

Canadian Actors' Equity Association

# MENTAL HEALTH & WELLNESS SURVEY REPORT

## Final Report – 3. APPENDICES

December 2020





# TABLE OF CONTENTS

## TABLE OF CONTENTS

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### 3. APPENDICES

Survey Methodology and Administration.....	2
FAQ.....	4
Survey Instrument (Questions) .....	6

Additional material available as **separate documents here:**

1. **SUMMARY**
2. **FULL DATA SET**



# SURVEY METHODOLOGY & ADMINISTRATION

## SURVEY METHODOLOGY AND ADMINISTRATION

### Survey Execution

The survey was executed by R.A. Malatest & Associates Ltd., one of Canada's largest research and evaluation firms and a Gold Seal Member of the Market Research & Intelligence Association (MRIA).

### Beta Test

In the weeks prior to official survey launch, Equity selected a sample group of 35 individuals (members and employees) to "test-drive" the survey for content clarity, as well as functionality and technical issues. As a result of feedback received from 22 testers, minor changes were made to question syntax and terminology, and information was added to the FAQ document to help survey participants troubleshoot browser issues when completing the survey online.

### Survey Participants

All Regular - Extended Visa, Life, and Regular members of Equity in good standing (including members on dues remission) were eligible to complete the survey – a total of 5,617. These members were contacted by Malatest beginning November 11, 2019 with an invitation to complete the survey online, by telephone, or in paper version.

### Survey Administration

Members with an email address were contacted by email with a unique access code to enter the survey anonymously online. Members *without* an email address were sent a paper-copy (219 members), or in the case of such members residing outside Canada, contacted by phone. Members under age 17 needed parental consent to participate; their invitations included a consent form which required a parent/guardian signature returned to Malatest, after which they would receive their access code to complete the survey online.

All invitations included contact information for assistance with any challenges experienced in accessing or completing the survey (a toll-free number and help-desk email address). Email and telephone reminders were sent at paced intervals during the 3-week survey window to encourage members who had not yet completed the survey to participate. The survey itself offered contact information for a range of mental health resources to support members who might feel challenged or triggered by any of the survey's content.

The survey closed on December 2, 2019 (paper survey responses were accepted by mail until December 13) with a total of 2,170 completed surveys – a return rate of 38.6%.<sup>1</sup>

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<sup>1</sup> For comparison, return rates for other major Equity surveys: 2015 Equity Census = 55.9%; 2018 Senior Members Survey = 27%.



# SURVEY METHODOLOGY & ADMINISTRATION

## Completions by Mode

Mode	# of Responses	%
Online	2,027	93%
Telephone	128	6%
Paper	15	1%
<b>Total</b>	<b>2,170</b>	<b>100%</b>

The time taken to complete the survey ranged from 12 to 72 minutes, with an average around 30 minutes. But it should be noted that a respondent's route through the survey would vary depending on the answers they provided, so the number of questions presented was not uniform.

Over half of respondents (1,220 members) gave permission to be contacted for follow-up for additional information or to assist with other Equity Mental Health & Wellness initiatives.

### Data Analysis

Key findings were analyzed at the global level, as well as by measures associated with Equity membership (i.e., area of performance, discipline, and year of joining) and demographics (i.e., age, disability, gender, racial identity, sexuality).



## FREQUENTLY ASKED QUESTIONS (FAQ)

### What is the Mental Health & Wellness Survey?

The **Survey** is an innovative outreach project conducted by Canadian Actors' Equity Association (Equity), seeking to identify prevalent mental health challenges across all of Equity's disciplines.

### What is the Survey's purpose?

Data gathered through this **Survey** will help Equity establish support strategies for artists to sustain healthy lives in healthy careers. It will also be a powerful tool for insurance planning.

### Where can I find more background?

Visit [www.caea.com](http://www.caea.com). The theme of the Fall 2019 *EQ* issue is the Mental Health & Wellness Survey. This issue contains in-depth discussions from members of our community, and detailed background on the **Survey**.

### Insurance planning

Equity was recently notified by CHUBB Life that we should anticipate an administrative cost increase to weekly insurance premiums effective April 2020. Because Equity is facing a potential premium increase, this is a good time to explore options for making changes to our plan. The results of the **Survey** will help guide Equity's upcoming negotiations with CHUBB Life and ensure that we provide the benefits members want and need while minimizing any premium increases.

### Is the Mental Health & Wellness Survey open to all Equity disciplines?

Every question in the **Survey** is designed to be answered by a member in any discipline (performer, director, choreographer, fight director and stage manager). Reference to the term "performance" in a question should be interpreted as performance of your individual work responsibilities.

### Who should complete the Survey?

All Regular, Regular - Extended Visa and Life members of Equity (including members on dues remission), in good standing, have been invited to participate. **While participation is not mandatory, Equity members are strongly encouraged to take part.** Parental consent must be provided if a member is under the age of 17.

