

A CONNECTED WORKPLACE

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

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Together, all the way.®



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SEE STRESS DIFFERENTLY

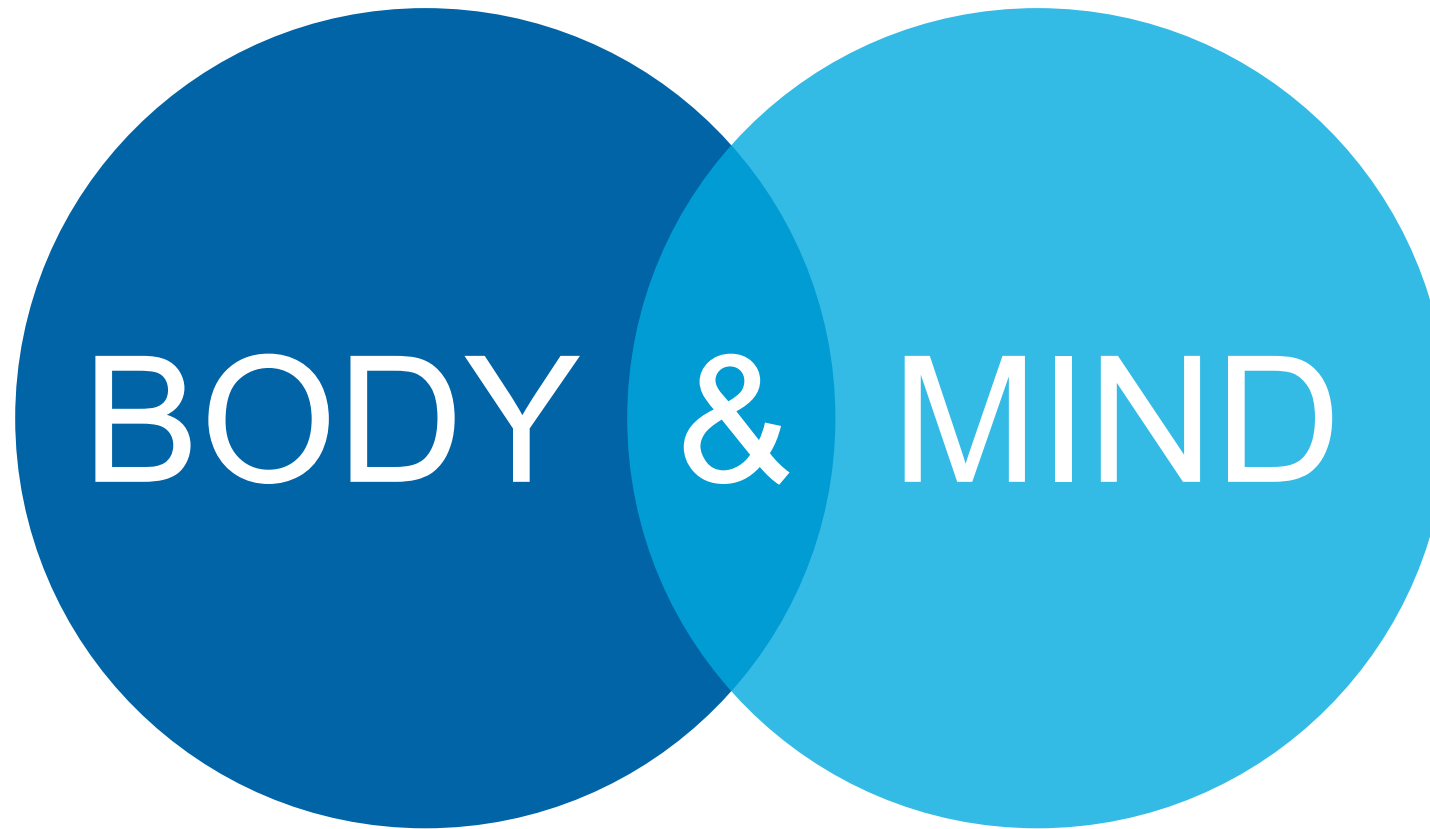
Helping employees take control of stress.

Together, all the way.®



Offered by Cigna Health and Life Insurance Company or its affiliates.

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.**

*Cigna 360° Global Well-Being Survey, Cigna, 2019, wellbeing.Cigna.com.

**The cost of work-related stress to society: A systematic review, Hassard et al., The Journal of Occupational Health Psychology Volume 23. Published January 2018.

