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# The Role of Workplace Mental Health Programs in Employee Retention and Productivity: A Systematic Review

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***Abstract:*** ***Over the last decade, workplace mental health has shifted from a side issue of employee welfare to a real strategic concern for human resource management (HRM). This article reviews, in a systematic narrative way, the empirical and theoretical work on how organizational mental health programs affect two outcomes that matter to employers: retention and productivity.***

***The programs considered include employee assistance programs (EAPs), mindfulness-based interventions, mental health first aid training, flexible work arrangements, and manager-led psychological support. The review is framed by Conservation of Resources (COR) theory and the Job Demands-Resources (JD-R) model, and it draws on peer-reviewed studies published between 2010 and 2026 in HRM, occupational health psychology, and organizational behavior journals. The evidence is fairly consistent, though far from uniform: well-designed programs lower burnout and turnover intention, and they go with modest to moderate improvements in self-reported and objective productivity, especially where the climate is psychologically safe and leaders visibly back the program. The literature also has clear weaknesses. Most studies depend on self-report, follow employees for only a short time, and rarely use randomized designs. The article closes with a research agenda that calls for longitudinal, multi-level, and cross-cultural studies, and with practical suggestions for HR practitioners who want to build evidence-based mental health strategies.***

***Keywords: workplace mental health; employee assistance programs; retention; productivity; psychological safety; job demands-resources model; human resource management.***

## I. INTRODUCTION

Few workforce issues have drawn as much attention in recent years as employee mental health. Self-reported stress, burnout, and anxiety have risen among working adults, a trend sharpened by the COVID-19 pandemic and the later move to hybrid and remote work, and many organizations have had to rethink what HRM owes to employees' psychological wellbeing (World Health Organization, 2022).

Mental health support used to be treated as an optional perk. It is now more often discussed as part of risk management, talent strategy, and an organization's competitive position.

The business case for investing in workplace mental health usually rests on two outcomes, retention and productivity. Turnover is expensive. Organizations pay for recruitment and onboarding, lose institutional knowledge, and see their teams disrupted, and a growing body of research ties unaddressed psychological distress to the intention to quit. Productivity losses from poor mental health are a second cost that is often underestimated. They arise from absenteeism, when people are away from work, and from presenteeism, when people are at work but not functioning well. Many organizations have adopted mental health programs, yet the evidence on whether these programs work is scattered across disciplines, uneven in method, and seldom pulled together in a form that HR decision-makers can use.

This review tries to fill that gap by drawing together the theoretical and empirical literature around three questions. First, what forms do workplace mental health programs take, and which theoretical mechanisms are thought to explain their effects? Second, what does the evidence say about their link to employee retention and productivity? Third, which methodological and contextual factors shape how well programs work, and where should future research concentrate? The review is meant to serve two audiences: researchers in organizational psychology and HRM, and practitioners who design or evaluate mental health strategy.

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## II. THEORETICAL FRAMEWORK

Two theoretical frameworks dominate the literature that links workplace mental health interventions to organizational outcomes.

### *A. Conservation of Resources (COR) Theory*

COR theory (Hobfoll, 1989) starts from the idea that people try to obtain, keep, and protect resources they value, whether psychological, social, or energetic. Stress follows when those resources are threatened, lost, or not replaced fast enough to meet demands. Seen this way, a workplace mental health program is a way of supplying resources. It can restore depleted psychological resources through recovery time, counseling, or skills training, or it can shield employees from further loss through manager support or clearer roles. Retention and productivity then become downstream results of an employee's overall resource position: people with enough resources can stay engaged and are less likely to withdraw from the organization.

### *B. Job Demands-Resources (JD-R) Model*

The JD-R model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) complements COR theory and is easier for organizations to act on. It separates job demands, meaning the parts of work that need sustained effort, such as heavy workload or emotional labor, from job resources, meaning the parts that ease those demands, help people reach goals, or encourage growth, such as autonomy, supervisor support, or access to mental health services. The model describes two parallel processes. In the health-impairment process, high demands that are not offset by resources lead to burnout and then to withdrawal behaviors. In the motivational process, resources build engagement and discretionary effort. Mental health programs mostly act as job resources in this model, so their effectiveness should depend on the demands of the setting in which they are introduced. A wellness program, for example, is unlikely to make up for a chronically excessive workload.

