Mental Health and Emotional Wellbeing in the Workplace: Employees Entering the Workforce

Danielle Blanch-Hartigan, PhD, MPH
April 2021

Mental Health and Emotional Wellbeing in the Workplace: Employees Entering the Workforce

Danielle Blanch-Hartigan, PhD, MPH
Associate Professor of Health Studies
Bentley University
dhartigan@bentley.edu

Foreword

This report examines resources for mental health and emotional wellbeing in the workplace, with a focus on the needs of employees who are entering the workforce. The report presents survey research findings from two stakeholder perspectives — human resource professionals and college students preparing to transition into their first careers. The report allows us to compare perceptions and preferences for mental health and emotional wellbeing resources.

Although there is a large amount of literature on mental health in the workplace, there is a lack of research on the specific needs of those entering the workforce. New entrants to the workforce face unique challenges accessing mental health resources and may be particularly attuned to mental health stigmatization in a novel environment. The majority of mental illness is developed in the early twenties, when individuals are also entering the workforce or in early stages of their careers. Understanding the mental health challenges facing these employees is vital for developing a future healthy workforce.

This report also explores the impact changing work environments, particularly the increase in remote work, on the availability and utilization of resources for mental health and emotional wellbeing.

We found that both students and professionals recognized the value of mental health and emotional wellbeing resources in the workplace, especially for employees entering the workforce. However, there were some clear differences in perspectives. Most professionals did not believe employees would be stigmatized for disclosing a mental health concern, but students revealed serious concerns about stigma. Although the majority of professionals thought that employees would know how to access mental health resources, only 36% of students indicated they would know where to access resources and many did not feel comfortable or confident doing so. Both students and professionals indicated that transitioning workers would be most likely to disclose a mental health concern once they had already started the job, but students wanted to receive resources earlier in the application process and reported it would factor into their decision making. Remote work environments posed extra challenges for addressing the mental health needs of employees entering the workforce, but COVID-19 reduced perceptions of stigma around mental health for many respondents.

We hope that the findings help advance our discussion and understanding of the unique needs of this significant population of workers, to advance appropriate resources for employees entering the workforce, and support better mental health and emotional wellbeing for all employees.

Sharon Shapiro
Trustee and Community Liaison
Ruderman Family Foundation
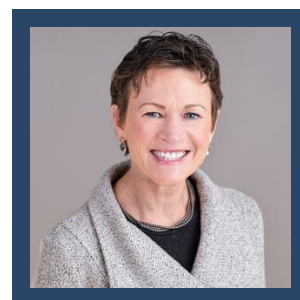
Trish Foster
Executive Director
Center for Women and Business

Mental Health and Emotional Wellbeing in the Workplace: Employees Entering the Workforce

Mental Health and Emotional Wellbeing in the Workplace: Employees Entering the Workforce

Executive Summary

Two parallel online surveys:

1. Full-time professionals (N = 123, 50% management level, 18% VP-level or higher) working in human resources, talent acquisition, diversity equity and inclusion, or employee engagement at their organizations

2. College students (N = 147, 61% business majors) entering the workforce

The objective was to examine availability, acceptability, and awareness of mental health and emotional wellbeing resources in the workplace; themes of workplace mental health stigma; the role of organizations in meeting the mental health and emotional wellbeing needs of employees entering the workforce; and the impact of COVID-19 and remote work environments on employee mental health.

> Both students and professionals recognized the value of mental health and emotional wellbeing resources for employees entering the workforce, but some important contrasting perceptions emerged.

- 90% of students supported the importance of mental health and emotional wellbeing resources in the workplace and 88% of professionals reported having mental health and emotional wellbeing resources available to employees.
- 84% of students believed that employers should provide space for employees to connect around mental health and emotional wellbeing, but only 21% of organizations provided dedicated space or time for employees to connect around these issues.
- 59% of students agreed that the mental health and emotional wellbeing resources made available from an employer would influence their decision to accept or decline a job offer, but organizations were least likely to offer information about these resources during the interview process.
- 85% of students supported managers reaching out to them directly about mental health and emotional wellbeing concerns, but only 38% of organizations had dedicated mental health and emotional wellbeing trainings for managers.
- 83% of students believed there is stigma surrounding mental health in the workplace. 72% of professionals did not feel employees would be stigmatized for disclosing a mental health concern at work.
- 54% of students and 67% of professionals thought working remotely made accessing mental health resources more difficult.
- 48% of students believed COVID-19 had decreased workplace stigma surrounding mental health. 44% of organizations increased mental health and emotional wellbeing resources as a result of COVID-19.

Section 1: Introduction

One in five working-age US adults live with mental illness (National Institute of Mental Health, 2021). Employee mental health has important implications not only for individuals and their families but for employers, coworkers, and the broader economy. Understanding the current landscape of mental health in the workplace is vital for moving the needle forward to address mental health issues and reduce stigma.

The consequences of mental illness for businesses and the overall economy are profound. Recent estimates suggest that the economic impact of mental illness is more than any other non-communicable disease (Davlasheridze, Goetz & Han, 2018). The mental and emotional health of the workforce has large financial consequences for businesses due to lost productivity, increased insurance premiums, disability claims, absenteeism, presenteeism, and staff turnover (CDC, 2018). And it's not just severe or diagnosed mental illness; hundreds of billions of dollars in lost productivity each year are attributed to mental illness that is untreated (Insel, 2008). Half of the overall economic burden attributed to major depressive disorder is composed of costs to the workplace (Greenberg, et al., 2015).

> **"Depression and anxiety disorders cost the global economy $1 trillion in lost productivity each year"**

(Source: https://www.nami.org/mhstats)

Employees living with serious mental illness earn significantly less each year compared to those who are not living with mental health challenges (Levinson, et al., 2010). US adults living with mental illness are more likely to be unemployed or underemployed.

Employees who are not living with mental illness themselves most likely work with colleagues dealing with mental health concerns. Managers and supervisors often face challenges communicating and understanding the financial, legal, and social implications of the emotional health of their employees (Martin, Woods, & Dawkins, 2015). Limitations to current managerial approaches include lack of knowledge, problematic managerial attitudes (the views of the manager, employees, and workplace do not agree), undiagnosed mental health issues, and limited access to support (CDC, 2018).

"The debilitating impact of mental illness at work is widely recognized, and resulting total work loss due to absenteeism, presenteeism, and turnover..."

(Hanisch et al., 2016)

Focus on employees entering the workforce

Although a great deal of attention and research has been devoted to mental health in the workplace, there is one group of workers that has received considerably less attention. These are employees who are entering into the workforce for the first time, for example, recent college graduates. Examining the unique challenges faced by these employees transitioning into their workplaces is essential for developing a healthy workforce for the future.

The mental health challenges in the young adult population are even more pronounced than the general adult population. Three-quarters of all mental illness develops by the mid-twenties (Attridge,2019). Adults aged 18-25 have both the highest prevalence of any mental illness (29.4%) and serious mental illness (8.6%) compared to adults aged 26-49 years (25.0% and 6.8%) and aged 50 and older (14.1% and 2.9%) (National Institute of Mental Health, 2021). Suicide is the second leading cause of death in the United States in both 15-24 year olds and 25-34 year olds (CDC, 2020).

Importantly, despite the increased prevalence of mental illness in young adults, the percentage of adults living with mental illness aged 18-25 years who receive mental health services (38.9%) is actually lower than adults aged 26-49 years (45.4%) and 50 or older (47.2%) (National Institute of Mental Health, 2021). This means that the majority of young adults living with mental illness are not receiving treatment.

We have seen a dramatic increase in college students' mental health needs over the past decade. According to National College Health Assessment 2020 data, over 80% of US college students reported moderate (49.1%) or severe (31.8%) overall levels of stress in the past year (NCHA, 2020). One in five (21.7) report severe psychological distress symptoms of anxiety and depression (NCHA, 2020). There is a significant trend towards increased utilization of mental health services in college students over the past decade (Oswalt, et al., 2020). Universities in the United States and around the world are struggling to meet the increased demand for mental health services (Auerbach, et al., 2018).

> **Adults aged 18-25 have the highest prevalence of mental illness, but are the least likely to receive services.**

And that increased need translates to employers as these students move from university into the workforce. Transitioning to the workplace from the college or university setting may mean losing access to resources or services for mental health. These services are often provided free of charge or covered by student health insurance plans. The move onto an employer's healthcare plan can mean increased out-of-pocket expenses for these services or the need to change mental health care providers. An additional source of stress may come from now needing to request time off from a new job to receive care (Singh, 2004). Compared to college students, recent entrants into the workforce report fewer discrete

stress episodes, but importantly appraise their experience as more stressful and anxiety-provoking (Reicherts & Pihet, 2000).

The Work Environment for Employees Entering the Workforce

Employees entering the workforce have a number of unique concerns and challenges that may impact mental health and emotional wellbeing in the workplace. Instability is more pronounced in employees entering the workforce. Young professionals are more likely to be working lower-wage jobs with poorer benefits and less job security. There is also growing unemployment for adults under the age of 25, largely due to the COVID-19 pandemic (US Bureau of Labor Statistics, 2021).

The early career experience for many is marked by personal and professional life disruptions and adjustments. There is a large amount of anxiety surrounding graduation and post-graduation plans. This is made worse by peer competition, and the social media has increased this potential for upwards comparison. Changing support networks and narrowing social circles around this time is another source of mental stress. Additionally, there is a large amount of goal setting and goal instability at this time.

Entering the workforce may also be accompanied by large changes in the frequency and type of feedback received. Young adults may appreciate and expect frequent feedback, and praise for accomplishments makes them feel confident and secure in their work; lack of these can leave them unconfident, uncomfortable, and confused (Biebel, Golden & Levin et. al., 2018). Continuous rejections and negative feedback from the job-seeking process and learning new skills can be harmful to the emotional well-being of students (Biebel, Golden & Levin et. al., 2018). Negative feedback can lead to disengagement with goals, trigger doubts, and cause new employees to lower goals and view goals as less attainable overall (Hu, Creed, Hood, 2017). Recent graduates and new employees in the workforce may prefer easygoing and unstructured work environments, which make them feel trusted and in control. However, a lack of structured work and feedback may also lead to stress in new employees because of the change from a structured feedback model in most college classes and uncertainty about expectations and measures of success. Learning how to adjust to measures of success in the workplace leads to increased satisfaction among young workers (Polach, 2004). Socialization is an aspect of mental health and emotional wellbeing in the workplace, which may be especially important for employees entering the workforce whose social networks may be simultaneously shifting and narrowing.

Demand, control, and support are three key factors of mental health and emotional wellbeing in the workplace (Geirdal, Nerdrum & Bonsaksen, 2019). Workers facing excessive demands at work, while lacking support, often feel they are losing control and capacity to handle adverse situations. For employees transitioning from university to the workplace, high levels of job demand significantly increased psychological distress. Other stressors included job insecurity, bullying or harassment, low social support, injustice in the workplace, and perceived effort-reward imbalance.

Employees entering the workforce exposed to these job stressors experience lower levels of emotional wellbeing; however, these are modifiable risk factors (LaMontagne, 2014). Employers can work to create environments that support employee wellness, especially for employees entering the workforce.

Changing work environments and COVID-19

New entrants to the workforce in a post-pandemic society may have a different experience than their predecessors. Among many disruptions, COVID-19 has increased remote work at many organizations. More research is needed on the effect of working remotely on the availability, utilization, and effectiveness of mental health services for employees.

Socialization and developing social connections in the workplace are key components of healthy work environments. Quarantine and social isolation can exacerbate symptoms of mental illness, including depression, anxiety, and many other forms of emotional distress, which can persist after the pandemic period (Brooks, et al., 2020).

The far-reaching consequences of the pandemic on employee mental health and wellbeing is only beginning to be understood, but symptoms of mental health conditions and overall mental health concerns are rising. Young adults, essential workers, and individuals experiencing COVID-related job or income loss are bearing an increased mental health burden (Panchal, Kamal, Cox, & Garfield, 2021). One-third of COVID-19 survivors receive a neurological or psychiatric diagnosis within six months of their COVID-19 diagnosis (Taquet, et al., 2021).

However, increased prevalence and a growing national dialogue around mental health issues during the COVID-19 pandemic may be reducing stigma around mental illness, increasing disclosure and leading to increased utilization of services in young adult populations. COVID-19 has changed how adolescents and young adults receive mental health services through their schools (Golberstein, Wen, & Miller, 2020). The implications on preferences for mental health resources as they transition into the workforce are unclear.

