EAP at a Crossroads

Pandemic Drives Business – but What's Next?

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The COVID-19 pandemic has brought significant emotional and social strain on employees and left employers looking to their EAPs for ways to expand support for their employees' health. This heightened focus has resulted in unanticipated growth in the world of workplace mental health. Stigma around mental health has reduced and the demand for EAP services has increased. And yet EAPs find themselves under scrutiny, with skepticism about their value and readiness to respond.

Background

Mental health encompasses a broad range of conditions, from the routine to the disabling. In the context of the workplace, such problems present a significant cost burden in terms of HR and leadership time, organizational effectiveness, safety risks, and increased healthcare costs. EAPs are sold as a potential solution.

When the EAP concept took hold roughly 50 years ago, they were delivered by actual employees of a given organization who engaged in a variety of supportive roles to help employees and mitigate the risks brought on by employee mental health and substance abuse. Over time, internal EA professionals began collaborating with HR, occupational health, wellness, security, and safety professionals to support functions such as: performance management, drug testing, fitness-for-duty, threat assessment, health promotion, and critical incident response.

Changing Landscape

In the era of HR and benefits outsourcing, internal EAPs are less common in favor of externally vended commercial products. External EAP vendors have struggled to stay visible to employees and maintain broad organizational collaboration, which is a fundamental threat to the efficacy of the often "out of sight, out of mind" EAP. *But why?*

When workplace functions like HR, occupational health or wellness are outsourced, the ability of EAPs to work across these disciplines all but vanishes. In the complex landscape of HR and benefits administration, EAP is often marginalized in a myriad of higher cost, higher impact vendors and services. This means today's external EAPs have less relevance to and impact *on the workplace,* instead residing as distant websites and phone access numbers.

EAP may be aligned, often arbitrarily, with any number of organizational functions, such as HR, benefits, occupational health, wellness, labor or safety. Each entity brings a unique set of priorities and perspectives on personnel management. And while the role of EAP overlaps with each, how an EAP operates varies based on who "owns" it within the organization.

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The Benefits professional prioritizes factors like benchmarking, cost containment, vendor performance, and utilization metrics. Human Resources focuses on recruitment, compliance, risk mitigation, and personnel management. Occupational health prioritizes work-related health and safety and regulatory compliance.

EAP is routinely viewed through the lens of whichever HR discipline owns it at the time. So, the portion of EAP that most directly relates to that HR function

will be prioritized, leaving the other deliverables of the EAP marginalized or viewed as superfluous. This reductive view of EAP drives purchasing decisions, vendor management, and the perceived performance of the EAP. Value is often viewed through a single lens, if at all, to the exclusion of the other EAP deliverables.

From EA Program to EA Benefit

Over time many EAPs, particularly those in large organizations, have gravitated into the world of benefits, since most EAPs deliver a healthcare service and are administered as a defined employee benefit. Therefore, EAP has evolved from an internal workplace program to an externally vended commercial healthcare product.

Employee benefits are expensive and complicated to manage. A robust EAP is equally complicated. However, since the EAP market is commoditized, EAPs are often treated as inexpensive benefit products and easy boxes to check: Just make the purchase and leave it sitting idly on the shelf until the yearly review of utilization rates.

Utilization rates and capitated pricing have become the prime metrics from the Benefits worldview. Because EAP *benefits* often receive minimal attention relative to other benefits, many vendors struggle to integrate into the workplace and can become complacent. Some deliver the least amount necessary under capitated pricing. Even the most well-intentioned vendors that attempt to deliver a workplace focused, broad-brush EAP find themselves swimming upstream against the flow of higher priorities facing benefit managers.

Where is EAP When we Need it Most?

Enter the era of COVID. It's no wonder that during the recent pandemic EAPs are being scrutinized. Through the worldview of the benefit manager, EAPs are low cost, potentially redundant mental health benefits that are underutilized. *This critical view of EAP is reaching a crescendo during this period of anxiety for employers and great demand of EAPs*. At a moment when EAP-type support is at its highest, many organizations lack the trust that EAP is the solution. A purchaser may ask, "*When 100% of my workforce is struggling, why is an EAP – with 5% utilization – the answer?"*

Accompanying this scrutiny is a new crop of "digital disrupters" with innovative products that make big promises and threaten both the traditional worksite EAP and commoditized commercial EAP products. Many of these "disrupters" have not set out to enter the EAP marketplace. But given the EAP brand crisis and organizations' clamoring for help, the EAP marketplace has been an easy target.

These technology-based mental health products are designed to address *gaps* in accessibility, network quality, and user appeal. While they are not inherently concerned with workplace issues, *they can easily be repackaged and marketed as a challenge to or replacement for existing EAPs.*

Since EAPs are commonly seen as a fledgling mental health product, tech disrupters, with a niche focus on one or a few elements of mental health care, can be sold as a *sleek, new solution for the EAP purchaser* – transformational in how mental healthcare is delivered. These disrupters may be transformational, but they often are not a solution for *workplace* behavioral health and deliver a small portion of what a broad-brush EAP *can and should* provide.

The Problems with Pricing and Perception

I recently overhead two benefits executives who shared a similar sentiment. One literally stated, "*The traditional EAP is largely worthless. I'm looking to get rid of ours."* When asked to clarify the definition of "traditional EAP" they described the external EAP where the primary deliverable was outpatient counseling. The overriding sentiment was that:

- Workplace mental health is more important than ever;
- EAP provides mental health care, but;
- EAPs underperform and are underused and the purchaser's faith in them is shaken.

Workplace mental health **IS** more important than ever. And EAP **SHOULD** provide a suite of services to the organization. But if the EAP *primarily* delivers outpatient mental health care and is viewed as "free counseling*," the purchaser is buying a redundant and underfunded outpatient mental healthcare benefit and not an EAP.* Under these circumstances these benefit managers' sentiments may not be far off.

