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Anxiety Disorders at a Glance

The most common mental health conditions — and the most responsive to good management.

~1 in 5	1 in 3	2×	1 in 4
adults meet criteria for an anxiety disorder each year	will experience an anxiety disorder in their lifetime	roughly twice as common in women as in men	of those affected ever receive treatment

WHAT ANXIETY DISORDERS ARE

- The brain's threat-detection system stuck on high — firing persistently, out of proportion, at real cost to work, sleep, and health.
- Different from stress in three ways: persistent (months, not days), excessive, and impairing.
- Usually begins in childhood or adolescence — many adults have masked it for decades.
- Among the most treatable conditions in psychiatry — yet most people never seek help.

It lives in the body:

Muscle tension	Broken sleep
Racing heart	GI distress
Headaches & fatigue	Poor concentration

Anxiety is profoundly physical — many people see doctors for years before anyone names the cause. It is never "all in their head."

HOW IT SHOWS UP AT WORK

- Perfectionism — polishing past the point of value
- Over-checking work that was right the first time
- Avoids hard calls, conflict, presentations, feedback
- Reassurance-seeking: "just checking this is okay?"
- Catastrophizes small signals and neutral messages
- Can't say no — volunteers, then quietly drowns
- Always online as armor; output quietly declining
- Sick days cluster around high-pressure moments
- Sharp ideas go unspoken — fear of speaking up
- Irritable when stretched; over-apologizes after

Everyone worries sometimes. An anxiety disorder is persistent, excessive, and impairing — and this list is for empathy and better systems, never for diagnosing colleagues.

THE MAJOR ANXIETY DISORDERS (DSM-5-TR)

phobias, OCD, and PTSD are close relatives

Generalized anxiety (GAD)

Chronic, hard-to-control worry across domains, with tension, fatigue, and broken sleep. ~3% of adults per year.

Social anxiety disorder

Intense fear of being judged — dreads visibility, avoids speaking up despite strong ideas. ~7% per year.

Panic disorder

Recurrent, unexpected panic attacks plus persistent fear of the next one. ~2–3% per year.

"High-functioning anxiety" is still anxiety.

Your most reliable performer may be powered by fear of failure. It works until it doesn't — the crash arrives as burnout, resignation, or collapse. Coping isn't thriving.

OFTEN COMES WITH conscientiousness • preparation • risk-spotting • empathy — real strengths, often at unsustainable cost

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Co-Occurring Conditions & the Manager's Playbook

Anxiety rarely travels alone — and clarity is your most powerful tool.

ANXIETY RARELY TRAVELS ALONE

Depression	~50%	~half or more
Sleep problems	~60%	majority
Substance use	~20%	~1 in 5
Physical illness*	~45%	common

*IBS, migraine, chronic pain. Runs both ways with ADHD too: about half of adults with ADHD also have an anxiety disorder — see the companion guide.

Panic attack at work

Stay calm, stay close. Offer a quieter space. Short sentences: "You're safe — this will pass." Afterward, no spotlight. New chest pain = medical until proven otherwise.

Anxiety × depression

Watch the shift from baseline: the anxious-but-driven employee who goes flat. That change — not one bad week — warrants a caring check-in and a pointer to support.

DO

- ✓ Give context when scheduling — "nothing's wrong"
- ✓ Put expectations & quality bars in writing
- ✓ Close every loop — even a two-word "looks good"
- ✓ Share agendas; flag asks before meetings
- ✓ Give advance notice of change; say when you'll know more
- ✓ Watch your volunteers' real workload
- ✓ Make therapy time & EAP use unremarkable

DON'T

- ✗ Send "we need to talk" with no context
- ✗ Let silence be your only feedback
- ✗ Cold-call people or spring presentations on them
- ✗ Say "relax," "calm down," or "you're overthinking it"
- ✗ Diagnose, suggest therapy, or ask about medication
- ✗ "Protect" people out of visibility or promotion
- ✗ Reward never-saying-no until the person breaks

LOW-COST ACCOMMODATIONS THAT WORK

route formal requests through HR — then experiment and iterate

- Written expectations
- Context with meeting invites
- Agendas in advance
- Advance notice of changes
- Flexible hours for therapy
- Quiet workspace / WFH days
- Async contribution options
- Scheduled (not surprise) check-ins
- Private recovery space
- Milestone deadlines
- Noise-cancelling headphones
- Gradual visibility build-up

IF SOMEONE DISCLOSES AN ANXIETY DISORDER

1. **Thank them** — it took courage
2. **Keep it confidential** — you + HR only
3. **Ask what helps** — they're the expert
4. **Adjust & involve HR** — for formal routes
5. **Keep standards** — flex the path

THE GOLDEN RULE — CLARITY IS KINDNESS

"Quick sync tomorrow re: Q3 timeline — nothing's wrong" beats "We need to talk."

Never diagnose, suggest therapy, or ask about medication — manage barriers, not labels.

Resources: askjan.org • adaa.org • nimh.nih.gov • eeoc.gov (ADA) • your EAP & HR team • 988 (U.S. crisis line)