Global English News

Mental Health in the Workplace

Mental health has emerged as one of the most pressing concerns in contemporary workplaces, with its impact touching virtually every sector and organizational level. The **prevalence** of conditions such as anxiety, depression, and stress-related disorders has risen sharply in recent decades, driven by intensifying performance demands, economic uncertainty, and increasingly blurred divisions between professional and personal life. Perhaps the most insidious consequence is **burnout** — a state of chronic emotional exhaustion and detachment that the World Health Organization formally classified as an occupational phenomenon in 2019. Despite growing public awareness, **stigma** around mental illness remains **pervasive**, leading many employees to conceal their struggles rather than **disclose** them to managers or human resources personnel. Others resort to **presenteeism** — attending work while mentally unfit to perform effectively — rather than requesting an **accommodation** or taking necessary leave. These patterns collectively suppress the willingness to seek help and mask the true scale of the problem.

Governments and regulatory bodies have increasingly recognized that workplace mental health is not merely a personal matter but a systemic, structural issue requiring institutional response. Legislation across numerous jurisdictions now requires employers to assess and manage **psychosocial** risks — those arising from the way work is organized, managed, and experienced — alongside more traditional physical hazards. Failure to act can **erode** employee trust, invite costly litigation, and expose organizations to significant **liability**. In Australia, for example, workplace health and safety laws effectively **mandate** that employers identify and control psychosocial hazards, while the United Kingdom's Health and Safety Executive has developed a **benchmark** tool known as the Management Standards to guide organizational improvement. The European Union has similarly established an overarching **framework** for mental health promotion at work, signaling a clear shift from voluntary best practice to enforceable expectation. For many organizations, **compliance**, once discretionary, is rapidly becoming a legal imperative.

The economic cost of poor mental health in the workplace is staggering, though notoriously difficult to **quantify** with precision. The World Health Organization estimates that depression and anxiety alone cost the global economy approximately one trillion dollars annually in lost productivity. Organizations bear this burden through two primary mechanisms: **absenteeism**, in which employees miss work entirely due to mental health conditions, and the subtler but equally damaging effect of **cognitive impairment** — reduced capacity for concentration, decision-making, and creative thinking among those who remain present. High rates of employee **turnover** represent a further compounding cost, as recruitment, onboarding, and lost institutional knowledge inflate expenditure well beyond what is visible in any single budget line. Work **output** quality suffers as fatigue and distress accumulate across teams. Critically, these figures are almost certainly conservative, since the true burden remains **underreported** due to fear of professional repercussion and the absence of standardized tracking mechanisms.

Recognizing the scale of the challenge, leading organizations have moved beyond reactive crisis management toward a **proactive** model of mental health support. Employee Assistance Programs — typically offering short-term counseling and a **confidential referral** pathway to specialist services — have become increasingly common, though their effectiveness varies considerably depending on design and promotion. More innovative employers are investing in **peer support** networks, training selected employees to provide informal, empathetic assistance to struggling colleagues. Critically, such structures help **destigmatize** help-seeking by normalizing conversations about mental health within everyday working culture. Mental health first aid training, well-being days, and manager capability programs represent further layers of **intervention** that collectively build organizational capacity. However, research

consistently highlights a significant gap between the provision of these resources and their actual **uptake**: many employees remain unaware of available support, while others hesitate to engage for fear of being perceived as incapable.

The rapid normalization of **telework** following the COVID-19 pandemic introduced new and complex dimensions to workplace mental health. While remote arrangements offer flexibility and reduced commuting stress, they simultaneously **exacerbate** challenges related to isolation, inadequate **boundary**-setting between professional and domestic life, and diminished access to informal social support. Research indicates that employees who lack **autonomy** over when and how they work — including those managing caregiving responsibilities alongside demanding roles — experience disproportionately higher levels of psychological distress. Unmanageable **workload** remains among the most consistently cited risk factors across industries and occupational levels, yet many employees feel they have limited **recourse** when pressures become unsustainable. In this context, trade unions and professional bodies have expanded their **advocacy** role, pushing for enforceable minimum standards around working hours, staffing ratios, and the right to disconnect — legal protections that already exist in France, Ireland, and several other European nations.

Mental health outcomes in the workplace are not uniformly distributed. Persistent **disparity** exists across gender, ethnicity, socioeconomic background, disability status, and employment type, with precarious workers — those in gig, casual, or zero-hours contracts — among the most underserved and least protected. Addressing these inequalities demands an **intersectional** lens that recognizes how overlapping social identities shape both exposure to workplace stress and access to support. Employers increasingly understand that **cultural competence** — the capacity to deliver support in ways that are relevant and accessible to diverse employee populations — is not optional but essential. Some jurisdictions have moved to **legislate** specific protections, while others rely on **holistic** organizational strategies that embed mental health into broader diversity, equity, and inclusion agendas. Meaningful **integration** of mental health considerations into human resources policy, performance management, and leadership development requires genuine organizational **accountability** — not merely the appearance of compliance with minimum standards.

