



# A BRIDGE TO SUPPORT

## A Proposal for Additional Mental Health Benefits for Staff members of Trinity United Methodist Church

In these unsettled times, the mental health and well-being of our staff are vital to work we do. The strength of our church community and the quality of our relationships are foundational. To live fully into our shared mission, vision, and values it is important to support our staff by offering the resources they need.

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## Proposal

Trinity United Methodist Church is guided by a clearly defined mission, vision, and set of core values that shape every aspect of its ministry. In these unsettled times, the mental health and well-being of our staff are vital to the work we do. The strength of our church community and the quality of our relationships are foundational. Trinity's stated mission, vision, and core values are inspiring and ambitious - shaped through collaboration, prayer, and desire to serve and live faithfully. Our staff and leadership teams seek to align all we do as a church with these principals.

**Mission:** To make disciples of Jesus Christ for the transformation of the world.

**Vision:** To be a courageous witness for Christ by welcoming all people, growing loving relationships, nurturing deeper faithfulness, and doing all the good we can in our community and beyond.

**Values:** Big-hearted, Spirit-led, Christ-minded, Bound by Love

Each of these is meaningful and simple. None is effortless. All are a high calling that requires emotional stability and a strong spiritual foundation. To live fully into our shared mission, vision, and values, it is important to support our staff by offering the resources they need. This proposal outlines the need for additional mental health benefits to ensure our staff can continue serving faithfully and effectively.

The pastors' responsibilities often include providing counseling and emotional support to others. However, their many duties leave little time to devote to this important need. Staff members who receive calls and requests on behalf of the pastors are routinely involved in responding to spiritual and mental health needs. In the process of connecting people directly with the pastors, they may also lend direct support. Many interactions on behalf of the pastors involve indirect requests for emotional support, such as serving those suffering the loss of a loved one or going through a serious illness. Conversations with members of the community, the congregation, and staff members can involve on-the-spot counseling for complex issues.

Pastors' education and training equips them to some degree to respond to mental health needs and provide spiritual care and guidance. As a church, we acknowledge and support not only the pastors' spiritual responsibilities but also their mental health needs. In fact, the Florida Conference of the United Methodist Church (FLUMC) offers Clergy Care options that include an Employee Assistance Program (EAP) and a strong list of resources and training for mental and spiritual health. This is vital and appropriate in support of any pastor's job. With a large church and a significant staff, every staff member represents Trinity and may be called upon to respond to situations requiring emotional or mental care. Staff members don't simply forward requests for care to the pastors—they do what they can to help. At times, they go above and beyond their job descriptions, and sometimes beyond their training and capacity.

Staff across various ministry areas serve as partners to lay leadership teams. Those involved in worship design must have the spiritual depth to shape meaningful experiences. Staff members who provide hospitality and bereavement support are often on the front lines, responding to emotional needs of congregants and the community. Staff members may be small group liaisons, called on to engage deeply with content and conversations centered on spiritual formation. In these roles, staff are routinely placed in emotionally and spiritually demanding situations.

Gallup research has revealed a steady decline in employee well-being, a ten-year low in employee engagement, and a growing mental health crisis (*Figure 1.1 and 1.2*). These are among twelve transformative changes identified by Gallup in the post-pandemic workplace (Wigert & Harter, 2025). Four out of ten U.S. workers report that their job has an extremely negative (7%) or somewhat negative (33%) impact on their mental health, compared with three out of 10 who report an extremely positive (7%) or somewhat positive (23%) impact (Witters & Agrawal, 2022).



Figure 1.1 Trended Life Evaluation of U.S. Employees



Figure 1.2 U.S. Employees' Daily Negative Emotions

A 2022 report by the World Health Organization identified the workplace as a key setting where transformative action on mental health is needed. The report offers recommendations for how employers can promote mental health and help employees thrive (WHO, 2024). Interviews conducted with professionals in mental health, social work, and human resources (**Appendix A**) included the question, “Do you believe employers should do more to support the mental health of their employees?” All respondents expressed strong support for employers taking a more active role in promoting employee mental health.

