Workplace anxiety during a pandemic

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ROGERS Behavioral Health

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Disclosures

Brenda Bailey, PhD, and **Jerry Halverson, MD,** have each declared that s/he does not, nor does her/his family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation. Drs. Bailey and Halverson each declared that s/he does not have any relevant non-financial relationships. Additionally, all planners involved do not have any financial relationships.

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Learning objectives

Upon completion of the instructional program, participants should be able to:

1. Identify at least two COVID-19 work modifications that may impact mental health of employees
2. Apply at least two evidence-based treatment modifications for anxiety disorders with specific application to COVID-19 concerns

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What we'll cover in this webinar

- COVID-19
  - mental health impact
  - workplace impact
- Brief overview of treatments
- Manifestation of workplace anxiety, depression, and burnout
  - The influence of COVID-19 on symptoms in the workplace
- Modifications to address workplace symptoms
  - Exposure/BA considerations for COVID-19
  - Enhancing protective factors for burnout

4

COVID-19: mental health impact and workplace impact

5

The "Second pandemic"

- According to the Wisconsin Department of Health, there was already a mental health crisis growing in the Milwaukee area with 5,000 more crisis calls recorded in 2019 than in 2015.
- According to the Kaiser Family Foundation, 53% of adults in July reported that COVID negatively affected their mental health:
  - 36% trouble sleeping
  - 32% difficulty eating
  - 12% increase substance use
  - 12% worsening existing psychiatric concerns

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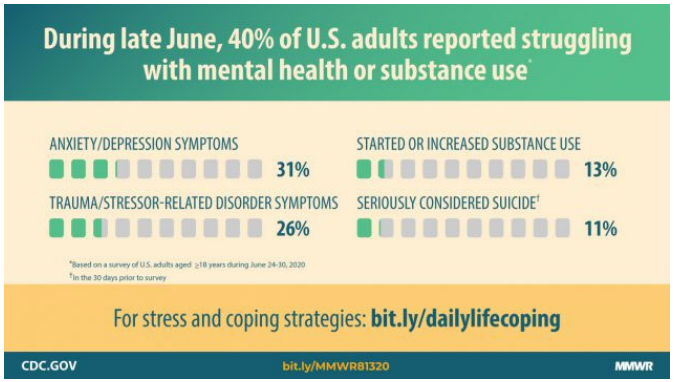

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CDC Household Pulse Survey 2020

Centers for Disease Control and Prevention (CDC)
National Center for Health Statistics

- Online survey to rapidly respond and provide relevant data
- Assessment measures: PHQ-2, GAD-2
- Conducted in three phases:
  - April – July
  - August – October
  - October – December

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Since COVID…

- CDC's Household Pulse Survey suggests that the proportion of US adults with anxiety and or depression has quadrupled since the coronavirus pandemic began, with the burden disproportionately borne by women and people of color.
- The pulse survey also suggested accessing of care in the US worsened as evidenced by nearly one quarter of adults in early November reporting that they have not received needed care

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CDC Household Pulse Survey 2020

Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days

Select Indicator: Symptoms of Anxiety Disorder or Depressive Disorder

Symptoms of Anxiety Disorder or Depressive Disorder

Phase Label	Phase 2						Phase 3							
Time Period Label	›2 -	Sep 16 - Sep 28		Sep 30 - Oct 12		Oct 14 - Oct 26		Oct 28 - Nov 9		Nov 11 - Nov 23		Nov 25 - Dec 7		Dec 9 - Dec 21	
Group	% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI
National Estimate															
United States	- 36.8	37.2	36.6 - 37.9	37.5	36.8 - 38.2	37.8	37.2 - 38.5	41.4	40.6 - 42.2	42.6	41.8 - 43.4	41.4	40.7 - 42.2	42.4	41.5 - 43.3
By Age															
18 - 29 years	- 49.5	49.9	47.9 - 51.9	52.8	50.5 - 55.1	52.1	49.8 - 54.4	58.7	55.8 - 61.5	58.1	55.4 - 60.7	56.5	54.3 - 58.7	56.2	53.5 - 58.9
30 - 39 years	- 43.0	43.0	41.4 - 44.6	43.2	41.7 - 44.7	44.9	43.4 - 46.5	49.5	47.1 - 51.9	48.4	46.4 - 50.5	47.6	46.1 - 49.2	49.1	47.4 - 50.9
40 - 49 years	- 39.5	39.0	37.7 - 40.2	39.9	38.4 - 41.5	39.7	38.0 - 41.3	42.6	40.9 - 44.4	45.6	43.8 - 47.4	45.3	43.3 - 47.3	45.1	43.2 - 47.0
50 - 59 years	- 36.5	35.6	34.2 - 37.0	34.8	33.5 - 36.2	34.8	33.3 - 36.3	38.6	36.5 - 40.7	40.2	38.7 - 41.7	40.0	38.3 - 41.7	41.1	39.5 - 42.7
60 - 69 years	- 30.4	30.7	29.3 - 32.0	29.5	28.2 - 30.9	30.7	29.1 - 32.3	32.9	31.0 - 34.8	34.2	32.4 - 36.0	32.3	30.6 - 34.1	33.6	31.9 - 35.3
70 - 79 years	- 24.9	23.5	21.5 - 25.6	22.8	21.1 - 24.6	23.1	21.2 - 25.0	26.6	24.3 - 29.0	28.6	26.3 - 31.0	26.4	24.0 - 28.8	27.1	25.2 - 29.1
80 years and above	- 26.7	19.1	15.9 - 22.5	17.9	15.0 - 21.1	19.3	14.7 - 24.7	18.4	14.6 - 22.7	24.1	19.4 - 29.3	19.4	15.4 - 23.9	28.3	22.2 - 35.0
By Gender															
Female	- 40.9	41.4	40.5 - 42.4	41.6	40.8 - 42.4	42.4	41.6 - 43.2	46.2	44.9 - 47.5	47.6	46.5 - 48.6	45.7	44.8 - 46.5	46.5	45.4 - 47.6
Male	- 33.0	32.7	31.8 - 33.6	33.1	32.1 - 34.1	32.9	31.8 - 34.0	36.1	34.6 - 37.5	37.2	36.0 - 38.5	36.8	35.7 - 38.0	37.9	36.7 - 39.1
By Race/Hispanic ethnicity															
Hispanic or Latino	- 43.8	44.4	41.9 - 46.8	43.5	40.9 - 46.1	42.2	39.8 - 44.6	48.0	45.4 - 50.7	48.2	45.6 - 50.8	48.0	45.1 - 50.9	46.3	44.0 - 48.5
Non-Hispanic Asian, single race	- 29.5	30.1	27.5 - 32.7	29.2	26.4 - 32.0	34.3	31.4 - 37.2	32.9	29.0 - 37.1	32.8	29.4 - 36.3	35.0	31.8 - 38.2	33.1	29.5 - 36.8
Non-Hispanic black, single race	- 40.4	37.4	35.2 - 39.7	39.7	37.6 - 41.8	39.8	37.6 - 42.1	45.0	41.9 - 48.2	43.6	40.4 - 46.8	42.5	40.2 - 44.9	48.0	45.3 - 50.7
Non-Hispanic white, single race	- 34.9	35.6	34.0 - 36.2	34.9	33.1 - 36.6	36.1	34.3 - 36.8	39.4	38.6 - 40.2	41.2	40.3 - 42.0	39.6	38.8 - 40.5	40.9	40.0 - 41.7

NOTE: All estimates shown meet the NCHS standards of reliability. See Technical Notes below for more information about the content and design of the survey.
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020

Data Table | National Estimates | State Estimates

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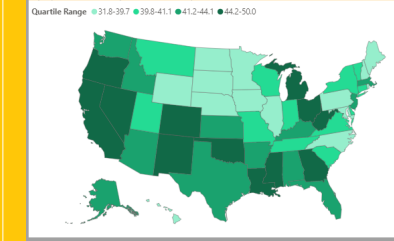
CDC Household Pulse Survey 2020

Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days

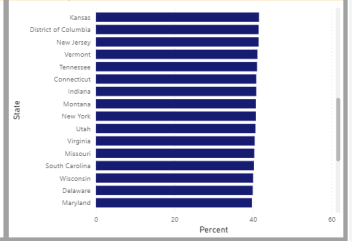
Select Time Period: Dec 9 - Dec 21

Select Indicator: Symptoms of Anxiety Disorder or Depressive Disorder

Symptoms of Anxiety Disorder or Depressive Disorder



State Ranking



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CDC Household Pulse Survey 2020

Select Indicator: Symptoms of Anxiety Disorder

Symptoms of Anxiety Disorder

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70 - 79 years	- 20.9	19.2	17.4 - 21.1	18.0	16.5 - 19.7	18.2	16.6 - 19.8	21.3	19.5 - 23.3	24.2	21.9 - 26.5	21.2	18.7 - 23.8	21.5	19.9 - 23.1
80 years and above	- 22.1	15.3	12.4 - 18.6	15.0	12.2 - 18.2	17.2	12.8 - 22.3	15.4	11.7 - 19.7	17.9	13.7 - 22.8	16.1	12.3 - 20.5	22.5	16.9 - 28.9
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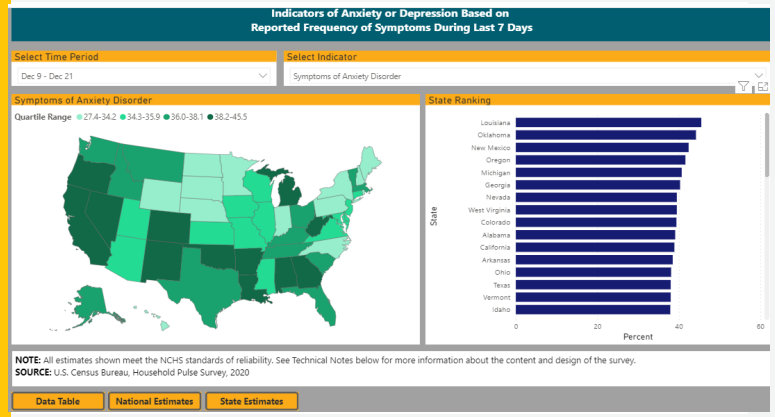

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The "Second pandemic"

Impact on children

- According to the CDC, from April to October 2020 US hospitals saw a 24% increase in proportion of mental health emergency visits for children aged 5-11 years, and a 31% increase for children aged 12-17 years.
- According to Centers for Medicare and Medicare Services, from March to May 2020 children on Medicaid received 44% fewer outpatient mental services than the year prior.

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The "Second pandemic"

COVID-19 has affected the health, safety, and well-being of individuals and communities

Individuals

- Insecurity
- Confusion
- Emotional and Physical Isolation
- Stigma

Communities

- Economic loss
- Work and school closures
- Inadequate resources for medical response
- Deficient distribution of necessities

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COVID-19: Psychiatric treatment access

- Some psychiatric treatment closed; some patients refused to attend
- Some patients (as above) put off needed care out of fear of groups / treatment / hospital
- Telemedicine
  - Access for some types of treatment improved
  - Some patients refused
  - Not a great choice for every disorder
- Trouble getting to pharmacies
- Loss of jobs, insurance, access
- Concerns with specific treatments / modalities

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What changed at the workplace?

- Shut down? Not essential?
- In person vs. virtual
- Decreased demand? Layoffs?
- Increased workload with peer illnesses
- Social distancing
- Masking
- Handwashing
- Conflict over COVID

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Anxiogenic changes with COVID

- Loss of job/ paycut
- Virtual or in person
  - Childcare issues with worries about safety of daycare
- Health worries
  - Will I get sick working ?
  - Will I get my family sick from work?
- Masked? Distanced?
  - Are my workmates or customers masked or distanced enough?
  - What about my air handler?
  - Communication?
- Short staffed with workers out ill
- Restaurants? Bars?

