

# The Value of Employee Assistance Programs - 2009

*Employee Assistance Programs (EAPs) are employer- or group-sponsored programs that are designed to alleviate workplace issues due to mental health, substance abuse, personal problems, and workplace issues.<sup>1</sup> These programs strive to improve employee productivity and organizational performance. EAPs are also called employee and family assistance programs (EFAPs) or member assistance programs (MAPs). EAPs have become widely adopted by businesses in the last 25 years, as the number of organizations with an EAP has gone from 31% in 1985 to 75% in 2009.<sup>2,3</sup>*

## EMPLOYEE SUPPORT – EAPs Provide No-Cost Counseling for Employees and Their Family Members

- **Behavioral Health Needs Unmet.** About 1 in 4 adults in the U.S. and Canada has symptoms of a mental health disorder,<sup>4,5</sup> a substance abuse disorder,<sup>6,7</sup> or both.<sup>8,9</sup> Over 75% of the people with these behavioral health disorders are employed. Sadly, most do not get care for the problem, often due to fears of social stigma, an inability to afford care, or lack of access to a provider.<sup>10,11</sup> But with an EAP, workers with such issues can talk confidentially (either by phone or office visits) with a licensed mental health professional at no cost and often with little delay. Lately the recession has increased the use of the EAP for assistance with family financial issues.<sup>12</sup>
- **Referral and Follow-up for Severe Cases.** Employees with more serious problems are referred by the EAP to other providers for longer-term mental health treatment, for substance abuse specialty support and/or for psychiatric medications. Many of these “at-risk” individuals are prone to create significant costs if not treated.<sup>13</sup> A benefit of being referred from the EAP is that such cases are more likely to continue treatment because of knowing what to expect from the process and from the follow-up support from the EAP.

## HEALTHY WORKPLACES – EAPs Provide Behavioral Health Consultation to the Organization

- **Organizational Risk and Employee Wellness.** EAPs can also intervene in the workplace directly through offering educational campaigns for all employees, group-level interventions for work teams, and problem-specific coaching for individual managers.<sup>14</sup> The EAP can work with leadership, human resources, work/life and wellness programs to raise awareness of mental health issues and to help identify unhealthy workplace practices.<sup>15</sup> The EAP can play role in motivating and supporting people in their personal wellness goals and in reducing stress which causes health problems. EAPs also support organizations to prepare for - and respond to - traumatic workplace incidents, such as violence, crimes, deaths, and disasters.<sup>16</sup> Providing psychological first aid is a specialty of most EAPs.<sup>17</sup>
- **Disability and Chronic Disease.** Mental health disorders are now the fastest-growing and most costly kind of health disability in Canada.<sup>18</sup> Between 10% and 40% of people with the costliest chronic conditions (e.g., diabetes, hypertension, pain, heart disease) also have depression.<sup>19</sup> This high level of comorbidity presents opportunities for the EAP to collaborate more with primary care doctors, disease management programs, and disability case management to assist with mental health related issues.<sup>20</sup>

## BUSINESS VALUE – EAPs Support Worker Productivity and Reduce Business Costs

- **Work Performance Focus.** A focus on work performance is one of the components of the “core technology” that guides the EAP profession.<sup>21</sup> Research shows that employees who use EAPs often experience positive changes in their work performance, such as having fewer days late or absent, higher levels of work productivity, and improved work team relations.<sup>22,23,24</sup> For example, a study of over 60,000 cases found that employee absenteeism was reduced from an average of 2.37 days of unscheduled absences or tardy days in the prior 30-day period before using the EAP to only 0.91 days after completing use of the EAP.<sup>25</sup>
- **Cost Savings.** Dozens of applied studies have demonstrated that EAP services can produce positive returns for purchasers in direct cost savings from reduced medical, disability, and workers’ compensation claims and even more savings from reducing indirect business cost losses related to poor work performance.<sup>26,27</sup> The typical ROI is \$3 or more for every \$1 dollar invested in the EAP.<sup>28</sup> According to the *National Business Group on Health*, “a well-run EAP will provide a positive return on investment” (2008, p. 8).<sup>29</sup>

## BETTER MENTAL HEALTH – EAPs Restore Hope for Troubling Situations

- **Each Person is Unique.** The real value of EAP is found in each person’s story of why they used the service. Every client has a unique and stressful circumstance that causes him or her to reach out for assistance. Getting support from an EAP counselor usually brings relief and offers practical resources to resolve the problem. And in so doing, it also gives one confidence to do what is needed.

