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**Transdiagnostic Predictors of Job Tenure in People Living with Mental Disorders:  
A Scoping Review**

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## ABSTRACT

**Purpose:** Studying mental health in the context of employment often focuses on individual disorders, potentially overlooking underlying commonalities across different diagnoses. A transdiagnostic perspective recognizes that certain aspects of job tenure may have broad-reaching implications for employability services that cut across multiple mental disorders. This scoping review seeks to identify common predictors of job tenure in people living with mental disorders using a transdiagnostic approach.

**Methods:** The study protocol followed PRISMA-ScR guidelines and was registered on the Open Science Framework platform (<https://osf.io/rp97e/>). The search strategy was completed in November 2025 and involved searches in 7 databases.

**Results:** A total of 9715 abstracts were uploaded to Covidence for screening. This scoping review included 110 studies and identified 17 predictors of job tenure categorized based on modifiability and stakeholder responsibility, as follows – *Entrusted to workplace stakeholders*: (1) workplace characteristics and working conditions, (2) psychosocial work environment, (3) informal support and perceptions; *Entrusted to the individual and their support teams*: (4) psychological, social and practical characteristics, (5) receiving employment support, (6) psychiatric diagnosis, clinical symptoms and functioning, (7) support from relatives and broader social networks, (8) receiving therapy and counselling services, (9) daily functioning; *Shared responsibilities*: (10) collaboration between all stakeholders, (11) disclosure of mental illness in the workplace, (12) motivation, (13) person-job fit, (14) work-life balance, (15) financial assistance during sick leave; *Immutable factors*: (16) sociodemographic characteristics, (17) work and education history.

**Conclusion:** Findings support role clarification for stakeholders and guide service organization to improve job tenure across diverse mental disorders.

**Keywords:** psychiatric disorders, employment, work, stability, maintenance, mental health

## 1. INTRODUCTION

Mental disorders are prevalent in the working population and have a direct impact on vocational outcomes. Up to 17% of working-age adults worldwide are living with mental disorders, anxiety and depressive disorders being the most prevalent [1]. Employment is a social determinant of health and promotes recovery [2,3] via the provision of economic security, social integration, quality of life and opportunities for professional and personal growth [4,5].

Although they often demonstrate a strong desire to work, obtaining and maintaining a job can be particularly challenging for individuals living with mental disorders. Barriers such as symptom severity, stigma, and inadequate workplace support can obstruct many individuals from the benefits of stable employment [6]. Cognitive and social difficulties, which are often reported in several diagnostic categories, also contribute to impairing productivity at work and interpersonal relationships in the workplace creating further barriers to maintaining one's job [7,8]. Individuals with untreated or inadequately managed symptoms may struggle to meet job expectations consistently, leading to involuntary termination [9]. Despite the demonstrated advantages of work accommodations, the stigma associated with mental disorders can prevent individuals from disclosing their diagnosis in the workplace impeding access to adequate support to keep their jobs [10]. Addressing these issues therefore appears instrumental in improving work outcomes, particularly stable employment, for individuals living with mental disorders. The duration of stable employment, often referred to as job tenure, has not yet been consensually defined and most authors conceptualize job tenure as the duration an individual is employed, regardless of the number of jobs held [11,12].

Much of the existing literature to date on job tenure has focused on specific diagnoses or inconsistently operationalized dichotomies such as *common mental disorders* (e.g., anxiety and

depressive disorders) [13], *severe mental illness* (e.g., schizophrenia and bipolar disorders) [14], or *neurodiversity* (e.g. autism spectrum disorders, attention-deficit/hyperactivity disorder) [15]. This siloed view may have confounded conclusions from the current body of evidence, and more importantly, may have missed important common factors that could be clinically relevant.

The *Hierarchical Taxonomy of Psychopathology* (HiTOP) is a data-driven transdiagnostic framework suggesting that mental disorders share similar cognitive, emotional, and behavioural patterns [16]. It is organized in dimensional syndromes, subfactors, and spectra, all ultimately contributing to a general factor of psychopathology (*p*-factor or superspectra). In the context of job tenure, a transdiagnostic approach appears particularly useful as it allows for the examination of common patterns that could impact employment outcomes. It further could contribute to overcoming the inherent limitations of mainstream disorder-specific and dichotomized classifications, which may have overlooked common opportunities for intervention.