Human resources professional, Stephanie Dyal, explained, “When people feel supported and cared for, they’re more engaged, focused, and better able to do their best work.” “Taking care of your people helps take care of your mission. It builds trust, improves retention, and creates a healthier

workplace for everyone” (S. Dyal, personal communication, June 2025). Dyal offers further insight that “support can look like flexible work schedules, encouraging people to actually use their time off, offering access to counseling or mental health resources, or just making space for honest conversations.”

Adding to Dyal’s perspective, Dr. Randall Sherwood, PsyD noted, “It’s a win-win situation for the employer and the employee. Better care and support/resources for the employee and better performance and longevity for the employer” (R. Sherwood, personal communication, June 2025).

A conversation about mental and emotional health in the workplace must also become a conversation about health insurance coverage. Respondents to “Interview of Professionals” (**Appendix A**) ranked the most significant barriers to accessing mental healthcare. The top obstacles identified (*Figure 2*) were **cost, availability of providers, lack of insurance coverage, and not recognizing the need for treatment**.

Average Rank	Barriers to mental healthcare access (1: most significant, 8: less significant)
<b>1.75</b>	Cost (regardless of insurance coverage)
<b>2.25</b>	Availability of providers
<b>4.00</b>	Not covered by insurance
<b>4.25</b>	Not recognizing the need for treatment
<b>5.00</b>	Availability of in-network providers
<b>5.50</b>	Inability to find or take time for treatment
<b>6.00</b>	Social stigma in seeking treatment
<b>7.25</b>	Lack of support or opposition from others in seeking treatment

*Figure 2, Aggregation of interview survey responses*

Wanda Brady, EdD, MSW, LCSW, explained that many mental health services now operate on a private-pay basis, meaning they either don’t accept insurance or choose not to bill it. While inpatient care is typically covered under hospitalization benefits, patients often face high deductibles and significant out-of-pocket costs before insurance coverage takes effect (W. Brady, personal communication, June 23, 2025).

Dr. Sherwood explains that patients frequently express frustration that the services they need are not covered and that, except for Medicare, insurance coverage is often inadequate and ineffective (R. Sherwood, personal communication, June 2025). Sherwood lists restrictions on autonomy and restrictions impacting patient care as challenges to being an in-network provider. He adds that gaining in-network status is not an option, as some insurances no longer accept mental health providers as in-network.

According to Indeed's Employer Resource Library, "Introducing an Employee Assistance Program (EAP) can make a huge difference to a workplace. These programs provide essential employee support by addressing personal and professional challenges to enhance their well-being and overall productivity" (Indeed Employer Content Team, 2025).

The U.S. Office of Personnel Management defines an EAP as "a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. EAPs address a broad and complex body of issues. Many EAPs are active in helping organizations prevent and cope with workplace violence, trauma, and other emergency response situations" (What is an Employee Assistance Program (EAP)? - OPM.gov, n.d.).

*Indeed for Employers* states, "Implementing an Employee Assistance Program is a strategic investment that benefits employees and employers alike. EAPs address personal and professional challenges by offering confidential support services and improving productivity and morale. Introducing an EAP is more than a mere compliance measure; it is a commitment to fostering a supportive workplace culture that promotes long-term organizational success" (Indeed Employer Content Team, 2025).

*Blue Lion*, an HR consulting firm serving New England, explains that stress has become the health epidemic of the century and the importance of EAPs in addressing this challenge. The firm states

that EAPs not only support employees but also protect business performance. The distraction of personal issues has a negative impact on employee's ability to reach their full potential, which negatively impacts productivity and is costly to employers (Here's why your company needs an employee assistance program - Blue Lion, n.d.).

EAPs can be designed to also cover needs not typically addressed by health insurance, such as financial counseling and elder care. These services provide employees with support they might otherwise lack due to cost or lack of access. Even when not used frequently, the mere availability of these services can enhance employee well-being and workplace morale.

