ABSTRACT

TRACY, ELIZABETH MANSFIELD. The Effects of Using Mental Health Benefits in the Workplace. (Under the direction of Dr. Lori Foster).

The number of companies that offer mental health benefits increased after the start of the COVID-19 pandemic, but there is limited research examining the impact of benefit usage on employees in the workplace. In this experiment, the effects of benefit usage were investigated using a 2 (Mental Health Counselor Utilization: not utilized or utilized) x 2 (Mental Health Day Utilization: not utilized or utilized) x 2 (Social Norms: absent or present) x 2 (Employee Gender: female or male) fully crossed factorial design. A total of 523 individuals with supervisory experience were randomly assigned to read one of sixteen descriptions of a fictional male or female employee who either did or did not make use of mental health benefits in a work setting where such usage was either normative or unknown. Participants then evaluated the employee they read about. This study examined the role of perceived competence as a mechanism to explain the relationship between mental health benefit utilization and employee evaluation. In addition, three moderators were tested to determine whether the effect of benefit usage varies depending on: Prejudice toward People with Mental Illness (PPMI); norms for mental health benefit usage; and the employee's gender. Of the two mental health benefits evaluated, only counselor utilization had significant outcomes. Under some circumstances the mediating role of Perceived Competence and the moderating effects of PPMI and Employee Gender on Employee Evaluation were significant. Male employees were penalized more harshly than their female counterparts for using the counselor benefit. The negative effect of counselor usage was more pronounced when evaluators were high in PPMI. Overall, this study suggests that the effect of utilization varies depending on what kind of mental health benefit is used, characteristics of the evaluator, and characteristics of the employee being evaluated.

The Effects of Using Mental Health Benefits in the Workplace

by
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DEDICATION

I dedicate this to my family and friends who have given me so much support throughout this process. Thank you!

BIOGRAPHY

Elizabeth (Liz) Tracy grew up in Northern California. She earned her Bachelor of Art from California Polytechnic State University, San Luis Obispo, majoring in Business, and minoring in Psychology and Art. Liz spent ten years working in the world of social innovation in Latin America and North Carolina before starting her doctoral education in Industrial-Organizational Psychology at North Carolina State University in the fall of 2018. Throughout her time at NC State, Liz has had the opportunity to work with some wonderful groups, including a research assistantship with NC State's Management, Innovation & Entrepreneurship Department, Duke's Center for Advanced Hindsight, as well as a chance to work on a project in partnership with the United Nations. Liz completed her doctoral degree in the fall of 2022.

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The effects of using mental health benefits in the workplace

Mental health is one of the most overlooked categories of public health (World Health Organization, 2020). While research about mental illness in the workplace has become more common, it continues to stay mainly in health science and medical journals, which may explain why information on mental illness in the workplace is limited (Dewa et al., 2004). Research demonstrates that mental illness as a label leads to negative evaluations and detrimental outcomes for individuals with that label (Corrigan, 2004; Nelson & Kim, 2011; Segal et al., 1980; Thompson et al., 2002), but no known research has directly compared the penalization of male and female employees who seek mental health benefits in the workplace. Other open questions concern whether an evaluator's prejudice or an organization's social norms around mental health benefit utilization moderate the effect of mental health benefit usage on employee evaluation. This proposed study addresses these gaps.

Mental Health in the Workplace

The COVID-19 global pandemic has had an impact not only on people's physical health but also their mental health. Mental health disorders or significant changes in thinking, emotion, or behavior, have been on the rise (Parekh, 2018). Between August of 2020 and February of 2021, the number of adults in the United States receiving counseling or therapy increased from 22% to 25% (Vahratian et al., 2021). From January 2019 to January of 2022 the percentage of adults 18 and older displaying symptoms of anxiety disorder and/or depressive disorder grew from 10.8% to 31.5% (National Center for Health Statistics, 2022).

Employers across the United States are paying attention to these mental health statistics. In a 2020 national survey of 1,000 employers, 77% of them were concerned about the mental health of their employee population (Coe et al., 2020). A 2022 global trends report outlined that

66% of Gen Z, 51% of Millennials and 41% of Gen X want to see their employer invest more in mental health in the workplace (Linkedin, 2022). In response, companies have taken action and enacted policies that offer mental health support. For example, in 2021 Amazon launched a mental health platform that includes suicide-prevention support and access to a licensed mental health care provider any time of the day (Linkedin, 2022). Unilever and Austin Fraser claim to have turned their employees into mental health allies and offer training for peer-to-peer mental health counseling (Linkedin, 2022).

The number of organizations offering mental health benefits and programs is on the rise. Two different surveys, one by the Society for Human Resources Management (SHRM) and another by the Kaiser Family Foundation, have demonstrated this increase. The 2020 SHRM Employee Benefits Survey showed 25% of human resource executives' organizations increased mental health benefits and programs since the COVID-19 pandemic started (Society for Human Resources Management, 2020). Kaiser's 2021 Employee Health Benefit survey showed that for companies with at least 50 employees, 39% reported improving their mental health benefits since the beginning of the pandemic (Kaiser Family Foundation, 2021). Yet, despite this increased focus on mental health resources in the workplace, little is known about how employees who use these resources are viewed at work.

Labeling through Association

One risk of utilizing mental health benefits in the workplace may be the impact of a nonspecific label effect, which can lead to negative attitudes and behaviors towards an individual who is labeled (Corrigan, 2004). Labeling is a way of taking one characteristic or behavior of a person and generalizing it to the whole person. Individuals can acquire the label of "mentally ill" in two different ways (Corrigan, 2004). They can receive this label from another person (e.g., a

doctor gives a diagnosis) or through association, which is often subject to misattribution (Corrigan, 2004; Link, 1987; Scheff, 1974). For instance, if a person is seen leaving a psychologist's office, this can lead to an assumption that this person has a mental health disorder (Corrigan, 2004). Similarly, people who are known to use mental health care can obtain the label of mentally ill through association (Corrigan, 2004).

These labels can evoke stereotypes, which is a categorization of information about people and a quick way to create expectations of a person from that group (Hamilton & Sherman, 1994). Stereotypes associated with mental illness are typically negative. Those with mental illness are often assumed to be incompetent, unreliable, dependent, weak in character, and sometimes even dangerous (Angermeyer & Dietrich, 2006; Corrigan et al., 2004; Follmer & Jones, 2018; Sadler et al., 2012). At a broader level, these stereotypes can have a negative impact on important life opportunities and outcomes, such as obtaining safe housing (Segal et al., 1980). They can also induce feelings of fear in others, which can lead to intentions to distance oneself from the stigmatized person and an unwillingness to engage with that person socially (Brohan et al., 2012; Follmer & Jones, 2017b; Taniguchi & Glowacki, 2021).

In the workplace, these stereotypes can negatively affect experiences for employees who are associated with mental illness. People labeled as having a mental health disorders are often "the last hired and the first fired" (Thompson et al., 2002, p. 476). Several studies have shown that managers are less willing to hire applicants with a mental health disorder compared to those without disabilities or compared to those with physical disabilities (Andersson et al, 2015; Brohan et al., 2012). Many studies have also found that individuals seen as having a mental health disorder elicit feelings of fear in others, which leads to avoidance behaviors like holding back help to obtain a job or maintain that job (Bordieri & Drehmer, 1986, Corrigan, 2004; Link,

1987; Webber & Orcutt, 1984). People labeled as mentally ill are also perceived as less promotable and at an increased risk of termination and involuntary job loss (Corrigan, 2004; Nelson & Kim, 2011).

Societal misconceptions about what it means to be mentally ill may explain the negative outcomes experienced by employees who disclose mental health concerns at work (Corrigan & Rao, 2012). There are beliefs that individuals with mental health conditions will not be able to get along with others, that they will require additional training, and that they will need more support from their supervisors (Shahwan et al., 2022). These concerns about poor workplace behaviors and low-quality work lead to fears of reputational risk by the organization (Shahwan et al., 2022). On an individual level, people avoid those who are labeled mentally ill to prevent costly social interactions (Kurzban & Leary, 2001; Overton & Medina, 2008). These types of misconceptions are often reinforced through news outlets and through everyday conversations between people (Wahl, 1995).

Competence

One of the stereotypes often associated with mental health disorders is lack of competence. Competence examines our perceptions about how intelligent, skilled, and efficient other people are (Fiske et al., 2007). Concerns about competence in the workplace are relevant because employees are frequently expected to work skillfully, efficiently, and quickly. A study by Follmer and Jones (2017b) found that competence ratings differ by mental health disorder with the most negative ratings given to those who were labeled bipolar, and the least negative ratings given to those with anxiety. However, the findings overall showed that employees who were labeled as having any type of mental health disorder were given a low competence rating. Cuddy et al. (2011), found that perceptions of competence can affect evaluations of employees in

the workplace. Their study showed that perceptions of competence can influence intentions to hire, promote, and offer access to additional training (Cuddy et al., 2004). Research has shown that people will give those in stereotypically competent groups full credit for their accomplishments and excuse their shortcomings, while those who are in groups seen as less stereotypically competent will have their successes dismissed as luck and their failures seen as a quality of their character (Cuddy et al., 2011). Given these findings, I expect that using mental health benefits will put an employee into a group seen as stereotypically less competent. This lowered perception of competence is expected to negatively influence employee evaluations.

Hypothesis 1: Utilizing organizational mental health benefits will negatively affect employee evaluations through its negative association with perceptions of competence. This will be tested for two mental health benefits:

1a. Mental health counselor benefits

1b: Mental health day benefits

As suggested by Hypothesis 1, there is value in examining the attitudinal mechanism through which the utilization of mental health benefits affects employee evaluations. In addition, there is a need to better understand the conditions under which evaluators are more and less likely to penalize employees for using mental health benefits. Subsequent hypotheses focus on potential moderating factors, beginning with individual differences among evaluators.

