Mind Share Partners'

Mental Health at Work

2019 Report

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P A R T N E R S

in partnership with

SAP   qualtrics XM

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The purpose of *Mind Share Partners' 2019 Mental Health at Work Report* is to surface the lived experience of mental health and stigma in U.S. workplaces.

While countries like the United Kingdom, Canada, and Australia have made substantial progress in awareness of and support for mental health in the workplace, the U.S. is only just beginning. Research on the prevalence of mental health challenges and stigma, specifically in the workplace setting, is limited. Prevalence is often measured either through diagnosable conditions or general stress levels, which does not fully capture the breadth of mental health.

Our report aims to broaden the current understanding of the mental health experience and its impact on workplaces and employees beyond diagnostic prevalence. We hope that the findings in this report provide valuable context, insights, and motivation for companies in the U.S. to create workplace environments that support employee mental health.

Commitment to Diversity

Our report includes statistically significant response sizes for demographic groups including women, historically underrepresented racial and ethnic communities, age, and the LGBTQ+ community. Many of these populations have been historically underrepresented in the workplace and underresearched in mental health, and their voices are an important part to making lasting and inclusive change in the workplace mental health movement.

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Special Thanks

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Introduction

Mental health at work is a crucial factor for employee wellness, engagement, as well as diversity and inclusion in the U.S.

The prevalence and impact of mental health conditions and stigma in American workplaces are clear. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 1 in 5 Americans manages a diagnosable mental health condition in any given year, with new research suggesting that up to 80% of people will manage a diagnosable mental health condition in their lifetime. Almost everyone will either be faced with a mental health condition themselves or know someone personally who has managed one. Unsurprisingly, demand for mental health care from companies has only grown over the years and has outpaced the supply of mental health providers.

Still, mental health stigma continues to persist, especially in workplaces. Oftentimes, individuals managing mental health conditions are associated with negative perceptions and stereotypes such as being irresponsible, incompetent, lazy, or dangerous. Due to the negative perceptions and fear of repercussions, two-thirds of workers hide their mental health condition from their colleagues. In fact, 95% of employees who have taken off time due to stress named another reason, such as an upset stomach or headache. As a result, 80% of workers with a mental health condition report that shame and stigma prevent them from seeking treatment despite its effectiveness in reducing symptoms.

The business costs of unsupported and untreated mental health conditions and stigma are profound. Every year, 217 million days are lost due to absenteeism and presenteeism costs from mental health conditions. This translates to $16.8 billion in lost productivity every year. While the growing popularity of stress and wellness programs at companies shows promise, they don't address core issues around stigma and company culture. In fact, utilization rates of common resources like employee assistance programs (EAPs) are as low as 4.5%.

Conversations about workplace mental health in the U.S. are slowly emerging. However, they are often limited to topics like mindfulness, stress, and burnout. Furthermore, these conversations typically treat the workforce as a monolithic entity, with only recent attention dedicated to millennial and Gen Z workers.* Historically underrepresented groups such as women, historically underrepresented racial and ethnic communities, and the LGBTQ+ community have yet to garner the same level of nuanced attention in workplace mental health research and press. This is despite substantial evidence documenting significant differences in experiences and outcomes of mental health within these communities. As a result, mental health is an integral part of the diversity, equity, and inclusion (DEI) movement. In fact, it is a diversity issue in and of itself as individuals managing mental health conditions at work continue to face stigma, marginalization, and erasure in their workplaces much like traditional DEI communities.

In order for true change to occur, we must continue to expand our understanding of the workplace mental health experience and stigma within companies and demographic communities. We must create broad culture change to create environments in which mental health challenges are normalized and supported in workplaces across the U.S.

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Gen Z (4-22 years old)
Millennials (23-38 years old)
Gen X (39-54 years old)
Baby Boomers (55-73 years old)

Executive Summary

Experiencing symptoms of negative mental health at work is the norm, not the exception, regardless of seniority.

Nearly 60% of our respondents reported experiencing symptoms of a mental health condition in the past year. Half of those experiences lasted from a month to the entire year. **Mental health symptoms were equally prevalent across seniority levels within companies, from individual contributors to the C-level.** The often cited 1 in 5 statistic underestimates the prevalence of mental health challenges within companies by only counting diagnosable conditions.

These findings highlight a significant need for companies to prioritize mental health in their workplaces.

Employees are afraid to talk about mental health at work—especially to senior leaders and HR—which prevents people from seeking support or treatment.

Fewer than half of our respondents felt that mental health was prioritized at their company, and even fewer viewed their company leaders as advocates for mental health. Almost 60% of people never talked to anyone at work about their mental health in the last year.

Most mental health experiences went unvoiced and unheard, especially to the most influential change agents within the company. **Respondents were the least comfortable talking with their company's HR and senior leaders about mental health at work, regardless of their level of seniority.**

When conversations about mental health did occur, less than half were described as a positive experience. This might explain why less than a third of respondents felt comfortable asking for support themselves despite over 60% feeling comfortable giving support to their colleagues

around mental health. Another concerning finding was that only half of employees knew the right procedure to get support for their mental health at their company.

These findings illustrate the isolating experience of managing mental health challenges at work. Employees feel unequipped and unsupported at work and thus, don't get help.

Our findings highlight the need for greater leadership support for mental health, company-wide awareness and training, and workplace policies and practices that are consistent with this message.

Companies need to support mental health to retain talent.

Over 60% of respondents said their productivity at work was affected by their mental health, and over a third thought their work or workplace environment contributed to their symptoms. What's more, many left their companies as a result. 20% of respondents had voluntarily left roles in the past for mental health reasons. **50% of millennials and 75% of Gen Z-ers had left roles for mental health reasons, both voluntarily and involuntarily (compared to 34% of overall respondents).*** This trend is similarly reflected in prospective job seekers. 86% of respondents thought that a company's culture should support mental health (and even higher for millennials and Gen Z-ers).

The most commonly desired workplace resources for mental health were trainings, clearer or more available information about where to go or who to ask for mental health support, and a more open culture about mental health at work.

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* Correction: November 21, 2019
The original report had a wording error in this finding. 50% of millennials and 75% of Gen Z-ers had left roles in the past for mental health reasons, both voluntarily and involuntarily (not just voluntarily).

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Mental health is pivotal in the recruitment, engagement, and retention of employees at work. Unsupported mental health has an impact on employees' ability to perform, and a growing proportion of the workforce is prioritizing mental health support at work.

Mental health is a diversity and inclusion issue. Companies need to address the distinct mental health needs of historically underrepresented communities.

Our findings are clear—demographic groups experience and are impacted by mental health differently. We found significant differences across racial and ethnic groups, gender, age, sexual orientation, and parents vs. non-parents.

For example, younger generations (Gen Z & millennials) as well as the LGBTQ+ community were more likely to experience mental health symptoms for longer durations, but were also more open to diagnosis and treatment as well as talking about mental health at work. These groups were also more likely to have left roles for mental health reasons, and more likely to value workplace environments that support mental health in prospective companies when job seeking. Additionally, almost half of Black or African American and Hispanic or Latinx respondents had left a job, at least in part, for mental health reasons compared to Caucasian respondents.