STRESS CAN LEAD TO:*



Absenteeism

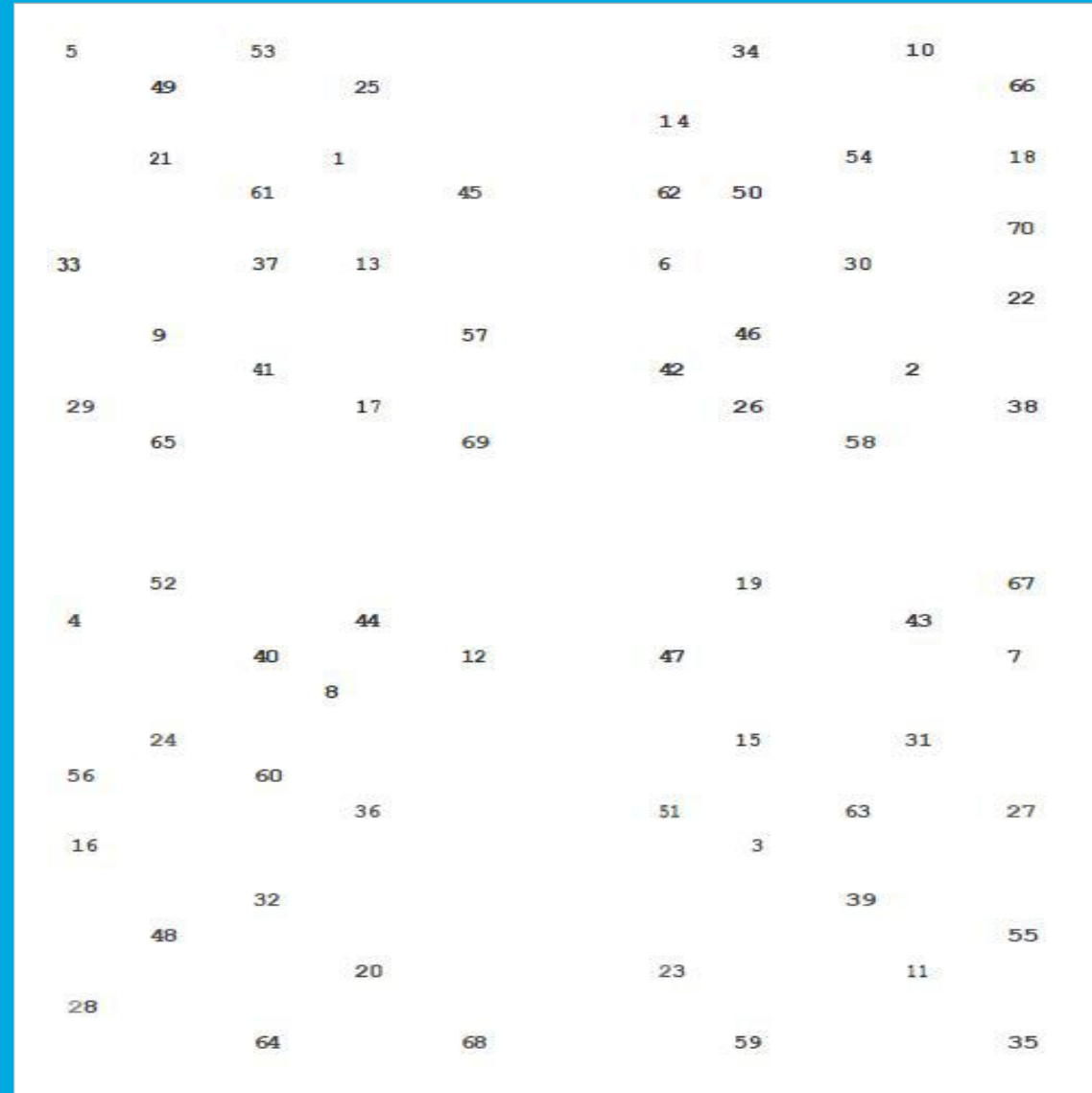


Lack of productivity

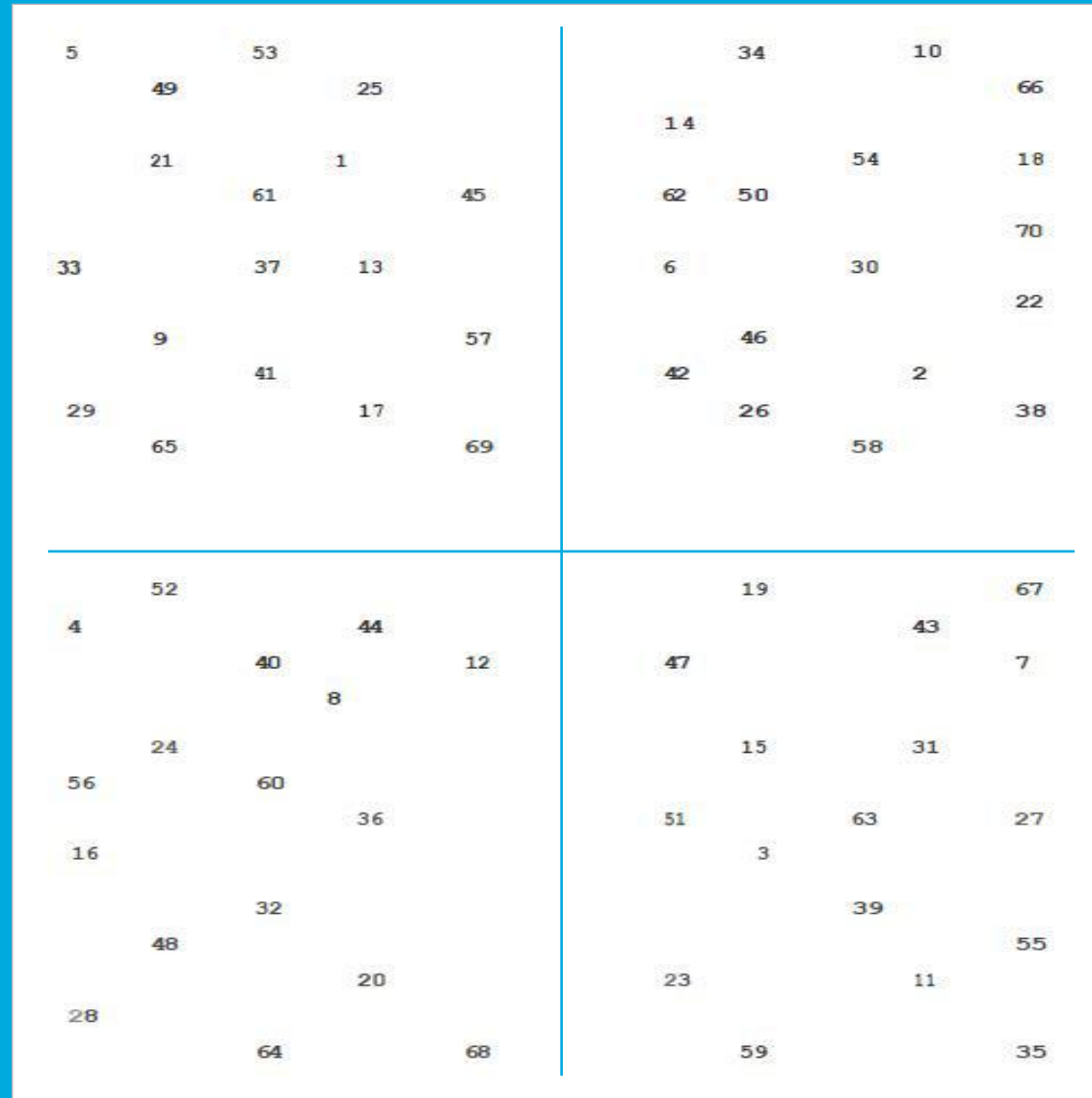
*Cigna 360° Global Well-Being Survey, Cigna, 2019, well-being, Cigna.com.

