

**Ina Rothmann** (PhD, Extraordinary Associate Professor WorkWell Research Unit and MD Afriforte (Pty) Ltd) email: [ina@afriorte.co.za](mailto:ina@afriorte.co.za)

**Stoffel Grobler** (MD Psych, Associate Professor WSU and Medical Advisor to Mindful Revolution)

**Cassey Chambers** (CEO of SADAG)

**Leon de Beer** (PhD, Professor of Industrial Psychology, Director of the WorkWell Research Unit, NWU)

## Mental Health in the Workplace during Covid-19

*Research Article: COVID-19 and Employee Mental Health: The reality behind the rhetoric*



# Afriforte

Metrics that Matter

Afriforte is the commercial arm of the WorkWell Research Unit, Faculty of Economic and Management Sciences, NWU, Potchefstroom



WorkWell  
Research Unit

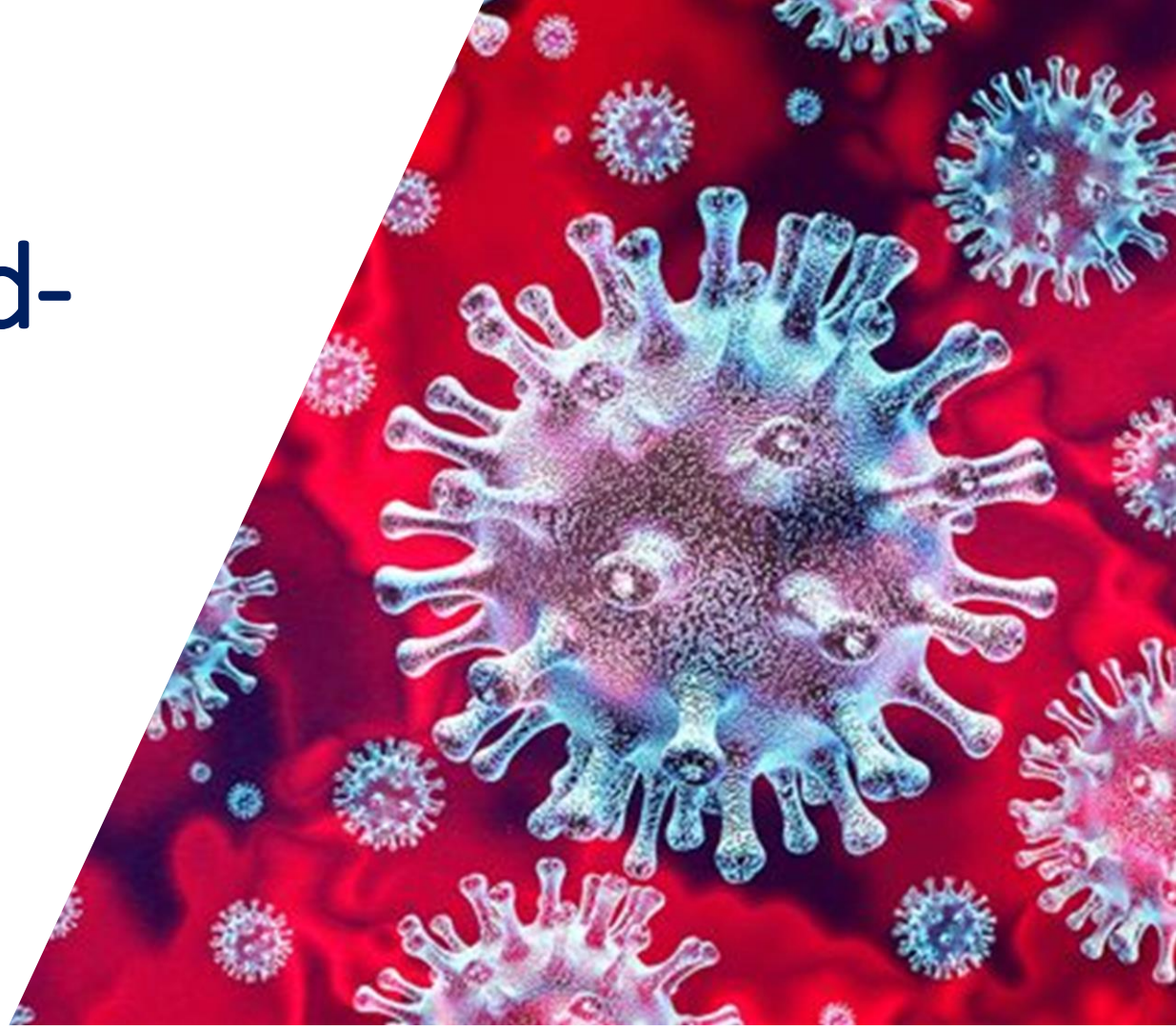


# Covid-19 Disruption in the Work Context

- The Covid-19 pandemic and lockdown have a psychological impact on every person, from CEO to cleaner.
- Employers are confronted with difficult workforce questions, such as:
  - *“What is the effect of the Covid-19 disruption on my people and **how can we get them through this?**”*
  - *“How do I keep employees engaged, connected, and productive throughout the business disruption and recovery period?”*
- **Moreover, though everyone is experiencing this crisis, they’re not experiencing it in the same way (*highly individual*):**
  - The **challenge** is that most large organizations may not have a viable way to recognize each employee’s circumstances and may not know what each person is facing **unless they create a means for them to do so (This was the purpose of our research)**

# The effect of the Covid-19 disruption on staff (people in general)

Psychological impact and dynamics



**1**

**Protect Staff**

# What is the cause of stress during Covid-19 pandemic and lockdown?

- The psychological impact of the Covid-19 pandemic is associated with a type of ***anxiety condition*** called the **Pre-traumatic Stress Disorder (Pre-TSD)** which is a bit different to the day-to-day stress that people experienced pre-Covid-19.
- Pre-TSD is not a recognized psychiatric diagnosis for a medical certificate like PTSD, **but past scientific research indicated that pre-traumatic stress might be a predictor for the development of post-traumatic stress (PTSD) in future – so it is very important to address Pre-TSD in order to prevent negative after-effects**
- PTSD is a long-term mental health disorder that people experience ***following a traumatic event***, where **Pre-TSD** is about experiencing stress and anxiety because ***we anticipate trauma or a traumatic event***.
- Pre-TSD is a syndrome involving ***involuntary***, intrusive images, and **flash-forwards** of haunting events that ***could*** be experienced because of a major disruption such as the Covid-19 pandemic. (*PTSD about **flashbacks** of traumatic events that have been experienced*)

