IncentFit
LIVE WELL. GET REWARDED.

The Hidden Drivers of Workplace Mental Health

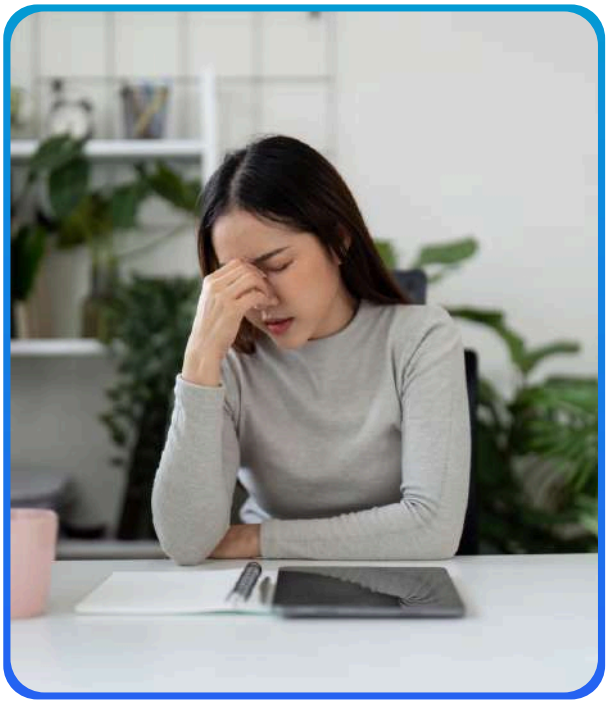
Culture, Leadership, and the Cost of Getting It Wrong

January 2026 • A report from IncentFit

Table of Contents

Mental Health Starts With Culture

Workplace mental health is often discussed in the same category as wellness benefits: employee assistance programs, therapy access, mindfulness apps, fitness stipends, or awareness initiatives. These offerings are important, but they are also optional programs. Organizations choose whether to offer them, how much to invest, and who can access them.



Culture is different.

Every organization has culture, whether it actively designs one or not. And that culture (how work is structured, how leaders behave, how pressure is applied, and how safety is reinforced or undermined) is the single strongest driver of employee mental health.

The distinction is critical. Benefits are tools organizations run. Culture is the environment employees work inside. When mental health challenges are isolated, short-term, or unrelated to work, individual-level support can be effective. But when stress, burnout, and disengagement are widespread or persistent, they are rarely the result of individual weakness. They are signals that the system itself is unsustainable.

This whitepaper makes a clear argument: mental health at work is not primarily a benefits issue, it is a cultural one. Lasting improvement comes not only from adding support tools, but from ensuring these tools are deeply integrated into a culture that actively supports mental health every day.

Why IncentFit

IncentFit brings a practical perspective to workplace mental health, grounded in over a decade of supporting employer wellness programs. Since 2013, IncentFit has supported hundreds of employers and engaged large employee populations through measurable wellness initiatives. Across those programs, IncentFit has helped employers run recurring pulse surveys, identify engagement barriers, and implement changes in environments where time, budget, and leadership attention are limited. This experience provides a clear view into what strengthens employee well-being day to day and what falls short when culture and execution aren't aligned.

This guide offers a strategic, **culture-first approach** to employee mental health. You'll walk away with:

- A clear definition of workplace mental health
- A framework for identifying hidden wellness issues
- An assessment model to evaluate your company's maturity
- Practical strategies to create lasting cultural change

IncentFit Data

13+

years of experience [1]

360+

active organizations [1]

60%

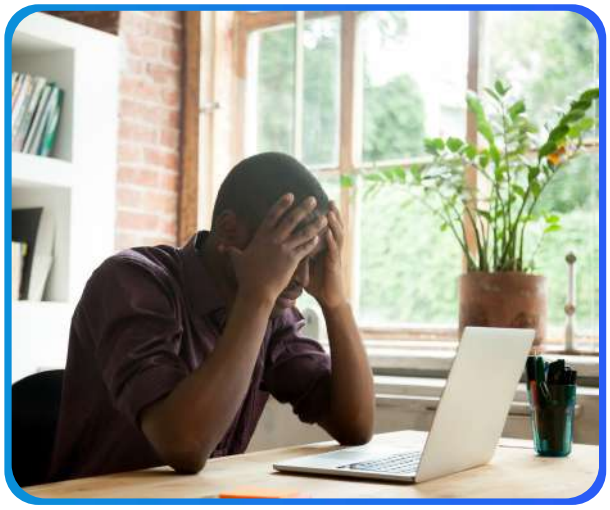
average user participation [1]

Defining Workplace Mental Health

At its core, ***mental health is a sustained state of emotional, cognitive, and social well-being***. It influences how people think and problem-solve, how they respond to stress, how they connect with others, and how consistently they can contribute at work. Just like physical health, mental health fluctuates - it's always present, and shaped by both individual factors and workplace conditions.

Mental Health vs. Mental Health Issues vs. Burnout

Mental health, mental health issues and burnout are often conflated, but they describe different realities:



Mental Health

A continuous state of well-being that enables employees to function effectively. Everyone has mental health, and it varies over time.