*Blue Lion* notes that while employers may be concerned about the cost of counseling services, statistics show that only 1–2% of employees typically use this benefit. Nevertheless, this modest cost yields high returns through improved productivity and reduced absenteeism. Additional documented benefits of EAPs include **decreased presenteeism, increased engagement and performance, improved mental health, and higher employee retention** (Here's why your company needs an employee assistance program - Blue Lion, n.d.).

The website for *Headspace for Organizations* offers insights on building workplace cultures focused on mindfulness, resilience, and community. Their approach encourages organizations to create environments known for kindness and support—conditions in which employees are more likely to thrive in their mental health journeys (Headspace Culture | Support to help your teams thrive, n.d.). *Headspace* also claims their plans result in savings for employers and provide employees with **less stress, sharper focus, reduced burnout, and fewer symptoms of depression** (Headspace for Organizations, n.d.).

Another organization offering a strong EAP model is Anthem, a major managed health benefits company. Anthem provides an EAP that gives “quick and easy access to work/life support, confidential



counseling, and referral services” to help employees deal with daily work and life challenges (4.6.1 EAP services, n.d.). Anthem recognizes that not all problems require face-to-face counseling. Many can be addressed through work/life services, including support for childcare, eldercare, parenting, education, adoption, tobacco cessation, health and wellness, and even identity recovery. These resources help employees navigate the often-conflicting demands of personal and professional life.

Our very own Florida Conference of the United Methodist Church (FLUMC) now offers an EAP to its clergy members. This program is described as a convenient, confidential, and free benefit available to clergy and their household members. It is designed to assist with everyday challenges as well as more complex concerns (Brick River, n.d.). **Appendix B** shows a comparison of services for the organizations mentioned.

Trinity’s leadership and the Staff Parish Relations Committee have been diligent in providing health insurance options that support the well-being of our staff and their families. These offerings consistently include both HMO and PPO plans, with Trinity covering all or a significant portion of the cost. For most medical needs, employees can select a plan that fits their individual circumstances. Mental health care is included as part of each plan’s coverage.

Employees choose between HMO and PPO plans based on factors such as deductibles, copayments, out-of-pocket limits, and annual maximums. In many cases, switching to in-network providers is manageable. However, for ongoing care—such as mental health counseling—changing providers can be difficult and even disruptive to treatment.

While it may not be feasible for an employer to subsidize every type of care an employee may need, mental health care is essential for the work Trinity staff members do. Currently, Trinity’s insurance options do not offer favorable coverage for out-of-network services, which creates a significant gap for those needing consistent mental health support. Providing additional support—such as helping offset the cost of an established, out-of-network mental health provider—could ease the burden and promote

continuity of care. Staff members need this care in order to support our leadership, coworkers, congregation, and community, as they are called to do by Trinity's mission, vision and core values.

Trinity's leadership encourages staff members to prioritize self-care by acknowledging it's importance, especially during the recent seasons of challenge and crisis in our community and beyond. However, the ability and resources of individual staff members to care for themselves vary. One way to better equip staff to support the pastors, care for one another, and serve our large congregation and broader community would be to increase mental health options offered by our benefits package.

The Staff Parish Relations Committee (SPRC) and lay leadership at Trinity have long demonstrated a commitment to supporting the emotional and spiritual well-being of both pastors and staff. The SPRC accomplishes this in several ways—through supporting staff retreats, creating appreciation events, supporting continuing education and spiritual renewal opportunities, and promoting a healthy work-life balance. These practices contribute meaningfully to the overall health and morale of the team.

Some staff may not prioritize their mental health, or they may not view it as affordable or necessary. By tailoring the EAP benefit to include a variety of eligible expenses, more staff members may recognize options they are most likely to use. A diverse and flexible benefits structure would reinforce the importance of mental well-being for staff members who regularly care for others and operate in high-stress environments.

One simple yet meaningful enhancement would be to explicitly state that staff participation in activities such as worship planning, spiritual retreats, small group leadership, and relevant training are recognized as work-related responsibilities, not personal time. Even if the activity is not directly tied to a staff member's specific job duties, any endeavor that supports their spiritual or mental health strengthens the contribution they make to Trinity's mission. Stating this clearly serves as encouragement and provides a low-cost benefit that is immediately available.