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A STRESS TEST.



ONCE AGAIN, WITH A PLAN.





- A sensible 4-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

DEFINING LONELINESS.

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 design to measure one's subjective feelings of loneliness as well as feelings of social isolation.
- A score of 43 or higher is considered lonely.

UCLA LONELINESS SCALE



MOST RESPONDENTS ARE CONSIDERED LONELY

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

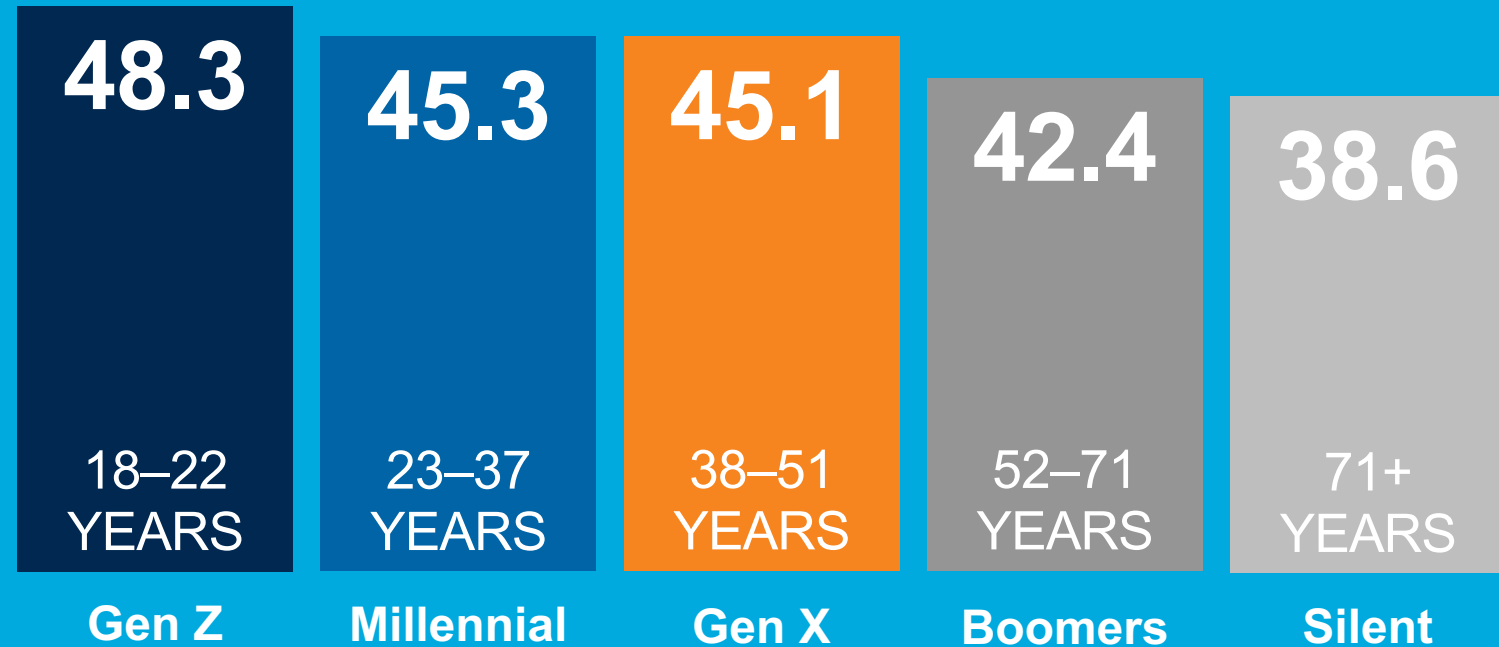
*DesHarnais Bruce L, Wu, JS, Lustig, SL, Russell DW, & Nemecek, DA. Loneliness in the United States: A 2018 National Panel Survey of Demographic, Structural, Cognitive, and Behavioral Characteristics. American Journal of Health Promotion 2019, 1-11.