The experience of mental health at work is not uniform. To more effectively understand and address this space, we must recognize the differential experiences, causes, and impacts.

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For information about our survey methods, see Appendix A *(p. 23).*

For more comprehensive descriptions about differences across specific demographic groups, read our Demographic Profiles *(p. 17).*

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Findings

I.   **The Prevalence and Impact of Mental Health Symptoms and Conditions in the Workplace**

II.   **Mental Health Stigma at Work**

III. **Resources & the Ecosystem of Support**

I. The Prevalence and Impact of Mental Health Symptoms and Conditions in the Workplace

Many existing reports cite the prevalence of diagnosable mental health conditions (e.g., 1 in 5 Americans each year). However, diagnosed conditions don't fully account for the entirety of the mental health experience—such as the 8 in 10 workers with a mental health condition who report that shame and stigma prevent them from seeking treatment or those whose severity or duration of experiences doesn't meet a diagnostic threshold.

In our report, we treat mental health as a broad and inclusive spectrum of wellbeing, ranging from 100% health to chronic and severe life impairment. In between is a lot of grey area. Everyone moves across this spectrum throughout the course of their lives.

Nearly 60% of respondents reported experiencing symptoms of a mental health condition in the past year.

We presented a list of symptom descriptions from common mental health conditions based on a validated screening tool (see Appendix B). This enables us to better approximate presence of mental health symptoms rather than only diagnosed conditions, which require a specific threshold of severity, duration, and combination of symptoms.

In our survey, 59% of respondents reported experiencing at least one symptom of a mental health condition in the past year. The most common symptoms were related to anxiety (37%), depression (32%), and eating disorders (26%).

By contrast, existing research by NIMH reports that 19% of Americans had a diagnosable anxiety-related condition and 7% had major depression. Even more starkly, NIMH reports that the prevalence of the most common eating disorders ranges from 0.3-1.5%.

Our findings suggest that beyond diagnoses, an even larger proportion of people in the workforce is facing mental health symptoms.

Prevalence of Mental Health Symptoms (Past Year)
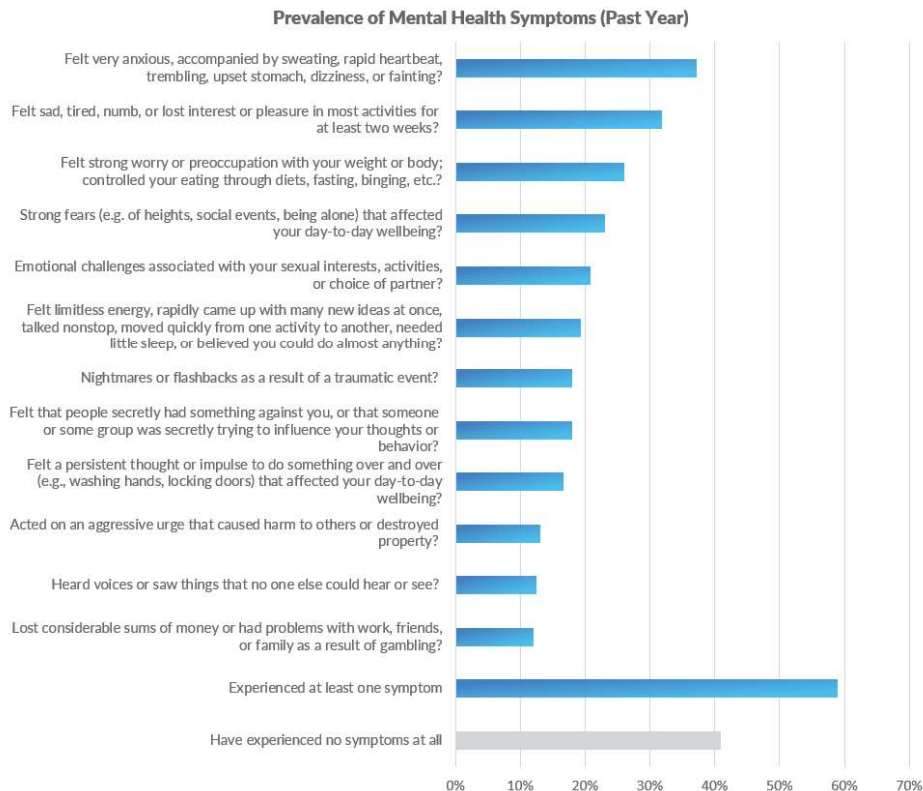
Demographic differences.

Gender. Women were 27% more likely to report symptoms related to eating disorders and 26% more likely to report symptoms consistent with anxiety-related conditions. Men, on the other hand, were 44% more likely to report symptoms of aggression. These findings are consistent with existing research that shows women are [twice as likely](#) to have Generalized Anxiety Disorder and also represent [a majority](#) of cases of anorexia and bulimia.

Age. Gen Z-ers and millennials were more likely to experience almost every symptom listed compared to baby boomers. In fact, Gen Z-ers and millennials were 3 and 4 times more likely, respectively, to experience anxiety-related symptoms compared to baby boomers. This is consistent with [existing research](#) on the growing prevalence of mental health challenges in successive generations, with millennials and Gen Z-ers reporting the poorest mental health outcomes. This may also be a result of greater awareness of mental health in younger generations.

LGBTQ+. LGBTQ+ individuals were more likely to experience every symptom we listed compared to non-LGBTQ+ individuals. Transgender respondents were twice as likely to experience every symptom listed. Our findings are consistent with existing research that shows that the LGBTQ+ population is [three times more likely](#) to experience a mental health condition.

Race & ethnicity. Black or African American and Hispanic or Latinx respondents were more likely to have experienced every symptom by a significant margin compared to all respondents. At first, this finding seems inconsistent with [existing research](#) that reports historically underrepresented racial and ethnic communities experience lower rates of mental health diagnoses compared to white Americans. However, the economic barriers, language barriers, and added cultural stigma within these communities reduce access and utilization of mental health care (including diagnosis and treatment) are [well-documented](#). Our findings offer additional context to understanding the prevalence of mental health symptoms beyond diagnostic prevalence.

Parents: Parents are more likely to have experienced symptoms aligned with anxiety and mania compared to non-parents.

Seniority. We did not observe any significant differences in the experience of mental health symptoms between C-level professionals, senior executives, managers, and individual contributors.

Half of respondents said that their mental health symptoms lasted more than a month.

Within this group, 28% of respondents reported that their symptoms lasted 1-4 months. 21% reported them lasting five months to the entire year. With nearly 60% of respondents experiencing symptoms of a mental health condition in the past year and 50% of symptoms lasting longer than a month, this means that almost 30% of all respondents experienced symptoms that lasted longer than a month.

Demographic differences.

Generation. Millennials were 50% and 110% more likely to experience symptoms for one month or longer compared to Gen X-ers and baby boomers, respectively.