### *C. Psychological Safety and Stigma*

A third construct cuts across both frameworks: psychological safety, the shared belief that a person can take interpersonal risks, including admitting to mental health difficulties, without being punished or humiliated (Edmondson, 1999). The literature repeatedly suggests that people only use a program if the climate around disclosure allows it, and that this in turn limits how effective the program can be. The same program tends to attract far fewer users and produce weaker effects in a low-safety, high-stigma setting than in a psychologically safe one.

## III. REVIEW METHODOLOGY

The review follows a systematic narrative approach guided by PRISMA reporting principles. Because the outcome measures differ so much across the source studies, the synthesis is conceptual and integrative and does not attempt a strict meta-analysis.

### *A. Search Strategy*

Searches were run in Scopus, Web of Science, PsycINFO, and PubMed for peer-reviewed articles published between January 2010 and January 2026. The search terms combined variants of “workplace mental health,” “employee assistance program,” “mental health intervention,” and “psychological wellbeing” with outcome terms such as “retention,” “turnover,” “productivity,” “absenteeism,” and “presenteeism.” The reference lists of retrieved articles and earlier reviews were also checked by hand to find further eligible studies (snowball sampling).

### *B. Inclusion and Exclusion Criteria*

A study was included if it met all of the following conditions:

- It was a peer-reviewed empirical study, systematic review, or meta-analysis published in English.
- It examined an identifiable organizational mental health program or intervention.
- It reported at least one outcome related to retention or turnover, or to productivity or performance.
- It was conducted in an organizational working population, not a clinical or student one.

Studies were excluded if they dealt only with the efficacy of clinical treatment outside the workplace, if they were non-peer-reviewed grey literature, or if they had no measurable organizational outcome. The resulting body of work comes from HRM, occupational health psychology, and organizational behavior journals, which reflects how interdisciplinary the topic is.

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## IV. TYPES OF WORKPLACE MENTAL HEALTH PROGRAMS

### A. *Employee Assistance Programs (EAPs)*

EAPs are the most widely adopted and most studied intervention. They typically offer confidential short-term counseling, referral services, and crisis support. Joseph, Walker, and Fuller-Tyszkiewicz (2018) reviewed 17 controlled studies and found that EAP use was linked to better presenteeism, productivity, and psychosocial functioning, although they pointed out that most evaluations used pre-post designs with no comparison group. A larger descriptive review of 327 EAP studies from 1980 to 2021 reached a similar view: EAPs are commonly treated as strategic HRM tools for cutting turnover and absenteeism, but research has given too little attention to the contextual and stakeholder factors that probably moderate their effect. Utilization is often reported to be low, which limits the overall organizational impact even when individual-level results are positive.

### B. *Mindfulness and Resilience-Based Interventions*

Vonderlin, Biermann, Bohus, and Lyssenko (2020) carried out a meta-analysis of 56 randomized controlled trials of workplace mindfulness programs. They found steady reductions in stress, burnout, and mental distress, along with gains in well-being and job satisfaction, with effect sizes from small to large depending on the outcome. Fewer of the included trials measured work-related outcomes, but the pooled results still showed significant gains in work engagement, job satisfaction, and productivity. A separate meta-analysis of 91 randomized controlled trials (Michaelsen et al., 2023) found comparable improvements in stress management and well-being among nearly 5,000 employees worldwide. A later systematic review of workplace mindfulness trials, however, found too little pooled data to draw firm conclusions about work performance. The effects on well-being appear fairly robust, while direct effects on productivity are shown less consistently.

### C. *Flexible Work Arrangements and Recovery-Oriented Policies*

Flexible scheduling, remote work options, and formal recovery policies such as protected non-work hours are increasingly studied as structural, rather than individual-level, mental health measures. They fit well with the JD-R emphasis on lowering demands instead of only building coping resources. Several studies report stronger links to retention for structural measures than for purely educational or counseling-based programs.

