A CONNECTED WORKPLACE

Addressing stress, loneliness and depression to improve personal and professional health

Tiffany Pierce, MD, MS | Market Medical Executive, Cigna
SEE STRESS DIFFERENTLY

Helping employees take control of stress.
WE TAKE A WHOLE PERSON APPROACH TO HEALTH CARE.

The body and mind are connected. An individual’s emotional health can affect their physical well-being, and vice versa.
NOW LET’S ADD STRESS TO THE EQUATION.

Too much stress can lead to serious chronic conditions* such as:

- Heart disease
- Diabetes
- High blood pressure
- Depression

WE LIVE IN A WORLD THAT IS STRESSED OUT.

Stress directly impacts the health of employees – and businesses.

84% of the world’s population is stressed.*

$167B is how much stress costs a year.**

STRESS CAN LEAD TO:*

- Absenteeism
- Lack of productivity

A STRESS TEST.
ONCE AGAIN, WITH A PLAN.
A sensible four-step PLAN includes simple actions that can be incorporated into a person’s daily routine.

Our online quiz helps employees visualize their level of stress.
YOU NEED A PLAN TO CONTROL STRESS.

PERIOD.
Select a period of time every day to take a break from everyday tasks. This will help you see things more objectively, ultimately allowing you to be more productive.
Suggestions:
• Instead of scrolling through emails, why not use your morning commute to envision positive outcomes?
• To make your life less chaotic, try to wake up 10 minutes earlier, and use this time for something you enjoy.

LOCATION.
Head to a location that’s conducive to taking a break.
Suggestions:
• Going to a local park for a stroll can help you focus.
• Visit a nearby river or lake and find a relaxing spot to sit for a while.

ACTIVITY.
Choose an activity you enjoy that can help to relieve stress.
Suggestions:
• Reading a good book, or joining a book club, can be a positive distraction.
• Try cooking new, healthy recipes.
• Dancing, running, playing music – dive into these and other activities you think could be fun.

NAME.
Name some people you can talk with who can help keep you from falling into negative thought patterns.
Suggestions:
• Speak with someone at work about setting boundaries and prioritizing to protect you from mounting pressures.
• Reach out to an old friend or family member you haven’t spoken with in a while.
AS AN EMPLOYER, HERE’S WHAT ELSE YOU CAN DO.
BE AWARE OF STRESS IN THE WORKPLACE.

Share resources with employees, such as:

- Employee Assistance Program (EAP)
- Virtual behavioral care
- Lifestyle Management programs
- Health Information Line
- Self-directed digital tools
Loneliness is subjective:
• Difference between feeling lonely or experiencing loneliness and being alone.
• Amount of social connection one wants to have vs. what they currently have.

This study built off of UCLA’s Loneliness Scale:
• A 20-item scale designed to measure one’s subjective feelings of loneliness as well as feelings of social isolation.
• A score of 43 or higher is considered lonely.
MOST RESPONDENTS ARE CONSIDERED LONELY

as measured by a score of 43 or higher on UCLA’s Loneliness Scale.*

CIGNA U.S. LONELINESS INDEX.

Gen Z is the loneliest generation and claims to be in worse health than older generations.

<table>
<thead>
<tr>
<th>Generation</th>
<th>Loneliness Score</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gen Z</td>
<td>48.3</td>
<td>18–22</td>
</tr>
<tr>
<td>Millennial</td>
<td>45.3</td>
<td>23–37</td>
</tr>
<tr>
<td>Gen X</td>
<td>45.1</td>
<td>38–51</td>
</tr>
<tr>
<td>Boomers</td>
<td>42.4</td>
<td>52–71</td>
</tr>
<tr>
<td>Silent</td>
<td>38.6</td>
<td>71+</td>
</tr>
</tbody>
</table>
No correlation found between social media use alone and feelings of loneliness.

CIGNA U.S. LONELINESS INDEX.

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People who say they get enough sleep have the lowest loneliness scores.
People who say they exercise the right amount have the lowest loneliness scores.
People who say they work the right amount have the lowest loneliness scores.
People who say they spend the right amount of time with family have the lowest loneliness scores.
Individuals with lower incomes have higher loneliness scores than those with higher incomes.
TAKE THE LONELINESS QUIZ.

https://app.snapapp.com/LonelinessSurvey
LONELINESS IN AMERICA BY THE NUMBERS.

7% increase in loneliness since 2018

90,000 lifetime hours people spend at work

61% of workers or nearly 3 in 5 Americans are lonely
UNDERSTANDING THE LONELINESS EPIDEMIC AND SOLUTIONS FOR THE WORKPLACE.
Approximately 10,441 adults age 18 and over from the continental United States, Alaska and Hawaii were surveyed online by Ipsos Polling, in English. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll has a credibility interval of ±1.1 percentage points for all respondents surveyed.