Goal of the present research

Much of the existing literature surrounding employee mental health and wellbeing has focused broadly on the workforce as a whole. This research attempts to further explore the specific needs of employees entering the workforce. We conducted two parallel surveys of: 1. corporate human resource professionals and 2. college students transitioning to the corporate workforce, to examine availability, acceptability, and awareness of mental health needs and resources in the workplace, themes of workplace mental health stigma, and the role of corporations in meeting the mental health and emotional wellbeing needs of employees entering the workforce.

The survey will also address how human resource professionals are adapting mental health resources and responding to increased COVID-related mental health challenges for those entering the workforce in the pandemic and post-pandemic period. It will explore how those transitioning into the workforce view these resources and mental health needs in light of the pandemic and changing work environments.

Section 2: Study Methodology

We conducted two parallel online surveys in January-February 2021, of:

1. Professionals working in human resources, talent acquisition, diversity equity or inclusion, or employee engagement
2. College students entering the workforce

The surveys examined availability, acceptability, and awareness of mental health needs and resources in the workplace, themes of workplace mental health disclosure and stigma, and the role of corporations and universities in helping transition employees with mental health issues to the workforce. We also asked respondents questions about remote work environments and the impact of the COVID-19 pandemic on resources for mental health and emotional wellbeing.

We used a diverse sampling approach to reach professionals working in the designated areas across the United States. The majority of respondents to the professional survey were recruited through Qualtrics, the world's leading enterprise survey technology solution and XM platform. They recruited professionals working in the areas requested through their aggregated collection of traditional, actively managed, double-opt-in market research panels. Amazon's Mechanical Turk was also used to recruit respondents working in human resources. A small number of additional responses came from a convenience sample of corporate partners connected to the Bentley Gloria Cordes Larson Center for Women and Business and through an email list of Bentley alumni working in human resources. Students were recruited through a convenience sampling of classes and organizations at Bentley University and voluntary response sampling of social media posts from the research team.

The professional survey took approximately 10 minutes to complete. The student survey took approximately 15 minutes to complete. Professionals were compensated by the panel survey provider or could opt into a drawing for one of three $50 gift cards. Students were compensated with partial course credit and could opt into a drawing for one of two $25 gift cards.

2.1: Respondents to the Professional Survey

There were 123 respondents to the survey of corporate professionals. All were involved in human resources, talent acquisition, diversity equity and inclusion, or employee engagement in their organization. Most (94.7%) were employed full time. 86.2% of the professionals who responded to the survey were directly involved in making decisions about mental health and emotional wellbeing resources at their organization.

30 States

Organizations represented in the survey ranged in size and included both small and large numbers of employees. The majority (68.3%) of professionals were employed at organizations with 250 or more employees.

The sample includes professionals from 30 states. The state that was most represented was New York, followed by Massachusetts, California, and Florida.

There were 18 different industries represented. The most frequent industries were health care/social assistance (11.4%), information (10.6%), professional, scientific, and technical services (10.6%), and retail trade (8.9%).

Organization Size

Number of Employees	Percent of Organizations
1000 or more	35%
500 - 999	15%
250 - 499	18%
100 - 249	12%
50 - 99	7%
20 - 49	7%
10 - 19	3%
5 - 9	1%
1 - 5	1%

18.2% of the professionals who responded to our survey were in senior leadership positions, C-suite or VP level, at their organization. Another 49.1% had a management role at the company.
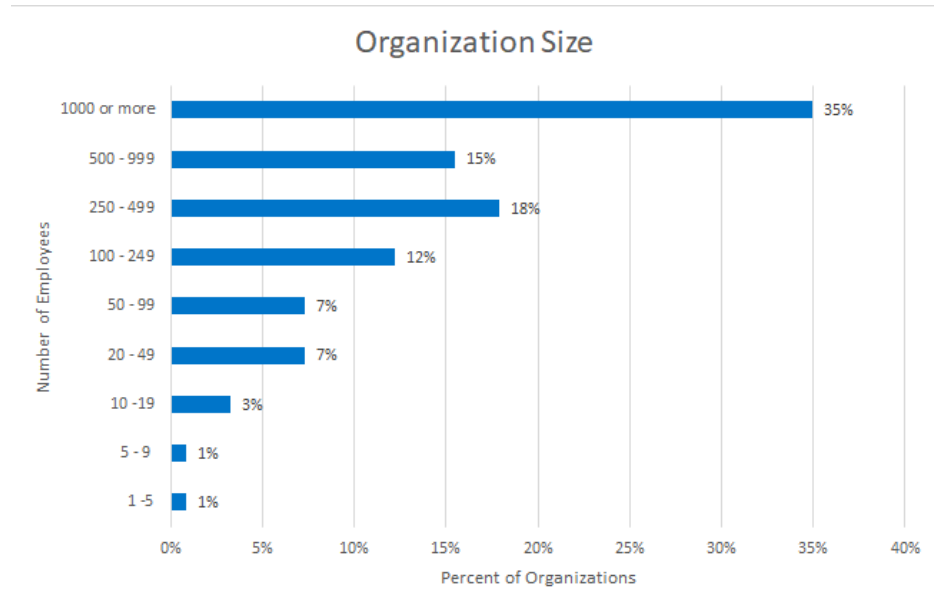
Percent of Management Professionals

49.1%

Percent of C-Suite Professionals

18.2%

2.2: Respondents to the Student Survey

There were 147 responses to the student survey. Demographic characteristics are shown in Table 1 below.

61.1% of students identified as female and 38.9% as male. 83.4% of students were White, 13.8% were Asian, 0.02% were Black, and 0.007% were biracial. 13.3% of students were international students, and 8.2% of all students were first-generation college students. All students were 18-26 years old, and the median age was 21 years old. Five participants were over the age of 22, and two respondents were 18 years old.

At the time of the survey, 97.9% of students responding were currently enrolled in college or university. The majority (66.7%) were from Bentley University. 1.4% were in their first year, 29.1% were sophomores, 27% were juniors, and 40.4% were seniors. 61.1% were business majors.

The majority of students (76.9%) planned to enter the workforce after graduation. 31 students had already accepted a position for after graduation, and 81 had previously accepted a position for an internship or part-time employment. 48 students planned on attending graduate school, and 4 indicated they were undecided or had other plans.

	N (%)
Gender	
Male	56 (38.9%)
Female	88 (61.1%)
Race	
Hispanic or latino/a/X	14 (9.5%)
White	121 (82.3%)
Black	3 (2.0%)
American Indian or Alaskan Native	0 (0.0%)
Asian	20 (13.6%)
Native Hawiian or Pacific Islander	0 (0.0%)
Other	1 (0.7%)
Age	
mean	20.6
standard devation	1.22
range	18 - 26 (8)

	N (%)
First-Generation College Student	
Yes	12 (8.3%)
No	129 (89.6%)
International Student	
Yes	19 (13.3%)
No	124 (86.7%)
Currently enrolled in college/university	
Yes	142 (97.9%)
No	3 (2.1%)
Year in college/university	
1st year	2 (1.4%)
sophomore	41 (29.1%)
junior	38 (27.0%)
senior	57 (40.4%)
other	3 (2.1%)

2.3: Research Limitations

The sample size and recruitment methodology in the survey of professionals may limit our ability to generalize broadly across organizations and industries. We also used a US-based sample of professionals.

We used a convenience sample when conducting the student survey, meaning two-thirds of our responses are business majors and from Bentley University, a private, primarily undergraduate and business-focused university in the greater Boston, Massachusetts area. Most students who responded identified as Non-Hispanic White. Students represented a very narrow range of ages. Limited representation of other academic majors and career paths, as well as demographics represented in the student survey responses, limits generalizability of these findings. Research has demonstrated that type of institution and academic discipline are associated with differences in the prevalence of mental health issues and utilization of services (Ketchen Lipson, et al. 2015). Some studies support that compared to peers, business students may have higher rates of depression and substance use, but may have less utilization of mental health services (Dahlin, Nilsson, Stozer, & Runeson, 2011; Ketchen Lipson, et al., 2016).

Note that due to privacy concerns, we did not ask students any questions about their individual mental health or emotional wellbeing or if they personally had sought or used mental health services. Similarly, we were unable to collect demographic information or organization names from the professionals that responded to the survey.

We encourage additional research on this topic in more representative samples and diverse populations of both students and professionals.

Section 3: Findings from the Survey of Professionals

3.1: Availability and Access to Resources for Mental Health and Emotional Wellbeing

Professionals reported widespread availability of employee resources for mental health and emotional wellbeing. Only 12.2% indicated that mental health/emotional wellbeing resources were not regularly available to employees.

Mental health and emotional wellbeing resources are regularly available to employees

88%

However, there was significant variation in the type of programs and the approach to delivering those resources across organizations. 55.3% of professionals said their organization offered employees access to Employee Assistance Programs. 42.3% indicated they provided access to different digital resources such as smartphone applications specifically for mental health and emotional wellbeing. 48% reported offering telehealth services for mental health and emotional well-being. 38.2% offered one-on-one conversations or in-person counseling for mental health issues.

48.8% of organizations provided employees with mental health services available through health insurance providers. Fewer organizations (18.7%) offered resources through community partners or from local healthcare providers. 34.1% of organizations provided gym access or fitness programs and discounts beyond what was already offered by their healthcare providers.

Organizations with mental health services available through health insurance providers

49%

Only 25.2% offered in-person programming or workshops surrounding mental health and emotional wellbeing. However, twice as many organizations (42.3%) offered online programming or workshops surrounding mental health and emotional wellbeing.

43.1% of respondents said that they had specific mental health and emotional wellbeing resources for BIPOC employees.

When asked about where employees had access to mental health and emotional wellbeing resources, 64.2% said through an employee portal, 54.5% said through a benefits website, 43.1% said that they were included in general emails about employee benefits, and 35.8% said they were included in specific emails from human resources about mental health. 28.5% said that resource information was made available through signage in the workplace; 43.1% indicated that they were given during one-on-one conversation with managers. 29.3% said that they were available through physical brochures or benefits packages.

Professionals believed that employees are aware of these resources and how to access them. 71% of professionals agreed that employees at their organization were aware of the mental health and emotional wellbeing resources available to them. 78.5% thought that all of the employees at their organization were able to access the mental and emotional wellbeing resources offered.

49.6% of professionals thought that the mental health and emotional wellbeing resources available to them were being fully utilized by the employees at their organization; 30.9% indicated that they did not think employees were fully utilizing the available resources/benefits.

71%
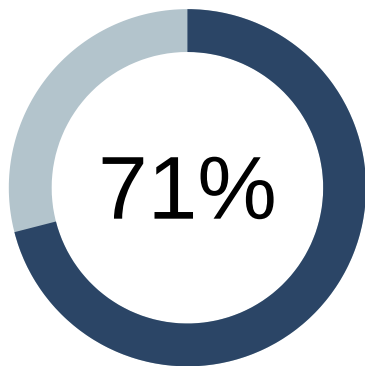
Professionals believe employees are aware of mental health services

78%
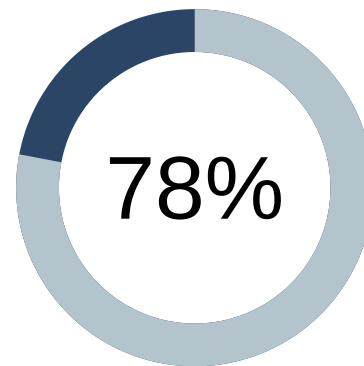
Professionals believe employees are able to access mental health services

A little more than half of professionals reported that information about resources for mental health and emotional wellbeing are made available during the onboarding process. Employees were least likely to receive this information during the interview phase.

