

A New Research-Driven Approach to Workplace Behavioral Health Services: Does This Present an Opportunity or a Challenge for EAPs?

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A new research-driven approach is emerging to the delivery of behavioral health services in the workplace. This new approach involves actively targeting those employees, as identified by research, whose personal problems are most likely to negatively impact their work performance. Because this new approach focuses on high-risk/high-cost employees, it has the potential to yield a greater return-on-investment (ROI) to an organization than traditional workplace programs, such as employee assistance programs (EAPs).

The High Prevalence of Behavioral Health Problems in the Workplace

Based on national epidemiological studies, prevalence data for several specific kinds of disorders in the workplace indicate that:¹⁻⁹

- An estimated 9% of employed people suffer from alcohol abuse or dependence.
- Approximately 8% of workers engage in illicit drug use or prescription drug abuse on a regular basis.
- Depression and mood disorders affect an estimated 9% of the American workforce.
- 11% of employees suffer from serious anxiety disorders, such as panic attacks, obsessive-compulsive disorder, post-traumatic stress syndrome and phobias.

Altogether, given co-occurrence among these disorders, approximately 30% of working adults meet criteria for requiring professional care for

mental health disorders or substance abuse each year.

The High Workplace Cost of Behavioral Health Problems

Research studies have found that the impact and cost of behavioral health disorders in the workplace can be quite significant:¹⁰⁻¹³

- Employees with serious behavioral health problems are off on paid sick leave twice as much as the company average.
- Workers who suffer from mental health disorders, such as depression, have between 80% to 100% more disability days off work.
- On-the-job injuries are 40% more likely among those working individuals with serious mental health, alcohol or drug problems.
- Employees with substance abuse problems receive 3 to 5 times as many suspensions as other employees.

The table at the top of the next page shows absenteeism levels for employees with various types of problems prior to their use of an EAP. As can be seen, employees with substance abuse and psychological problems had significantly more absenteeism than the company average for all employees. In addition, this group of employees had significantly more absenteeism than those employees who sought help for family/marital issues. In fact, the latter group had absenteeism levels lower than the company average, which is typical for employees whose problems are acute in

nature rather than chronic, such as family/marital, legal and financial.

Absenteeism for Employee Users of an EAP

	Average for EAP Users* (Hours)	Average for Company* (Hours)	% EAP Users Above Average
Alcohol Abuse	107	71	51%
Drug Abuse	151	71	112%
Psychological	98	71	38%
Family/Marital	61	71	(15%)

*Absenteeism measure includes total hours of sick leave, short-term disability, time off due to injuries, and suspension-related time off, for twelve months prior to use of the EAP.

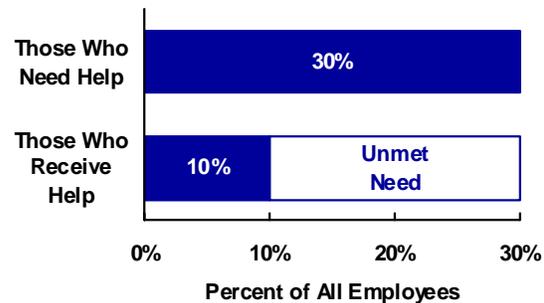
Past research studies on the outcomes from EAP services have also found that the highest per-case financial value of outcomes in multiple areas (e.g., disability claims, health care claims, work absence, turnover) comes from helping those employees with substance abuse and mental health disorders.¹⁴⁻¹⁶

Further support for a focus on high-severity cases comes from the widely-observed phenomenon called the “Pareto Group” effect, also known as the “80-20 rule.” Based on the work of the Italian economist Vilfredo Pareto more than 100 years ago, this rule states that 80% of the effects come from only 20% of the causes. This rule vividly applies to the workplace, where research has found that the majority of behavioral health related costs are associated with that small group of employees with the most severe behavioral problems.

The High Unmet Need for Behavioral Health Treatment

Mental health and substance abuse disorders are clearly among the most common and most costly problems affecting the workplace, and yet they go largely untreated. Only an estimated 10% of covered employees presently utilize their health care benefits in a given year for these kinds of problems.¹⁷

As noted earlier, approximately 30% of the American workforce is in need of treatment for serious behavioral health disorders. And yet, only 10% receive care for these problems. This means that two-thirds (67%) of employees who are in need of appropriate care do not receive it.