A genuine shift in how organizations approach employee **well-being** requires more than policy revision — it demands cultural transformation. The growing **momentum** behind workplace mental health is visible in the proliferation of corporate pledges, awareness campaigns, and leadership commitments, yet critics argue that symbolic gestures frequently substitute for structural change. To **embed** mental health into organizational DNA, leaders must model vulnerability, reward help-seeking behavior, and **incentivize** managers to prioritize team health alongside performance targets. Measurement plays a pivotal role: organizations that treat mental health as a serious governance issue now routinely track dedicated **metrics** — including engagement survey scores, Employee Assistance Program utilization rates, and sickness absence data — to identify trends and evaluate the impact of programs over time. Crucially, making these data visible through internal **transparency** mechanisms and external reporting frameworks signals a commitment to **sustainable** cultural change rather than short-lived initiative.

Beyond the Headlines

What does it actually feel like to burn out — and why do some people recover while others do not? The answer may lie in **neuroscience**. Researchers have identified measurable changes in brain structure and function associated with prolonged **chronic** stress, including reduced volume in the prefrontal cortex — the region responsible for decision-making and emotional regulation. Scientists are now investigating whether specific **biomarker** profiles in blood and saliva could serve as **precursor** indicators of burnout before its most debilitating symptoms emerge. The **nomenclature** surrounding these conditions remains contested: while burnout has gained **occupational** recognition from the World Health Organization,

clinicians debate whether it constitutes a distinct diagnosis or a severe manifestation of depression and anxiety. What is clear is that **resilience** — long dismissed as an individual character trait — is now understood as a skill that can be cultivated through targeted organizational interventions, cognitive training, and social connection.

Vocabulary

Paragraph 1

prevalence (n.)	(n.) The degree to which something is widespread or commonly occurring within a population or context. *"The **prevalence** of anxiety disorders in high-pressure industries has prompted calls for systemic reform."*
burnout (n.)	(n.) A state of physical and emotional exhaustion caused by prolonged exposure to excessive stress or demanding work conditions. *"After three years of twelve-hour shifts, she finally acknowledged that she was experiencing **burnout**."*
stigma (n.)	(n.) A mark of disgrace or social disapproval associated with a particular circumstance, quality, or person. *"The **stigma** attached to mental illness prevents many professionals from seeking the help they need."*
pervasive (adj.)	(adj.) Spreading widely throughout an area, group, or system; present everywhere. *"A **pervasive** culture of overwork has normalized exhaustion as a marker of professional dedication."*
disclose (v.)	(v.) To make previously unknown or secret information known to others. *"Many employees are reluctant to **disclose** mental health conditions for fear of career repercussions."*
presenteeism (n.)	(n.) The practice of attending work while ill or unwell, resulting in reduced productivity and performance. *"**Presenteeism** is estimated to cost employers far more than absenteeism in terms of lost productivity."*
accommodation (n.)	(n.) An adjustment or modification made to enable a person to perform their role more effectively, particularly in response to a health need. *"The employee requested an **accommodation** that would allow her to work flexible hours during treatment."*

Paragraph 2

psychosocial (adj.)	(adj.) Relating to the interrelation of social factors and individual thought and behavior, particularly in a work or health context. *"Regulators have expanded their guidelines to address **psychosocial** hazards alongside physical workplace risks."*
erode (v.)	(v.) To gradually destroy or diminish something through sustained pressure or neglect. *"A failure to address employee concerns will gradually **erode** morale and organizational trust."*
liability (n.)	(n.) Legal responsibility for something, particularly harm or damage caused to another party. *"Organizations that ignore documented mental health risks may face significant legal **liability**."*
mandate (v.)	(v.) To officially require or authorize something through law or policy. *"The new regulations **mandate** that all employers complete a psychosocial risk assessment annually."*
benchmark (n.)	(n.) A standard or reference point used to evaluate performance, quality, or achievement. *"The Management Standards framework provides a **benchmark** against which employers can assess their progress."*
framework (n.)	(n.) A structured system of principles, guidelines, or rules designed to support decision-making or action within a particular domain. *"A clear policy*

	framework *helps organizations translate mental health commitments into actionable procedures."*
compliance (n.)	(n.) The act of conforming to a rule, law, standard, or requirement set by an authority. *"**Compliance** with occupational health legislation is no longer optional for large employers in most developed economies."*

