest levels of anxiety or depression disorder (40.9%) compared to employees who continued to work in person (36.1%) or were already teleworking prior to the pandemic (35.1%).
- Transitioning to telework AND having kids at home had negative compounding effects as this group had the highest levels of reported depression and anxiety disorder compared to those with either work disruption.

Figure 4 **Percentage of US employees who reported symptoms of depression and anxiety**



Employees with work disruptions were more likely to report anxiety and depression.

DEMOGRAPHIC DIFFERENCES

- Anxiety and depression disorder affected certain demographic groups more than others.
  - Employees aged 18-24 reported the highest levels of anxiety and depression disorder (48.2%), which significantly decreased with increasing age (employees 55-64 years reported levels at 30.3%).
  - White employees and employees of multiracial/other ethnicity had the highest reported levels of mental health issues compared to their Hispanic, Black, and Asian counterparts (36.1%, 32.5%, and 30.9%, respectively).
  - Employees who were no longer married (42.1%) or never married (43%) were more likely to report mental health issues compared to employees who were currently married (35.4%).
  - Employees with some college education had a higher percentage of anxiety or depression disorder (40.8%) compared to other education levels of high school or less through graduate school (37.4-38.3%).
  - Women were more likely to suffer from anxiety or depression disorder (42.9%) compared to men (34%).
    - While work disruptions worsened the mental health of both men and women, there is concern with women leaving the workforce during the pandemic.
    - Women with kids home from school and a change to telework were especially worse off (45.7%) compared to men with the same work disruptions (37.5%).

Figure 5

Women were more likely to have anxiety and depression.

ACCESS TO CARE

- Employees taking a mental health prescription medication had a significantly higher percentage of anxiety or depression disorder (53.7%) than those without one (34.8%).
    - Employees on leave have increased anxiety or depression regardless of mental health prescription use.
    - Higher anxiety or depression when NOT taking a mental health prescription when:
        - Having kids home from school (34.6%) compared to having kids still going to school (31.4%).
        - Changing to telework in the household (36%) compared to working in person (33.7%) and already teleworking (33.3%).
- Receiving counseling significantly decreases the number of employees with anxiety or depression disorder
    - Employees not receiving counseling increased the likelihood of mental health issues
    - May require help beyond prescriptions
- Receiving counseling lowered the proportions of employees reporting mental health symptoms by 8% to 36% dependent on how sufficiently counseling needs were met.
    - Employees on leave are worse off with their mental health regardless of counseling,
    - Employees with kids at home from closed schools or changing to telework had higher anxiety or depression even when counseling needs are met.

EMPLOYER GUIDANCE

We invited IBI's membership, more than 1,400 employers and suppliers on behalf of their employer clients, to complete an open-ended survey online to determine what employers are doing to assess employee mental health and needs, to mitigate mental health issues among employees, to measure impact on productivity, to identify challenges, solutions, and best practices. Employers used a variety of methods to measure mental health status and assess employee needs surrounding mental health.

- The most popular include:
    - **Analytics:** Monitoring disability, employee assistance program (EAP), behavioral health, pharmacy and medical utilization through claims data.
    - **Employee surveys:** Employee surveys ranged from pulse to determining how well companies were supporting mental health or asking how employees are feeling and are impacted by mental health issues to traditional Health Risk Assessments.
    - **Screening surveys:** This included the Perceived Stress Scale (PSS-4), GAD-7, PHQ-9, etc.
- Less popular strategies included staff meeting feedback, feedback from events, mental health intranet web page visits, utilization of communications, and webinar attendance

The mitigation strategies employers have used to improve mental health of the workforce:

- Encouraging EAP utilization, including changing to a more comprehensive program, with some increasing EAP plan designs to include unlimited visits; changing behavioral health plan design to remove barriers to mental health care such as increasing coverage to 100% for outpatient visits.
- Improving communications and resources available to increase awareness and education on mental health, thereby reducing stigma.
- Increasing access such as adopting telehealth/virtual visits for mental health, digital approaches including apps.
- Hosting expert speakers or trainings/workshops, introducing well-being programs, offering resiliency coaches, organization specific promotions (e.g., wellness packages).
- Increasing awareness: Mental Health First Aid, training employees on how to use available resources, educating leaders, expanding PTO and encouraging leave, forming employee assistance/resource groups.