Accordingly, the objective of this scoping review was to identify common predictors of job tenure in individuals living with mental disorders using a transdiagnostic approach.

## 2. METHODOLOGY

The protocol for this scoping review was registered in the Open Science Framework (OSF) database (<https://osf.io/rp97e/>). The *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* (PRISMA-ScR) guidelines were followed [17].

### 2.1 Search Strategy and Selection Criteria

The literature search was initiated in May 2024 and updated in November 2025 using the following databases: Embase (Ovid), MEDLINE (Ovid), APA PsycINFO (Ovid), Cochrane Library, Emerald Insight, ERIC (EBSCOhost), and CINAHL (EBSCOhost). Keyword searches

for titles and abstracts were performed in each database. Detailed search terms by domain are provided in Online Resource 1.

The selection of studies was based on the following inclusion criteria: (1) published in a peer-reviewed journal, (2) included participants who currently have or have a history of at least one DSM-IV, DSM-IV-TR, DSM-5, DSM-5-TR, ICD-10, or ICD-11 mental disorder, (3) included participants of working age according to their geographical and legal context, and (4) reported data relevant to job tenure predictors as defined by the duration an individual is employed, regardless of the number of jobs held during that period. There was no restriction based on language, publication year, study design or methodology.

Records found through searches in the databases were exported to the Covidence software (i.e., a web-based platform facilitating review screening), where most duplicate entries were automatically removed. Titles and abstracts were independently screened by two members of the research team, followed by full-text evaluation, according to the inclusion criteria. Disagreements were resolved through consensus with at least one other team member.

## **2.2 Data Extraction**

Data from the included studies were extracted and coded using a piloted form developed by the corresponding author. Data extraction was performed by 4 research team members and a fifth person reviewed 10% of the data extracted for quality control. For each article, the following information was extracted: title, author, year of publication, country of origin of the participants, study design, sample size, sociodemographic characteristics of the participants (i.e., age, sex, gender, employment status, and if reported, the number of weeks/hours worked), diagnoses, predictors of job tenure, and metrics used to measure prediction of job tenure. The diagnoses

extracted from the articles were classified according to the HiTOP model [16], meaning they were hierarchically categorized into diagnosis, subfactor, and spectra.

### **2.3 Data Analysis**

A qualitative approach combining thematic and content analysis was adopted to comprehensively identify themes and report the frequency of each job tenure predictor. The process proposed by Naeem et al. (2023) [18] to develop conceptual models was followed. The first step consisted of transcription, familiarization with the data and selection of quotations. The spreadsheet containing the extracted data on job tenure predictors from the articles (i.e., corresponding to selected quotations) was imported into the NVivo 15 software for coding. The second step involved identifying recurring patterns which could represent job tenure predictors. The third step followed an inductive approach, during which a member of the research team assigned codes to the raw data on job tenure predictors from the 110 included studies. The codebook was reviewed and finalized with the corresponding author and 5 other team members. In the fourth step, codes were organized into themes to create meaningful patterns. This process was done iteratively by consensus among authors, resulting in 17 central themes, each containing several subthemes. For each theme, the number of references was documented in NVivo to indicate citation frequency. Steps five and six consisted of theme interpretation and conceptual model development. The model was elaborated to organize the final themes into a Venn diagram to illustrate stakeholders' involvement (i.e., workplace, individual living with mental disorders, support teams) over each predictor. This conceptualization was guided by the models proposed by Ikutegbe et al. (2023) [19] for the successful employment of people with disabilities and by Corbière et al. (2020) [20] for the return-to-work of workers living with common mental disorders.

