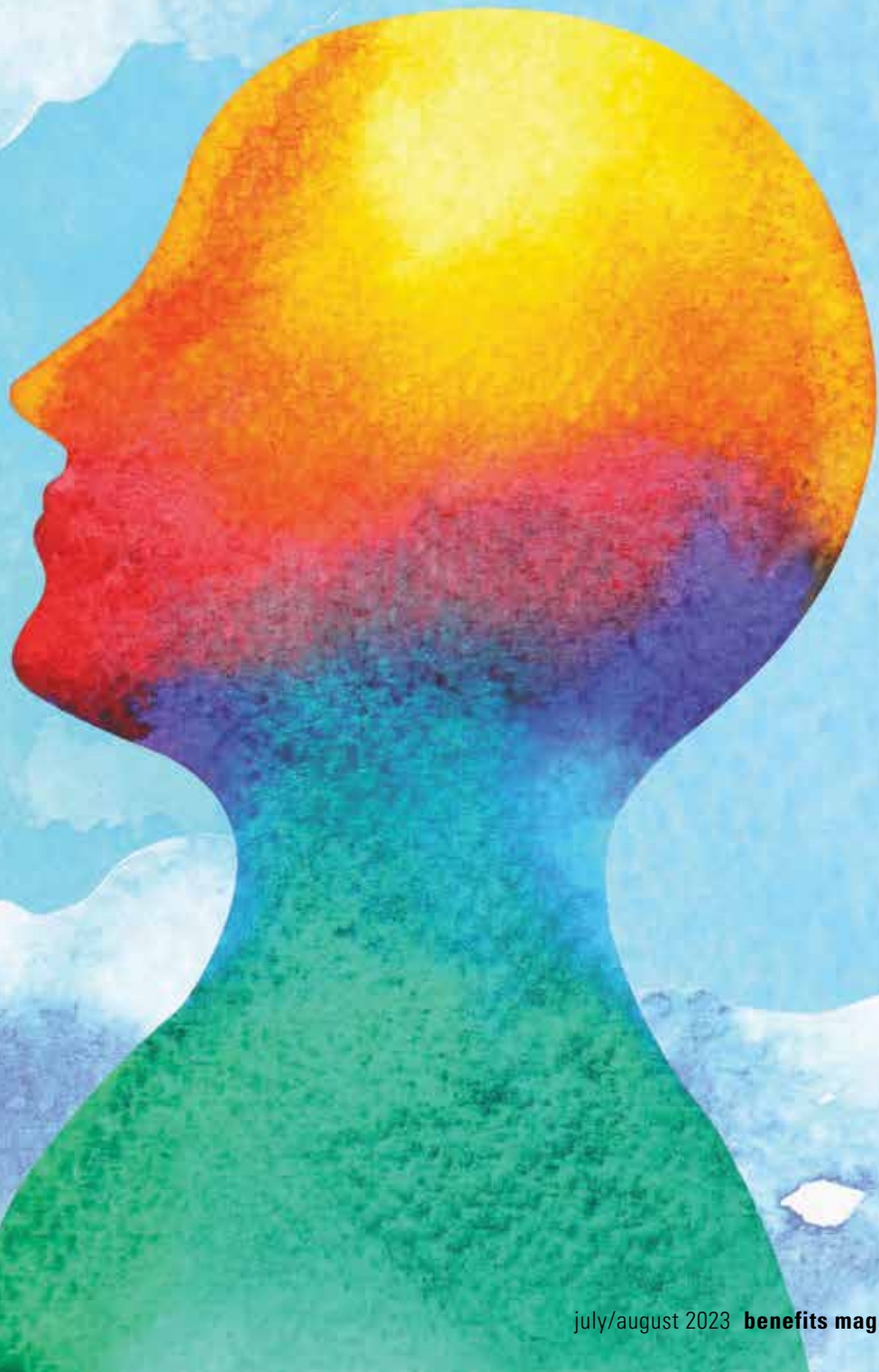


How to Leverage Your EAP for a Mentally Healthy Workplace: What Leaders Need to Know and Do

by | Joel B. Bennett, Ph.D., Aldrich Chan and Mark Attridge, Ph.D.