Most organizations made changes to their mental health strategies during the pandemic and had plans to measure its impact. Very few organizations made no changes at all. The most popular ways to measure are:

- Using employee feedback mechanisms: employee surveys, listening groups, virtual focus groups and health risk assessments to measure satisfaction.
- Using available claims data: EAP, behavioral health, medical, pharmacy, disability/leaves data to monitor utilization and health outcomes.
- Use vendor reported data: Program reports on outcomes from carriers and vendors.

Organizations often experienced challenges with the execution of their new mental health strategies. Only a few organizations reported having no challenges during implementation of new solutions. One

employer stated that they had 100% support, and another reported that their strategies have been very successful with a strong communications campaign and onsite medical staff to promote appropriate services.

Among the top challenges and solutions:

- **Access:** The ongoing shortage of mental health providers with limited availability remains a common problem for employees and their families. One common solution was to work closely with EAP, behavioral health and medical carriers to monitor response time and length of time to see an appropriate provider. Many employers are also utilizing virtual and digital care solutions.
- **Employee engagement**: Difficulty educating employees as well as lack of awareness, engagement, and utilization of available programs were challenges. Employers advise having a strong marketing and communication strategy that focuses on awareness and availability of resources and to further support engagement through incentives, if possible.
- **Stigma reduction**: Employees being comfortable to communicate mental health issues in the workplace continues to be a common struggle for employers.
- **Communication effectiveness**: Employees are not reading communications, and therefore are not aware of the resources available to them. Some employers are educating leaders and managers to pass on the messages directly to employees. Others have struggled with sourcing the content for materials internally and have found that networking within the organization can help bring in the right people.
- **Priorities:** Employers found difficulty in encouraging employees to prioritize their mental health over work/life tasks. Leverage leadership and communicate frequently to encourage participation and promote the importance of mental wellness and tools available for support.
- **Implementing solutions**: Streamlining the implementation of program resources in a large organization, especially when multiple departments are involved, can be challenging. Work closely with partner departments to ensure that initiatives are aligned to support existing departmental efforts and outcomes.
- **Productivity impact**: There can be a lack of understanding of mental health impact on productivity, medical costs, and the strength of the organization. Employers advise to keep conversations going, bring different perspectives, and partner with other departments to increase awareness of the issues.

Additional considerations for employers working to address their employees' mental health needs:

- Ensure that all your mental health resources are easy to find and in one place (e.g., web page).
- Have communication campaigns that target stigma, work-life balance, and the importance of mental wellness – even consider leveraging celebrities to encourage participation in programs.
- Consider frequent senior leadership visibility.
- Remove all barriers to care – physically and financially.
- The silver lining of COVID-19 is the focus on mental health – now is the time to use this momentum to bring changes moving forward.
- Redesign medical plans to eliminate the disparity between in- and out-of-network benefits for outpatient mental health services, as well as adding telehealth/digital options to ensure access.
- Change company culture to promote work life balance – encourage time off and disconnecting from work.

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The views expressed are those of the commentators alone. They do not necessarily reflect those of their employers and clients, nor of IBI, its members or its Board of Directors.

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- Jerry Lee, Corporate Vice President, New York Life Insurance

OTHER CONSIDERATIONS

ADDITIONAL LITERATURE REVIEW

Employees nationwide are experiencing drastic increases in mental health issues, and workplace disruptions may increase these issues. Having children at home in combination with transitioning to telework in the household are related to a higher rate of mental health disorders. The mental health impacts resulting from the pandemic are bound to continue, especially as the workforce returns to offices and COVID-19 variant outbreaks occur. It is critical that employers and policymakers implement evidence-based strategies now to support the mental health needs of the American workforce to maintain productivity, employee satisfaction and well-being and attract and retain their workforce.