Transgender population. Transgender respondents were three times less likely to have symptoms for only less than a week, which suggests a longer duration in transgender individuals' experience of mental health symptoms.

A fourth of all respondents had received a formal diagnosis. A fourth of all respondents also reported having received treatment for a mental health condition in the past.

Demographic differences.

Gender. Women were 40% more likely than men to have been diagnosed and treated for a

mental health condition in the past.

Age. Gen Z, millennials, and Gen X-ers were 4, 3.5, and 2 times more likely to have been diagnosed, and were 2, 2.9, and 3 times more likely to have received treatment compared to baby boomers.

LGBTQ+. Half of LGBTQ+ respondents reported being diagnosed with and treated for a mental health condition compared to 25% of all respondents.

Transgender population. 84% of transgender individuals had received a diagnosis, which is four times more likely than cisgender respondents. 76% had received treatment.

A significant proportion of individuals were not open to treatment.

38% of respondents said that they would not be open to receiving treatment (including therapy or medication) if they experienced symptoms of a mental health condition. However, there appears to be a large disconnect in openness to

treatment between individuals with and without diagnosed conditions. Among those who had received a diagnosis in the past, only 17% were not open to mental health treatment. However, among those who had not received a diagnosis in the past, 44% were not open to treatment.

61% of respondents said that their productivity at work was affected by their mental health.

The most common ways in which mental health affected productivity included difficulty concentrating (29% of respondents), avoiding social activities (24%), difficulty thinking, reasoning, or deciding (19%), taking longer to do tasks (16%), and being less responsive to email and other communications (14%).

Over a third of respondents thought that work contributed to their experience of symptoms of mental health conditions.

This is consistent with scientific research that has shown that the workplace can actually

Impact of Mental Health Symptoms on Productivity
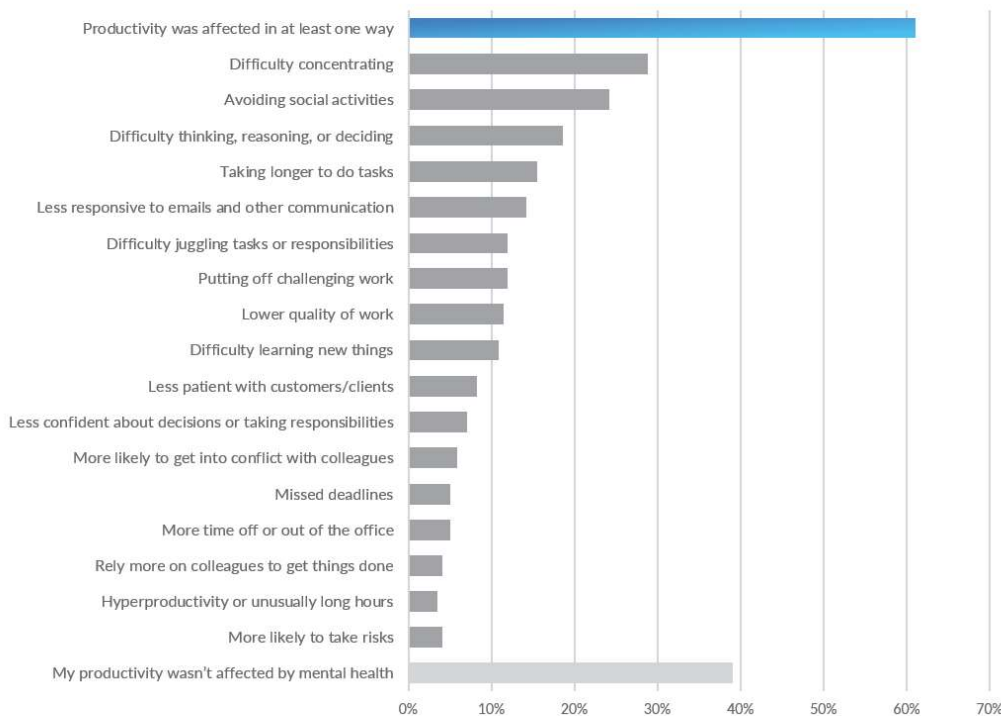
independently cause or exacerbate existing mental health conditions.

Demographic differences.

Age. Millennials were 3.5 times more likely than baby boomers to believe that their work or workplace environment contributed to their experiencing symptoms of mental health conditions.

Industry. Over half of tech employees (55%) believed that their work or workplace environment contributed to their experiencing symptoms of mental health conditions compared to 37% of all respondents.

Transgender population. 80% of transgender employees believed that their work or workplace environment contributed to their experiencing symptoms of mental health conditions compared to 37% of all respondents.

Over a third of all respondents had left previous roles due, at least in part, to mental health.

Of these respondents, 59% said that mental health was the primary reason. Of this group where mental health was a primary reason for leaving, 63% had left voluntarily. In other words, one fifth of all respondents voluntarily left roles for mental health reasons—a significant finding for companies seeking to recruit and retain talent.

Demographic differences.

Age. Over half of millennials and 75% of Gen Z respondents had left a job due, at least in part, to mental health reasons. Meanwhile, 38% of Gen X respondents and 9.9% of baby boomers had, showing a clear generational shift.

Race & ethnicity. Almost half of Black or African American (47%) and Hispanic or Latinx respondents (47%) had left a job, at least in part, for mental health reasons. This is compared to Caucasian (32%) and Pacific Islander (26%) respondents.

Industry: Over half of tech respondents (55%) had left a job due, at least in part, to mental health reasons.

Transgender population. Over 90% of transgender respondents had left a job due, at least in part, to mental health reasons.

Have you ever left a role from a previous job due to mental health reasons?

- 22% Voluntarily left due to mental health reasons
- 13% Involuntarily left due to mental health reasons
- 66% Never left role due to mental health reasons
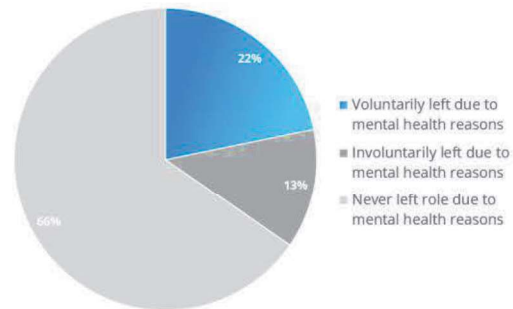
86% of job seekers think it is important for a company's culture to support mental health.

We asked respondents to rate the importance of a supportive culture when job seeking. Only 14% of respondents said that mental health was not important to them when job hunting. 45% considered mental health very or extremely important.

Demographic differences.

Age. While 58% of millennials believed it is very or extremely important that a company they might work at has a culture of supporting mental health, only half as many (29%) baby boomers felt the same way.

Transgender population. 82% of transgender respondents believed that it is very or extremely important that a company they might work at has a culture of supporting mental health compared to 45% of all respondents.

