

Leadership Perceptions of EAPs

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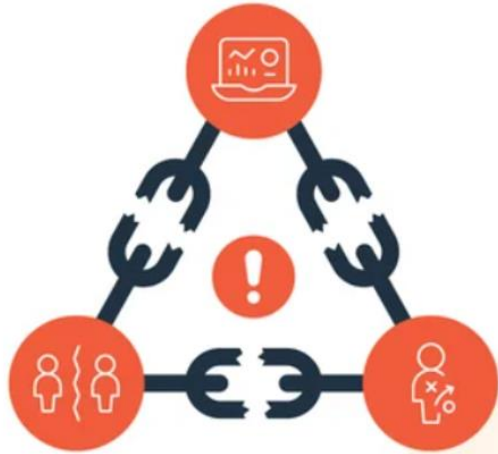
- Please contact Joel Bennett, PhD., at owls@organizationalwellness.com for any questions related to this slide deck

Overview

What do leaders and managers know about EAP? What should they know? Why? Where are the disconnects?

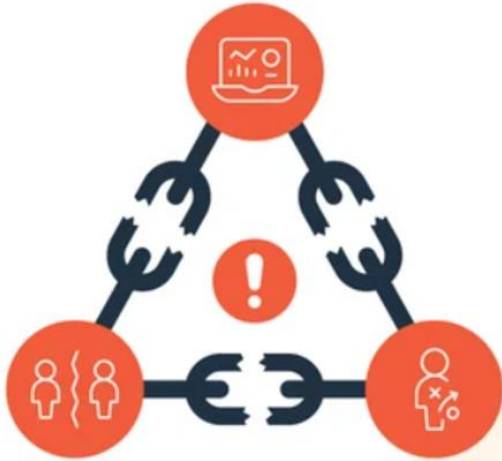
Two Perspectives:

1. Data from regional/rural and semi-rural areas of Central New York
2. National data from professionals working in the benefits industry



Disconnects

- We may know what national data tell us.
- We may know what professionals in benefits tell us. (IFEBP)
- But do we know what leaders know about MH and SUD benefits?
- Can we do more to create alignment in knowledge?



PART 1

Leader Perceptions of EAP and Leader Stressors

A Study of Workplace Leaders and Managers in Central New York State



Thanks to *Aldrich Chan* for the new analyses

Up-Front Summary

- Leaders report losing valuable productive time dealing with mental-health related exposures amongst employees
- Smaller organizations more vulnerable financially
- Leader perceptions of EAP vary by Size and Type of organization
 - **For profit** most likely to know about and see EAP as effective
 - **Smaller organizations** are most likely to NOT know about EAP
 - **Organizational size** correlates with perceived effectiveness of EAP
- Insurance EAP are seen as more effective but Vendor EAP appears to be more effective THE MORE THAT IT IS KNOWN
- Leaders with effective vendor EAP are more financially optimistic

HYPOTHESIS: Possible “inertia” “satisficing” or “used to” in larger organizations regarding EAP attitudes. (They may care less about effectiveness because they are distant from it?)

SAMPLE OF LEADERS

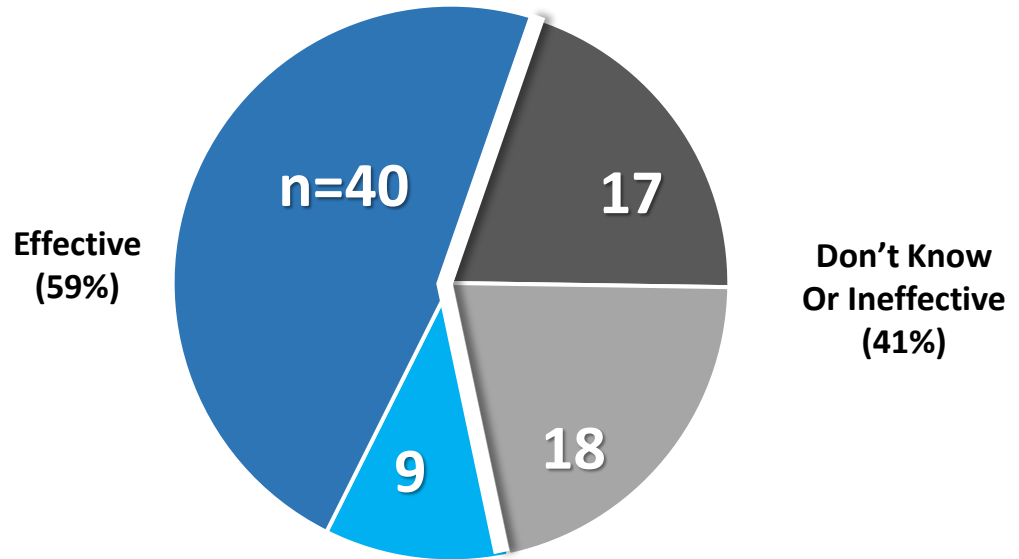
- TYPE

- Non-Profit (n = 49)
- For-Profit (n = 18)
- Government (n = 17)

- SIZE

- Micro-Small (1-49) (n = 31)
- Small (50-99) (n = 11)
- Midsize (100 – 499) (n = 30)
- Large (500+) (n = 12)