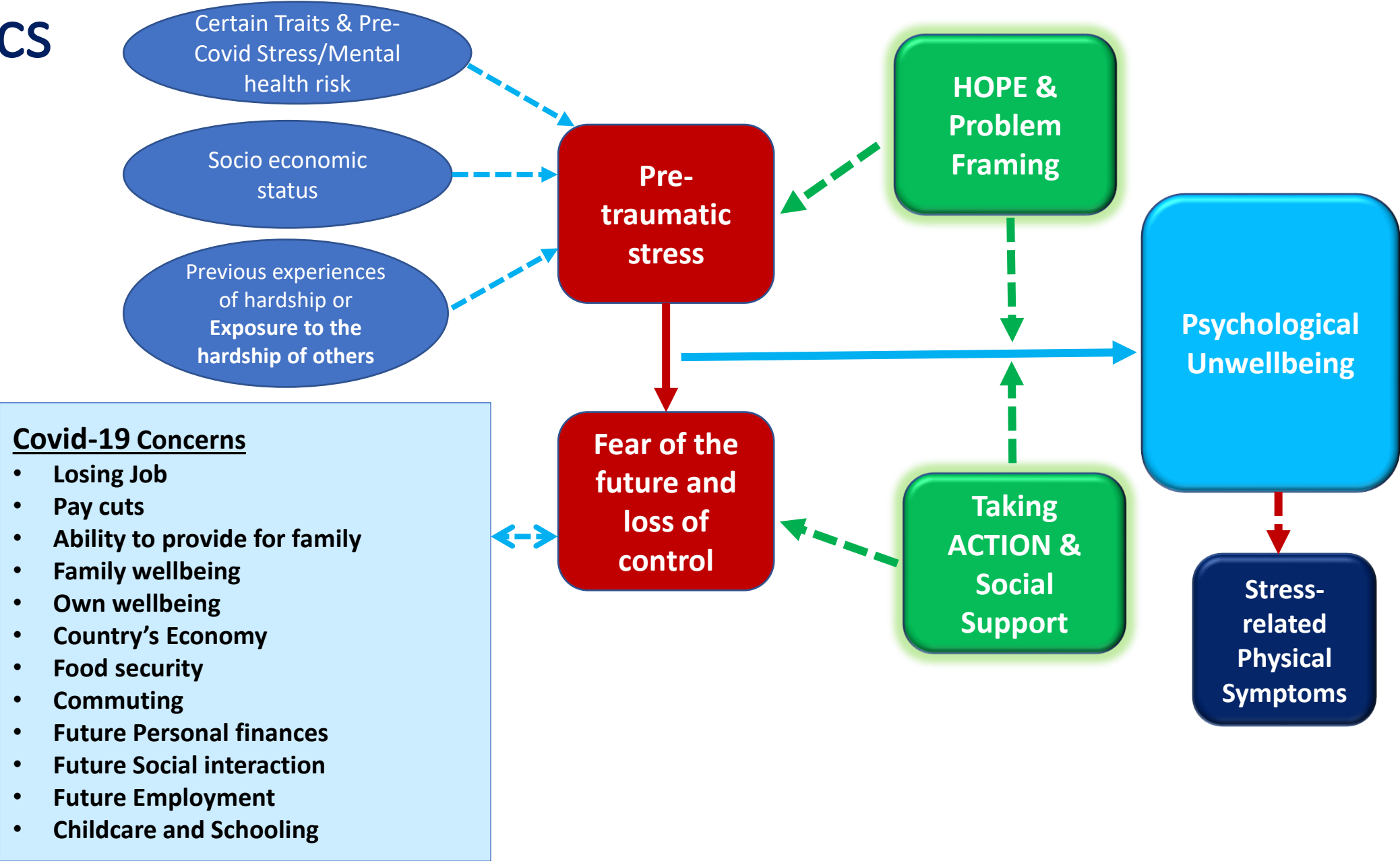


The typical psychological symptoms of pre-traumatic stress experiences are:

- Racing thoughts and ***constant*** worrying
- ***Constant*** feelings of uncertainty and insecurity
- Loss of objectivity and ***fearful anticipation***
- Short-temperedness, irritability, impatience, and **mood swings**
- Indecisiveness and inability to focus and concentrate
- Forgetful- and absent-mindedness ("automatic mode" - **doing without thinking**)
- **Poor judgment** and ***risky decision-making (risk behaviour)***
- These Pre-TSD symptoms, if not addressed, result in **physical symptoms** such as frequent *headaches, nausea, heartburn, eating problems, palpitations, sleep problems, and muscle pains and aches*, **causing individuals to feel chronically stressed and generally unwell at both a psychological and physical level.**



# Dynamics



**Covid-19 Concerns**

- Losing Job
- Pay cuts
- Ability to provide for family
- Family wellbeing
- Own wellbeing
- Country's Economy
- Food security
- Commuting
- Future Personal finances
- Future Social interaction
- Future Employment
- Childcare and Schooling

**Collaboration between:**

*Afriforte and the WorkWell Research Unit (North-West University, Potchefstroom)*

*Mindful Revolution*

*SADAG*

# Our Research



# Background

- Afriforte and the WorkWell Research Unit, developed ***a validate instrument to reliably assess Pre-Traumatic Stress symptoms*** and the COVID-19 experiences of employees (and others): **[MyCovid19Experiences©](#)**.
- The instrument was developed **following a validation research project** conducted during April 2020. See results of the project on the public dashboard: **[www.lifewithcovid19.co.za/dashboard](http://www.lifewithcovid19.co.za/dashboard)**



# Reliability and validity of the pre-traumatic stress measurement

- **This is not a SUBJECTIVE stress assessment! – e.g., how stressed do you feel?**
- The stress-assessment consists of multiple items that measure stress experiences **with academic rigour (psychometric properties established)**
- Following the assessment, the results of a participant are compared to a norm; i.e., *compared to normal stress in terms of percentile cut-off points*, in order to obtain an ***accurate and trustworthy psychometric score of stress experiences***
- The results are aggregated to a group level to ascertain **how many individuals fall in the different norm categories (percentiles)**

The *MyCovid19Experiences*© instrument measures the following dimensions:

- Hope levels
- Concern levels
- A self-rating of Covid-19-specific concerns (Covid-19 related stressors):
  - Job loss, Pay cuts, Ability to provide for family, Family health and wellbeing, Own health and wellbeing, Country's Economy, Food security, Commuting and travelling, Future Personal finances, Future Social interaction, Future Employment, and Childcare and Schooling
- The ***norm-based*** incidence of stress-related psychological (Pre-TSD risk) and stress-related physical ill-health symptoms



## Sample

- A sample of **1656 South African EMPLOYEES** who completed the *MyCovid19Experiences©* assessment between **15 May - 15 June 2020** were selected from the Afriforte database (South Africa in Lockdown 4 and 3).
- Although the sample is a *non-probability convenient sample*, it would provide a good indication of the experiences of South African **employees** over the 30-day timeframe

# Sample Distribution

	#	% of sample
<b>Gender</b>		
<b>Male</b>	835	<b>50.4%</b>
<b>Female</b>	821	<b>49.6%</b>
<b>Age Group</b>		
<i>20-29 (career enterers)</i>	245	14.8%
<b>30-39 (career builders)</b>	549	<b>33.1%</b>
<b>40-49 (mid-career)</b>	472	<b>28.5%</b>
<i>50-59 (mature career)</i>	306	18.5%
<i>&gt; 59 (pre-retirement)</i>	84	5.1%
<b>Children</b>		
<b>Yes</b>	1297	<b>78.3%</b>
No	359	21.7%
<b>Relationship Status</b>		
<i>Divorced</i>	91	5.5%
<i>Engaged</i>	77	4.6%
<i>In a relationship: Seeing someone informally</i>	68	4.1%
<i>Life-partner</i>	79	4.8%
<b>Married</b>	962	<b>58.1%</b>
<i>Other</i>	13	0.8%
<i>Single</i>	336	20.3%
<i>Widowed</i>	30	1.8%
<b>*Worker Type</b>		
<i>Working Remotely</i>	376	22.7%

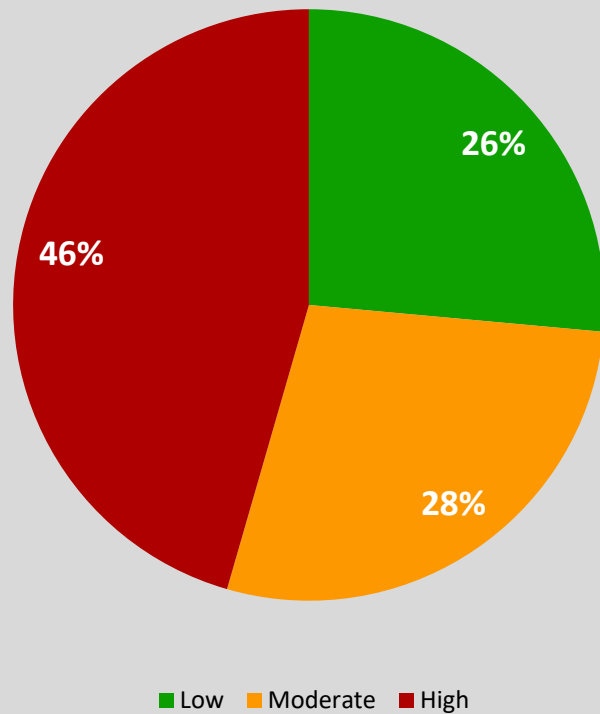
\* This breakdown was only available for selection by participants since **5 June 2020**. The results of the “early” remote worker sample are discussed in the article.

