**Anxiety Disorders: Why They Matter and What Employers Can Do**

Anxiety disorders are the most common mental disorders in the United States, affecting 18% of American adults and as many as 33% of people at any point in their lifetime. Globally, anxiety disorders are the sixth-leading cause of disability (defined by years of life lived with disability), with greater rates of disability occurring in females and in people aged 15 to 34 years. Anxiety disorders are associated with a poorer quality of life in comparison to not having anxiety, including higher rates of divorce and unemployment.

Anxiety disorders are the most common mental disorders in the United States, affecting 18% of American adults (Kessler et al., 2005a; Kessler et al., 2005b) and as many as 33% of people at any point in their lifetime (Bandelow & Michaelis, 2015). Globally, anxiety disorders are the sixth-leading cause of disability (defined by years of life lived with disability), with greater rates of disability occurring in females and in people aged 15 to 34 years (Baxter et al., 2014; Hendriks et al., 2014). Anxiety disorders are associated with a poorer quality of life in comparison to not having anxiety, including higher rates of divorce and unemployment (Olatunji et al., 2007).

**More Than Normal Worry or Fear**

Anxiety disorders comprise a range of different mental illnesses that are all characterized by excessive fear and apprehension as well as problematic behaviors related to the anxiety (like avoidance of feared items and places or an inability to function in one’s daily life). Typical symptoms include physical complaints like sweating, trembling, stomach upset, and difficulty speaking; intense panic or fear; and constant unwanted thoughts related to the anxiety. The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition (DSM-5)* includes in its Anxiety Disorders chapter the following diagnoses, among others:

* Separation anxiety disorder: a disorder of excessive and persistent fear of separation from home or from attached individuals;
* Phobias: disorders of intense, irrational fear of specific items, events, or places (e.g., heights, blood, insects);
* Social anxiety disorder: a disorder of extreme discomfort with social interactions or situations;
* Panic disorder and panic attacks: sudden experiences of intense terror that include sweating, dizziness, increased heart rate, and feeling like you are losing control or dying; and
* Generalized anxiety disorder: a condition of excessive, constant worry about a wide range of items, events, and topics such as health, money, relationships, and everyday life (American Psychiatric Association, 2013).

Posttraumatic stress disorder and obsessive-compulsive disorder are well-known related conditions that *DSM-5* considers to be similar but separate from the anxiety disorders listed above.

Anxiousness, fear, and worry are normal human experiences and in some instances are even adaptive and helpful for our survival. Most people feel a little nervous before a big speech, a job interview, or a visit to the doctor. But in anxiety disorders, those feelings are crippling, extreme, and/or persistent. Anxiety disorder symptoms also significantly interfere with a person’s ability to function optimally or otherwise cause them marked distress. Many anxiety disorders co-occur with one another as well as with other mental illnesses, typically major depressive disorder (Bandelow & Michaelis, 2015).

Having an anxiety disorder is not a sign of personal weakness. In fact, experts believe that anxiety disorders are caused by a combination of biological and environmental factors, much like physical disorders such as heart disease or diabetes (Sharma et al., 2016; Shimada-Sugimoto et al., 2015). Anxiety can be successfully treated with cognitive-behavioral therapy (a type of psychological treatment) or antianxiety medications, with the best results coming from a combination of both (Bandelow et al., 2015; Roy-Byrne et al., 2010). Unfortunately, anxiety disorders are frequently underdiagnosed and left untreated (Collins et al., 2004). Less than one-quarter of people with anxiety disorders seek treatment (Roness et al., 2005), and only an estimated 28% are offered minimally adequate treatment in primary care—the most common setting in which people are diagnosed with and treated for a mental illness (Weisberg et al., 2014). Meanwhile, some people live with anxiety disorder symptoms for 2 years or longer before even being diagnosed (Baldwin et al., 2012).

**Why Anxiety in the Workplace Matters**

Anxiety disorders are associated with poor job productivity and short- and long-term work disability (Plaisier et al., 2010; Plaisier et al., 2012; Sanderson et al., 2007; Hendriks et al., 2015; Erikson et al., 2009), resulting in more than $4.1 billion in indirect workplace costs (American Psychiatric Association, 2004). Anxiety disorders lead to an average of 4.6 work days lost to disability per month and 18.1 work days lost to disability per 3 months, as well as an average of 5.5 work days of reduced productivity per month (Harder et al., 2014). Workers with anxiety disorders have more than 1.5 times the risk of being absent for at least 2 weeks than those without anxiety and more than double the risk of having poor work performance (Plaisier et al., 2010). In fact, in one national survey 30% of working adults with an anxiety disorder reported reduced work productivity over the previous 4 weeks while a mere 0.5 % of working adults without a mental illness reported the same (Harder et al., 2014).