AWARENESS + EFFECTIVENESS OF EAP

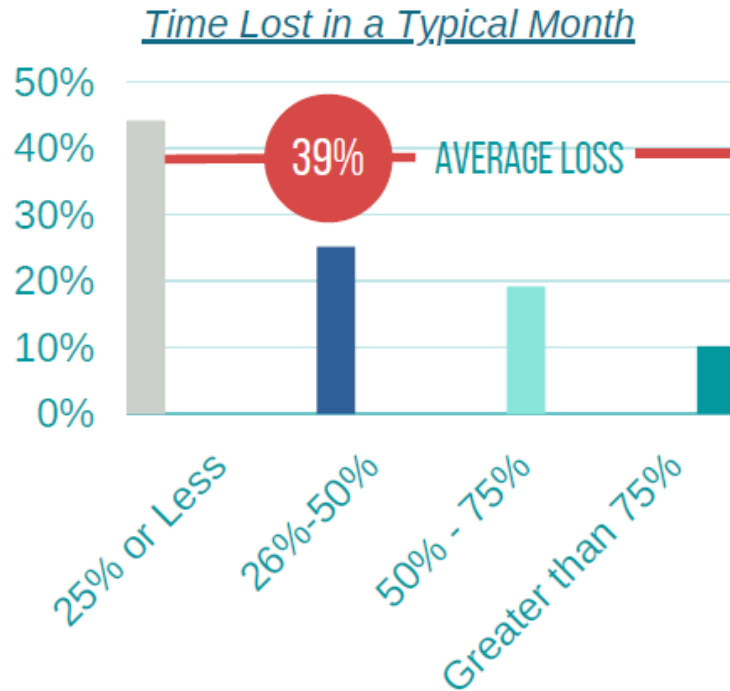


Managers and Leaders are Having to Deal with Mental Health Exposures



But Smaller and Non-Profit Are
Particularly Vulnerable

Leaders and Managers Report **Losing Work Productivity** Because They Are Drawn In to Deal With Employee Health Concerns



Respondents reported on how much time they lose in a typical month dealing with the six health concerns identified:

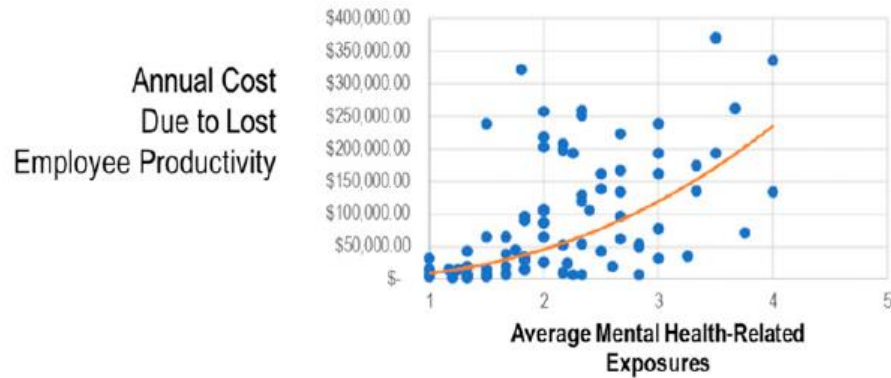
- Employee stress & burn-out,
- Mental health,
- General health,
- Sleep and fatigue,
- Alcohol misuse, and
- Other drug use issues.

On average, respondents reported losing about 39% of their time.

More Vulnerable, More to Gain

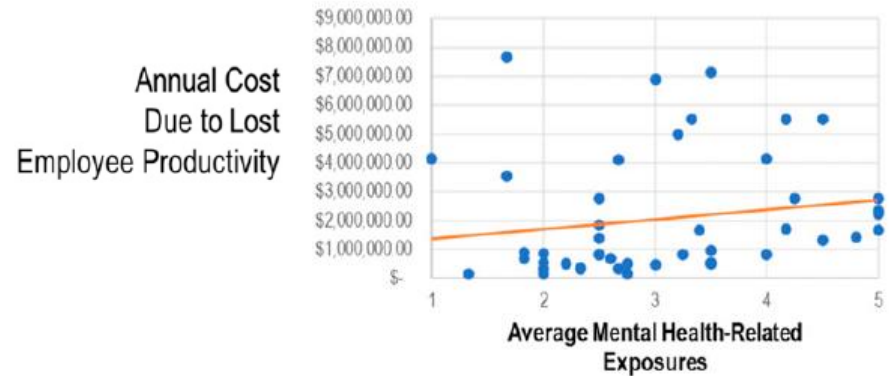
Leaders/managers of smaller workplaces hurt more with mental health-related exposures

Less than 100 Employees



Positive slope:
smaller workplaces
more exposures the more
lost labor costs

Greater Than or = 100 Employees



No slope:
Leaders of larger
workplaces appear
impervious

Managers and Leaders are Having to Deal with Mental Health Exposures



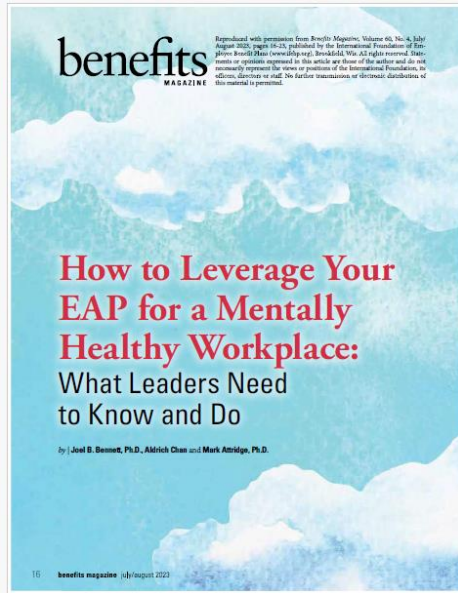
But Smaller and Non-Profit Are Particularly Vulnerable

Do they have an EAP?

What Type of EAP?