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COVID-19 and the workplace

- Substantial percentage report increases in depression and anxiety
- "Essential" or not –?
- According to Kaiser Family Foundation Health Tracking Poll (December 2020) essential workers report:
  - Increased anxiety and depression more frequently (30-42%)
  - Higher percentages of substance use (11-25%)
  - Higher rates of suicidal thoughts (8-22%)

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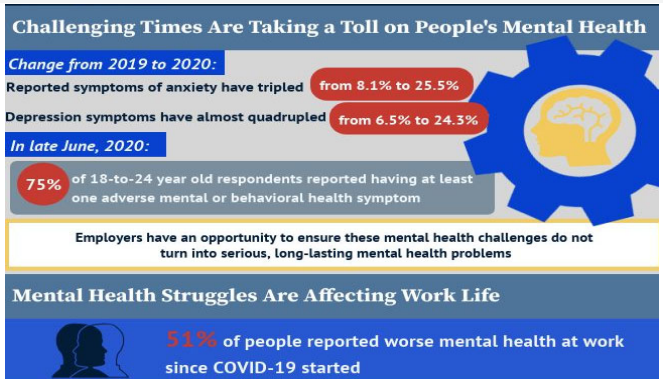

(National Institute for Health Care Management foundation June 2020)

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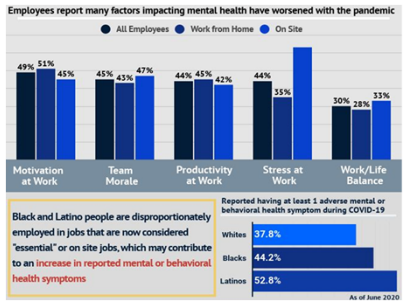

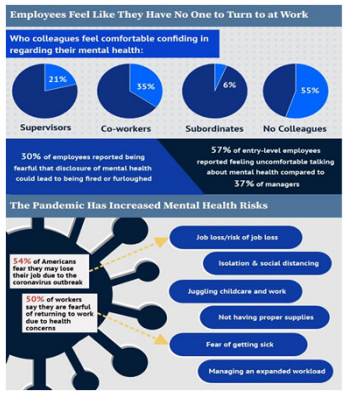

(National Institute for Health Care Management foundation June 2020)

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COVID-19: Anxiety and the workplace

- Anxiety disorders
  - GAD
  - Panic DO with agoraphobia
  - OCD

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COVID-19: Diagnostic strategies

- Access challenges
  - Patient propagated
  - Treater propagated
  - Six feet, masked
- Telemedicine challenges and benefits
- Do you treat reasonable worries?

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Treatment strategies: Medication

- Staying on top of prescribing
- Getting medications to patients
- More aggressive? Less aggressive?

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Workplace and intervention considerations

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Empirically-supported treatments

Cognitive Behavioral Therapy

- Exposure-based treatments
  - Exposure Therapy for Anxiety Disorders (Abramowitz, Deacon, & Whiteside, 2019)
    - Exposure and Response Prevention (Foa, Yadin, Lichner, 2012)
    - Prolonged Exposure for PTSD (Foa, Hembree, Rothbaum, 2007)
    - Mastering Anxiety and Panic (Barlow & Craske, 2007)
- Behavioral activation (Kanter, Busch, Rusch, 2009; Martell, Dimidjian, Herman-Dunn, 2010)

