

COVID-19 Questions Answered

The following Q&A summarizes COVID-19 related questions received by the Stephens Insurance team during its Mental Wellbeing During a Pandemic webinar on June 17, 2020.

We had an employee experience the loss of two friends within a month's time. When monitoring such trauma, how do we determine if the employee's response is related to mourning or a mental health issue?

A very complicated question! In fact this was the main point of contention for the new edition of our diagnostic manual (the "Diagnostic and Statistical Manual of Mental Disorders" or DSM-5). There was so much debate they added the following paragraph:

In distinguishing grief from a major depressive episode (MDE), it is useful to consider that in grief the predominant affect is feelings of emptiness and loss, while in an MDE it is persistent depressed mood and the inability to anticipate happiness or pleasure. The dysphoria in grief is likely to decrease in intensity over days to weeks and occurs in waves, the so-called pangs of grief. These waves tend to be associated with thoughts or reminders of the deceased. The depressed mood of an MDE is more persistent and not tied to specific thoughts or preoccupations. The pain of grief may be accompanied by positive emotions and humor that are uncharacteristic of the pervasive unhappiness and misery characteristic of an MDE. The thought content associated with grief generally features a preoccupation with thoughts and memories of the deceased, rather than the self-critical or pessimistic ruminations seen in an MDE. In grief, self-esteem is generally preserved, whereas in an MDE feelings of worthlessness and self-loathing are common. If self-derogatory ideation is present in grief, it typically involves perceived failings vis-à-vis the deceased (e.g., not visiting frequently enough, not telling the deceased how much he or she was loved). If a bereaved individual thinks about death and dying, such thoughts are generally focused on the deceased and possibly about "joining" the deceased, whereas in an MDE such thoughts are focused on ending one's own life because of feeling worthless, undeserving of life, or unable to cope with the pain of depression.

So, it depends on the degree of sadness, impairment of function, and distress noticed. It also depends on risk factors – such as family history and previous bouts of depression. The impact of the loss, including the number of such losses in close proximity, is also a distinguishing factor.



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Are most mental health issues the result of life experiences or genetics?

That's another really complicated question, so here is an oversimplification: it depends on the condition. Schizophrenia has a stronger genetic component than depression or anxiety. There are genetic underpinnings for things like alcohol use and suicide as well. All psychiatric disorders are the result of the interplay between genetics and environment.

What tips can you offer for finding a psychologist, psychiatrist or counselor?

Ask your primary care provider for a referral, and see your insurance network. The vast majority of mental health workers are incredibly dedicated professionals and are trained to refer when things get outside their scope of practice. Get help!

[This link](#) provides a good list of mental health resources in Arkansas.

Does UAMS provide group virtual therapy sessions?

Yes, UAMS is providing online therapy. For people who are enrolled in group therapy, those sessions are now done online.

Another resource worth mentioning is [UAMS AR-Connect](#), which was created to provide care to Arkansans dealing with a variety of mental-health issues, from substance abuse disorders to mental illnesses ranging from anxiety and depression to bipolar disorder and schizophrenia.

What are some indicators that someone may be struggling with mental wellbeing?

Changes in behavior, appearance, attitude, absenteeism, and self-care.

Do you have any recommended reading on the subject of mental wellbeing?

- "A Guide to the Good Life: The Ancient Art of Stoic Joy" by William B. Irvine
- "The Happiness Advantage: How a Positive Brain Fuels Success in Work and Life" by Shawn Achor
- "The Happiness Project" by Gretchen Rubin
- "The Happiness Trap: How to Stop Struggling and Start Living" by Russ Harris

How can employers address mental health beyond Employee Assistance Programs (EAPs)?



Julie Wood
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A first step is to contact your Stephens benefits advisor to discern the best option for your workforce. Be sure to remind employees of your organization's mental health benefits. Taking small steps to research and distribute information regarding your organization's mental health network or EAP can make a big difference for employees.

