PREAMBLE for Target Level of EAP Counseling Use Rate

EAP Counseling Use - Contextual Factors

The counseling services from an EAP typically are available 24/7, as needed, to provide assessment and brief counseling from licensed clinicians for employees (or their immediate family members) to support an emotional, personal life, or work-related issue. This counseling is provided at no cost to the employee user.

In general, in more normal times, how many people each year should use the EAP benefit for counseling?

To answer this question, it is important to consider several factors:

- 1) The risk profile of all covered employees. As with other health conditions (e.g., asthma, diabetes, cancer), not every employee is clinically relevant to use the counseling services provided by an employee assistance program even though the EAP benefit is usually made available to all employees (and usually also to immediate family members if also covered).
- 2) The typical EAP counseling case. Most users of counseling from employee assistance programs do not have a serious mental illness or psychiatric condition. Instead, they tend to be in reasonably good health but something happens in their personal or work life that is distressing enough to seek out professional support. There is also a much smaller part of the EAP caseload, however, that do have more serious behavioral health conditions (including alcohol or other addictions) who can benefit from referrals from the EAP to more specialized treatment providers. Thus, the typical EAP case is of moderate clinical symptom severity but experiencing an acute episode of distress.
- 3) The use of other relevant services. Research indicates that in a typical year, about 1 in every 4 adults are at risk for a behavioral health condition. Typically, about half of this at-risk subgroup has a more serious psychiatric or substance use issue. Some of this group may be getting pharmacological or talk-therapy treatments from providers in their insurance benefits, from private pay counselors, or from local community resources.
- 4) The workplace context and stigma. The level of company-wide promotion and training on the availability and purpose of the EAP is related to program use. How much the EAP is integrated into other allied benefits also can increase program use. Research also finds that about half of those at-risk for behavioral health issues do not get any professional care. This is believed to be out of fear of social stigma or anticipated adverse consequences for their career if someone at work found out about getting mental health treatment. Workplace culture also varies by each employer in how much mental health issues are openly discussed and if employees believe the EAP is truly confidential, which in turn affects how much the EAP is used (or not used).

Each of these contextual factors can influence how much the EAP is used each year for counseling.

DEFINITION - EAP Case Rate. The EAP case rate is a percentage reflecting the total number of clinical cases served over the course of a full year (including employees and spouses/family) divided into the total number of covered employees (those with access to potentially use the EAP benefit). The result is a percentage that reflects the number of clinical cases out of every 100 covered employees. This rate includes live counseling provided through all access channels (in-person, telephone, online video). This clinical use rate *excludes* all other use of the EAP and does not take into account the use of work/life, training, manager consultations, prevention or educational services, visits to the EAP website, crisis event response, and so on.

Table 1A. Pandemic Impact on Use of EAP Services – Counseling Case Annual Utilization Rate & Average Number of Counseling Sessions Used (all data available)

	EAP	EAP	All
	Vendors &	Internal	
	Hybrid	Staff	
	Programs &	Programs	
	Employers		
Sample size n	64-73	47-63	111-
			136
Utilization Trends: Counseling Clinical Case Rate			
Target (use rate should be in a normal year, if well-funded	11.5%	11.3%	11.4%
and regularly promoted to employees and managers)	(n=73)	(n=50)	
What was the actual level of utilization experienced with			
your EAP (this rate includes live counseling provided			
through all access channels (in-person, telephone, online			
video):			
Before pandemic in 2019	7.2%	7.6%	7.4%
	(n=66)	(n=59)	
During pandemic in 2020	10.0%	10.0%	10.0%
	(n=64)	(n=47)	
Utilization Trends: Counseling Sessions Per Case			
It is also of interest to examine the typical level of clinical			
severity. This can be represented in the total number of			
clinical sessions or visits between the client and the			
counselor needed to resolve the issue. What was			
the typical number of sessions used PER CASE with your			
EAP:			
Before pandemic	3.13	3.05	3.09
	(n=83)	(n=63)	
During pandemic	5.15	5.66	5.40
	(n=66)	(n=47)	

Table 1B. Pandemic Impact on Use of EAP Services – Counseling Case Annual Utilization Rate & Average Number of Counseling Sessions Used (no missing data all items)

	EAP	EAP	All
	Vendors &	Internal	
	Hybrid	Staff	
	Programs &	Programs	
	Employers		
Sample size n	57	37	94
Utilization Trends: Counseling Clinical Case Rate			
Target (use rate should be in a normal year, if well-funded	12.1%	11.2%	11.7%
and regularly promoted to employees and managers)			
What was the actual level of utilization experienced with			
your EAP (this rate includes live counseling provided			
through all access channels (in-person, telephone, online			
video):			
Before pandemic in 2019	7.5%	7.3%	7.4%
During pandemic in 2020	9.6%	8.9%	9.4%
Statistical test result	During pandemic > before		ore
Utilization Trends: Counseling Sessions Per Case			
It is also of interest to examine the typical level of clinical			
severity. This can be represented in the total number of			
clinical sessions or visits between the client and the			
counselor needed to resolve the issue. What was			
the typical number of sessions used PER CASE with your			
EAP:			
Before pandemic	3.86	4.02	3.94
During pandemic	5.15	5.66	5.40
Statistical test result	During pa	andemic > bef	ore