As is the case for pastors, staff members could be encouraged to request reimbursement and work time to attend approved spiritual events such as retreats. Naturally, any such request would require supervisor approval and scheduling consideration. Additionally, if a staff member's workload consistently prevents participation in these opportunities, their position could be reevaluated to ensure that mental and spiritual health are not deprioritized by job structure.

Another meaningful layer of support would be to offer staff training in triaging mental health care requests and providing peer-level support. This would benefit not only the individual receiving training but also the pastoral team by lightening the counseling load. Overall, such efforts would improve both the mental health of individual staff members and the collaborative health of the entire team.

Employee Assistance Programs typically include access to mental health counseling and coaching, psychiatry services, crisis response, and work-life balance tools. Many also offer support for meditation, mindfulness, sleep health, and workplace culture. Some EAPs extend services to cover areas like childcare, eldercare, legal and financial consultation, and team-building development.

Currently, the EAP approach is recognized and implemented by the Florida Conference of the United Methodist Church, but it is offered as a benefit to clergy only. The addition of an EAP, customized for Trinity and shaped by the ideas and input of Trinity's leadership, could be a significant step toward bridging the current gap in support for staff. This proposal recommends not only implementing a standard EAP but also expanding and customizing its benefits to include approved activities that support mental and spiritual well-being—such as retreats, trainings, and classes.

Survey interviews (**Appendix A**) were conducted to gather the perspectives of mental health care providers on various aspects of healthcare. Responses varied regarding which listed activities are likely to have a significant impact on mental health. Some providers felt that all or most of the activities could be influential. Stephanie Dyal noted that “all of the listed activities can have a positive influence

on mental health, but it's highly individual" (S. Dyal, personal communication, June 2025). She added that for any individual, an activity may be beneficial in one situation and overwhelming in another, depending on context and personal needs.

If an Employee Assistance Program is to be offered, it may be most beneficial to structure it as a flexible allowance per person. This allowance could be used for activities that are not typically covered by health insurance but are known to support mental well-being. For example, one simple option might include a mental health day. The existence of a plan with customizable options could also positively influence workplace culture, fostering a greater sense of ownership and support among staff members.

These varied examples reflect the wide range of possibilities in designing and implementing an EAP. Each demonstrates how thoughtfully developed programs can promote well-being, improve performance, and strengthen organizational culture—all outcomes Trinity can pursue with an EAP tailored to our needs.

Before implementing any revisions to current benefits, *Indeed for Employers* recommends that organizations first evaluate the specific needs and challenges their staff are facing. Conducting an anonymous employee survey and holding staff feedback sessions are among the suggested steps to ensure the program is relevant, responsive, and effective (Indeed Employer Content Team, 2025).

The Needs Assessment Survey in **Appendix C** is designed to provide data to assess the need for improvements in mental health care coverage and options for church professionals. If the SPRC decides to consider implementation, the survey can help evaluate individuals' ability to manage their mental health—both proactively and in response to specific needs or conditions—and explore how mental health concerns may be impacting their work.

The estimated cost to implement an Employee Assistance Program is approximately \$12 to \$40 per employee per year. For Trinity's staff of around 80 employees, this would total roughly \$1,000 to \$3,200 annually. The timeline for implementation should allow needed research and the construction of

a customized plan. Ideally the plan would be implemented at the beginning of the next insurance benefits year.

Trinity United Methodist Church is committed to living out its mission, vision, and core values—not only in service to our congregation and community but also in the way we care for those who serve. As this proposal has outlined, the mental health and emotional well-being of our staff are essential to sustaining a healthy, effective ministry. In addition, our credibility of service to the congregation and community is diminished if we don't extend the same care towards our own staff. We can truly ask our staff members to care well for themselves and others by empowering them to do so.

Our pastors and staff are deeply dedicated to their roles, often stepping beyond their formal responsibilities to care for others in times of need. To continue this important work effectively, they must also be equipped with the support, resources, and care they themselves require. With thoughtful planning, leadership input, and staff feedback, we can take intentional steps toward closing the gaps in mental health care access and fostering a culture of wellness that reflects the spirit of Trinity.