Mental Health Issues

Persistent challenges (with or without clinical diagnosis) that impair functioning, such as anxiety disorders, depression, or clinical stress.

Burnout

A condition frequently induced by workplace factors, characterized by emotional exhaustion, cynicism, and reduced professional efficacy resulting from chronic, unmanaged stress. Unlike many mental illnesses, burnout is largely preventable and strongly influenced by organizational culture, workload design, role clarity, and managerial support.

Mental health is not limited to mental illness. At the same time, it isn't a catch-all label for every period of stress, frustration, or low mood. Feeling tired, overwhelmed, or disengaged doesn't automatically signal a mental health issue - those issues need to be sustained and negatively influence the person's ability to do their job to be defined as a Mental Health Issue. While it's true that some people are more resilient than others, for organizations that see a large degree of mental health issues, these reactions point to organizational conditions such as unclear expectations, unmanaged workloads, weak communication norms, or cultural pressure to always be "on".

For HR leaders, this distinction matters. Not all distress at work reflects a clinical mental health condition and not all stress should be treated as an individual pathology.

If every stressor is framed as a "mental health issue", it unintentionally increases stigma, pathologizes normal human experiences, and places responsibility solely on employees rather than on the environment in which they're working. Conversely, if we only treat clinical diagnosis as "mental health issues", we miss the opportunity to identify and correct cultural patterns that contribute to burnout and disengagement.

Understanding these nuisances allows leaders to respond more effectively by supporting individuals while also improving the systems that shape everyday work.

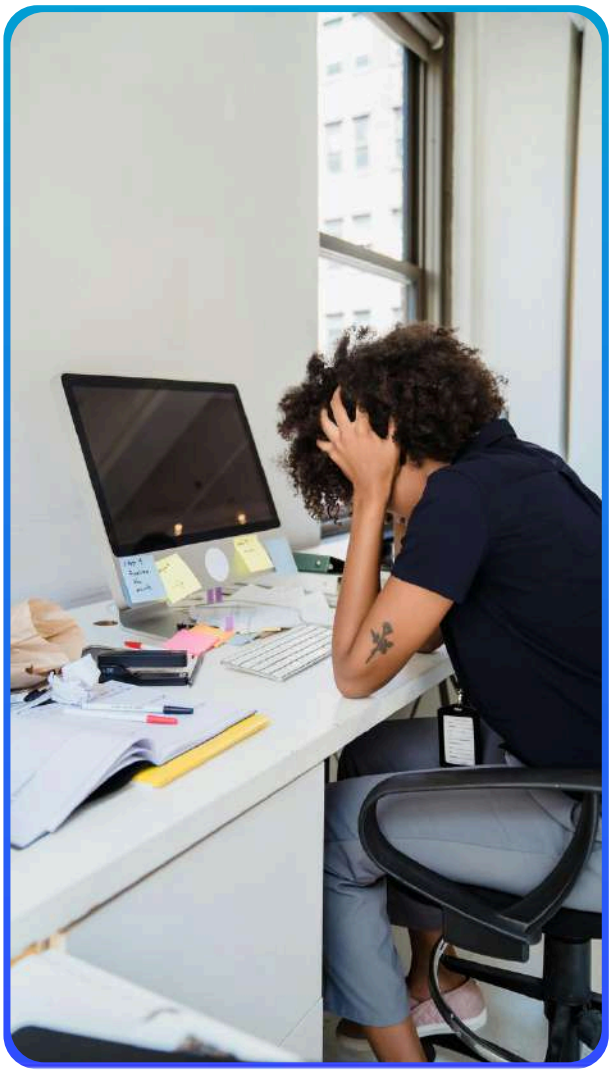
Nearly one-fifth of U.S. workers (19%) rate their mental health as poor, and these workers report about four times more unplanned absences due to poor mental health than their peers.[2]

How Mental Health Challenges Show Up at Work

Mental health challenges rarely look like dramatic breakdowns. Instead, they show up in subtle, everyday behaviors:

- **Slower decision-making or reduced focus**
- **Increased employee conflict or irritability**
- **Disengagement, withdrawal, or reduced collaboration**
- **Missed deadlines without obvious cause**
- **Presenteeism; people are present, but not functioning at capacity**

Left unaddressed, these signals accumulate into **Mental Health Debt**. What begins as overwork or unclear expectations can compound into widespread burnout.



Across the U.S., poor employee mental health is estimated to cost employers $47.6 billion each year in lost productivity.[2]

The Silent Drain of Wellness Debt

Workplace mental health challenges rarely appear overnight. They accumulate gradually, shaped by the culture employees work in everyday. This buildup is what we refer to as Mental Health Debt - the hidden strain that develops when there is a persistent gap between the culture an organization intends to create and the culture employees actually experience.

What Mental Health Debt Is

Mental Health Debt is the cumulative burden that forms when an organization's stated values, policies, and wellness initiatives don't align with lived realities.

Importantly, this misalignment is not always intentional. Many organizations genuinely promote balance, flexibility, and well-being, but cultural signals, workload design, or leadership behaviors often undermine those messages in practice.

