Workplace Resilience in the Aftermath of COVID-19

Facilitating Economic Recovery by Supporting Workplace Mental Health

June 24, 2021
A virtual conference by the Workplace Resilience Enhancement Project

A SUMMARY
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**Conference collaborators:**
The Kennedy Forum Illinois
The University of Chicago Medicine Urban Health Initiative
NAMI Chicago
AT&T Believe Chicago
Workplace Resilience in the Aftermath of COVID-19 virtual conference

PANELS

Changing the Mental Health System: Eliminating Discrimination and Enacting Policy
Ramon Troncoso, the State Journal Register journalist, moderator
David Applegate, policy director of the Kennedy Forum Illinois
Alice Feldman, mental health advocate and person with lived experience
Dr. Wanda Parker, vice president of clinical and therapeutic services of Aunt Martha’s Health and Wellness

Creating Caring Workplaces: Workplace Wellness and Organizational Practices that Support Wellbeing and Build Resilience
Alexa James, CEO of NAMI Chicago, moderator
Ronisha Edwards-Elliot, community outreach coordinator of NAMI Chicago
Maggie Gough, member liaison of WELCOA, and an expert on corporate wellness
Kathryn Bocanegra, assistant professor at Jane Addams College of Social Work at the University of Illinois at Chicago, and a senior advisor to Illinois Attorney General Kwame Raoul on violence prevention issues
Pooja Nagpal, in-home recovery support provider of NAMI Chicago

The Mental Health Effects of Hate Crimes, Employer Responsibilities, and the Workplace Culture that Can Facilitate Resilience
Joel Jackson, director of inclusion and equity strategies of the UChicago Medicine, moderator
Danielle King, assistant professor and researcher on workplace resilience at Rice University
Royce Lee, associate professor at UChicago Medicine, and psychiatrist with a special interest in workplace wellness and resilience
Jorge Mujica, strategic campaigns organizer of ARISE Chicago
The COVID-19 crisis created significant issues in the workforce as employers began to realize they needed to play a role in helping employees cope with the mental health challenges spurred by the COVID-19 pandemic. As the pandemic continues to affect our lives, employers still must find ways to promote wellbeing in the workplace, increase awareness of the signs of distress that employees may exhibit, and most importantly, facilitate a workplace culture that provides the support and meets the needs of all employees, from top to bottom. Workforce mental health will be a central component of economic recovery in the aftermath of the COVID-19 pandemic.

However, the focus on mental health on employees is nothing new. The aftermath of COVID-19 is actually a reminder of what we already know: mental health struggles, depression and substance abuse or other coping strategies ultimately affect workers’ work time and productivity. Labor advocates say that employers must also learn how to recognize the symptoms of distress, have humanized conversations with employees, and get a system in place to respond in a way that is not shameful but supportive. Employers must start by establishing policies to support employees without making them feel stigmatized or perceived as weak. When workplaces invest in mental health resources for their employees, there is a financial return.

It will be several years after the COVID era before the pandemic’s cascading negative effects improve significantly, mainly because of how COVID created so much job instability, job loss, economic turmoil, and food insecurity.

The key topics discussed in our virtual conference included:

- Mental health and substance abuse during COVID
- Breaking the stigma
- The inequities in the U.S. healthcare system
- Access to care
- The importance of telehealth
- Mental health in the workplace
- Chronic workplace stress
- Workplace resilience
- Burnout among essential and healthcare workers
- Stress management
- Workplace wellness
- Workplace self-care
- Marginalized workers
- Undocumented workers
- Workplace culture and corporate social responsibility
- Racial trauma
- The biology of stress
- Leadership support
The wrath of COVID on mental health

According to Dr. Wanda Parker, vice president of clinical and therapeutic services of Aunt Martha’s Health and Wellness, there has been an increase in anxiety and depression among people of all ages during the COVID era. Mental health-care providers have seen a spike in waiting lists. And, the crisis exacerbated the struggles to those who were already having a rough time with their mental health. In addition, “we saw record amounts of overdose deaths in 2020, and black Americans are disproportionately represented in those statistics,” said David Applegate, policy director of the Kennedy Forum Illinois.

