Countering COVID-19 mental health challenges in the workplace

Evidence-based support strategies

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It is important to acknowledge that COVID-19 has resulted in an increase in mental health concerns. It is also vital to review the emerging evidence-based mental health support strategies.

The evidence supports an anticipated wave of mental health claims, and the ripples will last for years beyond the cure. The CDC believes it is possible to compare the COVID-19 pandemic to crisis situations.[1] In crisis situations similar to the pandemic, people have absorbed and reacted to the information flow in different ways. One of the first and essential elements is clear communication. The public needs to feel that their actions can reduce the risk of harm.[2] There are essential components in the preparation and coordination of mental health support. The following will summarize these in three broad structured categories of Organizational, Social, and Individual.

Information Overload

It is known that during a crisis, due to the high stress and an overwhelming range of emotions that are present, individuals can miss key safety messages. The overwhelmed response can result in not hearing information fully due to the excess of mixed facts, lack of ability to remember, and misinterpretation of crucial action messages. The ability to reason logically may result in reversion to bad habits or poor reactions.

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[1] Crisis Centers for Disease Control and Prevention, 2014.
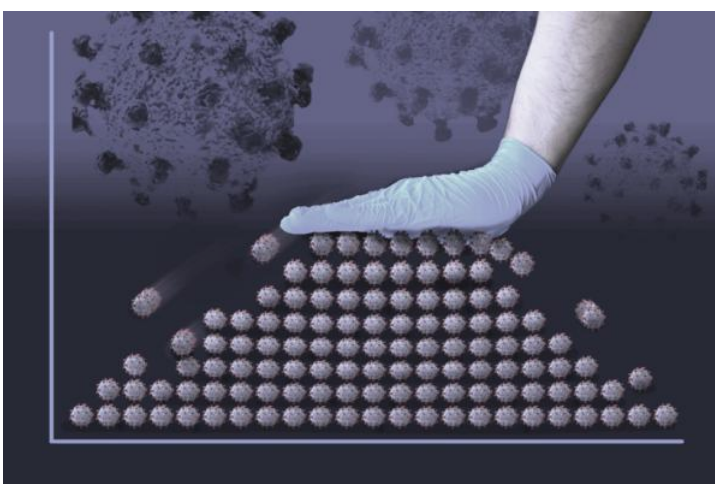[2] CDC, 2014

Psychological Responses

It is important to acknowledge that the emergence of mental health issues during the pandemic crisis is common. Everyone has personal reactions ranging in multiple levels of psychological response. These may include fear, dread, anxiety, hopelessness, helplessness, denial, and in some cases, panic.[3] These are normal reactions when an environment quickly changes. The uncertainty disrupts the normal balance and sense of control and may even distort one's sense of purpose.[4] Fear is further fueled by the dramatic forced social isolation and breakdown of social structures, disrupting the freedoms of life that we take for granted.[5]

Effective Interventions

It has been suggested that we can look at mental health in the same pattern we implemented for COVID-19 isolation. How can we flatten the COVID-19 mental health curve? Ransing et al. (2020) have indicated that we can anticipate the curves. The curve's first peak is associated with inadequate information, myths, junk information, and misinformation.[6] This can result in many psychological symptoms, including fear, distress, panic, depression, anxiety,

Anticipating the curves can help us flatten the COVID-19 mental health curve, just as we did for the pandemic itself.

adjustment disorders, suicidal ideation, and panic attacks.[7] Adding to the risk are social isolation, social exclusion, unemployment, housing or income risk, threat or risk of contagion, infobesity, grief, loss, or partner psychological or physical violence.[8] The curve will flatten when the information is available, and community resilience starts to build. However, another peak curve emerges when the economic damage emerges, social disruption occurs, and news of deaths emerges.[9] Some individuals will experience post-traumatic stress disorder symptoms with stress, grief, depression, and relapse of pre-existing mental health conditions.[10]

One of the aspects that can help flatten the COVID-19 mental health curve is prevention and access to care.[11] Early intervention has been noted as an essential element in the treatment and recovery from mental health conditions[12]. Organizations play an important role in the prevention