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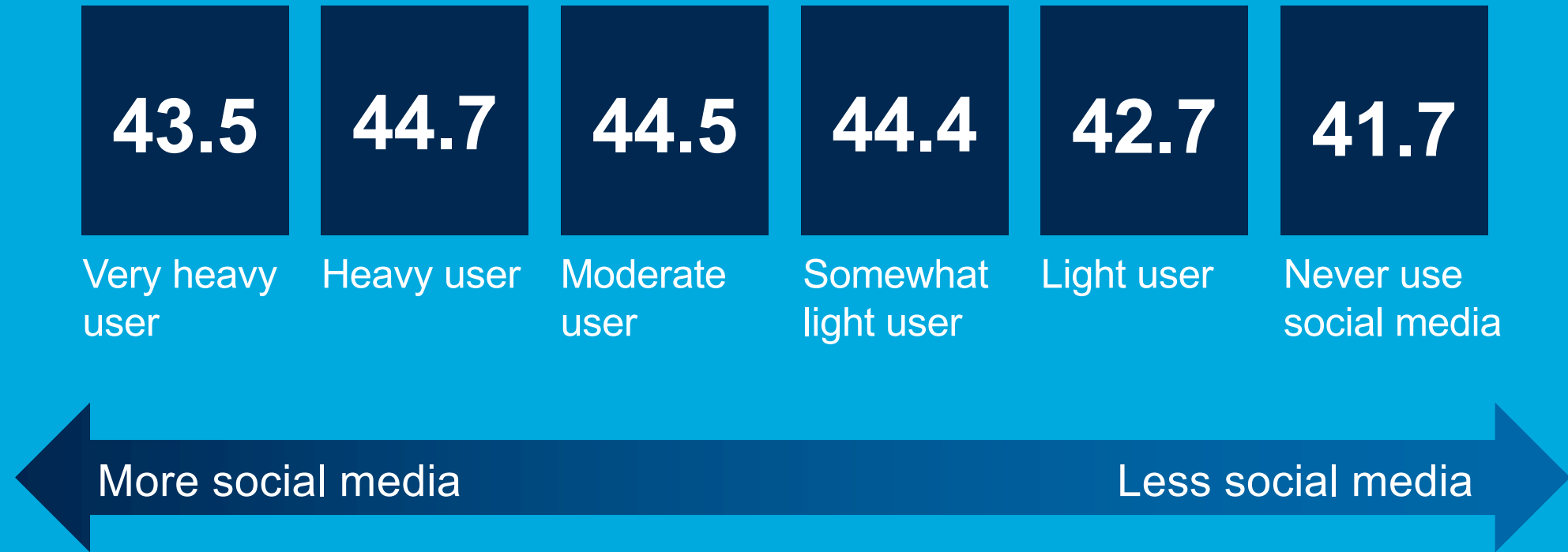
CIGNA U.S. LONELINESS INDEX.

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



CIGNA U.S. LONELINESS INDEX.

No correlation found between social media use alone and feelings of loneliness.



CIGNA U.S. LONELINESS INDEX.

Sleep

45.7

Too little

41.7

Just right

49.0

Too much

People who say they get enough sleep
have the lowest loneliness scores.



CIGNA U.S. LONELINESS INDEX.

Physical activity

45.4

Too little

41.7

Just right

45.2

Too much

People who say they exercise the right amount
have the lowest loneliness scores.

CIGNA U.S. LONELINESS INDEX.

The workplace

48.0

Too little

41.9

Just right

45.0

Too much

People who say they work the right amount
have the lowest loneliness scores.

CIGNA U.S. LONELINESS INDEX.