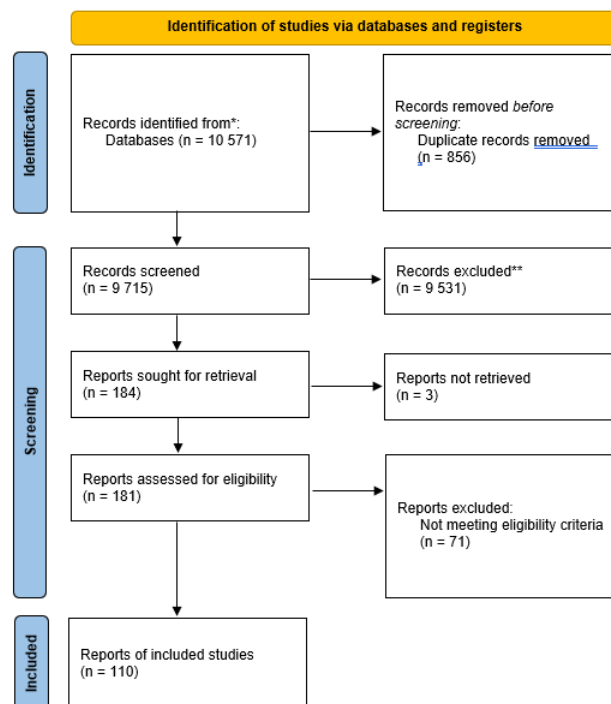
### **2.4 Methodological Quality Assessment**

The quality assessment of the studies was evaluated with the *Mixed Methods Appraisal Tool* [MMAT; 21] by six team members. This is a validated tool that assesses the quality of quantitative, qualitative and mixed-methods studies included in reviews.

### 3. RESULTS

A total of 10 571 articles were identified through the database search. After removing 856 duplicates, 9 715 articles remained. These articles were then screened according to titles and abstracts, resulting in the exclusion of 9 531 articles that did not meet eligibility criteria. In total, 110 articles were included in this scoping review, providing data relevant to transdiagnostic predictors of job tenure for 102 494 participants. The PRISMA-ScR flowchart describing the study selection is presented in Figure 1. A table detailing included studies' characteristics (n=110) is provided in Online Resource 2. The full reference list of included studies is available in Online Resource 3.

**Fig 1** PRISMA flowchart for study selection



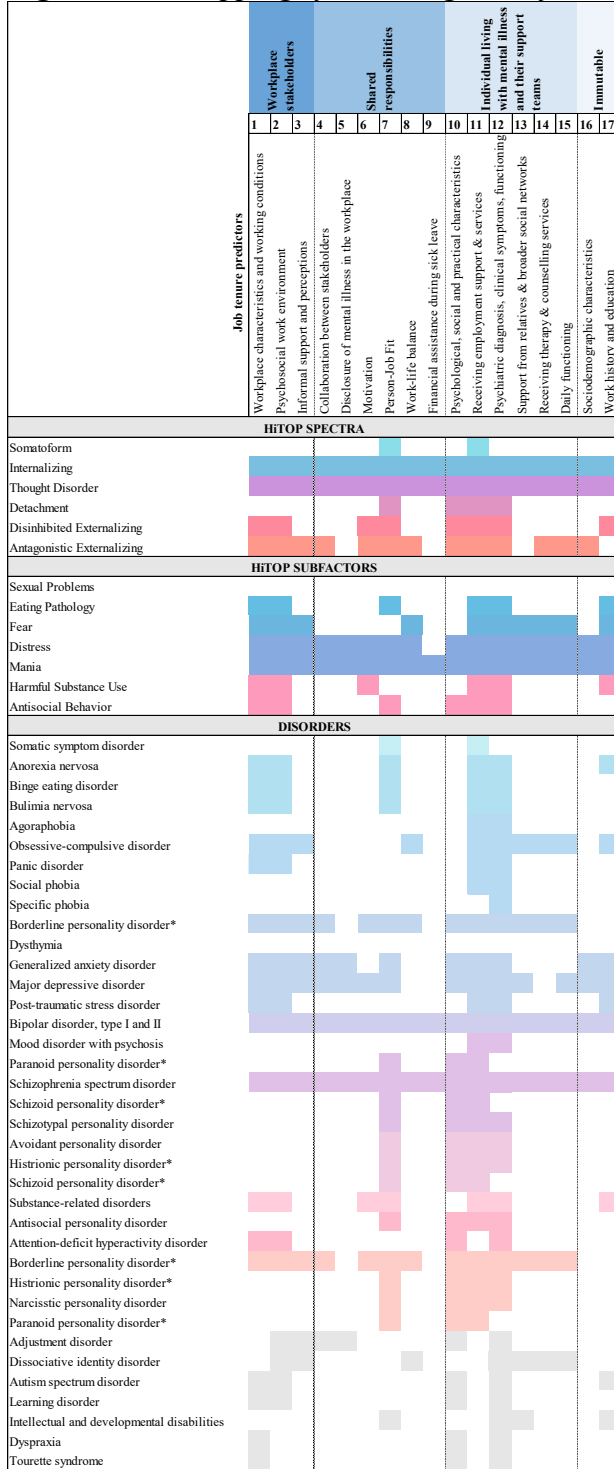
In total, we identified 17 common predictors of job tenure across multiple mental disorders: (1) workplace characteristics and working conditions, (2) psychosocial work environment, (3) informal support and perceptions, (4) psychological, social and practical characteristics, (5) receiving employment support, (6) psychiatric diagnosis, clinical symptoms and functioning, (7) support from relatives and broader social networks, (8) receiving therapy and counselling services, (9) daily functioning, (10) collaboration between all stakeholders, (11) disclosure of mental illness in the workplace, (12) motivation, (13) person-job fit, (14) work-life balance, (15) financial assistance during sick leave, (16) sociodemographic characteristics, (17) work and education history. Figure 2 maps predictors across HiTOP spectra, subfactors, and disorders.