### How is the Survey being conducted?

This is an online and telephone initiative. Members with an email address on file with Equity will be sent an email invitation which includes a link to the **Survey** and a unique access code. If we don't receive your completed online survey, we may follow up by calling you.

### How long does it take to complete the Survey?

Depending on the detail of your answers, the **Survey** will take about 20 minutes.

### I require visual accommodation

The online **Survey** version has been formatted to assist members with visual impairments. Please click the button in the top right-hand corner of the screen to switch to the Accessibility mode.

### May I have a paper copy?

Please contact Equity as soon as possible at 1-800-387-1856 (416-867-9165 in Toronto) to request a hard copy.

### Browser compatibility

**Users of Google Chrome:** If you experience difficulty moving through the **Survey** (i.e. screen freezes or will not allow you to enter or change your response), please consider using a different web browser such as Firefox, Opera or Microsoft Edge. You may also try placing your cursor over the top border of the numeric/text box so the cursor straddles the border of the box (i.e. just inside of the box and on the top of the border).

### Statement of confidentiality

All information shared in the **Survey** will remain completely confidential and anonymous. Only researchers at R.A. Malatest & Associates Ltd. have access to individual **Survey** responses and feedback; Equity will never see your individual responses. The answers you provide will not include any personal identifiers and will only ever be accessed in aggregate format.

### Who is conducting the Survey?

The R.A. Malatest & Associates Ltd. has been commissioned by Equity to conduct the **Survey**. It is one of Canada's largest independently owned and operated research and evaluation firms. This research company is a Gold Seal Member of the Market Research & Intelligence Association (MRIA) and, as such, must adhere to the MRIA Codes of Conduct that are based on the principles underlying the Personal Information Protection and Electronic Documents Act (PIPEDA).

### Must I complete the Survey all at once?

Please note that you may leave and re-enter the **Survey** as many times as you need to with your access code (provided in your invitation email) until midnight on November 30.

### Prize draw



To thank you for your participation, any member who completes the **Survey** will have the opportunity to enter a draw to win one of 10 prizes of paid basic dues for a year! **A \$180 value.** Life Members and Equity members on dues remission will be eligible for a cash prize of equal value.

### **Who do I contact for additional questions?**

If you would like further information from Equity, please contact Lynn McQueen, Communications Director, at [communications@caea.com](mailto:communications@caea.com) or by telephone at 1-800-387-1856 (416-867-9165 in Toronto).

**Please note:** *This **Mental Health & Wellness Survey** includes questions that may elicit strong emotions, or challenging thoughts or memories.*

*Click [HERE](#) for referrals to resources and support at any time.*

*You can step away from the **Mental Health & Wellness Survey** at any point if you feel the need, and return to it when you feel ready to continue. You may come back to the **Survey** as many times as you need.*

### **What happens after?**

Equity will share a comprehensive report on the **Survey** results and Equity's plans for future action in an upcoming *EQ* issue.



# SURVEY INSTRUMENT

## SECTION ONE – EQUITY MEMBERSHIP & PROFESSIONAL BACKGROUND

**Let's start with a few questions about your Equity membership and background.**

**Q 1.** In which **area** of live performance do **you primarily** work?

- Theatre
- Opera
- Dance
- Prefer not to answer

**Q 2.** What is your **primary discipline** within Equity's jurisdiction?

*Please select the discipline that most accurately reflects your work most often.*

Performer

- Actor/Performer (including dancer in musical theatre)
- Singer/Opera Performer
- Dancer
- Director
- Choreographer
- Fight Director
- Stage Manager
- Prefer not to answer

**Q 3.** In what year did you **join Equity**? Your best guess is fine.

*Please indicate a value between 1956 (the year Equity was founded) and 2019.*

- Do not recall
  - Prefer not to answer
-



## SECTION TWO – DEMOGRAPHY & IDENTITY

***This information will help us to identify if specific groups within our membership experience certain issues or have particular needs.***

**Q 4.** In what year were **you** born?

Prefer not to answer

**Q 5.** Which of the following best describes **your gender**?

*(The gender you present in the world, even if it is different from your internal experience of gender.)*

Female

Male

Genderqueer

Intersex

Transgender

Transsexual

Trans FtM

Trans MtF

Two-Spirit

Other (please specify): \_\_\_\_\_

Prefer not to answer

**Q 6.** Which of the following best describes **your sexual orientation**?

Asexual

Bisexual

Heterosexual

Gay

Lesbian

MSM

Pansexual

Queer

Two-Spirit

WSW

Other (please specify): \_\_\_\_\_

Prefer not to answer



# SURVEY INSTRUMENT

**Q 7.** Do you identify as a **Person of Colour** or **visible minority** (as defined by the Canadian Federal *Employment Equity Act*)?