Individual Differences

The degree to which negative stereotypes associated with mental illness negatively impact the work experiences of employees who suffer from mental health problems likely depends on individual differences between evaluators. People can be aware of stereotypes associated with mental health disorders, but that does not mean they agree with them or that such

stereotypes will always lead to a negative outcome (Devine, 1989; Jussim et al., 1995). There is an affective component called prejudice, which is a negative, unjustifiable attitude towards individuals of a social group (Aronson et al. 2015). Those who are prejudiced against people with mental health conditions endorse negative stereotypes, which can lead to detrimental outcomes (Corrigan et al., 2004). There is some research to support that a person's level of prejudice towards those with mental health disorders can vary and therefore influences the severity of the judgments and behaviors towards those with mental illness. Two studies have found that an individual's level of prejudice about mental illness has a significant relationship with the social distance they keep from people who are mentally ill (Corrigan et al., 2001; Moon et al., 2008). In these studies, as the level of prejudice increases, so does the social distance. I expect this pattern to extend to the workplace, such that evaluators who hold prejudicial attitudes towards people with mental health disorders will be especially likely to penalize employees for utilizing mental health benefits.

> Hypothesis 2: There will be an interaction between organizational mental health benefit utilization and prejudice, such that the negative effects of utilizing benefits on employee evaluations will be stronger when the evaluator has a higher level of prejudice towards people with mental illness.
>
> This will be tested for two mental health benefits:
>
> 2a. Mental health counselor benefits
>
> 2b: Mental health day benefits

Social Norms and Gender Norms

It is widely documented that social norms affect behaviors (Cialdini & Goldstein, 2004). Social norms are the shared standards that govern behavior in groups (Cialdini &

Goldstein, 2004). In accordance with the theory of normative conduct, social norms are divided into two categories, injunctive norms, and descriptive norms (Cialdini et al., 1991). Injunctive norms focus on how people should behave, while descriptive norms convey how other people, in a similar situation, commonly behave (Cialdini et al.,1990; 1991). For there to be an impact, a norm must be activated or made obvious (Cialdini et al., 1990). One way to activate a social norm is through manipulation of social cues, which can take the form of written messages or images like posters (Nolan et al., 2008; Schultz, 1999; Stöckli et al., 2016). These situational cues increase perceptions that other people either should or do commonly behave in a way that aligns with the norm (Blay et al., 2018).

The influence of social norms is powerful and can define what is appropriate and inappropriate behavior. Prejudice flourishes in environments where that attitude is believed to be the norm, but it can fail when the social norm prohibits that prejudice from taking root (Sechrist & Stangor, 2001). People often view the level to which others engage in a behavior as an indication of what the appropriate behavior is for a certain situation (Cialdini et al.,1990). This occurs in a wide variety of contexts, including the usage of workplace benefits. For example, for family-friendly benefits like maternity or paternity leave, Mendeville et al. (2016) found that an employee's perception of their coworkers' usage influenced the employee's utilization of these benefits. Employees who wanted to use parental leave benefits were less likely to do so when they perceived low usage of these benefits by their coworkers.

Although there are limited studies focused on how social norms suppress or encourage benefit utilization in the workplace, there have been studies focused on how social norms can encourage mental health support. For example, social norms have been shown to correct misperceptions about how socially acceptable it is to get help and encourage others to seek

mental health support (Hitt & Massi Lindsey, 2020). Social norm messaging on college

campuses has also led to an increased likelihood that a student will visit the university

counseling center for a mental health concern (Silk et al, 2017). Considering the power of social

norms, I propose that using a descriptive norm to showcase high usage of mental health benefits

by colleagues at the same company could normalize benefit usage and reduce penalizations of

employees who use these resources.

> Hypothesis 3: The negative effect of utilizing organizational mental health benefits on
> employee evaluations will be less pronounced when there is a descriptive social norm
> favoring the use of organizational mental health benefits.
>
> This will be tested for two mental health benefits:
>
> 3a. Mental health counselor benefits
>
> 3b: Mental health day benefits

Gender stereotypes also influence workplace behaviors (Fiske & Stevens, 1993). Gender

stereotypes define desirable traits and behaviors for women and men. They act as a set of

expectancies that include both descriptive (how they "are") and prescriptive components (how

they "should or shouldn't be") (Fiske & Stevens, 1993). Women and men learn about these

desirable traits and behaviors from cultural norms which tell them what it means to be a woman

or a man (Addis & Mahalik, 2003). Prentice and Carranza's (2002) study provides evidence for

ongoing support of certain traditional gender prescriptions, even as some descriptive gender

stereotypes have changed.

Traditional gender prescriptions carry over into the domain of mental health disorders as

well. For example, women are perceived to be more "emotional" than men. Therefore,

emotional illnesses, like anxiety and depression, are seen as more feminine in nature (Boysen et

al., 2014; Plant et al., 2000). Masculinity, on the other hand, has been shown to negatively relate to anxiety and depression (Lengua & Stormshak, 2000). Many of the traits connected with soliciting support from a mental health professional conflict with men's prescriptive traits (e.g., physically tough, emotionally controlled, self-reliant) (Courtenay, 2000; Good et al.,1989). This conflict between help-seeking behaviors and prescriptive masculine traits has been shown to shape men's attitude and behaviors around health (e.g., Courtenay, 2000; Johnson et al., 2012; Keohane & Richardson, 2018; Seidler et al., 2016). For example, men are less likely than women to use the health resources available to them (Addis & Mahalik, 2003). A recent meta-analysis found that those who uphold masculine norms were less likely to pursue mental health services (Sileo & Kershaw 2020; Wong et al., 2017). There is no research that has examined whether men are perceived more negatively than women for using mental health services. However, people are penalized for violating norms, and the prescriptive stereotypes associated with mental illness are often at odds with masculine norms (Moss-Racusin et al., 2010; Rudman & Phelan, 2008; Rudman et al., 2013). Therefore, given that mental health benefit utilization is more of a gender norm violation for men than women and given that people are often penalized for violating norms (including but not limited to gender norms), then I expect the effect of utilization to be stronger for men.

> Hypothesis 4: The negative effect of utilizing organizational mental health benefits on employee evaluations will be more pronounced for male compared to female employees. This will be tested for two mental health benefits:
>
> 4a. Mental health counselor benefits
>
> 4b: Mental health day benefits

Although traditional gender prescriptions have persisted over time, individual differences in how evaluators incorporate gender stereotypes into their ratings remain inconclusive (Rudman & Glick, 2001). Some research has shown that both men and women will equally penalize people who violate their gender-prescribed norms (Moss-Racusin et al., 2010; Rudman & Phelan, 2008; Rudman et al., 2013). There is also evidence to show that the evaluator's personal beliefs about the traits associated with their own gender can influence the way they rate others (Gomez et al., 2009). Men and women who engage in counter stereotypical behaviors or uphold atypical gender norms, have also been shown to hide or try to conform to gender norms out of fear of social rejection (Rudman & Fairchild, 2004). When considering the impact of an evaluator's gender, there are reasons why it may affect the degree to which male and female employees are differentially penalized for using organizational mental health benefits. There are also reasons why an evaluator's gender may not play a role. First, an evaluator's gender could matter because previous research has shown differences in how men and women penalize male and female employees who violate gender norms. Rudman and Mescher's (2013) study found that female evaluators were more likely than male evaluators to penalize male employees who violate gender norms by utilizing work-family leave. Male evaluators have also been shown to rate women who violate gender norms more harshly than female evaluators. In a meta-analysis by Koch and colleagues (2015), women who violated gender norms were evaluated more harshly than men by male raters, but not by female raters. Considering these findings, it is possible that male and female evaluators may differentially penalize male and female employees for using mental health benefits. However, it is also possible that an evaluator's gender may not matter because both men and women tend to react negatively when a person violates their gender norms (Moss-Racusin et al., 2010; Rudman & Phelan, 2008; Rudman et al., 2013). Since mental health

disorders have been shown to be consistent with traditional masculine prescriptive traits (Courtenay, 2000; Good et al., 1989), it is possible that both male and female evaluators may penalize male employees who use mental health resources more harshly than those who do not use them. A closer look at whether there are differences in an evaluator's ratings of male and female employees based on his or her own gender is needed.

Research Question 1: Do male and female evaluators react differently to male and female employees' use of organizational mental health benefits?

This will be tested for two mental health benefits:

1a. Mental health counselor benefits

1b: Mental health day benefits

Method

Sample

A total of 533 people with supervisory experience were recruited from Prolific Academic (Palan & Schitter, 2018; Peer et al., 2017). Participants were limited to those living in the United States, 18 years of age or older, and proficient in English. Each individual was paid \$1.33 for completion of the survey, which took an average of 8 minutes and 40 seconds. Ten of these participants did not meet one or more of the criteria for inclusion in this study and were therefore dropped from analysis, leaving a total sample of n=523 (42% female, 58% male; 18-84 years old; M= 39 years old, SD= 12.40). Seventy-eight percent of respondents self-reported as White, 6% Black or African American, 6% Latino, 7% Asian, 2% American Indian or Alaska Native, and 1% identified as Native Hawaiian or Pacific Islander. The educational background of participants was broad; less than 1% had some high school, 9% graduated high school, 9% had an associate degree, 9% had some college experience, 47% had a bachelor's degree, 19% had a

master's degree, 5% had a PhD or higher, and 1% graduated from trade school. A total of 85% of participants were employed full time, 13% were employed part time, and 2% were unemployed. On average, participants reported 7.90 years of supervisory experience (SD=8.22).

Design

This experiment used a 2 (Mental Health Counselor Utilization: not utilized or utilized) x 2 (Mental Health Day Utilization: not utilized or utilized) x 2 (Social Norms: absent or present) x 2 (Employee Gender: female or male) fully crossed factorial design, whereby participants were randomly assigned to read one of the sixteen descriptions of a fictional employee corresponding to the sixteen conditions. The dependent variable of interest was Employee Evaluation. The mediator variable was Perceived Competence. The moderator variables were Participant Gender and Prejudice Towards People with Mental Illness (PPMI).

Procedure

Participants were welcomed, and informed consent was obtained from each of them before they moved forward with the study. Once the respondent consented to participate, they were taken to a page that introduced the study. They read the following:

"We are studying how quickly people form first impressions, making decisions from limited information. On the next page, you will receive information from a company called Salford Consulting. We would like you to read a little bit about Salford Consulting's benefits, and then review the profile of an employee from Salford Consulting company and give us your initial impression of this employee. Once you have read the information, you cannot return to it later in the study."