Mental Health Debt Shows Up When:

- Leadership promotes balance, but employees consistently feel pressure to work late, stay online after hours, or respond immediately to urgent requests.
- Policies encourage PTO, but teams quietly signal that taking time off is risky. For example:
    - Work piles up while someone is away with no coverage plan
    - Employees return to overflowing inboxes and urgent deadlines
    - Managers praise "dedication" when people work through vacations
    - High performers hesitate to disconnect because they fear falling behind or being perceived as less committed
- Supportive benefits exist, but workloads, norms, or expectations make using them feel unrealistic or unsafe.

In other words, **Wellness Debt** isn't caused by benefits, and it's not caused by a lack of benefits.

It's caused by cultural misalignment: the gap between what the organization says it values and what employees actually experience day-to-day.

Over time, this gap erodes trust, accelerates disengagement, and compounds into burnout.

How Mental Health Debt Accrues

Wellness Debt doesn't spike, it builds through repeated patterns and signals that something in the culture isn't working.

Symptoms You See	Potential Underlying Causes
Resentment toward leadership	Policies feel performative and leadership seems disconnected from daily realities
Low engagement in wellness programs	Resources don't match real needs or employees don't feel safe using them
Emotional fatigue or quiet quitting	Workload imbalance, unclear expectations, or lack of psychological safety
Unused PTO or mental health days	Cultural stigma, fear of judgment, or unclear modeling from managers
High turnover among top performers	Burnout disguised as ambition; high achievers compensating for systemic issues

Left unaddressed, these cultural mismatches escalate into deeper organizational challenges.

The Rising Cost of Ignoring It

Burnout isn't a personal failure, it's an organizational risk factor. The financial impact is too large to overlook:

- ***$8.9 trillion is lost to disengaged employees globally*** [3]
- ***Up to 40% of voluntary turnover tied to burnout*** [4]
- ***$300B annually is lost in U.S. productivity due to stress*** [5]

These outcomes aren't caused by "*weak employees*" - they're caused by sustained cultural conditions that drain energy, creativity, and connection over time.

Why HR Leaders Should Care

Burnout and low engagement are frequently misclassified as performance problems: "low effort," "bad attitude", or "not committed". But there is a clear distinction:

Performance issues tend to be isolated, inconsistent, and specific to an individual.

Burnout is sustained, systemic, and often visible across multiple people or teams.

If the same patterns are emerging across departments or persisting month after month, it's almost never an individual problem. It's cultural.

Addressing wellness debt early is far more cost-effective than replacing talent or repairing a damaged culture later. It also gives HR leaders leverage with executive teams by tying culture directly to measurable business outcomes like retention, productivity, and client deliverables.

Before designing a solution, leaders need to understand where their organization sits on the mental wellness maturity curve. The next section introduces a simple framework to help you evaluate how deeply well-being is embedded into your culture and where your biggest opportunities for improvement lie.

Common Approaches Fall Short When Used Alone

As awareness of workplace mental health has grown, many organizations have responded by expanding individual support offerings: larger EAPs, therapy access, mindfulness apps, resilience training, and personal coaching. These investments are well-intentioned and, in many cases, genuinely helpful.

For employees facing acute or external challenges, these tools can be highly effective. In one-off situations where stress is unrelated to work design or organizational norms, individual support may be exactly what's needed.

However, when mental health strain is widespread, persistent, or concentrated among high performers and managers, these approaches often fail to create meaningful improvement at the organizational level. That's because they are designed to help individuals cope within the system, not to change the system itself.

Individual mental health approaches often fall short because they overlook systemic issues (heavy workloads, poor job design, and unhealthy cultures) and instead place the burden on employees to cope with problems the organization hasn't fixed.

Common Approaches and Their Limitations:

Expanded EAPs and Therapy Access
Effective for individual crises, but frequently underutilized when workloads, expectations, or cultural signals make it feel unsafe or unrealistic to step away from work.

Mindfulness and Meditation Apps
Useful for short-term stress relief, but insufficient when stress is driven by chronic overload, unclear priorities, or constant urgency.

Resilience or Stress-management Training
Raises awareness, but can unintentionally shift responsibility onto employees to "be more resilient" in environments that remain structurally unsustainable.

Coaching and Individual Support Programs
Powerful in targeted cases, but costly and inefficient as a primary response to systemic issues affecting large portions of the workforce.

These strategies are not wrong; but they are incomplete when used in isolation. They address symptoms at the individual level while leaving organizational drivers of stress untouched. When relied on as the primary solution, they can even reinforce the belief that struggling employees need to adapt, rather than prompting leaders to examine how work itself is designed.

Culture-first Strategies Work Differently

They focus on workload design, role clarity, leadership behavior, psychological safety, and norms around availability and recovery. In doing so, they reduce the need for constant coping by changing the conditions that make coping necessary in the first place.

Assessing Your Organization's Mental Wellness Maturity

Organizations vary widely in how deeply workplace well-being is embedded into their culture. Some respond to issues only when they reach a breaking point, while others intentionally design environments that support sustained mental health. Understanding where your organization falls on that spectrum is essential for determining the right next steps.