Many leaders take time away from business matters to deal with problems related to worker stress and mental health, yet the employee assistance programs (EAPs) that address these issues often are underappreciated by employers. What can leaders do to engage EAPs and promote mental health as well as substance use prevention?



Workplace leaders recognize the impact that mental health issues can have on productivity, but they may not know the best way to access employee assistance programs (EAPs) and other mental health benefits.

Despite the growth of public interest in workplace mental health strategies, it is unclear how leaders perceive these issues, especially in small to mid-sized organizations. Leaders in smaller workplaces may be most vulnerable to risks associated with employee behavioral concerns. Accordingly, they could benefit the most from having mental health and substance use benefits.¹ Among such benefits, the EAP is the most widely used and has the most research to show its effectiveness. The sidebar “Employee Assistance Programs” provides more details.

The recent *U.S. Surgeon General’s Workplace Mental Health and Well-Being Framework* reflects the growing interest in mental health benefits.² This public health framework provides many resources as well as guidance for leader action steps to improve mental health at work. (See the “U.S. Surgeon General’s Workplace Mental Health Framework” sidebar.)

However, the framework barely mentions EAPs, substance use disorder (SUD) prevention or dozens of other benefits strategies. Organizations use a number of different programs, as evidenced by the 2021 *Mental Health and Substance Use Disorder Benefits Survey* conducted by the International Foundation of Employee Benefit Plans. The survey

reports the prevalence of almost 20 different practices offered by EAPs, other benefits for prevention (e.g., stress management), return to work, education (e.g., workshops), mental health and SUD treatment options.³

Further, the need for SUD prevention is greater than before because of COVID-related increases in working adult alcohol deaths as well as continued problems with opioid use, especially among underserved populations.⁴⁻⁷ What kind of SUD prevention programs interest leaders? Are these as important as other mental health strategies? Such questions are especially important for leaders in rural areas. These issues are a national labor concern, and the Biden administration recently announced a focus on “recovery ready” workplace resources.⁸

Both the public health and employee benefits perspectives are important; however, another voice is missing—that of workplace leaders. Few studies ask workplace leaders themselves about their experience with these problems. For example: How do they see the impact of their employees’ mental health on workplace productivity? What do they know about their EAP and its effectiveness?

A 2022 survey in New York State asked leaders such questions.⁹ It’s important to include their perspectives because leaders (including managers and supervisors) can have a significant influence on how mental health practices and benefits are prioritized, promoted and encouraged.

Following are some highlights of the research.

Employee Assistance Programs

An employee assistance program (EAP) is an employer-sponsored benefit designed to help employees resolve behavioral health and life issues. A full-service EAP provides counseling and managerial consulting and supports larger organizational issues. During the COVID-19 pandemic, EAPs successfully adapted to offer remote access to counseling in addition to in-person office settings. In the U.S., roughly 3.2 million private sector companies and 182,000 public sector organizations spend an estimated combined \$1.63 billion on EAP services each year. How many employers sponsor an EAP benefit varies by market sector and by the size of the organization.*

*M. Attridge, (2022). “Profile of small employers in the United States and the Importance of Employee Assistance Programs During the COVID-19 pandemic.” (Special Issue on Supporting Workplace Mental Health During the COVID-19 Pandemic). *American Journal of Health Promotion*, 36(7), 1229-1236, <https://doi.org/10.1177/08901171221112488d>.

U.S. Surgeon General’s Workplace Mental Health Framework*

This framework highlights five essential areas to support workplaces as engines of well-being:

1. Protection from harm
2. Connection and community
3. Work-life harmony
4. Mattering at work
5. Opportunity for growth.

The authors analyzed this framework to discern more than 30 different action steps that leaders can take and identified additional steps from the research literature. The framework serves as an excellent conversation starter and blueprint for conveying the importance and legitimacy of taking action for leaders.