Table 2. Pandemic Impact on Use of EAP Services - Counseling

Compared to the year before the COVID-19 pandemic, how has the utilization level changed for mental health counseling services at your organization in each of the following access channels? 1. More use than before pandemic	EAP Vendors & Hybrid Internation Programs & Staff Employers Program		All
2. Similar use3. Less use than before the pandemic			
4. Don't know			
5. Not applicable / not provided			
Sample size n	107	77	184
Utilization Trends: Live Counselor	%	more use	
Live counseling virtual on Internet (video)	89% 91%		90%
Live counseling telephone (calls)	75% 74%		75%
Live counseling virtual on Internet (written exchanges; emails, texts, online chat)	63% 64%		63%
Live counseling in-person (face to face)	14% 13%		14%
Utilization Trends: Machines	%		
Mental health educational or self-care resources on websites or smartphone Apps	64%	64%	64%
Machine "self-care" tools on smartphone Apps (topic specific)	36%	35%	36%
Mental health risk screening survey tools on websites or smartphone Apps	34% 43%		38%
Machine "counseling" programs on Internet (ex. iCBT with multiple sessions)	18% 14%		16%

Table 3. Pandemic Impact on Use of EAP Services - Wellness & Work/Life and Workplace & Organizational

Compared to the year before the COVID-19 pandemic, how has the utilization level changed for mental health counseling services at your organization in each of the following access channels? 1. More use than before pandemic 2. Similar use 3. Less use than before the pandemic 4. Don't know 5. Not applicable / not provided	EAP Vendors & Hybrid Programs & Employers	EAP Internal Staff Programs	All
		% more use	
Utilization Trends: Wellness & Work/Life	101	75	176
Wellness-related services (ex: diet, exercise, sleep,	56%	64%	60%
stress)			
Financial consultation resources (ex., money, debt)	51%	40%	46%
Work/Life resources for childcare	46%	45%	46%
Work/Life resources for eldercare	33%	28%	31%
Legal consultation resources (ex., lawsuits, divorce, custody)	36%	23%	30%
Utilization Trends: Workplace & Organizational	97	73	170
Consultation with Human Resources and company leadership on workplace mental health issues	58%	59%	58%
Group level training on WMH topics for employees	54%	66%	59%
Consultations with managers on employee specific or work team issues	55%	53%	54%
Group level training on WMH topics for managers	49%	56%	52%
Crisis response to critical incidents (ex., natural disaster, violence, accidents, suicide)	52%	41%	47%

Table 4. General Trends in Workplace Mental Health and EAP

	Groups			
Please indicate how much you agree with each of the following statements about these trends. • Agree strongly • Agree somewhat • Neutral • Disagree somewhat • Disagree strongly	EAP Vendors & Hybrid Programs & Employers	EAP Internal Staff Programs	Individual Clinicians & Specialists	All
Sample size n	115-117	86-88	138-146	339- 351
General Trends		% agre	ee	
Employees are more open now to talking about mental health issues in general than before the pandemic.	95%	89%	84%	89%
Employers now place greater importance on supporting employee mental health than before the pandemic.	96%	88%	74%	84%
After the pandemic, there will be a resurgence of interest from employers in the workplace focused kinds of specialty services provided by full-service EAPs (ex., trainings, management consultations, crisis response, psychological safety risk management).	86%	87%	71%	80%
Employers now have a greater appreciation of their EAP than before the pandemic.	83%	78%	71%	77%
Employers should be paying more for their EAP services if there is higher than normal utilization because of the pandemic.	69%	66%	64%	66%

Note: Groups similar for all items; groups significantly different if bold

Table 5. General Trends in Technology Aspects of Workplace Mental Health and EAP

	Groups			
Please indicate how much you agree with each	EAP	EAP	Individual	All
of the following statements about these trends.	Vendors	Internal	Clinicians	
Agree strongly	& Hybrid	Staff	(EAP	
Agree somewhat	Programs	Programs	Network	
NeutralDisagree somewhat	&		Affiliates)	
Disagree somewhat Disagree strongly	Employers			
Sample size <i>n</i>	115-117	86-88	138-146	339-
Sample size n	115-117	00-00	138-140	351
		l % agre	<u> </u> 26	331
Technology		70 agr		
Interest in using technology-based mental health	91%	91%	93%	92%
resources will continue after the pandemic.	3170	3170	3370	3270
EAPs and technology-based providers should	86%	89%	87%	87%
collaborate more to integrate their respective	0070	0370	0770	0770
services to improve prevention, risk				
identification, and clinical treatment support.				
As long as it involves a licensed professional, live	77%	69%	71%	72%
counseling provided remotely via technology is	7770	0370	/1/0	12/0
just as clinically effective as when it is provided				
face-to-face in an office.				
Given the high drop-out rates, non-human	52%	50%	56%	53%
machine-based online support tools are perhaps	32/0	30%	30%	J3/0
suited more for conducting risk assessments				
_				
than for providing clinical treatment. Having 24/7 Internet access to counselors makes	54%	42%	45%	48%
waiting a few days to get an appointment with	34%	4270	45%	40%
an in-person EAP counselor less acceptable now.				
	220/	220/	200/	210/
Traditional providers of in-person counseling are	23%	22%	20%	21%
at serious risk of being replaced by machine-				
based self-guided resources on the Internet and				
smartphone Apps.	00/	150/	3.40/	170/
When used properly, non-human machine-	9%	15%	24%	17%
based online support tools are just as clinically				
effective as live counseling.				

Note: Groups similar for all items; groups significantly different if bold