Current Programs Are Not Adequately Addressing the Need

Industry figures show that less than 4% of employees typically use an EAP each year for a clinical problem.¹⁸ Moreover, most individuals who seek help at an EAP do so for mild to moderate problems that cause acute stress (e.g., family/marital issues, legal problems, financial concerns), rather than for serious mental health disorders and substance abuse.^{18,19}

National norms drawn from the EAP Data Warehouse™, which is a database of key performance metrics on a wide range of EAPs from around the country, confirm that today’s EAPs do not typically reach a significant number of high-risk/high-cost employees:^{18,19}

- An average of only 1.6 clients per 1,000 covered employees access the EAP each year for help with an alcohol problem.
- Less than 0.5 employees per 1,000 use an EAP’s services for a drug issue.
- The utilization rate for employees with depression is approximately 9.5/1,000.
- The EAP usage rate for workers who have anxiety disorders is 8.2/1,000.

Overall, fewer than 25% of employees who seek help from an EAP have a serious substance abuse or mental health disorder, which is less than 1% of the total employee population.

Continuing with the current workplace approaches to mental health and substance abuse is not enough because these approaches are simply not reaching substantial numbers of those employees who need help. As a consequence, organizations are continuing to pay the price through lost

productivity, absenteeism and other workplace costs.

Casefinding Practices that Identify High-Risk Employees

The new research-driven approach to workplace behavioral health utilizes services that are most likely to identify and successfully treat those high-risk employees who have serious mental health and substance abuse problems. These proactive strategies include:

- Program promotion and outreach activities (e.g., brochures, Web site information, posters, etc.) that specifically focus on the serious behavioral health problems, such as alcohol abuse, drug misuse, depression and anxiety.
- Education and wellness programs that target employees who might be at risk for serious mental health and substance abuse issues. For example, trainings such as Drug and Alcohol Education, Anxiety and Stress Management, Depression Awareness and so forth.
- Training of supervisors, managers, union representatives, HR professionals and other “front-line” gatekeepers on early identification and referral of employees who might have personal problems that are affecting work performance.

The table below, which displays findings for an EAP that provides extensive supervisory training, shows that supervisors can be a significant source of troubled employees with serious behavioral issues, especially those with substance abuse.²⁰

Relationship between Referral Source and Problems

	Self Referrals	Informal Supervisor Referrals	Formal Supervisor Referrals
Alcohol Abuse	4%	10%	22%
Drug Abuse	8%	9%	24%
Psychological	24%	31%	12%
Family/Marital	41%	24%	16%
Work Related	16%	18%	23%
Other Problems	7%	8%	3%
	100%	100%	100%

Partnerships and Collaborations that Yield High-Risk Cases

The new research-driven approach also relies heavily on partnerships and collaborations with other workplace programs to identify and treat high-risk/high-cost employees. The most common of these programs are listed in the figure below:



Although extensive research does not yet exist on the business value of these collaborations, early evidence points toward the following partnerships as those with the most promise for yielding high-risk cases:

- Training of personnel who are providing an organization’s health risk appraisals (HRAs) on how to refer employees identified as high-risk for behavioral health problems.
- Consulting with the disability benefits office on those disability cases that might have behavioral health involvement.
- Collaborating with absence management programs to identify and refer employees who have excessive absenteeism that might be related to personal problems.
- Participating in disease management cases that have co-morbid mental health or substance abuse disorders.

Essential Clinical Steps in the New Approach

The new workplace behavioral health approach requires a professional staff who can provide the following core clinical services essential to its success:

1. Assessment, screening and treatment planning.

2. Brief interventions and motivation for treatment.
3. Referral to outside treatment based on assessed level of care needed.
4. Long-term follow-up and monitoring to ensure completion of treatment.

