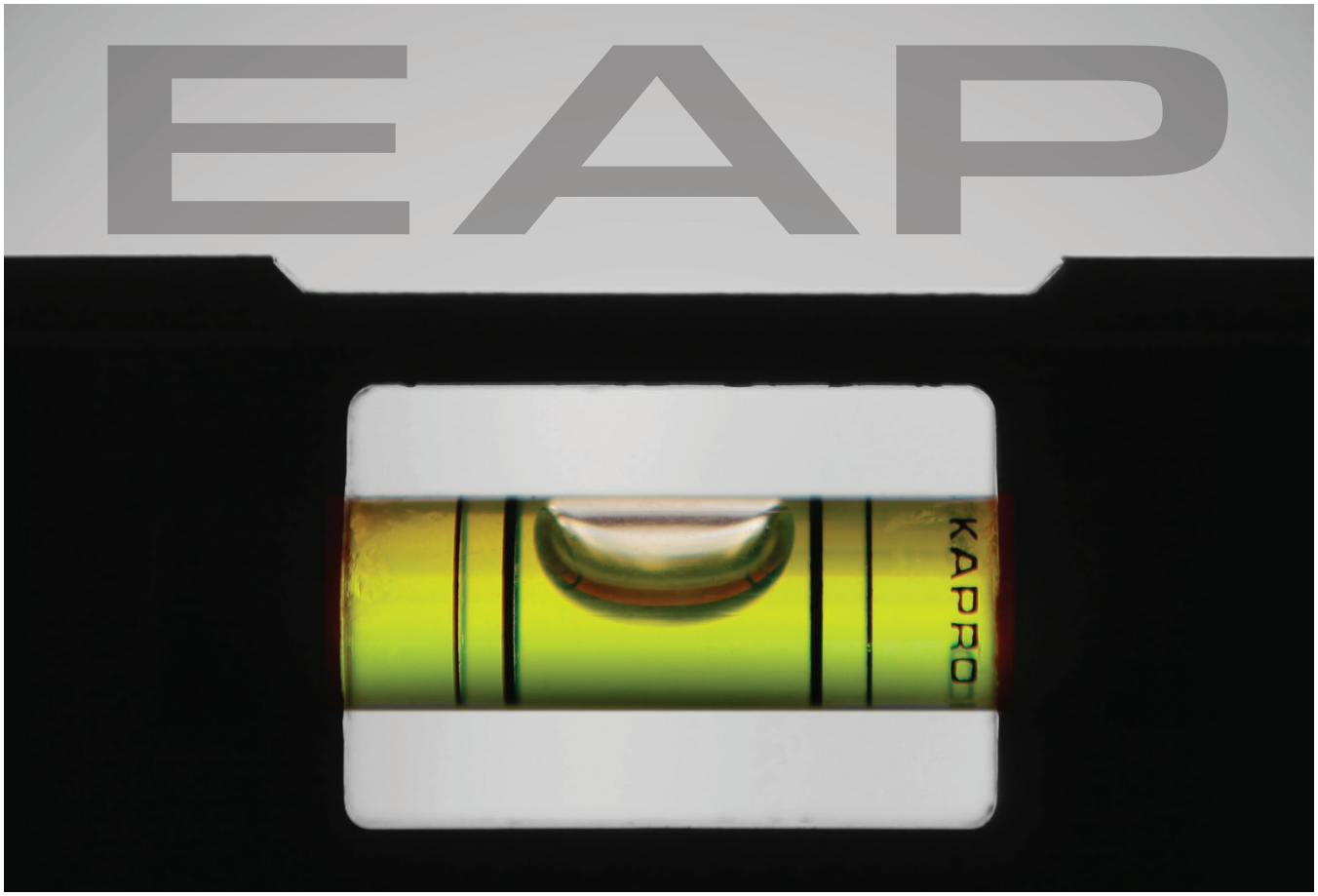
Employee Assistance Programs are Poised to 'Level Up' in the Wake of the Pandemic