# Results

Key Findings

# Pre-TSD risk (Psychological Distress) – *norm-based*

Pre-TSD risk (n=1656)

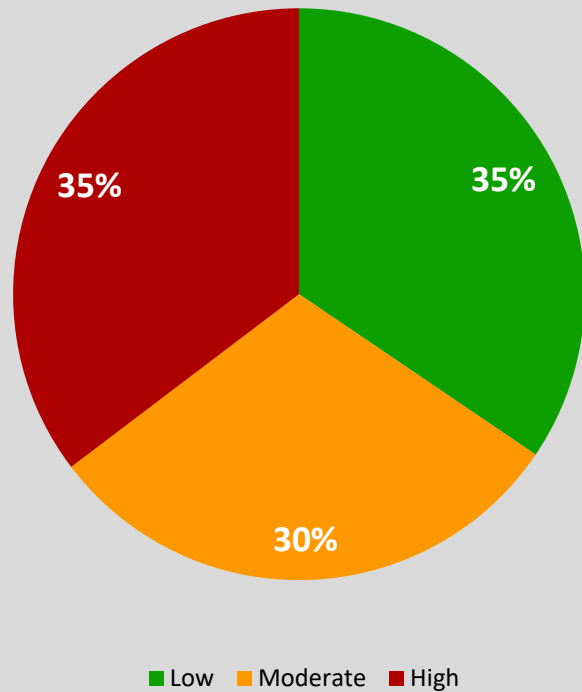


- High levels of psychological distress can result in **risk behaviour (e.g. suicidal behaviour)**, and the development of depressive disorders and PTSD in the long run.
- Pre-TSD experiences have a negative impact on the **functioning of employees** at work, i.e., lower productivity, sub-optimum quantity and quality of work, increase in mistakes and errors, and higher risks for accidents and injuries at work.



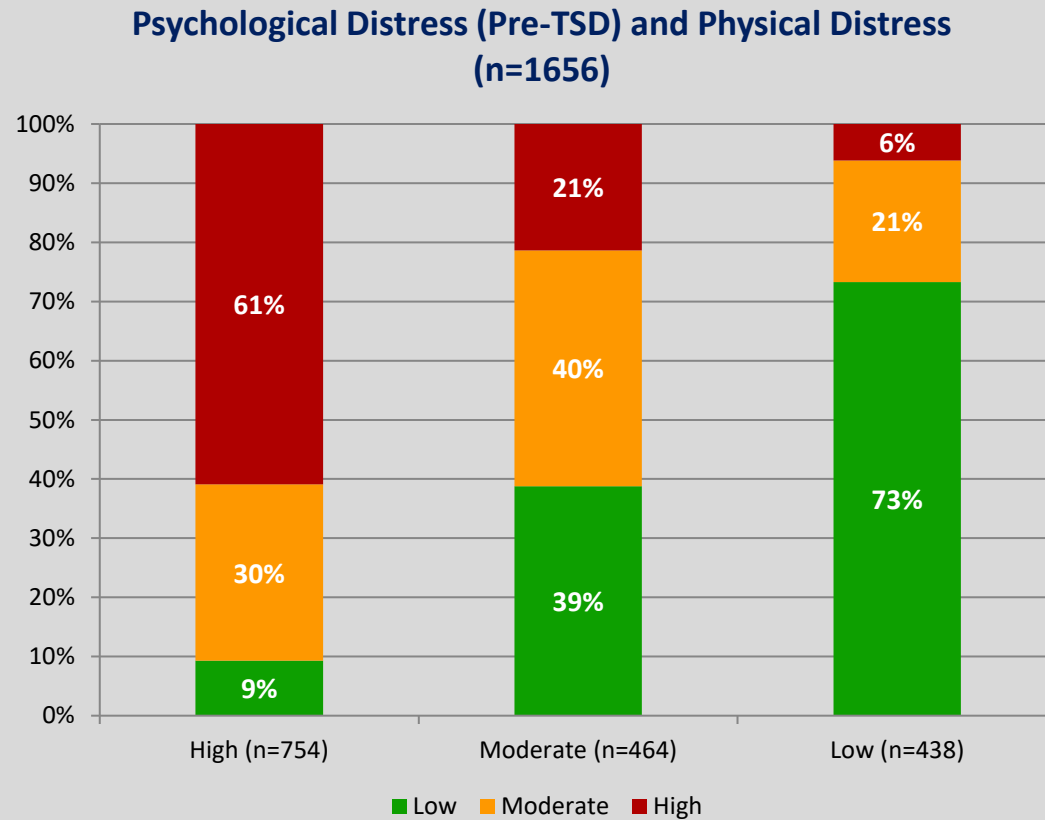
# Stress-related Physical Distress – *norm-based*

Stress-related Physical Distress (n=1656)



- Females (47%), Remote workers (49%), and **mid- and mature-career employees (40-59)** show higher risks for experiencing stress-related physical symptoms.
- The latter result is a concern in terms of the overall physical health impact of the Covid-19 disruption on this older group of employees who might be more vulnerable for developing **metabolic syndrome risks** in future.

# Concurrent Psychological (Pre-TSD) and Physical Distress



- From the total sample (n=1656), **28%** experience *constant* high levels of both psychological and physical distress (i.e., 61% of employees at high risk of Pre-TSD = 460 individuals/1656)
- These individuals feel *constantly* stressed and unwell at **both a psychological and physical level**. In addition to mental health risks, **physical health risks might become apparent in future** e.g. metabolic syndrome risks (***Health impairment Ticking Time Bombs***)

# Summary of Employee Risk Groups

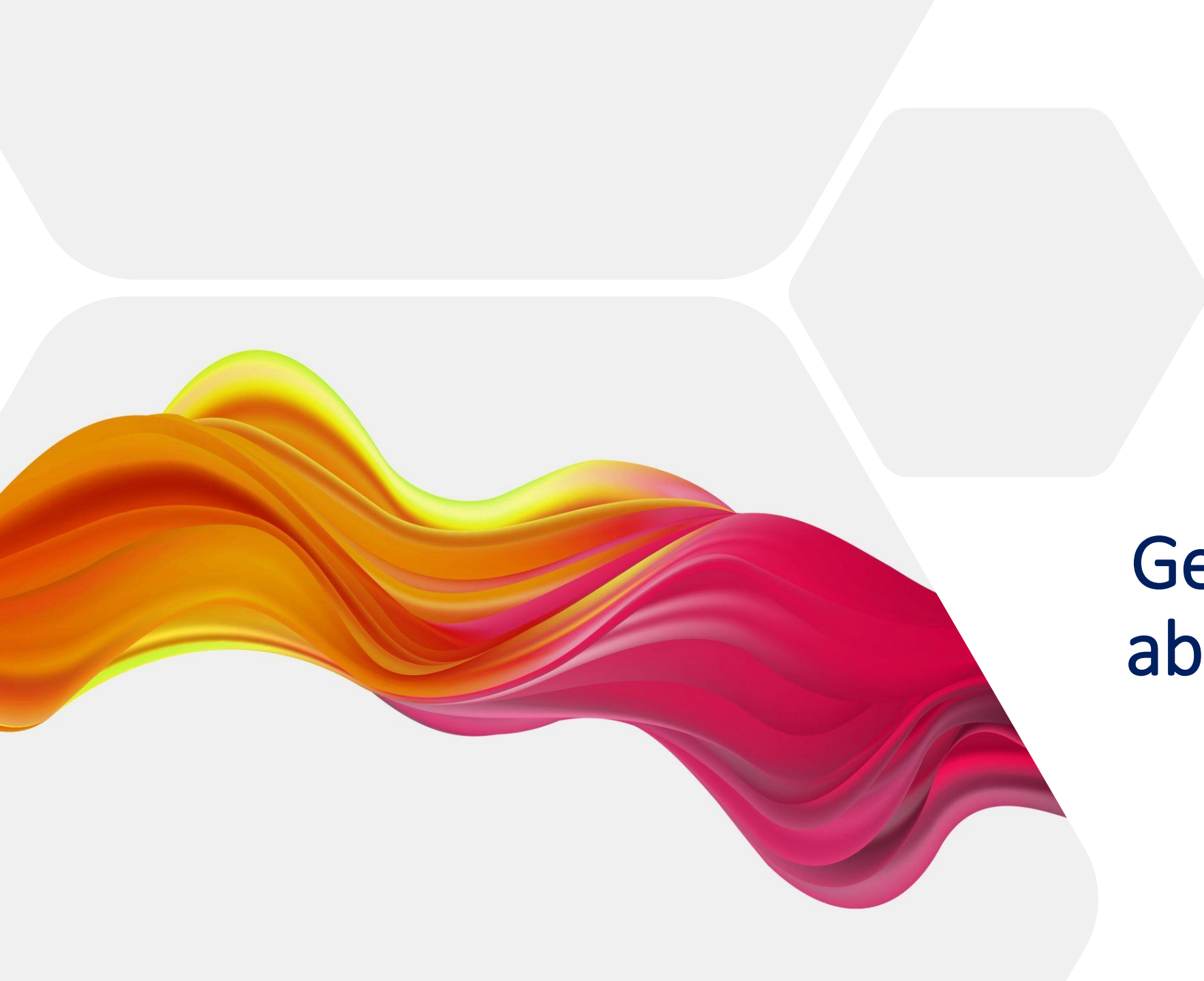
- **Higher Pre-TSD Risk (Psychological distress)**
  - **Female** employees
  - **Pre-retirement staff (older than 60)**
  - Remote workers
  - Career Builders (30-39-year-olds)
- **Higher Physical Distress Risk**
  - **Females**
  - **Mid- and mature-career employees (40-59)**. This result is a concern in terms of the **overall physical health impact of the Covid-19 disruption on the older group of employees** who might be more vulnerable for developing metabolic syndrome risks in future
  - Remote workers
- **Concurrent psychological and physical distress risks:**
  - **Females**
  - **Older age group** employees (40-59-year-olds) – future health risks
  - Remote workers