*www.hhs.gov/sites/default/files/workplace-mental-health-well-being.pdf.

Exposure to Mental Health–Related Problems Amongst Employees

A large majority of surveyed leaders believed that employee stress and burnout (86%), mental health (81%), fatigue (69%) and general health (68%) all adversely impacted their organization's financial success. Fewer leaders believed that employee alcohol misuse (22%) or drug use (12%) adversely impacted their organization's financial success, but many still recognized the need for SUD prevention programs.

Leaders reported spending, on average, about 40% of their own time each month dealing with these six issues (e.g., by doing extra work, addressing issues in performance reviews, reacting to mental health–related crises, making HR referrals). However, this answer varied widely across leaders, from 0% to more than 90% of their time. Leaders at organizations with an EAP reported spending significantly more of their own time dealing with employee mental health issues compared with leaders at organizations without an EAP (average of 46% of work time per month vs. 30%, respectively). This suggests that the promotion and referral activities involved with an EAP may increase leader awareness of, and response to, mental health issues.

When asked how their employees' work productivity was affected by these same issues (i.e., stress, burnout, mental health, alcohol or drugs), the survey found a lower level of adverse impact. On average, leaders estimated that the six mental health issues resulted in the loss of 16% of weekly employee work time. Perceived employee productivity loss was unrelated to having an EAP benefit—Those with an EAP reported a 17% loss of work time and those without reported a 14% loss. The difference in perceived impact of mental health on time (40% for leaders and 16% for employees) may be attributed to the fact that leaders manage multiple employees and thus they perceive spending more time to address these issues than they attribute to their subordinates. Accordingly, leaders may underestimate employee perspectives on mental health impacts. Alternately, leaders may indeed be under increased strain because of the post-COVID concerns or more willing to admit it, especially through an anonymous survey.

Prevalence of EAPs and Related Programs

Consistent with national norms, two-thirds of leaders said their organization provided an EAP benefit (50% used a specialty EAP vendor and 16% got their EAP from a health plan or other insurance provider), but another third did

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not have an EAP or did not know whether they had one. As expected, having an EAP was ubiquitous in medium/large organizations (all of the companies in the sample with 100-999 employees) but far less prevalent (48%) in smaller workplaces with 99 or fewer employees. Having an EAP was also more likely in public (78%) than private sector (48%) organizations.

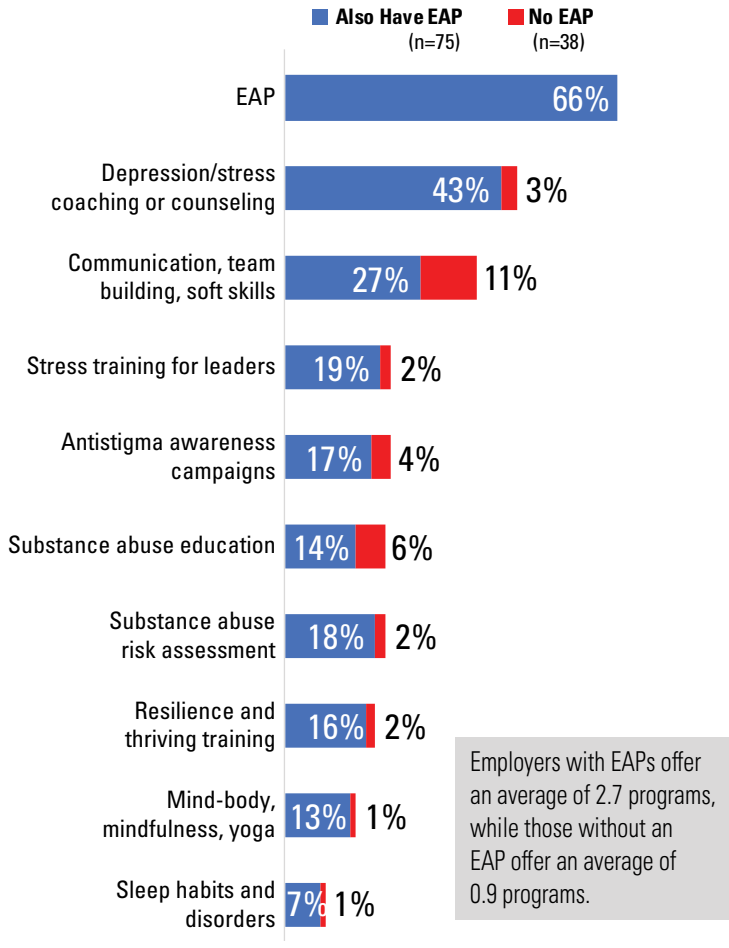
It is often assumed that smaller employers fail to offer EAPs because they cannot afford it. But the survey revealed that leaders' perceptions of the financial health of their company was not associated with whether they had an EAP—This was true for both the sample whose organizations had an EAP from a insurance/health plan (lower cost) and those with an EAP from a specialty vendor (higher cost). Apparently, employers' decisions to sponsor an EAP were being driven by factors other than financial ones. This finding is perhaps not surprising, given that the typical cost of an EAP benefit is less than 1% of the total annual spend on health benefits. Some specialty carriers even include a bare-bones EAP for “free”