**When employees receive information
about resources for mental health and emotional wellbeing**

Employment Phases	
During the application phase	31.7%
Interview	20.3%
Before accepting an offer	23.6%
During onboarding	53.7%
After starting the position	33.3%

0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0% 80.0% 90.0% 100.0%
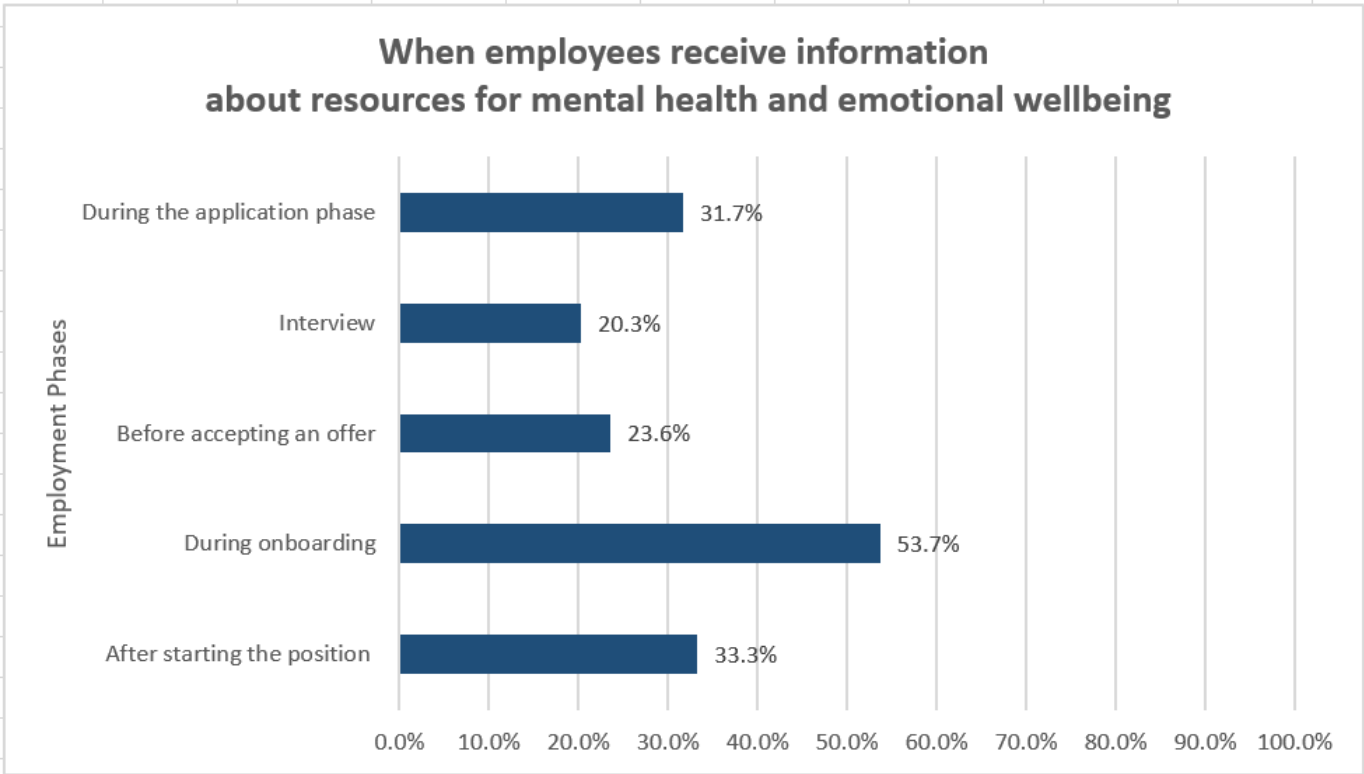
3.2: Organizational Culture of Mental Health and Emotional Wellbeing

77.1% of professionals believed their organizational culture supports employee mental health and emotional wellbeing, and 71.4% reported that leadership at their company was committed to employee mental health.

The majority of organizations did not have formal guidelines about mental health or emotional wellbeing in the workplace.

**Organizations with formal guidelines about mental
health in the workplace**

28%

61.2% of professionals indicated that there was someone at the board or senior leadership level with clear responsibilities surrounding mental health and emotional wellbeing. 28.5% reported there was no one with this defined role, and the remaining professionals (9.9%) did not know or were unsure.

58.3% of professionals said employees at their organization have regular conversations with their managers about their mental health and emotional wellbeing, but only 25.2% of organizations provided dedicated time for employees to talk with their supervisors about mental health and/or emotional wellbeing. 21.1% of professionals reported their organization provided time or space for employees to connect with other employees about mental health and emotional wellbeing.

Despite the fact that more than half of professionals indicated managers have regular conversations regarding mental health and emotional wellbeing, only 23.3% of organizations had dedicated training about mental health for their managers. 49.2% had a mental health or emotional wellbeing training included in parts of their other management training. A quarter (24.2%) of professionals said there was no training available to managers on this topic. Nevertheless, 60.1% of respondents thought the managers at their organization were well trained to handle mental health issues. Only 19.5% did not believe the managers at their organization were well trained to address employee mental health.

Organizations offered some form of mental health and emotional wellbeing training to their managers

73%

Employees have regular conversations with their managers about their mental health and emotional wellbeing

58%

66.7% of professionals believed their organizational culture promoted mental health disclosure, and only 27.7% perceived employees who disclose mental health concerns would be stigmatized.

72% of professionals thought that employees **would not be stigmatized** for disclosing a mental health concern

3.3: Mental Health Resources for Employees Entering the Workforce

Less than half of all professionals who responded to our survey believed employees entering the workforce had additional needs around mental health and emotional wellbeing. 44.2% of professionals agreed employees entering the workforce often have a hard time adjusting. When asked if employees entering the workforce have a greater need for mental health and emotional wellbeing resources, 47.5% agreed (15% disagreed, and 27% were neutral).

50.4% of professionals thought employees entering the workforce were more likely to access resources for mental health and emotional wellbeing. 40% thought employees entering the workforce were more likely to disclose mental health and emotional wellbeing concerns.

39% of professionals believed transitioning employees face a greater amount of stigma disclosing mental health issues. More professionals (57.7%) supported that BIPOC employees entering the workforce face a set of unique challenges.

However, when asked to describe the mental health needs of employees entering the workforce, many felt it was important to support this population.

One word to describe the mental health and emotional wellbeing needs of employees entering the workforce

However, many professionals reported a lack of resources for this population. A little over half of the organizations (57.9%) had mental health and emotional wellbeing resources designed specifically for employees transitioning into the workforce.

One word to describe the mental health and emotional wellbeing resources available at your organization

Less than half (49.6%) of organizations routinely monitored mental health for employees entering the workforce. Those who did reported using confidential surveys of new employees, annual reviews and conversations with supervisors, and through informal monitoring of employee behavior. For example, "frontline supervisors keep an eye out for issues regarding mental health," and "managers pay attention to employees and make sure that they are doing well."

38% of professionals reported dedicated training for managers on how to address the needs of employees who were entering the workforce. 28.9% indicated they offered management training on supporting employees entering the workforce but it was embedded within other management training programs. 23% of organizations did not offer any training in this area.
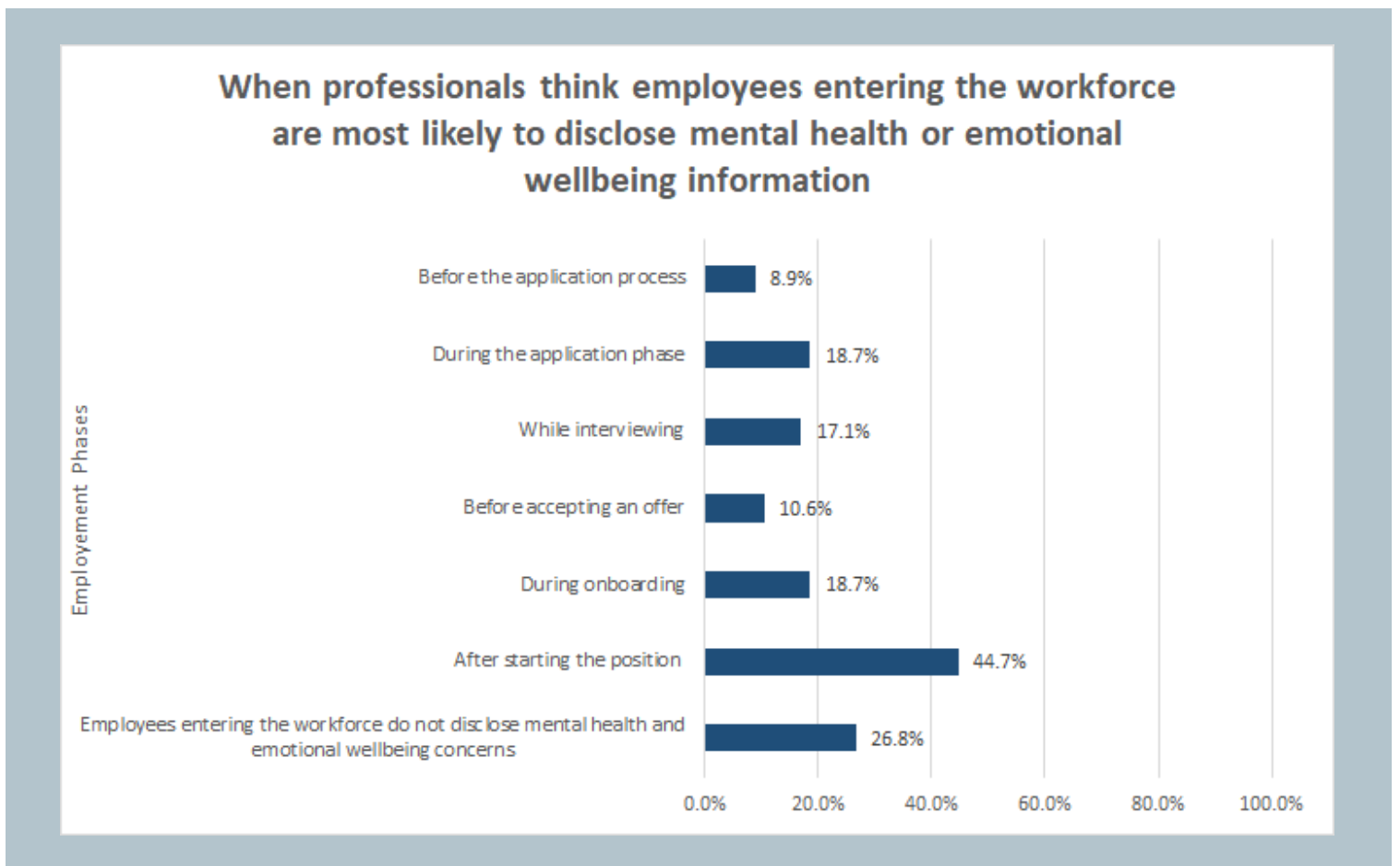
Professionals reported when and to whom they believed an employee entering the workforce was likely to disclose concern about mental health or emotional wellbeing.

44.7% of professionals indicated that employees transitioning to the workforce would be most likely to disclose a mental health concern after they had already started the position.

The majority of professionals (53.7%) thought employees entering the workforce would likely disclose a mental health concern to a human resource professional. Fewer professionals thought an employee entering the workforce would disclose a mental health concern to a manager (39%) or a coworker (38.2%).

Only 10.6% of professionals thought employees entering the workforce would disclose mental health concerns to their direct reports.

When professionals think employees entering the workforce are most likely to disclose mental health or emotional wellbeing information

| Employment Phases	Percentage
Before the application process	8.9%
During the application phase	18.7%
While interviewing	17.1%
Before accepting an offer	10.6%
During onboarding	18.7%
After starting the position	44.7%
Employees entering the workforce do not disclose mental health and emotional wellbeing concerns	26.8%

3.4: Remote Work and the Impact of COVID-19 on Mental Health

The final set of questions for professionals working in human resources, talent acquisition, diversity equity or inclusion, or employee engagement addressed working remotely and the impact of COVID-19 resources for mental health and emotional wellbeing at their organization.

42.9% of professionals believed employees working from home would be more likely to disclose their mental health concerns. They did not perceive more stigma for remote employees disclosing their concerns. Only 30.8% of professionals thought employees working remotely faced more stigma around mental health and emotional wellbeing than those working in person.

The majority (67.1%) agreed or strongly agreed that employees working remotely face unique challenges. However, only 30.5% of the organizations represented had mental health or emotional wellbeing resources specifically for employees working from home or in remote situations.