Additional resources you can provide to your employees include:

- [Mental Health First Aid](#). A course designed to teach individuals methods of assisting someone who may be experiencing a mental health challenge.
- [LivingWorks SafeTalk Program](#). A specialized training for individuals of companies/organizations to recognize when someone is thinking about suicide.
- [Emotional CPR](#). A public health education program designed to teach people how to assist others who are dealing with an emotional crisis.

How can company leadership promote mental health and foster a "safe" environment for employees in need of help?

Leaders should conduct frequent, open and honest discussions throughout their organizations about the importance of mental wellbeing and safe work environments. These discussions should be backed up with the right workplace programs that support those in need of help.

During your time as an HR director, how did you train team members to support one another in coping with stress?

My team and I always took the approach that you never knew what an employee was dealing with beyond the office. So if they were having a hard time at work, there was usually a personal challenge outside the office that was making it worse. I always liked emphasize how important it is to just listen. Sometimes employees come to HR just because they want to be heard and know it is a safe space.

How can we gauge our employees' stress virtually or even anonymously?

I am a big fan of third-party anonymous surveys to understand the environment.

How do we identify normal stress versus stress that needs help? What are the physical manifestations of stress that are especially alarming or dangerous?

Stress is normal and necessary in our lives. A certain amount of stress can be motivating (e.g. supporting one to complete a task or perform well). However, prolonged and excessive stress can take its toll and impact a person's emotional, social, physical, and occupational functioning.

It is important to recognize that stress can affect people in different ways, and that what causes one person to become stressed may not have the same effect on someone else.

Prolonged and/or excessive stress can have a range of effects on a person's physical and mental health. These can include:

Psychological

- Irritability or being quick to anger
- Feeling overwhelmed
- Feeling anxious
- Moodiness and feeling frustrated by things that wouldn't normally bother you
- Feeling unhappy or depressed
- Tearfulness
- Low self-esteem and/or reduced confidence
- Indecisiveness

Physical

- Sleep disturbance (insomnia and hypersomnia) and fatigue
- Chest pain or pounding heart; high blood pressure
- Reduced interest in enjoyable activities
- Muscle tension, body aches and pains
- Weakened immune system
- Stomach complaints (nausea, diarrhea or constipation)
- Change in appetite
- Fast, shallow breathing
- Sweating excessively or clammy skin
- Dry mouth or difficulty swallowing for no good reason

Excessive and/or prolonged stress can also impact the way a person behaves and functions. Signs that someone may be experiencing 'unhealthy' stress include:

Behaviors

- Avoiding or procrastinating with people or responsibilities
- Difficulty concentrating
- Apathy, reduced motivation
- Social isolation and withdrawal from social activities or other enjoyable activities
- Missing deadlines and not completing tasks
- Increased use of mood altering substances like alcohol
- Increase in nervous habits (biting nails, grinding teeth, etc.)



As a family doctor, when someone comes to you and self-diagnoses an anxiety disorder or depression, what are some of your initial steps?

The first thing I try to understand is whether and how their circumstances have changes. I ask: What are they worrying about? How is it appearing in their lives? What are they doing about it? How much distress are they are in? And what resources do they have available (i.e. occupational, personal, marital, faith community)? Based upon the answers to these questions, we formulate a plan and move forward.

Can you describe chronic stress? What can people do to avoid ever getting to the chronic stress level?

If an individual has a prolonged period of stress it will deplete their neurotransmitters and can look like anxiety, depression and other mental issues. This [article](#) from the Mayo Clinic does a really great job discussing this issue.

Stephens Insurance has compiled some common questions received from participants in our Mental Wellbeing During a Pandemic webinar. This Q&A is for informational purposes only and is not intended to constitute mental health advice nor to endorse any particular measure to mitigate the risk of COVID-19 in the workplace. The information provided is not intended to be a substitute for professional medical advice, diagnosis or treatment.