At the bottom of this page there were two statements that respondents read and agreed to in order to move forward with the study. The first statement they agreed to said, "I will read the

materials on the next page carefully." The second statement said, "I understand that I cannot return and reread the information on the next page later in the study." Participants were then randomly assigned to one of the sixteen conditions.

For this experiment, respondents read a short vignette describing an employee who worked at a consulting firm. The vignette was modified from a description that was originally created by Cuddy et al. (2004) and replicated by Vandello et al. (2013). The names of the employees, their role, the description of their work responsibilities, and the location where they live were identical to those found in Cuddy et al.'s (2004) vignette. I changed the name of the company from McKinsey & Company to a neutral, fictitious brand called Salford Consulting. This change was implemented to eliminate any preconceived notions that readers may have with the company, which could vary across participants. I confirmed that Salford Consulting does not exist as a real organization.

Before reading the profile of the consultant, participants read one of two possible organizational mental health benefits program summary pages, which are shown in Figures 1 and 2. The two pages were identical except the second version (Figure 2) contained additional information which served as the descriptive social norms manipulation. The organizational mental health benefits program summary page was framed as an excerpt from Salford Consulting's annual report, provided to give participants more context for the company where the employee worked. Both versions of the benefits summary page began with a description that introduced the program and stated, "*Salford Consulting offers an optional company-wide mental health benefits program for all of its employees."* The benefits summary page with the social norms manipulation then included additional information, as follows. It summarized the average organizational mental health benefits utilization of employees at Salford Consulting. A high level

of utilization was shown, which included usage of 80% of the allotted organizational mental health days and an average of 12 visits a year with a mental health counselor.

Next, participants were taken to the short vignette about an employee at Salford Consulting. The description included three manipulations. First, half of the vignettes featured a male employee (Dan), and half featured a female employee (Kate). Second, half of the employees utilized mental health counselor benefits that were provided by Salford Consulting and the other half did not utilize these benefits. Finally, half of the employees utilized mental health day benefits that were provided by the company and the other half did not. The descriptions were identical outside of these three manipulations. The employee was described as follows:

> *Kate (Dan) is a 32-year-old associate consultant at Salford Consulting company who graduated with an MBA. She's (He's) been working in her (his) current field for six years. When working with a client, her (his) duties include identifying issues, planning, and conducting interviews and analyses, synthesizing conclusions into recommendations, and helping to implement change in her (his) clients' organizations. Kate (Dan)'s employer, Salford Consulting, offers benefits such as health insurance and sick days for workers to use when they are ill. In addition, Salford recently implemented a new company-wide mental health program. The program allows employees to take mental health days off and grants them access to a platform that connects employees to a counselor. Salford's HR department evaluates its offerings by tracking the degree to which various benefits are utilized.*

The description then went on to include one of the following four sentences.

> . *This past year Kate (Dan) met with a mental health counselor once a month through the platform, used five out of her(his) seven allotted mental health days, and did not use any of her (his) seven allotted sick days.*

> i. *This past year Kate (Dan) met with a mental health counselor once a month through the platform, did not use any of her (his) seven allotted mental health days, and used five out of her (his) seven allotted sick days.*

> ii. *This past year Kate (Dan) did not meet with a mental health counselor through the platform. She/he used five out of her(his) seven allotted mental health days and did not use any of her (his) seven allotted sick days.*

> iii. *This past year Kate (Dan) did not meet with a mental health counselor through the platform. She/he did not use any of her (his) seven allotted mental health days and used five out of her (his) seven allotted sick days.*

Finally, all descriptions closed by stating:

> *She (He) lives in central New Jersey, commuting to work two days a week and telecommuting three days a week."*

Special care was taken to avoid confounding the Mental Health Day Utilization variable with time away from work. In order to hold time away from work constant, employees in the control condition who did not utilize mental health days were said to have taken sick days equivalent to the number of mental health days that those in the experimental condition utilized. After reading the description, subjects were asked to provide their initial, uncensored impression of the employee. All respondents were asked to answer the same set of questions, including an employee evaluation and then responses to a series of questions about Perceived Competence. Next, participants were asked to respond to a series of questions about their attitudes toward

persons with mental illnesses. Finally, they answered demographic questions regarding age, gender, race, employment status, highest education level, and years of supervisory experience.

At the end of the survey, respondents were presented with a series of manipulation checks. Manipulation checks were used to confirm that the subject recognized (1) the absence or presence of the social norms manipulation, (2) if the employee was female or male, and (3) if the employee did not or did utilize the organizational mental health benefits. After participants answered these questions, they were debriefed, thanked, and paid.

Measures

Employee Evaluation: Ten items ($\alpha= .96$) from Vandello and colleagues' (2013) Job Evaluation Scale were adapted to assess participants' perceptions of the employee in the vignette they read. The items were the same as those in Vandello et al.'s (2013) paper, but the names of the employees were changed to match the names used in this study's vignettes. Respondents were given a five-point Likert-type scale to rate how well each statement described the employee from their vignette. Response options ranged from 1 *(Not at All)* to 5 *(Extremely).* Example items included: *"Kate (Dan) is someone I would like to work with,"* and *"How dependable is this employee?"* See Appendix A for additional items.

Perceived Competence: Perceptions about the employee's competence were assessed using two different scales. First, Fiske et al.'s (2002) 5-item Competence scale was administered ($\alpha= .84$). The items in this Competence scale are agentic in nature, reflecting traditionally masculine characteristics. Sample items include "confident" and "independent." Second, Cuddy et al.'s (2004) 4-item Competence scale was administered ($\alpha= .90$). Cuddy et al.'s (2004) scale was not designed with agentic words. Sample items include "organized" and "efficient." For both scales, participants were asked to rate the degree to which the employee possessed each trait

using a five-point Likert-type scale from 1 *(Not at All)* to 5 *(Very Much So).* See Appendix B for a complete list of items.

Prejudice towards People with Mental Illness (PPMI): Participants' attitudes toward persons with mental illnesses were assessed using the 16 items (α= .88) from Gunningham and Bizumic's (2018) The Prejudice towards People with Mental Illness- Shortened Version scale. This scale was modified from Kenny et al.'s (2018) 28-item Prejudice Towards People with Mental Illness scale. Respondents were asked to rate the extent to which they agree or disagree with each statement, using a five-point Likert-type scale from 1 *(Strongly Disagree)* to 5 *(Strongly Agree).* Sample items included: *"In general, you cannot predict how people with mental illness will behave"* and *"People with mental illness should support themselves and not expect handouts."* See Appendix C for the full list of items.

Demographics: I collected demographic data on participants' age, race, gender, employment status, education level, and years of supervisory experience. See Appendix D for the items and response options.

Manipulation checks: To confirm that participants noticed the experimental conditions, three questions at the end of the survey asked participants about: (1) the presence of a social norm manipulation, (2) the utilization of mental health benefits, (3) the gender of the employee in the vignette. See Appendix E for the instructions, questions, and response options.

Results

Data Cleaning

The data cleaning process resulted in a final sample size of 523 participants, as described below. A chi-square goodness of fit test confirmed that the removal of these participants did not disproportionately affect any one condition ($\chi2$ (15, *N*=523) = .78, *p*=1.00).

Individuals were removed from the data set if they failed one or more of the two instructed response items (e.g., "If you are reading this, select Not At All") that were embedded in the survey as attention checks (*N*=4). Next, the open ended "bot-check" question that asked participants to write in the month of their birthday was checked for any signs of "gibberish." All the responses resembled a month; therefore, no cases were suspected to be bots. The surveys were checked for completion times of less than 106 seconds. This cutoff time was established in keeping with Bowling et al.'s (2021) two seconds per item rule. The survey contained 53 items; participants who finished in less than 106 seconds would be considered careless responders. All the remaining participants spent more than 106 seconds on the survey, thus no participants were removed on account of response time. Finally, the number of participants who selected "nonbinary" as their gender was too small of a sample to use for the measure of Participant Gender; therefore, those responded who self-identified as nonbinary were removed from the sample (*N*=6).

Preliminary analysis was completed on the final sample of 523 participants to ensure the distribution of participant demographics was proportionate across the sixteen conditions and that all other assumptions were met. The demographic composition across conditions did not significantly differ with respect to gender, $\chi2$ (15, $N = 523$) = 19.12, p =.21, age, $F(55,522) =$ .86, $p = .76$, race, $\chi2$ (90, $N = 523$), = 74.65, p =.88, employment status, $\chi2$ (30, $N = 523$) = 24.65, p =.74, education status, $\chi2$ (135, $N = 523$) = 111.69, p =.99, and years of supervisory experience, $F(39,520) = 1.35$, $p = .08$.

Skewness and kurtosis values for the data fell within an acceptable range (Tabachnick & Fidell, 2013). Levine's test for homogeneity of variance across each of the ANOVAs did not produce significant results, suggesting similar levels of variability in employee evaluations

across the study conditions. The means, standard deviations, and correlations for this study's variables are presented in Table 1.