31%	67%	70%
believe employees working remotely face more stigma	**believe employees working remotely face unique challenges**	**did not know of specific mental health resources for employees working remotely**
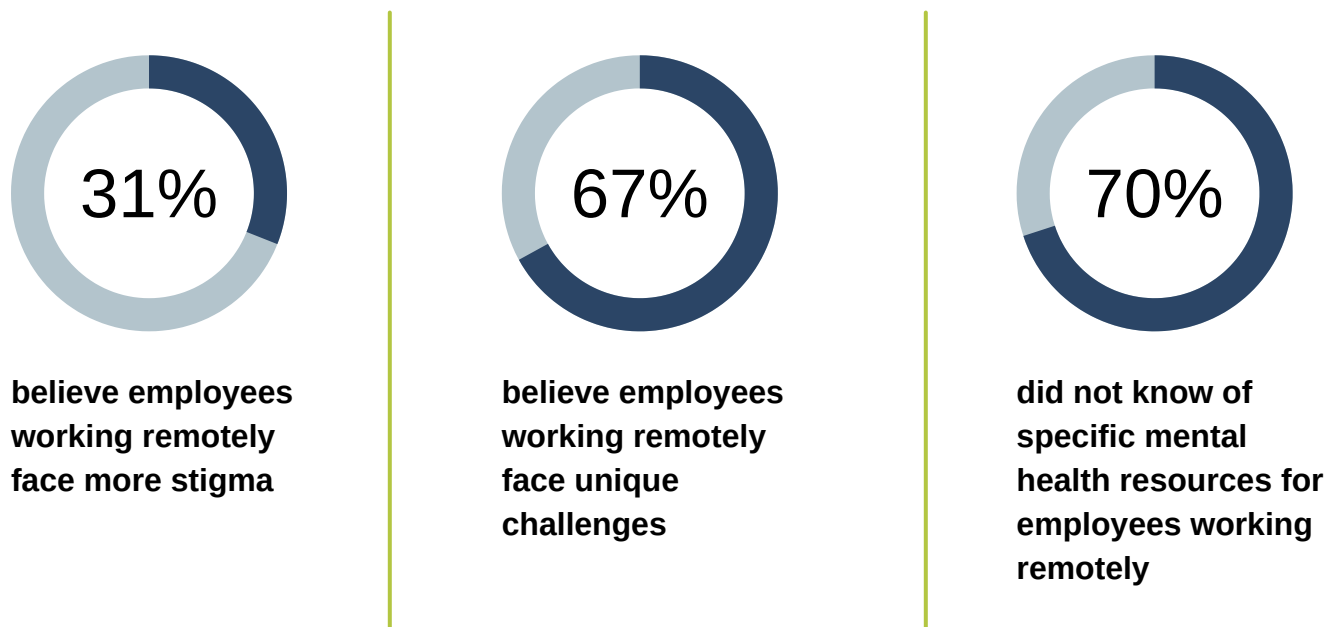
43.9% of professionals said COVID-19 had increased the mental health and emotional wellbeing resources available to employees at their organization. Only 9.8% indicated COVID-19 had decreased the number of resources available to employees.

COVID-19 had impacted the type of resources available to employees for some organizations (20.3%), but more reported that the mental health and emotional wellbeing resources available had not changed as a result of the pandemic (28.5%).

44.7% of professionals reported COVID-19 had increased use of organizational resources for mental health and emotional wellbeing, while 11.4% said it had decreased, and 30.1% reported no change.

55.3% of respondents indicated their organization had sent out specific communication regarding mental health and emotional wellbeing as a direct result of COVID-19. 39% of organizations sent direct communication to employees about the socio-political environment. As a result of COVID-19, 38.2% offered additional webinars or online events, 55.3% increased flexibility in their work hours and responsibilities, and 34.1% offered online social events.

Most professionals reported that their organizations were not planning to continue online resources, such as webinars about mental health and emotional wellbeing, after COVID-19. 36.6% indicated their organizations were planning to continue flexible hours and schedules.

COVID-19 increased the number of mental health resources available

44%

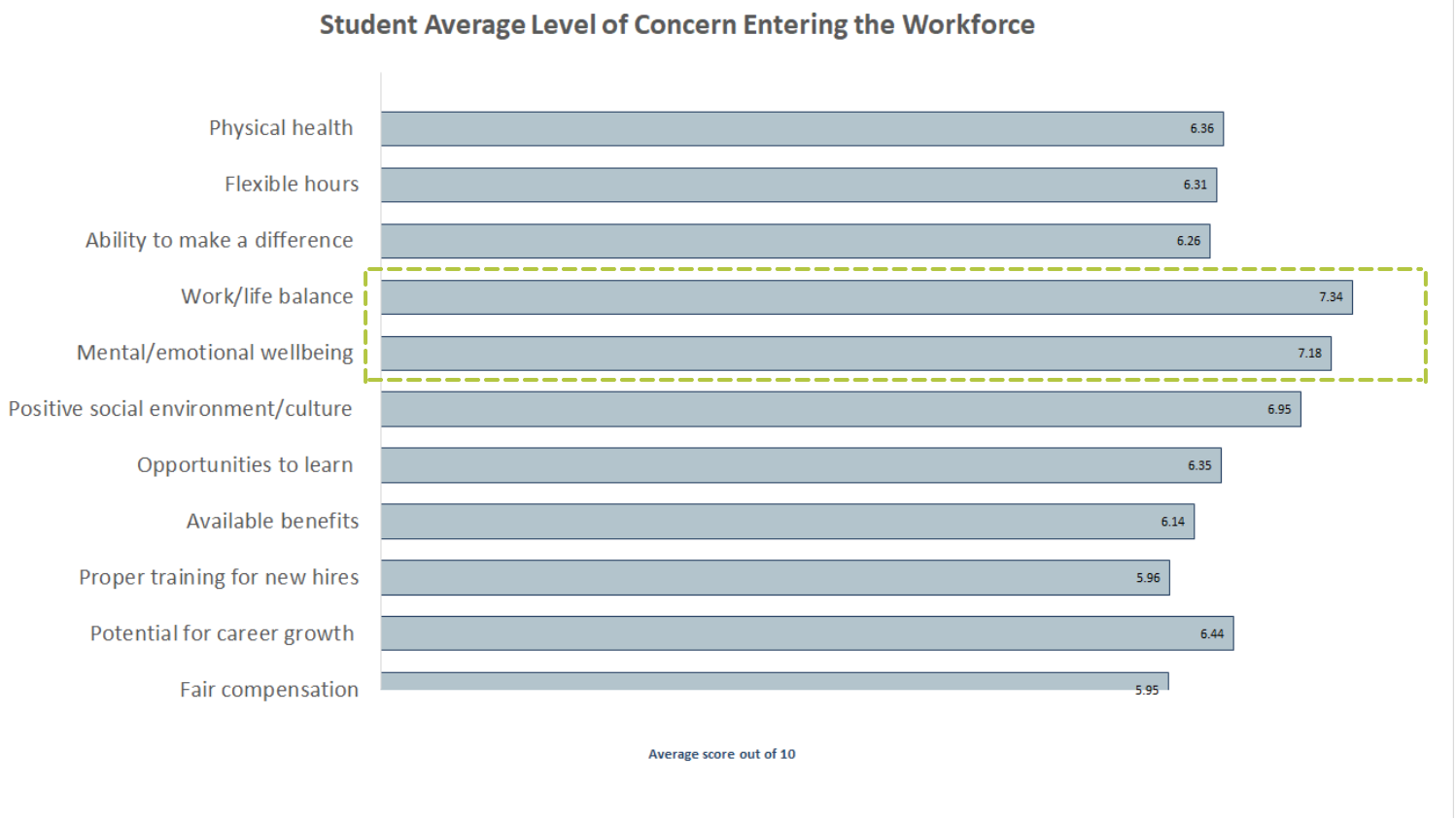**COVID-19 increased the number of employees using the mental health resources available**

45%

Organziations planning to continue online mental health resources

27%

Section 4: Findings from the Survey of Students

### 4.1: Preparedness for Addressing Mental Health in the Workplace

Feeling prepared to address mental health concerns in the workplace was a source of concern for many students. Students were asked to indicate their level of concern as they entered the workforce on various issues from 1 (not at all concerned) to 10 (extremely concerned). The area of most concern indicated by students was around work-life balance with an average score of 7.34. This was closely followed by concern for mental and emotional wellbeing, which had an average score of 7.18. These psychosocial concerns outweighed concerns about compensation (mean=5.95) and proper training for new hires (mean = 5.96).

Student Average Level of Concern Entering the Workforce

Category	Score
Physical health	6.36
Flexible hours	6.31
Ability to make a difference	6.26
Work/life balance	7.34
Mental/emotional wellbeing	7.18
Positive social environment/culture	6.95
Opportunities to learn	6.35
Available benefits	6.14
Proper training for new hires	5.96
Potential for career growth	6.44
Fair compensation	5.95

Average score out of 10

Overall, students felt prepared for their plans after graduation, with the majority (65.5%) reporting they felt somewhat to very prepared for their plans after college. However, 36.2% of students did not agree when asked specifically if they felt prepared to address their mental health and emotional wellbeing needs when entering the workforce.

Only 18.8% of students strongly agreed they were prepared to address mental health and emotional wellbeing in the workplace.

Most students (66.9%) perceived that employees entering the workforce need more support in the areas of mental health and wellbeing than people who are already in the workforce.

"EMPLOYEES TRANSITIONING INTO THE WORKFORCE NEED MORE SUPPORT AROUND MENTAL HEALTH AND EMOTIONAL WELL-BEING THAN PEOPLE ALREADY IN THE WORKFORCE"

■ Agree   ■ Neither agree nor disagree   ■ Disagree

| 67.4% | 25.7% | 7.6% |
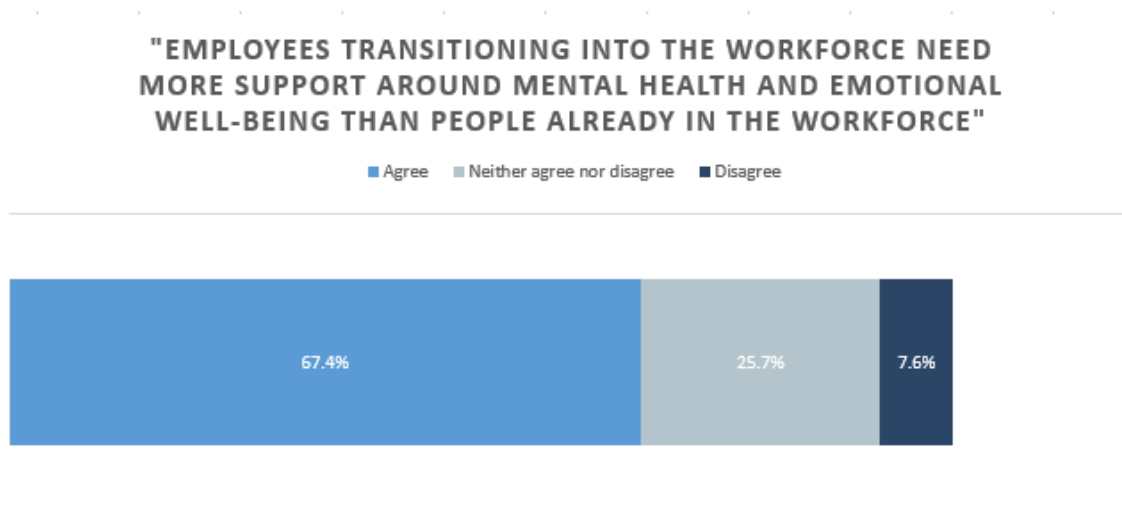
4.2: Accessing and Receiving Mental Health and Emotional Wellbeing Resources

We asked students preparing to enter the workforce about when they had accessed benefits information during the job seeking process. Students frequently looked up job benefits after interviewing but before accepting an offer (50% of students indicated looking for job benefits during this period). Only 24.3% indicated they had looked up job benefits while applying. 38.9% said they looked up job benefits information after they had already started the position.

We also asked students to indicate when they had received benefits information from their prospective employers. Most students indicated receiving benefits information from their employer before accepting an offer (41.7%) or during the onboarding process (42.4%). Only 16.7% of students reported receiving benefits information from their employer during the application process.

Stage of Transition	When respondents looked up benefits	When benefit information was received	When respondents received benefits information specific to mental health and emotional wellbeing	When did respondents want to receive benefit information?
Application	24.3%	16.7%	12.5%	41.7%
Interview	29.9%	28.5%	17.4%	9.0%
Before accepting an offer	50.0%	41.7%	15.3%	16.0%
Onboarding	44.4%	42.4%	27.8%	13.2%
After starting the position	38.9%	37.5%	25.0%	4.2%

In terms of benefits information specific to mental health and emotional wellbeing, few students reported receiving this information at any stage of the job application process. This information was most frequently provided after a job offer had been accepted: during the onboarding process (27.8%) or after starting the position (25%).

Importantly, 64 students (43.5%) had not received benefits information about mental health or emotional wellbeing from their prospective employer at any stage in the process.