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[3] Galea et al., 2020; Usher et al., 2020
[4] Lin et al., 2013; Rubin & Wessely, 2020
[5] Usher et al., 2020
[6] Ransing et al., 2020
[7] Ransing et al., 2020
[8] Hamouche, 2020; Ransing et al., 2020
[9] Carbone, 2020; Ransing et al., 2020
[10] Hamouche, 2020; Ransing et al., 2020
[11] Carbone, 2020
[12] Anderson et al., 2020; Carbone, 2020

of the mental health tsunami. In fact, there are three dimensions, including organizational, institutional, and individual aspects.[13]

Organizational Solutions

Organizations can play a vital role in assisting with the prevention of mental health concerns. Naturally, the first step is ensuring the health and safety of the workplace and adhering to social distancing and other mandated recommendations.[14] There is a full range of occupations that could experience different health and safety risks. As an example, someone in a health care setting would have a higher risk of exposure than someone working independently with little social interaction.[15] Workplaces can develop health and safety plans to prevent the risk of the spread of the virus within the organization. The policy generally follows guidelines set out by the Federal or Provincial government bodies. There is a need for training and compliance monitoring to accompany policy. Environmental protections are meant to protect employees from harm, and clear preventative measures help build trust, which can help reduce stress levels. In many white-collar environments, work from home has become popular. This had some positives of allowing for isolation and protection from exposure. However, there are negative impacts on mental health that emerge from social isolation, multiple priorities in the home environment, boundary issues between personal and business perspective, lack of job instruction interactions, and complex teamwork issues.[16]

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> Preparation is key to flattening the mental health curve that's part of COVID-19. Have a ready infrastructure on hand; such as mental health first aid, online tools and tele-counseling.

Having infrastructure ready can assist, such as mental health first aid, online tools, tele-counseling, prompt access to care, and peer support networks.[17] Psychiatrists have formulated a series of interventions that can dampen the curve, including psychological first aid within companies, specific clinics or cells for treatment, training for front line health care workers, technology connections, clear and accurate communication, dispute of myths and misinformation, communication accurate information via social media, reduce the "infodemic" where possible, coordination and collaboration of primary health care providers with a specialist, digital support groups, peer support groups, and instillation of hope.[18] Skills building is also essential to garnering social, emotional, and resilience essential for mental wellbeing.

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[13] Hamouche, 2020

[14] Anderson et al., 2020; Hamouche, 2020

[15] Hamouche, 2020

[16] Galea et al., 2020; Giorgi et al., 2020; Hamouche, 2020; Usher et al., 2020

[17] Anderson et al., 2020; Carbone, 2020; Ransing et al., 2020

[18] Galea et al., 2020; Ransing et al., 2020

Optimizing communication and transparency is an important human resource role throughout the pandemic.[19] Managers should maintain continuous communication with their work teams, whether onsite or virtual. The more employees are involved with planning and preparation, the lower the stress level and higher the team cohesion.[20] There will need to be strong consideration and planning for post-pandemic resumption of organizational operations to reduce the fear of the unknown.[21] Having strong return to work planning is essential either from a mental health disability or a physical disability.[22] A clear plan, including a graduated return to work, team member supports, accompanied by expectations, is required.[23] Time management strategies are important to emphasize, and idol time has been shown to leave room for bad habits to creep in.[24]

Social support within the workplace is a strong protective factor for co-workers. Managers fostering a safe environment are key to successfully returning to work.[25] Paying attention to the prevention of mental health stigmatization is also key. Employees need to feel comfortable seeking assistance and discussing challenges with their peers.[26] Reinforcing no gossip and zero tolerance anti-discrimination policies is also a valuable tool to protect employees' health, safety, and wellbeing.[27]

Peer mentoring has emerged as an initiative that employers can assist in facilitating. Providing the opportunity for volunteers to be trained in mental health first aid and provide peer support, a difference can be made.[28]

Employees must feel comfortable seeking assistance and discussing challenges with their peers if they're going to manage significant change.