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## Interview of Professionals, Appendix A

Hello [],

I am gathering data to develop a proposal regarding mental healthcare benefits. You have been identified as having valuable insight and experience that will be an asset to this proposal.

Please respond to each question inline and let me know if you have any issues answering due to the format. Alternatively, I would be happy to speak with you by phone or in a personal interview. And don't hesitate to let me know if you are unable to participate at this time.

Thank you for allowing me to interview you.

Kind regards,

Cindy

1. Which option best describes your professional background?

If you are retired, please answer based on your most recent role.

- ☐ Mental health care provider
- ☐ Medical health care provider
- ☐ Counselor or life coach
- ☐ Social work professional
- ☐ Human resources professional
- ☐ Insurance professional
- ☐ Other (please specify): \_\_\_\_\_

1. In terms of meeting overall healthcare needs in your area of residence, how well are healthcare plans and insurance options performing? What aspects are working well, and where are there gaps in coverage?

2. Specifically, regarding mental health care, how effective do you think healthcare plans are in providing adequate coverage?

3. What are your thoughts on employment being tied to individuals' and families' access to healthcare?

4. Do you believe employers should do more to support the mental health of their employees? Why or why not?

5. How significant is in-network status in influencing provider choice, based on your personal and professional experience?

- General or family practice physicians
- [ ] Not a factor
- [ ] Slight factor
- [ ] Moderate factor



- ☐ Significant factor
- ☐ Very significant factor

· Specialist physicians

- ☐ Not a factor
- ☐ Slight factor
- ☐ Moderate factor
- ☐ Significant factor
- ☐ Very significant factor

· Therapists and mental health counselors

- ☐ Not a factor
- ☐ Slight factor
- ☐ Moderate factor
- ☐ Significant factor
- ☐ Very significant factor

6. If you have a perspective due to your profession, what are the primary challenges to becoming or remaining an in-network provider?

- ☐ Administrative burdens
- ☐ Payment unreliability
- ☐ Restrictions that limit physician autonomy
- ☐ Restrictions that impact patient care
- ☐ Lower reimbursement rates
- ☐ Unnecessary for practice viability and quality of care
- ☐ Other (please specify): \_\_\_\_\_
- ☐ I don't have a perspective to answer this question

7. Which, if any, of the following mental healthcare treatments do you consider important for most individuals whose mental health is average or above average?

- ☐ Counseling, therapy, psychotherapy
- ☐ Psychiatric or psychotropic medications and medication management
- ☐ Psychiatric evaluation
- ☐ Psychological testing
- ☐ Substance abuse treatment or rehabilitation
- ☐ Other:
- ☐ None of these are important for people experiencing good mental health

8. Which, if any, of the following mental healthcare treatments do you consider essential coverage by health insurance plans?

- ☐ Psychiatric or psychotropic medications and medication management
- ☐ Psychiatric evaluation

- ☐ Psychological testing
- ☐ Substance abuse treatment or rehabilitation
- ☐ Other:
- ☐ None are essential for satisfactory coverage

9. In your professional and personal experience, what are the primary barriers individuals experience in getting the mental healthcare they need? Please rank each of these and add others to this list:

- ☐ Cost (regardless of insurance coverage)
- ☐ Not covered by insurance
- ☐ Availability of providers
- ☐ Availability of in-network providers
- ☐ Not recognizing the need for treatment
- ☐ Social stigma in seeking treatment
- ☐ Lack of support or opposition from others in seeking treatment
- ☐ Inability to find or take time for treatment
- ☐ Other: \_\_\_\_\_

10. In your opinion, which of the following activities are likely to influence mental health significantly?

- ☐ Exercise (e.g., gym, running, yoga)
- ☐ Meditation and mindfulness practices
- ☐ Therapy or counseling sessions
- ☐ Creative hobbies (e.g., painting, writing, music)
- ☐ Social activities (e.g., clubs, group events)
- ☐ Nature activities (e.g., hiking, gardening)
- ☐ Educational or personal development classes
- ☐ Professional or skills training programs (e.g., leadership, communication)
- ☐ Relaxation activities (e.g., spa, massage)