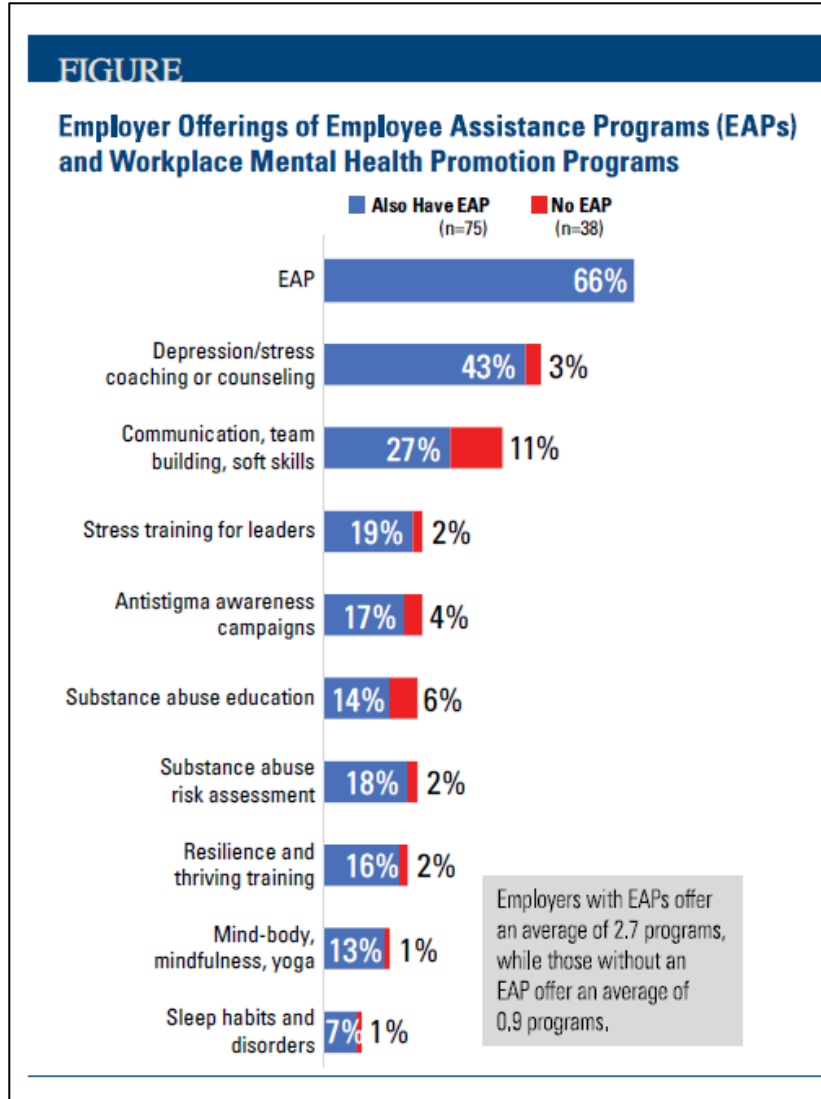
Do They Think it is Effective?





free download here:

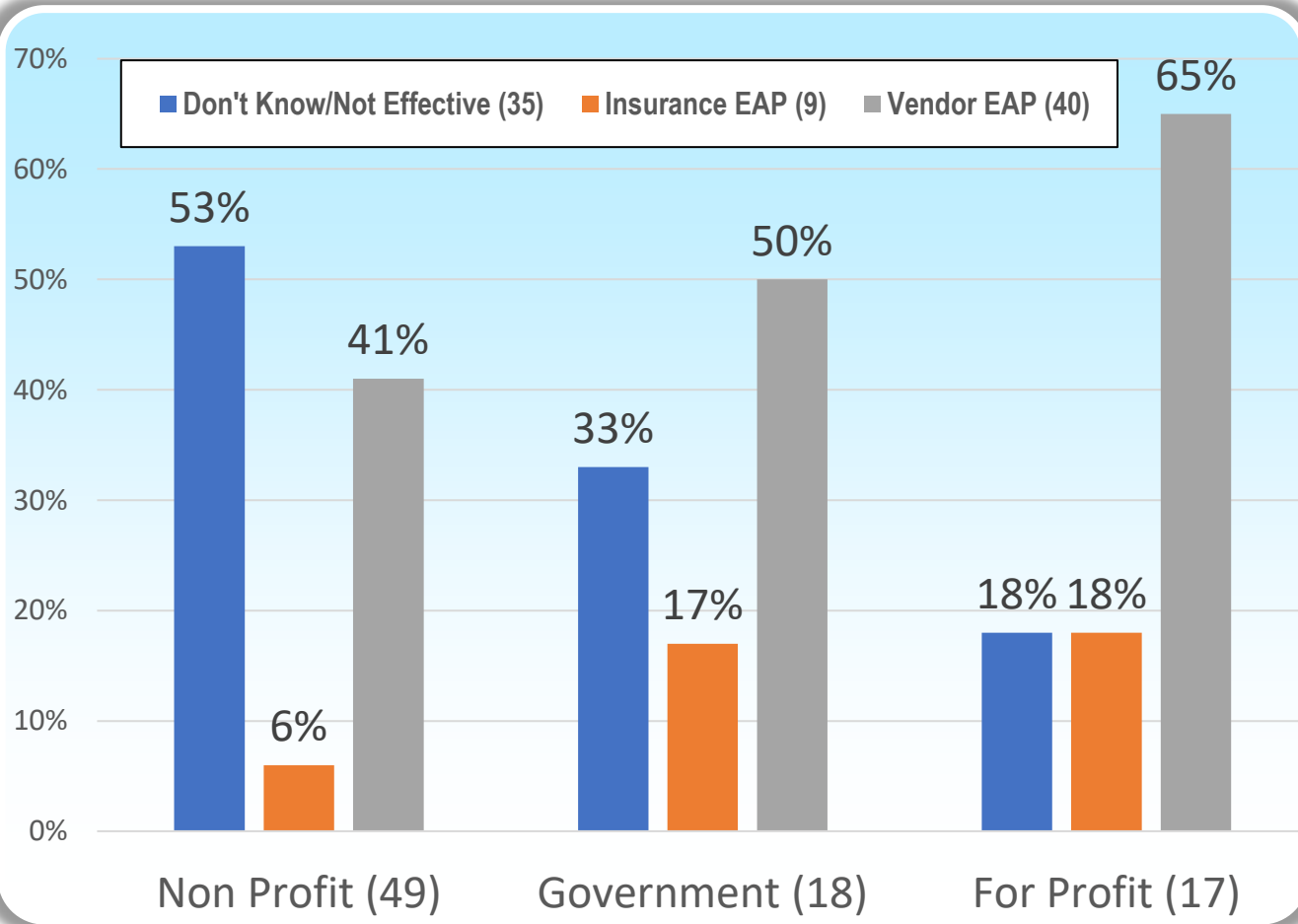
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EAP appears to be the “tip of the spear.”