Social Program Solutions

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[19] Brooks et al., 2020; Carbone, 2020; Giorgi et al., 2020

[20] Brooks et al., 2020; Carbone, 2020; Giorgi et al., 2020

[21] Brooks et al., 2020

[22] Anderson et al., 2020; Pandey, 2020; Tan et al., 2020

[23] Bastien & Corbière, 2019; Durand et al., 2017; Negrini et al., 2018

[24] Brooks et al., 2020; Greenberg et al., 2020; Mackolil & Mackolil, 2020

[25] Amick et al., 2017; Brooks et al., 2020; Dewa et al., 2016

[26] Brooks et al., 2020; Zhou et al., 2020

[27] Brooks et al., 2020

[28] Rastegar Kazerooni et al., 2020

The Canadian government has implemented several mental health programs to assist in facilitating access to mental health resources. There is some evidence that the lack of mental health professionals' availability has increased the risk of distress.[29] Some of the programs made available to Canadians include government-funded iCBT and Wellness Together Canada. In 2019, CMHA launched a free, guided self-help program. Additionally, many mental health resources exist online merely through a quick Google search.

In many countries, including Canada, the government implemented financial security programs to help reduce the psychological stress brought on by economic issues. Including direct payments, loans, and guarantees.[30] They also commenced frequent campaigns to update the community on the status of the COVID-19 spread. This was an essential aspect of assistance given the abundance of misinformation available in social media.[31]

Individual Solutions

Studies continue to emerge on predisposing factors that make some individuals more susceptible to mental health reactions.[32] It has been determined that those with little social support, limited access to online communities, unemployed, vulnerable due to other health conditions, more senior in age, history of mental health, and diminished cognitive skills, were more likely to exhibit psychological conditions.[33]

Communicating with each other, exchanging thoughts, having discussions, recommending stress management techniques, relaxation ideas, and encouragement of exercise, online contact with family or friends, and time management.[34] Another practical step is managing media consumption, accessing factual information, and finding ways to foster social connections. Lack of interpersonal communication has been linked to poor physical, emotional, and mental health.[35] As social beings, we need each other.

The evidence-based research is starting to emerge. The information presented in this paper is meant to assist workplace managers, occupational health, and human resource professionals in designing appropriate policies and plans to assist in the protection of workforce mental health. In the face of "infobesity" and random social media opinions, it is vital to use the factual literature emerging to ensure appropriate strategies to mitigate the mental health tsunami.

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[29] Brooks et al., 2020; Ho et al., 2020; Zhang et al., 2020; Zhou et al.
[30] Hamouche, 2020
[31] Garfin et al., 2020
[32] Busfield, 1997; Considine et al., 2017; Koopmans et al., 2010
[33] Chiu et al., 2020; Luo et al., 2020; Yang et al., 2020
[34] Rastegar Kazerooni et al., 2020
[35] Baumeister & Leary, 1995; Bowling, 1995; Galea et al., 2020; Prang et al., 2015

References

Amick, B. C., Lee, H., Hogg-Johnson, S., Katz, J. N., Brouwer, S., Franche, R.-L., & Bültmann, U. (2017). How do organizational policies and practices affect return to work and work role functioning following a musculoskeletal injury? *Journal of Occupational Rehabilitation*, *27*(3), 393–404. https://doi.org/10.1007/s10926-016-9668-8

Anderson, M., Mckee, M., & Mossialos, E. (2020). Developing a sustainable exit strategy for COVID-19: Health, economic and public policy implications. *Journal of the Royal Society of Medicine*, *113*(5), 176–178. https://doi.org/10.1177/0141076820925229

Bastien, M. F., & Corbière, M. (2019). Return-to-work following depression: What work accommodations do employers and human resources directors put in place? *Journal of Occupational Rehabilitation*, *29*(2), 423–432. https://doi.org/10.1007/s10926-018-9801-y

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, *117*(3), 497–529. https://doi.org/10.1037/0033-2909.117.3.497

Bowling, A. (1995). What things are important in people's lives? A survey of the public's judgements to inform scales of health related quality of life. *Social Science & Medicine*, *41*(10), 1447–1462. https://doi.org/10.1016/0277-9536(95)00113-L

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, *395*(10227), 912–920. https://doi.org/10.1016/S0140-6736(20)30460-8

Busfield, J. (1997). *Men, women and madness: Understanding gender and mental disorder* (2. Dr.). Macmillan.

