

The Carolyn C. Mattingly Award for
**MENTAL HEALTH
IN THE WORKPLACE**



Get Started

Thank you for your interest in applying for the **2026 Carolyn C. Mattingly Award for Mental Health in the Workplace**. This application contains multiple sections. You can save your work at any time by clicking "Next" to ensure your current entries are recorded and then closing the page or tab. You can return later to complete it from the same computer or device.

To apply, you must complete each of the following sections:

- Organization information
- Contact information
- Endorsement of required workplace programs and policies
- Checklist of additional workplace practices
- Short essays
 - Organization Description and Executive Summary
 - Cultural Elements
 - Mental Health Benefits
 - Employer-Sponsored Mental Health Resources
 - Workplace Policies and Practices
 - Healthy Work Environment
 - Leadership Support
 - Outcomes
 - Innovative Approaches
- File upload of your most recent employee survey results (aggregated, deidentified summary findings showing impact and/or improvement)
- Disclosure form
 - Description of any relevant employment-related issues or complaints that have occurred within the previous 18 months that could reflect negatively on the reputation of your organization or the award program (e.g., lawsuits, strikes, public complaints by employees). All information provided in the disclosure shall

be kept confidential and referred to only as necessary to make a determination in connection to the award.

Complete applications, including employee survey results, must be submitted by Monday, June 1, 2026.

Tip: You can preview and download a PDF copy of the application [here](#) to help you prepare your responses in advance of completing the online application.

Note: If your organization was a Winner of the 2025 award, you are not eligible to apply for the award this year; you must wait until 2027 to apply again. However, 2025 Honorable Mention recipients may submit an application this year.

Once we have selected our award winners and honorable mention recipients, we will notify you of our decision and provide you with feedback about your application.

If you have questions about the process, please email rgoetze1@jhu.edu or eroemer1@jhu.edu.

Applicant Information

Organization Information

Organization Name:

Industry:

Number of Employees:

Location (state/territory):

Website:

Primary Contact Information

Name:

Title or Position:

Address:

Address 2:

City/Town:

State/Territory:

ZIP/Postal Code:

Email Address:

Phone Number:

Secondary Contact Information

Name:

Title or Position:

Address:

Address 2:

City/Town:

State/Territory:

ZIP/Postal Code:

Email Address:

Phone Number:

How did you hear about the Carolyn C. Mattingly Award for Mental Health in the Workplace?

Response: [Open-ended field]

Required Workplace Practices

To be considered for the Carolyn C. Mattingly Award for Mental Health in the Workplace, your organization must have **ALL** the following workplace practices currently in place.

Please certify that each of the following programs and policies has been in place in your organization for at least a year.

- Mental/behavioral health insurance coverage in compliance with Federal Mental Health Parity regulations
- Employee Assistance Program (EAP) or equivalent
- Educational seminars on mental health topics
- Physical activity programs (e.g., exercise classes, exercise breaks during the workday, onsite fitness facilities, discounts to offsite fitness centers)
- Stress management training and resources
- Leader participation in healthy workplace activities
- Programs/policies to prevent workplace violence
- Programs/policies to prevent sexual harassment
- Programs/policies to prevent discrimination
- Adequate time off (e.g., PTO, flexible time off, vacation days, sick days, leave options)
- Mechanisms that allow employees to provide feedback to management (e.g., employee surveys, suggestion box, all-hands meetings)

Additional Workplace Practices

Please indicate the degree to which your organization has implemented the following programs and policies.

Work-Life Support

	Not currently in place	Some employees have access	Most employees have access	All employees have access
Flexible work options (e.g., telecommuting, job sharing, flextime, compressed hours)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare/eldercare resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid leave (e.g., maternity, paternity, adoption)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comp time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phased transitions (e.g., return to work, retirement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Training and Development

	Not currently in place	Some employees have access	Most employees have access	All employees have access
Skills training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuition reimbursement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career planning resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for advancement/promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coaching or mentoring program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job enlargement/job enrichment activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health and Safety

	Not currently in place	Some employees have access	Most employees have access	All employees have access
Educational seminars on health and safety topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco-free workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy food options available (e.g., at meetings, in vending machines, in cafeteria)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease Management programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight management/nutrition programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Risk Assessment or screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onsite safety or ergonomic assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onsite health/wellness center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health benefits extended to family members/domestic partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intranet page or website for employee health and well-being resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reward and Recognition

	Not currently in place	Some employees have access	Most employees have access	All employees have access
Adequate pay (i.e., a living wage that is competitive within the industry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay raises and/or bonuses based on performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee awards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition ceremonies or events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive reinforcement/gratitude from supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer recognition program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee accomplishments highlighted in communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Opportunities for Involvement

	Not currently in place	Some employees have access	Most employees have access	All employees have access
Employee committees or workgroups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-managed work teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participative problem solving/decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi-rater performance evaluations (e.g., 360 reviews)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Stock Ownership Plan or other form of profit sharing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Short Essays

Please provide responses to all nine (9) sections in the short essay portion of this application. Descriptions can be in narrative or bulleted form. Many sections request descriptions about multiple points or areas of intervention. **All areas should be addressed, even if to note that a particular area does not apply to your program** (for example, the intervention is not part of your program offerings; initiative is in planning phase but not yet rolled out; data not available).