Leaders who report having an EAP also are more likely to have other MH/SUD programs

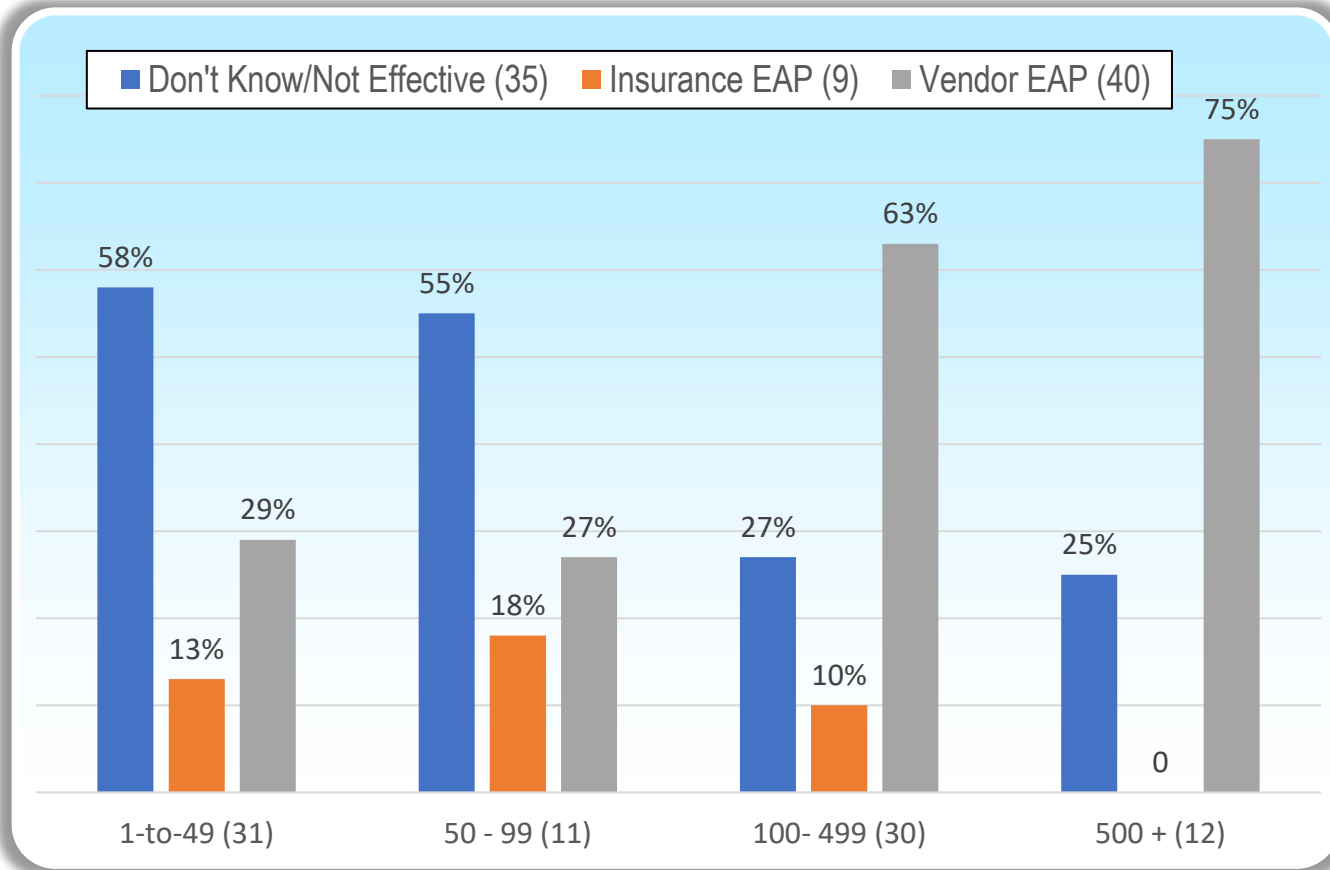
Perceived Presence of EAP by Organizational Type



Leaders of Non-Profit and Government Organizations are most likely to not know if they have an EAP or see it as ineffective.

For Profit are most likely to have a Vendor EAP that is effective.