On average, common predictors of job tenure were shared by 11 diagnoses, ranging from 2 to 28. Of note, time spent in the study was found to be predictive of job tenure in a single study on individuals with bipolar disorder [14]. Given its very specific context and limited scope, this finding was not retained in the present results.

A table presenting the number of times each job tenure predictor has been reported for each diagnosis is provided in Online Resource 4. All HiTOP spectra and subfactors were retained, except sexual problems, for which no study was identified in the search. Diagnoses that were most reviewed include schizophrenia spectrum disorders, bipolar disorders and major depressive disorders. It should be noted that several mental disorders were not examined in the included studies. The following nine disorders from the HiTOP model were not reported: illness anxiety disorder, arousal difficulties, low desire, orgasmic dysfunction, sexual pain, separation anxiety disorder, conduct disorder, intermittent explosive disorder, and oppositional defiant disorder. In contrast, seven mental disorders that were not included in the HiTOP model were examined in the

included studies: adjustment disorder, autism spectrum disorder, learning disorder, intellectual and developmental disabilities, dissociative identity disorder, dyspraxia and Tourette syndrome.

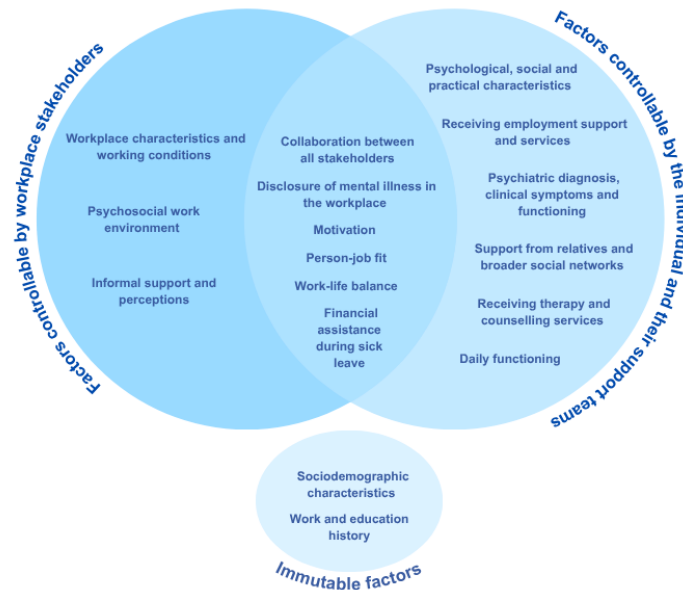
**Fig 2** HiTOP mapping of transdiagnostic job tenure predictors



\* indicates disorders appearing in multiple HITOP subfactors

Our final synthesis is presented in Figure 3. Job tenure predictors were grouped into four categories according to modifiability and stakeholder responsibility: (1) factors entrusted to workplace stakeholders, (2) shared responsibilities, (3) factors entrusted to the individual and their support teams, and (4) immutable factors.