Paragraph 3

quantify (v.)	(v.) To express or measure something as a numerical value or quantity. *"It is difficult to **quantify** the precise cost of poor mental health without consistent data collection."*
absenteeism (n.)	(n.) The habitual or frequent absence from work or duty without a valid reason. *"Rising **absenteeism** rates in the department prompted management to investigate underlying causes."*
cognitive (adj.)	(adj.) Relating to the mental processes of perception, memory, judgment, reasoning, and problem-solving. *"Prolonged stress produces measurable **cognitive** impairment that affects both speed and accuracy of thought."*
impairment (n.)	(n.) A reduction in the strength, quality, or functional ability of something. *"The researchers documented significant cognitive **impairment** in employees reporting high levels of chronic stress."*
turnover (n.)	(n.) The rate at which employees leave an organization and are replaced by new staff within a given period. *"High staff **turnover** signals deeper cultural problems that cannot be resolved through increased pay alone."*
output (n.)	(n.) The amount of work produced or the results achieved by a person, team, or system within a specified period. *"Managers noticed a sharp decline in work **output** as team members struggled with increased pressure."*
underreported (adj.)	(adj.) Not reported or recorded as frequently as actually occurs, leading to an incomplete or inaccurate picture. *"Workplace injury statistics are widely considered **underreported** due to fear of disciplinary consequences."*

Paragraph 4

proactive (adj.)	(adj.) Acting in anticipation of future problems rather than reacting to them after they occur. *"A **proactive** approach to mental health identifies risk factors before they escalate into crises."*
confidential (adj.)	(adj.) Intended to be kept secret or shared only with authorized individuals. *"Employees were assured that all counseling sessions would remain strictly **confidential**."*
referral (n.)	(n.) The act of directing someone to an appropriate specialist, service, or resource for assistance. *"The program offers a direct **referral** pathway to licensed therapists at no cost to the employee."*
peer support (n. phrase)	(n. phrase) Assistance provided by individuals with shared experiences who offer guidance, understanding, and practical help to one another. *"**Peer support** networks reduce isolation by connecting employees who have faced similar mental health challenges."*
destigmatize (v.)	(v.) To remove the negative social associations or shame attached to a particular condition or behavior. *"Leadership transparency about personal*

	*mental health struggles can help **destigmatize** help-seeking within an organization."*
intervention (n.)	(n.) A structured action or program designed to change a situation or prevent a negative outcome. *"Early **intervention** in cases of workplace stress can prevent the development of more serious disorders."*
uptake (n.)	(n.) The degree to which a service, offer, or opportunity is accepted and used by those it is available to. *"Despite the range of support options available, **uptake** among male employees remained disappointingly low."*

Paragraph 5

telework (n.)	(n.) Work performed remotely, typically from home, using technology to maintain communication and productivity. *"The shift to **telework** has blurred the distinction between professional obligations and personal time."*
exacerbate (v.)	(v.) To make a problem, condition, or difficulty worse or more severe. *"Inadequate management support can **exacerbate** stress among remote teams who lack face-to-face interaction."*
boundary (n.)	(n.) A limit or dividing line, particularly one that separates distinct roles, responsibilities, or domains of life. *"Without firm boundaries between work and home, employees risk chronic exhaustion and emotional depletion."*
autonomy (n.)	(n.) The right or capacity to make independent decisions and act without external control or constraint. *"Research consistently shows that greater **autonomy** over work schedules is associated with lower levels of stress."*
workload (n.)	(n.) The amount of work assigned to or expected from a person or system within a given time period. *"An unreasonable **workload** that leaves no time for recovery is a primary driver of occupational burnout."*
recourse (n.)	(n.) A course of action or source of help available when facing a problem or difficulty. *"Workers in precarious employment often have limited **recourse** when subjected to unreasonable demands."*
advocacy (n.)	(n.) Active support for a cause, policy, or group, typically involving public campaigning or representation of others. *"Union **advocacy** for the right to disconnect has gained significant political traction across Europe."*