# Summary of Employee Risk Groups

- **Working Parents:**
  - There was **no significant difference** in Pre-traumatic stress experiences between *working parents and employees without children*
  - **Working parents experienced more physical symptoms** of stress especially sleep problems, palpitations, stomach problems and muscle pains and aches – **feel more stressed at a physical level as well (feel it in my body).**

# Working Parents: Difference between Fathers and Mothers

- More working mothers 52% or half of the 630 mothers experienced ***high levels of pre-traumatic stress combined with physical symptoms*** compared to only 35% or a third of the 670 working father sample.
- **More working mothers are experiencing psychological and physical distress on a daily basis.**
  - This trend was more evident for **younger single working mothers** than married or engaged working mothers. These are mothers in the age group 20-39 who are single, divorced, widowed or in an informal relationship.
  - Also ON-SITE mothers, compared to remote worker mothers, are at higher risk (Note: Prelim finding, comparative sample limitation)
- **In a nutshell it seems that our working mothers and specifically younger single working mothers are struggling more in these times. On-site mothers might also be struggling more (more research to confirm this)**



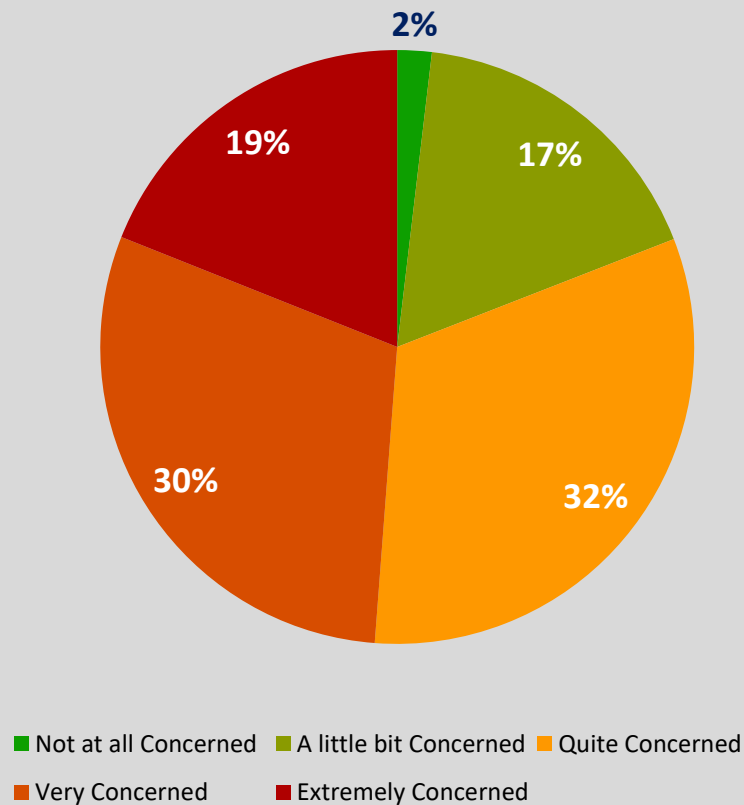
**General Concern  
about the Future**



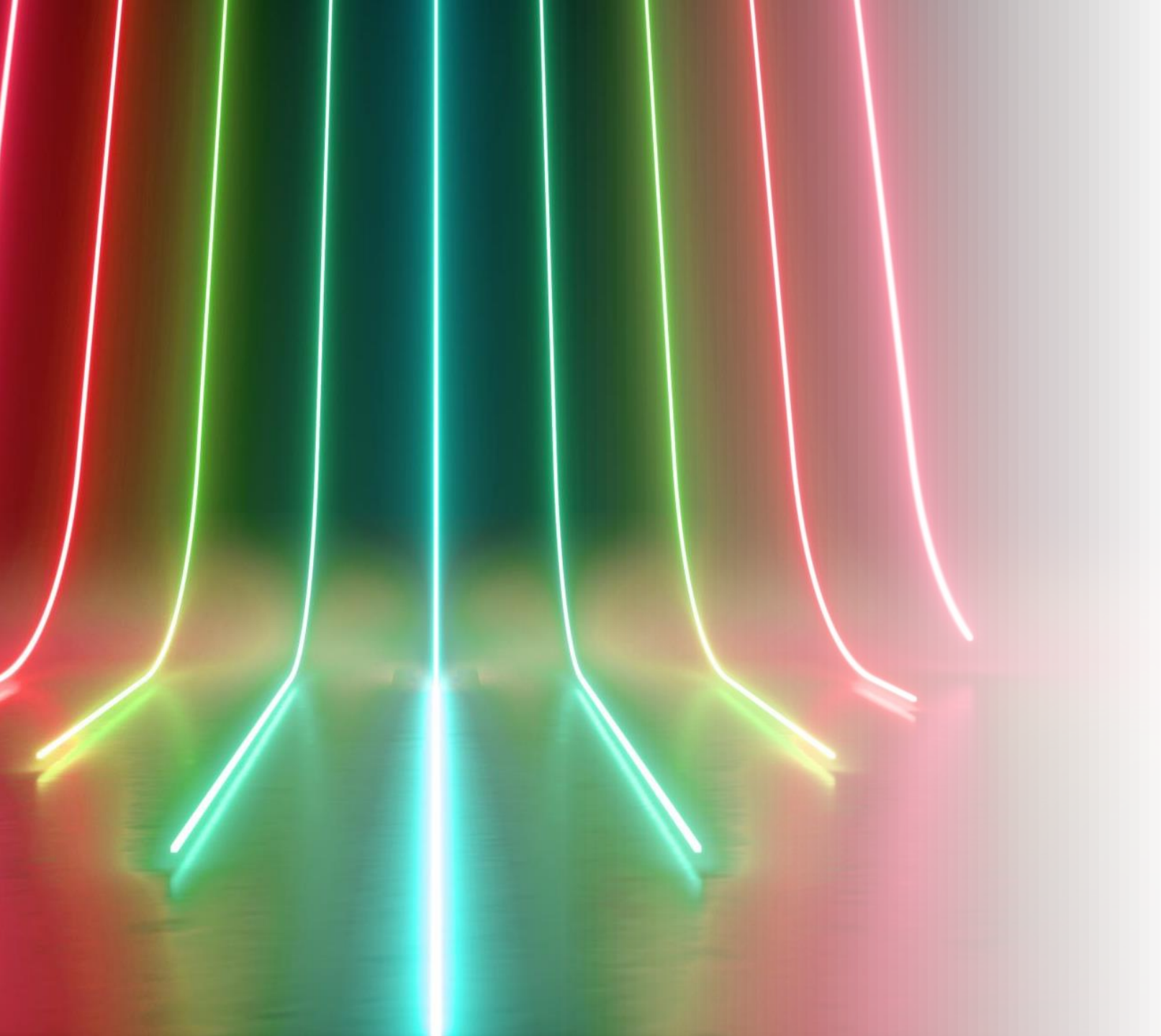
# Concerned about the future (presence of the negative)

Participants were asked to rate **how much *more* concerned** they are about the future since the outbreak of the COVID-19 pandemic.