The negative effects of anxiety on occupational outcomes are compounded when symptoms are severe or when people with anxiety also have depression. Furthermore, some of the symptoms that typically accompany anxiety, such as sleep disturbances, are also known to impair job abilities. In employees with anxiety or depression, insomnia and short sleep duration significantly increases the risk for impaired work performance and long-term absenteeism, even in people with only mild anxiety or depression (van Mill et al., 2013).

The World Health Organization recently reported that an estimated 12 billion working days will be lost to untreated depression and anxiety by the year 2030, resulting in a global cost of $925 billion (Luxton, 2016). The upside to these staggering figures is that for every $1 invested in treating depression and anxiety, there is a $4 return for the economy. While scaling up treatment for depression and anxiety would cost $147 billion over the next 15 years, it would yield a 5% improvement in workforce participation—representing a $399 billion return on investment (Luxton). Clearly, supporting programs that improve worker access to treatment for anxiety makes good financial sense for individual companies as well as for the global economy.

While anxiety can be extremely unpleasant, it does not have to be permanently disabling. For many people with mental illnesses, successfully maintaining a job is an essential part of recovery and well-being. Employers can help facilitate this by creating an informed and accommodating work environment, which can be achieved through the following strategies:

* Educate employees and managers about mental health disorders, including anxiety disorders. Integrate mental health educational messages in health communication strategies. Include content about anxiety disorders in company newsletters, on the intranet, and in other regular employee communication platforms.
* Promote the use of an employee assistance program and other related health programs. Encourage employees to seek care when they need it by educating the workforce that mental illnesses are real, are medical illnesses rather than conditions of weak character or willpower, and can be effectively treated. Short- and long-term psychological treatment has been shown to improve work abilities in people with anxiety disorders (Knekt et al., 2008). Early intervention is key to helping people with anxiety get the help they need and live fulfilling, functional lives.
* Certain job characteristics are associated with lower worker satisfaction, greater distress, and more absenteeism; these include higher levels of job demand, lower levels of control over tasks, and lower rates of coworker support. Thus, giving employees more control over their assignments and schedules and ensuring a collegial, supportive environment may help individuals with anxiety perform better on the job (Plaisier et al., 2012).
* Similarly, be mindful that employees with anxiety disorders may benefit from certain accommodations such as modified workspaces, flexible schedules and deadlines, or permission to take periodic breaks throughout the workday.
* People with anxiety often struggle with organization, planning, and time management and might need extra coaching or skill-building in these areas. In return, be sure to clearly communicate your performance expectations by providing specific instructions and regular, ongoing feedback. Also, assign tasks that play to your employee’s strengths and limit their weaknesses; someone with social anxiety disorder, for instance, will likely struggle with projects that require public speaking or involve facilitating large gatherings.
* It is not uncommon for employees with anxiety disorders to experience numerous work absences. In fact, people with anxiety visit the doctor 3 to 5 times more frequently than people without anxiety (American Psychiatric Association, 2004). The persistent nature of these disorders is such that repeated emergency room visits or multiple doctor appointments may occur while people struggle to manage their symptoms. Supervisors should work with employees on an individual basis to handle excessive absences. Stay in regular contact with absent employees, and work collaboratively to develop a return-to-work plan that includes specific dates and accommodations to make the job setting as comfortable but productive as possible (Nash-Wright, 2011).
* Remind all employees of the availability of resources for staying healthy and productive. Ensure that employees know how to access care confidentially and quickly by providing information on how to do so in multiple places and throughout the year. Heavily push these messages during times of high stress, such as at the holidays.
* Finally, maintain an empathetic, understanding attitude toward working with individuals with anxiety. Like other mental illnesses, having an anxiety disorder carries with it a certain amount of stigma and misunderstanding from others. By demonstrating an openness and willingness to address anxiety as seriously as any other medical condition, those affected will feel more willing to ask for assistance. A supportive workplace also can help employees feel more loyal, dedicated, and motivated to perform well for the company, which is ultimately to everyone’s benefit.

**Resources**

[**Anxiety and Depression Association of America (ADAA)**](http://treatment.adaa.org/)
The ADAA therapist locator can help identify a licensed mental health provider who specializes in helping people manage anxiety and depression.

[**Anxiety Resource Center**](http://anxietyresourcecenter.org/resources/helpful-links/)
This non-profit is dedicated to helping educate mental health consumers, loved ones, and the public about the challenges of living with anxiety and how to overcome them, including employer information about addressing stress and anxiety in the workplace.

[**Equal Employment Opportunity Commission (EEOC)**](https://www.eeoc.gov/laws/types/disability.cfm%20or%201-800-669-4000)
The EEOC provides information about the employment provisions of the Americans with Disabilities Act.

[**United States Department of Labor’s Job Accommodations Network (JAN)**](https://askjan.org/media/anxi.htm)
The JAN provides employers with guidance on employing people with disabilities, including possible job accommodations for employees with anxiety disorders.

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