Where applicable, please include a description of actions taken to address mental health disparities at your worksite(s) in terms of program use, health risks targeted, and difficulties in achieving your outcomes. Disparities may exist in terms of race, ethnicity, cultural background, gender, education, job type (salary vs. non-salary), job placement (office vs. factory vs. field), age, work location (headquarters vs. remote offices), or shift schedule.

1. ORGANIZATION DESCRIPTION AND EXECUTIVE SUMMARY: Describe your organization and how it strives to advance the mental health of its workforce overall. Please include each of the following areas:

- **General description of the organization.** This may include products and services, target markets, geographic location, and size expressed in terms of annual revenues.

[RESPONSE: 250-words max]

- **Description of your employee population.** This may include the number of full time and part time workers, geographic distribution, and basic demographic information (e.g., age, gender, educational background, racial/ethnic/cultural composition), and any special challenges reaching or engaging employees.

[RESPONSE: 250-words max]

- **A succinct overview of your organization's workplace mental health and well-being efforts**, including goals, individual and organizational-level strategies, key mental health benefits and resources, innovative approaches, and notable outcomes.

[RESPONSE: 350-words max]

- 2. CULTURAL ELEMENTS:** Please describe how your organization's culture supports the mental health of employees and addresses potential mental health disparities (i.e., differences in outcomes that vary by characteristics such as race or ethnicity, age, gender, sex, sexual orientation or gender identity, disability, socioeconomic status, geographic location, and job type or level within the organization).

Be sure to address the following four topics on how your organization both formally and informally:

- Promotes norms and shared values that support workforce mental health
- Encourages peer support
- Creates a positive work environment
- Addresses mental health disparities

[RESPONSE: 1000 word max]

- 3. EMPLOYER-SPONSORED MENTAL HEALTH RESOURCES:** Please describe the mental health resources your organization has in place for employees in each of the following three areas:

- **Employee Assistance Program (or equivalent)** – please include details about the resources offered that addresses the needs of a diverse workforce population (for example, number of counseling sessions, informational resources, support for supervisors, financial/legal/life management services), who has access to the resources (for example, employees, spouses, child dependents, domestic partners), and how optimal utilization of the EAP is encouraged.
- **Mental health training offered to employees** – please describe the training offered to employees and the related goals, content, and audience(s) (for example,

increasing awareness, improving mental health literacy, promoting supportive behaviors to peers, encouraging employees to ask for help/access resources, reducing stigma).

- **Stress management practices** – please include information about 1) stress management training and resources for employees, 2) efforts to address organizational issues that create stress, and 3) reduction of physical and psychosocial stressors in the work environment.

[RESPONSE: 1000 word max]

4. MENTAL HEALTH BENEFITS: Please describe the mental health insurance benefits your organization provides, beyond those described above – include details about each of the following four topics:

- Covered services
- Cost-sharing (for example, employee portion of premiums, copayments, and deductibles)
- Service limits (for example, number of outpatient sessions covered, annual/lifetime spending caps, prescription tiers/formularies, other limits based on diagnoses or medical necessity)
- Access to providers (for example, size and descriptions of provider networks, typical wait time for appointments, percentage of population seeking care with out-of-network providers)

[RESPONSE:1000 word max]

5. WORKPLACE POLICIES AND PRACTICES: Please describe the policies and practices, including escalation procedures, your organization has in place that actively support the mental well-being of your employees, help to identify, manage, and mitigate risks, provide assistance to people who experience workplace mistreatment, and promote a healthy organization in each of the following areas:

- Sexual harassment

- Safety/ergonomics
- Racism and discrimination
- Workplace violence
- Bullying/incivility
- Diversity, Equity, and Inclusion
- Mental health disability, return-to-work plans, and accommodations

[RESPONSE: 1000 word max]

6. HEALTHY WORK ENVIRONMENT: Please describe environmental supports your organization has in place that promote employee mental health in each of the following three areas:

- **Opportunities to mentally recharge** (for example, offering quiet room/space for meditation or rest, promoting effective use of breaks and time off)
- **Opportunities for social connectedness and inclusion** (for example, company social gatherings, sports clubs, employee support/resource/interest groups, volunteer opportunities)
- **Supporting positive health behaviors and self-care** (for example, healthy food options in cafes/vending machines, onsite fitness facilities, encouraging use of stairs)

[RESPONSE: 750 words max]

7. LEADERSHIP SUPPORT: Please describe leadership and supervisor efforts in your organization that are supportive of employee mental health. Please include each of the following four areas:

- **Providing management-specific training** in 1) effective/supportive supervision techniques that may include mental health awareness, sensitivity training, recognition of symptoms, how to engage/support employees, and building resilience; and 2) crisis management for mental health-related situations (for example, establishing protocols for dealing with the aftermath of events such as suicides, violence in the workplace).