[MOUSEOVER: The *Employment Equity Act* defines *visible minority* as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour."]

- Yes
- No
- Prefer not to answer

**Q 8.** Are you **Indigenous/Aboriginal** (First Nations, Inuit, Métis)?

- Yes
- No
- Prefer not to answer

**Q 9.** Are you **D/deaf, or a person with a disability**?

- Yes
- No [\[SKIP TO Q.11\]](#)
- Prefer not to answer [\[SKIP TO Q.11\]](#)

**Q 10.** Does your experience of being **D/deaf or a person with a disability** have an **impact on your mental health**?

- A frequently positive impact
  - An occasionally positive impact
  - No negative or positive impact
  - An occasionally negative impact
  - A frequently negative impact
  - Prefer not to answer
-



## SECTION THREE – RELATIONSHIPS & HOME LIFE

**A few questions about life at home.**

**Q 11.** Describe your **living circumstances**. I live...

- ... alone
- ... with friends or roommates
- ... with a partner/spouse
- ... with a partner/spouse and children
- ... as a single parent
- Family
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**Q 12.** How does your living circumstance described previously **contribute to your mental health and wellness**?

- Very positively
- Positively
- Neither positive or negatively
- Negatively
- Very negatively
- Not sure
- Prefer not to answer

**Q 13.** **Over the past six months**, has **work-related stress** affected your relationship(s) with friends and/or family?

- Not at all
- A little
- Moderately
- A lot
- Extremely
- Prefer not to answer

**Q 14.** How often do the **time or distance demands** of your work in live performance (touring, working in a city away from home, long work days, tech weeks) **create long separations** from family, friends or home life?

- All the time
- Frequently
- Infrequently [\[SKIP TO Q.16\]](#)
- Hardly ever [\[SKIP TO Q.16\]](#)
- Not at all [\[SKIP TO Q.16\]](#)
- Prefer not to answer [\[SKIP TO Q.16\]](#)

**Q 15.** To what extent do **long separations** due to work demands **impact** your relationships with friends and/or family?

- A frequently positive impact
- An occasionally positive impact
- No negative or positive impact
- An occasionally negative impact
- A frequently negative impact
- Prefer not to answer

## SECTION FOUR – GENERAL HEALTH

*We'd like to ask about your general physical health, eating and sleep habits.*

**Q 16.** In general, would you say your current **physical health** is ...

- Excellent     
  Very good     
  Good     
  Fair     
  Poor     
  Prefer not to answer

**Q 17.** Over the past six months, have you had any issues with **sleep**?

- No [\[SKIP TO Q.19\]](#)  
 Yes  
 Prefer not to answer [\[SKIP TO Q.19\]](#)

**Q 18.** What **sleep issues** have you experienced?

- Too little sleep  
 Too much sleep  
 Disrupted/poor quality sleep  
 Other (please specify): \_\_\_\_\_  
 Prefer not to answer

**Q 19.** Over the past six months, how often have you **exercised**?

- Never [\[SKIP TO Q.20\]](#)  
 Less often than once a month [\[SKIP TO Q19C\]](#)  
 About once a month [\[SKIP TO Q19C\]](#)  
 A couple of times a month [\[SKIP TO Q19C\]](#)  
 Weekly  
 Prefer not to answer [\[SKIP TO Q.20\]](#)

**Q19B** About how many times did you **exercise in a typical week**?

- Once a week  
 Twice a week  
 More than twice a week, but less than daily  
 Daily  
 More than once a day  
 Prefer not to answer [\[SKIP TO Q.20\]](#)



# SURVEY INSTRUMENT

**Q19C** You said you **exercised [RECALL Q19 RESPONSE]** When you exercised, approximately how long did you spend in **moderate-to-vigorous-intensity aerobic exercise?**

- Less than 15 minutes
- About 15 minutes
- About 30 minutes
- More than 30 minutes, but less than an hour
- About an hour
- More than an hour
- Prefer not to answer

**Q 20. Over the past six months**, which of the following best describes **your diet?**

- Generally healthy
- Bouts of irregular eating
- Periods of eating too much
- Periods of eating too little
- Vacillating between eating too much and too little
- Poor quality diet
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**Q 21.** How does your **weight** or **body shape** impact your **self-image?**

- Positively
- Moderately positively
- Neither positive or negatively
- Moderately negatively
- Negatively
- Prefer not to answer

**Q 22.** Have you tried to **control your shape or weight** by any of the following?

*(Select all that apply)*

- Did not try to control shape or weight
  - Binge eating
  - Compulsive exercise
  - Fasting or restricting food intake
  - Taking laxatives
  - Vomiting
  - Prefer not to answer
-

## SECTION FIVE – ALCOHOL AND LEGAL SUBSTANCE USE

*Now we will ask you about your use of alcohol and legal substances, if applicable.*