During the COVID era, many factors played a role in mental health challenges and substance abuse, including isolation, work stress, race-based trauma, job loss, housing and food insecurity, and economic adversities.

However, “while the pandemic exacerbated a lot of these issues, they are not new. Many communities have been experiencing mental health and addiction challenges prior to the pandemic,” Applegate said.

“We have all lived and experienced a very tumultuous past year and a half, and what I’ve noticed is that we have all faced a lot of novel challenges with the pandemic,” said Danielle King, an assistant professor and a researcher on workplace resilience at Rice University.

On the positive side, these issues increased awareness and dialogue around mental health in various contexts, including mental health in the workplace. We’ve also seen a lot of discussion around the mental health of children and adolescents after they experienced remote learning and were bombarded with news about things like police brutality, racism, and the collective trauma that communities of color have been experiencing.

“In this sense, the silver lining of COVID has been the increased attention to mental health and the elevated dialogue around these issues,” Applegate said. “I think these challenges also represent an opportunity moving forward in the future, in the form of increased dialogue and discussion that will lead to action and change in our system.”

Breaking the stigma

What are the biggest barriers that prevent people from seeking care for their mental health and substance use disorders?

For some people, talking about their mental health struggles is difficult as they are afraid of being judged or perceived as weak or “crazy.” Therefore, many are reluctant to seek help due to the stigma behind mental health. “When I was younger, I looked at mental illness like being crazy. The first few times my parents sent me to a therapist I was really ashamed. I didn’t tell my friends, and I would do my best to sneak in and out of the office because I didn’t want anyone to see me. Today, I do my best not to let society’s judgment interfere with my treatment,” Alice Feldman said.

Researchers have observed that more people feel more comfortable sharing their struggles and asking for help, especially when they see that others are experiencing similar issues. However, being open about mental health struggles at work is not easy as there are people who are afraid that their employers will have access to their records through their insurance carrier. That’s why employers need to reassure employees that medical
Alice’s story

Alice Feldman, a mental health advocate and a person who lived the experience, shared her story:

My parents made the executive decision to send me to a treatment program in hopes of saving me from my own self-destruction. Sadly, many kids I went to treatment with were not as lucky. My friend Blair who I met at VISTA, which is a residential treatment center, was in treatment for self-harm, heroin addiction, and various mental health issues.

After about five months of her being at VISTA, her mom ran out of money and had to sell her house to continue paying for Blair’s treatment; even with that money, Blair was pulled from the program too soon.

The last time I talked to her was on March 9, 2019. At this point, she just gotten out of jail for heroin possession, was homeless, and living on the streets.

When I shared my concern for her wellbeing, she replied, and I quote, “I know it’s going to kill me but I can’t stop and I just don’t care anymore.” I’ve reached out to her since, but I’ve yet to receive a response.

My next program was at a therapeutic boarding school where I had another friend named Brian. He was pulled from the program four months early due to his family not being able to afford it anymore.

Less than a year later, he overdosed on Percocet and died. He was 19 years old.

I got extremely lucky with my next program solely because of my therapist. It was May 14, 2017, and I had just arrived back in Salt Lake City, Utah, for my final program.

It was my first session with my new therapist Jeff Lawson, and this was the moment my whole mindset changed. So far, the experience I had had with new therapists at programs is that they would pull out this big black binder which contained all of my information, notes from previous therapists about my issues and all my problematic behaviors, and due to this preconception of who I was, we very rarely would get to work on anything new.

Jeff was sitting at his desk, and I was sitting on the little leather couch across from him. I asked him what he had read in my file that he wanted to know more about, and Jeff just looked at me and said, “I don’t care what you’ve done or who you were, I just want to know who you are now and what you want to do moving forwards.” I don’t remember if my jaw actually dropped, but I was shocked. I never had a therapist, believe me, right off the bat like that.

It sounds dramatic, but that was the day I officially started to make a positive change in my life. It was also the most grueling experience I’ve ever been through, confronting my deepest insecurities, fears, and bad behaviors at the age of 16 through 19. It wasn’t an effortless walk in the park.

Overall, what I’m trying to say is treatment is hard enough without the stressors of stigma and discrimination against people with mental health and substance use disorders.
records are confidential unless the patient signed a release. Companies must create an environment where people feel comfortable asking for help so that they don’t suffer in silence. Businesses should have mental health check-ins with their staff to see how everybody is doing before starting the workday.