**Fig 3** *Final synthesis of transdiagnostic job tenure predictors*



For comparison purposes with the mainstream dichotomy of common mental disorders and severe mental illness used in the field, results below describe factors that were found to be common to both categories. Specific associations between predictors and diagnoses can be found in Online Resource 2 and 4.

### 3.1 Factors Entrusted to Workplace Stakeholders

Three factors that can be managed by workplace stakeholders were found to predict job tenure for individuals living with mental disorders. Labels are indicated by underline and factors are detailed below.

Workplace characteristics and working conditions seemed to influence job tenure ( $k = 22$ ). The type of job held by an individual had an impact on their employment duration ( $k = 7$ ), as

temporary contracts were by definition predictive of shorter job tenure. Other job types mentioned included self-employment, which was associated with shorter employment duration [22] and working in a social firm, which was linked to longer job tenure [23]. Certain job characteristics like having varied and challenge-adjusted tasks, a pleasant workplace, and not working alone, seemed to increase job tenure ( $k = 6$ ). Having a flexible work schedule had a positive effect on job tenure ( $k = 8$ ), as it allowed individuals to have time to attend to their personal and medical needs [24,25]<https://www.zotero.org/google-docs/?J7DU3m>. Geographical proximity to the workplace led to more weeks worked ( $k = 4$ ) by facilitating commuting, which was often reported as a source of stress [22] or a barrier to job tenure [15]. Additional factors associated with longer job tenure included earning a higher hourly wage ( $k = 3$ ), access to job training ( $k = 2$ ), contract completion (e.g., an internship) ( $k = 2$ ), holding a stable employment role ( $k = 1$ ) and having the possibility of working remotely ( $k = 1$ )

The psychosocial work environment was one of the most frequently reported predictors of job tenure ( $k = 32$ ). Colleagues and supervisors appeared to play a crucial role in supporting sustained employment. Their support, which involved recognition, task sharing, and workplace accommodations, appeared to improve job tenure ( $k = 25$ ) substantially. Having satisfying work relationships increased the likelihood of continued employment ( $k = 14$ ). A respectful work culture ( $k = 7$ ) and realistic expectations from colleagues and supervisors ( $k = 7$ ) were also reported as facilitators to job tenure. Conversely, stress, which could have work-related causes [6], was reported as a barrier to job tenure ( $k = 4$ ). Mental health awareness in the workplace, through support and training for employers ( $k = 3$ ), and positive attitudes of colleagues and supervisors ( $k = 3$ ), were associated with longer job tenure. These factors possibly contributed to a more pleasant workplace climate and may have influenced motivation to work. Receiving constructive

feedback on work performance ( $k = 2$ ) and having clear responsibilities ( $k = 1$ ) tended to extend employment duration by helping the individuals better accomplish their tasks [26]. Effective leadership from employers was also associated to longer job tenure [27].

Informal support and perceptions appeared to facilitate job tenure ( $k = 6$ ). This predictor incorporates organizational systems and structures that allow individuals to work effectively ( $k = 2$ ). Supervisors feeling comfortable in providing active listening about mental health issues ( $k = 1$ ), were also reported as supporting in increasing job tenure [28]. Work integration strategies implemented by workplace stakeholders, such as creating opportunities for social connectedness at work, seemed to contribute to job tenure ( $k = 1$ ), as they may improve the individual's relationships with colleagues and supervisors. Employers' perceptions of an individual work-related behaviours, such as professionalism and work ethics also influenced job tenure ( $k = 2$ ).

### **3.2 Factors Entrusted to Individuals and their Support Teams**

Six factors that can be modified either by the individual or by their support teams (e.g., clinical, employment, broader social network) were associated with job tenure.