Assessment and Screening

The first clinical step in the new approach involves a comprehensive and systematic mental health and substance abuse screening to make sure these problems are identified and to determine the appropriate level of care. Brief, standardized screening tools are an essential component of this assessment process. The most commonly used instruments for alcohol and drug abuse, depression and anxiety screening are listed below:

Brief Screening Tools

AUDIT, AUDIT-C. Alcohol Use Disorders Identification Test. The AUDIT has 10 items; the AUDIT-C, 3 items.²¹⁻²⁵

MAST. Michigan Alcohol Screening Test.²⁶⁻²⁸

DAST. Drug Abuse Screening Test.²⁹⁻³¹

PHQ-9. Patient Health Questionnaire, 9-item screener for adult depression.^{32,33}

PHQ-4. Patient Health Questionnaire, 4-item screener for adult depression and anxiety.³⁴⁻³⁶

GAIN-SS. Global Appraisal of Individual Needs - Short Screener. A 20-item screener that covers both mental health disorders and substance abuse.^{37,38}

Brief Interventions and Referral for Treatment

Once the comprehensive assessment has been completed and the best treatment plan determined, the next step in the new approach is to prepare the troubled employee for more intensive care. It is anticipated that nearly all of these high-risk cases will be referred outside the program for treatment.

In early occupational alcohol programs, motivation for treatment was viewed as a key determinant of success. A process known as “constructive confrontation” was often used to motivate the employee to seek help. This strategy involved the use of work-based leverage and the

involvement of management to confront the denial that often underlies work performance problems.³⁹

This focus on preparing an employee for treatment has resurfaced recently in the work on “brief interventions” and “motivational interviewing” for employees with alcohol problems conducted by organizations such as the Rand Corporation.⁴⁰ In addition, recent research being conducted by George Washington University on alcohol SBIRT (screening, brief intervention and referral to treatment) shows considerable promise in soon yielding research-driven best practices on these crucial clinical steps.^{41,42}

Follow-up Strategies

Following referral of the employee to outside treatment, the next step in the new approach involves monitoring the employee’s progress through this treatment. Based on evaluation studies conducted at a variety of EAPs, these follow-up practices appear to be the ones that contribute most to ultimate success:¹⁵⁻¹⁶

- A quick follow-up to check whether the client followed through on the referral recommendation(s).
- At least one-month and three-month follow-up contacts with every formal gatekeeper referral.
- Monthly follow-ups with substance abuse cases for the first year and quarterly follow-ups until the employee has become fully engaged in recovery.
- Regular follow-ups and monitoring with severe mental health disorders for as long as necessary.

Implications for EAPs

At the present time, the new approach to workplace behavioral health services has not yet been widely implemented. As mentioned earlier in this brief, at least 67% of all employees who have behavioral health issues go untreated. Clearly, a significant need still exists for an effective workplace solution. This presents an opportunity for EAPs to become the primary service delivery vehicle for this unmet need.

EAPs have several advantages as the preferred providers of the new approach. Early in their history as occupational alcohol programs, EAPs

had considerable success dealing with these kinds of serious problems. The “core technologies” developed during that era can be readily adapted to successfully manage other types of behavioral health issues. In addition, today’s EAPs often have existing workplace relationships on which to build closer partnerships for case-finding, such as with disability management programs and work/life programs.

However, EAPs face a number of challenges to successful implementation of the new approach. Most notable of these include:

- Limitations on access for external EAPs to other workplace relationships in order to train gatekeepers and build collaborations.
- Training of EAP staff on the high-level, core clinical skills needed for the new approach.
- Building and maintaining a comprehensive, diverse and effective network of providers required for successful treatment of serious mental health and substance abuse disorders.
- Capitated fee structures for contracted EAPs, which create a financial counter incentive to dealing with high-risk cases because of their extensive time involvement. It is anticipated that utilization-based or value-based pricing models will be necessary to support delivery of new approach services by external EAPs.

Conclusion

Clearly, mental health disorders and substance abuse problems are pervasive in the workplace and unnecessarily drain companies of cash through indirect and direct business costs. Just as clearly, existing approaches to handling serious behavioral health problems have not been successful in reaching and helping the majority of these employees. The new research-based and focused approach described in this brief serves to help both those troubled employees with the most need and an organization’s bottom line. EAPs are in a key position to re-engineer themselves to become the primary provider of these services.

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