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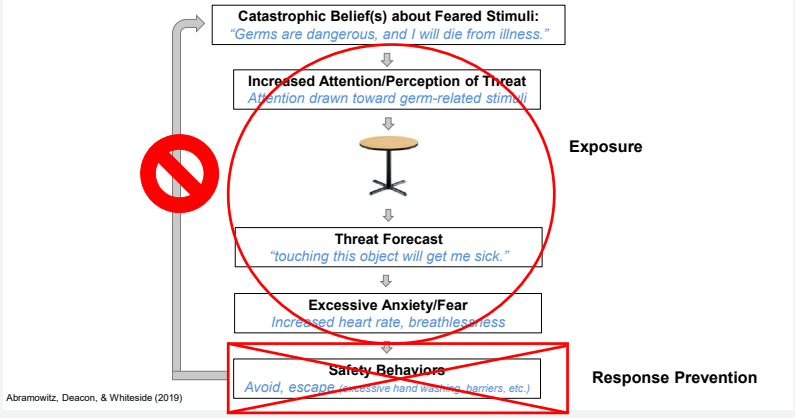

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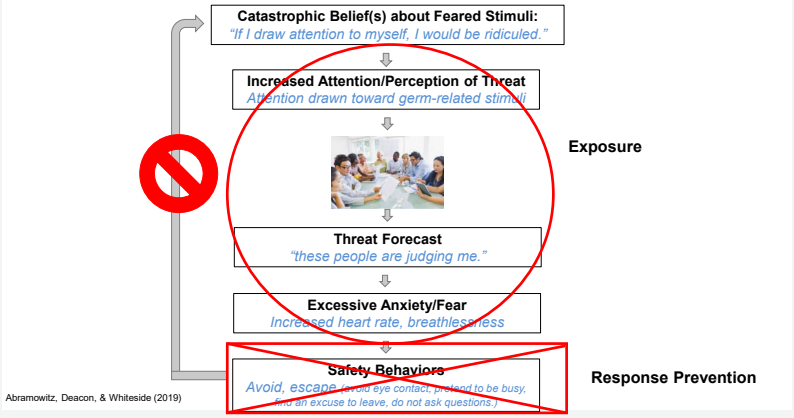

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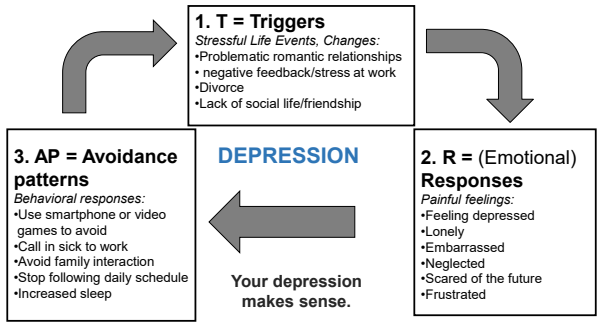
How do people become depressed? (TRAP)



Adapted from Martell, Addis, & Jacobson, 2001; Kanter, Busch, & Rusch, 2009

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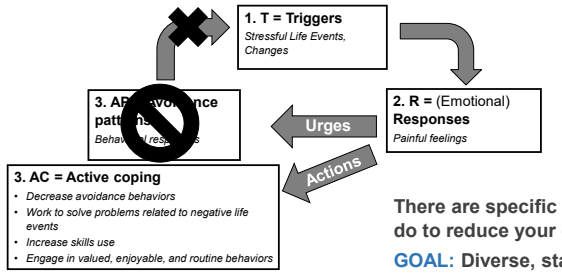
How does BA work? (TRAC)



There are specific things we can do to reduce your depression.

GOAL: Diverse, stable sources of positive reinforcement.

Martell, Addis, & Jacobson, 2001

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COVID-19: Affect on mental health

- Women, young people (18-29 y/o), socially disadvantaged, and pre-existing mental health conditions have worse mental health outcomes during the pandemic (O'Connor et al., 2020)
- Black, Indigenous and People of Color (BIPOC) stress:
  - Black Americans accounting for disproportionately higher percentage of positive COVID-19 cases compared to representation in population (Fortuna, Tolou-Shams, Robles-Ramamurthy & Porche, 2020)
  - Disenfranchised communities are at an increase risk for stressors such as unemployment and illness (Fortuna et al., 2020)
  - "Majority-black counties are three times more likely to have coronavirus cases and have almost six times the death rate as white-majority counties" (Thebault, Ba Tran, & Williams, April 7th 2020)