Paragraph 6

disparity (n.)	(n.) A notable difference or inequality between two or more groups, systems, or situations. *"There is a persistent **disparity** in mental health outcomes between permanent employees and contract workers."*
intersectional (adj.)	(adj.) Relating to the way in which different aspects of a person's social identity combine to create unique patterns of disadvantage or privilege. *"An **intersectional** analysis reveals that women from minority ethnic backgrounds face compounded workplace stressors."*
cultural competence (n. phrase)	(n. phrase) The ability to understand, communicate with, and effectively interact with people across different cultural backgrounds. *"Mental health programs must demonstrate **cultural competence** to be accessible and meaningful to all employees."*

legislate (v.)	(v.) To make or enact laws addressing a particular issue or area of public concern. *"Several countries have moved to **legislate** specific protections for workers experiencing mental health crises."*
holistic (adj.)	(adj.) Addressing the whole of something rather than focusing on individual components; considering all relevant factors together. *"A **holistic** approach to employee health considers psychological, social, and physical dimensions simultaneously."*
integration (n.)	(n.) The process of combining separate elements into a unified and coherent whole. *"The **integration** of mental health policies into standard HR procedures ensures consistent application across the organization."*
accountability (n.)	(n.) The obligation or willingness to accept responsibility for one's actions and their consequences. *"Without clear **accountability** mechanisms, diversity commitments rarely translate into meaningful organizational change."*

Paragraph 7

well-being (n.)	(n.) A state of being comfortable, healthy, and fulfilled in physical, psychological, and social dimensions. *"Genuine investment in employee **well-being** extends far beyond providing free snacks and gym memberships."*
momentum (n.)	(n.) The strength or force that something gains as it develops, making it harder to stop or redirect. *"The **momentum** behind workplace mental health reform has grown significantly since the COVID-19 pandemic."*
embed (v.)	(v.) To fix something firmly and deeply within a surrounding context so that it becomes an integral part of it. *"True change requires organizations to **embed** mental health principles into leadership training and performance review."*
incentivize (v.)	(v.) To motivate or encourage someone to take a particular action by offering a reward or advantage. *"Companies can **incentivize** managers to support their teams by including well-being indicators in performance evaluations."*
metrics (n.)	(n.) Quantifiable measures used to track, assess, and compare performance or outcomes within a defined area. *"Without robust **metrics**, it is impossible to evaluate the true impact of workplace mental health initiatives."*
transparency (n.)	(n.) Openness and clarity in communication, decision-making, and reporting, especially within organizations. *"Greater **transparency** around sickness absence data helps organizations identify patterns and intervene earlier."*
sustainable (adj.)	(adj.) Able to be maintained over a long period without depleting resources or causing long-term damage. *"Short-term wellness campaigns are no substitute for **sustainable** cultural change embedded in organizational practice."*

Beyond the Headlines

neuroscience (n.)	(n.) The scientific study of the structure and function of the nervous system, including the brain. *"Advances in **neuroscience** have revealed how chronic stress physically alters brain structure and chemistry."*
chronic (adj.)	(adj.) Persisting over a long period of time; not acute or temporary in nature. *"**Chronic** exposure to high-pressure environments produces hormonal imbalances that are difficult to reverse."*

biomarker (n.)	(n.) A measurable biological indicator — such as a molecule in blood or tissue — used to assess health status or disease risk. *"Researchers hope that a reliable **biomarker** for burnout would enable earlier and more objective diagnosis."*
precursor (n.)	(n.) Something that comes before and signals or enables the development of something else. *"Persistent sleep disruption is considered a **precursor** to more severe burnout and depressive episodes."*
nomenclature (n.)	(n.) The set of terms or names used within a particular field or discipline; a system of classification. *"The **nomenclature** used to describe burnout varies significantly between clinical, legal, and occupational health contexts."*
occupational (adj.)	(adj.) Relating to a person's employment, profession, or the conditions and risks associated with their work. *"Burnout was given formal **occupational** recognition by the World Health Organization in 2019."*
resilience (n.)	(n.) The capacity to recover quickly from difficulties or adapt successfully in the face of adversity. *"Organizational **resilience** depends on the collective psychological health of the people who comprise the institution."*

Language Review

Exercise A — Collocations

Match each item in Column A with the word or phrase in Column B that forms a natural collocation from the article. Write the correct letter next to each number.

Column A	Column B
1. psychosocial	a. absence
2. cultural	b. disconnect
3. employee	c. support
4. right to	d. hazard
5. peer	e. competence
6. sickness	f. contract
7. cognitive	g. impairment
8. zero-hours	h. assistance program

Exercise B — Vocabulary Quiz

Choose the best answer (a, b, c, or d) for each question. Some questions may have more than one correct answer — select all that apply.