Next, analyses were run to determine whether the experimental manipulations were detected. As described in Appendix E, participants were asked to use the following scale to respond to four manipulation check items: 1 (*Definitely Not*), 2 (*I Don't Think So*), 3 (*I'm Not Sure*), 4 (*I Think So*), 5 (*Definitely Yes*). With respect to benefits usage, participants were asked whether the employee they read about utilized the organizational mental health benefits program that was offered at their company. As expected, those assigned to the Mental Health Counselor Utilization condition were more likely to answer in the affirmative (*M*=4.54, *SD*=1.07) than their counterparts (*M*=2.64, *SD*=1.78). Means were in the expected direction, and this difference was significant $t(428)$ =-14.86, p=<.001, d=1.30. Similarly, participants assigned to the Mental Health Day Utilization condition reported significantly greater certainty (*M*=4.35, *SD*=1.27) than those in the comparison group (*M*=2.84, *SD*=1.83) that the employee they read about had utilized the Mental Health Days offered $t(466)$ =-11.03, p=<.001, d=.96. When asked whether the benefits summary page description outlined how many mental health days and counselor visits the employees at Salford used, those assigned to the Social Norms present group responded with greater certainty (*M*=4.44, *SD*=1.16) than those in the Social Norms absent group (*M*=3.36, *SD*=1.72). This difference was in the expected direction and significant $t(467)$ =-11.03, p=<.001, d=.74. However, the manipulation was weaker than expected, as evidenced by the mean rating produced by those in the Social Norms absent group, who were expected to produce an average rating below the "I'm Not Sure" midpoint of 3. Finally, when asked whether the employee in the vignette was male, those assigned to read about Dan were more likely to respond in the affirmative (*M*=4.83, *SD*=.42) than those assigned to read about Kate *(M*=1.12,

SD=.45), again demonstrating a statistically significant difference *t* (516) =-97.50, *p*=<.001,

d=8.52. In sum, it was concluded that participants, on average, detected the manipulations

embedded in the experiment, though the Social Norms manipulation was not as strong as

desired.

Hypothesis Testing

Hypothesis 1 predicted that using mental health benefits would negatively affect

employee evaluations through a negative association with perceptions of competence. This was

tested for both Mental Health Counselor Utilization (Hypothesis 1a) and Mental Health Day

Utilization (Hypothesis 1b) using Baron and Kenny's (1986) mediated multiple regression

method as well as Process macro model 4 for SPSS (Preacher & Hayes, 2008). Both hypotheses

were tested first with Fiske et al.'s (2002) five-item Perceived Competence scale and then with

Cuddy et al.'s (2004) four-item Perceived Competence scale.

For Hypothesis 1a, a regression analysis was completed to check for mediation using

Baron and Kenny's (1986) methodology. Baron and Kenny (1986) suggest that a mediation

model should not be tested unless there is a significant relationship between the predictor and the

criterion variables. Since the path between Mental Health Counselor Utilization and Employee

Evaluation (β = -.001, S*E*=.06, *p*=.98) was non-significant, there was no need to continue the

analysis, as this result indicated a lack of mediation according to Baron and Kenny (1986).

Next, Hypothesis 1a was tested using the Process macro model 4 with a 5,000-bootstrap

sample. Mental Health Counselor Utilization was entered as the independent variable, Employee

Evaluation as the dependent variable, and Fiske et al.'s (2002) Perceived Competence measure

as the mediator. The results showed that Mental Health Counselor Utilization had a significant

negative indirect effect on Employee Evaluations through Perceived Competence (bootstrap 95%

confidence interval [-.1755, -.0009]). The estimated indirect effect calculated was -.0857. The

path from Mental Health Counselor Utilization to Perceived Competence was negative and

significant (β = -.1176, SE=.06, p =.047) and Perceived Competence to Employee Evaluation

was positive and significant (β= .7285, SE=.03, p =<.001). The direct effect of Mental Health

Counselor Utilization on Employee Evaluation fell short of significance (β= .0844, SE=.04, p

=.051).

Next, Hypothesis 1a was re-tested using the second measure of Perceived Competence.

The Baron and Kenny (1986) analysis failed to provide support for mediation for the reason

described above. The Process macro model 4 was run again, replacing the mediator with Cuddy

et al.'s (2004) Perceived Competence measure. The results showed that Mental Health Counselor

Utilization did not have a significant indirect effect on Employee Evaluations through Perceived

Competence (bootstrap 95% confidence interval [-.1377, .0449]). The estimated indirect effect

calculated was -.0461. The path from Mental Health Counselor Utilization to Perceived

Competence was not significant (β= -.0580, SE=.06, p =.329), but Perceived Competence to

Employee Evaluation was positive and significant (β= .7961, SE=.03, p =<.001). These results

did not support mediation. Taken together, the results suggested mixed support for Hypothesis

1a. While mediation was not supported via the Baron and Kenny (1986) analysis, there was

evidence supporting the inference that an indirect effect of Mental Health Counselor Utilization

on Employee Evaluation is carried through Fiske et al. 's (2002) but not Cuddy et al.'s (2004)

measure of Perceived Competence.

Next, the same analyses were repeated for Hypothesis 1b to examine Mental Health Day

Utilization. First, Baron and Kenny's (1986) mediated regression analysis was conducted. The

path between Mental Health Day Utilization and Employee Evaluation was non-significant (β=

.006, SE=.06, p=.97) so once again there was no need to continue the analysis, which did not support mediation according to Baron and Kenny (1986).

Next, Process macro model 4 was used with Mental Health Day Utilization as the independent variable and Employee Evaluation as the dependent variable. First, Fiske et al. 's (2002) Perceived Competence measure was included as the mediator. Mental Health Day Utilization did not have a significant indirect effect on Employee Evaluations through Perceived Competence (bootstrap 95% confidence interval [-.1510, .0217]). The estimated indirect effect calculated was -.0625. Results did show a positive significant relationship between Perceived Competence and Employee Evaluation (β= .7263, SE=.03, p =<.001). However, there was no support for mediation from these results.

Finally, Cuddy et al.'s (2004) Perceived Competence measure was used as the mediator. Again, the results failed to support mediation. Mental Health Day Utilization did not have a significant indirect effect on Employee Evaluations through Perceived Competence (bootstrap 95% confidence interval [-.0927, .0959]. The estimated indirect effect calculated was .0014. There was a positive significant relationship between Perceived Competence and Employee Evaluation (β= .7947, SE=.03, p =<.001). Overall, the outcomes from Baron and Kenny (1986) and the Process macro analyses consistently failed to support Hypothesis 1b.

Hypothesis 2 predicted that when an evaluator had a higher level of prejudice towards people with mental illness, the negative effect of using organizational mental health benefits on Employee Evaluation would be stronger. To investigate this hypothesis, two moderated regression analyses were performed. For Hypothesis 2a, the predictor variables were Mental Health Counselor Utilization, PPMI, and the interaction of PPMI x Mental Health Counselor Utilization. The criterion variable was Employee Evaluation. There was a significant main effect

for PPMI (See Table 2). The results also showed a statistically significant interaction between PPMI and Mental Health Counselor Utilization. As seen in Figure 3, for people lower in prejudice, utilizing mental health counselor benefits appeared to have a modest positive effect on employee evaluations. For people higher in prejudice, utilizing those benefits negatively affected evaluations, supporting Hypothesis 2a.

For Hypothesis 2b, the predictor variables were Mental Health Day Utilization, PPMI, and the interaction of PPMI x Mental Health Day Utilization. As shown in Table 3, the interaction between PPMI and Mental Health Day Utilization fell short of statistical significance (p=.058). Thus, Hypothesis 2b was not supported.

Before narrowing in on the targeted ANOVAs for Hypothesis 3, Hypothesis 4, and Research Question 1, a comprehensive 2 (Mental Health Counselor Utilization) x 2 (Mental Health Day Utilization) x 2 (Social Norms) x 2 (Employee Gender) x 2 (Participant Gender) ANOVA, with Employee Evaluation as the dependent variable, was conducted. This comprehensive ANOVA, provided for reference in Table 4, offers an overall view of the main effects and significant interactions across all variables.

Hypothesis 3 proposed that the negative effect of using mental health benefits would be less pronounced when there was a social norm that favored benefits usage. Table 5 shows the average evaluations assigned to employees who did and did not use the mental health benefits when social norms were absent and present. Hypothesis 3a was tested with a 2 (Social Norms) x 2 (Mental Health Counselor Utilization) ANOVA, shown in Table 6. Hypothesis 3b was tested with a 2 (Social Norms) x 2 (Mental Health Day Utilization) ANOVA, shown in Table 7. There was no support found for Hypotheses 3a and 3b as indicated by the nonsignificant interactions in Tables 6 and 7 respectively.

Hypothesis 4 predicted that the negative effects of mental health benefits usage on Employee Evaluation would be more severe for male compared to female employees. Table 8 shows the average evaluations assigned to male and female employees who did and did not use mental health benefits. Hypothesis 4a was tested with a 2 (Employee Gender) x 2 (Mental Health Counselor Utilization) ANOVA. As expected, there was a statistically significant interaction between Mental Health Counselor Utilization and Employee Gender (See Table 9), providing support for Hypothesis 4a. As shown in Figure 4, male employees were more likely than female employees to be penalized for going to see a counselor. As suggested by the mean ratings shown in Table 8, this trend did not extend to Mental Health Day Utilization. Hypothesis 4b was tested with a 2 (Employee Gender) x 2 (Mental Health Day Utilization) ANOVA. The nonsignificant interaction in Table 10 indicates a lack of support for Hypothesis 4b.

Finally, Research Question 1 investigated whether male and female evaluators reacted differently to male and female employees' use of a mental health counselor (Research Question 1a) and mental health days (Research Question 1b). Table 11 shows the average evaluations men and women assigned to male and female employees who did and did not utilize a mental health counselor. Table 12 summarizes the 2 (Mental Health Counselor Utilization) x 2 (Employee Gender) x 2 (Participant Gender) ANOVA conducted to examine this research question, with Employee Evaluation as the dependent variable. As shown in Table 12, the 3-way interaction fell short of significance ($p=.09$). Next, Mental Health Day Utilization was examined in a similar manner. The average evaluations assigned by male and female participants are shown in Table 13, and the corresponding 2 (Mental Health Day Utilization) x 2 (Employee Gender) x 2 (Participant Gender) ANOVA is summarized in Table 14. Again, the three-way interaction was nonsignificant. Thus, there was no evidence that an evaluator's gender influences the degree to

which male and female employees are penalized for using mental health benefits in the workplace.

Discussion

The findings from this study provide much needed insights into how employees who use organizational mental health resources are evaluated at work. Overall, results indicate that of the two mental health benefits evaluated, only counselor utilization had significant outcomes. The current study provides empirical evidence that the relationship between mental health counselor utilization and employee evaluation is accounted for by perceptions of competence, though this effect only appeared for one of the two competence measures included. The findings also suggest that while levels of PPMI and employee gender influence the degree to which mental health counselor utilization negatively affects employee evaluations, an evaluator's gender and social norms do not play a significant role. By testing what mediates and moderates the relationship between mental health benefit usage and employee evaluations, this study addresses a gap in the literature.