EAPs were never designed or funded to be the primary source of outpatient mental healthcare. And without hands-on support from within the organization, external EAPs stand little chance at offering substantive workplace support. Therefore, in the eyes of the benefits manager, the EAP fails to deliver on its value proposition, which in their perception equates to high utilization of outpatient counseling.

What is the Solution?

Comprehensive approaches to addressing the challenges of workplace mental health do not exist solely in the commercial marketplace. Some simple steps can go a long way to helping employees in need and mitigating the risk of mental health to the organization.

➢ ***Reevaluate the EAP model. Be intentional about the purpose of the EAP. Set expectations accordingly***. If an organization is relying on EAP to deliver a significant proportion of outpatient mental healthcare, examine the funding model, vendor expectations, network capacity, and performance metrics. In this instance the EAP is functioning more as an outpatient mental healthcare benefit and should be funded and measured as such.

The alternative is to **refocus the EAP on addressing *workplace mental health***. To do this, consider reducing the EAP session limits to three or less. In most instances there is no way an EAP vendor can deliver quality mental health care *and* all the ancillary EAP-type services for the price that commercial

Additional Policy Suggestions

Structure workplace policies and EAP contracts to ensure the provision of other value-added workplace mental health initiatives such as:

- Embed informal EAP referrals into high-stress worksite touch points, such as performance management processes, relocation, on-boarding, and reductions in workforce.
- Utilize EAP training to support health education, leadership development, and organizational change.
- Ensure parity for mental and social health in wellness and prevention programs.
- Involve EAP in crisis management, threat assessment, and workplace violence prevention processes.
- Integrate EAP and a behavioral health focus into absence management and fitness for duty processes. Specialized psychiatric disability management programs and EAP referrals for *all* prolonged medical absences can improve outcomes.
- Provide mental health condition management and recovery support programs.
- Improve access to care through supervisory and peer-to-peer referrals, healthcare network development, and the use of technology driven healthcare.
- Develop programs customized to the organization's needs, such as expat support, childcare benefits or domestic violence prevention programs.
- Measure workplace relevant outcomes. The Workplace Outcome Suite is an excellent example. ❖

–John C. Pompe

EAPs command. Since most "EAP counseling" last only a few sessions, this model will satisfy the needs of many EAP users and allow the EAP to focus on the value they add within the workplace. Where clinical care is concerned, ensure the EAP is laser-focused on the essential role of problem assessment, brief solution-focused counseling, referrals, and the seemingly long forgotten case management.

It may seem counterintuitive to "reduce the EAP benefit" when demand is at an all-time high, and purchasers are commonly asking for "more EAP." But repositioning EAP from the role of redundant and underfunded outpatient mental health benefit will allow internal EA professionals and vendors to refocus on the workplace. Doing so may remove or reduce the need to treat EAP as a defined benefit plan, lower EAP costs, and simplify administration.

♦ **Reallocate funding toward onsite EAP resources to help oversee the program, provide convenient services, and increase visibility of workplace mental health**. "Hybrid model" EAPs, with a combination of onsite and offsite services, are increasingly common. Even having an EA professional onsite a few hours each week can have a positive impact.

♦ **Dedicated "onsite" EAP can be adapted for a remote and flex work environment**. Even working virtually, EA professionals dedicated to an organization are readily available to employees and managers. Even in a virtual workplace, internal EA professionals can become recognized, trusted go-to people who have deep organizational knowledge and the ability to collaborate with a full range of HR stakeholders.

➢ ***Ensure that mental health and substance abuse treatment is available and utilized***. This is not to suggest that private and public healthcare systems are adequate to meet the residual mental healthcare needs beyond EAP. Global access to mental healthcare, long wait times, stigma, cost barriers, and a lack of demonstrable outcomes plague both private and public healthcare systems. Employee assistance professionals and vendors can help *mitigate* some of these challenges but should *not* be viewed as solutions for these deficits unless purposefully structured to do so. EAPs are simply not funded or structured to replace the treatment available in a healthcare system.

♦ **Get creative**. Instead of relying on EAP as the primary source of outpatient mental healthcare, audit mental healthcare coverage levels and vendor capacity to identify gaps. Employers should challenge healthcare vendors and public systems to increase provider accessibility, develop tech-enabled solutions, offer condition management programs and demonstrate meaningful treatment outcomes.

♦ **Examine mental health plans and consider restructuring mental healthcare coverage**. This includes considering how cost-sharing impacts accessibility of mental health. While employers wisely expect more use of mental health resources, co-pays and deductibles are barriers that can result in lower mental healthcare utilization. Again, most EAPs are not prepared to fully fill this gap.

When mental healthcare needs are unfulfilled, the result is like squeezing a balloon. The costs and organizational impact of mental health don't go away when employees fail to get treatment; *they merely resurface and bulge elsewhere in the form of hidden workplace and healthcare costs*. Instead, invest in a model where mental health is covered with manageable out-of-pocket cost. Mental health benefits pay dividends and are rarely overused.

Summary

Reconceptualizing EAP from "free counseling" to workplace mental health program will allow EA professionals to focus on core problems impacting the workplace. *There is simply no other healthcare program, benefit or technology solution available to address this workplace niche*. Global healthcare systems should then be challenged to deliver on *their* value proposition: effectively treating mental illness and substance use disorders.

Even if the EAP marketplace is faltering, the concept of EAP is more relevant than ever. Our challenge is to develop mental health and related strategies that position EAP in a way that best meets the unique needs of each organization and allows EAP to deliver on its original promise: to support the health, productivity and safety of the workplace. ❖

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