A mental wellness maturity model provides that clarity. It evaluates not just the benefits you offer, but the cultural norms, leadership behaviors, and operational practices that influence daily employee experience. With this model, leaders can pinpoint their starting point and identify the most impactful areas for improvement.

The **Mental Wellness Maturity Model** below provides a framework to help you assess where your organization stands today:

Level	Description	Typical Indicators
Reactive	Mental health is addressed only when issues reach a breaking point (e.g., burnout, resignations, medical leaves).	Crisis interventions dominate, high turnover, little proactive support.
Transactional	Wellness benefits exist (EAPs, mindfulness apps, annual awareness events), but they operate in silos and don't connect to culture or management practices.	Low utilization of mental health benefits, employees unclear about resources, leadership rarely models behaviors.
Integrative	Mental health is increasingly normalized, with leadership buy-in and well-being practices embedded in day-to-day operations.	Managers model healthy boundaries, HR tracks usage/impact, employee surveys guide wellness planning.
Transformat-ional	Well-being is a core organizational value. Mental health is measured, optimized, and treated as a driver of performance and retention.	Wellness KPIs tied to business outcomes, proactive interventions, recognition for sustainable performance.

What High Participation Signals

Across IncentFit clients, average wellness program participation reaches 60%, compared to traditional program benchmarks often cited around 20-25%.[6] In practice, higher participation tends to appear in cultures where well-being is reinforced through consistent norms and manager behaviors, not only through standalone benefits. Participation is not the only goal, but it is a visible signal of cultural alignment and program accessibility.

Quick Audit Prompts for HR Leaders

Use the following questions to assess your organization's maturity level. Patterns matter more than individual answers:

- Do managers consistently model healthy boundaries (e.g., avoiding after-hours emails, using PTO visibly)?
- Are employees recognized for sustainable performance, not overwork?
- Is well-being addressed during onboarding and revisited throughout the employee lifecycle?
- Do you track burnout-related metrics like absenteeism, turnover, and sentiment trends?
- Are wellness resources easy to access, clearly communicated, and used consistently across teams?
- When stress spikes, does the organization respond reactively or proactively?
- Are employees actively using the resources provided or do benefits sit underutilized?
- Does leadership communicate about mental health openly, beyond compliance or “awareness days”?

If you answered “no” to two or more questions, your organization likely operates at the **Reactive** or **Transactional** level. The good news: these stages represent the greatest opportunities for improvement and measurable impact.

Understanding your maturity stage is the foundation. The next step is determining who owns the work of cultural transformation. The next section explores how HR, leadership, managers, and employees each play a role in shaping a culture where mental health is reinforced, not assumed.

Positioning Mental Health as a Performance Strategy

Leadership buy-in is the difference between transactional mental health support and transformational culture change. Yet buy-in is often hard to earn because many leaders are personally resilient, highly driven, and accustomed to sustaining "110%" effort. That strength can create a disconnect: what feels manageable or motivating to leaders can be unsustainable for the broader workforce.

The goal is not to convince leadership to lower standards. The goal is to demonstrate that investing in mental health strengthens the organization's ability to perform consistently, at scale, and without the predictable drag of burnout, turnover, and disengagement.

The Leader Mindset Barrier

Leaders often deprioritize mental health initiatives for three common reasons:

- They equate mental health support with lowered performance expectations
- They assume resilience is an individual trait rather than a developable skill set
- They underestimate the operational cost of burnout because the impact is distributed (missed deadline, quality issues, turnover, reduced collaboration), not captured as a single line item.

A culture-first strategy reframes mental health as workforce development - the systems and norms that help more employees sustain high performance over time.

Reframe Mental Health as Workforce Enablement

The most effective framing is performance-centered:

- **From:** "Mental health benefits reduce stress."
- **To:** "Mental health capability enables sustained performance, better decision-making, and resilience under pressure."

This framing emphasizes that the objective is more consistent energy, stronger execution, and less performance volatility caused by chronic strain.

Playbook for Leadership Buy-In

1

Center the conversation on risk and performance.
Position mental health as a leading indicator of: turnover risk, productivity loss, project slippage, customer outcomes, and manager effectiveness.

2

Use operational signals leaders already respect.
Use data the correlates with business performance:

- Turnover patterns (especially among high performers)
- Absenteeism and presenteeism indicators
- Engagement and sentiment trendlines
  workload signals (meeting load, after-hours activity, cycle time delays)

3

Start with "system fixes", not "more programs".
Leaders respond more strongly to operational changes than new initiatives. Examples:

- Workload and meeting norms
- Role clarity and prioritization guardrails
- Manager expectations and team rituals
- Recovery norms (PTO coverage planning, calendar protection)

4

Define what leadership involvement actually means.
Leadership involvement does not require becoming a therapist. It requires:

- Modeling boundaries (PTO usage, no after-hours escalation as default)
  Reinforcing sustainable performance expectations
- Sponsoring manager enablement (training, toolkits, simple rituals)
- Backing one to two measurable changes and staying committed long
- enough to see impact

5

Offer a low-risk pilot tied to measurable outcomes.
Pilots make buy-in easier because they offer a low-risk, low-cost approach. A pilot should have:

- A clear hypothesis ("reducing meeting load improves focus and reduces stress signals")
- A defined team or department
- A 60-90 day window
- A small set of metrics (sentiment trend, turnover intent, productivity blockers)

What Leadership Buy-In Looks Like in Practice

Leadership buy-in becomes real when leaders:

- Commit to one visible cultural change,
- Set clear, simple expectations for managers to model healthy boundaries, and
- Maintain the listening-and-adjusting loop long enough to earn trust.