This study's contributions are threefold. First, it extends prior research by examining the mediating mechanism by which mental health benefit usage impacts employee evaluations. Though competence's significant relationship with employee evaluations has shown up in prior research (e.g., Cuddy et al., 2011), the examination of competence as a mediator between mental health benefit usage and evaluations is new. Results indicate mixed support for the proposed mediation. Although there was no support for mediation as defined by Baron and Kenny (1986), the Process macro (Preacher & Hayes, 2008) analysis showed that Mental Health Counselor Utilization indirectly affects Employee Evaluations through Perceived Competence when competence is conceptualized in Fiske et al.'s (2002) agentic, masculine terms. However, this

pattern did not replicate when Cuddy et al. 's (2004) measure of Competence was used, nor did it extend to the usage of mental health days, regardless of what Competence measure was included in the analyses. The effect for counselor utilization but not for mental health days is notable. Since one of the stereotypes often associated with mental health disorders is lack of competence, it is possible that evaluators saw the utilization of the counselor benefit as more directly connected to a mental health disorder than taking a mental health day (Follmer & Jones, 2018). Perhaps using mental health days is more normalized, or viewed as preventive in nature, whereas going to see a counselor may send a stronger signal of a mental health problem. The reason why Fiske et al. 's (2002) measure of Perceived Competence yielded significant results, but Cuddy et al. 's (2004) measure did not, is unclear. Looking closely at the words used for each measure may offer some insights. As noted, Fiske et al.'s (2002) measure is more agentic or masculine in nature. All five of the items included in Fiske et al.'s (2002) version of Perceived Competence are found, in some form, on Gaucher et al.'s (2011) list of masculine words, which was created based on a series of previously published agentic and masculine word lists (Bem, 1974; Greenwald et al., 1998; Schullo & Alperson, 1984). This linkage between agency and competence is not new. Agency has been found to be closely related to competence in several studies (Abele & Wojciszke, 2014; Cuddy et al., 2008; Fiske et al., 2007). Meanwhile, Cuddy et al.'s (2004) operationalization of competence was not notably masculine in nature. It did not align conceptually with agenticism and did not include any words from Gaucher et al.'s (2011) extensive list of masculine words. Perhaps there were significant results for Fiske et al. 's (2002) measure and not Cuddy et al.'s (2004) measure because the usage of a mental health counselor makes someone seem less competent in the agentic sense of the term, but not the broader sense of the term.

Second, this study responded to a need to investigate whether the relationship between an evaluator's level of prejudice towards people with a mental illness and detrimental outcomes would play out in the workplace (Corrigan et al., 2001, Moon et al., 2008). As anticipated, employees who used the mental health counselor benefit were penalized more harshly when the evaluator had a higher level of PPMI. For evaluators lower in PPMI there was an expectation that the negative effect would be less pronounced, but the findings went a step further, showing a small, but unexpected *increase* in evaluations of employees who sought the support of a counselor. Perhaps those lower in PPMI view the decision to see a counselor as reflective of sound judgment whereas those higher in PPMI view it as a weakness. Future studies should look more closely at this outcome to understand why it occurred. Although the findings for employees who used the mental health counselor and the mental health days showed similar trends, the latter fell short of statistical significance (p=.058). One explanation for this is that evaluators high in PPMI may have seen utilization of a counselor as more strongly tied to a mental health disorder than the use of a mental health day.

Third, this study suggests that using certain mental health benefits violates gender norms, resulting in a more negative effect on male employees who seek the support of a counselor. Unexpectedly, however, this result did not generalize to the usage of mental health days, which did not significantly affect evaluations irrespective of employee gender. One reason why men who used the counselor benefits were evaluated more harshly may be related to Courtenay's (2000) and Good et al.'s (1989) findings that the traits connected with seeking mental health support, such as a counselor, conflict with men's prescriptive traits (e.g., physically tough, emotionally controlled, self-reliant). Perhaps mental health days are less likely to be viewed as a

"weak" sign of support seeking and more likely to be viewed as merely taking a break or an otherwise prudent form of self-care.

Limitations and Future Directions

Although this experiment provides important information about the impact of mental health benefit utilization in the workplace, it is not without limitations and constraints. First, this is a paper people study, which is a type of experimental vignette methodology (EVM). There is some concern that the EVM design gives up external validity and generalizability to increase internal validity (Scandura & Williams, 2000). However, since EVM is a useful design to control an independent variable and to gather evidence for causation, the choice was made to design a study to better understand the direction and nature of the causal relationships between mental health benefit utilization and employee evaluations (Cavanaugh & Fritzsche, 1985). Time was spent making the summary benefits page and the information about the employee as realistic as possible, since increasing the similarity between the design of an experiment and the natural setting is a way to improve generalizability (Taylor, 2006).

Second, this study is a between-subjects design, which also comes with limitations. In a between-person EVM design, participants only read one scenario and then comparisons are made across those individuals (Atzmüller & Steiner, 2010). Since participants are only shown one vignette, versus multiple vignettes, they lose an opportunity to compare and so responses may not show the real judgment of each participant (Aguinis & Edwards, 2014). That said, it is also important to point out that a within subjects designs carry different limitations. If a participant had read sixteen vignettes, fatigue and lower quality responses could have resulted. In addition, the purpose of the study would be apparent as participants would see what varied from one

standardized vignette to the next. This could skew the responses of individuals who might consciously or subconsciously try to confirm or disconfirm the study hypotheses.

This study was composed of adults living in the United States, so findings may not generalize to other parts of the world. Studies have shown that non-Western attitudes and beliefs around mental health can often differ from the Western perspective (Abdullah, 2011; Nieuwsma et al., 2011). A diverse understanding of the attitudes and beliefs towards mental health disorders and how they influence mental health benefit utilization is necessary to maximize the effectiveness of mental health benefit programs in the global workplace. Future research should replicate this study with vignettes and participants outside of the United States.

There are limitations within the vignette as well. First, it is important to note that the vignette tested whether using mental health days was viewed more negatively than using sick days. Sick days were included to control for the effects of taking time off. However, there is no way to know whether those who used mental health days are viewed more negatively than those who do not take time off for mental or physical health. Second, the employees in the fictional scenario occupied a white-collar job. Research has shown that white-collar employees are seen as a higher status group compared to blue-collar workers (Cohen & Hudecek, 1993). In addition, past research has demonstrated that perceived status predicts levels of competence, with higher status related to higher rates of competence (Etaugh & Poertner, 1991). Considering this difference between perceptions of white-collar and blue-collar workers, future studies should investigate if the negative relationship between counselor usage and ratings of competence is stronger when an employee occupies a blue-collar job. The vignette also did not include information about the employee's performance level. Therefore, the participant was limited to just the mental health information when evaluating the employee. Thus, this study's results are

most likely to generalize to a situation where an employee's performance level is unknown, such as when an employee is relatively new. Future research should systematically manipulate performance and examine whether using a mental health counselor benefit differentially affects evaluations of employees who are already viewed as low, moderate, and high performing.

It is important to point out that this study focuses on only two types of mental health benefits: mental health days and access to a counselor on a mental health platform. Future studies would benefit from expanding the range of examples of benefits for mental health care such as peer to peer counseling, meditation apps, or company sponsored courses to improve mental health. Such research could also look at factors such as the evaluator's familiarity with mental health resources. A study by Buizza et al. (2017) found that people with family or friends who have received mental health treatments or who have received treatment themselves are more open to mental health care when compared to those who have not personally experienced mental health challenges or engaged with a person who has a mental health disorder. Understanding a participant's own relationship with mental health resources could offer valuable insights. It should be noted that this study did not specify the type of mental health issue the employee utilizing the benefits was experiencing. This was an intentional design decision meant to mimic the real world. Presumably, coworkers, supervisors, and/or human resources professionals who are aware of an employee's benefit usage do not necessarily know why the employee is taking a mental health day or going to see a counselor.

Future research should continue to examine whether social norms affect how the use of mental health benefits is perceived. This study did not find a significant moderating effect for social norms. Perhaps social norms do not matter in this context, or perhaps the social norms manipulation was too weak. In this experiment, half of the participants were provided with a

mental health benefits summary page that showed a high average usage of mental health days and mental health counselor visits by employees at Salford Consulting. In contrast, the control group received a summary page with no information about benefits usage. All participants were later asked "*Did the benefits summary page description outline how many mental health days and counselor visits the employees at Salford Consulting used last year?*" While those in the social norms condition were significantly more likely than the control group to answer this question in the affirmative, the average response from the control group, (*M*=3.36, *SD*=1.72), unexpectedly fell somewhere in between "I'm not sure" and "I think so" on the rating scale provided. Members of the control group may have misremembered or perhaps assumed social norms that were not specified. Before concluding that social norms do not matter, future research should work to create a control group where social norms pertaining to benefit usage are more clearly unknown. Adding a third condition with a norm toward not using mental health benefits would also be informative. Finally, past studies have also shown that a supervisor's support is an important factor in whether family-friendly benefits are utilized (Blair-Loy & Wharton, 2002; Breaugh & Farabee, 2012). Although the social norms manipulation in this study was focused on normalizing peer usage, future studies could test to see if supervisory support or usage has a stronger influence than peer norms.

Theoretical and Practical Implications

Conceptually, this study offers important insights. The results pertaining to both competence and employee gender point to the importance of masculinity and gender roles in the context of mental health counselor utilization. One of the stereotypes connected to mental health disorders is lack of competence (Follmer & Jones, 2018). This stereotype seemed to manifest when competence was assessed in masculine terms, but not when it was assessed more broadly.