Concerned about the future (n=1656)



- **19% of staff show lower general concern about the future**
- **Risk Groups**
  - **Working Parents and Career Enterers and Career Builders (20-39) were more concerned about the future**



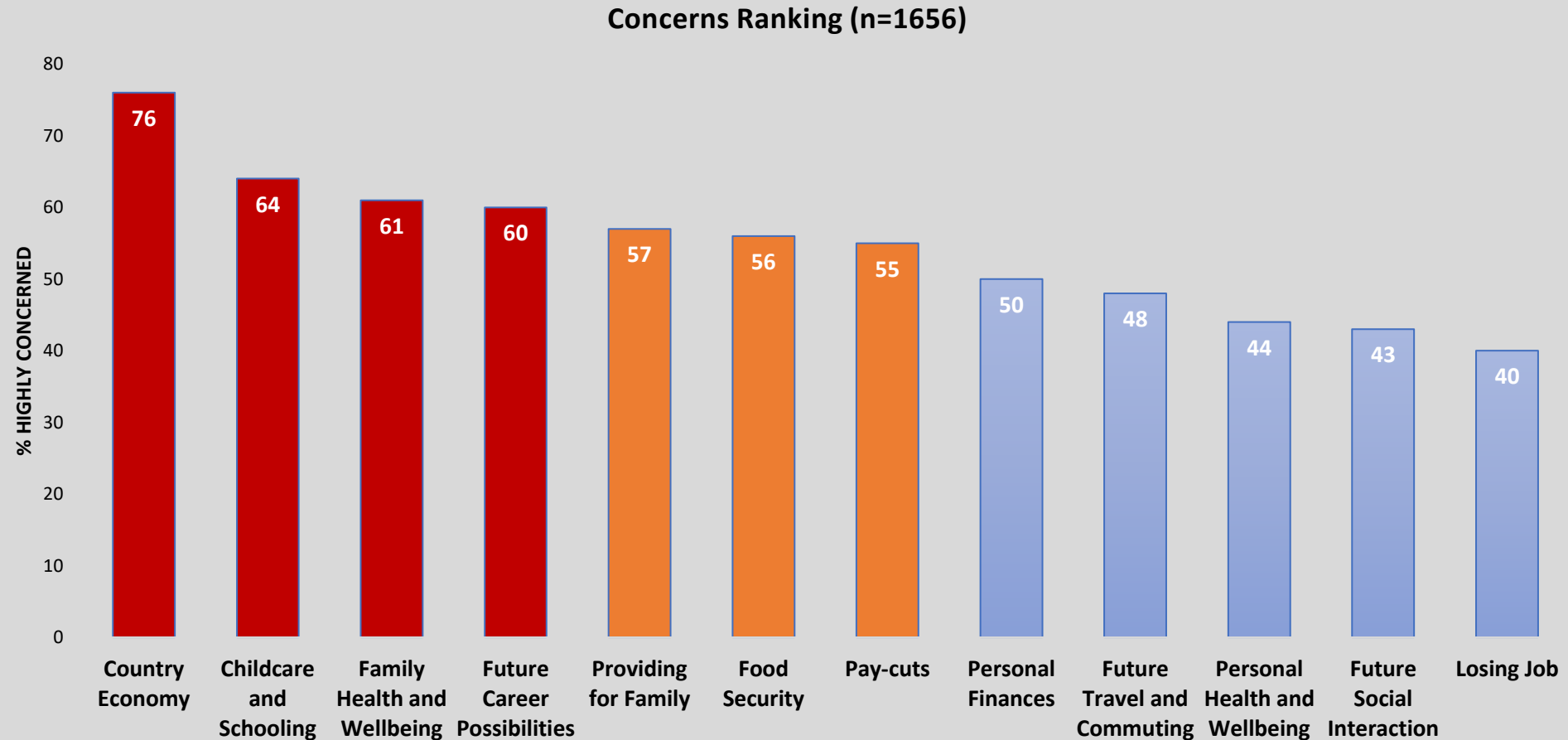
---

# Covid-19 Related Stressors

---

# Rating of concerns (Covid-19 related stressors)

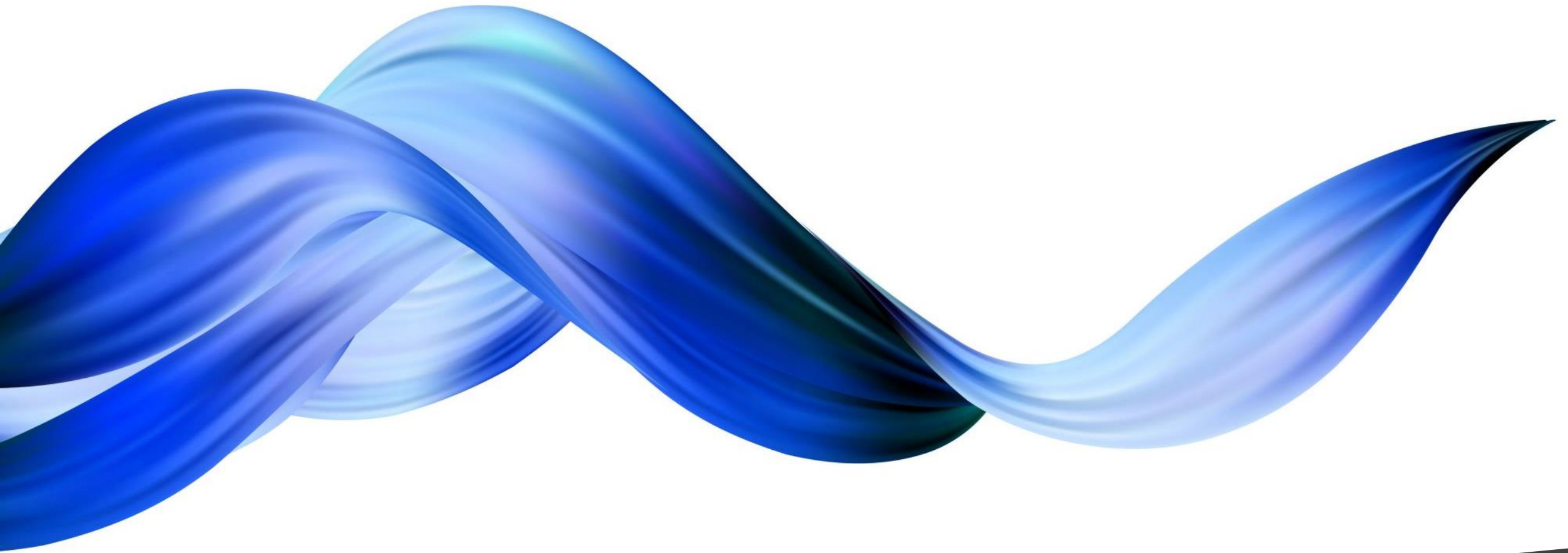
Participants were asked to rate specific concerns about several aspects of their lives given the current Covid-19 situation.