**Q 23. Over the past six months, have you used tobacco (chew, smoke, vape)?**

- |   |   |
|---|---|
| <input type="checkbox"/> No                 | <input type="checkbox"/> Several times a week |
| <input type="checkbox"/> About once a month | <input type="checkbox"/> Daily                |
| <input type="checkbox"/> About once a week  | <input type="checkbox"/> Prefer not to answer |

**Q 24. Over the past six months, how often have you had a drink containing alcohol?**

- |  |                |
|--|----------------|
| <input type="checkbox"/> Never                         | [SKIP TO Q.27] |
| <input type="checkbox"/> 1 or 2 times in the past year | [SKIP TO Q.27] |
| <input type="checkbox"/> Once a month                  | [SKIP TO Q.27] |
| <input type="checkbox"/> Once a week                   | [SKIP TO Q.27] |
| <input type="checkbox"/> Twice a week                  | [SKIP TO Q.27] |
| <input type="checkbox"/> 3 to 4 times a week           |                |
| <input type="checkbox"/> 5 to 6 times a week           |                |
| <input type="checkbox"/> Every day                     |                |
| <input type="checkbox"/> Prefer not to answer          | [SKIP TO Q.27] |

**Q 25. Has a doctor or other health worker ever expressed concern about your alcohol use or suggested you cut down?**

- No
- Yes, during the past year
- Yes, but not in the past year
- Prefer not to answer

**Q 26. When working in live performance, have you ever been concerned for your safety, or that of a colleague, as a result of your alcohol use?**

- No
- Maybe, but I wasn't sure
- Yes, during the past year
- Yes, but not in the past year
- Prefer not to answer

**Q 27. When working in live performance, have you ever been concerned for your own safety as a result of a colleague's alcohol use?**

- No
- Maybe, but I wasn't sure
- Yes, during the past year
- Yes, but not in the past year
- Prefer not to answer



# SURVEY INSTRUMENT

**Q 28. Over the last six months, have you used/smoked cannabis products?**

- No [\[SKIP TO Q.33\]](#)
- Yes
- Prefer not to answer [\[SKIP TO Q.33\]](#)

**Q 29. When you use/smoke cannabis products, is it for...?**

- Recreational/social reasons
- Medicinal/health benefits
- Both recreational/social reasons and medicinal/health benefits
- Prefer not to answer

**Q 30. Over the past six months, how often have you used/smoked cannabis products?**

- 1 or 2 times in the past year [\[SKIP TO Q.33\]](#)
- Once a month [\[SKIP TO Q.33\]](#)
- Once a week
- Twice a week
- 3 to 4 times a week
- 5 to 6 times a week
- Every day
- Prefer not to answer [\[SKIP TO Q.33\]](#)

**Q 31. Has a doctor or other health worker ever expressed concern about your cannabis use or suggested you cut down?**

- No
- Yes, during the past year
- Yes, but not in the past year
- Prefer not to answer

**Q 32. When working in live performance, have you ever been concerned for your safety, or that of a colleague, as a result of your cannabis use?**

- No
- Maybe, but I wasn't sure
- Yes, during the past year
- Yes, but not in the past year
- Prefer not to answer

**Q 33. When working in live performance, have you ever been concerned for your safety as a result of a colleague's cannabis use?**

- No
- Maybe, but I wasn't sure
- Yes, during the past year
- Yes, but not in the past year
- Prefer not to answer

## SECTION SIX – MENTAL HEALTH & IMPACT OF STRESS

**Now for some questions about your general mental health, and the kinds of stress that can affect your work and personal life.**

**Q 34. Over the last six months, how would you rate your overall mental health?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair                 |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor                 |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Prefer not to answer |

**Q 35. Over the last six months, have you experienced depression?**

- Yes  
 No  
 Prefer not to answer

**Q 36. Over the last six months, have you experienced any of the following...**

*(Select all that apply)*

- Anger  
 General anxiety  
 Low self-esteem  
 Mood swings  
 Obsessive thoughts/Compulsive behaviours  
 Paranoia  
 Performance anxiety (“stage fright”)  
 Self-harming behaviour  
 Severe self-criticism  
 Social anxiety  
 Suicidal thoughts  
 None of the above  
 Prefer not to answer

**[ASK Q37 IF Q36 = Performance anxiety (“stage fright”). OTHERWISE, SKIP TO Q38]**

**Q 37. To what extent has performance anxiety (“stage fright”), impacted your career?**

*Note: If you are not a stage performer, please note that “performance” in this question should be interpreted as performance of your work responsibilities.*

- Not at all  
 A little  
 Moderately  
 A lot  
 Extremely  
 Prefer not to answer



# SURVEY INSTRUMENT

**Q 38.** Which of the following are the **most significant sources of stress** in your **performance industry work life**?