takeaways

- Employee assistance programs (EAPs) are a widely used mental health benefit, but many leaders may not know the best way to access or optimize them.
- A 2022 survey of leaders from employers in rural counties in New York State showed that only one in four leaders from organizations with an EAP benefit considered it effective, and most leaders lacked knowledge of their EAP's impact.
- Leaders are, themselves, affected by having to deal with employee stress and mental health concerns. It may help to seek their input and use credible frameworks (like the Surgeon General's Workplace Mental Health Framework) to guide the discussion for enhancing mental health practices at work.
- When evaluating an EAP provider, leaders should ask whether the EAP offers services such as resilience training, coaching, positive psychology or managerial consultation. They should also ask whether the EAP provides detailed utilization reports and measures outcomes.

FIGURE

Employer Offerings of Employee Assistance Programs (EAPs) and Workplace Mental Health Promotion Programs



(although the use rate is usually very low—often at less than 2% compared with the 9% national norm for cases per every 100 covered employees) when the overall package of health/disability/life insurance is purchased.

Employers were asked which of ten workplace-based programs they offered that support different aspects of employee mental health and substance use prevention (Figure). Only 2.1 of these ten programs were offered by the typical employer, and the EAP was the

most popular—offered by 66% of employers in the total sample. Offerings of other programs ranged from 46% for coaching or counseling for depression or stress to 8% for programs related to sleep disorders. Employers that offered EAPs offered an average of 2.7 programs, compared with 0.9 programs among the one-third of employers that lack an EAP. As shown in the figure, every one of the other nine mental health programs was far more likely to be offered by employers with an EAP com-

pared with those without an EAP. Thus, it appears that an EAP benefit may be the “point of the spear” in driving the presence of these kinds of programs or increasing leader awareness of mental health programs.

EAP Effectiveness

Most studies conclude that EAP use is associated with reduced personal and clinical distress and improved work-related outcomes (particularly in restoring productivity levels).¹⁰⁻¹² However, this data comes from the perspective of the EAP service user, not from the view of workplace managers. The results for the perceptions of managers are shown in the table on page 21.

Overall, only one in four leaders from organizations with an EAP benefit considered it effective. Another 45% of leaders rated their EAP as “a little” or “somewhat” effective, and one in three leaders did not know whether their EAP was effective or rated it as “not effective.” The type of EAP provider seems to influence leader perceptions of effectiveness. Organizations with EAP vendors rated it more positively than those with EAPs from insurance or health plans.

Substance and Prescription Drug Misuse Prevention

In general, about 27% of leaders felt that prescription drug misuse prevention programs were as important as other mental health-related programs. While interest did not vary across those with or without an EAP or by EAP type, leaders from private organizations with an EAP had the greatest interest. Educational training on the use of healthy alternatives to prescription drugs was the most popular with more than 50%

of respondents expressing interest. This was followed by having Narcan available at the worksite, peer recovery specialists and alternative pain management. Those without an EAP showed greater interest in several harm-reduction strategies: limiting the number of pills provided postsurgery, requiring prior authorization of outpatient opioid prescriptions in excess of a specified number of days and drug testing.