This is what moves organizations from acknowledging mental health to operationalizing it.

Shifting Ownership and Driving Culture Change

One of the biggest mistakes organizations make is assuming HR can "fix" workplace mental health alone. HR can design programs and policies, but real change happens when **well-being becomes a shared responsibility across the organization.**

Mental health isn't achieved through policies. It's built through everyday behaviors.

What Culture Change Requires

Culture doesn't shift because of a single benefit or campaign. It shifts when organizations align policies, behaviors, and accountability across every level of the business. For HR leaders, that means moving wellness from a "perk" to a core operational priority, something that directly impacts performance, retention, and business growth.

1. Tie Wellness to Business Goals

Frame initiatives around measurable outcomes like retention, DEI progress, and engagement, not just "soft perks." When well-being is connected to tangible metrics such as reduced absenteeism, improved team performance, or lower turnover, leaders begin to view it as a performance driver rather than a cost center.

For example, tracking turnover alongside burnout scores can reveal direct savings from reduced attrition.

2. Shared Accountability Across Roles

Mental health must be a company-wide priority, not a single role or department's initiative. Each level of the organization plays a different role in shaping norms and expectations:

Role	Core Responsibility	Why It Matters
Executive Leadership	Set vision, allocate resources, model vulnerability	When leaders visibly use benefits and model balance, employees feel permission to follow suit
HR / Benefits Teams	Design programs, guide implementation, measure outcomes, ensure alignment between policy and practice	HR creates structure, but can't shift culture alone; policies need to be lived, not just written
Managers & Team Leaders	Spot early burnout signs, host compassionate check-ins, normalize healthy boundaries	Managers are closest to daily work; Gallup shows supportive managers reduce burnout risk by 62% [6]
Employees	Engage with programs, voice needs, support peers, build community	Employee participation and peer culture sustain momentum and reduce stigma

3. Modeling from the Top and Empowering Managers:

When leaders take mental health seriously, by being transparent, using wellness benefits, and creating space for vulnerability, others feel permission to do the same.

People leaders are often the first line of support. Equip them with training to:

- Spot early signs of burnout
- Host compassionate check-ins
- Direct team members to resources

4. From Policy to Practice

A flexible PTO policy means nothing if employees feel unsafe taking time off. Culture change requires closing the gap between what's written and what's lived.

That includes aligning workload expectations, encouraging autonomy, and embedding well-being into team norms.

5. Connection and Belonging

Social support acts as a critical buffer against workplace stress. Introduce regular team rituals, such as weekly check-ins focused on well-being, or team challenges or Employee Resource Groups (ERGs) to create shared purpose and foster a stronger sense of community.

6. Collect Continuous Feedback

Use pulse surveys, exit interviews, and sentiment tools to understand how employees experience culture in real time. Feedback should be timely, transparent, and actionable. Pair

qualitative insights with metrics like turnover, absenteeism, and benefit utilization to identify emerging risks and opportunities.

Once expectations and roles are clear, the next step is embedding well-being into daily operations. The next section outlines how organizations can operationalize mental health across the entire employee lifecycle.

The Playbook – How to Embed Mental Health into Daily Work

Cultural change begins with intention, but it **sticks when mental health becomes part of everyday operations, not just a poster on the wall or a once-a-year event.** Mental health should feel like an embedded part of the employee experience, seamlessly woven into policies, processes, and leadership behaviors.

The goal: mental health isn't an optional add-on; it's part of how work gets done.

Ways to Operationalize Mental Health Across the Employee Lifecycle

Use the touchpoints below as a practical checklist for embedding well-being into the rhythms of work. Each touchpoint represents an opportunity to reinforce healthy norms and reduce structural drivers of burnout.

Touchpoint	What it Can Look Like	Why It Matters
Onboarding	Introduce wellness norms and tools from day one	Signals from the start that well-being is part of the job, not a perk to figure out later
Performance Reviews	Include well-being goals or team support behaviors	Aligns recognition with sustainable performance, not overwork
Mental Health Days	Normalize quarterly recharge days or company-wide "reset weeks"	Prevents burnout from accumulating and legitimizes recovery
Meeting Culture	Build in "focus time," no-meeting Fridays, or weekly well-being check-ins	Reduces overload and helps teams balance productivity with recovery
Calendar Audits	Encourage teams to review their meeting load and proactively block focus time	Creates structural guardrails against hidden burnout drivers
Wellness Stipends	Let employees choose resources (therapy apps, gym, childcare support, etc.)	Personalization ensures benefits match diverse needs
Behavioral Rewards	Recognize actions that support team health (taking PTO, managing workload)	Personalization ensures benefits match diverse needs
Team Rituals	Weekly debriefs, peer appreciation, or mood check-ins	Builds psychological safety and strengthens social connection
Wellness Challenges	Short-term activities like digital detox, daily step goals, or sleep trackers	Adds energy, motivation, and community to well-being efforts
Anonymous Support Groups	Anonymous "ask for help" forms tied to HR, coaching, or peer networks	Reduces stigma and ensures early intervention before crises escalate

Tie Wellness to Core Values

Wellness efforts are more sustainable when they connect to what your company already values.