*(Select all that apply)*

- Being asked to do things for which you are not trained/qualified
- Bullying/Harassment
- Concerns about safety
- Fatigue
- General stress in work life (in our industry)
- Insufficient resources (people, money, tools) to get the job done
- Intimidation/coercion
- Job insecurity/lack of work in the industry
- Physical ability
- Time pressure/deadlines
- Touring
- Lack of respect, nepotism, issues with co-workers, racism
- Aging/image issues (including memory and anxiety)
- Home/life balance
- Other (please specify): \_\_\_\_\_
- No significant source(s) of stress
- Prefer not to answer

**Q 38B** Using a scale of 1 to 5 with 1 being not too stressful and 5 being very stressful, please indicate **the level of stress** you experience in your **performance industry work life** as a result of each of these sources of stress.

	Type in # from 1 to 5, or type "99" if you prefer not to answer
[INCLUDE ONLY SOURCE(S) OF STRESS SELECTED AT Q. 38]	1-5

**Q 39.** Which of the following **non-industry factors** have been the most **significant sources of stress in your personal life**? *(Select all that apply)*

- Bereavement/loss
- Caregiving for elderly or aging parents/relatives
- Family/relationship issues
- Financial issues/insecurity
- General stress in non-industry work
- Health issues
- Housing issues
- Living circumstances (e.g., living alone, with roommates, partner/spouse, etc.)
- Loneliness
- Parenting (with a partner)
- Relationships (partner)



# SURVEY INSTRUMENT

- Single parenting
- Social/environmental/political issues
- Ageing
- Other (please specify): \_\_\_\_\_
- No significant source(s) of stress
- Prefer not to answer

**Q 39B** Using a scale of 1 to 5 with 1 being not too stressful and 5 being very stressful, please indicate **the level of stress** you experience in your **personal life** as a result of each of these sources of stress.

	<b>Type in # from 1 and 5, or type "99" if you prefer not to answer</b>
[INCLUDE ONLY SOURCE(S) OF STRESS SELECTED AT Q. 39]	1-5

**Q 40.** To what extent, if at all, has a **mental health issue** had an **impact on your performance or career?**

- None [SKIP TO Q.42]
- Slightly [SKIP TO Q. 42]
- Moderately [SKIP TO Q. 42]
- Significantly
- Severely
- Prefer not to answer [SKIP TO Q.42]

**Q 41.** How often has a **mental health issue** prevented you from performing or working in our industry?

- Never
- Occasional performances/calls
- Several performances/shifts
- For weeks at a time
- For months at a time
- For at least a year or more
- Prefer not to answer

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## SECTION SEVEN – MANAGING PRACTICE & ACCESSING SUPPORT

***There are many ways to manage your work-life balance and overall mental wellness. This section poses questions about some of these activities.***

**Q 42.** Which of these activities do you use regularly (e.g., at least once a week over two months) as a **method to protect yourself** from the physical, emotional or psychological effects of rehearsal, performance or production?

*(Select all that apply)*

- Acupuncture
- Chiropractic
- Counselling/psychotherapy
- General Body Training/Sport
- Life coaching
- Massage
- Meditation
- Physiotherapy
- Relaxation techniques
- Vocal exercises
- Yoga/Body methods (e.g., Alexander, Feldenkrais, Pilates, etc.)
- Osteopathy
- Religious/spiritual practice
- Socializing
- Hobbies (e.g. Reading, writing, journal, singing, cooking, gardening, etc.)
- Other (please specify : \_\_\_\_\_)
- No regular activity/method or practice
- Prefer not to answer

**Q 43.** Which of these substances have you ever used, specifically as a result of **challenges related to the physical or psychological effects of rehearsal, performance or production?**

*Note: this question **does not** refer to recreational use, but rather to use in direct response to performance or production-related challenges. (Select all that apply)*

- Alcohol
- Anti-anxiety medication (e.g., Xanax), prescribed to you
- Anti-depressants (e.g., Prozac or Paxil), prescribed to you
- Cannabis
- Herbal or naturopathic remedies
- Illegal substances (e.g., cocaine, crack, ecstasy, hallucinogens, crystal meth, etc.)
- Illicit prescription medication (not prescribed to you)
- Painkillers/opiates
- Tobacco (chew, smoke, vape)
- No substances or medications
- Prefer not to answer

**Q 44.** Do you regularly use a **warm-up routine** prior to a workday, rehearsal or performance?

*(Select all that apply)*

- Physical warm-up
- Vocal warm-up
- No warm-up
- Not applicable
- Prefer not to answer

**Q 45.** Which of any of the following do you do/use to **cool down, relax or “let go” AFTER** performing an emotionally/psychologically/physically demanding role or after a challenging workday?