Study Summary

Because of the postpandemic increase of mental health and substance use problems:

1. Leaders report spending an average of 40% of their time doing extra work because of mental health problems that EAPs typically support. Having an EAP may drive leader awareness, or the presence, of both mental health concerns as well as solutions.
2. About two-thirds of small employers in upstate New York had an EAP benefit. Having an EAP was unrelated to leaders' perceptions of the financial health of the company, but it was more common among employers in the public sector and as the size of the company increased.
3. Among those with an EAP, most leaders lacked knowledge of their EAP's impact or considered it only minimally effective, although this was better among employers getting their EAP from a specialty vendor.
4. From the leader perspective, there appears to be a significant gap between the need for mental health services (as seen in their ratings of lost productivity) and both the

TABLE

Leader Ratings of EAP Effectiveness (comparing insurance or health plan with specialty vendor)

How effective has your EAP been in helping employees address mental health risks or other issues described in this survey?	EAP from insurance or health plan (n=18)	EAP from specialty vendor (n=56)	Total (N=74)
0—Don't know if effective	38%	20%	24%
1—Not effective	11%	9%	9%
2—A little effective	6%	18%	15%
3—Somewhat effective	33%	27%	29%
4—Effective	6%	20%	17%
5—Very effective	6%	7%	6%

awareness of and presence of such services.

5. While only one in five reported having substance use education and risk assessment, a larger amount (50%) show interest in providing employee education for healthy alternatives to prescription drug use.

Implications

As an exploratory pilot study, the findings should be treated with speculation. The goal was to spark interest in asking similar questions among leaders. CEOs, business owners, managers and directors likely need more specific and action-based practical guidance that follows from research, including the following.

What Leaders Can Do

Leaders who want to increase the effectiveness of their workplace EAP should consider the following steps.

- Review *the Surgeon General's Mental Health Framework*, prioritize within the five essential ar-

reas and identify steps they are willing to take (see Endnote 2).

- Conduct brief surveys to discover how many employees know about their EAP.
- Ask the EAP for one-on-one leader consultation on how to create a mental health-friendly workplace.
- Personally contact the EAP. Explore steps to access services and what happens afterward.
- Ask the EAP to encourage consultations between counselors and managers to provide direction on how to handle difficult situations.
- Ask the EAP to promote prevention and educational resources to employees, such as mindfulness, stress management and online mental health risk assessments. Being proactive can drive up the overall counseling case rate usage.
- Ask how to integrate EAP services with any mobile apps and other digital mental health tools from specialty providers.

- Explore ways to integrate EAP services with related behavioral health treatment programs from health insurance benefits.
- Consider expanding education on substance use (including opioids and prescription drug misuse) by focusing on healthy alternatives.

What Leaders Should Ask of Their EAP

When evaluating their EAP providers, employers should ask the following questions.

- How often does the EAP go on site to initiate workplace change? Examples of helpful programs may include:
 - Employee orientations about the purpose of the EAP
 - Supervisory training on why and how to make referrals to the EAP
 - Support for a coaching, counseling, discipline model for at-risk employees.
- Does the EAP have providers or consultants with experience dealing in workplace dynamics (beyond mental health topics)? Many full-service EAPs have specialists who understand dynamics in organizational level changes and critical events.
- Does the EAP offer coaching or positive psychology kinds of services?
- Can the EAP provide more detailed information/reports about the workplace that go beyond clinical information usually found in utilization reports?
- Does the EAP measure outcomes for users? Recommended

standardized science-validated tools include the PHQ-9 and GAD-7 for depression and anxiety issues, the AUDIT for alcohol issues and the Workplace Outcome Suite (WOS) to assess EAP effectiveness. 🎧

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