WORKPLACE ASSESSMENT: EMPLOYER PREVIEW

Thrive in your Workplace (TWP) helps local employers bring mental health support to the 1 in 5 New Yorkers who experience mental illness in a given year. TWP builds a network of employers committed to fighting the stigma of mental health; teaching the skills needed to respond appropriately to mental health challenges; and promoting connections to mental healthcare.

TWP achieves its goals by providing education about workplace mental health, assessing employers about current practices to offer tailored workplace mental health recommendations, and to provide technical assistance implementing new supports and policies.

The goals of the two-part assessment (survey plus interview) are to:
- Increase understanding of current organizational policies and practices related to workplace mental health
- Identify gaps in programs and opportunities for improvement related to workplace mental health
- Inform tailored recommendations and selection of tools and resources.

The following digital survey entails the first part of the assessment and covers the following topics:
- Employer Characteristics
- Leadership and Organizational Culture
- Access to Care
- Awareness / Communication
- Programs
- Management Skills

This survey does not ask questions about individual employee mental or physical health information. Personal information about the health of an employee is confidential. The purpose of these questions is to identify common themes and challenges related to workplace mental health. All questions refer to the organizational level.

If you have any questions about the survey, please contact Thrive in your Workplace at twp@thrive.nyc.gov.

INSTRUCTIONS
The survey should not take more than 40 minutes to complete and can be completed in stages. Please scan all the questions prior to completing the survey to identify any data or information that you will need to answer the questions.

The survey may be completed in stages. Responses are saved and submitted automatically when a user clicks the Next button on each page of the survey. If you close the survey window, your responses will be saved and you will be able to edit your responses until you submit the completed survey.

One person should be responsible for completing the survey, however multiple stakeholders and data sources may be consulted in order to correctly and comprehensively fill out the survey.

Potential stakeholders include (if applicable):
- Chief Operating Officer or member of senior leadership team
- Human Resources Director
- Benefits Manager
- Mid-level manager or supervisor
- Engaged member of an employee health promotion / resource group

Potential data sources include (if available):
- Health plan data including provider access directories
- EAP utilization data
- Employee mental health needs or health risk assessments
- Strategic planning documents

While completing the survey, please consider the following:
- All answers should reflect current activities or activities offered in the past 12 months.
- Some questions may contain and / or when presenting multiple events. Be sure to check your answer to make sure it accurately addresses all elements of the question being asked.
- All answers should reflect programs and policies consistently available to all employees unless otherwise specified in the question. For instance, if some managers have received training in conflict resolution but not all managers, the question should be answered no.

This document offers employers a preview of the assessment in order to gather key information ahead of completing the digital survey.

DEFINITION
Throughout the survey, you will find references to "workplace mental health" which is defined below: "*Mental health-friendly workplaces are those that value the health of their employees, including their mental health and well-being, and have specific practices and policies in place. Specific policies and practices can include valuing diversity, treating mental illness with the same urgency as physical illness, promoting a healthy work-life balance, and providing training for managers and supervisors on mental health issues. In addition, mental health friendly workplaces support employees in seeking treatment, safeguard employee health information, and provide employees referral resources such as EAPs.[1]"*

SURVEY QUESTIONS

1. **Contact Information**

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[1] Substance Abuse and Mental Health Services Administration. A Mental Health-Friendly Workplace (Editor Ed. Eds. Vol. Volume).

- Name:
- Company:
- Address:
- Address 2:
- City/Town:
- State/Province:
- Zip/ Postal Code:
- Country:
- Email address:
- Phone Number:

Leadership and Organizational Culture

2. Workplace mental health is important to our organization because (select all that apply)
   - It affects the bottom line
   - Employee well-being matters
   - It affects turnover and retention
   - Not sure
   - Other (please specify)

Please rate the statements below:

3. Please rate your response for the following statements Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree
   - Our organizational leadership has knowledge about workplace factors that can impact mental health both positively and negatively.
   - Employees with mental health challenges can contribute to the workplace.
   - The workplace can support people experiencing mental health challenges.
   - Our organization feels confident in our ability to support employees with mental health challenges.
   - Our organization feels confident in our ability to implement workplace mental health programming.

Please rate the statements below:

4. Our organization's leadership makes an explicit commitment to workplace mental health as part of the organization's overall culture of health, including through public statements, organization-wide communication, and business planning.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

5. Employees experiencing mental health issues can contribute to the workplace.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

6. Our organization provides and actively supports flexible working schedules in a consistent way for all employees. (Flexible schedules refers to employees being able to choose the hours that they work during the day and where they work their hours.)
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

7. Our organization actively encourages managers to model work/life balance for their teams.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

8. Our organization holds all employees of the organization accountable for their actions.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

9. Our organization ensures that managers/ leaders are held accountable for their actions to the same or higher standard than other employees.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

10. Does your organization have a policy specifying employees may use paid time off for days or hours absent due to mental health concerns?
    - Yes
    - No
    - Don't know

11. Does your organization conduct a workplace mental health survey? (if yes, please attach survey and aggregated results if available)
- Yes
- No

12. Does your organization conduct an employee health risk assessment? (if yes, please attach survey and aggregated results if available)
- Yes
- No

13. Does your organization already partner with any external entities to improve workplace mental health? (e.g. Northeast Business Group on Health, National Alliance on Mental Illness)
- Yes (if yes, please specify)
- No

14. What are the workplace mental health concerns that affect your employees? Please select your top five priorities:
- Access to mental health and substance use care
- Adult ADHD
- Alcohol and other substance use
- Anxiety
- Autism spectrum disorders
- Bipolar disorder
- Caregiving
- Chronic conditions
- Depression
- Insomnia
- Loneliness/ social isolation
- Obsessive Compulsive Disorder
- Opioid disorders
- Pain management and musculoskeletal disorders
- Postpartum depression and return to work
- Posttraumatic stress disorder
- Resilience
- Stress management/ burnout
- Other (please specify)