Spending time
with family

48.0

Too little

41.3

Just right

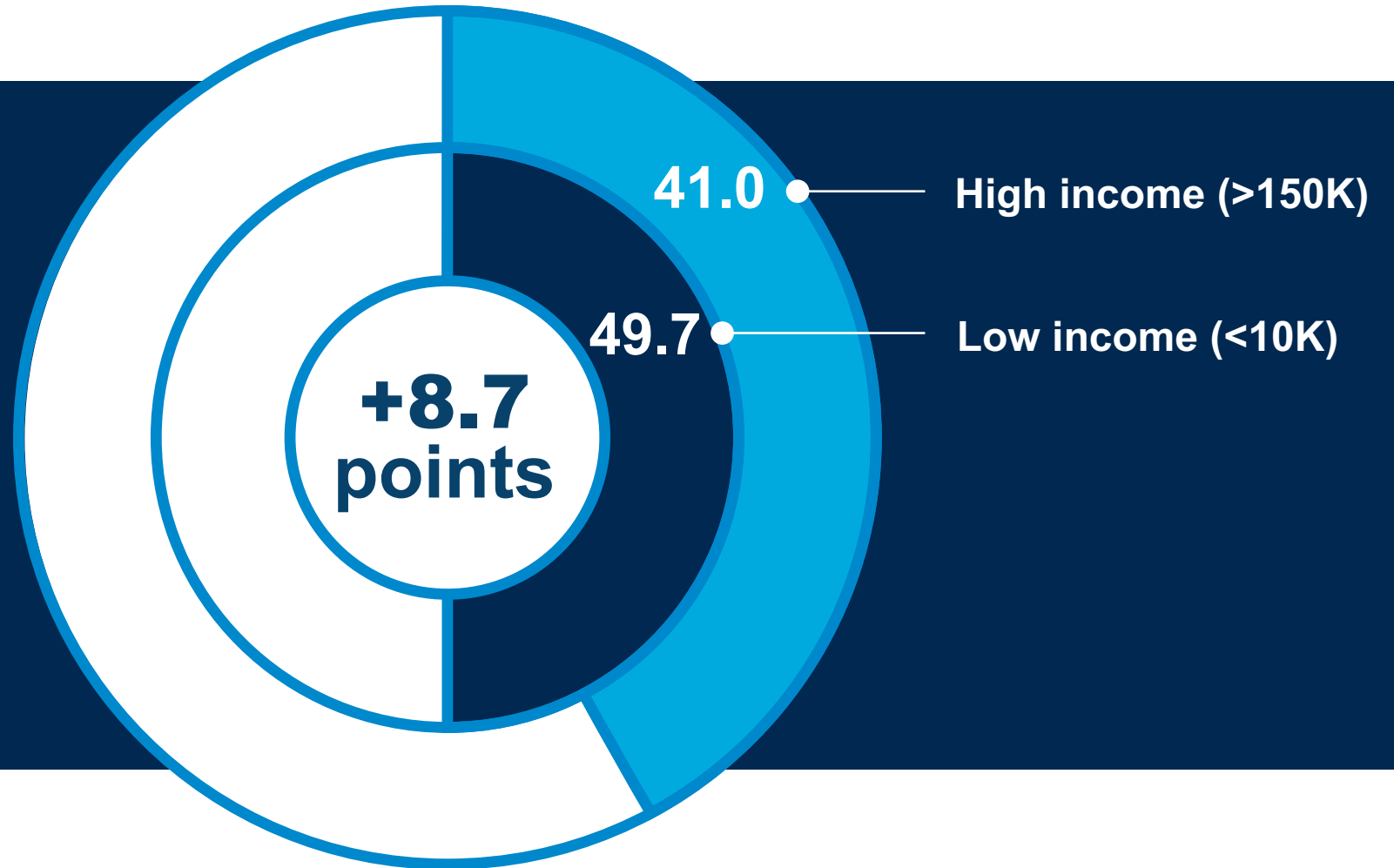
46.1

Too much

People who say they spend the right amount of time with family
have the lowest loneliness scores.

CIGNA U.S. LONELINESS INDEX.

Individuals with lower incomes have higher loneliness scores than those with higher incomes.



TAKE THE LONELINESS QUIZ.



Are you feeling lonely?

This questionnaire from Cigna measures your feelings of loneliness and offers solutions to help increase your social connections.



The following 10 statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described.

Scores are calculated at the end, followed by tailored solutions to help you stay well or feel better.

START

<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

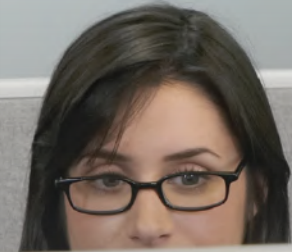
61%

of workers or nearly 3 in 5
Americans are lonely



Approximately 10,441 adults ages 18 and over from the continental U.S., 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.

UNDERSTANDING THE **LONELINESS** EPIDEMIC AND SOLUTIONS FOR THE WORKPLACE.



A MATERIAL IMPACT ON WORKERS.

Lower quality

Lonely workers are **3x more likely** to say the quality of their work is lower than it should be.

Less careful

Lonely workers are also more than **twice as likely** to admit not doing their work as carefully as they should.

Less productive

Lonely workers are over **3x more likely** than non-lonely workers to admit they are less productive than most workers with a similar job.

Higher churn

Lonely workers think about quitting their job more than **twice as often** as non-lonely workers.

Approximately 10,441 adults ages 18 and over from the continental U.S., 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.



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.***

* 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 ~\$4180. 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.

Tenure

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.

Environment

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.

Industry

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.

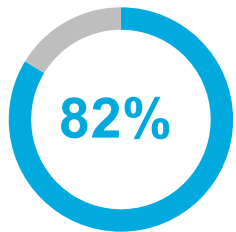
Seniority

Entry-level employees have the highest loneliness score, followed by senior executives. Those in between are the least lonely.

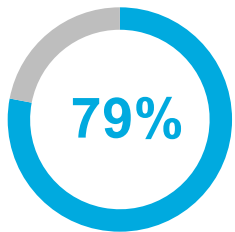
THE MOST AND LEAST LONELY WORKERS.