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COVID-19: Affect on mental health

Grief from losing loved ones

- Limitations on gathering for services

Limited social contact and social isolation
(Leigh-Hunt et al., 2017; Saltzman, Hansel, & Bordnick, 2020)

- Working from home
- Not able to see sick or at-risk family
- Limited traveling

Lack of structure and change in routine

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Workplace anxiety

Social Anxiety

- Avoidance of social work events
- Avoidance of situations where work may be scrutinized
- Safety behaviors related to performance
- Turning down promotions
- Missing work
- Quiet/aloof
- Reassurance-seeking

OCD

- Turning in assignments late
- Working excessive hours
- Avoidance of large gatherings
- Missing work
- Bizarre behavior
- Reassurance seeking/over-explaining

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Workplace anxiety

Generalized Anxiety Disorder

- Arriving excessively early and/or leaving late
- Frequent clarifying questions; reassurance seeking
- Missing work
- Difficulty concentrating
- Overly focused on minor details

Panic Disorder

- Missing work or leaving early
- Appearing preoccupied

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Workplace anxiety

PTSD

- Difficulty concentrating
- Exhaustion
- Long hours (avoidance/distraction)
- Easily startled
- “Autopilot” disassociating

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Depression in the workplace

- Missed work; tardiness
- Disrupted ADLs
- Isolation
- Helplessness/hopelessness

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Burnout

Fatigue, exhaustion
- Sleep disturbance
- Appetite changes
- Lowered immunity to illness

Pessimism, cynicism about one's job
- Hopelessness/helplessness
- Missing work

Reduced professional efficacy
- Lack of productivity despite long hours and feeling busy
- Impaired concentration/forgetfulness
- Loss of motivation

(Guthier C., Dormann, C.,& Voelkle, M. C., 2020)

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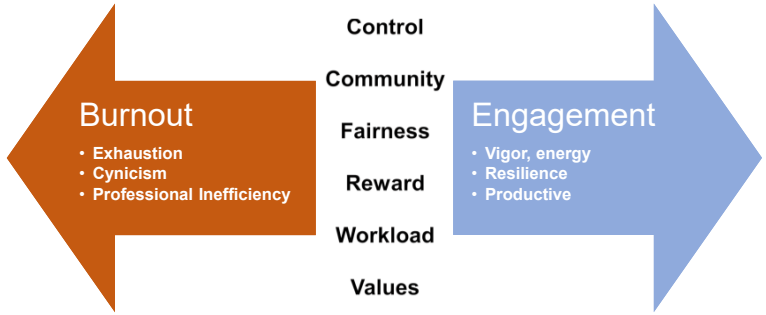

(Maslach & Leiter, 2008)

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Depression and burnout

Highly related, but distinct
- Share some variance (~26%) (Schaufeli & Enzmann, 1998)
- Physical symptoms (i.e., fatigue)
- Helplessness/hopelessness
  - Sense if lack of control
- Loss of sense of mastery and self-efficacy (Toker & Biron, 2012)

Depression more robust
- Burnout, initially, is exclusive to the job context and work social environment

Onset of either may lead to "downward spiral"
- Time 1→Time 2 burnout predicted Time 2→Time 3 depression and vice versa (Toker & Biron, 2012)
- Burnout mediates the relationship between job strain and depression (Ahola & Hakanen, 2007)

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Depression and burnout

Burnout

- Professional Quality of Life Scale Version 5 (PROQOL-5) (Stamm, 2010)
  - Compassion Satisfaction
  - Compassion Fatigue
    - Burnout
    - Secondary Traumatic Stress
- Maslach Burnout Inventory (MBI) (Maslach, Jackson, Leiter, 1996)
  - Proprietary with licensing fees

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Depression and burnout

Single item assessment of Emotional Exhaustion subscale

(Dolan et al., 2014; Rohland, Kruse, Rohrer, 2004)

Overall, based on your definition of burnout, how would you rate your level of burnout?"