- **If you value innovation:** highlight how rested, resilient employees are more creative problem-solvers.
- **If you value inclusion:** show how mental health resources reduce inequities in access to care.
- **If you value transparency:** commit to openly sharing engagement and burnout data, not just participation numbers.

Linking wellness to values strengthens leadership buy-in and cultural alignment.

Quick-Start Roadmap: Embedding Mental Health in the First 90 Days

Cultural change doesn't happen overnight. But in just 90 days, HR leaders can build momentum, establish trust, and lay the foundation for embedding wellness into the way work gets done. The goal is not to solve every problem immediately, but to take visible, meaningful steps that show employees: we are listening, and we are changing.

By the 90-day mark, mental health should feel less like a "program" and more like part of how work happens.

Women under 30 report the highest rates of poor mental health (36%), while the gender gap largely disappears among adults 65 and older. [2]

Days 1-30: Lay the Groundwork

This first phase is all about listening and setting the foundation for trust.

- **Audit:** Review current policies, EAP/benefit usage, and PTO patterns.
- **Listen:** Run a short, anonymous pulse survey asking employees how supported they feel in managing stress and balance.
- **Signal Intent:** Have leadership communicate why mental health will be a priority moving forward.

Days 31-60: Build Early Wins

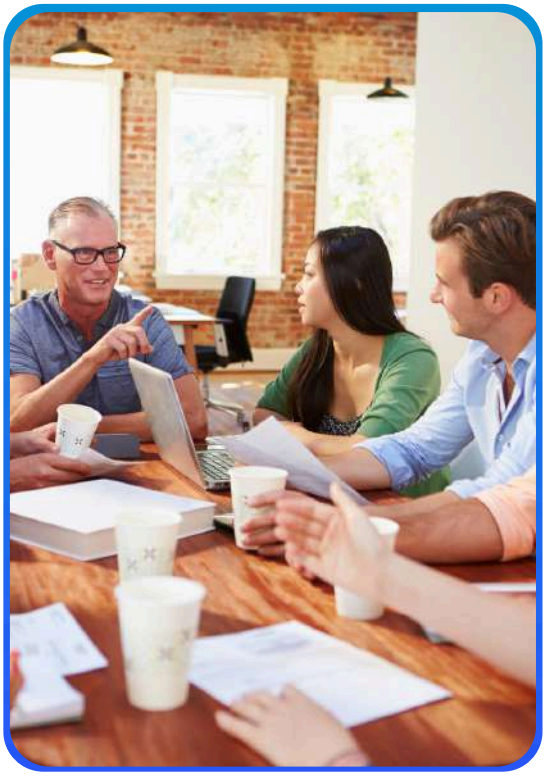
Now that the foundation is set, focus on visible, quick wins that show employees you're serious.

- **Pilot a small initiative:** e.g., no-meeting Fridays, a walking challenge, or a "reset" day.
- **Train managers:** Host a 1-hour session on spotting burnout and modeling healthy boundaries.
- **Share stories:** Highlight leaders or employees who openly use wellness benefits to reduce stigma.

Days 61-90: Embed and Scale

The final step is making mental health a natural part of how your teams work every day.

- **Integrate into workflows:** Add a well-being question into team check-ins or 1:1s.
- **Formalize recognition:** Start rewarding behaviors like PTO use, boundary-setting, and peer support.
- **Report back:** Share early results (participation, feedback, anecdotes) with employees to build momentum.



Measuring Impact and Evolving Your Approach

Two phases: a Kickoff, then a System

The 90-day roadmap is designed to establish momentum and trust through a few visible actions. The continuous cycle is different: it is the ongoing operating system that keeps culture aligned as teams, priorities, and stressors change over time. Normalization is a one-time foundation; listening, tailoring, measuring, and adjusting are repeatable.

A culture-first wellness strategy is never "finished." Unlike a policy rollout or benefit launch, culture is dynamic: it shifts with your people, your business, and the wider world. That means your mental health strategy must be a living system - one that listens, adapts, and evolves over time.

The goal of measurement isn't to prove HR's value or check a compliance box. It's to build trust.

Employees don't expect perfection, but they do expect responsiveness. The real measure of success is whether feedback leads to visible change.

The Continuous Cycle

While the 90-Day Roadmap (Section 6) helps organizations establish momentum, the ongoing work happens through a repeatable cycle. This cycle does not require re-normalizing mental health every quarter. Instead, it focuses on sustaining and refining the practices you've already established.

To truly transform workplace mental health, embrace a continuous, data-driven cycle:

1. **Listen -** Understand what employees are experiencing
2. **Tailor -** Determine what solutions address specific employee needs
3. **Measure -** Track what changes and what impact those changes create
4. **Adjust-** Refine, scale, or pivot based on the data
5. **Repeat -** Revisit this cycle annually or semi-annually

This cycle becomes your cultural operating system.