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

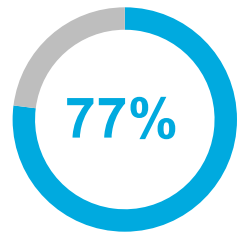
MOST LONELY WORKERS



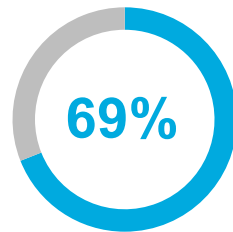
Sharing/gig economy workers



Younger workers age 18–24

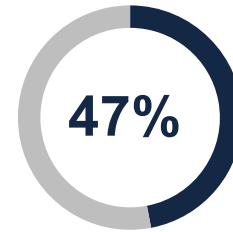


Those who have been working for their company/organization for less than six months

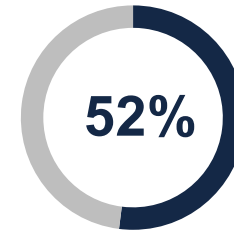


Those in senior executive positions

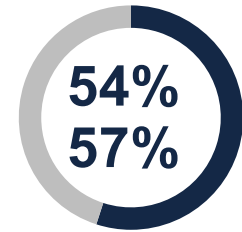
LEAST LONELY WORKERS



Workers age 55+



Those with work tenures of more than 10 years



Those who work in government (55%) and education (58%)

Approximately 10,441 adults ages 18 and over from the continental U.S., 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.

CHANGING CULTURE:

Drivers of loneliness at work.

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

LONELINESS DRIVERS

Environmental factors:

- Tenure
- Remote workers
- Specific industries
- Seniority

Cultural issues:

- Poor relationships with coworkers
- Feeling the need to hide one's true self when at work
- Lack of shared goals
- Not finding work meaningful or fulfilling
- Eating lunch alone at their desk
- Unbalanced use of technology
- Not being able to leave work at work

HOW WE ADDRESS THEM

- Employee Assistance Program (EAP): Emotional health
 - Behavioral: Find a provider/therapist
 - Employee Resource Groups (ERGs)
 - Employee working lunch groups
 - Peer support (iPrevail)
-
- EAP: Emotional health
 - Behavioral: Find a provider/therapist
 - Community-based support groups
 - Mentorship
 - Team goal-setting exercises
 - Peer support (iPrevail)
 - Onsite fitness centers
 - Guidelines for use of technology and email/work “dark hours”
 - Volunteer match service for local opportunities

DEPRESSION IN THE WORKPLACE.

A correlate of loneliness



BASIC FACTS ABOUT DEPRESSION.

What is depression?

A medical condition that can affect mood, behavior and the physical body

What does it look like?

Hopelessness, loss of enjoyment, disrupted sleep and eating, withdrawal, mood changes, feelings of guilt and low self-esteem

What causes it?

A combination of genetic, situational, and physical factors may be involved

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



ACTION ITEMS FOR EMPLOYERS.



COMMIT



ENGAGE



COMMUNICATE



COLLABORATE

INCREASING THE MENTAL HEALTH OF YOUR WORKFORCE.



COMMIT

- Secure senior management buy-in and ongoing support to improve gender health equity for all employees by finding and closing any health disparities.

INCREASING THE MENTAL HEALTH OF YOUR WORKFORCE.



ENGAGE

- Seek feedback from diverse groups of employees about their experiences as health care customers.
- Establish wellness champions among employees to gain a better understanding of barriers to care, including benefit structure, and to promote initiatives to improve health.

INCREASING THE MENTAL HEALTH OF YOUR WORKFORCE.



COMMUNICATE

- Educate employees on how to take advantage of benefits that will improve their health, such as the EAP and behavioral outpatient services.

INCREASING THE MENTAL HEALTH OF YOUR WORKFORCE.



COLLABORATE

- Review the health trends and demographic data of your workforce to determine primary cost drivers and potential gaps in care and services.
- Collaborate with your health plan to help build trust among employees, and better engage them in their benefits and programs to improve their health.

BEHAVIORAL HEALTH LANDSCAPE.



Drug overdose deaths **tripled** in the U.S. from 1999 to 2016¹



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



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



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

111 million

people in the U.S. live in areas with provider shortages³

Nationwide shortage of psychiatrists

Severe shortage of child and adolescent psychiatrists

1. "Behavioral health workforce faces critical challenges in meeting population needs." 5/2018. Elsevier. [elsevier.com/about/press-releases/research-and-journals/behavioral-health-workforce-faces-critical-challenges-in-meeting-population-needs](https://www.elsevier.com/about/press-releases/research-and-journals/behavioral-health-workforce-faces-critical-challenges-in-meeting-population-needs).
2. The National Survey on Drug Use and Health: 2018. Substance Abuse and Mental Health Services Administration. [samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf](https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf).
3. "Addressing the escalating psychiatrist shortage." 2/2018. Association of American Colleges. [news.aamc.org/patient-care/article/addressing-escalating-psychiatrist-shortage](https://www.aamc.org/patient-care/article/addressing-escalating-psychiatrist-shortage).

THE IMPACT OF BEHAVIORAL HEALTH.