Hentschel and colleagues (2019) have called for further investigation into the competence component of agency, which warrants additional theoretical and empirical work. What we do know is that people are penalized for violating norms, and the prescriptive stereotypes attributed to mental health disorders often conflict with masculine norms (Moss-Racusin et al., 2010; Rudman et al., 2013; Rudman & Phelan, 2008). Considering the negative results for employees who used the mental health counselor benefit in both Hypothesis 1 and Hypothesis 4, the role that masculinity and gender norms play in relation to competence and perceptions surrounding mental health support in organizational settings may be worth developing further theoretically.

From a practical standpoint, this study offers insights that are relevant for organizations that provide mental health benefits and the individuals who use those resources. Human resource professionals may be interested in this research, as the findings demonstrate the effects of well-meaning benefits on the employees who use them. Findings suggest that simply offering mental health benefits may not be enough. Alongside these benefits, employers should look for ways to address both the prejudice against those with mental illness and biases associated with gender norms since they both significantly moderated the relationship between counselor benefit usage and employee evaluations. A recent review of published studies that tested interventions designed to reduce implicit biases demonstrates several effective tools that employers could consider (FitzGerald et al., 2019). The most effective categories of interventions include helping participants to implement strategies to suppress or override their biases, exposing individuals to people who contradict the stereotype of the outgroup, and helping participants better identify themselves with the outgroup.

Individuals who may consider using mental health benefits could also find the results of this research useful. This study suggests that the professional outcomes of using mental health

benefits depend on an employee's gender, the mental health benefit being used, and on the attitudes of the evaluator. Individuals who use a mental health counselor should be mindful of the perceptions surrounding utilization and understand that there may be negative professional consequences to seeking counselor support. Such individuals should decide who at work they disclose this information to and take time to weigh the costs of disclosing with any potential benefits.

Table 1

Descriptive Statistics and Intercorrelations Among Study Variables

Variable	N	M	SD	1	2	3	4	5	6	7	8
1. Mental Health Counselor Utilization [a]	523	.53	.50								
2. Mental Health Day Utilization [b]	523	.50	.50	.00							
3. Social Norms [c]	523	.50	.50	.00	.01						
4. Employee Gender [d]	523	.50	.50	-.01	-.01	.02					
5. Participant Gender [e]	523	.58	.50	.00	-.08	-.05	-.03				
6. Perceived Competence (Fiske et al.)	523	3.96	.69	-.09*	-.06	.02	-.06	-.08			
7. Perceived Competence (Cuddy et al.)	523	4.15	.68	-.04	.00	.01	-.10*	-.11**	.85**		
8. PPMI	523	2.42	.59	-.07	-.01	.01	.03	-.41**	-.27**	-.27**	
9. Employee Evaluation	523	4.15	.69	.00	.00	.01	-.09*	-.15**	.71**	.78**	-.34**

Note. $*p < .05$; $**p < .01$.

(a) 0=Not Utilized,1=Utilized; (b) 0=Not Utilized,1=Utilized; (c) 0=Absent, 1=Present;
(d) 0=Female,1=Male; (e) 0=Female,1=Male.

PPMI = Prejudice towards People with Mental Illness

Table 2

The moderating effect of PPMI on the impact of Mental Health Counselor Utilization on Employee Evaluation

			95% CI			
Variable	*B*	*SE*	LL	UL	β	*p*
MH Counselor Utilization [a]	-.001	0.06	-.12	.12	-.001	.983
PPMI	-.216	0.07	-.35	-.08	-.184	.002
MH Counselor Utilization x PPMI	-.357	0.10	-.55	-.17	-.651	<.001

Note.

(a) 0=Not Utilized, 1= Utilized.
MH = Mental Health.
PPMI= Prejudice towards People with Mental Illness.

Table 3

The moderating effect of PPMI on the impact of Mental Health Day Utilization on Employee Evaluation

Variable	*B*	*SE*	LL	UL	β	*p*
			\[95% CI\]			
MH Day Utilization [a]	.006	0.06	-.11	.13	.004	.923
PPMI	-.318	0.07	-.45	-.19	-.271	<.001
MH Day Utilization x PPMI	-.184	0.10	-.37	.01	-.337	.058

Note.

(a) 0=Not Utilized, 1= Utilized.
MH = Mental Health.
PPMI= Prejudice towards People with Mental Illness.

Table 4

2 x 2 x 2 x 2 ANOVA Main and Interaction Effects of Mental Health Counselor Utilization, Mental Health Day Utilization, Social Norms, Employee Gender, and Participant Gender on Employee Evaluations

Independent Variable	Sum of Squares	*df*	Mean Square	*F*	*p*	*η2*
MH Counselor Utilization [a]	0.024	1	0.024	0.50	.824	<.01
MH Day Utilization [b]	0.001	1	0.001	<.01	.970	<.01
Social Norms [c]	0.109	1	0.109	0.23	.632	<.01
Employee Gender [d]	1.727	1	1.727	3.64	.057	<.01
Participant Gender [e]	5.871	1	5.871	12.36	<.001	.03
MH Counselor Utilization x MH Day Utilization	0.025	1	0.025	0.05	.820	<.01
MH Counselor Utilization x Employee Gender	0.909	1	0.909	1.92	.167	<.01
MH Counselor Utilization x Social Norms	0.072	1	0.072	0.15	.698	<.01
MH Counselor Utilization x Participant Gender	0.613	1	0.613	1.29	.256	<.01
MH Day Utilization x Employee Gender	0.176	1	0.176	0.37	.543	<.01
MH Day Utilization x Social Norms	0.016	1	0.016	0.03	.853	<.01

Note. N=523

(a) 0=Not Utilized, 1= Utilized; (b) 0=Not Utilized, 1= Utilized; (c) 0=Absent, 1=Present; (d) 0=Female, 1=Male; (e) 0=Female, 1=Male. MH = Mental Health

Table 4 (continued)

2 x 2 x 2 x 2 ANOVA Main and Interaction Effects of Mental Health Counselor Utilization, Mental Health Day Utilization, Social Norms, Employee Gender, and Participant Gender on Employee Evaluations

Independent Variable	Sum of Squares	df	Mean Square	F	p	η2
MH Day Utilization x Participant Gender	0.630	1	0.630	1.33	.250	<.01
Employee Gender x Social Norms	0.238	1	0.238	0.50	.479	<.01
Employee Gender x Participant Gender	0.109	1	0.109	0.23	.633	<.01
Social Norms x Participant Gender	2.410	1	2.410	5.07	.025	.01
MH Counselor Utilization x MH Day Utilization x Employee Gender	0.008	1	0.008	0.02	.899	<.01
MH Counselor Utilization x MH Day Utilization x Social Norms	1.117	1	1.117	2.35	.126	<.01

Note. N=523

(a) 0=Not Utilized, 1= Utilized; (b) 0=Not Utilized, 1= Utilized; (c) 0=Absent, 1=Present; (d) 0=Female, 1=Male; (e) 0=Female, 1=Male. MH = Mental Health

Table 4 (continued)

2 x 2 x 2 x 2 ANOVA Main and Interaction Effects of Mental Health Counselor Utilization, Mental Health Day Utilization, Social Norms, Employee Gender, and Participant Gender on Employee Evaluations

Independent Variable	Sum of Squares	df	Mean Square	F	p	η2
MH Counselor Utilization x MH Day Utilization x Participant Gender	0.032	1	0.032	0.07	.794	<.01
MH Counselor Utilization x Employee Gender x Social Norms	0.016	1	0.016	0.03	.856	<.01
MH Counselor Utilization x Employee Gender x Participant Gender	1.272	1	1.272	2.68	.102	<.01
MH Counselor Utilization x Social Norms x Participant Gender	0.106	1	0.106	0.22	.637	<.01
MH Day Utilization x Employee Gender x Social Norms	0.075	1	0.075	0.16	.692	<.01

Note. N=523

(a) 0=Not Utilized, 1= Utilized; (b) 0=Not Utilized, 1= Utilized; (c) 0=Absent, 1=Present; (d) 0=Female, 1=Male; (e) 0=Female, 1=Male. MH= Mental Health.

Table 4 (continued)

2 x 2 x 2 x 2 ANOVA Main and Interaction Effects of Mental Health Counselor Utilization, Mental Health Day Utilization, Social Norms, Employee Gender, and Participant Gender on Employee Evaluations

Independent Variable	Sum of Squares	df	Mean Square	F	p	η2
MH Day Utilization x Employee Gender x Participant Gender	0.031	1	0.031	0.06	.798	<.01
MH Day Utilization x Social Norms x Participant Gender	0.770	1	0.770	1.62	.204	<.01
Employee Gender x Social Norms x Participant Gender	0.056	1	0.056	0.12	.731	<.01
MH Counselor Utilization x MH Day Utilization x Employee Gender x Social Norms	0.008	1	0.008	0.02	.899	<.01
MH Counselor Utilization x MH Day Utilization x Employee Gender x Participant Gender	0.492	1	0.492	1.04	.309	<.01

Note. N=523

(a) 0=Not Utilized, 1= Utilized; (b) 0=Not Utilized, 1= Utilized; (c) 0=Absent, 1=Present; (d) 0=Female, 1=Male; (e) 0=Female, 1=Male. MH= Mental Health.

Table 4 (continued)

2 x 2 x 2 x 2 ANOVA Main and Interaction Effects of Mental Health Counselor Utilization, Mental Health Day Utilization, Social Norms, Employee Gender, and Participant Gender on Employee Evaluations

Independent Variable	Sum of Squares	df	Mean Square	F	p	η2
MH Counselor Utilization x MH Day Utilization x Social Norms x Participant Gender	0.078	1	0.078	0.16	.686	<.01
MH Counselor Utilization x Employee Gender x Social Norms x Participant Gender	0.214	1	0.214	0.45	.502	<.01
MH Day Utilization x Employee Gender x Social Norms x Participant Gender	0.002	1	0.002	<.01	.954	<.01
MH Counselor Utilization x MH Day Utilization x Social Norms x Participant Gender x Employee Gender	0.341	1	0.341	0.72	.397	<.01
Error	233.227	491	0.475			

Note. N=523

(a) 0=Not Utilized, 1= Utilized; (b) 0=Not Utilized, 1= Utilized; (c) 0=Absent, 1=Present; (d) 0=Female, 1=Male; (e) 0=Female, 1=Male. MH= Mental Health.