For those who had received information about mental health or emotional wellbeing, the most commonly reported means of distributing the benefits information was through in-person conversations (26.5%), through a benefits package printed or online (23.1%), or through the company website (19%).
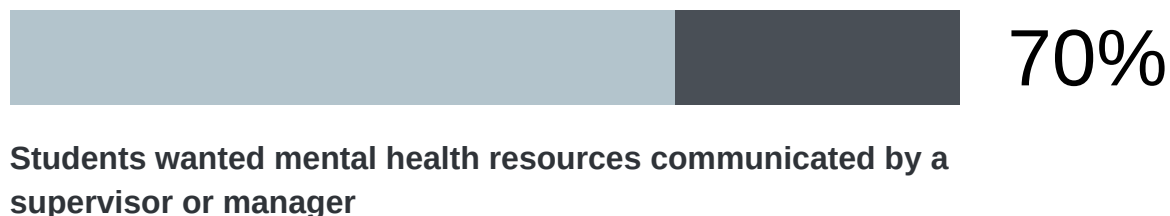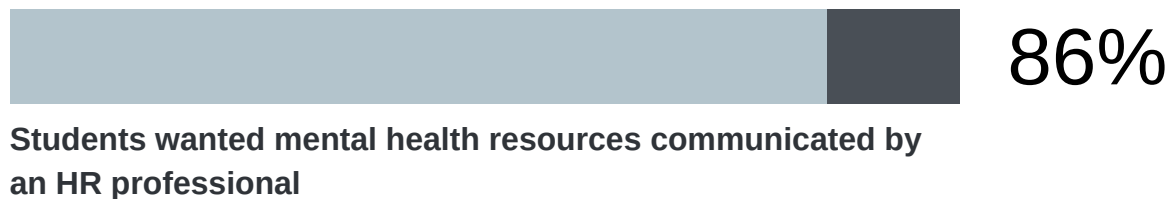
4.3: Preferences for Mental Health Resources in the Workplace

Students wanted to receive benefits information earlier in the employment process.

➔

42% indicated they would like to receive information while applying as opposed to later in the process.

Students wanted information about mental health and emotional resources available to employees to come from human resource professionals (85.5%), supervisors or managers (69.7%), included as part of a benefits package either printed or online (66.9%), on the company website (55.9%), or communicated through coworkers (27.5%).

86%

Students wanted mental health resources communicated by an HR professional

7

70%

Students wanted mental health resources communicated by a supervisor or manager

We asked students to indicate how important it was for their employer to offer different types of mental health and emotional wellbeing resources. Students valued gym access or fitness program discounts as the most important health resource provided by employers, followed by mental health resources provided through insurance providers, and Employee Assistant Programs.

	Ranking of importance	Mean (1-5)
Access to digital health resources mental health	11	2.98
One-on-one conversations or in-person counseling services for mental health issues	5	3.48
Employee Assistance Programs	3	3.74
Telehealth Services for mental health	9	3.29
Dedicated time to connect with colleagues around mental health	4	3.54
Dedicated time to connect with managers around mental health	7	3.42
Mental health resources through insurance providers	2	4.07
In-person programs to support mental health	6	3.44
Online programs or webinars to support mental health	10	3.16
Partnerships with mental health resources available from local health care partners	8	3.41
Formal guidelines about mental health in the workplace	4	3.54
Gym access or fitness programs/discounts	1	4.1

(1 = Not important at all to 5 = Extremely important)

Students believed that employees entering the workforce need more frequent communication surrounding mental health and emotional well-being resources (70.3% agree or strongly agree).

95%
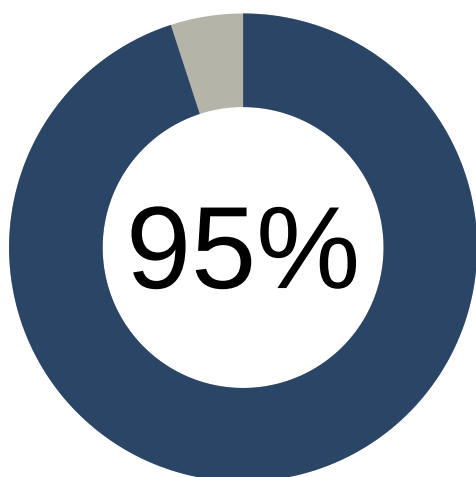
Mental health resources should be communicated at least once a quarter

66%
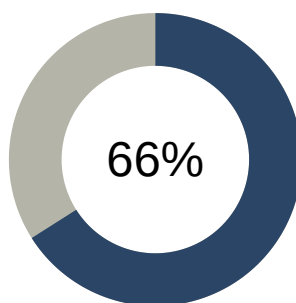
Mental health resources should be communicated at least once a month

Students preferred more frequent communication about mental health and wellbeing resources from their employer.

Many students reported low levels of comfort accessing mental health resources from an employer, with only 42.5% reporting they would feel comfortable. They are notably less comfortable accessing resources in the workplace than at their college or university. Twice as many report being "uncomfortable" accessing resources from an employer compared to a university.

Accessing resources from an employer
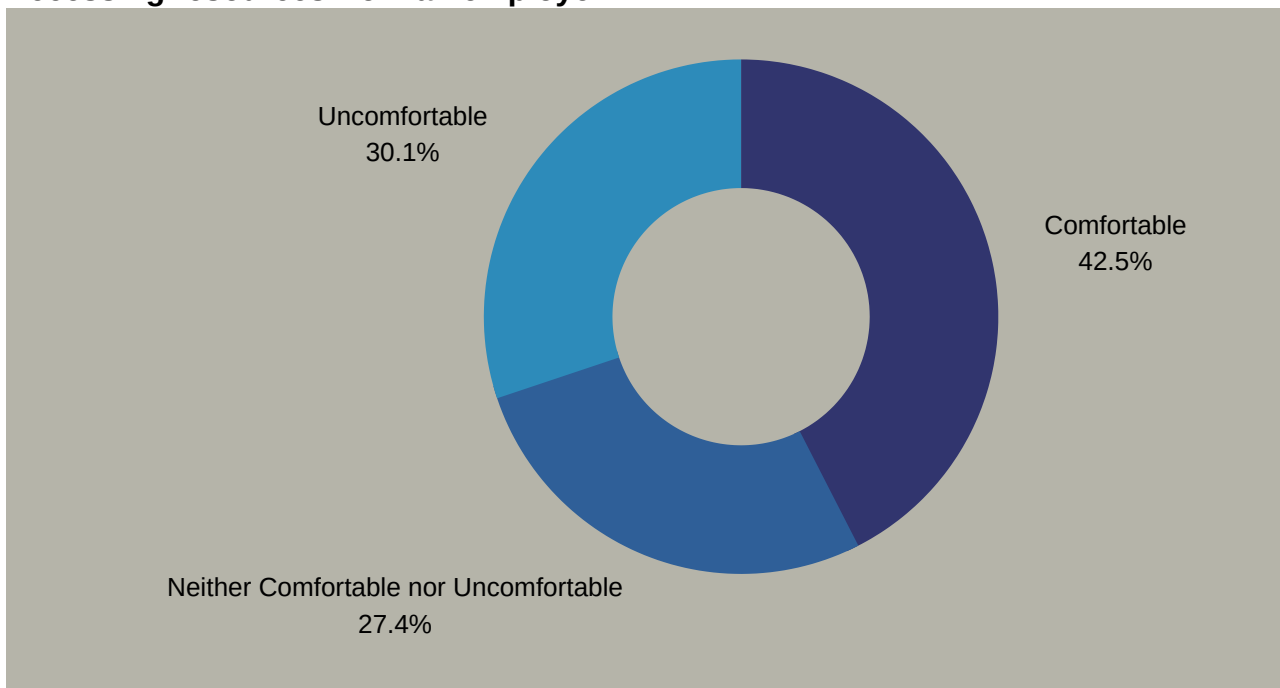
Accessing resources from a university
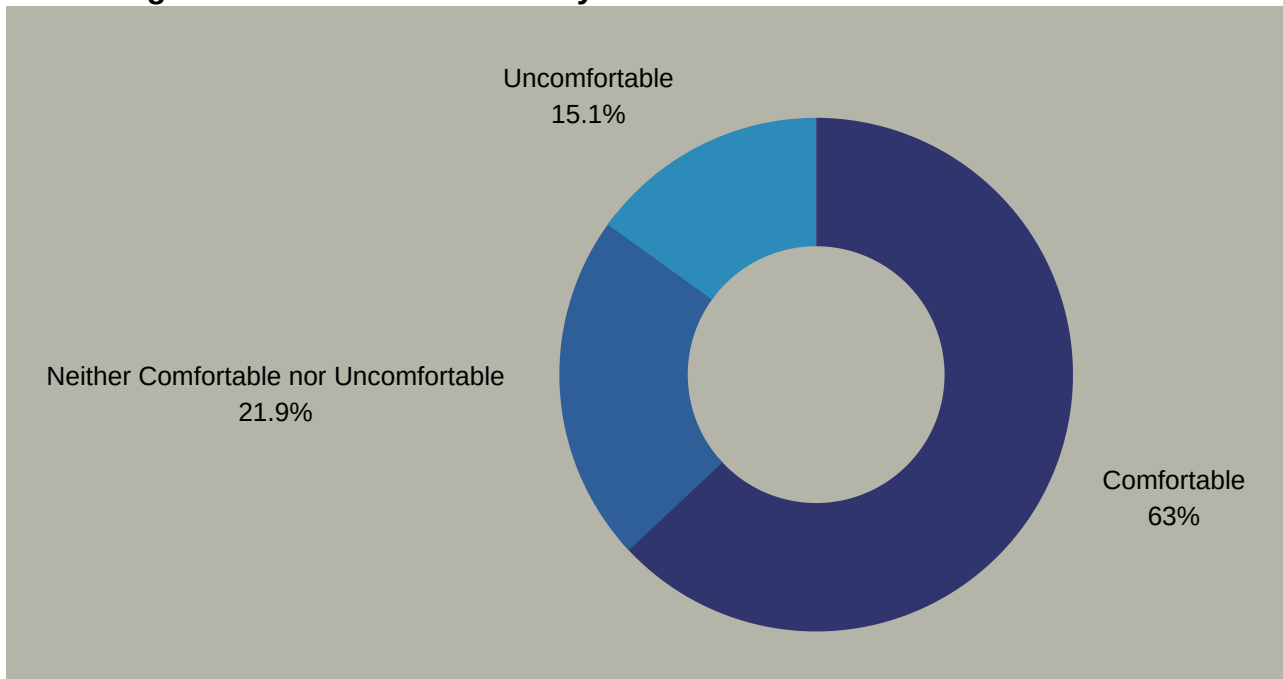
4.4: Self-efficacy and Importance of Mental Health Resources in the Workplace

> Self-efficacy for accessing resources for mental health and emotional wellbeing at the workplace was also lower than reported confidence in ability to access resources at a university.
>
> 80% of students felt they would be able to access resources for mental health and emotional wellbeing from their college or university. Only 35.6% of students said they would know where to access mental health resources available from an employer.

Not being comfortable or confident in accessing resources for mental health and emotional wellbeing in the workplace did not stop students from deeming these resources important to employees. Students believe that access to mental health resources in the workplace is important for employee satisfaction and retention (59% "strongly agreeing" with this statement and only 1.4% disagreeing).

Students also felt it is the employer's responsibility to support employees' mental health and emotional wellbeing (90.3% agree or strongly agree), and employers should be responsible for providing mental health resources to their employees (82.8% agree or strongly agree).

90%

Students believe that mental health resources in the workplace are important for employee satisfaction and retention

Mental health and emotional wellbeing resources are also taken into consideration at an individual level when considering a job, despite these resources not often being provided during this stage of the process. 58.5% of students either agreed or strongly agreed that the mental health or emotional wellbeing resources available from an employer would influence their decision to accept or decline a job offer.

"The mental health or emotional wellbeing resources offered by my employer would influence my decision to accept an offer"

Disagree
8.6%

Neither Agree nor Disagree
32.9%

Agree
58.5%
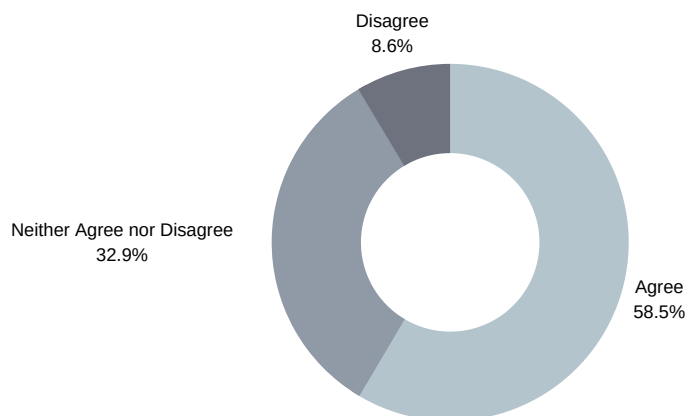
4.5: Perceptions of Stigma and Organizational Culture

The survey explored students' perceptions of stigma surrounding mental health and emotional wellbeing in the workplace.