15. What strategies are you interested in pursuing to improve workforce mental health and well-being? (Please select all that apply)
- Developing new program and service offerings related to mental health
- Developing organizational policies to support a culture of workplace mental health
- Identifying strategies to measure impact and evaluate programs

- Increasing knowledge about mental health and reducing stigma
- Increasing knowledge and use of existing employee resources (e.g. EAP, onsite wellness programs)
- Training managers to identify emotional distress and refer to appropriate services
- Improving managers ability to recognize and reduce workplace stress
- Improving employee skills training to manage psychological distress (e.g. resilience, stress management techniques and improving self-care
- Other (please specify)

16. What areas are you most interested in pursuing strategies to improve workplace mental health?
- Leadership commitment and organizational policy
- Access to care
- Awareness/ communication
- Programs
- Middle management skills

17. Do you have a budget to implement new initiatives related to workplace mental health?
- Yes
- No
- Not sure

Access to care (if you offer multiple plans, focus on the plan with the highest # of employees)

18. Does your organization provide health insurance coverage with free or subsidized out-of-pocket costs for preventive services, medications and other treatment related to mental health needs?
- Yes
- No

19. Does your organization annually review data to determine if the health plan is providing high quality outpatient and inpatient coverage for mental health treatment when needed and easily- understood descriptions of how to access care?
- Yes
- No

20. Does your organization annually review data related to mental health service benefits to determine if the plan is affordable for most of your employees?
- Yes (if yes, please describe)
- No
- Don't know

21. Does your organization provide information about mental health issues and employee benefits on a quarterly basis?

- Yes
- No
- Don't know

22. Does your organization annually review health plan provider directories to ensure they are up-to-date?
- Yes
- No

23. Does your organization annually review health plan provider directories to ensure they provide accurate information?
- Yes
- No

24. Does your organization offer employees and their families' access to an Employee Assistance Program (EAP)?
- Yes, for employees and their families
- Yes, only for employees
- We do not have an EAP

25. How likely are employees to use the EAP?
- Very likely
- Somewhat likely
- Not likely
- Don't know

Awareness/ Communication
26. Does your organization conduct any wide-scale communication to address mental health and wellness?
- Yes
- No

27. Do you think your employees would benefit from additional awareness campaigns related to workplace mental health?
- Yes
- No

28. Does your organization provide educational materials to employees on workplace mental health issues? (e.g. brochures, videos, posters or newsletters)
- Yes
- No

29. Do you think your employees would benefit from receiving additional educational materials related to workplace mental health?
- Yes
- No

Programs
30. Does your organization have an active health promotion committee with an explicit charge to include a focus on mental health issues?
- Yes (please specify)
- No

31. Does your organization have an employee champion or a network of champions who actively advocate for or publicize mental health and wellness programs?
- Yes (please specify)
- No

32. Does your organization provide and promote interactive educational programming on workplace mental health? (answer yes if, for example, your worksite offers 'lunch and learns', classes offered in person or virtually, in group or individual settings)
- Yes
- No

33. Do you think your employees would benefit from additional types/ topics of interactive educational programming on workplace mental health?
- Yes
- No

34. Does your organization offer worksite health promotion programs focused on physical wellness including any of the follow (check all that apply). Please provide additional examples/documentation
- Access to free/subsidized technological supports (e.g. tele-psych or meditation apps)
- Diabetes and pre diabetes
- Heart attack and stroke
- High Blood pressure
- High cholesterol
- Nutrition/ weight management
- Onsite fitness classes
- Physical activity
- Sleep/ fatigue
- Supportive programs / environments for physical health improvement (e.g. tobacco free policies, subsidized gym memberships)
- Tobacco use
- Other (please specify)

- Do not offer worksite health promotion programs

35. Does your organization provide access to self-administered screening tools for common mental health conditions?
   - Yes
   - No

Management Skills

Please rate the statements below:
36. Our employees feel comfortable discussing how mental health issues may affect their work with their manager.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

37. Our managers feel comfortable addressing employee mental health issues and emotional distress and connecting employees with services.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

38. Does your organization provide training to managers with the goal to reduce excessive workplace stress? (if using a specific program please describe)
   - Yes
   - No
   - Don't know

39. Does your organization provide training in identifying job performance problems related to mental health issues?
   - Yes
   - No
   - Don't know

Employer Characteristics

40. How many employees are there in your organization (across all U.S. locations)?
   - 1-49
   - 50-99

- 100–249
- 250–749
- ≥750

41. Do you have multiple work sites?
- Yes
- No

42. If yes, how many employees are at the NYC based location for which you are completing this survey?
- 1-49
- 50-99
- 100–249
- 250–749
- ≥750

43. What is the breakdown of ages among your employees? (Please type the number of employees for each category).
- < 18 years of age
- 18-34 years of age
- 35-44 years of age
- 45-64 years of age
- > 65 years of age

44. What is the breakdown of sex among your employees? (Please type the number of employees for each category).
- Female
- Male
- Non-binary/ third gender
- Prefer to self-describe _____
- Prefer not to disclose

45. What is the breakdown of ethnic groups among your employees? (Please type the number of employees for each category).
- Non-Hispanic white
- Non-Hispanic black/ African American
- Hispanic/ Latino
- Asian/ Asian American
- American Indian/ Alaska Native
- Native Hawaiian/ Pacific Islander
- Other

46. How many employees are part time? _____

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Redefining Workplace
Mental Health

47. How many employees are full time? _____

48. How many employees are salaried? _____

49. How many employees are paid hourly? _____

Thank you for participating in the Workplace Assessment.