Comparison of Services, Appendix B

Service offered	Headspace	FLUMC	Anthem
Mental health counseling		x	
Mental health coaching	x	x	
Psychiatry services	x		
In-person and video therapy / behavioral health online sessions	x		x
Critical incident support	x		x
Financial services	x	x	x
Legal services	x	x	x
Identity theft support	x	x	
Childcare needs	x		x
Eldercare needs	x		x
Special needs care			x
24/7 phone support for in-the-moment needs	x		
Mindfulness, sleep support & focus tools	x		
Emotional well-being			x
Employee Wellness workshops			x
Management consultations and referrals, workshops	x		x
Online programs, self-guided apps for depression, chronic pain and more		x	
Work-life web services to find resources for childcare and elder care, discounts and more		x	
Work-life services with specialists who research service providers of childcare, adult care, education, home improvement, and more		x	
Online learning center			x
Drug-free workplace programs			x
EAP management materials			x
EAP utilization assistance			x
Member website		x	
Provider search		x	

## Needs Assessment Survey, Appendix C

1. Which selection best describes your health insurance coverage?
  - a. Participant in a primary healthcare plan provided by my employer
  - b. Participant in Medicare and/or Medicaid as my primary healthcare plan
  - c. Covered by a COBRA or an Individual Private Health Insurance Plan
  - d. Currently no health insurance
  - e. Other \_\_\_\_\_
2. Over the last 10 years, approximately how often have you received care from a mental health care provider? Answer for the year with the highest frequency.
  - a. Never
  - b. Once per year
  - c. Once per month
  - d. More than once per month
3. For the care received in the previous question, what portion of the cost did you pay yourself?
  - a. I paid 100% of the cost myself
  - b. I paid more than 50% myself (but not 100%)
  - c. I paid less than 50% myself
  - d. Not applicable
4. Is the frequency of your mental health care treatment or visits sufficient for your needs?
  - a. Not applicable
  - b. No, I would benefit from more frequent treatment
  - c. Yes, my treatment is sufficient
5. If the cost per treatment were lower, would you receive mental health care more often?
  - a. Not applicable
  - b. No
  - c. Yes
6. Which selection best describes how you would react if someone experiencing severe emotional distress—such as suicidal thoughts, severe depression, or a financial crisis—reached out to you for support?
  - a. It would not upset me, and I know how to handle someone in a crisis.
  - b. I would talk to them as long as needed and do all I could to help them.
  - c. It would make me nervous, but I would try to help them.
  - d. I would feel overwhelmed and would want someone else to handle the situation.
7. When working, how often do or did you encounter individuals experiencing severe emotional distress?
  - a. Almost never
  - b. Once per year
  - c. Once per month
  - d. More than once per month

8. How important is unity and support among co-workers to the success of your work?
  - a. My team members function independently, so it doesn't matter very much.
  - b. It's helpful, though not essential.
  - c. It's important for some of my responsibilities.
  - d. Unity is essential; the team must work cohesively for success.
9. Which of the following mental healthcare treatments would you be likely to use if covered, at least partially, by your health care plan? Select all that apply.
  - a. Therapy and counseling, including individual, family, group, DBT, CBT
  - b. Prescription medication, medication evaluation, medication management
  - c. Psychological testing
  - d. Substance abuse treatment or rehabilitation
10. Which of the following activities are directly beneficial to your mental health, or would be if you participated in them? Select all that apply.
  - a. Exercise (e.g., gym, running, yoga)
  - b. Meditation or mindfulness practices
  - c. Therapy or counseling sessions
  - d. Creative hobbies (e.g., painting, writing, music)
  - e. Social activities (e.g., clubs, group events)
  - f. Nature activities (e.g., hiking, gardening)
  - g. Educational or personal development classes
  - h. Professional or skills training programs (e.g., leadership, communication)
  - i. Relaxation activities (e.g., spa, massage)