EMPLOYER READINESS

MENTAL HEALTH IS A WORKPLACE ISSUE

70% of U.S. employers recognized that employee mental health is a significant workplace issue – up from 59% in June 2020.

MENTAL HEALTH HAS A FINANCIAL IMPACT

31% of U.S. employers said the strain on employee mental health is having a severe or significant financial impact on their company, an 11-point increase from March 2020.

EMPLOYER READINESS

67% of U.S. employers said they feel prepared to deal with employee mental health issues, up from 64% in June 2020.

MENTAL HEALTH DIVIDE

The Hartford’s national study revealed a continued divide between employers and employees on mental health in the workplace:

- 79% of employers said they have an open and inclusive environment that encourages a dialogue about mental health, but only 52% of U.S. workers agree.
- 80% of employers said their company culture has been more accepting of mental health challenges in the past year, compared to 59% of U.S. workers.
- 80% of employers said employees’ mental health affects their productivity, compared to 48% of U.S. workers.
- 77% of employers said leadership at their company encourages conversations about mental health, compared to 56% of U.S. workers.
MENTAL HEALTH STIGMA

Mental health topics in the workplace will become less stigmatized as a result of the pandemic

70%  62%
employers  U.S. workers

PRIVACY CONCERNS

Have privacy concerns about sharing mental health information with my employer/co-workers

71%  61%
employers  U.S. workers

FLEXIBILITY

Employees at their company have flexibility in their schedules for mental health help

78%  58%
employers  U.S. workers

MENTAL HEALTH VULNERABILITIES

52%  27%  72%
of HR professionals now say they are experiencing significant workplace issues with substance misuse or addiction by employees, up from 36% in March 2020
of employees overall said they struggle with depression or anxiety most days or a few times a week, up from 20% in March 2020
of U.S. employers said burnout is a significant issue at their workplace
THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) RECOMMENDS THREE ACTIONS TO BREAK DOWN STIGMA:

1. Learn the facts about mental health conditions.

Mental health conditions are medical conditions that can impact a person’s thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis. They are common and treatable.

2. Use respectful, person first language to talk about mental health conditions.

**PERSON-FIRST LANGUAGE**

Person First means using language to recognize a person’s experience with mental health as only part of them as a person, and not the whole.

**Productive Phrases**
- “A person living with schizophrenia.”
- “My brother living with OCD.”
- “She is a person recovering from addiction.”

**Counterproductive Phrases**
- “A schizophrenic.”
- “My OCD brother.”
- “She is an addict.”

**NORMALIZING LANGUAGE**

Normalizing what one is going through and not minimizing or judging their experience with mental health can help people open up more regularly and feel less alone.

**Productive Phrases**
- “It’s understandable to be feeling down with everything going on.”
- “What you’re going through is challenging.”

**Counterproductive Phrases**
- “Depression is not a bad illness to have.”
- “Some people have it way worse.”
- “Why can’t you just chill out?”

**COLLOQUIAL LANGUAGE**

Words and phrases that are second-nature to us (slang or colloquial expressions) may be rooted in problematic assumptions, which can hurt those around us.

**Productive Phrases**
- “I’m having trouble focusing.”
- “The weather is fluctuating a lot today.”
- “I like things done in a particular way.”
- “That’s unreal.”

**Counterproductive Phrases**
- “I have such ADD right now.”
- “This weather is bipolar.”
- “I’m so OCD about this kind of stuff.”
- “That’s crazy/insane.”

**LANGUAGE AROUND SUICIDE**

As one of the most taboo topics, it’s helpful to have the right language when talking about suicide. Research shows that talking about and explicitly asking about suicide can greatly reduce the risk of someone dying by suicide.

**Productive Phrases**
- “Died by suicide.”
- “Ended their own life.”
- “Attempted suicide.”
- “That was so hard” (avoid mentioning suicide casually).

**Counterproductive Phrases**
- “Committed suicide.”
- “Successful suicide.”
- “Unsuccessful suicide.”
- “OMG I wanted to kill myself, that was so hard.”

3. If you think someone is having trouble, refer them to NAMI or mental health programs and resources at your organization.

**Potential warning signs**

- Changes in work performance
- Frequent absences or tardiness
- Becoming withdrawn or uncommunicative
- Confused thinking or problems concentrating/learning
- Prolonged or strong feelings of irritability or anger
- Difficulty understanding others
Methodology

The Hartford’s 2021 Future of Benefits Study was fielded from Jan. 11 – Feb. 19, 2021 and included 617 employers and 1,005 employees. The previous two waves of the research were fielded in 2020. The first wave was fielded from Feb. 27 – March 13, 2020, just before the pandemic escalated in the United States, and included 761 employers and 1,503 employees. The second wave was fielded from June 15 – June 30, 2020 and included 567 employers and 1,038 employees. The employers surveyed were HR professionals who manage/decide employee benefits and employees surveyed were actively employed. The margin of error is employer +/- 4% and employee +/-3% at a 95% confidence level.