Psychological, social, and practical characteristics of individuals played a crucial role in sustaining employment across multiple studies ( $k = 22$ ). These characteristics included high self-esteem ( $k = 8$ ), job skills ( $k = 7$ ), positive attitudes ( $k = 7$ ), and high self-efficacy ( $k = 5$ ). Such factors may contribute to longer job tenure through better work performance. A few studies mentioned conscientiousness as a specific personality trait associated with longer employment duration ( $k = 2$ ), due to its contribution to work performance [29]. Personal qualities ( $k = 1$ ), knowledge, creativity, trustworthiness, resilience, good communication skills, optimism ( $k = 1$ ) and feelings of pride ( $k = 1$ ) also seemed to have an impact on job tenure. One study identified

lower neuroticism score as a potential facilitator of job tenure [14]. In contrast, communication difficulties and struggling to relate to others were a barrier to job tenure [15].

The most frequently reported predictor of job tenure was receiving employment support and services, such as the Individual Placement and Support (IPS) program [30], which was associated with longer job tenure for most diagnoses included in the HiTOP model ( $k = 57$ ). This predictor implies participation in employability programs, typically involving support to search for, obtain and maintain a job [31], which may contribute to longer job tenure ( $k = 46$ ). Certain characteristics of the employment specialist, such as their advocacy skills, specialized expertise, support, and continued aid in the workplace were identified as facilitators of job tenure ( $k = 7$ ). Early engagement with these services ( $k = 4$ ), continued follow-up support once in employment ( $k = 3$ ), and longer duration of participation in these services ( $k = 2$ ) further increased their positive impact on job tenure. When the job search phase was efficient ( $k = 2$ ) and the service frequency corresponded to the client's needs ( $k = 1$ ), job tenure appeared to be further improved. When the employment services benefited from quality improvement programs, which are designed to enhance existing interventions or care services [32], employment duration was also increased ( $k = 1$ ).

Psychiatric diagnosis, clinical symptoms, and general functioning were among the most frequently identified predictors of job tenure and were relevant across all but 5 diagnoses in the HiTOP model ( $k = 49$ ). A high severity of negative symptoms (i.e., absence or loss of typical behaviours or experiences) was found to reduce job tenure ( $k = 17$ ), as these seem to negatively affect work functioning [33]. Consistent with these results, effective symptom management, including appropriate medication, was found to predict longer job tenure ( $k = 13$ ). Cognitive functioning, which is often impaired in individuals living with certain mental disorders, like

schizophrenia or intellectual and developmental disabilities [34], was reported as a predictor of longer employment duration ( $k = 11$ ). Specifically, high attention, memory, executive functioning, and motor coordination were associated with longer job tenure. Social functioning, which involves developing social and communication skills, managing work relationships, and participating in social activities, was reported as a facilitator of job tenure ( $k = 8$ ). Certain psychiatric diagnoses, such as schizophrenia, depression, post-traumatic stress disorder, and substance use disorder, were identified as negative predictors of job tenure in a few studies ( $k = 6$ ). These diagnoses may be accompanied by more severe, chronic, and intrusive symptoms, compared to other diagnoses, which could negatively affect employment duration. In alignment with these findings, overall physical and mental health symptoms ( $k = 3$ ), a higher number of hospitalizations ( $k = 2$ ), low physical functioning ( $k = 1$ ), and a long duration of untreated psychosis ( $k = 1$ ) were shown to predict shorter employment duration. Unmanaged avolition (i.e., difficulties in initiating and persisting in goal-directed activities), apathy (i.e., lack of interest or emotion;  $k = 1$ ), and hyperthymic temperament (i.e., excessively high mood and energy ( $k = 1$ )) were reported as barriers to job tenure.

Support from relatives and broader social networks was found to positively influence job tenure ( $k = 15$ ). Individuals with access to diverse supportive personal relationships, particularly familial support, were more likely to maintain employment over time [26], highlighting the importance of strong interpersonal connections in sustaining work participation. Even the simple act of regularly checking in had a positive effect on job tenure ( $k = 1$ ).