1 = "I enjoy my work. I have no symptoms of burnout."

2 = "Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out."

3 = "I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion."

4 = "The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot."

5 = "I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help."

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Depression and burnout

Burnout worsens stress levels (Guthier, Dormann, & Voekle, 2020)

Burnout predisposes people to chronic health conditions
(Ahola, Toppinen-Tanner, Seppanen, 2017)

Mental healthcare workers are particularly stressed & vulnerable to burnout
(Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012; Paris & Hoge, 2009; Thompson, Amatea, & Thompson, 2014)

- Sexual Minority mental health providers may be at an increased risk (Viehl & Dispenza, 2015)

Factors negatively associated with burnout:

- Perceived organizational support (Thorsteinsson et al., 2014)
- Supervisor support (Brotheridge & Lee, 2005; Chen & Chiu, 2008; Thorsteinsson et al., 2014)
- Social support (within job; Vermeulen & Mustard, 2000; outside of job Thorsteinsson et al., 2014)
- Greater latitude and independence in decision-making (Guthier et al., 2020; Paris & Hoge, 2009)

Financial cost to companies (Shanafelt, Goh, & Sinsky, 2017)

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Depression, work, and COVID-19

Work-related modifications…

- Is involving HR needed to accommodate treatment?

Work routine:

- Arriving and leaving on time
  - Likely need to address routine activities (sleep hygiene)
  - Minimize working-from-home distractions

Organizing workload:

- Setting a schedule and prioritize
  - Activity scheduling for work tasks
  - Rate predicted and actual pleasure/mastery/difficulty ratings
  - Assess avoidance in prioritizing
  - Gradual, if possible

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Depression, work, and COVID-19

Work-related modifications…

Setting up a work-from-home environment:

- With boundaries for work and home
- Decorate or re-organize space
- Take breaks – and consider adding other BA tasks into breaks

Social media limits:

- Apps that limit access (at first)
- Removing bookmarks
- Premack Principle

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Anxiety, work, and COVID-19

Gradual and manageable challenges to fear

- Try to mirror situations the person will encounter at work for exposures
- Use work as a situational exposure to practice ritual prevention/reducing safety behaviors

Understand the company's standards for COVID-19

- Is in-person encouraged/discouraged?
- Does the person share an office?
  - What are the protocols for eating with co-workers?

Rely on the CDC guidelines

- If work's guidelines are less than CDC, opt to follow CDC guidelines

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Anxiety, work, and COVID-19

OCD

- Follow CDC guidelines *only*
- Remove mask to eat/take drink of water (appropriately distanced)
- Limit cleaning of spaces/objects (CDC and/or company guidelines)

GAD

- Do not ask supervisor for reassurance (or reduced amount of "submits")
- Set limits on asking clarifying questions / over-explaining with co-workers/boss
- Proceed with a work task for at least one hour—no reassurance or clarifying questions
- Imaginal exposure for unsolvable concerns (what if I get COVID-19?!)

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Anxiety, work, and COVID-19

Social Anxiety Disorder

- Increase social engagement when possible
  - Virtual participation in work meetings
    - With goal to ask ___ questions or comments
  - Making phone calls
  - "virtual" clubs/games/spiritual services with online interaction

Panic Disorder

- Engagement in activities that cause feared physical sensations
- Interoceptives performed appropriately distanced (more caution warranted with increased respiration)

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Anxiety, work, and COVID-19

PTSD

- *In vivo* exposures involving physical contact should be limited (eliminated if not wearing a mask)
  - Sitting "close" to people
- Mask wearing difficulties
  - Wearing mask for time limit, break, repeat