# Interesting Findings

Note: Country's Economy is the top concern for all biographical groups

- **Pre-retirement group (older than 59):**
  - Top stressors: Personal Finances and Providing for family
  - Might be related to fears that retirement provisions would be inadequate because of the impact of the Covid-19 disruption on the economy.
- **Stressors for Working parents differ from staff with no children**
  - Working parents: *Childcare and Schooling, the health and wellbeing of their families, followed by their ability to provide for their families in future because of possible pay-cuts.*
  - Working Non-parents: *More about career prospects and future personal financial wellbeing because of fears around the economy*
  - **For working parents their children and families are central to their stress experiences while for staff without children it is more about their economic future.**



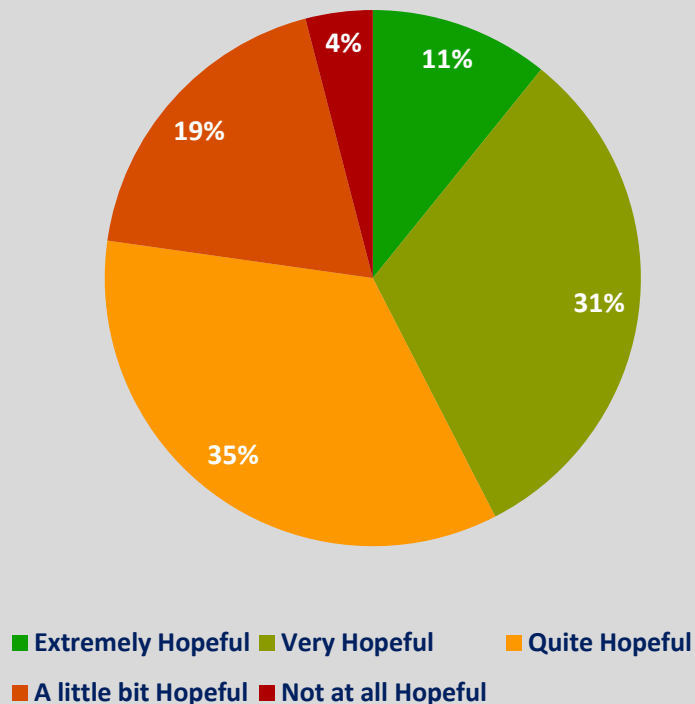
**HOPE**

**The presence of the positive**

# Hope about the future (presence of the positive)

Participants were asked to rate how **hopeful they feel about the future** given our current situation.

Hope about the future (n=1656)

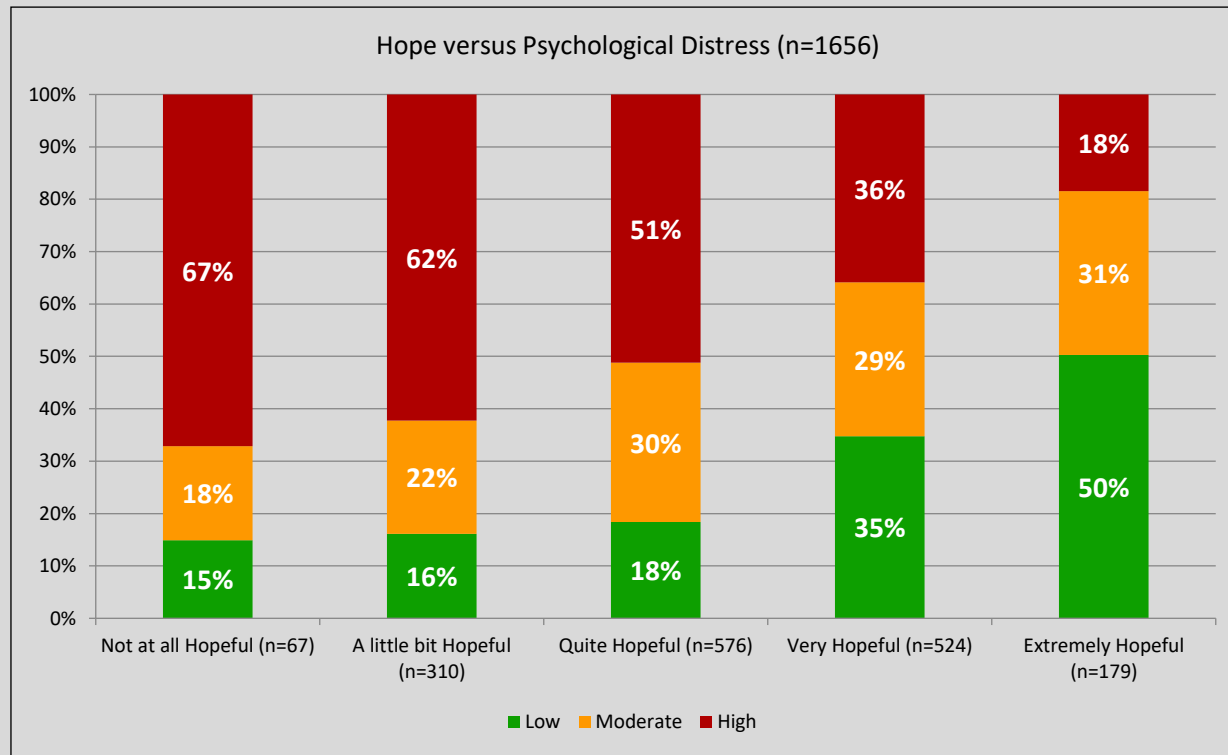


- Only 4% no hope – 77% decent hope levels!
- **More hopeful:** Remote workers, Male employees, and Career enterers (20-29) in spite of concerns about the future
- Older age group employees (50 and older) are less hopeful
- For the **younger single mother risk group** – 75% experience decent hope levels, but **6% are in despair.**



# Hope versus Psychological Distress

From a theoretical perspective, Hope (the presence of the positive) is a **mitigating factor for the development of Pre-TSD**.



As Hope levels increase, the experience of Pre-TSD symptoms decrease for the sample of South African employees.

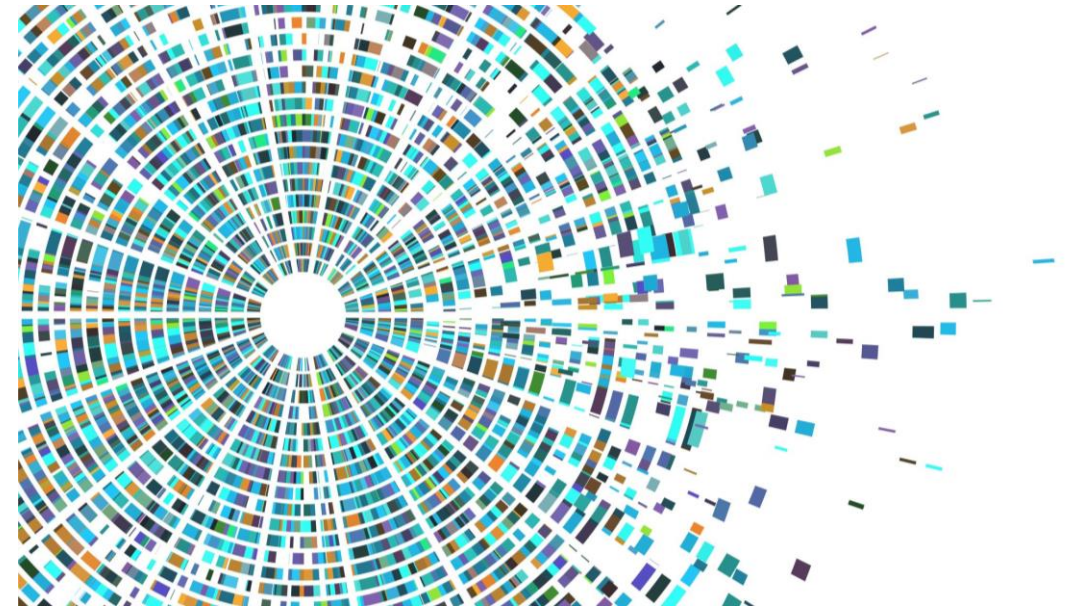
Proactively, promoting Hope would have a positive impact on employee functioning and promote future mental health.  
***This is an important result for employers to take note of.***