## A MATERIAL IMPACT ON WORKERS.

<table>
<thead>
<tr>
<th>Lower quality</th>
<th>Less careful</th>
<th>Less productive</th>
<th>Higher churn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lonely workers are 3x more likely to say the quality of their work is lower than it should be.</td>
<td>Lonely workers are also more than twice as likely to admit not doing their work as carefully as they should.</td>
<td>Lonely workers are over 3x more likely than non-lonely workers to admit they are less productive than most workers with a similar job.</td>
<td>Lonely workers think about quitting their job more than twice as often as non-lonely workers.</td>
</tr>
</tbody>
</table>
LONELINESS COSTS US.

Lonely workers miss **15 more days a year** of work than non-lonely workers.

Leads to an estimated productivity loss of **$4,180 per lonely worker**, or a total of more than **$406 billion a year**.*

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*Productivity loss is calculated by taking average hourly compensation from the Bureau of Labor Statistics ($34.77), multiplying that by 8 for a workday (~$278), and then multiplying by additional days missed by lonely workers per year (~15). This leads to a total cost per lonely worker per year of ~$4,160. To calculate total cost, we then multiply it by the number of lonely workers (~97 million) to yield the $406 billion estimate.
EMPLOYMENT TENURE, WORK ENVIRONMENT AND INDUSTRY TYPE MAKE A DIFFERENCE.

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Environment</th>
<th>Industry</th>
<th>Seniority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees in a position for less than a year (62%) say they always or sometimes feel alone, while employees at their current job for 10 years or more are the least likely to report feeling alone.</td>
<td>Remote workers and telecommuters are more likely to say they always or sometimes feel alone and lack companionship. Researchers in laboratories and members of the military report higher rates of loneliness than educators who work in school settings.</td>
<td>Workers in the entertainment industry have the highest average loneliness score. Employees working in the nonprofit industry and in government have lower levels of loneliness among the industries sampled.</td>
<td>Entry-level employees have the highest loneliness score, followed by senior executives. Those in between are the least lonely.</td>
</tr>
</tbody>
</table>
THE MOST AND LEAST LONELY WORKERS.

Even employees considered the least lonely are still a majority lonely.

**MOST LONELY WORKERS**

- Sharing/gig economy workers: 82%
- Younger workers age 18–24: 79%
- Those who have been working for their company/organization for less than six months: 77%
- Those in senior executive positions: 69%

**LEAST LONELY WORKERS**

- Workers age 55+: 47%
- Those with work tenures of more than 10 years: 52%
- Those who work in government (55%) and education (58%): 55% 58%

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CHANGING CULTURE: Drivers of loneliness at work.

1. Feeling the need to hide one’s true self when at work
2. Making fewer phone calls than they prefer
3. Not finding work meaningful or fulfilling
4. Company/organization’s values don’t align with employee’s values
5. Managers don’t advocate for the employee
6. Making more video calls than they prefer
7. Eating lunch alone at their desk
8. Not being able to leave work at work

Note: Sorted by largest effect on loneliness
CHANGING CULTURE:
Statistically significant deterrents against loneliness.

1. Encouraging coworkers to be supportive of each other
2. Enabling employees to meet new people at work outside of their day-to-day interactions
3. Promoting good work-life balance
4. Making it easy for employees to meet new people at work
5. Encouraging a balanced use of technology (e.g., phone calls, video calls, chats)
6. Enabling a sense of shared goals among colleagues
7. Facilitating lunches among colleagues who enjoy eating lunch together
## WHAT WE CAN DO.

<table>
<thead>
<tr>
<th>LONELINESS DRIVERS</th>
<th>HOW WE ADDRESS THEM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Environmental factors:</strong></td>
<td>• Employee Assistance Program (EAP): Emotional health</td>
</tr>
<tr>
<td>• Tenure</td>
<td>• Behavioral: Find a provider/therapist</td>
</tr>
<tr>
<td>• Remote workers</td>
<td>• Employee Resource Groups (ERGs)</td>
</tr>
<tr>
<td>• Specific industries</td>
<td>• Employee working lunch groups</td>
</tr>
<tr>
<td>• Seniority</td>
<td>• Peer support (iPrevail)</td>
</tr>
<tr>
<td><strong>Cultural issues:</strong></td>
<td></td>
</tr>
<tr>
<td>• Poor relationships with coworkers</td>
<td>• EAP: Emotional health</td>
</tr>
<tr>
<td>• Feeling the need to hide one’s true self when at work</td>
<td>• Behavioral: Find a provider/therapist</td>
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<tr>
<td>• Lack of shared goals</td>
<td>• Community-based support groups</td>
</tr>
<tr>
<td>• Not finding work meaningful or fulfilling</td>
<td>• Mentorship</td>
</tr>
<tr>
<td>• Eating lunch alone at their desk</td>
<td>• Team goal-setting exercises</td>
</tr>
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<td>• Unbalanced use of technology</td>
<td>• Peer support (iPrevail)</td>
</tr>
<tr>
<td>• Not being able to leave work at work</td>
<td>• Onsite fitness centers</td>
</tr>
<tr>
<td></td>
<td>• Guidelines for use of technology and email/work “dark hours”</td>
</tr>
<tr>
<td></td>
<td>• Volunteer match service for local opportunities</td>
</tr>
</tbody>
</table>
DEPRESSION IN THE WORKPLACE.