Importance of a Company Culture that Supports Mental Health When Job-Seeking

- 17% Extremely important
- 28% Very important
- 29% Moderately important
- 12% Slightly important
- 14% Not at all important
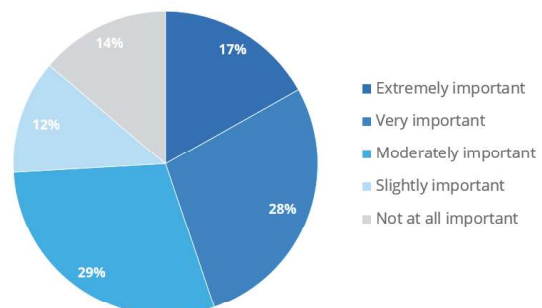
II. Mental Health Stigma at Work

Stigma is the real and anticipated negative attitudes held and behaviors enacted by other individuals toward an underrepresented or marginalized group. For mental health at work, many of these attitudes paint employees with mental health conditions as irresponsible, incompetent, lazy, or dangerous. In our survey, we measured the different ways in which mental health stigma presents itself at work and how respondents experience this stigma.

Nearly half of all respondents knew someone with a mental health condition, but only a third knew someone with a mental health condition at work.

The 20% gap between personal and professional life indicates the role that workplace and company culture has in reinforcing stigma.

Demographic differences. Compared to baby boomers, millennials were 1.4 times more likely to say that they know someone with a mental health condition, and two times more likely to know someone with a mental health condition at work.

Perceptions about those with mental health conditions were mixed.

When asked about their willingness to hire or work with colleagues that have a mental health condition, almost half (46%) of respondents were open, but the other half were mixed or were not willing. Similarly, half (52%) of

respondents believed that an employee with a mental health condition could be just as productive as an employee without, but the other half were mixed or disagreed.

These findings indicate that there is significant room for improvement around how individuals managing mental health conditions are perceived and treated in the workplace.

Demographic differences.

Age. 58% of millennials believed that an employee with a mental health condition can be just as competent as a professional without one. Only 45% of baby boomers did.
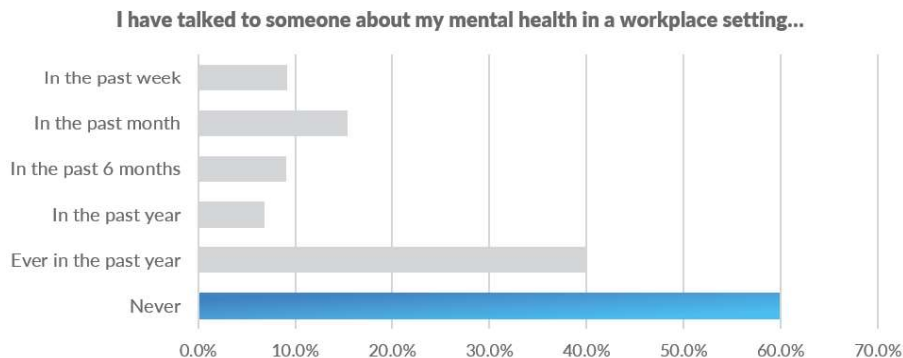
Industry. Tech fared the best, with 54% of employees being open to hiring or working with colleagues with a mental health condition compared to 46% of all respondents. For professional services (e.g., law, consulting, accounting, engineering, etc.), the percentage was less than 40%.

60% of all respondents had never talked to someone at work about their own mental health.

Among those who experienced any symptom of a mental health condition in the past year, only 40% had not talked to someone at work about it. This is promising, showing that conversations about mental health are happening slightly more often for those who are facing mental health challenges.

Demographic differences.

Age. Baby boomers and Gen X-ers were more than two times more likely to have never talked to someone about their mental health at work

I have talked to someone about my mental health in a workplace setting...

In the past week
In the past month
In the past 6 months
In the past year
Ever in the past year
Never

0.0%   10.0%   20.0%   30.0%   40.0%   50.0%   60.0%   70.0%

than a Gen Z-er. They were 80% more likely to have never talked to someone about their mental health at work than millennials.

Industry. Tech industry employees were twice as likely as those in other industries to have talked to someone about their own mental health in the workplace.

Company size. Employees at companies between 11-50 people (the smallest company size in our survey profile) were almost 50% more likely than employees at 10,000+ person companies to have discussed their mental health with someone at work.

Fewer than half of respondents' experiences with talking about their mental health at work were positive.

48% said the experience was positive, 30% received a neutral response, and 15% received an outright negative response (3% received no response). These findings surface a substantial amount of room for improvement.

Demographic differences.

Company size. People at 11-50 person companies were the least likely to report receiving a positive response when talking to someone at their company about their mental health. Employees of a 1001-5000 employee company were 42% more likely to get a positive

response than those from companies of 11-50 employees. This is notable given that employees at companies with 11-50 people were more likely to talk about mental health, but the least likely to have a positive experience.

Respondents were the least comfortable talking with their company's HR and senior leaders about mental health at work.

66% felt comfortable talking to their family and 56% with their friends. However, less than a third felt comfortable talking to colleagues (28%) and managers (29%). Only a quarter felt comfortable talking to HR (25%), senior leaders (25%), and the CEO (24%).

These findings suggest that the most relevant decision-makers around workplace mental health at a company—HR, senior leaders, and the CEO—are the least likely to know about the mental health challenges their employees face.

Demographic differences.

Age. In every case, baby boomers were more likely to say that they strongly disagree with being comfortable discussing their own mental health conditions than younger generations.

Transgender population. Transgender individuals were four times more likely than cisgender

I would feel comfortable talking about my own mental health condition or symptom...

Legend: ■ Strongly agree / Agree   ■ Neither agree nor disagree   ■ Disagree / Strongly Disagree
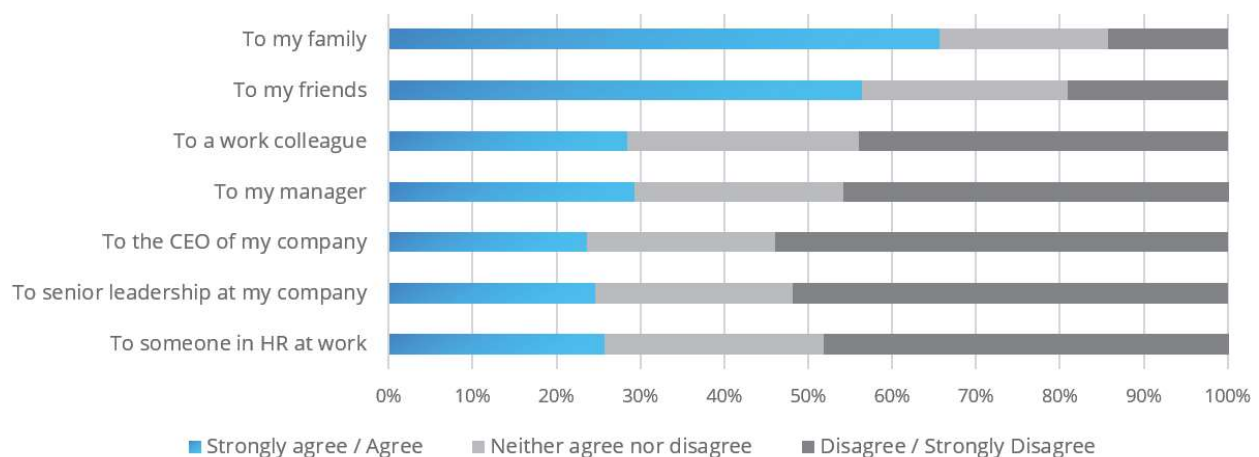
respondents to say that they strongly agree with being comfortable discussing their mental health with a colleague.