Receiving therapy and counselling services also facilitated sustained employment ( $k = 6$ ). The services mentioned include community-based services ( $k = 2$ ), regular psychotherapy ( $k = 2$ ), therapeutic support for work ( $k = 2$ ), vocational counselling ( $k = 2$ ), and regular counselling

( $k = 1$ ). These services have positive implications for both mental health and vocational outcomes [28]. It was also reported that coordination of therapy with job retention efforts positively impacted employment duration ( $k = 1$ ).

Daily functioning appeared to support longer job tenure ( $k = 6$ ), with productive daily living skills, such as maintaining healthy habits and a stable lifestyle, being associated with sustained employment ( $k = 4$ ). Managing domestic responsibilities ( $k = 1$ ) and the living environment ( $k = 1$ ) appeared to have a positive impact on employment duration. Developing healthy nutritional and rest-related habits also seemed to contribute to longer job tenure ( $k = 1$ ). Adverse events in private life were associated with fewer weeks worked ( $k = 1$ ), as they can hinder reintegration into society [22].

### **3.3 Shared Responsibilities Between all Stakeholders**

Six predictors of job tenure appeared to work best when efforts are being coordinated between workplace stakeholders, the individual living with a mental disorder and their support team.

Collaboration was reported as a predictor of job tenure ( $k = 5$ ). Effective communication between stakeholders across different systems, such as employment specialists, psychotherapists, employers, and other involved local community services was found to support employment retention ( $k = 3$ ). Moreover, a positive working alliance between the individual and stakeholders also seemed to contribute to longer job tenure ( $k = 2$ ).

Disclosure of mental illness in the workplace appeared to increase job tenure ( $k = 5$ ). Individuals who disclosed their mental health disorder at work often benefited from more accommodations, which assisted them in maintaining their employment [23]. The decision to

disclose one's diagnosis is believed to be influenced by a combination of personal, relational, and organizational factors [35].

Motivation also seemed to be a determinant in employment duration ( $k = 16$ ). Many individuals living with mental disorders reported having a strong motivation to keep working, which directly contributed to their job tenure ( $k = 10$ ). Workplace stakeholders or working conditions may have an impact on this type of motivation, as factors such as wages or the behaviour of colleagues and supervisors could potentially influence motivation. Intrinsic motivation (i.e., engaging in an activity for its inherent satisfaction and enjoyment) also appeared to influence job tenure ( $k = 7$ ). Individuals who found their work interesting and enjoyable felt more motivated, which helped them maintain their employment [36].

Person-job fit was identified in multiple studies as a key predictor of job tenure ( $k = 16$ ). Person-job fit refers to the degree of alignment between an individual's skills and preferences and the demands or characteristics of their job [37]. In jobs where tasks can be adapted to the individual's predispositions, this alignment can possibly strengthen self-efficacy and intrinsic motivation, which may in turn contribute to longer employment duration.

Having a good work-life balance also appeared to support job tenure ( $k = 3$ ). Workplaces that foster smooth transition from work to rest or personal activities may help individuals avoid feeling overwhelmed by work, which could support sustained employment [28].

Receiving financial assistance during sick leave was associated with longer employment duration ( $k = 1$ ). Of note, this was only reported among individuals with severe mental illness (e.g., schizophrenia, bipolar disorder) in the present review. This may allow individuals to take the time they need to recover from an acute episode before returning to work [26].

### **3.4 Immutable Factors**

Two predictors of job tenure shared a strong link to the past, making them either permanent or hardly modifiable.

Sociodemographic characteristics seemed to be predictive of job tenure ( $k = 9$ ). These included an individual's financial situation ( $k = 4$ ), age ( $k = 3$ ), sex ( $k = 2$ ), and living independently ( $k = 1$ ). According to the reviewed studies, men were more likely to maintain longer employment [38], and older individuals, regardless of sex, tended to have a shorter job tenure [39]. Receiving financial assistance, like disability benefits [40], represented barriers to job tenure, possibly because this aid sometimes exceeded earned wages or employment resulted in loss of eligibility to disability benefits. Additionally, living independently was associated with longer time spent employed [41].