# Results Conclusion

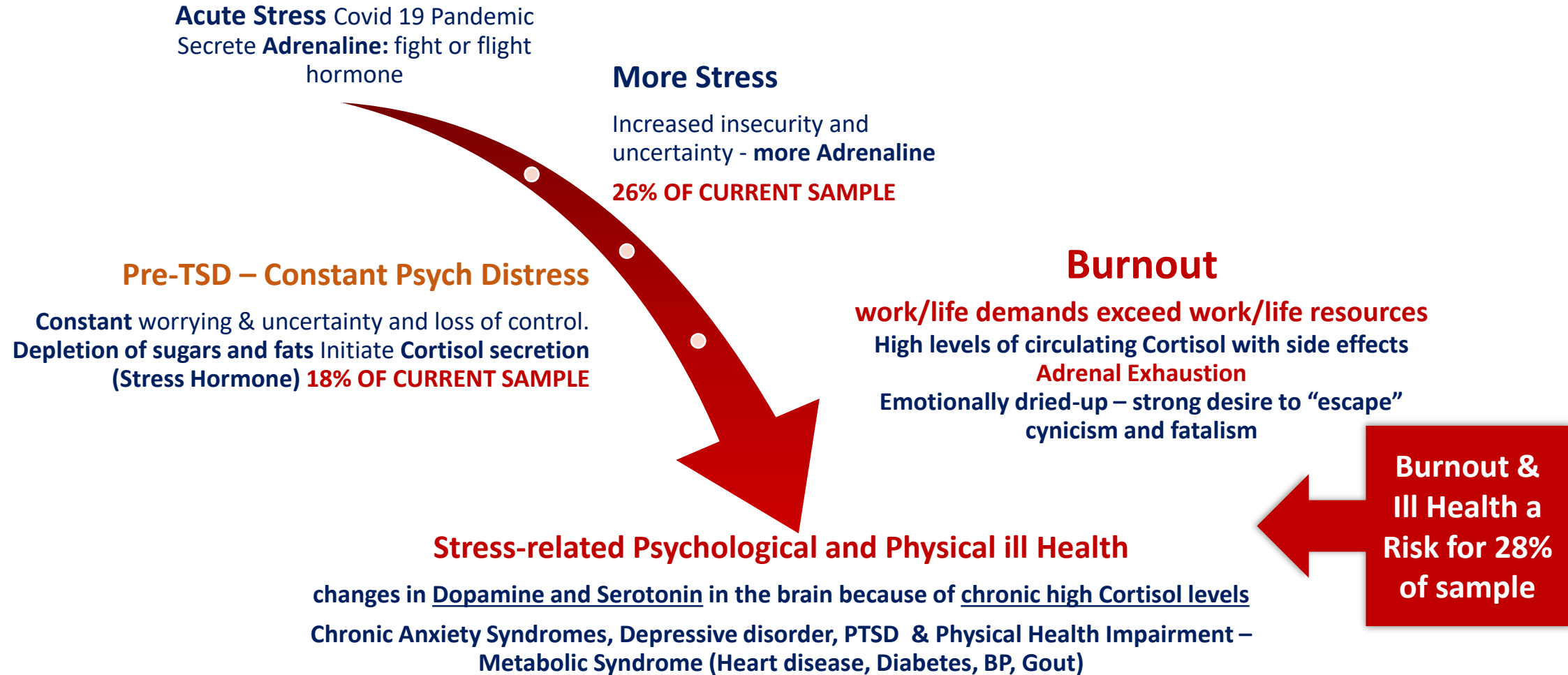
- Some business leaders might think that because people have a job, they are lucky and the impact of the covid pandemic is less severe on them. ***“At least you have a job so don’t complain” mindset***
- However, it important to note that having a job and being employed during the Covid pandemic ***does not mean that people are protected against the mental health impact of the pandemic.***
- **Insecurity and constant worrying** are about more than only job-related factors for staff– ***employees are deeply concerned about the economy, their children and families and their ability to provide for their families in future because of the economy.***
- ***However, the presence of the positive HOPE is evident for most employees! Having a job might be the reason for this!***

NOTE Consider Previous Research: The SARS 2003 outbreak has been referred to as a **mental health catastrophe**, and research showed that **30 months** after the outbreak, post-traumatic stress disorder (PTSD) was the most prevalent long-term psychiatric condition, followed by **depressive disorders**.

## Implications of the findings



# The Stress-related Ill-health Process (simplified)



# Implications of our Research Findings

- Mental health service providers such as SADAG can expect ***an increase in patient volume; not only now but also over the longer-term***
- The health insurance industry should prepare for an increase in ***mental health expenses over the next two years***
- Employers should prepare for an **increase in staff mental health risks** such as burnout and stress-related ill health (PTSD, depression, and physical health risks) which will impede **work engagement and staff morale over the long term** if not addressed *proactively*.
  - Risk such as presenteeism, *over-promise and under-deliver*, poor judgement (quality of decisions) and risk behaviour – increase in errors, mistakes and come-backs, and accidents and injuries at work. IR incidences might also increase because of poor judgment and risk behaviour.



WorkWell  
Research Unit

Next Up: Prof Stoffel Grobler  
(Mindful Revolution)

Consequences and Impact of  
Mental Health in the  
Workplace

# Afriforte

Metrics that Matter



# Proposed Business Strategies to Protect Mental Health in the Workplace



Employers are best positioned to proactively mitigate the mental health impact of the COVID disruption on large numbers of citizens.

1. Business leaders should show **strategic commitment** to staff wellbeing and health - **mental health promotion should be part of the *COVID-19 business recovery strategy***.
2. It is so important that employers create a safe space for employees to have conversations about the mental health impact of the pandemic (*sic.* Prof. Stoffel Grobler). **To achieve this Employers should facilitate *covid-19 touch base sessions with teams in the workplace***.
3. Promote **Inspiring Leadership** at all management levels; e.g.
  - **Share** business recovery goals and the importance of staff to achieve these – give regular feedback re progress
    - Keep employees informed about the health of the business and their BUs – be honest but also provide Hope by emphasizing the non-permanency of the pandemic and the of the business readiness when the pandemic subsides
  - **Celebrate successes**, even small ones and share **lessons learnt** - this is new for all of us and we are learning a lot
  - **Promote leadership visibility** and engage in random chats with staff.
  - **Showcase** the contributions/actions of the business and leaders to support the community and staff.
4. Endorse an **internal support infrastructure** for staff members that need individual support, i.e., invest in an EAP or wellness infrastructure or confirm a referral network for staff. Collaboration between health insurers and corporate employer groups re staff mental health risks might also be an important strategy to consider (win-win).





# A Real-Time Staff Touch-Base Platform was developed based on this research

---

The platform was developed to empower employers to **proactively** promote the mental wellbeing of employees and teams in the workplace