Perceived Presence of EAP by Organizational Size

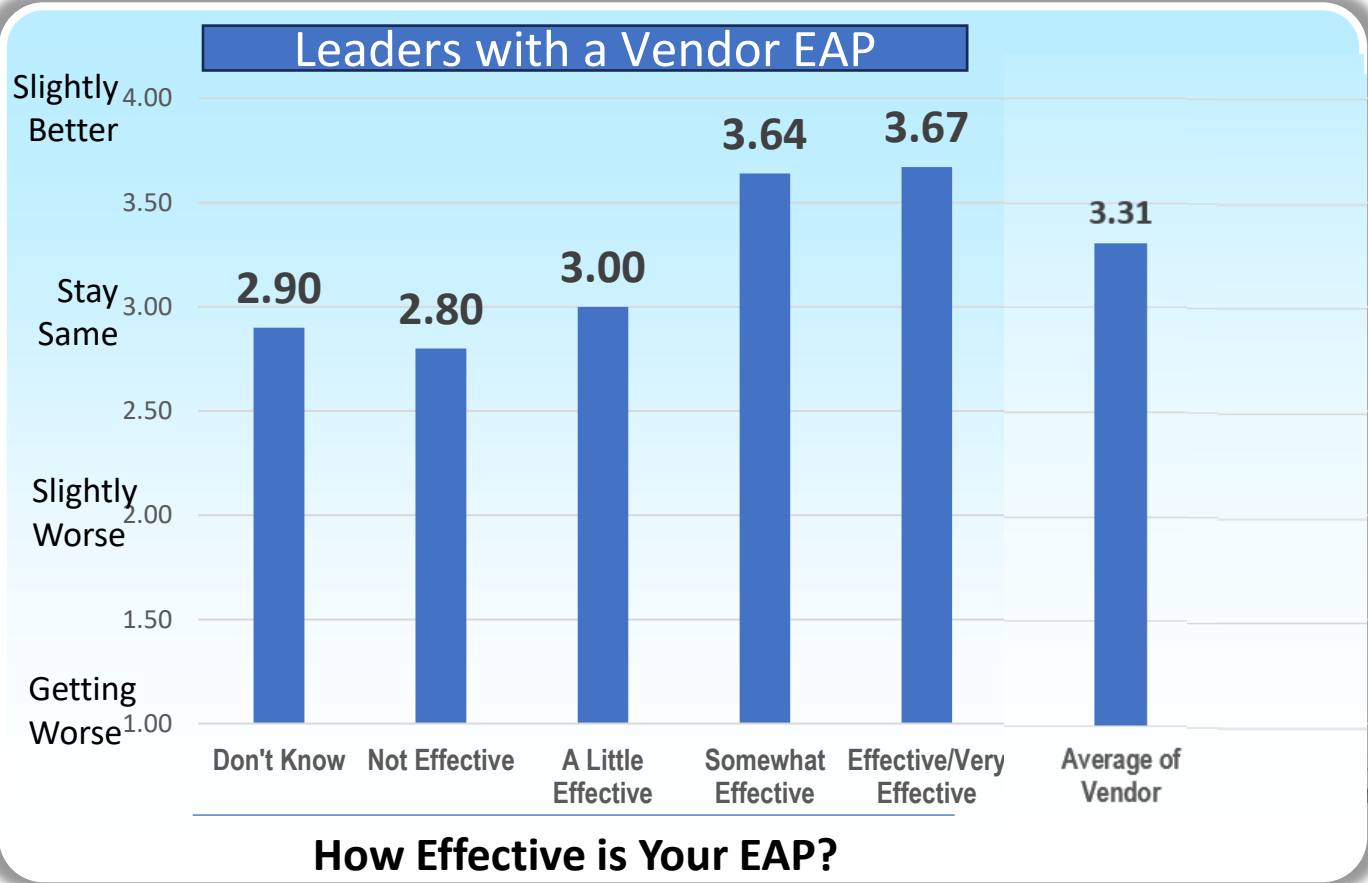


The larger the organization, the more likely to have a perceived effective Vendor EAP

Smaller organizations are more likely to indicate “Don’t Know” (mostly) or see their EAP as ineffective

Perceived EAP Effectiveness and Financial Optimism

(How would you forecast the financial health of your org. in next 6 months?)



For those with a vendor EAP, greater perceived effectiveness of EAP correlates with greater financial optimism.

Those who feel the EAP has more effective also see financial growth.

Felt Insurance EAP effectiveness is unrelated to optimism.

Attridge Commentary/Possible Take-Aways

- Leaders of smaller organizations are more vulnerable to MH exposures financially, have more to gain from EAP, and may be more acutely sensitive to EAP effectiveness
- May be especially so for non-profits and when EAP is vendor
- Leaders of larger organizations may be distant (“buffered” or removed) from financial impacts of MH exposures even though they have to deal with their own lost productive time
- “Social distance” can make them less aware of EAP value

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PART 2

Leader Perceptions of EAP and Leader Stressors

National data from professionals working in the benefits industry



International Foundation
OF EMPLOYEE BENEFIT PLANS



Overview

- Background on IFEBP and our surveys
 1. Perceptions of Mental Health/Substance Use Disorder (“The Problem”)
 2. Perceptions of Solutions (“What is Being Done”)
 3. Deeper Dive Into EAP

International Foundation – Who We Are

The International Foundation (IFEBP) is a nonprofit membership organization that provides objective and actionable information and education for those working in the employee benefits industry.