Students felt organizational culture that promotes mental health and emotional wellbeing is essential (89.7% agreed or strongly agreed); however, they reported high levels of concern about stigma in the workplace.

Most students (82.7%) about to enter the workforce agreed or strongly agreed there is a stigma surrounding mental health in the workplace.

83%
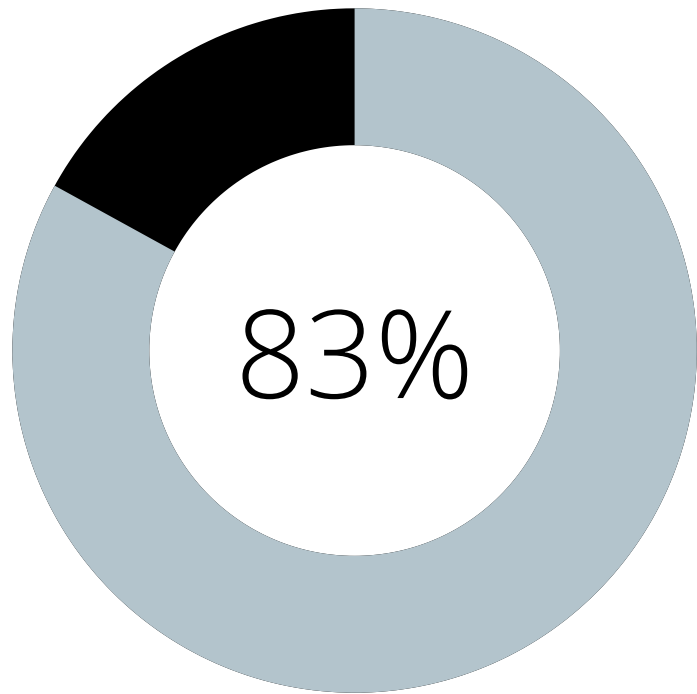
Students believe there is mental health stigma in the workplace

Students wanted to work at a company that openly talks about mental health. However, most students (61%) also believe that "employees who disclose mental health concerns in the workplace may be stigmatized" and 70.5% of students indicate there is more risk in disclosing mental health concerns at work than in a university setting.

69%

Students want to work at a company that openly talks about mental health

4.6: Comfort with Disclosing Mental Health Concerns

58.9% of students would want a co-worker to disclose a mental health concern to them. An even larger percentage reported they would feel comfortable if a coworker disclosed a mental health concern to them (75.3%).

Additionally, 63% of students indicated that they would feel comfortable if a direct report disclosed a mental health concern to them, and 52.7% said that they would want a direct report to disclose.

However, when asked the same question about supervisors, 56.2% of students reported they would be comfortable with a supervisor disclosing their own mental health concern, and only 45.9% said that they would want them to share that information. Finally, even fewer students (42.5%) would want senior leadership at their organization to disclose a mental health concern.

> 84% of students agreed or strongly agreed with:
> *"employers should provide space for employees to connect around mental health or emotional wellbeing"*

Although students indicated some discomfort and reticence to disclose mental health concerns at the workplace, the majority (85.4%) agreed or strongly agreed, "*I would want my supervisor/manager to reach out to me if they were concerned about my mental health or emotional wellbeing.*"

85%

Students want their supervisors to reach out to them if they were concerned about their mental health

56%

Students would be comfortable disclosing a mental health concern with a manager or supervisor

43%

Students would want organizational leaders to disclose a mental health concern to the company

Only about half of students (50.7%) felt prepared to talk about mental health and emotional wellbeing in the workplace.

The majority of students reported feeling comfortable disclosing or sharing mental health or emotional wellbeing concerns with doctors or health care providers (82.7%), friends (82.7%), and family members (78.6%).

Most students are not comfortable disclosing mental health concerns to human resource professionals (41.4%), co-workers (18.6%), or supervisors or managers at work (15.2%).

Students are less comfortable discussing their mental health and emotional wellbeing needs with managers or supervisors compared with their coworkers (mean = 2.48, SD= 1.19 vs. mean= 2.84, SD=1.20, where 1 = least comfortable and 5 = most comfortable).

Students indicated low levels of comfort discussing mental health concerns with their employer during the application process (mean = 1.89, SD= 1.08).

Student Comfort with Disclosing Mental Health Concerns
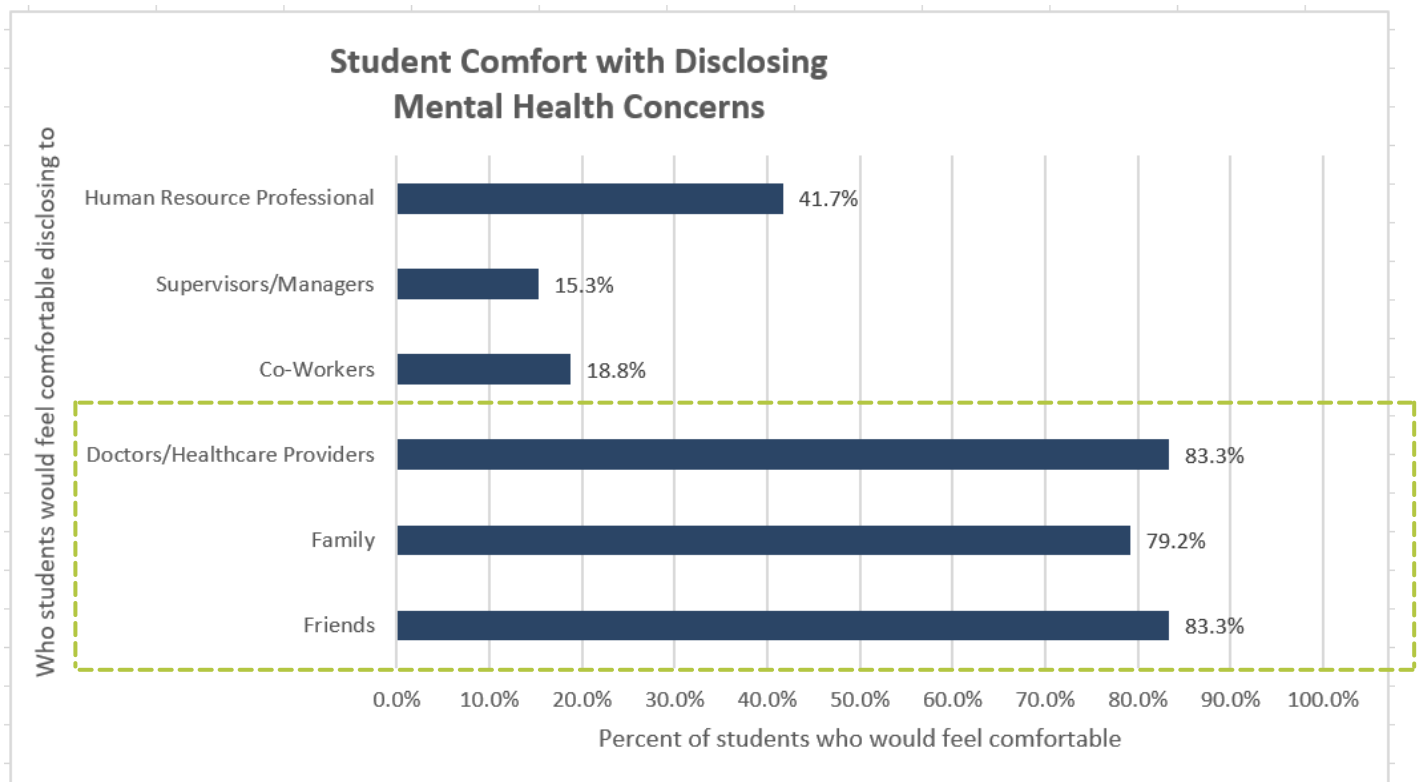
Students reported how comfortable they would feel disclosing a mental health concern at different phases of the employment process. Only 12 students (8.2%) were comfortable disclosing mental health concerns during the interview process. More students indicated that they would feel comfortable disclosing their own mental health concerns during the onboarding process.

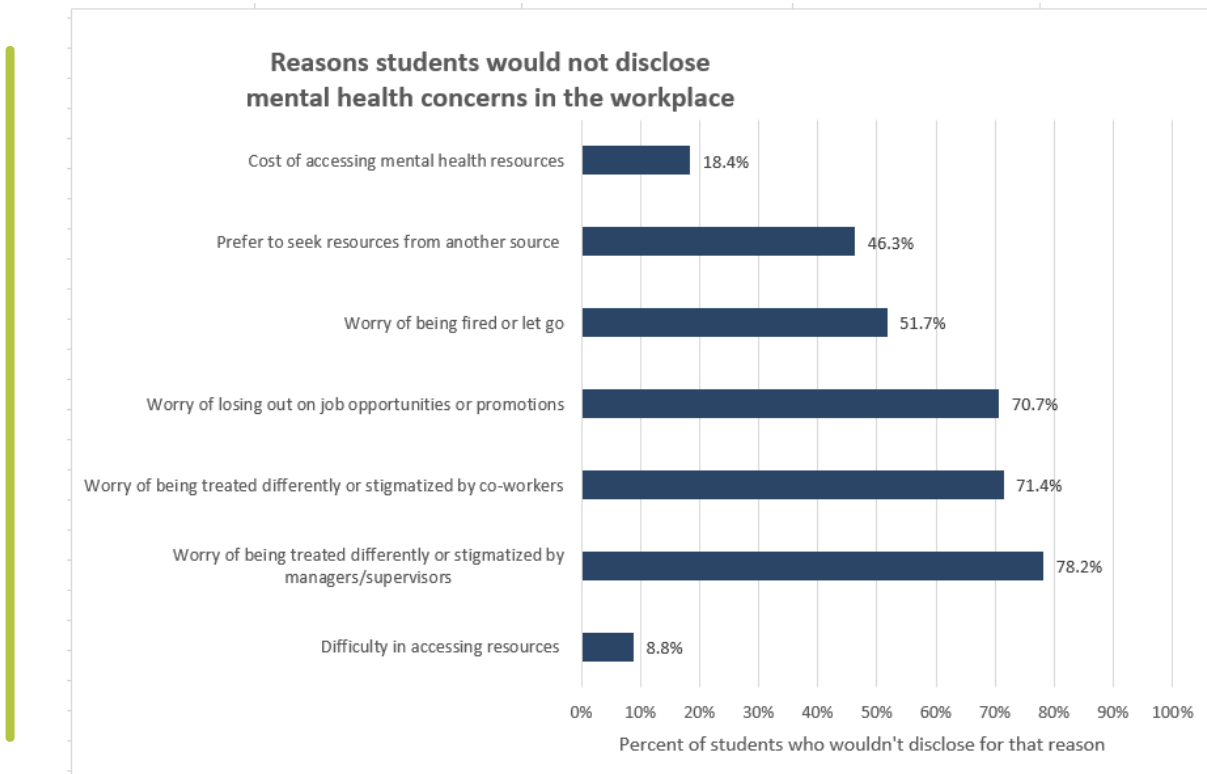However, many students (52.4%) were not comfortable disclosing a mental health concern until after they had started the job. A third of students indicated they would not disclose a mental health concern at any stage of employment.

How comfortable students would be disclosing at different stages

Employment Stage	Percent
I would not disclose mental health concerns	33%
After starting the position	52%
During the onboarding process	27%
Before accepting an offer	16%
During the interview	12%
During the appliction process	12%
Before Application	8%

Percent of students who would be comfortable disclosing

When asked to indicate reasons for not disclosing mental health concerns, many identified being treated differently or stigmatized by their managers/supervisors (78%) or co-workers (71%). There was also worry about losing out on job opportunities (71%). Difficulty accessing resources (9%) and cost of resources (18%) were not identified frequently as barriers to disclosure.

Reasons students would not disclose mental health concerns in the workplace

Reason	Percent
Cost of accessing mental health resources	18.4%
Prefer to seek resources from another source	46.3%
Worry of being fired or let go	51.7%
Worry of losing out on job opportunities or promotions	70.7%
Worry of being treated differently or stigmatized by co-workers	71.4%
Worry of being treated differently or stigmatized by managers/supervisors	78.2%
Difficulty in accessing resources	8.8%

Percent of students who wouldn't disclose for that reason

4.7: Remote Work and the Impact of COVID-19 on Mental Health

Students are entering the post-pandemic workforce and will be affected by the huge disruption in physical workspaces and the increasing move to remote work environments. 61.8% of students said they would want to work from home temporarily but not for long due to COVID-19.