**Inequities in the U.S. healthcare system**

In an August 2020 in-depth report by WBEZ radio in Chicago, an NPR affiliate, relatives of Chicago COVID victims talked about the systemic conditions they faced during the pandemic, which disproportionately impacted communities of color:

> These early indicators of stark racial disparities led a team of WBEZ reporters to spend more than two months trying to reach hundreds of relatives of Chicagoans who had died from COVID-19 from March 16 through May 9. Those extensive efforts focused on four ZIP codes that best illustrate the city’s inequalities during the pandemic and surface some of the reasons why they exist.

For Chicago ZIP codes with the highest rates of COVID-19 infections and deaths, the interviews, survey results, and data revealed higher rates of underlying conditions that typically lead to more severe COVID-19 outcomes; higher rates of essential workers and others unable to work remotely; and more crowded living quarters where social distancing is sometimes impossible. These factors all served as building blocks to the stark disparities of COVID-19 cases and deaths in Chicago’s Black and Latino communities. They also illustrate long-standing, systemic conditions that made the pandemic’s disproportionate impact somewhat predictable.

David Applegate, policy director of the Kennedy Forum Illinois, couldn’t agree more: “We’ve seen a lot of inequities in our health system and communities of color have been particularly hard hit and disproportionately impacted by the pandemic. They are also facing acute challenges to accessing mental health and addiction care,” he said. “But none of these is new. Socioeconomic and racial inequities in our healthcare system have existed for quite some time.”

Dr. Parker stresses that the most significant barrier to care is affordability, as the high cost of coverage is consistently cited by consumers as one of the reasons for not obtaining health insurance. What does this mean for employers? “They must play a role in ensuring that their employees and their families are able to access mental health and addiction care. They must make sure employees have robust behavioral health benefits and work with their healthcare plan providers and make it clear that this type of care is a priority of the organization,” Dr. Parker said.

Experts say that there must also be access to care that’s sensitive to communities of color’s needs because they have experienced acute trauma from decades of racism and social and economic exclusion. “I think it’s important that they are able to see and visit providers who look like them and perhaps someone who comes from those communities. We have to invest in our treatment system and prioritize providers like Aunt Martha’s who are actually working in these communities and providing services,” Applegate said.

“We need to listen to the people from those communities to understand what their needs are. And this is something we can all do in our daily lives and in our interactions with people,” Applegate added.
Access to care with Telehealth

One of the biggest struggles that many communities face, mainly in rural areas, is a lack of access to healthcare, including specialized medicine such as telepsychiatry. Telehealth, where technology meets health, is being used in many healthcare facilities and hospitals throughout the United States to alleviate that shortage at a lower cost in some cases. As Illinois saw the need for telehealth, its General Assembly passed legislation requiring health plans to cover telehealth services and more robust mental health and addiction treatment coverage.

Dr. Parker agrees that telehealth has been exceptionally positive for many. “It’s been very functional way of treating. I saw a lot of practitioners rise to the occasion and get creative with ways of being able to reach people, while making sure people still feel connected.”

“The telehealth has been around for a while but in the past year it has just exploded,” Applegate said. “One of the biggest [benefits] with telehealth is not only that it’s audio-visual, but folks can also do only audio maybe if they don’t have a computer or a reliable internet access.”

For this reason, employers must make sure that the health plans they are offering to their employees cover telehealth the same way that they would cover in-person care.

“We can’t let it go back to just in person because there are some people who wouldn’t walk through the door but would rather prefer to turn on their smartphones and have a session, or others may have a hard time finding transportation, or some may have a difficult time in a very small community going into a place for behavioral health services and feeling some stigma around that,” Dr. Parker said.

Mental health and the workplace

Poor mental health and stress can have negative impacts on employees and the workforce environment. Such consequences may include poor job performance, lack of work engagement, lack of interest, low productivity, absenteeism, excessive tardiness, high turnover, and communication problems among co-workers.

Rice University professor Danielle King noted that researchers have observed that microaggressions, such as subtle and ambiguous behavior, that people face in the workplace may cause sleep disturbances, increased anxiety and depression, and decreased self-esteem.