Industry. Respondents in the tech industry were 83% more likely to say that they agree with being comfortable discussing their own mental health conditions than employees in other industries.

Seniority. No significant differences were observed between C-level professionals, senior executives, managers, and individual contributors. This suggests that the discomfort with talking about mental health spans across levels in the organization.

III. Resources & the Ecosystem of Support

Within the workplace ecosystem, there are a variety of support systems that can support employee mental health—from formal policies and programs to informal social and cultural behaviors, customs, and practices. We asked respondents which supports at work they had access to and knew how to use.

A. Colleagues & Peer Support

62% of respondents felt comfortable giving support to a colleague around their mental health, but less than a third felt comfortable asking for support themselves.
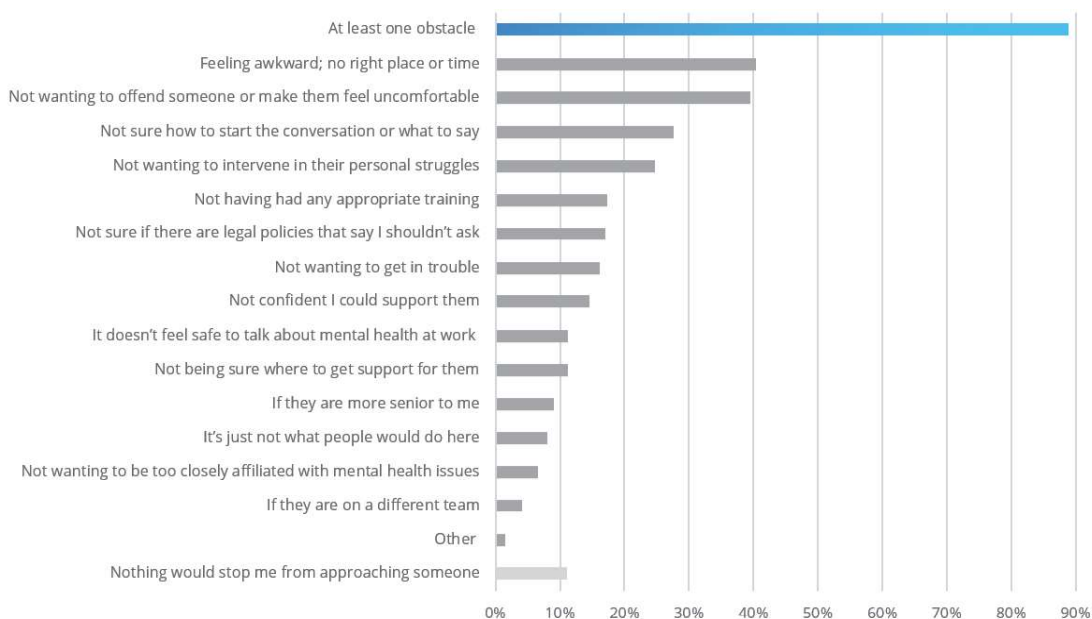
Demographic differences.

Parents. Parents were 32% more likely to say that they strongly agree that they would be comfortable with a colleague or direct report approaching them to discuss their mental health.

Seniority. There was no significant difference across levels of respondents' seniority, from individual contributor to C-level.

89% of respondents saw at least one barrier that might stop them from approaching someone at work who might need support around their mental health.

The most common barriers were feeling awkward and not having the right place or time (40%), not wanting to offend someone or make them feel uncomfortable (40%), being unsure about how to start the conversation or what to say (28%), and not wanting to intervene

Obstacles to Providing Support

At least one obstacle	
Feeling awkward; no right place or time	
Not wanting to offend someone or make them feel uncomfortable	
Not sure how to start the conversation or what to say	
Not wanting to intervene in their personal struggles	
Not having had any appropriate training	
Not sure if there are legal policies that say I shouldn't ask	
Not wanting to get in trouble	
Not confident I could support them	
It doesn't feel safe to talk about mental health at work	
Not being sure where to get support for them	
If they are more senior to me	
It's just not what people would do here	
Not wanting to be too closely affiliated with mental health issues	
If they are on a different team	
Other	
Nothing would stop me from approaching someone	

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%

in personal struggles (25%).

B. Leadership & Company Culture

Most respondents didn't think that their company and leadership supported mental health at work.

We asked respondents whether mental health was prioritized at their company compared to other priorities—only 41% agreed. Only 37% of respondents saw their company leaders as advocates for mental health at work.

Only 39% of respondents agreed that their manager was equipped to support them if they had a mental health condition.

C. Company Resources

60% of respondents had used some sort of work accommodation or flexible adjustment to support their mental health.

The most common adjustments used were taking time off, vacation, or PTO (21%), leaves of absence (13%), and part-time shift (10%).

Only half of respondents knew the proper procedure for getting support for their mental health at work.

Demographic differences.

Generation. Millennials were 63% more likely than baby boomers to know the proper procedure for seeking company support for a mental health condition.

Industry. Tech industry employees were 60% more likely to know the proper procedure for seeking company support for a mental health condition than those in other industries.

The most common resources that respondents reported wanting at their workplace included mental health training (23%), clearer or more

available information about where to go or who to ask for mental health support (22%), and a more open culture about mental health at work (22%).

Among C-level and executive director respondents, the most common perceived obstacles to providing resources at work to support mental health were lack of knowledge, expertise, and time.

When asked what obstacles their company faced in regard to supporting and providing resources for mental health at work, 27% of C-level and executive director respondents said a lack of knowledge or understanding of workplace mental health, 25% said a lack of professional expertise on the topic, and 23% said a lack of time commitment. These obstacles were followed closely by lack of financial resources (23%) and leaders not wanting to talk about mental health (21%). A quarter (26%), however, actually saw no obstacles to supporting mental health at work.

Conclusion

Experiencing mental health symptoms is the norm in the workplace across all levels of an organization. However, employees aren't comfortable talking about mental health at work, especially to senior leaders and HR. As a result, productivity is negatively affected, and some employees leave their companies for mental health reasons.

Our research surfaces the need for better support systems and workplace cultures for mental health within companies—in particular, mental health trainings, clarity around existing resources, and more open and inclusive cultures for mental health.

Join the movement

Mind Share Partners is a nonprofit changing the culture of workplace mental health so that both employees and organizations can thrive.

Movement-Building

We create digital tools and write thought pieces on workplace mental health.