ACCESS TO CARE

In support of our findings, the Kaiser Family Foundation (KFF) COVID-19 Vaccine Monitor reported that a third of adults with poor mental health are not receiving the mental health treatment they need.[6] Employers discussed the importance of access to mental health care, and KFF reports that provider access and costs are the top reasons as to why people cannot receive needed mental health care. Nearly a fifth of employees stated that they could not take leave from work to receive care. Other reasons included the insurance coverage and stigma from receiving mental health treatment. Ensuring access is worth the investment - a return of $4 in health and productivity is expected for every $1 spent on mental health disorder treatment.[7]

DISPARITIES

Our results show several mental health disparities among demographic characteristics. When controlling for all variables in the models, male, Black, Asian, and younger employees had a lower proportion of anxiety or depression. However, Black, male, and older adults are less likely to report mental health issues and have trouble with mental health care access.[6] Behaviors surrounding mental health, specifically suicide, also disproportionately affect demographic groups. Suicide is now the second leading cause of death among youth and young adults,[8] and suicide rates have been higher among Black adults.[9] Social justice issues only exacerbated stress. Employers can include programs on diversity and inclusion, as only a third of employers consider these programs mandatory.[10]

VACCINES

Vaccines against COVID-19 were made widely available in the Spring of 2021. While 44% of adults believe that receiving the vaccine will decrease their stress, more than a third said they will use telemedicine even after being vaccinated.[8] In March 2021, with millions vaccinated, our findings show anxiety or depression disorder at levels similar to the previous year during lockdowns. KFF results show that 47% of adults are still reporting mental health issues due to worry or stress related to the pandemic.[6] With COVID-19 variants increasing transmission and hospitalizations, there is no foreseeable end to the pandemic. However, there are more resources available for employers to help create a

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[6] Kearney A, Hamel L, Brodie M. Mental Health Impact of the COVID-19 pandemic: An Update. April 2021. Link
[7] WHO. Mental health in the workplace. Link
[8] Aetna. The impact of COVID-19 on mental well-being in the U.S. 2021. Link
[9] Bray MJC et al. Racial Differences in Statewide Suicide Mortality Trends in Maryland During the Coronavirus Disease (COVID-19) Pandemic. 2021. Link
[10] MetLife. Redesigning the Employee Experience: Preparing the Workforce for a Transformed World. 2021. Link

workplace supporting mental health, some of which are outlined below. Employers may also depend on their consultants, carriers, and vendors to provide guidance when appropriate.

RESOURCES

While caring for employees suffering from mental health issues is important, employers should also consider a focus on well-being in the workplace to prevent stress and burnout and provide opportunities for all employees. In fact, a study on employee mental health found that job security, work stress, and job complexity increased presenteeism when employees have no mental health issues.[1] *Forbes* recommends that employers offer learning opportunities to increase performance and motivation, encourage connection and collaboration through employee resource groups, social outings, and mentorship programs, and provide tools for well-being such as meditation and physical activity programs.[11]

Additionally, the World Health Organization (WHO) promotes having a healthy workplace, where leaders and employees work together "by promoting and protecting the health, safety and well-being of all employees."[7] As safety is a current concern for employees during the pandemic, the Center for Workplace Mental Health created a guide for employers to use for returning to the workplace including communicating often, flexibility, and making mental health a priority.[12] The WHO suggests several best practices to improve workplace mental health including implementing health and safety policies that provide resources, including employees in making decisions, and employee recognition.[7]

[11] Staglin G. Bringing A Positive Lens To Workplace Mental Health. July 2021. Link
[12] Center for Workplace Mental Health. Supporting Employees Through the Transition. Link

KEY TAKEAWAYS

Mental health awareness among and impact to the workforce and their families has reached a critical turning point as the pandemic only exacerbated and highlighted an existing crisis.

Anxiety and depression do not look the same for every employee or family member. Designing mental health benefits that meet the patient's current needs is critical. Flexibility in multi-modal product options will help employers design more strategically for the individual versus the many.

Employers must implement, expand, and improve support and services to mitigate future deterioration of well-being and financial position.

The "Social Determinants of Work," are a new phenomenon that employers must consider when planning a new strategy for the future. Facing new workplace challenges, such as access to care while working at home, financial and transportation barriers, and engaging a workforce that is widely dispersed, are all challenges that could be considered in this topic and should be addressed when designing mental health strategies.