Moreover, studies have shown that depression is taking a toll on the U.S. economy. According to the Center for Disease Control (CDC), depression causes an estimated 200 million lost workdays each year, costing employers between $17 billion to $44 billion.

Amid the COVID pandemic, workers have experienced even more struggles with their mental health. A survey conducted by Vida Health showed that 88 percent of adults said they had experienced one or more of the depression symptoms during the pandemic, and nearly half of them said they lost interest in doing things, had trouble sleeping, and had feelings of hopelessness. Forty-seven percent of them also felt that getting help was a sign of weakness.

An article published by Forbes in January 2021 said that since the start of COVID-19, “more companies are enhancing their mental health benefit offerings for employees. A survey of 256 companies by the National Alliance of Health-
938: the new 911 for mental health crisis

Approximately every 11 minutes, someone in the United States commits suicide, according to the CDC. After Congress passed the National Suicide Hotline Improvement Act of 2018 “at a time when the importance of rapid access to crisis intervention and suicide prevention services has never been more critical,” the Federal Communications Commission released a report recommending the use of 988 as a three-digit code for the National Suicide Prevention Lifeline, expected to be fully implemented by July 16, 2022.

Care Purchaser Coalitions found that, since last February, 53 percent of employers have begun providing specific emotional and mental health programs for their workforce. These programs include free access to various health and wellness applications, video sessions with mental health counselors, and stipends for psychological or physical health-related services.”

“You don’t have to prove your ability to be resilient’

Working hard and long hours to the point of exhaustion doesn’t mean a person is resilient, said Maggie Gough, member liaison of WELCOA and an expert on corporate wellness. “When we are struggling, we feel like we are failing and because we feel like we are failing we push on the gas harder. If you are in HR or a leadership position and you are struggling, notice that perhaps it’s not just you. There are lots of people who are struggling and you don’t have to prove your ability to be resilient.”

Because burnout has become a real issue for millions of workers in the U.S., some companies are steering away from the conventional time off benefits model to allow employees to achieve a more sustainable work-life balance. For example, Gough said, “I know of one company takes [a week off] each quarter as an entire team and as an entire business. They are out of the office and this is planned into the strategic model of the way they do business.”

Another example of a company going the extra mile to care for its employees is the award-winner workplace Johnsonville, which has a high population of employees who mistrust the medical system “so the company decided to bring in on-site physicians to make access to care easier,” Gough said.

Burnout and mental health among workers in the healthcare industry

Amid the COVID pandemic, mental health challenges deeply affected many workers in the healthcare industry. Dr. Parker said many practitioners lost their lives to suicide due to the immeasurable stress they experienced.

What’s more, as the COVID-19 pandemic worsened, many healthcare professionals experienced vicarious trauma, which, according to the Office for Victims of Crime of the U.S. Department of Justice, is an occupational challenge for people working and volunteering in the fields of

Community-based mental health resources

In addition to telehealth and behavioral health facilities, community-based mental health organizations play a vital role in helping people get the care they need. “This may or may not be in a hospital. It could be in a storefront or it could be a faith-based institution,” said Kathryn Bocanegra, assistant professor at Jane Addams College of Social Work at the University of Illinois Chicago and senior advisor to Illinois Attorney General Kwame Raoul on violence prevention issues. These facilities can help break the stigma, provide relief to those who don’t have health care coverage and some can also even assist with childcare and transportation.
victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence. As the pandemic ravaged the health of tens of thousands of people and took the lives of thousands more, the U.S. healthcare workers faced their own mental health challenges, becoming more vulnerable to suicide.

A 2020 report published by Dr. Amanda Kingston, an assistant professor and Forensic Psychiatry Fellowship Training Director for the Department of Psychiatry at the University of Missouri, said that with the coming of COVID in 2020, “the rates of physician burnout have climbed due to increased emotional demands including increased patient deaths, lack of feelings of control, personal blame for inability to do more for patients, increased work hours, and increased emotional stress within their support system. Increased rates of burnout, symptoms of depression and anxiety, and increased social isolation suicide rates are also predicted to climb both in the general population and within the population of U.S. physicians.”