### D. *Manager Training and Mental Health First Aid*

Training supervisors to notice distress, respond supportively, and help people reach support looks like a promising way to turn organizational policy into something employees actually experience. Front-line managers' behavior is repeatedly identified as a key moderator of both program uptake and outcomes.

### E. *Comprehensive and Integrated Wellbeing Strategies*

A smaller but growing group of studies looks at integrated strategies that combine several of the elements above within one coordinated wellbeing framework. These approaches generally show the strongest associations with both retention and productivity. That matches the theoretical expectation that a single-component intervention cannot offset stressors that come from the demands of the job itself.

## V. MENTAL HEALTH PROGRAMS AND EMPLOYEE RETENTION

The reviewed studies point to several overlapping routes from program availability to retention. First, a program signals that the organization cares, which strengthens the psychological contract between employee and employer and raises affective commitment. Second, programs that reduce burnout, a well-established antecedent of turnover intention, work through a more direct route of symptom reduction. Third, structural measures such as flexible work reduce work-life conflict, which exit interview research names among the most common reasons for leaving voluntarily.

Recent survey data show how strongly burnout and turnover are connected. Research by the Society for Human Resource Management (2024) found that burned-out employees were almost three times as likely as others to be looking for another job (45% versus 16%). The American Psychological Association's (2023) Work in America Survey likewise found that most employees consider it important to work for an organization that supports mental health, and it linked toxic workplace conditions to higher absenteeism and turnover. The evidence is strongest in occupations with heavy emotional labor. A cross-sectional study of more than 116,000 nurses in hospitals across China found significant associations between poor mental health indicators (depressive symptoms, burnout, perceived stress) and turnover intention (He et al., 2026).

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A machine-learning study of community mental health center employees found that organizational and workload factors were meaningful predictors of turnover risk (Fukui et al., 2024), which suggests that job conditions, and not only the availability of individual support, shape retention. Evidence on actual turnover, as opposed to turnover intention, is still fairly thin across the wider literature, largely because tracking people over time inside organizations is hard.

## VI. MENTAL HEALTH PROGRAMS AND PRODUCTIVITY

Research on productivity draws a line between absenteeism-based and presenteeism-based measures. Presenteeism is increasingly seen as the larger source of productivity loss linked to mental health, though it is harder to quantify. In the systematic review by Joseph et al. (2018), presenteeism improved most consistently after EAP counseling, even though absenteeism was the metric reported more often in the underlying studies. A field study of workplace mindfulness training in four companies, drawn from earlier field data cited in Vonderlin et al. (2020), likewise reported significant improvements in self-rated productivity and team cooperation after the intervention, along with lower burnout and perceived stress.

A related systematic review and meta-analysis of randomized controlled trials of workplace interventions found improvements in work ability and reductions in presenteeism. It also noted that productivity and performance outcomes have been evaluated far less consistently than absenteeism or work ability, and that we still know little about what the most effective program designs look like. This pattern, with stronger and steadier evidence for wellbeing and presenteeism than for hard productivity measures, recurs throughout the reviewed literature and is one of the field's most persistent measurement gaps.

## VII. MODERATING AND MEDIATING FACTORS

### *A. Organizational Climate and Stigma*

Stigma remains one of the barriers to program use that studies report most consistently. Research on disclosure at work indicates that employees' willingness to use available resources depends heavily on how psychologically safe they feel and on how their direct supervisor reacts. How prepared supervisors are for disclosure conversations has a large influence on what happens afterward. In line with this, the World Health Organization (2022) guidelines treat manager training as central to making sure mental health policies are actually put into practice, endorsed, and used by employees, instead of remaining benefits on paper with little uptake.

### *B. Job Design and Workload*

As JD-R theory would predict, programs work less well in high-demand, poorly resourced jobs. Several studies find that wellbeing programs introduced without any attention to workload or staffing produce smaller effects, or none that reach significance. This supports the view that individual-focused interventions cannot stand in for structural job redesign.