- *Download a free toolkit.* Our toolkits contain basic strategies for supporting mental health at work, a communications toolkit for Mental Health Awareness Month, how to create an employee resource group for mental health, and more. www.mindsharepartners.org/toolkits

- *Write for us.* Mind Share Partners curates *Mental Health at Work*, a special blog section on Arianna Huffington's Thrive Global platform. Do you have thoughts on how to raise awareness or provide useful tools and resources for workplace mental health? Send us an idea at www.mindsharepartners.org/mentalhealthatworkblog.

- *Share your story.* We're always looking for stories from working professionals about their experiences managing mental health at work. Have a compelling story to tell? Share it with us at www.mindsharepartners.org/shareyourstory. We welcome anonymous stories as well.

Workshops

Our research-based, interactive workshops were developed in collaboration with clinical advisors, legal counsel, leading management thinkers, and our communities of high-achieving professionals.

- *The Surprising News about Mental Health.* An introductory session for all audiences in which we debunk myths and provide an overview of actionable tools.

- *Bridging the Gap Between Caring & Compliance.* Our manager sessions crack the code to productive communication and healthy team dynamics while remaining compliant with privacy laws.

- *Mental Health for High-Stress Roles.* We discuss self-care strategies and facilitate a design-thinking exercise to surface unique solutions for building a supportive team culture for high-stress teams.

Advising

Our advising services, paired with workshops, empower companies to create true culture change.

- *Leader Ally Coaching.* When a company leader speaks out with a personal experience or as an ally for mental health, employees listen. We help craft a message that is affirming and destigmatizing.

- *Internal Initiative Design.* We help companies create effective and engaging initiatives that have lasting impact.

- *Employee Resource Group (ERG) Advising.* Mental health ERGs are targeted, effective tools for tackling stigma. We advise on creating a safe, compliant, and productive forum for continuing the mental health conversation.

- *Measurement.* We provide customizable surveys and analysis to understand the prevalence and attitudes toward mental health at your company and measure what's working over time.

Learn more or book a workshop at connect@mindsharepartners.org

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Demographic Profiles

The following demographic profiles aggregate significant findings from our report pertaining to differences observed across demographic groups. Our findings strongly suggest a need for increased awareness, training, and tailored support for mental health broadly as well as for specific populations.

I.   **Millennials & Gen Z**
II.   **LGBTQ+ Community**
III. **Gender**
IV.   **Tech Industry**
V.   **Race & Ethnicity**
VI.   **Company Size**

Millennials & Generation Z

Younger generations (Gen Z & millennials) were more likely to experience mental health symptoms for longer durations, but were also more open to diagnosis and treatment as well as talking about mental health at work. They were also more likely to have left roles for mental health reasons, and valued workplace environments that supported mental health more than other generations.

This is consistent with existing research that has found the growing prevalence of mental health challenges in successive generations, with millennials and Gen Z-ers reporting the poorest mental health outcomes. This may also be a result of greater awareness of mental health in younger generations.

Our findings illustrate the different needs of various age groups. While younger generations reported more mental health symptoms, the challenges for older age groups were in being comfortable talking about mental health and getting treatment.

FINDINGS:

Prevalence & duration
- Younger generations (millennials & Gen Z) were more likely to experience almost every symptom compared to baby boomers.
- Millennials were three times more likely to experience symptoms of anxiety than baby boomers.
- Gen Z-ers were four times more likely to experience symptoms of anxiety than baby boomers.
- Millennials were 50% more likely to experience symptoms for one month or longer compared to Gen X-ers.
- Millennials were 100% more likely to experience symptoms for one month or longer compared to baby boomers.

Diagnosis & treatment
- Gen Z, millennials, and Gen X-ers were 4 , 3.5, and 2 times, respectively, more likely to have been diagnosed compared to baby boomers.
- Gen Z, millennials, and Gen X-ers were 2, 2.9, and 3 times, respectively, more likely to have received treatment compared to baby boomers.

Productivity, retention, and recruitment
- Millennials were 3.5 times more likely than baby boomers to say that their work or workplace environment contributed to their experiencing symptoms of mental health conditions.
- More than half of millennials and 75% of Gen Z respondents had left a job due, at least in part, to mental health reasons. Less than 10% of baby boomers had done so.
- 58% of millennials believed that it is very or extremely important that a company they might work at has a culture of supporting mental health. Half as many (29%) baby boomers felt the same.
- Millennials were 63% more likely than baby boomers to know the proper procedure for seeking company support for a mental health condition.

Stigma
- Millennials were 40% more likely to say they know someone with a mental health condition compared to baby boomers.
- Millennials are two times more likely to know someone with a mental health condition at work compared to baby boomers.
- Baby boomers and Gen X-ers were more than two times more likely to have never talked to someone about their mental health at work compared to a Gen Z-er. They were 80% more likely to have never talked about their mental health at work than millennials.
- Baby boomers were more likely to say they strongly disagree with being comfortable discussing their own mental health conditions than younger generations.
- 58% of millennials believed that an employee with a mental health condition can be just as competent as a professional without. Only 45% of baby boomers did.

LGBTQ+ Community

LGBTQ+ respondents were more likely to have experienced mental health symptoms. Transgender respondents were twice as likely to have experienced mental health symptoms, and for longer durations. Despite the challenges, LGBTQ+ respondents were more open to diagnosis and treatment as well as talking about mental health at work compared to non-LGBTQ+ and cisgender respondents. They were more likely to leave roles due to mental health reasons and value mental health support in prospective companies when job seeking.

Our findings are consistent with existing research that shows that the LGBTQ+ population is three times more likely to experience a mental health condition and that 40% of the transgender community have reported experiencing serious psychological distress in the past month. What's more, these communities continue to face discrimination in their workplaces, where 37% of LGBTQ+ individuals have reported experiencing workplace harassment in the last five years. Studies show that applicants affiliated with an LGBTQ+ organization were 40% less likely to be called for an interview.

FINDINGS:

Prevalence & duration
- LGBTQ+ respondents were more likely to experience every symptom listed compared to non-LGBTQ+ respondents.
- Transgender respondents were twice as likely to experience every symptom listed compared to cisgender respondents.
- Transgender respondents were twice as likely to experience their symptoms for 2-7 months compared to cisgender respondents for that timeframe.

Diagnosis & treatment
- Half of LGBTQ+ respondents reported being diagnosed with and treated for a mental health condition compared to the quarter of all respondents.
- Transgender respondents were four times more likely to have received a diagnosis for a mental health condition compared to cisgender respondents.
- 76% of transgender respondents had received treatment for a mental health condition compared to 25% of cisgender respondents.

Productivity, retention, and recruitment
- 80% of transgender respondents believed that their work or workplace environment contributed to their experiencing symptoms of mental health conditions compared to 37% of all respondents.
- Over 90% of transgender respondents had left a job due, at least in part, to mental health reasons.
- 82% of transgender respondents believed that it is very or extremely important that a company they might work at has a culture of supporting mental health compared to 45% of all respondents.