1 in 5
will struggle
with mental
illness
this year¹

7%
living
with major
depression¹

8%
have a
substance
use disorder²

19%
living
with anxiety
disorders¹

About
20%
with depression
or an anxiety
disorder also
have a substance
use disorder³

1. Mental Health By The Numbers, National Alliance on Mental Illness, <https://www.nami.org/learn-more/mental-health-by-the-numbers>, September 2019.

2. The National Survey on Drug Use and Health: 2017. Substance Abuse and Mental Health Services Administration. [samhsa.gov/data/sites/default/files/nsduh-ppt-09-2018.pdf](https://www.samhsa.gov/data/sites/default/files/nsduh-ppt-09-2018.pdf).

3. Statistics on Addiction in America, Addiction Center, <https://www.addictioncenter.com/addiction/addiction-statistics/>, August 2019.

KEY ISSUES IMPACTING BEHAVIORAL HEALTH.

RESOURCES

Licensed clinicians
Facilities
Medications
Supplies
Infrastructure

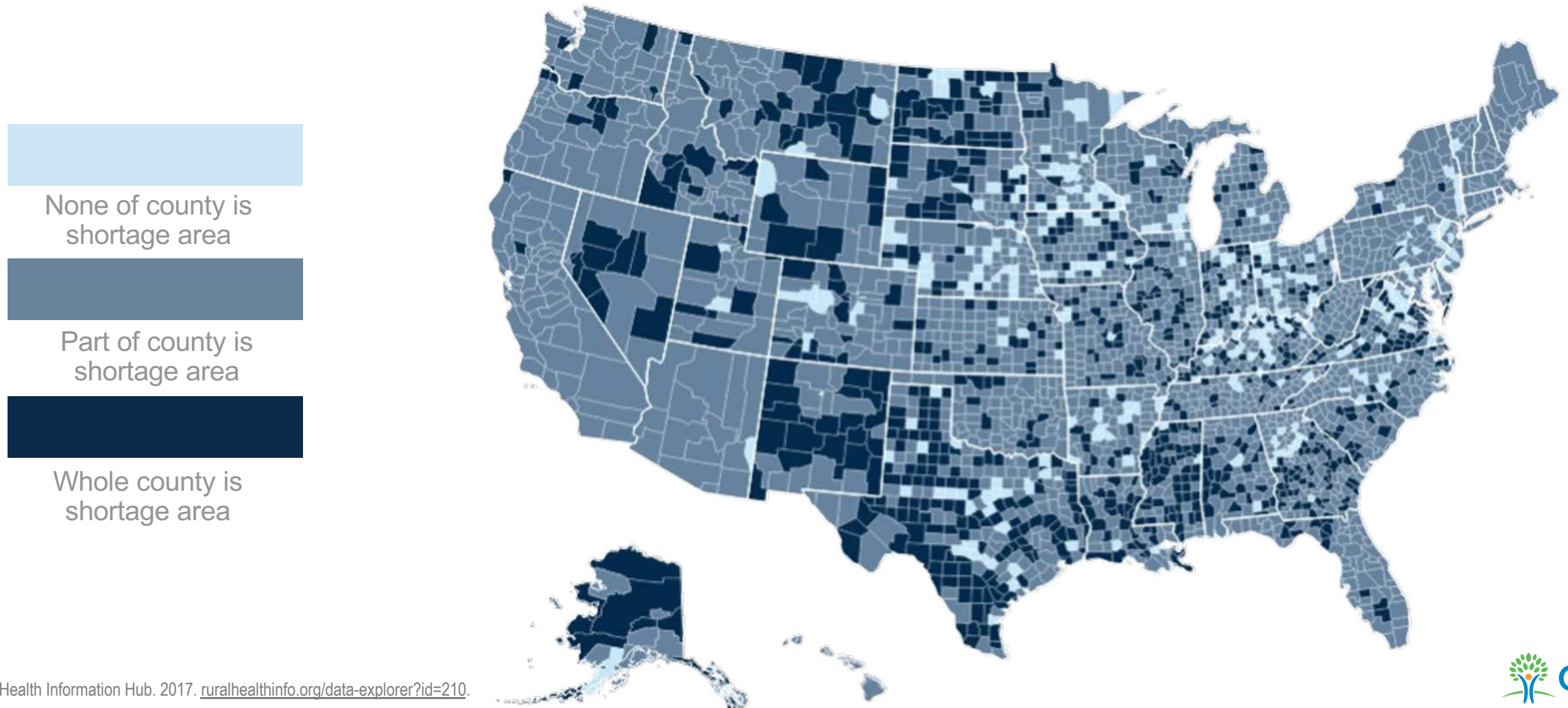
ACCESS

Availability of services
Availability of clinicians
Transportation challenges
in connecting with care
Affordability concerns