1. Listen: Understand What's Really Going On

You can't solve what you can't see. Listening starts with asking the right questions and creating safe channels for honest answers.

Expect feedback to be messy (and that's normal) - Employee feedback will rarely arrive as a clean list of action items. Comments may be emotional, contradictory, or outside the organization's control. The goal is not to act on every point. The goal is to identify patterns, choose a few meaningful actions, and consistently close the loop. A listening process that ends without follow-up damages trust more than no survey at all.

Use a mix of qualitative and quantitative methods, including:

- Short pulse surveys
- Manager 1:1s and skip-level conversations
- Employee Resource Groups (ERGs) as cultural listening posts
- Team feedback loops
- Anonymous forms for sensitive issues

Listen for:

- Day-to-day stressors
- Burnout warning signs
- Inequities in workload or support
- Team dynamics and psychological safety
- Processes or norms that consistently cause strain

Go beyond averages. Segment data by team, tenure, and role to uncover hidden patterns. When employees see that listening is consistent (not just crisis-driven) they are far more likely to trust and participate in future efforts.

2. Tailor: Match Support to Real, Diverse Employee Needs

Listening identifies the themes. Tailoring translates those themes into action.

One-size-fits-all programs often miss the mark. Instead, tailor support to the groups and roles experiencing the biggest strain.

- Parents: flexible hours, back-up care, childcare stipends
- New or early-career employees: mentorship, community-based engagement, clearer role expectations
- Managers: empathy training, burnout-spotting tools, boundary-setting guidelines
- Company-wide strategies: no-meeting weeks, digital detox days, mental health PTO, async collaboration norms

3. Measure

Measuring impact means tracking more than participation rates or benefit usage. Treat mental health like a strategic KPI.

Consider measuring:

- Burnout and engagement trends
- Absenteeism and turnover patterns
- Sentiment shifts after new initiatives
- Participation across wellness programs
- Manager effectiveness related to team well-being
- Workload distribution and meeting load patterns

Connect these metrics to productivity, retention, DEI, and innovation outcomes. When leaders see cultural improvements drive business gains, well-being becomes a strategic imperative.

4. Adjust

Adjustment is where trust is built. Employees need to see their feedback result in visible change.

- Improve or redesign underperforming programs
- Scale successful pilots
- Update manager toolkits
- Provide additional resources to groups with unmet needs
- Shift communication strategies or benefit accessibility
- Reevaluate meeting norms, workflows, or expectations

Employees don't need perfection, they need to see their voices matter and see the organization moving in the right direction.

5. Repeat

Consistency (not frequency) is what drives cultural change.

Organizations do not need to run this cycle quarterly, annual or semi-annual cycles are effective for most companies.

The goal is:

- Predictable listening
- Thoughtful tailoring
- Meaningful measurement
- Visible adjustment

Build supporting infrastructure (survey calendars, dashboards, retrospective sessions) to ensure the cycle becomes a natural part of how your organization operates.

Culture doesn't shift because of one initiative, it changes when behaviors, decisions, and norms are repeatedly measured and improved over time.

Mental Health in Action

When "Always Urgent" Became the Default

- Mid-sized professional services firm
- 450 employees
- Client-driven, deadline-heavy work with frequent internal handoffs

This organization prided itself on being responsive and high-performing. Leaders regularly stepped in to help teams hit deadlines, often working late themselves. Over time, that urgency became cultural. Employees described their work as "constantly reactive," with priorities shifting weekly and little clarity about what truly mattered.

Initial feedback was scattered. Some employees complained about meetings, others about after-hours messages, and others about unclear ownership. But across teams, participation data showed a broader pattern: declining engagement in optional wellness programs and increasing signs of burnout across multiple teams.

Applying the cycle:

- **Listen:** A semi-annual pulse survey, paired with manager check-ins, revealed persistent stress tied to unclear prioritization and constant escalation.
- **Tailor:** The organization introduced an incentive-backed program that rewarded behaviors supporting focus and recovery - including protected focus time, reduced after-hours communication, and participation in short "reset" challenges.
- **Measure:** Within two months, participation data showed steady engagement in the program, and follow-up surveys reflected improved clarity around priorities and fewer late-night interruptions.
- **Adjust:** The organization refined escalation guidelines and expanded the approach to additional teams, pairing it with manager coaching on tradeoff conversations.
- **Repeat:** In the next cycle, the organization focused on workload distribution and role clarity using the same listen-act-measure approach.

Closing the Gap Between PTO Policy and Reality

- National manufacturing and operations organization
- 800 employees across
- corporate and frontline roles
  Lean teams with specialized responsibilities

Leadership believed their PTO policy was generous. Employees experienced it as risky. Participation data showed low PTO usage, especially among frontline and high-demand teams. Exit interviews frequently referenced exhaustion and difficulty disconnecting, even when time off was technically available.

The challenge wasn't whether PTO existed, it was whether employees felt they could realistically use it.

