



APPLICATION QUESTIONS



HOW TO APPLY

To begin the application process, complete the following steps:

1. Submit an [employer information form](https://bit.ly/EmployerInfoForm) (available online at <https://bit.ly/EmployerInfoForm>).
2. Within one business day, you will receive an email with the link to the online application.
3. Prepare and submit your application online. The application takes an estimated five hours to complete.
4. Pay the application cost by check or by credit card online at the time of submission. Application costs range from \$99 to \$299 depending on the size of the employer.
5. The deadline for submission is **March 31, 2022**.

REVIEW AND RESULTS

After submitting the completed application, please allow 10 to 15 business days to receive the results via email, including which level of recognition—Bronze, Silver, Gold, or Platinum—the employer qualifies for and how the employer scored. MHA will then schedule a **30-minute virtual meeting** with the employer to review the results and provide additional resources, if applicable.

Employers with Bell Seal certification, at their discretion, will receive the following:

- Recognition via logo inclusion on [MHA's Bell Seal website](#)
- Recognition on MHA's social media platforms and national newsletter
- Recognition during MHA's Annual Conference in June
- Bell Seal Recipient Promotion Toolkit
- Access to Workplace Wellness Newsletter
- High-impact opportunities to collaborate with MHA on projects that promote achievements and solutions (e.g., panel discussion, conference sessions, blog spotlight)

If the employer does not qualify or wishes to achieve a higher level of recognition, MHA and its network of MHA Affiliates and partners can provide additional resources to help the employer achieve a mentally healthier workplace. Employers with Bell Seal certification will be encouraged to renew their certification in January of each year.

QUESTIONS?

MHA staff is available to assist applicants throughout the process. If you have any questions about the Bell Seal or how to apply, please visit our [FAQs](#) or contact Taylor Adams, MHA's Director of Workplace Mental Health, at workplace@mhanational.org.

APPLICATION QUESTIONS

Name of Applicant on Behalf of Organization

First

Last

Organization/Company

Job Title

Email



SECTION I: SUPPORTIVE WORKPLACE CULTURE

1. Does the employer conduct a survey that evaluates employee mental health (e.g., engagement, satisfaction, pulse survey)?
 Yes No
2. Please list the [survey items](#) that specifically reference stress, burnout, or mental health/illness in the workplace. *(No more than three survey items needed.)*
3. What percentage of employees completed the survey?
4. If the employer uses an **alternative approach to measure** employee mental health concerns, please describe the process. *(200 words or less)*
5. Please describe one company-wide policy or procedure change made as a direct result of employee feedback. *(200 words or less)*
6. Does the employer have a designated team (e.g., committee, workgroup, employee resource group) or individual (e.g., salaried employee, wellness champion) to identify and address mental health concerns in the workplace?
 Yes No
7. Please describe one concrete example of how the employer or [leadership provides support](#) (e.g., budget, resources) to the team or individual. *(200 words or less)*
8. Please describe the employer's [strategy](#) to promote mental health awareness, education, and resources among all staff. *(200 words or less)*
9. Does the employer educate new employees about mental health benefits and supports (e.g., screening, crisis hotlines/warmlines, local support groups) during its [orientation](#) or onboarding process?
 Yes No
10. Does the employer provide in-person or online mental health training for supervisors or employees?
 Yes No

11. Which of the following topics do the training or trainings address? Please check all that apply.
- Work-life balance/stress management
 - Supporting employee mental health/illness
 - Suicide awareness/prevention
 - Toxic workplace/bullying prevention
 - [Emotional intelligence in the workplace](#)
 - Effective management skills
 - Other: *(Please describe)*
12. Does the training occur at least once annually?
 Yes No
13. Please describe the employer's strategy to promote fair and effective management practices.
(200 words or less)
14. Does the [management strategy](#) include the following practices? Please check all that apply.
- Checking in with direct reports regularly (e.g., daily, weekly, monthly)
 - Evaluating and assisting with workload management
 - Setting clear and realistic expectations about job responsibilities
 - Having open-door and flexible policies
 - Noticing the signs of acute stress or burnout in an employee
 - Providing emotional support to employees
 - Providing employees with autonomy over their work
 - Building trust and collaboration as part of a supervisor/employee relationship
15. Does the employer have a performance review process?
 Yes No
16. As a core component of the performance review process, do supervisors receive feedback about their management performance?
 Yes No
17. As a core component of the performance review process, are direct reports encouraged to ask for specific support needs (e.g., regular meetings, stressor check-ins) from their supervisor?
 Yes No
18. Does the performance review process allow direct reports to negotiate aspects of their position (e.g., job titles, roles, or responsibilities) with their supervisor?
 Yes No
19. Does the employer provide employees with professional growth opportunities? Please check all that apply.
- Internal promotions
 - Merit-based salary increases
 - Mentorship program
 - Conference registration or travel stipends
 - Education or certification reimbursement
 - Professional courses or training
 - Other: *(Please describe)*



SECTION II: BENEFITS THAT SUPPORT MENTAL HEALTH

1. Does the employer offer health insurance?
 Yes No
2. Please select the highest-level health insurance plan (or equivalent for self-funded plans) offered to all eligible employee:
 Platinum health plan
 Gold health plan
 Silver health plan
 Bronze health plan