1. Which word best describes an employee who continues working despite being mentally unfit to perform effectively?

a. Absent
b. Proactive
c. Presenteeist
d. Compliant

2. An organization introduces a training program for selected employees to offer informal emotional assistance to their colleagues. This is an example of:

a. A referral pathway
b. A peer support network
c. A compliance audit
d. A benchmark exercise

3. Which of the following best describes what it means to "destigmatize" mental health in a workplace?

a. To make mental health discussions confidential
b. To remove the shame and negative judgments associated with mental illness
c. To reduce absenteeism through financial incentives
d. To legislate minimum standards for employee support

4. A government passes a law requiring all employers to assess and reduce psychosocial risks. This is best described as a legal:

a. Benchmark
b. Advocacy
c. Mandate
d. Referral

5. Which sentence uses "erode" correctly in a workplace context?
a. The company decided to erode its Employee Assistance Program for cost reasons.
b. Persistent management failures will erode trust and increase turnover.
c. Leaders should erode their transparency policies to protect privacy.
d. Training programs erode whenever new staff members join the team.

6. An intersectional approach to workplace mental health means:
a. Providing counseling at multiple office locations
b. Recognizing how overlapping identities shape unique patterns of disadvantage
c. Integrating mental health data into financial reporting
d. Requiring all managers to complete a mental health qualification

7. Which of the following is a "precursor" to burnout, as discussed in the article?
a. High uptake of Employee Assistance Programs
b. Strong peer support networks
c. Persistent sleep disruption
d. Increased transparency in reporting

8. Why are mental health cost statistics described in the article as "almost certainly conservative"?
a. Because economists prefer to underestimate workplace costs
b. Because presenteeism is more expensive than absenteeism
c. Because the true burden is underreported due to fear and inadequate tracking
d. Because cognitive impairment is not recognized as a financial cost

Exercise C — Discussion Questions

Discuss the following questions with a partner or in a small group. Use evidence from the article to support your ideas.

1. The article describes presenteeism as potentially more damaging than absenteeism. Do you agree? What responsibilities do employees and employers each have when someone is unwell but continues working?

2. Several countries have legislated a "right to disconnect" for employees. Should this be a universal legal right, or should it be left to individual organizations to determine? Justify your position.

3. The article argues that resilience is a skill that can be cultivated, not merely an innate character trait. How might this shift in understanding change the way organizations design support programs?

4. To what extent do you think the growing momentum around workplace mental health reflects genuine cultural change, as opposed to strategic reputation management by corporations?

5. The article highlights that precarious workers — those in gig or zero-hours contracts — are among the most underserved when it comes to mental health support. What specific policy measures would you propose to address this disparity?

Answer Key

Teacher's Reference — Not for Student Distribution

Exercise A — Collocations

1. psychosocial — d. hazard
2. cultural — e. competence
3. employee — h. assistance program
4. right to — b. disconnect
5. peer — c. support
6. sickness — a. absence
7. cognitive — g. impairment
8. zero-hours — f. contract

Exercise B — Vocabulary Quiz

1. Answer: c Presenteeism specifically describes the phenomenon of attending work while mentally or physically unfit to do so. Options a and d describe different behaviors; option b (proactive) relates to anticipatory action, not attendance while unwell.

2. Answer: b The description — selected employees trained to offer informal, empathetic assistance to colleagues — directly defines a peer support network. A referral pathway (a) connects employees to external specialists; a compliance audit (c) assesses legal adherence; a benchmark exercise (d) measures performance.

3. Answer: b To destigmatize is to remove the negative social associations and shame attached to a condition. Option a describes confidentiality; option c addresses absenteeism financially; option d refers to legislating minimum standards — none of which capture the meaning of destigmatization.

4. Answer: c A mandate is a formal legal or official requirement. The article explicitly uses "mandate" in the context of Australian workplace safety laws requiring employer action. Benchmarks (a) measure performance; advocacy (b) involves campaigning; referral (d) directs individuals to services.

5. Answer: b Option b correctly uses "erode" to mean gradually diminish or wear away — here, reducing trust over time. Options a, c, and d use "erode" illogically: one does not erode a program (a), a policy (c), or training (d) in the senses described.

6. Answer: b An intersectional lens recognizes how overlapping social identities — gender, ethnicity, disability, employment type — combine to shape unique experiences of disadvantage. Options a, c, and d describe logistical, financial, or training-based measures that do not capture the analytical meaning of intersectionality.

7. Answer: c The Beyond the Headlines section explicitly identifies persistent sleep disruption as a precursor to burnout and depressive episodes. Options a and b describe protective factors; option d (transparency) relates to reporting practices, not early warning signs.

8. Answer: c The article directly states that cost figures are conservative because the true burden is underreported due to "fear of professional repercussion and the absence of standardized tracking mechanisms." Options a, b, and d either misrepresent the article's argument or introduce information not stated in the text.

Exercise C — Discussion Questions (Model Answers)