A correlate of loneliness
## BASIC FACTS ABOUT DEPRESSION.

<table>
<thead>
<tr>
<th>What is depression?</th>
<th>A medical condition that can affect mood, behavior and the physical body</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does it look like?</td>
<td>Hopelessness, loss of enjoyment, disrupted sleep and eating, withdrawal, mood changes, feelings of guilt and low self-esteem</td>
</tr>
<tr>
<td>What causes it?</td>
<td>A combination of genetic, situational and physical factors may be involved</td>
</tr>
</tbody>
</table>
BASIC FACTS ABOUT DEPRESSION.

• Causes, triggers and symptoms can point to different diagnoses.

• Without treatment, duration is indefinite.

• 80% of people respond well to treatment, with an improvement in symptoms within weeks.
OBSTACLES TO SEEKING TREATMENT.

Embarrassment, the stigma of mental illness: “Only crazy people go to shrinks.”

Believing depression is a personal weakness: “I just need to deal with it.”

Limited information about treatment: “It costs too much,” “It takes too much time.”

A belief that treatment won’t help or isn’t deserved: “What’s the point?”

Denial: “I’m fine, just a little down.”
POTENTIAL EFFECTS OF DEPRESSION IN THE WORKPLACE.

- Absenteeism and presenteeism
- Decreased productivity
- Missed deadlines, increased errors
- Fatigue or physical complaints interfering with work
- Safety problems, accidents
- Lack of cooperation
- Disconnect from teammates
- Morale problems
WHAT CAN YOU DO?

- Learn about depression
- Know the sources of help available
- Recognize when an employee shows signs that might be depression-related
- Move past any hesitation to address the issue
Drug overdose deaths **tripled** in the United States from 1999 to 2016¹

Behavioral health and disability are well-established **drivers** of substance use¹

**48 million:** 1 in 5 American adults has a behavioral health condition²

**2 out of 3** PCPs report difficulty when referring patients for behavioral health³

111 million people in the United States live in areas with provider shortages³

Nationwide shortage of psychiatrists

Severe shortage of child and adolescent psychiatrists

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ADDRESSING STIGMA.

RECOGNIZE
We must first recognize the high prevalence of mental illness and substance use disorders.

REEDUCATE
Then reeducate ourselves, friends and family on the truths of mental illness and addiction.

REDUCE
When we do this, we can reduce the stigma.
AN INNOVATIVE APPROACH TO MENTAL HEALTH:

Mental Health First Aid USA.¹

- Mental Health First Aid is an eight-hour certification course that teaches participants how to recognize and support an individual who is experiencing a mental health crisis or problem until professional help can be obtained.²

- People are often unsure how to respond when a mental health crisis occurs. Mental Health First Aid teaches skills to provide initial help.

- Mental Health First Aid aims to increase mental health literacy and decrease the stigma around mental health problems.

- Mental Health First Aid is included on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP).³

¹ Mental Health First Aid copyrighted 2015, National Council for Behavioral Health and The Missouri Department of Mental Health.
³ Mental Health First Aid, Research & Evidence Base, excerpt from https://www.mentalhealthfirstaid.org/about/research/, 2017.
THE BENEFITS OF MENTAL HEALTH FIRST AID.

Risk factors and warning signs of mental health and substance use issues/concerns.¹

Information related to depression and mood disorders, anxiety disorders, trauma, psychosis and substance use disorders.

Strategies to assist in both crisis and non-crisis situations, including development of a five-step action plan.

Learn about professional, peer and self-help resources.

Studies have shown that individuals certified in Mental Health First Aid improve their knowledge of signs, symptoms and risk factors of mental illnesses and addictions, increase their confidence in and likelihood to help an individual in distress, and show improved mental wellness themselves.²

¹ Information from Mental Health First Aid, What You Learn, www.mentalhealthfirstaid.org/take-a-course/what-you-learn/.
² Mental Health First Aid, Research & Evidence Base, excerpt from https://www.mentalhealthfirstaid.org/about/research/, 2017.
Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, contact your Cigna sales representative.