Applying the cycle:

- **Listen:** Pulse surveys and exit feedback consistently pointed to the same concern: taking time off created more stress, not less. Coverage was unclear, work piled up, and returning often meant immediate backlog pressure.
- **Tailor:** The organization's first response focused on encouraging recovery. An incentive program was introduced to reward PTO usage and participation in mental health days, with the intent of normalizing time off.
- **Measure:** Participation data showed limited impact. PTO usage increased slightly, but engagement plateaued quickly. Qualitative feedback revealed why: employees wanted to take time off, but incentives alone didn't solve the underlying coverage and workload issues. In some teams, incentives even created frustration by highlighting a benefit employees still felt unable to use.
- **Adjust:** Rather than abandoning the effort, the organization revisited the data and adjusted the approach. Incentives were redesigned to reward planning and enablement behaviors instead of time off itself. These included:
  - Completing PTO handoff plans
  - Cross-training participation
  - Serving as backup coverage for teammates
- **Repeat:** With structural barriers reduced, PTO usage became more realistic. Engagement increased around the planning-related activities, and follow-up feedback showed employees felt safer taking time off without penalty. In the next cycle, the organization expanded focus to meeting load and staffing pinch points that continued to limit recovery during peak periods.

Conclusion: Culture Is the Strategy

Mental health at work is not an individual failing, it's a shared responsibility shaped by the environment people work in every day.

Too often, organizations treat burnout or disengagement as issues individual employees need to "fix" through apps, webinars, or personal resilience. But well-being can't be bolted onto a culture that unintentionally works against it. **Lasting change happens when mental health is supported through daily operations: how managers lead, how teams communicate, how workload is structured, and which behaviors are recognized and rewarded.**

Burnout rarely comes down to personal weakness.

But it also isn't caused by culture alone.

The opportunity for leaders is not to assign blame, but to design systems that make thriving more likely than struggling.

When organizations shift their focus from perks to culture (aligning norms, structure, and leadership behaviors with employee well-being) they unlock meaningful, measurable, and lasting change. The companies that succeed will see the results in lower turnover, stronger engagement, and cultures defined by trust, safety, and sustainable performance.

One Thing to Do Today: Start Listening

The fastest way to begin transforming your culture is to listen - honestly, regularly, and with the intent to act.

Start by launching a simple pulse survey. Ask questions like:

- What's one thing that's draining your energy right now?
- Do you feel safe taking time off when you need it?
- What would help you feel more supported at work?

Then close the loop: share what you heard, and commit to one visible action. This simple act sends the strongest possible signal: we take mental health seriously because we take our people seriously.

Next Steps with IncentFit

Incentfit supports culture-first mental health strategies through a combination of measurement, program design, and hands-on implementation support. For organizations ready to move beyond awareness efforts, IncentFit can help:

- **Launch pulse surveys** to measure burnout risk, psychological safety signals, and culture gaps, then translate results into clear action priorities.
- **Implement flexible, employee-choice reimbursements and stipends** that reduce barriers to participation and support diverse needs.
- **Build engagement routines** that reinforce healthy norms (manager toolkits, team rituals, sustainable performance recognition, challenge-based participation).
- **Measure participation and engagement patterns over time** to identify what is working, where adoption drops, and which groups need tailored approaches.
- **Leverage benefits specialists with practical employer experience** to recommend what works in real environments, including resource-constrained teams navigating culture change.

A culture-first approach succeeds when measurement leads to action and action is sustained long enough to earn trust. IncentFit provides the infrastructure and support to operationalize that cycle.

Contact Information:

- **Email:** sales@incentfit.com
- **Phone:** 1-844-2INCENT (1-844-246-2368) x1
- **Visit:** incentfit.com/get-started

Appendix: References & Sources

1. IncentFit, 2013–2026. *Internal participation and engagement benchmark data. Aggregated and anonymized employer wellness program data.*

2. Gallup, 2022. *The Economic Cost of Poor Employee Mental Health* https://www.gallup.com/workplace/404174/economic-cost-poor-employee-mental-health.aspx

3. Gallup, 2026. *State of the Workplace 2025.* https://www.gallup.com/workplace/349484/state-of-the-global-workplace.aspx

4. Society for Human Resource Management (SHRM), 2024. *Here's how bad burnout has become at work.* https://www.shrm.org/topics-tools/news/inclusion-diversity/burnout-shrm-research-2024

5. American Psychological Association (APA), 2024. *The cost of stress and negative mental health.* https://www.chaldeannews.com/2025-content/2025/1/30/the-cost-of-stress-and-negative-mental-health

6. HolistiCare.io, 2024. *The hidden truth about corporate wellness programs: Real ROI data for 2025.* https://holisticare.io/blog/corporate-wellness-programs/

7. World Health Organization. (2025). *Mental health: Strengthening our response.* https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

8. Mayo Clinic. (n.d.). *Mental illness: Symptoms and causes.* https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968

9. National Institutes of Health, 2024. *Depression: Learn more – What is burnout?* https://www.ncbi.nlm.nih.gov/books/NBK279286/

10. SHRM, 2024. *Here's how bad burnout has become at work.* https://www.shrm.org/topics-tools/news/inclusion-diversity/burnout-shrm-research-2024