Table 5

Employee Evaluations Corresponding to Social Norms and Mental Health Utilization Conditions

Social Norms	Mental Health Counselor Utilization							Mental Health Day Utilization					
	Not Utilized (*N* = 261)		Utilized (*N*=262)		Marginal Mean (*N*=523)			Not Utilized (*N* = 263)		Utilized (*N* =260)		Marginal Mean (*N* =523)	
	M	*SD*	*M*	*SD*	*M*	*SD*		*M*	*SD*	*M*	*SD*	*M*	*SD*
Absent	4.12	0.64	4.15	0.78	4.14	0.71		4.15	0.69	4.13	0.73	4.14	0.71
Present	4.17	0.67	4.14	0.70	4.15	0.68		4.14	0.65	4.17	0.71	4.15	0.68
Marginal Mean	4.15	0.65	4.15	0.74	4.15	0.69		4.15	0.67	4.15	0.72	4.15	0.69

Table 6

2x2 ANOVA Main and Interaction Effects of Mental Health Counselor Utilization and Social Norms on Employee Evaluations

Independent Variable	Sum of Squares	*df*	Mean Square	*F*	*p*	*η2*
Social Norms [a]	<.01	1	<.01	<.01	.984	<.01
MH Counselor Utilization [b]	0.01	1	0.01	0.03	.871	<.01
MH Counselor Utilization x Social Norms	0.11	1	0.11	0.23	.630	<.01
Error	251.87	519	0.49			

Note. N=523

(a) 0=Absent, 1=Present; (b) 0=Not Utilized, 1= Utilized.

MH = Mental Health

Table 7

2x2 ANOVA Main and Interaction Effects of Mental Health Day Utilization and Social Norms on Employee Evaluations

Independent Variable	Sum of Squares	df	Mean Square	F	p	η2
Social Norms [a]	0.04	1	0.04	0.09	.925	<.01
MH Day Utilization [b]	0.01	1	0.01	0.02	.870	<.01
MH Day Utilization x Social Norms	0.12	1	0.12	0.25	.619	<.01
Error	251.86	519	0.48			

Note. N=523

(a) 0=Absent, 1=Present; (b) 0=Not Utilized, 1= Utilized.

MH = Mental Health

Table 8

Employee Evaluations Corresponding to Employee Gender and Mental Health Utilization Conditions

| Employee Gender | Mental Health Counselor Utilization | | | | | | | Mental Health Day Utilization | | | | | |
| | Not Utilized (N = 261) | | Utilized (N=262) | | Marginal Mean (N =523) | | | Not Utilized (N = 263) | | Utilized (N =260) | | Marginal Mean (N =523) | |
	M	*SD*	*M*	*SD*	*M*	*SD*		*M*	*SD*	*M*	*SD*	*M*	*SD*
Female	4.15	0.70	4.27	0.71	4.21	0.71		4.21	0.67	4.21	0.75	4.21	0.71
Male	4.15	0.60	4.03	0.75	4.10	0.68		4.09	0.67	4.10	0.69	4.09	0.68
Marginal Mean	4.15	0.65	4.15	0.74	4.15	0.69		4.15	0.67	4.15	0.72	4.15	0.69

Table 9

2x2 ANOVA Main and Interaction Effects of Mental Health Counselor Utilization and Employee Gender on Employee Evaluations

Independent Variable	Sum of Squares	df	Mean Square	F	p	η2
Employee Gender [a]	1.85	1	1.85	3.87	.050	.01
MH Counselor Utilization [b]	<.01	1	<.01	<.01	.984	<.01
MH Counselor Utilization x Employee Gender	1.96	1	1.96	4.10	.043	.01
Error	248.18	519	0.47			

Note. N=523

(a) 0=Female, 1=Male; (b) 0=Not Utilized, 1= Utilized.
MH = Mental Health

Table 10

2x2 ANOVA Main and Interaction Effects of Mental Health Day Utilization and Employee Gender on Employee Evaluations

Independent Variable	Sum of Squares	df	Mean Square	F	p	η2
Employee Gender [a]	1.856	1	1.856	3.852	.050	<.01
MH Day Utilization [b]	0.002	1	0.002	0.005	.944	<.01
MH Day Utilization x Employee Gender	0.001	1	0.001	0.001	.970	<.01
Error	250.135	519	0.482			

Note. N=523

(a) 0=Female, 1=Male.; (b) 0=Not Utilized, 1= Utilized.
MH = Mental Health

Table 11

Employee Evaluations Corresponding to Employee Gender, Participant Gender, and Mental Health Counselor Utilization

	Participant Gender: Female							Participant Gender: Male					
	Mental Health Counselor Utilization							Mental Health Counselor Utilization				Marginal Mean	
	Not Utilized (N= 111)		Utilized (N =111)		Marginal Mean (N =222)			Not Utilized (N = 150)		Utilized (N =151)		(N =301)	
Employee Gender	M	SD	M	SD	M	SD		M	SD	M	SD	M	SD
Female	4.27	0.60	4.36	0.67	4.32	0.64		4.06	0.75	4.21	0.73	4.13	0.75
Male	4.19	0.59	4.26	0.63	4.23	0.61		4.12	0.61	3.85	0.79	3.98	0.71
Marginal Mean	4.23	0.59	4.31	0.65	4.27	0.62		4.09	0.68	4.03	0.78	4.06	0.73

Table 12

2 x 2 x 2 ANOVA Main and Interaction Effects of Participant Gender, Mental Health Counselor Utilization and Employee Gender on Employee Evaluations

Independent Variable	Sum of Squares	*df*	Mean Square	F	*p*	*η2*
Participant Gender [a]	5.77	1	5.77	12.37	<.001	.02
MH Counselor Utilization [b]	0.01	1	0.01	0.01	.906	<.01
Employee Gender [c]	1.81	1	1.81	3.89	.049	<.01
MH Counselor Utilization x Participant Gender	0.63	1	0.63	1.34	.247	<.01
MH Counselor Utilization x Employee Gender	1.50	1	1.50	0.29	.074	<.01
Participant Gender x Employee Gender	0.13	1	0.13	2.89	.592	<.01
MH Counselor Utilization x Participant Gender x Employee Gender	1.35	1	1.35	2.89	.090	<.01
Error	240.28	515	0.47			

Note. N=523

(a) 0=Female, 1=Male; (b) 0=Not Utilized, 1= Utilized; (c) 0=Female, 1=Male.
MH = Mental Health

Table 13

Employee Evaluations Corresponding to Employee Gender, Participant Gender, and Mental Health Day Utilization

	Participant Gender: Female							Participant Gender: Male					
	Mental Health Day Utilization							Mental Health Day Utilization					
	Not Utilized (N= 102)		Utilized (N =120)		Marginal Mean (N =222)			Not Utilized (N = 161)		Utilized (N =140)		Marginal Mean (N =301)	
Employee Gender	*M*	*SD*	*M*	*SD*	*M*	*SD*		*M*	*SD*	*M*	*SD*	*M*	*SD*
Female	4.27	0.64	4.36	0.63	4.31	0.64		4.16	0.69	4.11	0.8	4.13	0.64
Male	4.19	0.63	4.25	0.59	4.23	0.61		4.03	0.69	3.91	0.75	3.98	0.71
Marginal Mean	4.23	0.63	4.30	0.61	4.27	0.62		4.1	0.69	4.02	0.78	4.06	0.73

Table 14

2 x 2 x 2 ANOVA Main and Interaction Effects of Participant Gender, Mental Health Day Utilization and Employee Gender on Employee Evaluations

Independent Variable	Sum of Squares	df	Mean Square	F	p	η2
Participant Gender [a]	5.821	1	5.821	12.34	<.001	.02
MH Day Utilization [b]	0.001	1	0.001	4.41	.962	<.01
Employee Gender [c]	2.081	1	2.081	<.01	.036	<.01
MH Day Utilization x Participant Gender	0.855	1	0.855	1.81	.179	<.01
MH Day Utilization x Employee Gender	0.102	1	0.102	0.22	.643	<.01
Participant Gender x Employee Gender	0.151	1	0.151	0.32	.572	<.01
MH Day Utilization x Participant Gender x Employee Gender	0.004	1	0.004	0.01	.930	<.01
Error	243.24	515	0.472			

Note. N=523

(a) 0=Female, 1=Male; (b) 0=Not Utilized, 1= Utilized; (c) 0=Female, 1=Male.
MH = Mental Health