Carbone, S. R. (2020). Flattening the curve of mental ill-health: The importance of primary prevention in managing the mental health impacts of COVID-19. *Mental Health & Prevention*, *19*, 200185. https://doi.org/10.1016/j.mhp.2020.200185

Centers for Disease Control and Prevention (2014). *Crisis and emergency risk communication* Retrieved May 17, 2020, from https://emergency.cdc.gov/cerc/manual/index.asp

Chiu, M., Amartey, A., Wang, X., Vigod, S., & Kurdyak, P. (2020). Trends in objectively measured and perceived mental health and use of mental health services: A population-based study in Ontario, 2002–2014. *Canadian Medical Association Journal*, *192*(13), E329–E337. https://doi.org/10.1503/cmaj.190603

Considine, R., Tynan, R., James, C., Wiggers, J., Lewin, T., Inder, K., Perkins, D., Handley, T., & Kelly, B. (2017). The contribution of individual, social and work characteristics to employee mental health in a coal mining industry population. *PLOS ONE*, *12*(1), e0168445. https://doi.org/10.1371/journal.pone.0168445

Dewa, C. S., Trojanowski, L., Joosen, M. C. W., & Bonato, S. (2016). Employer best practice guidelines for the return to work of workers on mental disorder–related disability leave: A systematic review. *The Canadian Journal of Psychiatry*, *61*(3), 176–185. https://doi.org/10.1177/0706743716632515

Durand, M. J., Nastasia, I., Coutu, M. F., & Bernier, M. (2017). Practices of return-to-work coordinators working in large organizations. *Journal of Occupational Rehabilitation*, *27*(1), 137–147. https://doi.org/10.1007/s10926-016-9640-7

Galea, S., Merchant, R. M., & Lurie, N. (2020). The Mental Health Consequences of COVID-19 and Physical Distancing: The Need for Prevention and Early Intervention. *JAMA Internal Medicine*, *180*(6), 817. https://doi.org/10.1001/jamainternmed.2020.1562

Garfin, D. R., Silver, R. C., & Holman, E. A. (2020). The novel coronavirus (COVID-2019) outbreak: Amplification of public health consequences by media exposure. *Health Psychology*, *39*(5), 355–357. https://doi.org/10.1037/hea0000875

Giorgi, G., Lecca, L. I., Alessio, F., Finstad, G. L., Bondanini, G., Lulli, L. G., Arcangeli, G., & Mucci, N. (2020). COVID-19-Related Mental Health Effects in the Workplace: A Narrative Review. *International Journal of Environmental Research and Public Health*, *17*(21), 7857. https://doi.org/10.3390/ijerph17217857

Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ*, m1211. https://doi.org/10.1136/bmj.m1211

Hamouche, S. (2020). COVID-19 and employees' mental health: Stressors, moderators and agenda for organizational actions. *Emerald Open Research*, *2*, 15. https://doi.org/10.35241/emeraldopenres.13550.1

Ho, C. S., Chee, C. Y., & Ho, R. C. (2020). Mental Health Strategies to Combat the Psychological Impact of COVID-19 Beyond Paranoia and Panic. *Annals of the Academy of Medicine, Singapore*, *49*(3), 155–160.

Koopmans, P. C., Roelen, C. A., Bültmann, U., Hoedeman, R., van der Klink, J. J., & Groothoff, J. W. (2010). Gender and age differences in the recurrence of sickness absence due to common mental disorders: A longitudinal study. *BMC Public Health*, *10*(1), 426. https://doi.org/10.1186/1471-2458-10-426

Lin, K.-H., Guo, N.-W., Shiao, S.-C., Liao, S.-C., Hu, P.-Y., Hsu, J.-H., Hwang, Y.-H., & Guo, Y. L. (2013). The Impact of Psychological Symptoms on Return to Work in Workers After Occupational Injury. *Journal of Occupational Rehabilitation*, *23*(1), 55–62. https://doi.org/10.1007/s10926-012-9381-1