Copyright ©2009 Employee Assistance Society of North America (EASNA). Phone: (703) 416-0060 . Website: [www.easna.org](http://www.easna.org)

**Also Now Available:** *Selecting and Strengthening Employee Assistance Programs: A Purchaser’s Guide* (EASNA, 2009).



## References

- [1] Richard, M. A., Emener, W. G., & Hutchison, W. S., Jr. (Eds.) (2009). *Employee Assistance Programs: Wellness/enhancement programming, 4<sup>th</sup> Ed.* Springfield, IL: Charles C Thomas.
- [2] Hartwell, T., Steele, P., French, M., Potter, F., Rodman, N., & Zarkin, G. (1996). Aiding troubled employees: The prevalence, cost, and characteristics of Employee Assistance Programs in the United States. *American Journal of Public Health, 86*(6), 804-808.
- [3] Society for Human Resources Management. (2009). *2009 employee benefits*. Washington, DC: Author.
- [4] National Institutes of Mental Health. (2008). *The numbers count: Mental disorders in America*. Washington, DC: Author.
- [5] Statistics Canada. (2004). *Canadian community health survey, mental health and well-being 2002 (updated)*. Ottawa: Author.
- [6] Larson, S. L., Eyerman, J., Foster, M. S., & Gfroerer, J. C. (2007). *Worker substance use and workplace policies and programs* (DHHS Publication No. SMA 07-4273, Analytic Series A-29). Rockville, MD: SAMHSA.
- [7] Canadian Center on Substance Abuse. (2004). *Canadian addiction survey: Highlights on prevalence of use and related harm*. Ottawa, ON, Canada: CCSA/Health Canada.
- [8] Grant, B. F., Stinson, F. S., Dawson, D. A., Chou, S. P., Dufour, M. C., Compton, W., et al. (2004). Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders. *Archives of General Psychiatry, 61*, 807-816.
- [9] Skinner, W., O'Grady, C., Bartha, C., & Parker, C. (2004). *Concurrent substance use and mental health disorders*. Toronto: Centre for Addiction and Mental Health.
- [10] Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*, 629-640.
- [11] Dewa, C. S., Lesage, A., Goering, P., & Caveen, M. (2004). Nature and prevalence of mental illness in the workplace. *Healthcare Papers, 5*(2), 12-25.
- [12] Meester, N. J. (2008). How EAPs can combat the negative side effects of financial problems. *Employee Benefit News, 22*(10), 59- 61.
- [13] Conlin, P., Amaral, T. M. & Harlow, K. (1996). The value of EAP case management. *EAP Association Exchange, 26* (3), 12-15.
- [14] Beard, M. (2000). Organizational development: An EAP approach. *Employee Assistance Quarterly, 16*(1&2), 117-140.
- [15] Attridge, M., Herlihy, P., & Maiden, P. (Eds.). (2005). *The integration of Employee Assistance, Work/Life and Wellness services*. Binghamton, NY: Haworth Press.
- [16] Burton, P., Gorter, J., & Paul, R. (2009). Recovering from workplace traumatic events. *Journal of Employee Assistance, 39*(2), 10-11.
- [17] VandePol, B., Larbadee, L., & Gist, R. (2006). The evolution of psychological first aid. *Journal of Employee Assistance, 36*(2), 18-20.
- [18] Canadian Mental Health Association. (2008). *Mental health facts: Why workplace mental health matters*. Toronto, ON: Author. [www.mentalhealthworks.ca/facts/why\\_it\\_matters.asp](http://www.mentalhealthworks.ca/facts/why_it_matters.asp).
- [19] Melek, S., & Norris, D. (2008). *Chronic conditions and comorbid psychological disorders*. A Milliman Research Report. Seattle, WA: Milliman.
- [20] Dewa, C. S., Hoch, J. S., Carmen, G., Guscott, R., & Anderson, C. (2009). Cost, effectiveness, and cost-effectiveness of a collaborative mental health care program for people receiving short-term disability benefits for psychiatric disorders. *Canadian Journal of Psychiatry, 54*(6), 379-388.
- [21] Roman, P. M., & Blum, T. C. (1985). The core technology of Employee Assistance Programs. *The ALMACAN, 15*(3), 8-9, 16-19.
- [22] McLeod, J., & McLeod, J. (2001). How effective is workplace counseling? A review of the research literature. *Counseling Psychotherapy Research, 1*(3), 184-191.
- [23] Harris, S. M., Adams, M., Hill, L., Morgan, M., & Soliz, C. (2002). Beyond customer satisfaction: A randomized EAP outcome study. *Employee Assistance Quarterly, 17*(4), 53-61.
- [24] Harlow, K. C. (2006). The effectiveness of a problem resolution and brief counseling EAP intervention. *Journal of Workplace Behavioral Health, 22*(1), 1-12.
- [25] Selvik, R., Stephenson, D., Plaza, C., & Sugden, B. (2004). EAP impact on work, relationship, and health outcomes. *Journal of Employee Assistance, 34*(2), 18-22.
- [26] Blum, T., & Roman, P. (1995). *Cost-effectiveness and preventive implications of Employee Assistance Programs*. Rockville, MD: U.S. Department of Health and Human Services.
- [27] Collins, K. M. (1998). Cost/benefit analysis shows EAP's value to employer. *EAPA Exchange, 28*(12), 16-20.
- [28] Hargrave, G. E., Hiatt, D., Alexander, R., & Shaffer, I. A. (2008). EAP treatment impact on presenteeism and absenteeism: Implications for return on investment. *Journal of Workplace Behavioral Health, 23*(3), 283-293.
- [29] Rothermel, S., Slavitt, W., Finch, R. A., et al. Center for Prevention and Health Services. (2008). *An employer's guide to Employee Assistance Programs*. Washington, DC: National Business Group on Health.

**Suggested Citation for this Report:** EASNA. (2009). *The Value of Employee Assistance Programs - 2009*. Author: Attridge, M. Available online from <http://www.easna.org>.