We asked students their preferences for remote work environments post-pandemic. The majority of respondents (65.3%) said they would like to work from home or work remotely some of the time. 30.6% said they would not want to work at home. Only 4.2% of students said they would prefer to always work from home.

Despite preferring flexible or in person work environments, the majority of students (69.4%) were confident in their ability to work from home.

But they may not feel their needs are met when working remotely. Just 22.9% of students agreed or strongly agreed that *"Employees have all of their needs met when they work from home or work remotely."* Most (81.9%) did not believe that the same resources available in the office were also available working remotely.

53.5% of students believed working remotely would make accessing mental or emotional wellbeing resources more difficult.

Students were more reticent to utilize mental health resources working remotely. When asked how likely they would be to access mental health resources while working remotely or from home, 48.6% said that they would likely do this.

Likelihood of utilizing mental health resources
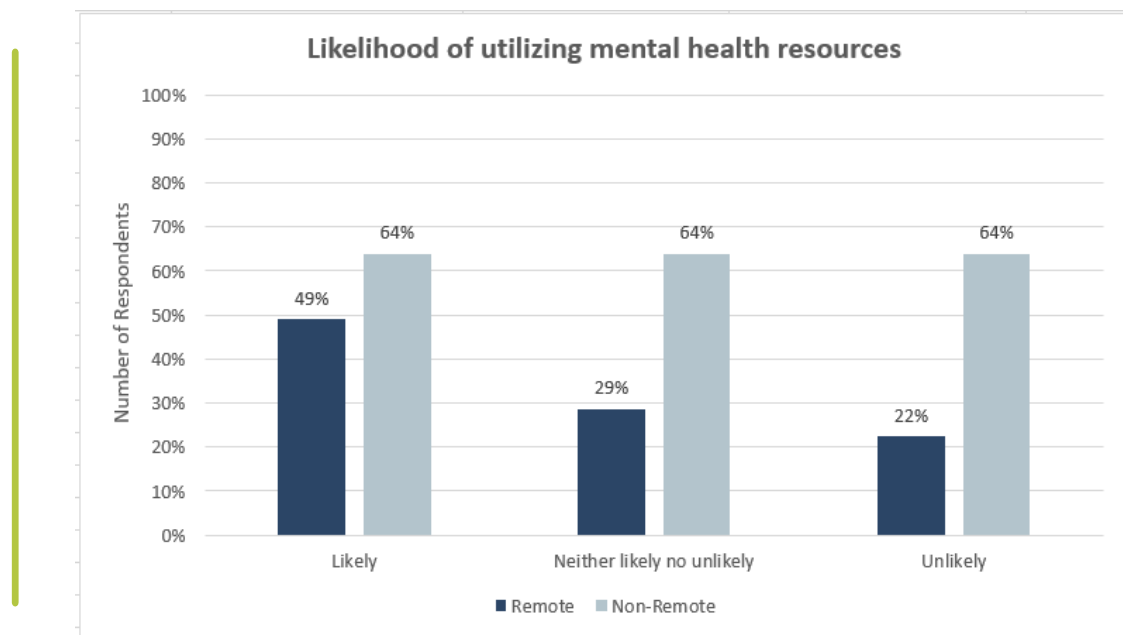
Students did perceive changes in mental health and emotional wellbeing in the workplace as a result of COVID-19.

There was increased anxiety about entering the workforce. 67.4% of students indicated that they were more nervous to enter the workforce because of COVID-19. 59% of students said that they felt less prepared to enter the workforce because of COVID-19.

81.3% believed that employers should focus on the mental health and emotional wellbeing of their workers during COVID-19.

However, many (47.9%) perceived that COVID-19 had reduced the stigma surrounding mental health in the workplace.

Students believed COVID-19 has decreased stigma in the workplace.

Increased
Stigma
21.5%

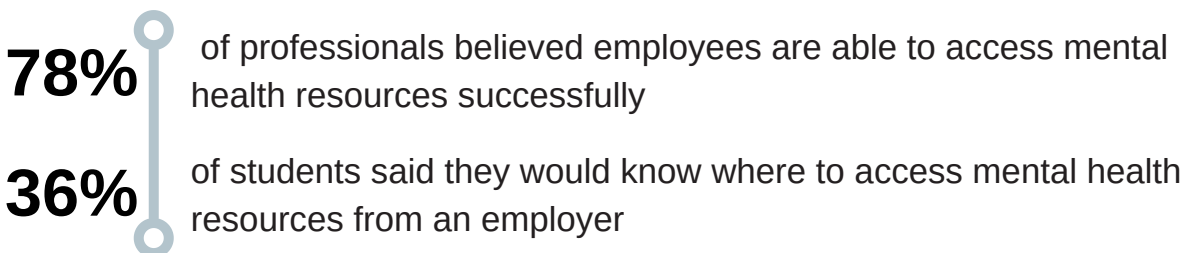Decreased
Stigma
47.9%

No effect
30.6%

Section 5: Comparison of Professional and Student Responses

The previous two sections summarize survey results on resources for mental health and emotional wellbeing from two stakeholder perspectives, college students about to enter the workforce and professionals working full time in human resources, talent acquisition, diversity equity and inclusion, or employee engagement at their organizations.

Although approximately 90% of both students and professionals recognized the value of mental health and emotional wellbeing resources for employees, especially for employees entering the workforce, a comparison of their responses yields some important contrasting perceptions and suggests areas of improvement.

Access and Confidence

Professionals believed resources were accessible and widely utilized, but students reported low levels of confidence in their ability to access resources. Two-thirds of students thought employees entering the workforce faced additional mental health challenges. However, only 19% of students felt strongly they themselves were prepared to address mental health and emotional wellbeing in the workplace.
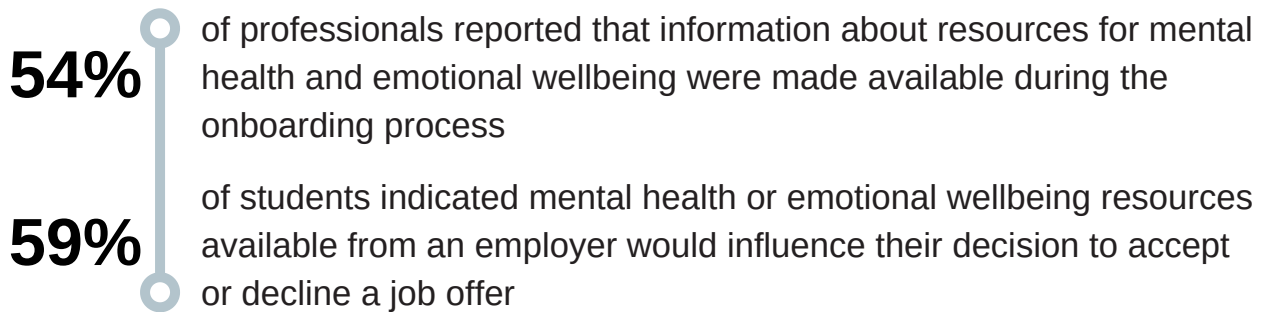
78% of professionals believed employees are able to access mental health resources successfully

36% of students said they would know where to access mental health resources from an employer

Stigma

Professionals perceived their organizational cultures were welcoming to disclosure of mental health concerns, but students expressed high levels of concern about stigma surrounding mental health in the workplace. Most students said they would not be comfortable disclosing to supervisors or co-workers. Many worried about being treated differently in the workplace, losing opportunities for advancement, or even being fired if they disclosed a mental health challenge.

72% of professionals did not believe employees would be stigmatized for disclosing a mental health concern in the workplace

83% of students believed there is stigma surrounding mental health and emotional wellbeing in the workplace
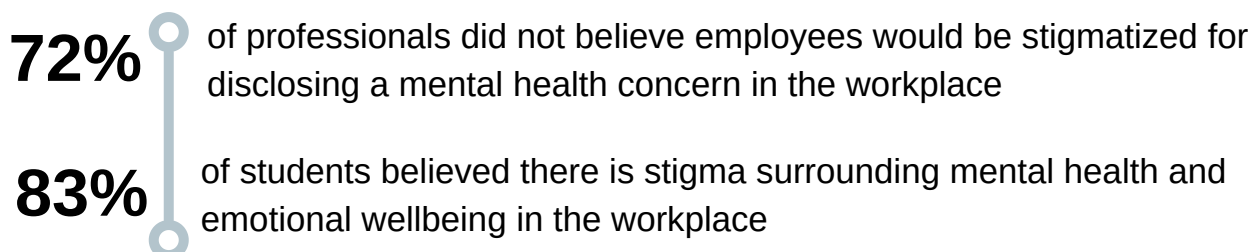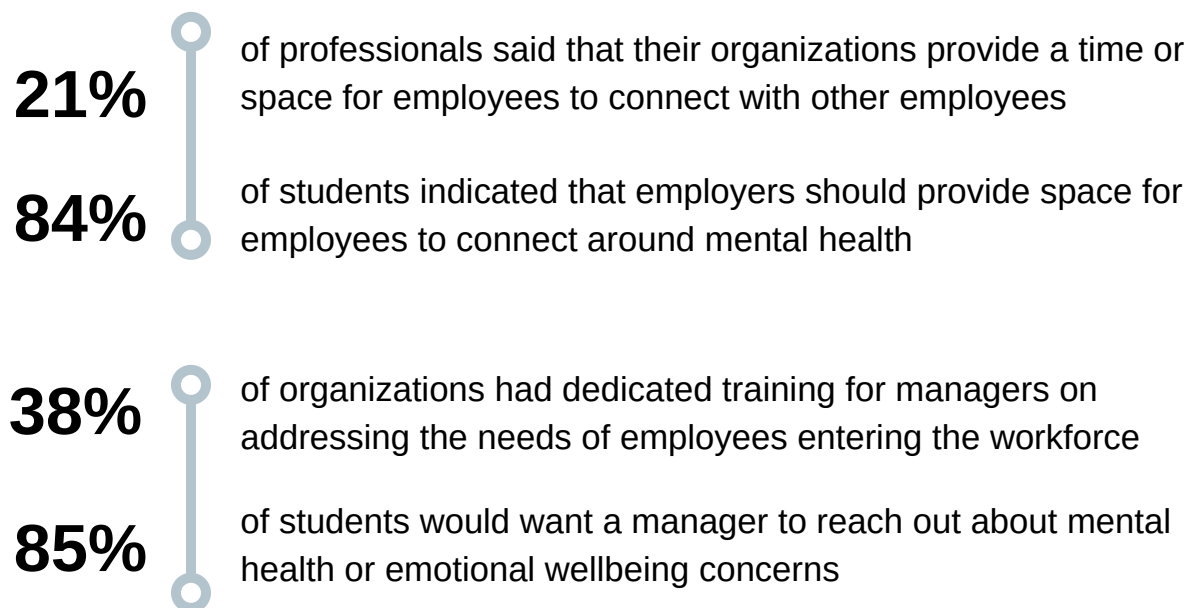
Communicating Resources

Many students felt resources for mental health and emotional wellbeing would influence whether they chose to work at an organization. They preferred early and frequent communication about resources available for mental health and emotional wellbeing early in the application process and frequently after starting a position. However, many reported they did not receive information until after accepting a position.

54% of professionals reported that information about resources for mental health and emotional wellbeing were made available during the onboarding process

59% of students indicated mental health or emotional wellbeing resources available from an employer would influence their decision to accept or decline a job offer
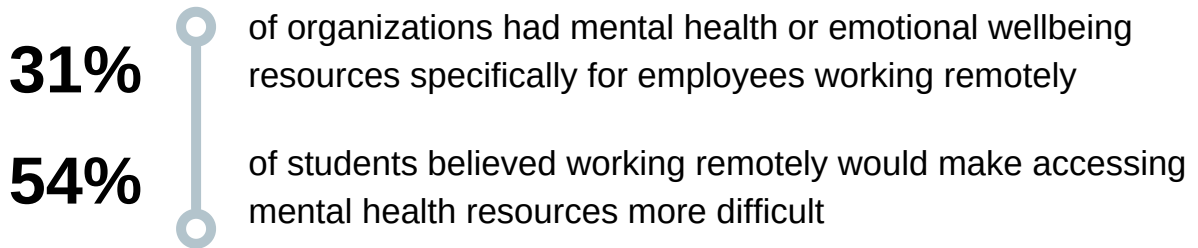
Outreach and Training

Despite hesitations around disclosure, most students indicated they would want a supervisor to reach out to them about mental health or emotional wellbeing concerns. However, most organizations did not have dedicated training for managers on addressing the needs of employees entering the workforce or recognizing and responding to mental health concerns.