Additionally, a person's work and education history also appeared to impact job tenure ( $k = 19$ ). Having prior work experience and training ( $k = 9$ ) or having attained higher years of education ( $k = 5$ ) were reported as factors that improved job tenure, as they may allow individuals with more opportunities to develop work-related skills. A few studies reported that a longer duration of unemployment was associated with shorter job tenure ( $k = 4$ ), while one qualitative study suggested that it was predictive of longer job tenure [42]. Prolonged duration of sick leave was associated with increased job tenure in one qualitative investigation as it favoured the individual's rehabilitation [26]. Spending a long time in prevocational training ( $k = 1$ ) or in a placement phase ( $k = 1$ ) reportedly reduced the number of weeks worked. Overall, the majority of studies indicated that spending a long time out of the labour market negatively impacted job tenure.

#### **4. DISCUSSION**

This scoping review examined the transdiagnostic predictors of job tenure for individuals living with mental disorders. Our synthesis identified 17 predictors of job tenure. These predictors

were categorised based on modifiability and responsibility: (1) factors entrusted to workplace stakeholders, (2) factors entrusted to individuals and their support teams, (3) shared responsibilities between all stakeholders, and (4) immutable factors.

While many predictors were categorised as entrusted to workplace stakeholders and specialized support team, it should be acknowledged that they may also need more information and support to fulfill their role. Particularly in smaller organisations, employers and managers may lack sufficient staff, time, and mental health expertise, to adequately support employees living with mental disorders [43]. In some instances, it has further been documented that health professionals can hold preexisting stereotypes minimizing the role of work in recovery, and viewing employment as an added source of stress, leading to less support [44]. This might create situations in which the pressure to succeed in employment falls entirely on the individuals with mental disorders [45]. Given the stigma surrounding mental disorders and the immutable factors that consistently emerge in the literature as influencing job tenure (e.g. age, sex, prior work experience and educational attainment), it can become extremely burdensome for individuals living with mental disorders to overcome the multiple barriers they face towards sustainable employment [46,47]. Thus, a recovery view of shared responsibility with clearer role definition and communication might be beneficial. However, this cooperation is not necessarily easy to uphold given disciplinary-specific expectations and work cultures, as well as obstacles such as distrust, ambiguity and process fragmentation [48].

The present review complements other knowledge syntheses. In their conceptual model of successful mainstream employment for individuals living with disabilities, Ikutegbe et al. (2023) [19] reviewed 77 English-language articles published between 2001 and 2019. Their findings highlight the interplay between various factors at several levels of analysis, such as social

legitimacy, the state of the economy, government support, interorganizational linkages, and societal attitudes towards disability. More specifically for individuals living with common mental disorders, Corbière et al. (2020) [20] synthesized 243 peer-reviewed articles with the aim of clarifying the roles of involved stakeholders and the process of return-to-work. They identified 11 categories of stakeholders from the work, health and insurance systems who can be involved in the different phases of the return-to-work process (i.e. sickness absence, preparation and accommodations, gradual return and follow-up). Our transdiagnostic synthesis of job tenure predictors for individuals living with mental disorders adds to these prior models by highlighting the potential ubiquity of some of these factors, while also pinpointing a skewed literature toward more commonly studied diagnoses like schizophrenia, bipolar disorder, and depression.

The reviewed literature offers pragmatic insights to employers and managers as well as health and employment practitioners. Overall, a shared responsibility approach with clear roles and expectations for involved stakeholders appears particularly beneficial when simultaneously combined with compassionate and adaptable support. Evidence-based supported employment models, such as *Individual Placement and Support* [49], and adjunct vocational interventions (e.g. skills training, cognitive and psychological interventions) [50] could also be updated in light of these findings.

Limitations of our review must be acknowledged. Inherent characteristics of the existing literature, such as a lack of definition consensus surrounding job tenure as well as an over-representation of high-income countries and certain diagnoses, restricts the generalizability of our findings. Our results should also be carefully interpreted in the context of transitory job market variations and geographical regions' specificities of social safety nets and health systems.

In conclusion, the study of transdiagnostic predictors of job tenure for individuals living with mental disorders has unravel commonalities among diagnoses and clarified boundaries of involved stakeholders. Our findings accentuate areas for future research examining the long-term effectiveness of employment services simultaneously targeting these common predictors.

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