*(Select all that apply)*

- Alcohol
- Exercise
- Illegal drugs
- Meditation
- Recreational cannabis
- Relaxation techniques
- Solitary distraction (e.g., reading, TV, games)
- Time with friends/family/partner
- Yoga/Body methods (Alexander, Feldenkrais, Pilates, etc.)
- Food/eating
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

**Q 46.** To what degree **do you feel comfortable talking to someone (family member, friend, colleague)** about your emotional wellness?

- Not at all
- Slightly
- Moderately
- Very
- Extremely
- Prefer not to answer

**Q 47.** Have you ever **received professional support** for a **mental health issue**?

- No [\[SKIP TO Q.50\]](#)
- Yes, in the last six months
- Yes, but not in the last six months
- Prefer not to answer [\[SKIP TO Q.50\]](#)

**Q 48.** What **type of professional support** did you receive? (Select all that apply)

- Counselling/psychotherapy – physician referred
- Counselling/psychotherapy – private
- General physician
- Prescribed medication
- Psychiatric in-patient care
- Psychiatry/psychology



# SURVEY INSTRUMENT

- Chiropractic
- Acupuncture
- Massage
- Osteopath
- Other wellness-based services (e.g., acupuncture, massage, wellness group), please specify: \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- Prefer not to answer [\[SKIP TO Q.50\]](#)

**Q 48B** Using a scale of 1 to 5 with 1 being least helpful and 5 being most helpful, please indicate extent to which each type of **professional support you received** was in addressing your issue.

	<b>Type in # from 1 and 5, or type "99" if you prefer not to answer</b>
<a href="#">[INCLUDE ONLY TYPES OF HELP SELECTED AT Q. 48]</a>	1-5

**Q 48C** Did you receive **reimbursement from Equity's insurance plan** for the [RECALL FIRST MENTION FROM Q48] help you received?

- Yes
- No
- Don't recall
- Prefer not to answer

**Q 49.** Have you ever received **professional help specifically for depression**?

- No [\[SKIP TO Q.52\]](#)
- Yes, in the last six months
- Yes, but not in the last six months
- Prefer not to answer [\[SKIP TO Q.52\]](#)

**Q 50.** Did you encounter **difficulty in trying to access support** for any mental health issue?

- No [\[SKIP TO Q.52\]](#)
- Yes
- Prefer not to answer [\[SKIP TO Q.52\]](#)

**Q 51.** What were some of **the barriers** that prevented you from **seeking professional help**?  
(Select all that apply)

- Cost of treatment
- Difficulty working it into my schedule
- Fear of disappointing others
- Fear of loss of job
- Feeling like nothing will help



# SURVEY INSTRUMENT

- Help not available locally
  - Needing to travel for treatment
  - Not knowing what sort of help I needed
  - Not knowing where or how to get help
  - Problem finding treatment provider
  - Stigma associated with mental health issues
  - Travel to provider is too far/too costly
  - Wait list
  - Other (please specify): \_\_\_\_\_
  - Prefer not to answer
-



## SECTION EIGHT – MEMBER BENEFITS & INSURANCE

*You've made it to the final section. We are now going to ask you some very important questions about Equity's current insurance benefits, as well as whether or not you would like to see any changes made to the plan. Due to the nature of these questions some of the information is quite dense! Don't despair. Please hover your mouse over each option to see a brief description of the benefit.*

*Equity needs your input as we will be entering into negotiations with our insurance plan provider in the new year regarding a potential administrative cost increase in 2020. Because Equity is facing this potential increase, it is a good time to explore options for making changes to our plan.*

**Q 52.** Which of the following **benefits currently offered** through Equity's insurance benefits plan **have you accessed in the past two years?**

*(Select all that apply)*

- Accidental dental
- Durable medical supplies
- Miscellaneous Health and Wellness expense ([wide-ranging list of miscellaneous health and expenses - see page 2 of form](#))
- Other medical supplies
- Paramedical services
- Prescription drugs
- Semi-private hospital
- Weekly disability
- Do not recall
- None
- Prefer not to answer

**Q 53.** Which of the following **benefits currently offered** through Equity's insurance benefits plan are **most important to you?**

*(Select all that apply)*

- Accidental dental
- Durable medical supplies
- Miscellaneous Health and Wellness expense ([wide-ranging list of miscellaneous health and expenses - see page 2 of form](#))
- Other medical supplies
- Paramedical services
- Prescription drugs
- Semi-private hospital
- Weekly disability
- Do not recall
- None
- Prefer not to answer



# SURVEY INSTRUMENT

**Q 54.** Which of the following **benefits currently offered** through Equity's insurance benefits plan would you like to see **increased**?