21% of professionals said that their organizations provide a time or space for employees to connect with other employees

84% of students indicated that employers should provide space for employees to connect around mental health

38% of organizations had dedicated training for managers on addressing the needs of employees entering the workforce

85% of students would want a manager to reach out about mental health or emotional wellbeing concerns

Working Remotely and COVID-19

COVID-19 and the growth of remote work environments at many organizations has increased prevalence of mental health and emotional wellbeing concerns and affected utilization of resources. Both students and professionals agree that employees working remotely face unique challenges and may have difficulty accessing resources for mental health and emotional wellbeing. Professionals reported additional mental health resources during COVID-19, but have limited resources specifically for the mental health and emotional wellbeing of employees working remotely.

31% of organizations had mental health or emotional wellbeing resources specifically for employees working remotely

54% of students believed working remotely would make accessing mental health resources more difficult

However, the pandemic disruption may also present an opportunity for increased dialogue around mental health in the workplace.

48% of students perceived COVID-19 had decreased mental health stigma in the workplace
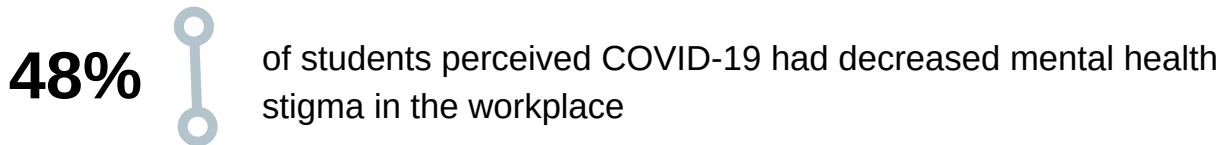
Suggestions for organizations regarding mental health and emotional wellbeing resources for employees entering the workforce

---

1. Provide mental health and emotional wellbeing resources dedicated to employees entering the workforce.

2. Share resources around mental health and emotional wellbeing with perspective employees earlier in the application process.

3. Clarify where to access resources for mental health and emotional wellbeing and help employees understand the benefits offered through health insurance.

4. Include dedicated training for management on identifying and communicating mental health and emotional wellbeing concerns.

5. Create a safe space, a dedicated time or place, that employees can have conversations with co-workers around mental health.

6. Reduce perceptions of stigma around disclosure of mental health and emotional wellbeing concerns.

7. Address the unique mental health and emotional wellbeing needs of employees working remotely, especially those employees entering into the workforce in a remote work environment.

8. Take advantage of perceived reduction of stigma around mental health and emotional wellbeing concerns due to COVID-19 to promote a more open organizational culture.

Bibliography

Attridge, M. (2019). A global perspective on promoting workplace mental health and the role of employee assistance programs. American Journal of Health Promotion, 34(4), 622-627.

Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., Demyttenaere, K., Ebert, D. D., Green, J. G., Hasking, P., Murray, E., Nock, M. K., Pinder-Amaker, S., Sampson, N. A., Stein, D. J., Vilagut, G., Zaslavsky, A. M., Kessler, R. C., & WHO WMH-ICS Collaborators. (2018). WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. Journal of Abnormal Psychology, 127(7), 623–638. https://doi.org/10.1037/abn0000362

Biebel, K., Golden, L., Levin, L., Mizrahi, R College to Career: Supporting Mental Health. Jed Foundation. (2018). https://www.cmhnetwork.org/resources/college-to-careersupporting-mental-health/

Brohan, E., Henderson, C., Wheat, K. et al. Systematic review of beliefs, behaviours and influencing factors associated with disclosure of a mental health problem in the workplace. BMC Psychiatry 12, 11 (2012). https://doi.org/10.1186/1471-244X-12 11

Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet 2020;395:912-920.

Dahlin, M., Nilsson, C., Stotzer, E., & Runeson, B. (2011). Mental distress, alcohol use and help-seeking among medical and business students: A cross-sectional comparative study. Retrieved April 06, 2021, from https://bmcmededuc.biomedcentral.com/articles/10.1186/1472-6920-11-92

Dimoff, J. K., & Kelloway, E. K. (2019). With a little help from my boss: The impact of workplace mental health training on leader behaviors and employee resource utilization. Journal of Occupational Health Psychology, 24(1), 4-19. http://dx.doi.org/10.1037/ocp0000126

Deitz, D., Cook, R., & Hersch, R. (2005). Workplace health promotion and utilization of health services: follow-up data findings. Journal of Behavioral Health Services & Research, 32(3), 306–319. https://doi.org/10.1097/00075484-200507000-00006

Framer, P. & Stevenson, D. Thriving at Work: The Independent Review of Mental Healthand Employers. 2017. Chrome- extension://oemmndcbldboiebfnladdacbdfmadadm/https://assets.publishing.servi ce.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

Geirdal, A. Ø., Nerdrum, P., & Bonsaksen, T. (2019). The transition from university to work: what happens to mental health? A longitudinal study. BMC psychology, 7(1), 65.https://doi.org/10.1186/s40359-019-0340-x

Golberstein, E., Wen, H., & Miller, B. F. (2020). Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents. JAMA pediatrics, 174(9), 819-820.

Greenberg, P. E., Fournier, A. A., Sisitsky, T., Pike, C. T., & Kessler, R. C. (2015). The economic burden of adults with major depressive disorder in the United States (2005 and 2010). The Journal of clinical psychiatry, 76(2), 155-162.

Hu, S., Creed, P. A., & Hood, M. (2017). Career goal revision in response to negative feedback: Testing a longitudinal cross-lagged model. Journal of Counseling Psychology, 64(3), 335–345. https://doi.org/10.1037/cou0000193

Hanisch, S.E., Twomey, C.D., Szeto, A.C.H. et al. The effectiveness of interventions targeting the stigma of mental illness at the workplace: a systematic review. BMC Psychiatry 16, 1 (2016). https://doi.org/10.1186/s12888-015-0706-4

Ketchen Lipson, S., Gaddis, S. M., Heinze, J., Beck, K., & Eisenberg, D. (2015). Variations in student mental health and treatment utilization across US colleges and universities. Journal of American College Health, 63(6), 388-396.

Ketchen Lipson, S. K., Zhou, S., Wagner III, B., Beck, K., & Eisenberg, D. (2016). Major differences: Variations in undergraduate and graduate student mental health and treatment utilization across academic disciplines. Journal of College Student Psychotherapy, 30(1), 23-41.

LaMontagne, A.D., Martin, A., Page, K.M. et al. Workplace mental health: developing an integrated intervention approach. BMC Psychiatry 14, 131 (2014). https://doi.org/10.1186/1471-244X-14-131

Bibliography

Levinson, D., Lakoma, M. D., Petukhova, M., Schoenbaum, M., Zaslavsky, A. M., Angermeyer, M., ... & Kessler, R. C. (2010). Associations of serious mental illness with earnings: results from the WHO World Mental Health surveys. The British Journal of Psychiatry, 197(2), 114-121.

Martin, A., Woods, M., & Dawkins, S. (2015). Managing Employees With Mental Health Issues: Identification of Conceptual and Procedural Knowledge for Development Within Management Education Curricula. Academy of Management Learning & Education, 14(1), 50–68 https://doi.org/10.5465/amle.2012.0287

Meri Davlasheridze, Stephan J. Goetz, Yicheol Han. The Effect of Mental Health on U .S. County Economic Growth. Review of Regional Studies, 2018; 48 (2) [abstract]

Mental Health in the Workplace. (2018, June). Retrieved from https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/WHRC-Mental-Health-and-Stress-in-the-Workplac-Issue-Brief-H.pdf

Morris, J., PhD., Lora, A., M.D., McBain, R., M.Sc, & Saxena, S., M.D. (2012). Global Mental Health Resources and Services: A WHO Survey of 184 Countries. Public Health Reviews, 34(2), 1-19. http://ezp.bentley.edu/login?url=https://www.proquest.com/docview/108133862?accountid=8576

Neureiter, M. & Traut-Mattausch, E. (2017). Two sides of the career resources coin: Career adaptability resources and the impostor phenomenon Journal of Vocational Behavior, 98, 56-69

NIMH. (n.d.). Mental illness. Retrieved April 05, 2021, from https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

Panchal, N., Kamal, R., Cox, C., & Garfield, R., (2021, February). The Implications of COVID-19 for Mental Health and Substance Use. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

Polach, J. L. (2004). Understanding the Experience of College Graduates During Their First Year of Employment. Human Resource Development Quarterly, 15(1), 5–23. https://doi.org/10.1002/hrdq.1084

Sara B. Oswalt, Alyssa M. Lederer, Kimberly Chestnut-Steich, Carol Day, Ashlee Halbritter & Dugeidy Ortiz (2020) Trends in college students' mental health diagnoses and utilization of services, 2009–2015, Journal of American College Health, 68:1, 41-51, DOI: 10.1080/07448481.2018.1515748

Singh, M. (2014, June 4). For New College Grads, Finding Mental Health Care Can Be Tough. https://www.npr.org/sections/health-shots/2014/06/04/318575228/for-new- college-grads-finding-mental-health-care-can-be-tough.

Reicherts, M., & Pihet, S. (2000). Job newcomers coping with stressful situations: A micro-analysis of adequate coping and well-being. Swiss Journal of Psychology/Schweizerische Zeitschrift für Psychologie/Revue Suisse de Psychologie, 59(4), 303.

Taquet, M., Geddes, J. R., Husain, M., Luciano, S., & Harrison, P. J. (2021). 6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a retrospective cohort study using electronic health records. The Lancet Psychiatry.

Trudeau, J. V., Deitz, D. K., & Cook, R. F. (2002). Utilization and cost of behavioral health services: Employee characteristics and workplace health promotion. The Journal of Behavioral Health Services & Research, 29(1), 61-74. http://ezp.bentley.edu/login?url=https://www.proquest.com/docview/205220447 ? accountid=8576

US Bureau of Labor Statistics. (2021, April). Employment Situation News Release. https://www.bls.gov/news.release/empsit.htm

Veitch, JA. Workplace design contributions to mental health and well-being. Healthc Pap. 2011;11 Spec No:38-46. doi: 10.12927/hcpap.2011.22409. PMID: 24917255.

WISQARS (web-based injury STATISTICS query and Reporting System)|Injury CENTER|CDC. (2020, July 01). Retrieved April 05, 2021, from https://www.cdc.gov/injury/wisqars/index.html

Additional Resources

College to Career: Supporting Mental Health
University of Massachusetts and the JED Foundation
https://www.jedfoundation.org/wp-content/uploads/2018/06/College-to-Career-Supporting-Mental-Health-JED-UMass-Whitepaper-FINAL.pdf

Mental Health in the Ivy League
The Ruderman White Pages
https://rudermanfoundation.org/white_papers/the-ruderman-white-paper-reveals-ivy-league-schools-fail-students-with-mental-illness/

Mental Health in the Workplace
CDC
https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/WHRC-Mental-Health-and-Stress-in-the-Workplac-Issue-Brief-H.pdf

Thriving at Work
Stevenson and Farmer, United Kingdom
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

Workplace Inclusion Report
Center for Women and Business, Bentley University
https://www.bentley.edu/centers/center-for-women-and-business/cwb-research

Workplace Journey Resport
Center for Women and Business, Bentley University
https://www.bentley.edu/centers/center-for-women-and-business/reentry-research-report-request

The Ruderman Family Foundation believes that inclusion and understanding of all people is essential to a fair and flourishing community. Guided by our Jewish values, we advocate for and advance the inclusion of people with disabilities throughout our society; strengthen the relationship between Israel and the American Jewish Community; and model the practice of strategic philanthropy worldwide. We operate as a non-partisan strategic catalyst in cooperation with government, private sectors, civil society, and philanthropies.statement

 @RudermanFdn

https://rudermanfoundation.org/

The Gloria Cordes Larson Center for Women and Business (CWB) at Bentley University creates more inclusive and equitable workplace cultures where all employees thrive and succeed. We partner with organizations to help them create and nurture more inclusive, equitable, and diverse workplaces.

 @BentleyCWB @HealthTLN @BentleyU

bentley.edu/centers/center-for-women-and-business/about-us