### *C. Demographic and Occupational Moderators*

Program effects differ by tenure, occupational role, and generational cohort. Early-career and younger employees more often cite mental health support as a reason to stay, while for longer-serving employees compensation and advancement tend to weigh more.

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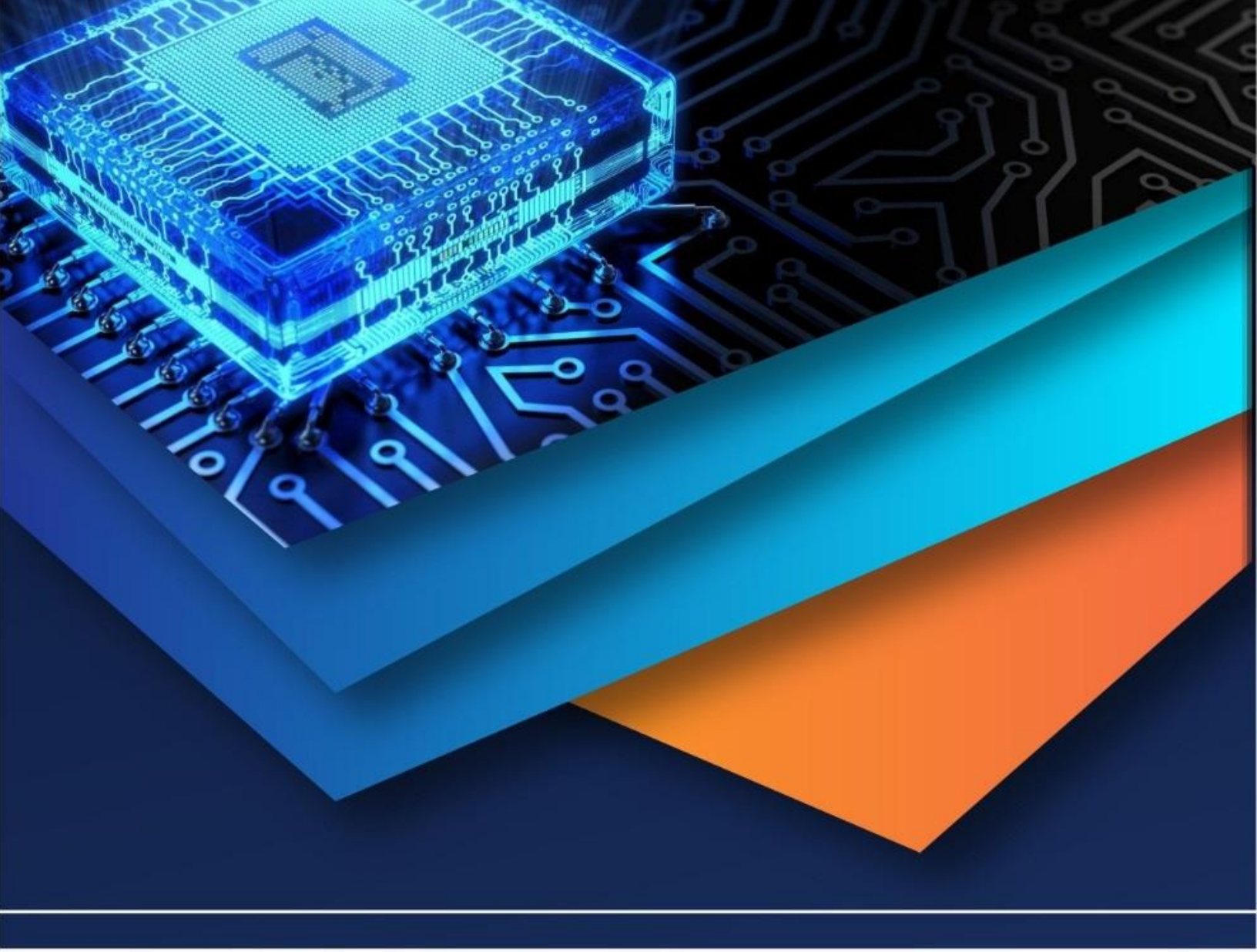

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