



EAP Integration with Disability Case Management

By Mark Attridge, PhD

This column addresses the integration of employee assistance programs (EAPs) with other workplace services. This particular issue focuses on how EAPs can collaborate with other departments as well as external benefits providers to help employees get back to work sooner and more effectively after being out on a health-related disability insurance claim.

Trends in Disability

Given the rising cost of disability claims, many employers are asking for help from EAPs in designing and delivering customized services that support employees on disability leave for mental health and addiction disorders. Although mental health disability only affects between 1% and 2% of working adults each year, at most companies it is the fastest growing health-related disability in the United States and Canada. Once an employee has a disability (including mental health and addictions), employers and unions in Canada and the United States are legally required to make every reasonable effort, short of undue hardship to the company, to accommodate these workers and keep them on the job and working effectively.

Return to Work After Disability

Implementing a Return-to-Work (RTW) program meets the employer's legal duty to accommodate these individuals. The goal of RTW is to facilitate the return of employees from a work absence due to a disability claim, to participate in safe, meaningful, and productive work. Partial or early RTW – while some treatment is still ongoing – gradually increases work hours and intensity of work tasks over time. These programs are based on the idea that people can safely perform progressively more demanding levels of work while also participating in treatment and recovery from their medical and/or mental health condition. This approach is helpful for most mental health disability cases and is becoming a best practice.

However, a typical disability case management program may not effectively address the complex, interrelated issues that mental health issues can contribute to the duration and cost of the disability claim. For example, mental disorders have frequent comorbidity with other medical conditions – an estimated 20% to 40% of all short-term disability (STD) cases. As a result, the Harford Insurance Company recommends that employers mandate a psychological clinical assessment as part of the requirement

of **anyone** applying for disability benefits — not just those cases with mental disorder or addiction as the primary cause. Without specialized assessment and a work-focused approach, the employee's recovery and return to work can be delayed.

EAP's Role in Disability Cases

For an employee who is on disability leave, the EAP can provide RTW support, such as preparing the supervisor and employee for reentry into the workplace. EAPs can also assist with psychological job analysis and provide supervisory consultation and educational services on an ongoing basis to assist those at the work site while the employee is away on leave. The EAP may be able to perform these assessments or assist with making referrals to others who can provide it.

Thus, the EAP can provide a valuable role in coordinating care and supporting the employee and their family through this transitional period. The EAP can also assist the HR staff in understanding the practical aspects of communicating with the employee, the employee's supervisor and work team, the medical treatment providers, and the insurance case manager.

EAP Case Examples

A 2014 research brief by Canadian EFAP provider Morneau Shepell compared key outcomes from over 33,000 employee cases at 198 of its employer customers – 108 with an integrated disability management program from the EAP and 90 with standard disability case management services. The companies using the integrated EAP program for disability case management had 31% fewer work absence days while on disability than the standard program (27 days vs. 39 days average per employee STD claim). Interestingly, shorter claim duration was found across a range of clinical diagnostic categories and was not limited to only the cases with mental disorders.

The above example documents the positive outcomes that can be created when EAPs get more involved in managing disability cases. In addition, some internal EAP programs are now jointly managing both EAP and disability benefits. Tracy Hawthorn at the University of British Columbia – Okanagan campus coordinates both the work reintegration and accommodation program and directs the EFAP program. *Her experience has dramatically reduced disability costs and prevented many cases from progressing to long-term status. However, outside of Canada, this is not a well-developed offering for most EAPs.*

Moreover, a survey of 150 EA professionals (see the Attridge & Burke article in the Q2 2012 issue of the *JEA*) showed that even though 87% of EAPs were providing some kind of disability support to their organizational customers, only 16% of these EAPs had customers with a high level of support from the EAP. About 1 in 3 EA professionals in the survey considered disability support services to be “rising” as a source of value to customers. *Thus, I am not alone in thinking that this area offers considerable opportunity for business growth for EAP providers in the future.*

Resources on EAP and Disability

➤ In 2010, Dr. Scott Wallace and I wrote a white paper called *Able-Minded: Return-to-Work and Accommodations for Workers on Disability Leave for Mental Disorders*. This 36-page report was distributed to thousands of business and insurance professionals in Canada and other countries.

➤ The Disability Management Employers Coalition (DMEC) is a US-based group of employers and clinical experts that holds annual conferences to share best practices in this area as well as a website that offers many assessment tools and evidence-based resources.

➤ In Canada, the Great West Centre for Mental Health in the Workplace offers print and video resources for employers, employees, and EAPs on accommodations and return-to-work issues. ♦

NOTE: In future articles, I would like to profile EAPs or vendors that partner with client organizations and other programs in innovative ways. Please contact me with your suggestions for a case study.

Dr. Mark Attridge is an independent research scholar as President of Attridge Consulting, Inc., based in Minneapolis. He has created over 200 papers and conference presentations on various topics in workplace mental health, EAP, psychology, and communication. He delivered a keynote presentation on ROI and the business value of EAP at the 2013 World EAP Conference and is past Chair of the EAPA Research Committee. He can be reached at mark@attridgeconsulting.com.

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