STIGMA

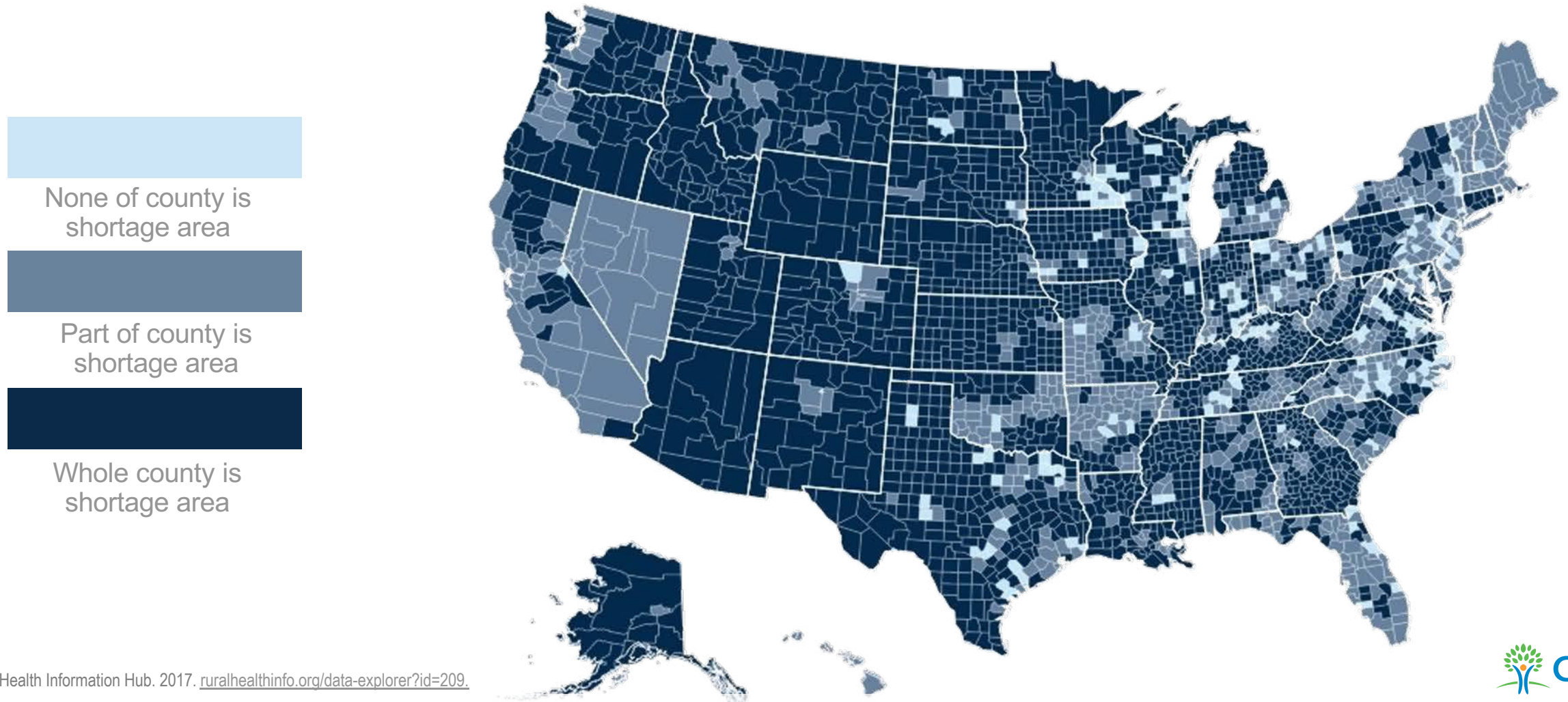
Stigma lessening,
but still exists
Fear of employer
finding out

PRIMARY CARE PHYSICIAN SHORTAGE.¹



1. Rural Health Information Hub. 2017. ruralhealthinfo.org/data-explorer?id=210.

MENTAL HEALTH PROFESSIONALS SHORTAGE.¹



1. Rural Health Information Hub. 2017. ruralhealthinfo.org/data-explorer?id=209.

BEHAVIORAL HEALTH VS. MEDICAL.

HARD TO RECRUIT

- Can run very successful business with fee-for-service model
- **40%** of the psychiatry workforce practice in cash-only private practices¹

BEHAVIORAL PRACTICE SETTINGS

- Solo practices are common. Appx. **30%** of our network is solo practitioners²
NY = 49% CA = 43%

GETTING AN APPOINTMENT

- National Committee for Quality Assurance (NCQA) guidelines for routine appointment is 10 business days³
- With psychiatrist shortage, especially child and adolescent care, wait times are longer – if you can even get an appointment⁴



1. "The Psychiatric Shortage: Causes and Solutions." 3/2018. National Council for Behavioral Health. thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage_National-Council-.pdf.

2. Cigna unique provider data as of 7/1/19.

3. 2019 Standards and Guidelines for the Accreditation of Managed Behavioral Health Organizations, 2018, National Committee for Quality Assurance.

4. "Availability of Outpatient Mental Health Care by Pediatricians and Child Psychiatrists in Five U.S. Cities." 5/2017. International Journal of Health Services. journals.sagepub.com/doi/full/10.1177/0020731417707492.

AN INNOVATIVE APPROACH TO MENTAL HEALTH:

Mental Health First Aid USA.¹



- Mental Health First Aid is an 8 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.

2. Mental Health First Aid – <https://www.mentalhealthfirstaid.org>.

3. Mental Health First Aid, Research and Evidence Base, excerpt from <https://www.mentalhealthfirstaid.org/about/research/>, 2017.

THE BENEFITS OF MENTAL HEALTH FIRST AID.

Learn



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



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 5 step action plan.



Available 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 and Evidence Base, excerpt from <https://www.mentalhealthfirstaid.org/about/research/>, 2017.



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