6,603

Organizations

30,147

Individual
members

25
million

Individuals across the
U.S. and Canada
impacted by the
reach of International
Foundation members

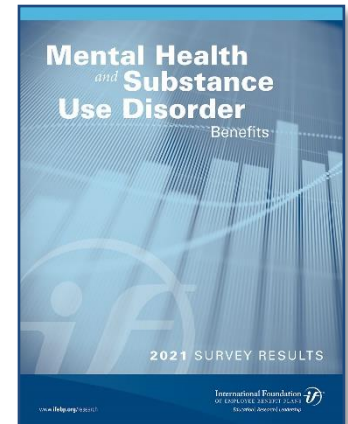
IFEBP Mental Health Survey Work Background

History:

- Focus group work: 2014-2015
- Mental health benchmarking surveys: 2016, 2018, 2021
 - Questionnaires sent to employers and plan sponsors

Mental Health and Substance Use Disorder Benefits: 2021 Survey Results

- Deployed April 2021
- 421 completed responses from corporations, multiemployer trust funds, public employers
 - 337 U.S. responses – U.S. data featured here
 - 84 Canadian responses
- Full report available at: ifebp.org/MentalHealth2021
- Other reports available at: ifebp.org/Research



Part 1: The Problem

Leaders may benefit from distinguishing three aspects of MH/SUD concerns:

- Prevalence (Do they know how bad it is?)
- Impact (Does it matter to work?)
- Barriers (What about access?)

Prevalence of Conditions

Prevalent Conditions



53%

Depression



48%

Anxiety disorders



32%

Sleep deprivation



22%

Alcohol addiction



20%

Adult attention deficit/hyperactivity disorder (ADHD/ADD)



19%

Prescription drug addiction/SUD



18%

Post-traumatic stress disorder (PTSD)



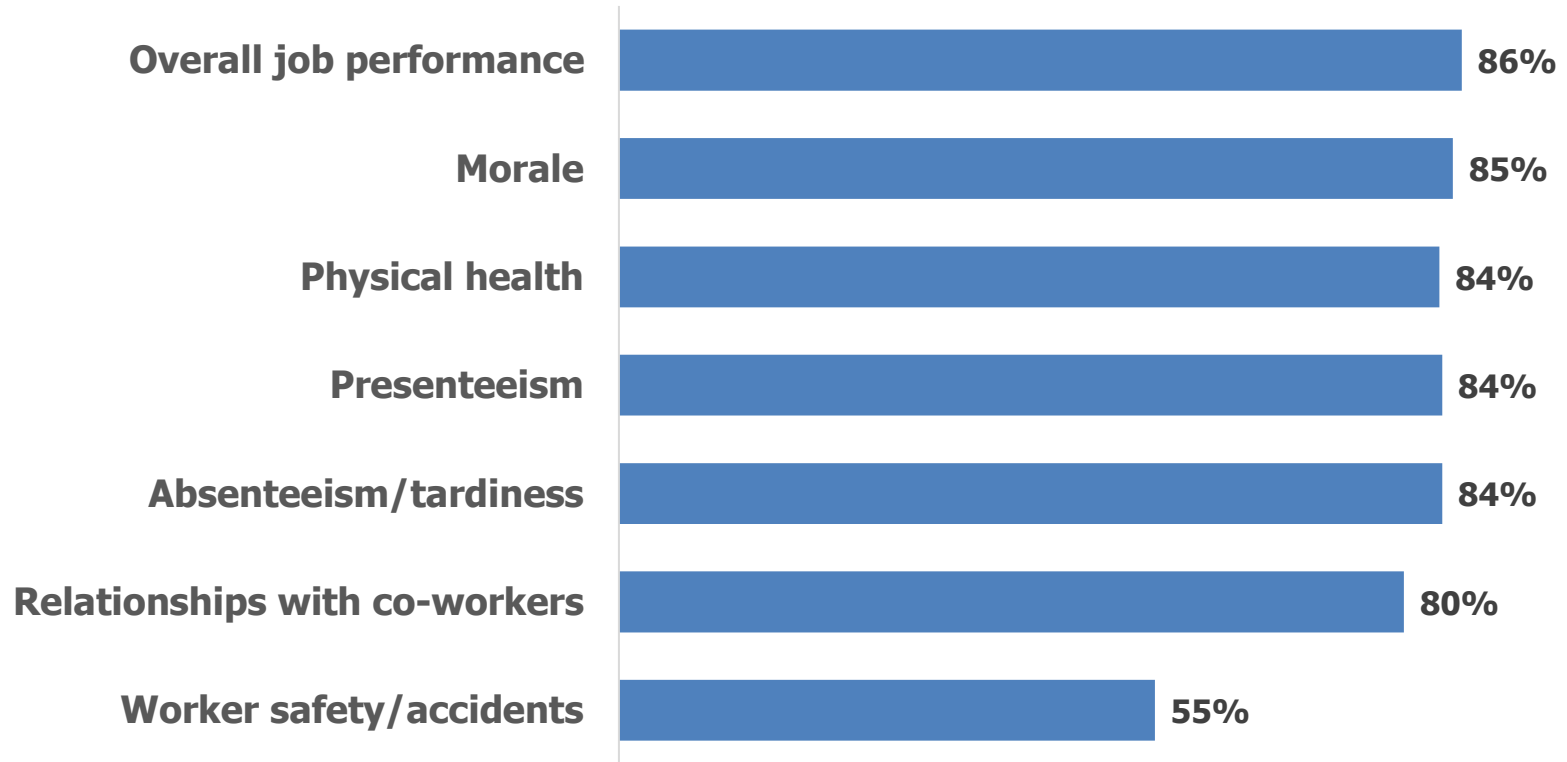
17%

Nonprescription drug addiction/SUD

96% of responding U.S. organizations state that their worker population is either somewhat or very stressed, with **88%** citing higher stress levels than two years ago.

Workforce Outcomes Impacted by MH/SUD

Impact of MH/SUD on Workplace Performance



*either very or somewhat impactful.