- **Modeling healthy behaviors** (for example, senior leaders and managers actively participating in workplace programs and activities related to mental health, including mental health topics when communicating about employee well-being, working to promote acceptance and reduce stigma, and creating an environment open to, and supportive of, mental and emotional well-being).
- **Utilizing effective and supportive management tools and techniques** (for example, providing effective performance feedback, reducing/eliminating abusive supervision practices, managing conflict effectively, tapping into organizational resources, such as manager support and training from EAP or HR, and assessing/holding managers accountable for developing and demonstrating these competencies).
- **Managing work- and job-related factors** that can affect mental health (for example, providing employees with sufficient autonomy and control over their work, monitoring and addressing issues such as overwork, an overabundance of boring, unchallenging, or repetitive tasks, unpredictable schedules, role conflict, and unclear expectations).

[RESPONSE: 1000 words max]

8. OUTCOMES: Please describe any evaluations and related outcomes that demonstrate the impact your organization’s mental health efforts have had in the categories mentioned. For each, include any efforts to measure mental health disparities that may exist in your employee population. Please provide supporting data, including details about measures used, sampling methodology, sample size, population size, and rating scales/response options, as appropriate. If available, please provide trend data for three or more years for each of the four categories. **All areas should be addressed, even if to note that a particular area does not apply to your program (e.g., data were not collected or available).**

- **Engagement** (for example, increased awareness, participation, and satisfaction with mental health programs)
- **Mental health and well-being outcomes** (for example, fewer absences due to mental health issues and crisis incidences, lower incidences of substance use/abuse, improved sleep, and level of self-reported mental health)
- **Reduction of stigma related to mental health** (For example, increased self-reported comfort level, trust in sharing about mental health issues with peers/managers)
- **Other outcomes** (for example, increased job satisfaction, morale, perception of a culture of mental health and support from management)

[RESPONSE: 1000 word max]

- 9. INNOVATIVE APPROACHES:** Please describe any innovative approaches, programs, or services your organization has used that have enhanced employee mental health outcomes (for example, use of technology; removal of barriers; making resources easily available, accessible, affordable, or free; creative communication strategies).

These may also include any community-based support focused on social determinants of health (e.g., food insecurity, housing, transportation) that can contribute to employee mental health and well-being more broadly.

[RESPONSE: 500 words max]

Employee Survey Results

Please provide employee survey data (*aggregated summary results only*) that reflect meaningful mental health issues and results for your organization. Be sure to include details, including when employees were surveyed, sample size, population size, actual items used, and rating scales/response options. **Extra points are gained for trend data (i.e., changes over time).** **Please provide the full report – not just selected questions and answers that only reflect positive results.**

DO NOT include any individual-level, identifiable, or “raw” data. Identifiable data are inadmissible and will render the application disqualified.

For example, your survey may address any of the following areas:

- Employee satisfaction with mental health insurance benefits provided through the organization's health plan
- Employee satisfaction with mental health resources provided by the organization
- Employee stress levels
- The degree to which employees feel recognized, valued, and appreciated
- Employee satisfaction with the degree of involvement, autonomy, or control they have at work
- Employee satisfaction with the organization's flexible work arrangements and telecommuting practices
- Employee satisfaction with the organization's health and wellness practices
- Employee satisfaction with the organization's training and development practices
- The quality of employee relationships with their supervisors
- Overall job satisfaction, motivation, or engagement

Please submit a single file (10 pages or less) in PDF, DOC, or DOCX format. The maximum file size is 16MB.

Disclosure Form

The purpose of the awards is to recognize and celebrate exemplary organizations that advance the mental health and well-being of their workforce, while also serving as role models for other employers. We ask that your organization disclose information about any relevant complaints that have been filed or are currently pending that, in your opinion, may reflect negatively upon your organization or the award program. These complaints may include, but are not limited to, lawsuits, labor strikes, complaints made to or by a government agency, and administrative complaints, actions, or

investigations, within the last 18 months, related to employment, personnel, working conditions, workplace health and safety, or discrimination issues.

If your organization is aware of such a complaint, please list the following information below: the name of person or agency who made the complaint, date of complaint, a brief description of the type and nature of the complaint (e.g., age discrimination complaint), the court in which the complaint is filed or the government agency involved, and the outcome of the complaint, if one has occurred.

If there are no complaints, please write "none" in the space below. In either case, please list the name and title of the individual who is completing the Disclosure Form on behalf of your organization. If there are any such complaints, you may be contacted for further information.

All information provided on the disclosure form will be kept confidential. The award committee will not share this information with anyone, except as necessary to make a determination in conjunction with the award.

Please note: this form must be completed in order for your organization to be considered for this award. You agree that by submitting this disclosure form, you waive any right to challenge the review process and final determination by the judges.

We recognize that no organization is immune to complaints and that many complaints are without merit. Nonetheless, it is important that we are aware of any relevant formal complaints that may have occurred. Your cooperation is essential to achieving the goal of maintaining the integrity of our review process and the prestige associated with this award. For questions about this process, contact Dr. Ron Goetzel, Award Committee Co-Chair, at rgoetze1@jhu.edu.

Complaints against the organization (Please provide information described above.):

Name and title of the organization official responding

Submit Application

Click "Done" to submit your completed application. *Note: Once submitted, you will not be able to make any further changes to your application.*