Approximately 50 percent of physicians in the United States will report symptoms consistent with burnout at some point in their career. Rates of burnout are climbing, which is attributed to increased bureaucratic oversight, loss of physician autonomy, increased documentation requirements, increased administrative burden, and decreased time spent with patients, Kingston reported.

Although healthcare professionals also struggle with mental health issues, sometimes they are the least likely to seek help. “People in helping professions are most guilty of not giving safe spaces in workspaces to talk about stress trauma and wellbeing because we are always helping others,” said Kathryn Bocanegra, an assistant professor at Jane Adams College of Social Work at the University of Illinois Chicago, and a senior advisor to Illinois Attorney General Kwame Raoul on violence prevention issues.

‘Put on your oxygen mask on first before helping others’

What are some of the strategies that healthcare providers can establish to support an employee who is struggling?

Experts agree that healthcare professionals must take care of themselves first to care for others. This concept is similar to when a flight attendant says to the passengers when giving safety instructions before a plane takes off: “Put our own oxygen mask on first before helping others.”

But that concept of taking care of yourself first is easier said than done.

“A lot of times people don’t have self-care on the top of the list. It’s actually at the bottom of the list. Sometimes people view self-care as going to the spa or taking vacation, but self-care is more than that. It’s about setting boundaries in your professional and personal...
life because everything is interrelated,” Dr. Park-
er said. “If you are not taking time to refuel that
self-care then you are going into that vicarious
trauma place where you are running on fumes,
and you are not giving your best, you are not go-
ing to be at your best and eventually your system
is going to tell you that you need to stop.”

Breaking the mental health stigma in
the workplace

Employees are often hesitant to express their
emotions and mental health struggles in fear that
it could harm their careers.

“I personally don’t really feel comfortable talking
to my bosses about my mental health struggles,
and that be pretty difficult especially on days
where my anxiety or depression is affecting me
were heavily. I feel like it’ll affect my job if I talk-
ed to my bosses and just say like, ‘hey I’m really
anxious right now… can I go take five minutes?’ I
would be concerned that it would affect my job
and my position,” Alice Feldman said.

Pooja Nagpal, an in-home recovery support pro-
vider of NAMI Chicago, says it’s OK to be honest
about how you feel. “There were many times in
the pandemic that I was grateful to NAMI and
my superiors for asking me how I felt. When
any of us are under this much level of stress and
duress it’s really hard to communicate what we
need,” she said.

Sharing what we feel “doesn’t mean I’m not a
good performer. It means I’m human, there’s a
pandemic and it affects every area of my life,”
Nagpal said. Nagpal is a first-generation Indian-American who uses her story and journey to
inspire adults to take ownership of their mental
health and recovery.

In addition, overcoming the social stigma about
mental health should start at the top of leader-
ship, Applegate said. “One way they can really
show leadership is being open and honest about
their own struggles. It really starts at the top. It’s
important for employers, the bosses, the manag-
ers to share that ‘hey, I’ve had troubles too.’”

Workplace wellness

Maggie Gough, an expert on corporate wellness,
notes that over the past 15 years, companies
are focusing on a model of corporate wellbe-
ing, where the employer addresses some costs
around employees’ physical health, which will
essentially be beneficial to the business as well.

“What organizations did was they put some spe-
cific interventions into play to allow their em-
ployees to engage in these platforms or specific
vendor services so that the employee could get
healthy. We live in communal systems where

When chronic workplace stress
turns into burnout

While burnout is an occupational phenom-
enon that is becoming more common when
describing workers’ current experiences in
the workforce, it’s also a diagnosable con-
dition classified by the World Health Organiza-
tion (WHO). The WHO’s International
Classification of Diseases diagnostic man-
ual defines burnout as a “syndrome con-
ceptualized as resulting from chronic work-
place stress that has not been successfully
managed.” According to Dr. Wanda Parker,
vice president of clinical and therapeutic
services of Aunt Martha’s Health and Wel-
ness, some factors for workplace burnout
include unsustainable workload, unrealistic
demands, lack of input, insufficient rewards
or compensation, lack of support, and em-
ployees working an excessive number of
hours.

What are the symptoms of workplace burn-
out?