The 'metal' levels (bronze, silver, gold, and platinum) are determined by how the insured employee and insurance plan split the costs of healthcare, as defined by the [Affordable Care Act](#) (ACA).
3. Please select the highest-level health insurance plan (or equivalent for self-funded plans) offered to all eligible employees with the highest percentage of cost covered by the employer:
 Platinum plan, 50% or more
 Gold plan, 80% or more
 Gold plan, 60 - 79%
 Silver plan, 80% or more
 Silver plan, 50 - 79%
 Bronze plan, 80% or more
4. Does the employer cover at least 50% of health insurance costs for a silver or higher-level plan for an employee's family (defined as spouse, domestic partner, children, and other dependents)?
5. Do the employer's health insurance plans have a reasonable number of [behavioral health providers in-network](#)?
6. Do the employer's health insurance plans cover various mental health services (e.g., home-based services, different types of outpatient care)?
 Yes No
7. Does the employer offer the same health insurance options to line and staff employees as they offer to executive leadership and management?
 Yes No
8. Does the employer only offer short-term health insurance?
 Yes No
9. Does the employer offer an Employee Assistance Program (EAP) or a similar program?
 Yes No
10. Does the EAP provide mental health or substance use services?
 Yes No
11. Does the EAP provide at least six free, in-person or virtual appointments for mental health or substance use concerns per year?
 Yes No
12. Does the EAP have a response time of less than one business day?
 Yes No

13. What percentage of employees [used the EAP](#) in the last calendar year (use includes in-person and virtual appointments and phone calls for information and services)?
14. What are the number of paid days off, including vacation, sick days, federal and administrative holidays, and personal time, that are offered to eligible employees in their first year of employment? *One day is equivalent to eight hours of paid time off. Please round to the nearest whole number.*
15. Are employees able to use their PTO to care for family (defined as parents, children, other dependents, grandparents, or grandchildren) with mental health conditions?
 Yes No
16. Please describe one concrete example of how the employer actively [encourages staff to use time off](#) to ensure overall well-being. *(200 words or less)*
17. Does the employer offer paid family leave at a minimum of 12 weeks?
 Yes No
This policy should be separate from the Family and Medical Leave Act (FMLA) policy, if applicable.
18. Does the employer offer short-term disability insurance or a sick leave bank equivalent?
 Yes No
19. Does the short-term disability policy have active **coverage limits** for mental health or substance use, such as limits for **suicide attempts or self-harm**?
 Yes No
20. Does the short-term disability policy cover at least 60% of an employee's base salary at a minimum of 12 weeks?
 Yes No
21. Does the employer offer long-term disability insurance that covers mental health or substance use conditions?
 Yes No
22. Does the long-term disability policy have active **coverage limits** for mental health or substance use, such as limits for **suicide attempts or self-harm**?
 Yes No
23. Does the long-term disability policy cover at least 60% of an employee's base salary for more than 25 weeks?
 Yes No
24. Does the employer offer benefits to part-time employees or independent contractors? Please check all that apply.
 Health insurance
 Short-term disability
 Long-term disability
 EAP services
 Paid time off
 Other: *(Please describe)*
25. Does the employer place employees at part-time or contract status to render them ineligible for health insurance or other benefits?
 Yes No



SECTION III: CARING BEYOND COMPLIANCE

1. Please describe how the employer considers diversity, equity, and inclusion as part of its **mental health strategy**. (200 words or less)
2. Please describe how the employer considers diversity, equity, and inclusion as part of its **recruitment and retention efforts**. (200 words or less)
3. Does the employer's Board of Directors or executive leadership include an individual or individuals who identify as living with a mental health or substance use condition?
 Yes No
4. Does Human Resources or management explicitly educate employees about their rights under the Americans with Disabilities Act (ADA) with specific references to mental health or substance use conditions?
 Yes No
5. Does Human Resources or management receive in-person or virtual training on ADA compliance and making [reasonable accommodations](#) for employees, including for those with mental health or substance use conditions?
 Yes No
6. Does the employer have an FMLA or equivalent policy in place that includes leave for mental health or substance use conditions and does the policy guarantee an employee's job upon return?
 Yes No
7. Does the employer have an explicit [return-to-work policy](#) (e.g., policy to provide accommodations, resources, alternative positions, or career transition services) for employees who cannot carry out their responsibilities due to a physical health, mental health, or substance use condition?
 Yes No
8. Does the employer have a clear and accessible procedure for employees to [report unfair or unsafe practices](#)?
 Yes No



SECTION IV: HOLISTIC WELLNESS AT WORK

1. Does the employer offer a colleague-to-colleague support program? Please check all that apply.
 - Peer support services
 - In-person/virtual mental health support groups
 - Formal/informal communication channels for mental health topics
 - Other: *(Please describe)*

2. Does the employer offer [additional resources](#) that support life outside of work? Please check all that apply.
 - On-site health clinic/mental health services
 - Substance use recovery-friendly workspaces
 - Student loan repayment
 - Financial education/planning
 - On-site childcare or subsidized childcare costs
 - Adoption or fertility assistance
 - Ability to bring a pet to work
 - Chiropractic or massage therapy
 - Other: *(Please describe)*

3. Does the employer offer eligible employees the option to [work remotely](#) on a permanent or semi-permanent basis?
 - Yes No

4. Does the employer offer eligible employees [flexible work arrangements](#) (e.g., flexibility in structuring an employee's work schedule around start times, appointments, or other personal matters)?
 - Yes No

5. Does the employer offer a physical health program that addresses nutrition, fitness, or smoking cessation?
 - Yes No

6. If you have additional relevant information you would like to include (such as mental health policies, benefits, or programs), please do so here. *(200 words or less)*