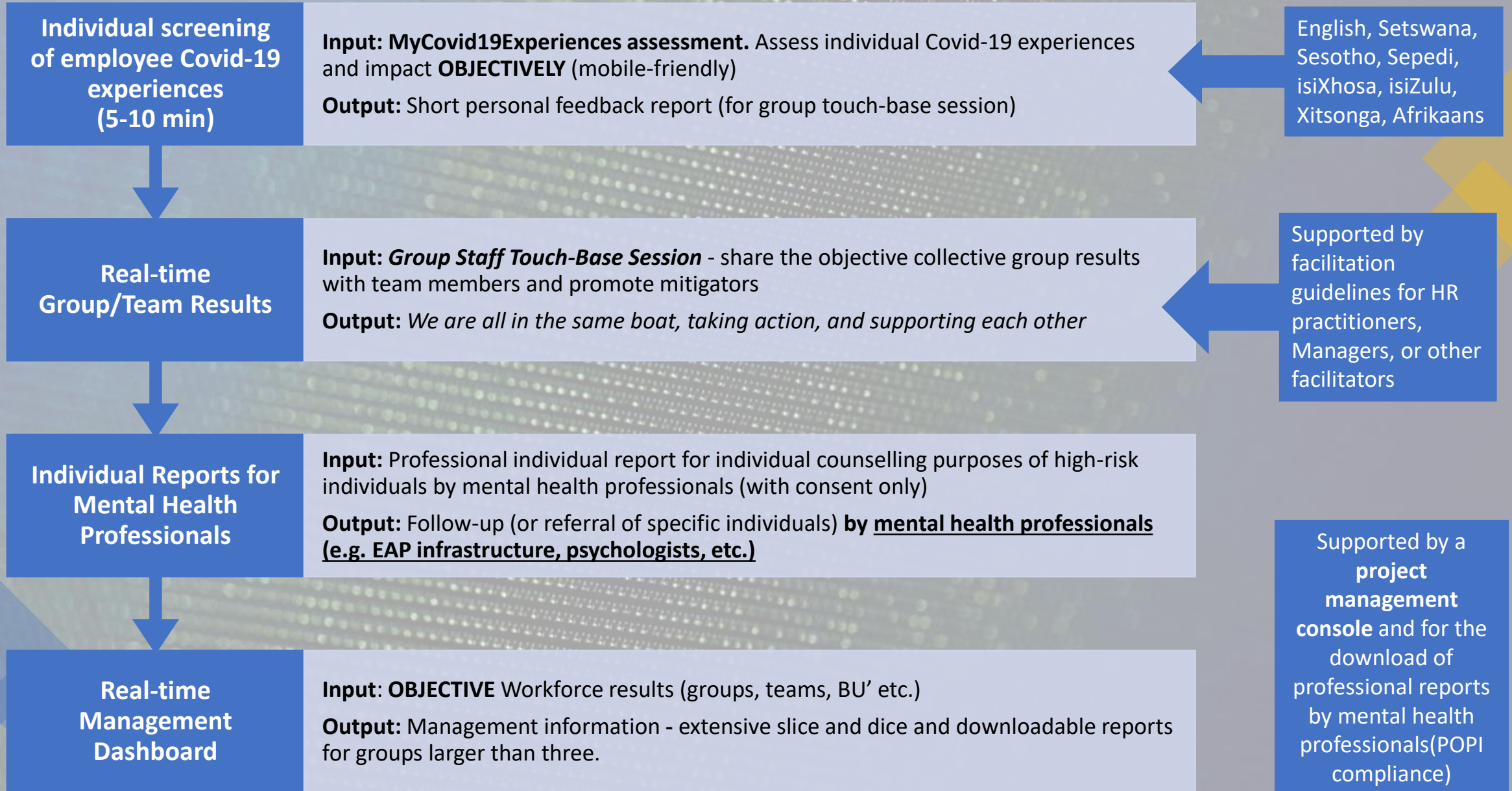
*Endorsed by SIOPSA and the SABPP*



## CHALLENGE

Most large organizations do not have a viable way to recognize each employee's circumstances and may not know what each person is facing unless they create a means for them to do so. The platform, resulting from this research, provides the means for them to do that

# Components of the *Real-time Covid-19 Touch-Base Platform*



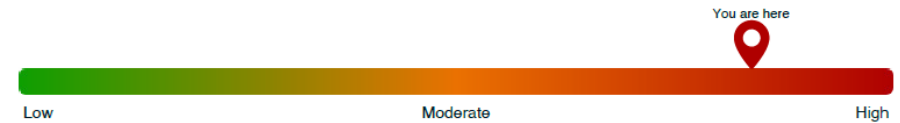
# Individual Screening with MyCovid19Experiences@ Assessment: Example of Personal Awareness Report

(available in eight SA language groups)

## COVID-19 Impact Awareness

James Smith  
20 May 2020

### Be #StressAware



### Be #ConcernsAware

Your top concerns are:



Pay-cuts



Future Career Possibilities



Country Economy



Personal Finances

Thank you for participating in this survey your contribution is appreciated

### Important Resources and Contact Information

Corona Virus and COVID-19 24-Hour Hotline: **0800 029 999**

Mental Health Information Line: **0800 567 567**

Corona Virus and COVID-19 WhatsApp Number: **0800 12 3456**

**Step 1:** Save the number to your contacts on your cell phone.

**Step 2:** Send the word "Hi" to COVID-19 connect and start chatting.

To visit the Official Corona Virus and COVID-19 South African Resource Portal visit [www.sacoronavirus.co.za](http://www.sacoronavirus.co.za)

#### Disclaimer:

This personal feedback report is not a substitute for professional advice or counselling. It only reflects your responses. Afriforte cannot be held responsible for any action or decisions taken by the recipients of this personal feedback report. We recommend that if you are at risk of psychological or physical unwellbeing or feel that you may need medical advice or counselling, to please consult a qualified health care professional such as your family doctor or a psychologist or the occupational health and safety professional at your work.

# Real-time Group Results

- **Group “Touch-Base” Session:** Share the combined **objective** results of groups (no person to be identified) – all dimensions:
  - Normalise fears and promote hope - most of us are really freaked out for NOW! And it is normal!
  - Promote hope (non-permanency of Covid disruption and concern re-framing)
  - Show how taking action by being at work and being productive, working safely and staying healthy affect the concerns/stressors evident the group
  - Generate group support – how can we help each other in these times
- **Impact evidence:**
  - We found that these touch base sessions with teams in the work environment promoted **team cohesion and created a sense of “we-ness”** – *we are all in the same boat and will stick together and support each other at a practical and emotional level.*
  - These sessions, showed to *significantly* benefited **female, single parent, and younger employees (20-39 -year-olds)** because of the social support generated by the session



Meaning of Touch-base: Informal talking and conversation. Touch-base is a form of “informal debriefing” and serves as **“First Aid”** to staff

# Staff Touch-base in the context of the Covid-19 Disruption:

## What the Touch-Base session should NOT be:

- It is not “therapy”
- It is not counselling
- It is not about probing people’s emotions and reactions – should not be an emotional session
- It is not about providing answers or solutions to personal problems because of the disruption
- It is not about resolving psychopathologies or personal problems that existed *before the disruption*
- ***These actions are for mental health professionals only***

## What the Touch-base session should be:

- It is a **structured voluntary group discussion** aimed at putting an abnormal event into perspective.
- It is an **OBJECTIVE conversational session**
  - It’s all about allowing a group of people to talk and share their experience of the disruption based on **objective individual inputs (not emotional)**
  - It’s about normalizing fears, creating hope and generating support at work
- It is an opportunity to
  - Show that the employer care about the impact of the disruption on staff and want to stay connected with staff
  - **Destigmatize** the impact of Covid-19 because all employees participate
  - Introduce the company’s wellness infrastructure for those who need follow-up

# Management Dashboard

## Generates Real-time Management Information:

- Real-time Analytics System with extensive slice and dice function. Management reports downloadable in Word
  - **Standard:** Gender, Age Groups, Race Groups (SA), Relationship status, Children, Work environment (on-site vs remotely)
  - **Optional:** Organisational structure as applicable e.g. BU's, Teams, Dept





Example: Facilitators  
Report to mental  
health service  
providers for individual  
counselling (available with  
consent of the employee only)

OHS for medical file

COVID-19 Debriefing Care Initiative: Employee Results

**Name:** Thinus Liebenberg **Email:** info@afirforte.co.za  
**ID Number:** 8405020000000 **Contact Number:** (083) 000-0000  
**Company:** Afriforte **Date Completed:** 2020-04-20 at 07:00 AM  
**Project Name:** COVID-19 Project **Report Access Granted:** 2020-04-20 at 07:00 AM

Stress Risk

Experiences of Psychological Stress Symptoms

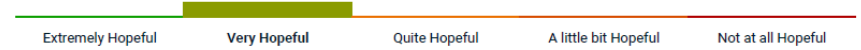


Experiences of Physical Stress Symptoms



Hopes and Concerns

General Hope Level



General Concern Level



Concerns Ratings



● Not at all concerned ● A little bit concerned ● Quite Concerned ● Very Concerned ● Extremely Concerned

This Facilitator's Report is private and confidential and only intended for use by Afriforte accredited professionals that have been trained by Afriforte to provide personal feedback to individuals that provided their consent. Any breach in confidentiality or transgression of the Laws of South Africa and International or professional/statutory regulations and codes of ethics are the responsibility of the accredited user (professional) and Afriforte cannot be held liable for any breach in these because of the actions of the user/professional. Furthermore, Afriforte cannot be held responsible for any action or decisions taken by the user or professional during the feedback session. Also important to consider that this feedback report is not a substitute for professional diagnosis or advice and it is recommend that if an individual are at risk of psychological or physical un wellbeing or feel that he/she may need medical advice or counselling, to please consult a qualified health care professional such as a medical doctor or a psychologist. This document was generated ONLY for use by Thinus Liebenberg (XXXXXX). This document must be stored in a safe protected environment or destroyed after use.

# Benefits of the Process (Value Case)

- It promotes the image of companies as **caring employers** – promotes employee trust and the *psychological contract* (employee relations)
- **Eradicate any possibility of stigmatization** – all staff are involved and considered
- It is based on **OBJECTIVE inputs and results** – take the emotion out of the situation and foster **problem-solving and social support at work (Team Cohesion)**
- It is **time and cost effective** and reach every staff member, especially in *larger organizations where this is a problem* (only around 10% of staff need individual follow-up)
- Management see **objective and evidence-based** results (**true picture**), **NOT** *subjective and consensus-based information (disputable or speculative picture)*





**We Thank You**

[ina@afriforte.co.za](mailto:ina@afriforte.co.za)

[www.afriforte.com](http://www.afriforte.com)

[www.sadag.org](http://www.sadag.org)

[www.mindfulrevolution.io](http://www.mindfulrevolution.io)

“Batho Pele” has never  
been more important