(Select all that apply)

- Accidental dental
- Durable medical supplies
- Miscellaneous health and wellness expense ([\*wide-ranging list of miscellaneous health and expenses - see page 2 of form\*](#))
- Other medical supplies
- Paramedical services
- Prescription drugs
- Semi-private hospital
- Weekly disability
- None [SKIP TO Q. 60]
- Prefer not to answer [SKIP TO Q. 60]

[ASK Q.55 IF Q.54 INCLUDES Other medical supplies OR Paramedical services]

**Q 55.** Which of these **services or supplies** would you like to see **increased**?

(Select all that apply)

- Acupuncture
- Chiropractor
- Massage
- Naturopath
- Orthotics
- Physiotherapy
- Psychotherapy/counselling
- Vision care/glasses
- Dental
- Osteopath
- Other medical supplies (please specify): \_\_\_\_\_
- Other services (please specify) \_\_\_\_\_:
- None [SKIP TO Q. 60]
- Prefer not to answer [SKIP TO Q. 60]

[POPULATE "\$XX" IN Q56 TO Q59 USING THE "WEEKLY" DOLLAR AMOUNTS IN THE TABLE BELOW.

- EACH RESPONDENT WILL SEE ONE OF THE ROW OPTIONS ONLY (RANDOMLY SELECTED):
  - EACH OF THE ROW 1 OPTIONS WILL ALWAYS APPEAR TOGETHER (I.E., Q56=LOW WEEKLY AMOUNT AT ROW 1; Q58=MEDIUM WEEKLY AMOUNT IN ROW 1; Q59=HIGH WEEKLY AMOUNT IN ROW 1. ROW 2 OPTIONS WILL ALWAYS APPEAR TOGETHER AND ROW 3 OPTIONS WILL ALWAYS APPEAR TOGETHER. NO MIXING OF \$ OPTIONS ACROSS ROWS.]



# SURVEY INSTRUMENT

Random #	Low weekly	Medium weekly	High weekly
1	\$4.00	\$5.60	\$6.60
2	\$5.60	\$6.60	\$8.25
3	\$6.60	\$8.25	\$9.90

**Q 56.** Considering the **weekly insurance premium deducted at source while under contract**, would you be willing to **pay an additional \$XX per week** for the increased benefits you selected in the previous question?

- Yes [SKIP TO Q.58]
- No
- Prefer not to answer [SKIP TO Q.60]

**Q 57.** I selected "no" because...

- I **don't want to pay** a higher weekly insurance premium [SKIP TO Q.60]
- I **can't afford to pay** a higher weekly insurance premium [SKIP TO Q. 60]
- Prefer not to answer [SKIP TO Q. 60]

**Q 58.** Considering the **weekly insurance premium deducted at source while under contract**, would you be willing to **pay an additional \$XX per week** for increased or additional benefits?

- Yes [SKIP TO Q 59]
- No
- Prefer not to answer [SKIP TO Q 60]

**Q58 B)** I selected "no" because...

- I **don't want to pay** a higher weekly insurance premium [SKIP TO Q. 60]
- I **can't afford to pay** a higher weekly insurance premium [SKIP TO Q. 60]
- Prefer not to answer [SKIP TO Q. 60]

**Q 59.** Considering the **weekly insurance premium deducted at source while under contract**, would you be willing to **pay an additional \$XX per week** for increased or additional benefits?

- Yes [SKIP TO Q 60]
- No
- Prefer not to answer [SKIP TO Q 60]

**Q 59 B)** I selected "no" because...

- I **don't want to pay** a higher weekly insurance premium
- I **can't afford to pay** a higher weekly insurance premium
- Prefer not to answer



# SURVEY INSTRUMENT

**Q 60.** Which of the following **new mental health and wellness benefits** would you like to see **added** to the plan?

*Note:* Psychiatrists are medical doctors who can prescribe medication. Their services are typically covered by a provincial health plan. To go to a psychiatrist, you need a referral from a family doctor. Psychologists cannot prescribe medication. Their services are not typically covered by a provincial health plan although they may be covered by private health insurance.

- Online resources – videos (e.g. relating to meditation, anxiety and stress management, interactive questionnaires, peer support resources and links to reports about mental health and wellness)
- Telephone support – confidential telephone counselling for issues such as substance abuse, depression, anxiety and smoking cessation
- One-to-one psychological counselling with professional psychologists/therapists/social workers, addressing difficult life issues and/or diagnosed mental health issues
- Group therapy
- Workshops/presentations (e.g. regarding stress management, mindful meditation)
- Mental Health First Aid Training [Mouse-over for definition: "Mental Health First Aid (MHFA) training was developed by the Mental Health Commission of Canada (MHCC) to improve mental health literacy and provide the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague."]
- Dental
- Other (please specify): \_\_\_\_\_ [SKIP TO Q. 62 IF THIS IS THE ONLY OPTION SELECTED]
- None [SKIP TO Q. 62]
- Prefer not to answer [SKIP TO Q. 62]