- Feelings of energy depletion or exhaus-
tion.
- Increased mental distance from one’s
  job or feelings negative feelings to-
  wards one’s career.
- Reduced professional productivity.
Supporting employees in managing stress

A model designed by the Wellness Council of America (WELCOA) offers the following points to consider when helping an employee who is facing mental health struggles:

1. **Show empathy.** Empathy often comes in the form of compassionate listening and language.
   
   For example:
   
   Employee: *I am feeling incredibly overwhelmed about the long-term sustainability of the company in the midst of this pandemic.*
   
   Listener: *It makes sense that you might feel that way.*
   
   Notice that the listener does not belittle or try to fix the other person's challenges. There is a simple acknowledgment of another person's struggle.

2. **Listen.** Listening allows us to be present with another person without having to solve their problems or exert emotional caregiving that allows for others to feel heard and acknowledged.

   Listening provides people with a sense of connection and safety to be able to speak their truth with someone who is capable of withholding judgment. Here are some ways to be a great listener:
   
   • Be open-minded to their perspective.
   • Focus on what the other person is saying.
   • Summarize what you hear and ask questions to check your understanding.
   • Try to empathize with them.
   • Avoid trying to offer an immediate solution.
   • Try not to interrupt.

3. **Be aware that anxiety can spread.** Anxiety is part of the body's natural defense system as an alert to a threat, especially something that is unknown, vague, or that we can't control. Though a natural part of who we are as humans, anxiety does present with both physical and mental symptoms. Therefore, it's especially important in times of crisis to help others move to a mental and emotional state of safety. This can be done in a few ways:

   When someone shares their anxiety and fear with you, ask them to tell you more about it. In doing this, you can determine the depth of information they have and whether or not their fear is based on facts.
   
   This also helps the individual process how much of what they are feeling is based on factual information.
   
   Acknowledge the fear, and ask the person to consider what might make them feel safe. This will move them mentally to a state of identifying their own needs and determining how many of those are currently being met.
   
   Help them keep in mind that we can't control everything about a situation and encourage them to change what they can and let the rest take its course.
   
   Suggest exercise—it's a great way to relieve tension and help the body feel relaxed or stress management techniques such as meditation.
   
   Encourage them to avoid the temptation to turn to caffeine, nicotine, alcohol or unprescribed drugs for relief, which can make anxiety symptoms worse.

4. **Practice compassionate caring.** Avoid statements that begin with "at least" as these statements portray that one's feelings or experiences aren't hard enough or could be worse. Instead, lean into statements with the words or sentiment of "me too," which becomes an anchor of connection.

   For example:

   Employee: *I am really worried about my mother; she has a respiratory illness and has traveled recently.*

   Unhelpful Response: *At least you have your mother. Lots of people have already lost their parents.*

   Helpful Response: *I can understand that. I lost my mother a couple of years ago, but I would be worried for her if she were still alive today.*
there’s nothing that we do in our world that is not communal and the workplace is one of those community systems,” Gough said.

There are times “when companies enter into these types of models with an inherent belief that people don’t really want to take care of themselves and they have to somehow create this extrinsic motivation for people but the reality is that we can trust that people want to lead thriving lives and that there’s a multitude of things that impact people’s ability to do that,” Gough said.

Workplaces need to create a culture that encourages people to take time off and use their vacation time. “We’ve all been exposed to trauma in some way shape or form, directly or indirectly. We need to be kind to ourselves and others to understand that stress and anxiety are natural human responses,” Applegate said.

**Safe space**

Workplaces must also seek ways to provide safe spaces for struggling employees. “I’ve worked with individuals who have experienced trauma in the workplace and outside of the workplace and they can’t just say, ‘I can’t pack my trauma and say, please don’t follow me here,” Ronisha Edwards-Elliott, community outreach coordinator of NAMI Chicago, said.

Employers need to create a workspace that mitigates trauma, not contributes to the trauma, and a safe place for people to be vulnerable. “That person needs an ally and a supporter, more than they need criticism,” Edwards-Elliott said.

**Marginalized workers: stressed, unsafe and unheard**

Essential workers were particularly highlighted as vulnerable to COVID, professor Bocanegra said. “While essential workers most certainly involved all occupations within healthcare and caretaking industries, it also included professionals in agriculture, warehouses, factory work, public transportation, construction, home maintenance, custodial services and grocery store workers, among others. What unites these professions just listed is that they cannot be done remotely,” she said.