Barriers to Help MH/SUDs

Barriers to Success in Addressing MH/SUDs (n=337)

Worker fear that admitting a problem may negatively impact their job security	36%
Worker fear about confidentiality	35%
Workers do not acknowledge/are not ready to address their problems	29%
Discomfort among supervisors in addressing the issue with workers	28%
Management concern about breaching workers' privacy	25%
Workers' job demands/hours/requirements make it difficult to access treatment services	12%
Management does not consider these issues to be within its purview/responsibility	7%
Workers have difficulty getting timely access to effective care	6%
Workers have difficulty affording quality care	5%
Management does not want to admit there are problems among the workforce	4%
Management does not think MH/SUD programs work	2%
Not sure	29%


Barriers—Deeper Analysis

- **Historical**
 - Increases: discomfort among supervisors in addressing issues, management concern about privacy
- **Employer size**
 - Larger employers: more likely to cite worker fear about confidentiality, worker fear admitting problem may impact job security
 - Smaller employers: more likely to be unsure
- **Stress levels**
 - “Stressed” workforces more likely to state that job demands make it difficult to access treatment



Questions / Discussion

- Does the prevalence data reflected here match the experience of your clients?
Depression, anxiety, stress, burnout?
- What are your clients doing to combat:
 - Prevalence
 - Impact
 - Barriers



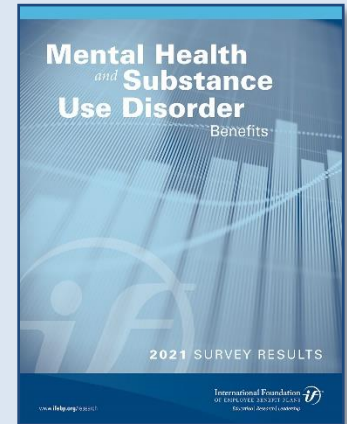
Should they care about all three of these or only one?

Part 2: What is Being Done?

- Covered Conditions
- Treatment Offerings
- Prevention Offerings (EAP)

Note. IFEBP Surveys also provide information on other factors not reported here due to time.

- Qualitative Data
- More MH/SUD Treatment Offerings
- Return to Work Offerings
- Most Frequent EAP Services
- Data Sources for above



Covered/Addressed Conditions

Covered/Addressed Conditions in MH/SUD Programs (n=337)

Anxiety disorders (e.g., panic disorders, phobias)	69%
Depression	69%
Depression - Bipolar disorder	62%
Obsessive-compulsive disorder (OCD)	54%
Post-traumatic stress disorder (PTSD)	60%
Alcohol addiction	69%
Prescription drug addiction/substance use disorder	64%
Nonprescription drug addiction/substance use disorder	59%
Gambling addictions	37%
Eating disorders	59%
Adult attention deficit/hyperactivity disorder (ADHD/ADD)	56%
Autism	53%
Sleep deprivation/sleep disorders	49%
Not sure	21%
None of the above	4%

Mental Health Treatment Offerings

Treatment for Mental Health (n=337)

Prescription drug therapies (e.g., antidepressants, antipsychotics)	85%
Outpatient in-person (face-to-face) treatment sessions with a medical professional/therapist	83%
Inpatient hospital/clinic treatment	82%
Inpatient residential treatment centers	71%
Telepsychiatry/virtual outpatient treatment sessions with a medical professional/therapist	68%
Intensive outpatient programs (IOPs)	58%
Psychological testing	54%
Referrals to community services	51%
Partial hospitalization programs (PHPs)	50%
Applied behavioral analysis (ABA) treatment for autism	47%
Direct contracting with a mental health professional	38%
Treatment for anger management	32%
Support group meetings on site (e.g., in-house peer-support group)	17%

Preventive Program Offerings

Preventive Programs (n=337)

Employee Assistance Program (EAP)	86%
Wellness programs include MH/SUD component	53%
Mindfulness/meditation tools/resources (e.g., apps, journals)	45%
Stress management program	39%
Organization information board (e.g., bulletin board)	27%
Gratitude / appreciation initiatives (e.g., journals)	24%
PTSD awareness programs	12%
Narcan (Naloxone HCl; an opioid antidote used in event of overdose) available at worksite	8%

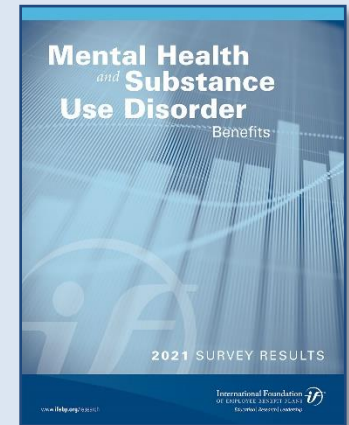


Part 3: Deeper Dive in EAP

- Covered Conditions
- Treatment Offerings
- Prevention Offerings (EAP)

Note. IFEBP Surveys also provide information on other factors not reported here due to time.

- Qualitative Data
- More MH/SUD Treatment Offerings
- Return to Work Offerings
- Most Frequent EAP Services
- Data Sources for above



Benefit Offerings—Deeper Analysis

- **Historical**

- Increases:

- Access to online tools
- Mental health crisis training
- Disability and disease management

- **Employer size**

- Larger employers more likely to offer majority of categories

- **Region**

- Less prevalence in the South:

- Direct contracting with mental health professionals
- Support meetings on site
- Leadership openly discussing MH/SUD
- Stress management programs

EAP Offering by Size

50 or fewer (n=36)	51-99 (n=16)	100-999 (n=105)	1,000-4,999 (n=99)	5,000-9,999 (n=26)	10,000 or more (n=55)	All (n=337)
50%	88%	91%	90%	92%	89%	86%



EAP Services Offered Most Frequently

- Mental health assistance/counseling – 93%
- Substance use disorder assistance/counseling – 85%
- Crisis hotline – 83%
- Referral support – 83%
- Family member access – 81%
- Financial assistance/counseling – 81%
- Legal assistance – 80%
- Family/dependent assistance/counseling – 80%