Stigma
- Transgender respondents were four times more likely to say that they strongly agree with being comfortable discussing their mental health with a colleague compared to cisgender respondents.

Gender

Women were more likely to have experienced anxiety- and eating disorder-related symptoms compared to men, who were more likely to have experienced symptoms of aggression. Women were also more likely than men to have gotten a diagnosis or treatment for a mental health condition in the past.

These findings are consistent with existing research that shows women are twice as likely to have Generalized Anxiety Disorder and also represent a majority of cases of anorexia and bulimia.

While the specific causes and impacts are beyond the scope of this survey, existing research has clearly documented the role of unequal pay, sexism, and sexual harassment on women's mental health at work and social norms around emotional expression on men's mental health.

For an editorial take, check out our article on women's mental health at work for Women's History Month.

FINDINGS:

- Women were 27% more likely to report symptoms related to eating disorders than men.

- Women were 26% more likely to report symptoms related to anxiety than men.

- Men were 44% more likely to report symptoms of aggression than women.

- Women were 39-40% more likely than men to have been diagnosed and treated for a mental health condition in the past.

DEMOGRAPHIC PROFILE:

Tech Industry

Respondents working at tech companies were more open to talking about mental health and willing to hire or work with colleagues with a mental health condition. However, they were also significantly more likely to say that their work or work environment contributed to their experiencing symptoms of mental health conditions.

FINDINGS:

Productivity, retention, and recruitment
- 55% of tech employees said that their work or workplace environment contributed to their experiencing symptoms of mental health conditions compared to 37% of all respondents.

- 55% of tech respondents had left a job due, at least in part, to mental health reasons compared to 34% of all respondents.

Stigma
- 54% of tech respondents were open to hiring or working with colleagues with a mental health condition compared to 46% of all respondents.

- Tech respondents were twice as likely to have talked to someone about their own mental health in the workplace compared to other industries.

- Tech respondents were 83% more likely to say that they agree with being comfortable discussing their own mental health conditions than employees compared to other industries.

- Tech respondents were 60% more likely to know the proper procedure for seeking company support for a mental health condition than those in other industries.

Race & Ethnicity

Statistically significant differences in the experience of mental health and stigma within the workplace were limited in this demographic and require additional research to more fully explore this area.

- Black or African American and Hispanic or Latinx respondents were more likely to have experienced every symptom by a significant margin compared to all respondents.

- 47% of Black or African American and 47% of Hispanic or Latinx respondents had left a job, at least in part, for mental health reasons compared to 32% of Caucasian respondents.

Company Size

Respondents working at companies with 11-50 employees were more likely to have discussed their mental health with someone at work compared to those at 10,000+ person companies. However, they were also the least likely to say that their experience talking about their mental health with someone at work was positive. Additional research is needed to explore the role of company size, culture, and resources on the experience of mental health and stigma at work.

- Respondents at companies with 11-50 employees were almost 50% more likely to have discussed their mental health with someone at work compared to respondents at 10,000+ person companies.

- Respondents at 11-50 person companies were the least likely to report having received a positive response when talking to someone at their company about their mental health.

- Respondents at 1,001-5,000 employee companies were 42% more likely to have received a positive response than those at 11-50 person companies.

Appendix

A. Methods
B. Measuring the Prevalence of Mental Health Symptoms
C. Demographics

Methods

We collected responses from 1,500 individuals via an online survey from March to April 2019 through Qualtrics' panel of survey respondents. All respondents in our report were at least 16 years of age, employed in a full-time position at a company with at least 11 employees, and resided in the U.S. at the time of survey completion.

Qualtrics gathers responses through panel partners that randomly select respondents for surveys where respondents are highly likely to qualify. Each sample from the panel base is proportioned to the general population and then randomized before the survey is deployed. For hard-to-reach groups (e.g., C-level executives, transgender community, etc.), Qualtrics utilizes niche panels brought about through specialized recruitment campaigns.

For this survey, we also collected a statistically significant number of responses across a variety of demographic groups, including gender identity, racial and ethnic background, LBGTQ+ identity, primary caregiver status, residential population density, and level of seniority. The full breakdown of our demographic measures can be found in Appendix C.

All findings included in this report were statistically significant at a 95% confidence level.

Commitment to Diversity

Historically underrepresented demographic groups have been underresearched both in the mental health field as well as the workplace. However, the unique social, cultural, and economic challenges that various demographic groups face is well-documented as is their impact on workplace mental health outcomes.

At Mind Share Partners, we believe that mental health is an integral part of the DEI movement—both as a new category within the field as well as how it affects underrepresented populations differently. Individuals managing mental health conditions at work continue to face stigma, marginalization, and erasure in their workplaces much like traditional DEI communities. The impact of these experiences are compounded within these groups and their intersections. Thus, we must measure and report these factors to fully understand the landscape of workplace mental health and amplify historically silenced voices.

Limitations

We recognize three limitations to our survey. First, our sample included a statistically significant number of respondents across historically underrepresented demographic groups to ensure that these experiences were included in our report. As a result, our report may overestimate the experiences of these historically underrepresented groups.

Second, our findings regarding symptom prevalence should not be interpreted as the prevalence of conditions themselves, which require a diagnostic evaluation by a clinician. That said, we can compare our measure of symptom prevalence with our measure asking if participants have ever received a diagnosis in the past to get a broader understanding of the experience of mental health at work.

Finally, our survey findings were based on self-report data. However, this was appropriate given that a large scope of our research emphasized the subjective experience of workplace culture and stigma. Additional quantitative data from companies around available resources, utilization, and other business costs can provide additional context to support the findings of our survey.

Measuring the Prevalence of Mental Health Symptoms

To measure the prevalence of mental health symptoms, we used an abridged version of the Mental Health Screening Form-III, a clinically validated screening tool that includes symptom descriptions aligned with common mental health conditions.

This measure appeared in the survey as shown below.
_____

In the past year, have you ever experienced any of the following (check all that apply, even partially):

- Felt very anxious, accompanied by sweating, rapid heartbeat, trembling, upset stomach, dizziness, or fainting?

- Felt sad, tired, numb, or lost interest or pleasure in most activities for weeks at a time?

- Strong fears (e.g., of heights, social events, being alone) that affected your day-to-day wellbeing?

- Felt limitless energy, rapidly came up with many new ideas at once, talked nonstop, moved quickly from one activity to another, needed little sleep, or believed you could do almost anything?

- Felt strong worry or preoccupation with your weight or body; controlled your eating through diets, fasting, binging, etc.?

- Nightmares or flashbacks as a result of a traumatic event?

- Acted on an aggressive urge that caused harm to others or destroyed property?

- Felt that people secretly had something against you, or that someone or some group was secretly trying to influence your thoughts or behavior?

- Heard voices or saw things that no one else could hear or see?

- Emotional challenges associated with your sexual interests, activities, or choice of partner?

- Felt a persistent thought or impulse to do something over and over (e.g., washing hands, locking doors) that affected your day-to-day wellbeing?