Immigrant and undocumented workers were among the most affected essential working groups during the pandemic as they are more likely to work for low wages or below the minimum wage, most don’t qualify for welfare, unemployment insurance, healthcare, housing, and other programs that other permanent residents and U.S. citizens do.

Jorge Mujica, a strategic campaigns organizer of...
ARISE Chicago, said that in the United States, all workers, regardless of immigration status, have rights by law. Some companies treat their employees as expendable, and during COVID, many wanted to keep producing regardless of the dangers their workers faced as they were exposed to the coronavirus, Mujica said. Some offered workers an additional $1 (per hour) to lure in workers to come to work during the pandemic. “That’s the value of your health, $1, that’s it,” he said.

“[To these companies] labor is cheap and that if someone gets sick and leaves, then that person can easily be replaced,” Mujica said.

Because these workers are in workforce environments that can’t accommodate providing wellness practices, these types of companies need to look at their platforms and provide the needs that employees are asking for, such as hazard pay insurance, expansion of paid leave, and wage increase. It would also be meaningful to recognize good work or recognize when a worker is having a bad day and provide some support.

What can workers do when companies aren’t meeting their needs? Mujica says collective action is one step to combat inequalities in the workplace. Usually, workers unite to fight for better wages and other workers’ rights, but during COVID, essential workers’ primary concern was health safety. “There were discussions that I had never seen in the workplace, where workers were looking out for one another and asking ‘how are you feeling.’ Workers began to notice that when a co-worker would get sick, they would go to human resources and say ‘hey, there are sick people here, what do we do?’”

Unfortunately, some companies didn’t handle these situations the right way, and in some cases, some companies shut down their HR departments, according to Mujica. “If someone got sick, they would post a notice on the door [and tell workers] to call this number. That’s the worst kind of reactions employers could have.”

Immigration is a process, said Jorge Mujica, a strategic campaigns organizer of ARISE Chicago. “We always say that this is a country of immigrants, but, basically, this is a country good for some immigrants, but not for others. Every ethnic group has had its moment in history, now is the anti-Latino moment.”

“Immigration is a process and for immigrants is incredibly traumatizing,” Mujica said. “Leaving your country behind to come to a country where you don’t speak the language or where you don’t have any idea of the law, what the law might mean facing institutional racism sometimes coming directly from the White House. The bias exercised against you, that you’re a criminal because you broke the law in order to be here... You know this kind of contradiction creates a lot of problems and trauma,” Mujica explained.

He added that he has seen children fear not seeing their parents when they go home back from school because one of the parents could have been arrested by immigration to be deported.

It’s important for people to learn the ins and outs of the immigration process and why somebody may seek refuge or asylum on the southern border. “Some people say, well, why don’t you come here legally? Well, because it takes 24 years to get a legal visa, that’s why. Learn the real details. Be conscientious of supremacy and discrimination and racism.”

Stress can kill

If left unchecked, stress can cause physical ailments, including high blood pressure, heart disease, obesity, and diabetes.

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Workplace culture and corporate social responsibility: Responding to public hate and racism

The United States’ increasing racist and ethnic hate incidents are impossible to ignore. Experts say that companies and corporations must take a stand against systematic racism. Ignoring the problem or staying silent will affect employees psychologically, mentally and emotionally. It also diminishes employees’ trust in their workplace.

“Racial trauma has significant, negative psychological and physical effects on racial minority employees; antiracism is required to redress racism, and the ‘road to resilience’ can be co-created by individuals and organizations working together,” professor King said.

King stated that she, as a researcher, has seen companies trying to figure out how to navigate these conversations and which procedures and processes to develop to support marginalized employees. “It’s a trial-and-error process that needs to be adjusted for employees to feel trust and safe. How can we create resilience both as individuals and as organizations into today’s workforce climate?”

Is racism-based trauma distinct from other kinds of trauma?

“Both are traumatic, and usually, when we think of trauma, we think of something like an acute accident, a one-time thing, and we know that causes long-lasting fear [among some people]. However, chronic kinds of trauma create a web of effects more broadly distributed on issues like trust and identity.