Services Offered by EAPs – by Co. Size

	50 or fewer	51-99	100-999	1,000-4,999	5,000-9,999	10,000 or more	All (n=290)
Mental health assistance/counseling	94%	71%	94%	94%	96%	96%	93%
Substance use disorder assistance/counseling	78%	50%	87%	88%	79%	92%	85%
Crisis hotline	89%	64%	82%	85%	71%	88%	83%
Referral support	83%	79%	77%	88%	88%	88%	83%
Access available to family members	56%	57%	82%	90%	79%	80%	81%
Financial assistance/counseling	72%	71%	84%	85%	71%	76%	81%
Family/dependent assistance/counseling	78%	57%	77%	83%	75%	88%	80%
Legal assistance	72%	64%	83%	84%	75%	78%	80%
Caregiving assistance (e.g., child, senior)	72%	50%	57%	72%	58%	71%	65%
Trauma response services (workplace crisis)	50%	29%	53%	65%	71%	78%	61%
Support managers (performance issues, conflict resolution)	33%	36%	51%	58%	46%	63%	53%
Onsite speakers	44%	29%	40%	55%	54%	53%	48%
Violence prevention services/support	50%	29%	43%	51%	54%	55%	48%
Disaster recovery services/support	28%	29%	37%	46%	54%	65%	45%
Veterans' assistance	39%	29%	37%	42%	29%	43%	38%
Training programs/professional development	44%	21%	34%	30%	33%	49%	36%
Job/career counseling	22%	21%	42%	30%	50%	29%	35%
Global workers' assistance	11%	0%	17%	5%	13%	12%	11%

Average EAP Utilization Rate

2019: 7.4%

- Most commonly reported (in descending order):
5%, 3%, 2% and 10%

2021: 9.2%

- Most commonly reported (in descending order):
10%, 2%, 5% and 3%
- 21% not sure

Counselor case rate only – this ignores use of workplace level services

Utilization by employer size:

50 or fewer (n=18)	51-99 (n=14)	100-999 (n=96)	1,000-4,999 (n=89)	5,000-9,999 (n=24)	10,000 or more (n=49)	All (n=290)
10.1%	7.7%	8.1%	9.1%	10.5%	11.1%	9.2%

Questions / Discussion

- What services are you seeing as most commonly chosen by employers to include?
- Are you seeing an uptick in the number of services your clients are choosing to offer?
- Which services are being added since the pandemic?
- Is the uptick in remote work changing the services being offered?
- Support services for managers has been a service chosen by about half of survey respondents. How can EAPs show employers the importance of this option?

Education and Awareness Offerings

Education and Awareness (n=337)

Access to online resources and tools	81%
Information posted in paper format or online (e.g., fliers, posters, e-news)	64%
Newsletters or other communications	53%
Educational/informational sessions offered at the worksite (e.g., workshops)	44%
Leadership openly discussing MH/SUD	31%
Manager/supervisor training	29%
Mental health crisis training	26%
Peer champions openly discussing MH/SUD	13%



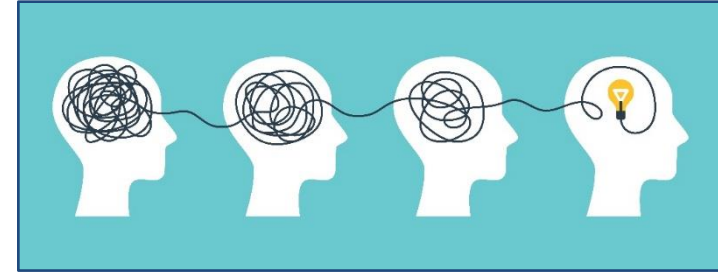
Questions / Discussion

Despite offering access to EAPs and other preventive/proactive services and resources, employers' support and involvement tends to more often be reactive. This may result in more serious conditions and crises.

- Why? (stigma, hesitancy, confidentiality concerns, lack of access?)
- What can employers do or provide to help workers proactively/earlier?

EAP Strategies

- “Increased collaboration between EAP and wellness program”
- “Created an integrated wellness and EAP program with same vendor”
- “Incorporating EAP program with leave program”
- “Allowing more EAP services per episode”
- “Addressing confidentiality issues . . . workers think EAP isn’t confidential, and may impact benefits/employment status”



Questions/Discussion

- How can employers work with their EAP to increase utilization?
- Often utilization is seen as a benchmark for EAP success. What additional goals and benchmarks should employers and their EAPs put into place?
- How to educate employers on EAP use at workplace and prevention levels beyond just focus on individual counselor case rate utilization?

Data and Information Sources—Deeper Analysis

- **Historical**
 - Increase: EAP usage
 - Decrease: “your general sense” (from 56% in 2018)
- **Employer size**
 - Larger: more likely to use disability data, EAP usage, health claims data
 - Smaller: more likely to use observed behavior changes, performance changes, sick leave data, “your general sense”

Questions/Discussion

- How can employers most effectively use the usage data they receive from their EAP?
- What types of data are most actionable for employers?
- Are your clients also relying on their “general sense” for decision-making? Will this percentage continue to decrease, or level off? Why? (e.g., impact of remote work)

Questions/Discussion

- How can EAPs help their clients alleviate these barriers?
 - Help workers feel more confident in their privacy and job security?
 - Help managers feel more confident in their actions when dealing with workers?
 - Help the organization's leader(s) better recognize the scope of the problem and help them understand how they, in their leadership role, can make a difference?
- Will worker concerns about privacy and job security ease post-pandemic, since mental health is generally discussed more freely?

Additional Discussion?

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