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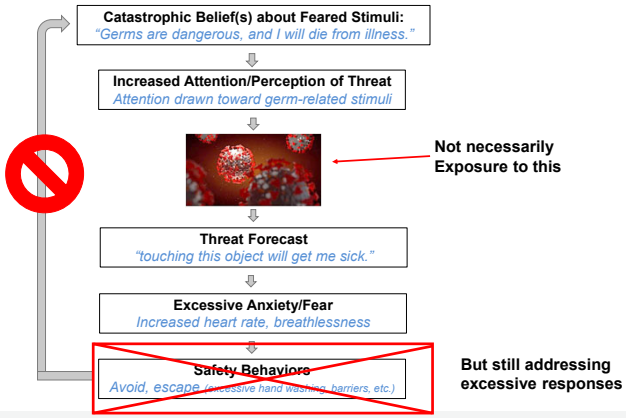

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Burnout: Rehabilitation approaches

Traditional

Individually focused by bolstering the individual's ability to cope better with job stress

- Individually tailored and would typically include time management, stress management, problem solving interventions

Participatory

Individual-organizational level – also work with representatives from workplace to reduce job-person mismatch for each individual person

- Identify job stressors, collaborate with supervisor to create solutions, evaluate effectiveness of solutions
- Increase employee control by participating in decision-making can reduce employee stress (perceived job control)

Hätinen, Kinnunen, Pekkonen, & Kalimo, 2007

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Burnout: Rehabilitation approaches

- Benefits of participatory approach:
  - Significant decrease in exhaustion after 4 months
  - Significant decrease in cynicism after 1 year
  - Significant perceived job control at 4 months
    - Job control also mediated changes in exhaustion and cynicism for this condition
- Significant improvements in workplace climate for both traditional and participatory rehabilitation
- No significant changes in burnout among those in the traditional rehabilitation group

Hätinen, Kinnunen, Pekkonen, & Kalimo, 2007

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Burnout: Interventions as a provider

Primary interventions: Promoting resilience

- Employer offering services to reduce risk for burnout
  - Supervisor support (assessing supervisor burnout)
  - Regular sleep and eating patterns
- Physical activity can reduce the effect of both depression and burnout
  (Toker & Biron, 2020)
  - On site yoga and mindfulness practice
  - Encourage standing/stretching break (virtual platforms, especially)
  - Employee access to exercise equipment
    - COVID-19 considerations for increased respiration
    - Virtual classes

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Burnout: Interventions as a provider

Secondary interventions: Addressing those who are high risk

- Regular sleep, eating, and physical activity
- Be physically and mentally away from work

Tertiary interventions

- High likelihood for depression symptoms → BA
- Supporting return to work
  - Exposures: mimicking work situations, time-limited shortened workdays
- Assertiveness training and interpersonal effectiveness to address job stressors

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Time for questions and answers…

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Three take-home messages

1. During the COVID-19 pandemic, there is significant increase in stress and psychological sequalae.
2. Changes in the workplace may contribute to increased stress and psychological illness = Employers, employees, and mental health providers should pay particular attention to burnout symptoms!
3. Existing empirically-supported and evidence-based care can be modified to address workplace concerns amidst the pandemic:
   - Stress management / coping skills / interpersonal effectiveness
   - Gradual exposure to anxiety-provoking stimuli in the workplace
   - Modifying routines to accommodate changes in the workplace

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About the presenters….

Brenda Bailey, PhD

Clinical Supervisor, OCD and Anxiety

Brenda Bailey, PhD, is a licensed clinical psychologist and Clinical supervisor of OCD and Anxiety in Oconomowoc for adults in our Residential, Partial Hospitalization, and Intensive Outpatient levels of care. Dr. Bailey provides supervision and training that promotes evidence-based treatments for OCD, anxiety, and depression. Along with her clinical interests in evidence-based treatment, she is active in research regarding OCD and anxiety disorders.

Jerry Halverson, MD

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Jerry L. Halverson, MD, FACPsych, DFAPA, is a board-certified adult psychiatrist with a subspecialty in Consult Liaison Psychiatry. As chief medical officer for Rogers Behavioral Health, he is responsible for the quality of the psychiatric care provided throughout the organization and has initiated and undertaken novel models of psychiatric care measurement and standardization to help guarantee that each patient treated in the system gets the right, best care every time.

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