- Lost considerable sums of money or had problems with work, friends, or family as a result of gambling?

Demographics

Age distribution
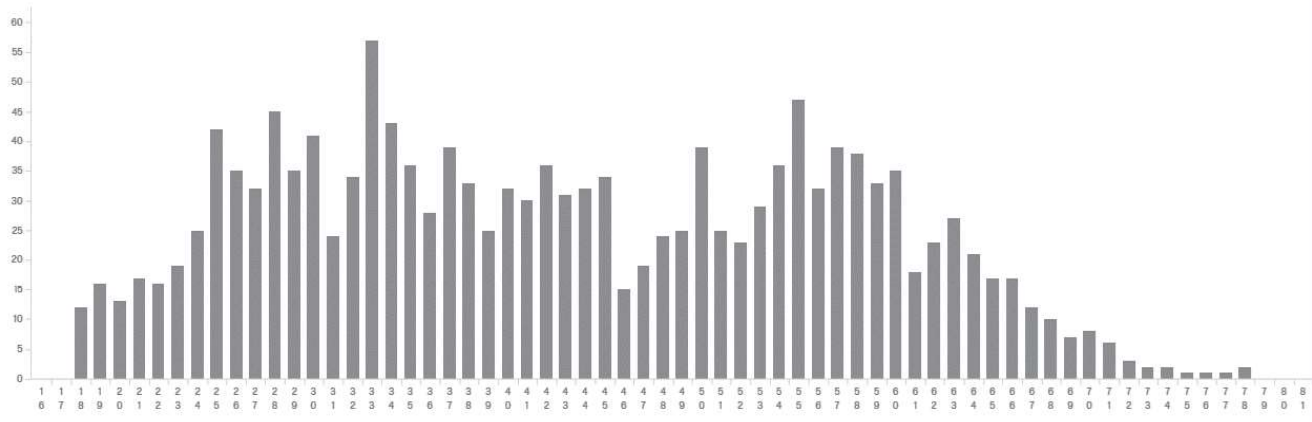
Race & ethnicity

Caucasian	34.7%
Black or African American	16.2%
Hispanic or Latinx	15.4%
Asian or Pacific Islander	25.1%
Native American*	3.3%
Multiple races or ethnicities	3.2%
Other (please specify)	2.1%

* (includes Americas, Hawaii, and Alaska native)

Company size

1-10 employees	0.0%
11-50 employees	17.0%
51-200 employees	20.0%
201-500 employees	14.1%
501-1,000 employees	13.5%
1,001-5,000 employees	14.0%
5,001-10,000 employees	6.8%
10,001+ employees	14.6%

Gender identity

Male	49.0%
Female	49.7%
Non-binary	0.6%
Prefer to self-describe	0.2%
Prefer not to say	0.5%

LGBTQ+

Yes	11.9%
No	85.7%
Prefer not to say	2.5%

Transgender

Yes	3.3%
No	95.3%
Prefer not to say	1.3%

Primary caregiver

Yes	46.7%
No	52.1%
Prefer not to say	1.2%

Level of Education

Some high school	1.5%
High school graduate	10.3%
Some college	14.5%
Associate degree	10.1%
Bachelor's degree	34.5%
Some postgraduate	4.1%
Master's degree	18.0%
Ph.D., law or medical degree	6.0%
Other advanced degree	0.9%

Desk job

Yes	68.1%
No	31.7%

Type of organization

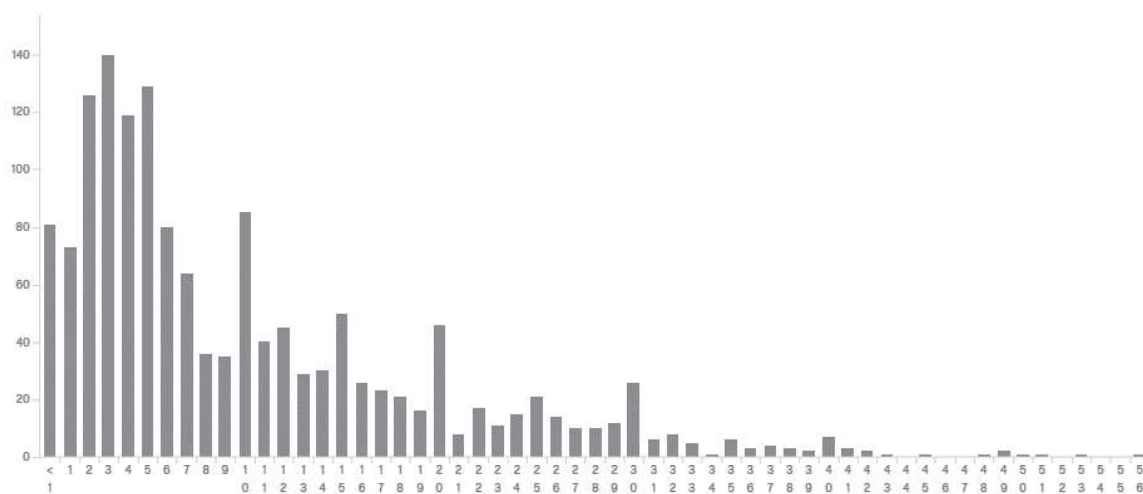|	
For-profit, privately-held	43.7%
For-profit, public	28.4%
Nonprofit	15.3%
Government	12.5%

Seniority

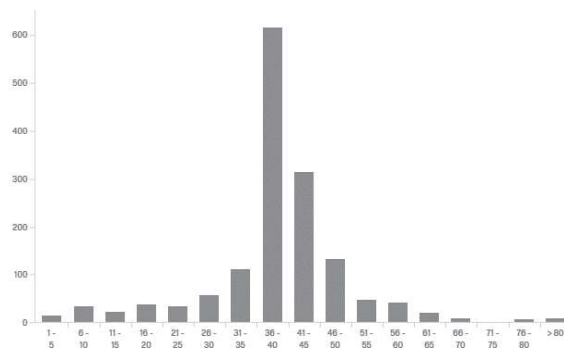|	
Individual contributor	41.5%
Manager*	36.0%
Executive**	11.0%
C-level	11.5%

* Manage one or more people
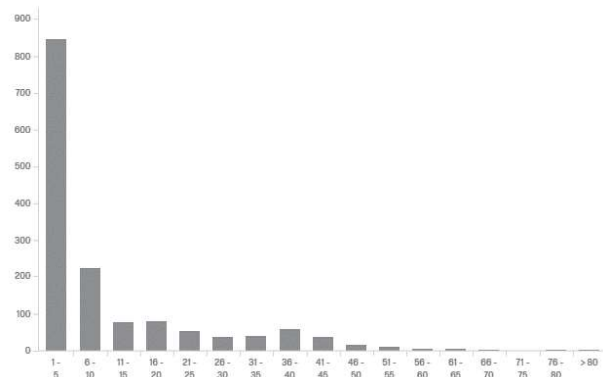** Oversees organizations, manages one or more teams

Years at current company

Average hours of work per week

Average hours of remote work per week

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