**Q 61.** You've said you'd be interested in seeing the following mental health and wellness benefits **added to the plan**. Please indicate whether or not you would be willing/able to pay the amount shown below for each benefit on top of the current **weekly insurance premium deducted at source while under contract?**

[SHOW ONLY THE RELEVANT "YES" OPTIONS SELECTED AT Q.60]

Online resources only                      \$0.76/WEEK

- Yes
- No
- Prefer not to answer

Online resources AND telephone support                      \$1.86/WEEK

- Yes
- No
- Prefer not to answer



# SURVEY INSTRUMENT

One-to-one psychological counselling only  
\$600/YEAR

\$8.25/WEEK FOR A MAXIMUM OF

- Yes
- No
- Prefer not to answer

Group therapy only      \$8.25/WEEK FOR A MAXIMUM OF \$600/YEAR

- Yes
- No
- Prefer not to answer

Workshops/ presentations      \$1.34/WEEK

- Yes
- No
- Prefer not to answer

Workshops/ presentations AND Mental First Aid training      \$1.53/WEEK

- Yes
- No
- Prefer not to answer

**Q 62.** Is there anything that hasn't been covered in this insurance section that you would like to share with us?

- No thanks, I have nothing else to add

## SECTION NINE – ANYTHING ELSE

**Q 63.** Final comments:

- No thanks, I have nothing else to add



# SURVEY INSTRUMENT

## FUTURE RESEARCH

If Equity needs additional information or requires assistance with another Mental Health & Wellness outreach project, would you agree to be contacted for follow-up?

- Agree  
 Disagree

Email contact information: \_\_\_\_\_

## PRIZE DRAW

Would you like to participate in the prize draw for one of 10 prizes of paid basic dues for a year? (Life Members or Equity members on dues remission will be eligible for a cash prize of equal value.)

- Yes  
 No

This contact information will ONLY be seen by R.A. Malatest & Associates Ltd and will ONLY be used to determine a winner for the prize draw, not as part of the Survey research. It will be retained until the prize winners are selected, following which this information will be deleted.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Mailing address	<input type="text"/>

### [Additional Prize Draw Information For Members Residing in Quebec](#)

There are no conditions for entering this prize draw other than completing all the questions in the Survey. Members are invited to enter the draw by clicking "Yes" above. Once you select "Yes", please enter your contact information on the form provided. The deadline to enter the contest is the day the Survey closes: November 30, 2019.

Ten prize draw winners will be randomly selected to win paid basic membership dues for a year! Life Members and Equity members on dues remission will receive a cash prize of equal value (value = \$180). The prize draw winners will be contacted by mail, email, and/or telephone one week after the Survey closes: November 30, 2019. Winners will be randomly selected by R.A. Malatest & Associates in Toronto, ON. In order to claim the prize, members will be required to complete a Prize Draw Release Form and return it to Malatest. The Prize Draw Release Form includes a mathematical skill testing question.

Any litigation respecting the conduct or organization of a publicity contest may be submitted to the Régie des alcools, des courses et des jeux, for a ruling. Any litigation respecting the awarding of a prize may be submitted to the Régie only for the purpose of helping the parties reach a settlement.



# SURVEY INSTRUMENT

## THANK YOU

Thank you for taking the time to participate in The Equity Mental Health & Wellness Survey. Your information will help us better understand the experience and challenges of our industry and help us to provide members with the services and resources they need.

Please hit the “submit” button to submit your responses and close the survey

This Resources List available from footer link on all pages of the Survey.

### RESOURCES AND SUPPORT

**This Survey includes questions that may elicit strong emotions, or challenging thoughts or memories.**

**If you are experiencing unusual or disturbing thoughts, feelings or behaviour, or have questions or concerns about any of the issues addressed in this Survey, the following mental health services are available to assist you:**

- **Suicide prevention** – Canada Suicide Prevention Service (CSPS) at 1-833-456-4566, or your local distress line, or 911, or go directly to the nearest hospital Emergency Department.
- **Eating Disorders** – National Eating Disorder Information Centre or NEDIC ([nedic.ca](http://nedic.ca)), or your medical practitioner.
- **Alcohol or substance abuse** – Alcoholics Anonymous ([aa.org](http://aa.org)), Narcotics Anonymous ([canaacna.org](http://canaacna.org)), or your medical practitioner.
- **Depression** – DepressionHurts.ca, The AFC ([afchelps.ca](http://afchelps.ca)), or your medical practitioner.
- **Bullying or harassment?** – Contact an Equity Respectful Workplace Advisor (RWA) at 1-800-387-9165 (416-867-9165 in Toronto) or by email to [notInOURspace@caea.com](mailto:notInOURspace@caea.com). More information is available on Equity's website ([caea.com](http://caea.com)) or from The AFC ([afchelps.ca](http://afchelps.ca)).