Figure 1

Social Norms: Absent

Figure 2

Social Norms: Present

Figure 3

The Moderating Effect of PPMI on the Relationship Between Mental Health Counselor Utilization and Employee Evaluation
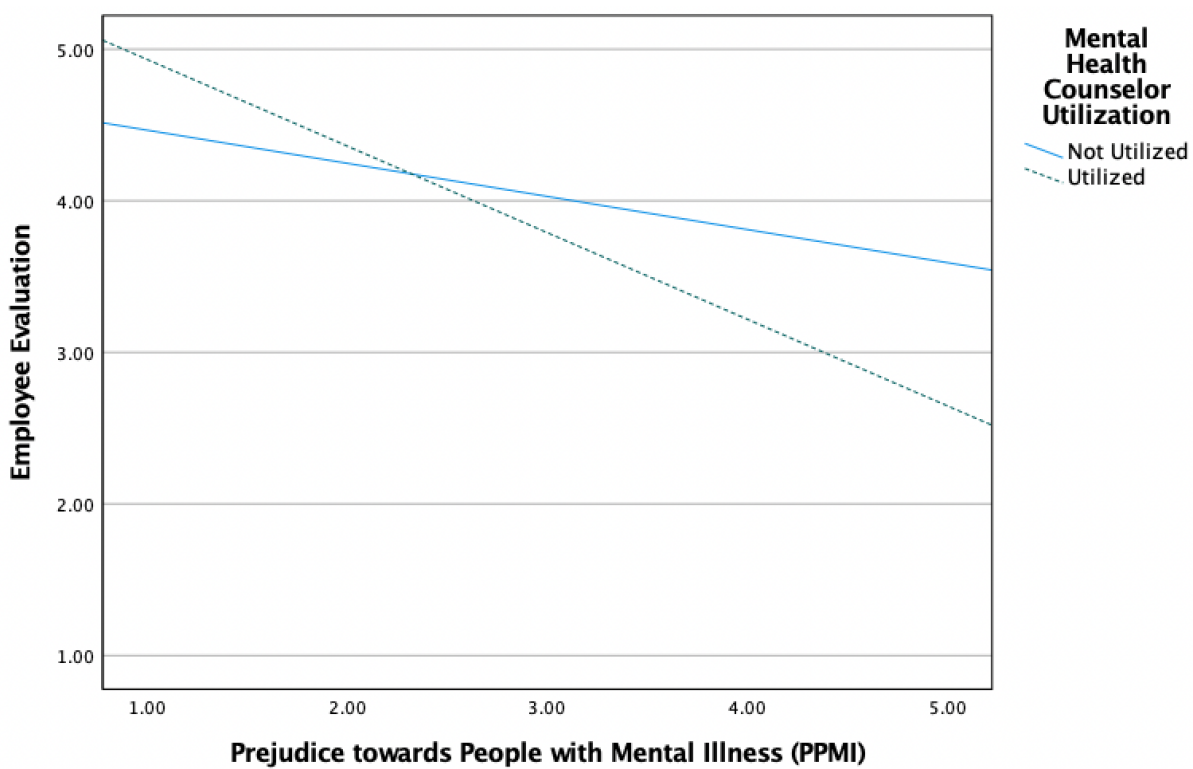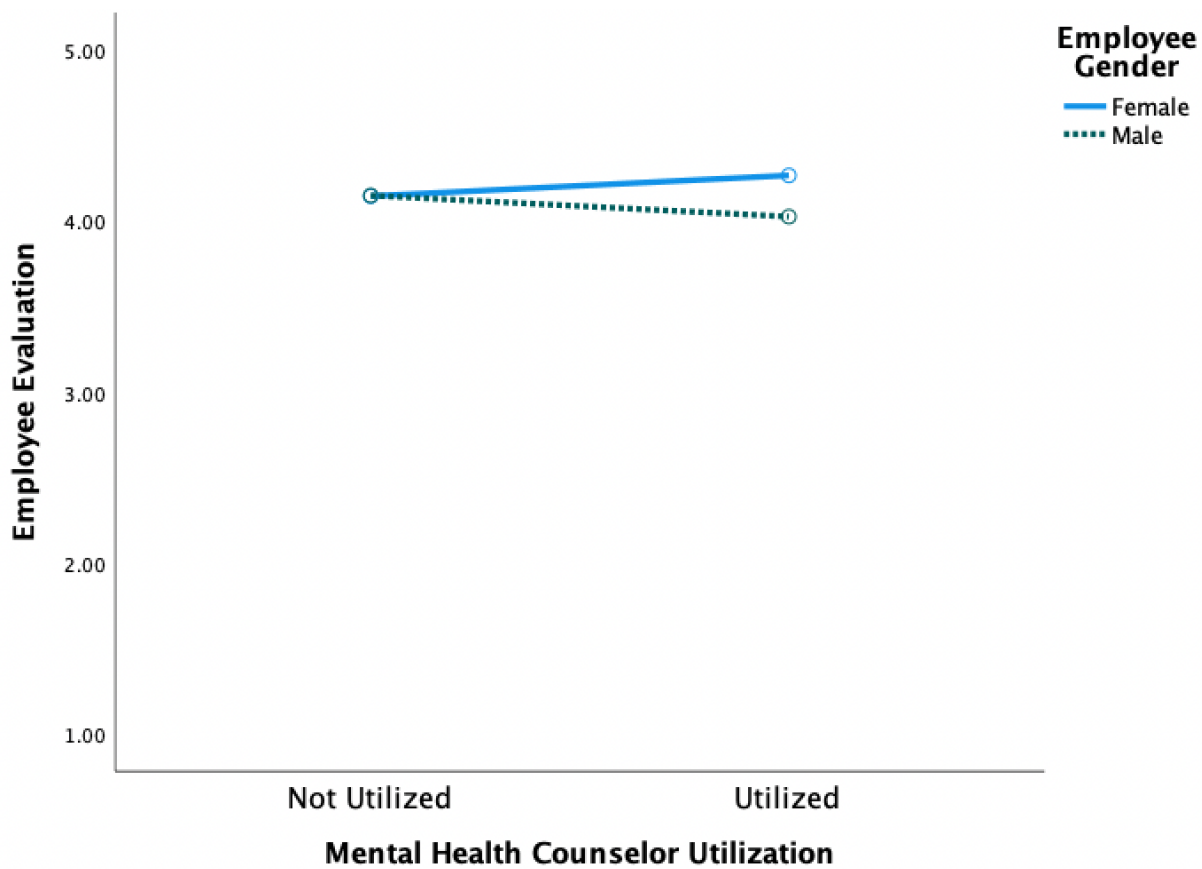
Figure 4

Employee Evaluation for Utilization of Mental Health Counselor Benefits by Employee Gender

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APPENDICES

Appendix A

Employee Evaluation Scale

Think about the employee you just read about. Now imagine you were working at the same consulting firm with her (him). Please rate how well each statement describes Kate (Dan).

Scale: 1 *(Not at All),* 2 *(Slightly),* 3 *(Somewhat),* 4 *(Moderately),* 5 *(Extremely).*

1. *"How committed is this employee to her(his) job?"*

2. *"How dependable is this employee?"*

3. *"How dedicated is this employee?"*

4. *"How valuable is this employee to her(his) company?"*

5. *"How comfortable would you be giving Kate (Dan) an important assignment?"*

6. *"Kate (Dan) is a team player"*

7. *"Kate (Dan) is someone I would like to work with"*

8. *"Kate (Dan) is persistent in completing job tasks"*

9. *"Kate (Dan) is an efficient worker"*

10. *"How likely would you be to recommend Kate (Dan) for a promotion?"*

11. *"How likely would you be to recommend that Salford Consulting invest in continuing training and education for Kate (Dan)?"*

Appendix B

Competence Scale

Again, think about the description of the employee you just read. Recognizing that you only have a limited amount of information about her (him), we would like to find out your initial impressions. Below we will list a series of traits. Please rate Kate (Dan) on the degree to which she (he) possesses each of the following traits.

Scale: 1 *(Not at All), 2 (Slightly So) 3 (Somewhat So), 4 (Moderately So) 5 (Very Much So)*

Competence

Fiske et al. (2002)

1. Is competent
2. Is intelligent
3. Is confident
4. Is competitive
5. Is independent

Cuddy et al. (2004)

1. Is capable
2. Is organized
3. Is efficient
4. Is skillful

Appendix C

Prejudice towards People with Mental Illness Scale (PPMI)

Next, we'd like to learn more about you and your opinions. Please rate the extent to which you agree with the statements below. Remember, all responses are anonymous.

If you are reading this, please select "Disagree"

Scale*:* 1 *(Strongly Disagree),* 2 *(Disagree),* 3 *(Neither Agree nor Disagree),* 4 *(Agree),* 5 *(Strongly Agree)*

1. *I would be just as happy to invite a person with mental illness into my home as I would anyone else (reverse coded)*
2. *I would feel relaxed if I had to talk to someone who was mentally ill (reverse coded)*
3. *I would be less likely to become romantically involved with someone if I knew they were mentally ill*
4. *I would feel unsafe being around someone who is mentally ill*
5. *The behavior of people with mental illness is unpredictable*
6. *The behavior of people with mental illness is just as predictable as people who are mentally healthy (reverse coded)*
7. *In general, you cannot predict how people with mental illness will behave*
8. *I usually find people with mental illness to be consistent in their behavior (reverse coded)*
9. *People who are mentally ill should be forced to have treatment*
10. *Those who have serious mental illness should not be allowed to have children*
11. *People who are mentally ill should be allowed to live their life any way they want (reverse coded)*
12. *Society does not have a right to limit the freedom of people with mental illness (reverse coded)*
13. *We, as a society, should be spending much more money on helping people with mental illness (reverse coded)*
14. *People who develop mental illness are genetically inferior to other people*
15. *People with mental illness should support themselves and not expect handouts*
16. *People who become mentally ill are not failures in life (reverse coded)*

Appendix D

Demographic Scales

Participant Age

Please select your age.

Scale: *1-100*

Participant Gender

Please select the gender in which you mostly closely identify.

Scale: 0 (*woman*), 1 (*man*), 2 (*non-binary*), 3 (*prefer to self describe*)

Participant Ethnicity

Please select the race(s) with which you most closely identify.

Scale: 1 (*American Indian or Alaska Native*), 2 (*Asian*), 3 *(Black or African American*), 4 (*Hispanic or Latino)*, 5 (*Native Hawaiian or Pacific Islander*), 6 (*White*), 7 (*Other*)

Employment Status

Please select your employment status

Scale: 1 (*Full Time*), 2 (*Part Time*), 3 (*Unemployed*)

Education Status

What is the highest degree or level of education you have completed?
Scale: 1(*Some High School*), 2 (*High School*), 3 (*GED*), 4 (*Associate's Degree*), 5 (*Some College*), 6 (*Bachelor's Degree*), 7 (*Master's Degree*), 8 (*Ph.D. or higher*), 9 (*Trade School*), 10 (*Prefer not to say*)

Supervisor Length

How many years of supervisory responsibilities have you had?
Scale: *less than 1 year-70 years*

Appendix E

Manipulation Checks

Think about the 2021 Mental Health Benefits Program Summary page and the employee profile you just read. Please rate the degree to which you feel each statement is true.

Scale: 1 (*Definitely Not), 2 (I Don't Think So), 3 (I'm Not Sure), 4 (I Think So), 5 (Definitely Yes*)

1. *Did the benefits summary page description outline how many mental health days and counselor visits the employees at Salford Consulting used last year?*

2. *Did the employee whose profile you read utilize the organizational mental health benefits program that was offered at their company?*

3. *Was the employee described in the profile you read male?*