Luo, Y., Chua, C. R., Xiong, Z., Ho, R. C., & Ho, C. S. H. (2020). A Systematic Review of the Impact of Viral Respiratory Epidemics on Mental Health: An Implication on the Coronavirus Disease 2019 Pandemic. *Frontiers in Psychiatry*, *11*, 565098. https://doi.org/10.3389/fpsyt.2020.565098

Mackolil, J., & Mackolil, J. (2020). Addressing psychosocial problems associated with the COVID-19 lockdown. *Asian Journal of Psychiatry*, *51*, 102156. https://doi.org/10.1016/j.ajp.2020.102156

Negrini, A., Corbière, M., Lecomte, T., Coutu, M. F., Nieuwenhuijsen, K., St-Arnaud, L., Durand, M.-J., Gragnano, A., & Berbiche, D. (2018). How can supervisors contribute to the return to work of employees who have experienced depression. *Journal of Occupational Rehabilitation*, *28*(2), 279–288. https://doi.org/10.1007/s10926-017-9715-0

Pandey, M. (2020). The Impact of Pandemic COVID -19 in Workplace. *European Journal of Business and Management*. https://doi.org/10.7176/EJBM/12-15-02

Prang, K.-H., Newnam, S., & Berecki-Gisolf, J. (2015). The impact of family and work-related social support on musculoskeletal injury outcomes: A systematic review. *Journal of Occupational Rehabilitation*, *25*(1), 207–219. https://doi.org/10.1007/s10926-014-9523-8

Ransing, R., Adiukwu, F., Pereira-Sanchez, V., Ramalho, R., Orsolini, L., Teixeira, A. L. S., Gonzalez-Diaz, J. M., Pinto da Costa, M., Soler-Vidal, J., Bytyçi, D. G., El Hayek, S., Larnaout, A., Shalbafan, M., Syarif, Z., Nofal, M., & Kundadak, G. K. (2020). Mental Health Interventions during the COVID-19 Pandemic: A Conceptual Framework by Early Career Psychiatrists. *Asian Journal of Psychiatry*, *51*, 102085. https://doi.org/10.1016/j.ajp.2020.102085

Rastegar Kazerooni, A., Amini, M., Tabari, P., & Moosavi, M. (2020). Peer mentoring for medical students during the COVID-19 pandemic via a social media platform. *Medical Education*, *54*(8), 762–763. https://doi.org/10.1111/medu.14206

Rubin, G. J., & Wessely, S. (2020). The psychological effects of quarantining a city. *BMJ*, m313. https://doi.org/10.1136/bmj.m313

Tan, W., Hao, F., McIntyre, R. S., Jiang, L., Jiang, X., Zhang, L., Zhao, X., Zou, Y., Hu, Y., Luo, X., Zhang, Z., Lai, A., Ho, R., Tran, B., Ho, C., & Tam, W. (2020). Is returning to work during the COVID-19 pandemic stressful? A study on immediate mental health status and psychoneuroimmunity prevention measures of Chinese workforce. *Brain, Behavior, and Immunity*, *87*, 84–92. https://doi.org/10.1016/j.bbi.2020.04.055

Usher, K., Durkin, J., & Bhullar, N. (2020). The COVID-19 pandemic and mental health impacts. *International Journal of Mental Health Nursing*, *29*(3), 315–318. https://doi.org/10.1111/inm.12726

Yang, L., Yin, J., Wang, D., Rahman, A., & Li, X. (2020). Urgent need to develop evidence-based self-help interventions for mental health of healthcare workers in COVID-19 pandemic. *Psychological Medicine*, 1–2. https://doi.org/10.1017/S0033291720001385

Zhang, J., Wu, W., Zhao, X., & Zhang, W. (2020). Recommended psychological crisis intervention response to the 2019 novel coronavirus pneumonia outbreak in China: A model of West China Hospital. *Precision Clinical Medicine*, *3*(1), 3–8. https://doi.org/10.1093/pcmedi/pbaa006

Zhou, X., Snoswell, C. L., Harding, L. E., Bambling, M., Edirippulige, S., Bai, X., & Smith, A. C. (2020). The Role of Telehealth in Reducing the Mental Health Burden from COVID-19. *Telemedicine and E-Health*, *26*(4), 377–379. https://doi.org/10.1089/tmj.2020.0068

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