“I think the effects can be as far reaching but a little bit different and more in areas that we might consider social or emotional or personality related,” said Dr. Royce Lee, an associate professor at UChicago Medicine and a psychiatrist with a special interest in workplace wellness and resilience.

What can leaders do to support marginalized workers?

• Avoid having a “superiority mentality”. “Leaders who have a superiority complex need to change their mentality at work. Companies need to remember that without workers they are nothing. If you really want to be responsible for your company and that worker, you have to be responsible for the wellbeing of that family and the health of that worker. Don’t be like, I’m the boss, I have the money, so I can ignore you because you are poor and you depend on me,” workers organizer Jorge Mujica said.

• Build trust. To gain trust, you must earn it, which is by learning, listening, and understanding, Dr. Lee said. “A dominant theme is about inclusion versus exclusion, which comes back to the essential issues of trust between individuals in society, and the degree to which individuals are able to trust society broadly.”

• Be aware of what’s happening in the workplace environment. Companies believe that they know what’s going on in the workplace, but sometimes that’s not true. Pay attention to your workers and create ways to communicate with them.

• Don’t wait until a crisis gets out of control. “In social movements there is always moment of latency, then you start gathering strength and then there is an explosion, there is a crisis, and then you go back to latency again. Leaders can prevent that by having a system that permanently listens to workers. Top leaders shouldn’t rely on what managers and supervisors say, they should talk directly with the workers. Make that part of your planning,” Mujica said.

• Set an example. Leaders have to set an example for the things they talk about and discuss. These are people that are looking up to you. Take care of yourself first before taking care of others.

• Humanize the conversations. Remember that workers are humans. These are the people that make up this organization and the ones who will determine whether the company will thrive.
King said that, for example, if someone is involved in a car accident, most of the time the reason is known for the accident, such as driving distracted, or texting, etc., but when a person experiences race-based trauma, the victim often doesn’t accept why he or she is being viewed as a “dangerous, unintelligent” threat when walking into a room, for instance.

“There is a sensemaking and justice element that is missing when we talk about racism. You may be able to explain the physics of a car accident to a victim but you cannot explain racist beliefs and actions to a person who is being discriminated against and get them to accept this experience as reasonable or right, so the trauma is complicated,” King said.

Racism: ‘A public health crisis’

Following the release of a 2021 report by the Chicago Department of Public Health (CDPH) that showed that the current life expectancy among Blacks living in Chicago is more than nine years lower than that of non-Blacks —71.4 years compared with 80.6 years (below the national average)— Chicago Mayor Lori Lightfoot declared racism a public health crisis.

“At almost every single point in our city’s history, racism has taken a devastating toll on the health and wellbeing of our residents of color — especially those who are Black,” Lightfoot said.

The CDPH report’s authors wrote: “To address the historical and present forms of racism, systematic exclusion, and sources of toxic stress that prevent Black Chicagoans from achieving health equity, we are calling ‘the village’ to action. Members and allies of the Black community... must join forces to address and eliminate these critical health inequities and their underlying causes. Only then, will the color of the person’s skin no longer determine how long they live or their quality of life.”

The biology of stress and trauma

Every single society has historically been subject to trauma at different times in history. No society hasn’t been traumatized on a mass scale. “Brain systems that help make us resilient can also change with exposure to stress and trauma,” Dr. Lee said.

“Believe it or not, most of our brains are very similar,” Dr. Lee said. “There is evidence from epidemiological studies that show racism-based trauma has broad effects on the U.S. population, particularly among African Americans, that can be measured as patterns of psychopathology, such as post-traumatic stress disorder (PTSD) and paranoid personality disorder (PPD).”

The first, PTSD, can be understood as a result of racial inequity in the risk of exposure to potentially traumatic events, such as violence and accidents. The second, PPD, is more complicated as researchers understand less about it than PTSD, Dr. Lee said. “Studies have found that elevated risk of paranoid personality disorder is related to the cumulative levels of traumatic stress in childhood and lifetime socioeconomic stress. Exposure to social stress may have effects on us that go beyond fear, which may include feeling mistrustful in social contexts in ways that become problematic in adulthood,” Dr. Lee said.