

Employer Survey on Employee Support for Substance Use and Mental Health Disorders

Survey Introduction: [INSERT EMPLOYER NAME] is in the process of developing best-practices on how we can better support our employees and their family members who are experiencing mental health and substance use issues. To achieve this goal, we are conducting this confidential survey with our employees. Your participation is greatly appreciated!

Your responses to this survey will be completely confidential and anonymous. Your responses will not be associated with your name or any other identifying information.

The survey contains 9 key questions and should only take approximately 5 minutes to complete. If you have questions about this survey, please contact [NAME] at [EMAIL & PHONE NUMBER]. Thank you for your time and participation!

1. Have either you, your immediate family member(s) or a [EMPLOYER NAME] colleague experienced a mental health issue (such as depression, anxiety, trauma) and/or a substance use issue (such as with alcohol or other drugs)?

Please select all that apply.

- Myself
- My immediate family member(s)
- A [EMPLOYER NAME] colleague
- None of the above

➔ If "MYSELF" is selected...

1a. Which mental health and/or substance use issue(s) have YOU experienced?

Please select all that apply.

- Substance use
- Depression
- Anxiety
- Trauma or post-traumatic stress disorder (PTSD)
- Other: _____

➔ If "MY IMMEDIATE FAMILY MEMBER(S)" is selected...

1b. Which mental health and/or substance use issue(s) have YOUR IMMEDIATE FAMILY MEMBER(S) experienced?

Please select all that apply.

- Substance use
- Depression
- Anxiety
- Trauma or post-traumatic stress disorder (PTSD)
- Other: _____

➔ If "A [COMPANY NAME] COLLEAGUE" is selected...

1c. Have you been concerned about any of your [EMPLOYER NAME] colleagues experiencing any of the following mental health and/or substance use issues?

If so, please select all that apply.

- Substance use
- Depression
- Anxiety
- Trauma or post-traumatic stress disorder (PTSD)
- Other: _____

2. Do you get your health insurance through [EMPLOYER NAME]?

- Yes
- No

3. Do you know what mental health and/or substance use treatment services your health insurance covers for you and/or your dependent?

- I have no idea
- I don't know, but I know how to find out
- I have some idea, but I'm not sure
- I know exactly what mental health and/or substance use services my insurance covers

4. How satisfied are you with your health insurance benefits for mental health and/or substance use treatment services?

- Very satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very unsatisfied

4a. Please explain your level of satisfaction:

5. Since you have worked at [EMPLOYER], have you accessed mental health and/or substance use treatment services?

- Yes
- No

→ *If YES...*

5a. How did you access these mental health and/or substance use services?

- Through [EMPLOYER]'s Employee Assistance Program (EAP)
- Through referral from my insurance company
- Directly through a provider
- Other: _____

5b. Overall, how helpful were these treatment services in addressing your mental health and/or substance use issue?

- Very helpful
- Somewhat helpful
- Neither helpful nor harmful
- Not helpful
- Made it worse

→ *If "NO"...*

5c. For what reason(s) you did NOT access mental health and/or substance use treatment services? Please select all that apply.

- Fear that my boss/supervisor would find out
- Fear that my family would find out
- Fear that I could get fired
- Fear that seeking treatment would negatively impact my career development
- Cannot get time off of work
- Cannot afford the co-pay
- Cannot afford the out-of-pocket costs
- My problem is not serious enough to seek care
- I would rather deal with the problem on my own
- Previous bad experience with mental health care and/or substance use services
- My health insurance does not cover the substance use and/or mental health services that I need
- I didn't or haven't needed mental health and/or substance use treatment services
- Other (e.g. transportation, child care, etc...)

6. Have you felt, or would you feel comfortable talking with your supervisor about a mental health or substance use issue that you are experiencing?

- Very comfortable
- Comfortable
- Neutral
- Uncomfortable
- Very uncomfortable

→ If “UNCOMFORTABLE” or “VERY UNCOMFORTABLE”...

7a. For what reason(s) would you NOT feel comfortable speaking with your supervisor about mental health and/or substance use issues?

Please select all that apply.

- Fear that I would get fired as a result
- Fear that I would lose career advancement opportunities
- Fear that my issue would not stay confidential
- Other: _____

→ If “COMFORTABLE” or “VERY COMFORTABLE”...

7b. For what reason(s) would you feel comfortable speaking with your supervisor about mental health and/or substance use issues?

Please select all that apply.

- My supervisor has explicitly said that employees should come to them if they are experiencing a mental health or substance use issue
- My supervisor is kind and understanding
- I do not believe there would be any negative consequences to telling my supervisor
- Other: _____

7. How much do you agree or disagree with this statement: **[EMPLOYER NAME]** provides a supportive environment for employees who want to seek help for mental health and/or substance use issues.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Which statement do you think best characterizes the culture surrounding mental health and/or substance use issues at **[EMPLOYER NAME]**?

Please select all that apply.

- My colleagues and supervisors would support me
- I hear negative comments from my colleagues about people with mental health and/or substance use issues
- Seeking help would negatively impact my reputation and/or career
- Seeking help would result in being terminated from my current position
- Other: _____

9. Please provide any other information you would like to share about mental health and/or substance use services, access to resources, culture, etc... at **[EMPLOYER NAME]**?

DEMOGRAPHICS

1. What is your age in years?

- 18-24
- 24-34
- 35-44
- 45-54
- 65+

2. Please specify your race (e.g. Asian, Pacific Islander, Black, African American, Hispanic or Latino, etc...): _____

3. Please specify your ethnicity (e.g. Chinese, Haitian, Italian, Nigerian, etc...)

4. Please specify your gender identity:

5. Please specify your sexual orientation:

6. What is your marital status?

- Single, never married
- Married or domestic partnership
- Divorced
- Separated
- Widowed

7. Are you the primary caregiver and/or guardian for any children and/or adults?

- Yes
- No

→ *If "YES"...*

Please specify the number of children and/or adults for whom you are the primary caregiver: _____

8. Which best describes your position at [EMPLOYER NAME]?

- [Use position categories that make sense for your organization. E.g. "Administrative," "Sales," "Executive Leadership," "Finance," etc...]
- [Position category]
- [Position category]
- [Position category]
- [Position category]
- [Position category]
- [Position category]

9. Please specify your current hours of work at [EMPLOYER NAME]:

- Regular day shift
- Regular evening shift
- Regular night shift
- Rotating shift
- Other: _____