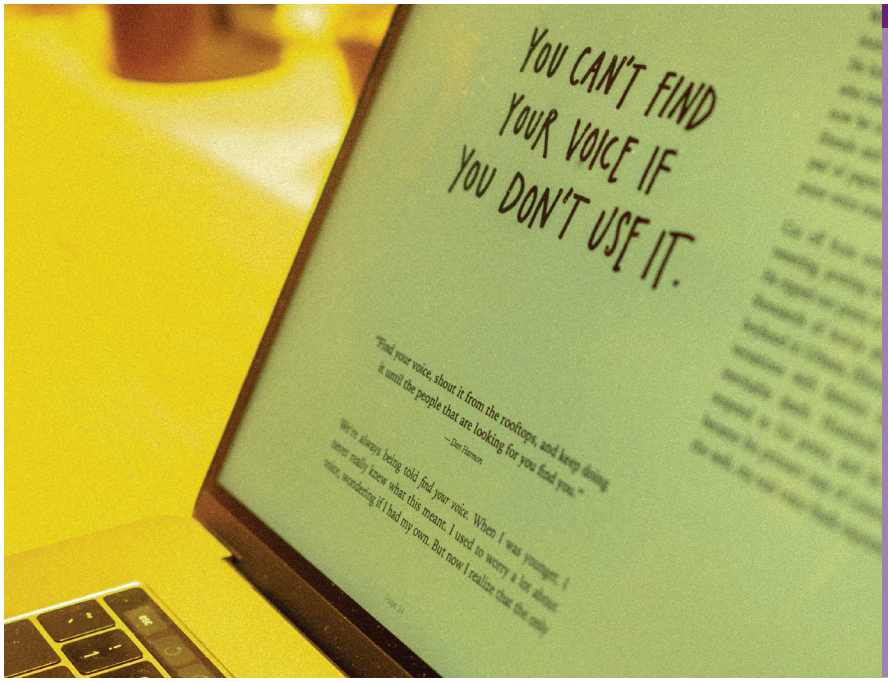
| By Richard Jones



It's time for more employee assistance, not less. I have been a professional working in the behavioral health field for over 22 years. I think I speak for many of my colleagues when I say these are unprecedented times. It is a substantially different world than when I cut my teeth in the industry. Go back 20 years and compare any given organization's typical needs to their needs today. It's almost inconceivable to grasp conditions on the ground in 2022 through a 2002 lens.

In 2022, it's clear that prevailing models of care, pathways for helping and the workplace experience have changed. Three factors have come together to form a perfect behavioral health storm. This storm will challenge the landscape of behavioral health as we currently know it and push our care system(s) to the limit.

Factor 1: The overdose epidemic continues to rage. Overdose deaths have been escalating year over year for 25 years. Add death by suicide and death via chronic alcohol misuse, and the numbers are beyond disturbing. Deaths of despair (defined as death by suicide, overdose, and death via chronic alcohol use) exceed 250,000 preventable deaths



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per year. As the death rate escalated, public outcry also rose. For the first time in history, people with substance use disorder and their families began to speak out with a collective voice. Recovery advocacy became a "profession," and non-profit advocacy/awareness groups began to emerge.

In 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act was signed into US law. This comprehensive, bipartisan legislation to address the opioid epidemic, which passed overwhelmingly in both the House and Senate, tackles many aspects of the epidemic, including treatment, prevention, recovery, and enforcement. Additionally, in 2018, The National Institutes of Health launched its Helping to End Addiction Long-term Initiative (HEAL Initiative) to support science-based solutions to the opioid crisis. As of July 2022, NIH had invested $2 billion in HEAL, funding 600 research projects nationwide.

Still, many people are cynical about the efforts to address this epidemic because they are living with the reality of the crisis. There is frustration that the outrage that was due during the crack cocaine epidemic is only happening now because "white kids from the right side of the tracks" are dying. The deep gaps in care are certainly real and represent a sociological travesty that could be the subject of an entire article in its own right. But for now, consider the idea that the societal outrage surrounding the overdose epidemic presents a unique opportunity for innovation. Increased political pressure has led to increased funding, and broader attention can trigger action and investment in behavioral health support. These are positive things. Some say, "too little, too late," but we can move forward by deciding, "better late than never."

Factor 2: The pandemic has ushered in a brave new "mental health world" in terms of public awareness and stigma reduction. As people worldwide reacted to the threats posed by the coronavirus strains, isolation and anxiety took their toll on mental health. The concept of "normal" became obsolete in terms of daily life and well-being.

In response, there was a public explosion of mental health awareness and education. These new efforts were built on the foundation of stigma reduction work that had begun many years ago, giving them strength. An example is a campaign in the Pittsburgh International Airport where strategically placed kiosks run a continuously looping video featuring real people sharing stories of recovery from their mental health crises. In another public arena, mental health awareness got a huge lift during the Olympics when several athletes openly discussed their struggles. Simone Biles famously sat out several events to take care of her mental health, despite being a runaway favorite for the gold medal in each of these events. Self-care was put on center stage. Mental health issues have typically been kept quiet,

so the idea of a celebrity proclaiming the need for a mental health day was unheard of. Times have changed. We must seize this opportunity.

Factor 3: We are moving toward a society made up of digital natives. Those born before 1981 (commonly referred to as Gen X or Boomers) are considered digital immigrants. Those of us who are older weren't born with technology, it doesn't come naturally to us, and we had to learn how to use it. This is not the case for those born later (Millennials, Gen Z and future generations). For Millennials, Gen Z, and those born later, technological integration is a natural part of life; texting is talking. In the opinion of your average adolescent or young adult, you can conduct an entire session via texting. This may be hard for many traditional, older providers to grasp. But the implications are enormous and go beyond texting. People will get better in ways via technological interventions or supports that are impossible for us to comprehend. There are solutions yet to be invented and refined. EA professionals need to embrace this reality.

EAP programs are uniquely positioned to lead this behavioral health sea-change. EAPs will be integral to arresting the progression of this current mental health crisis. We know that 75% of people with mental health or substance use issues are actively employed. Therefore, as EA professionals, we are uniquely positioned to "get to those in need" via the employer.

With this perfect storm occurring, what can EAPs do to adjust and thrive amid such conditions? The answer to that question is multifaceted. For example, we could explore change related to clinical interventions, ancillary services such as "coaching," or organizational interfaces. Here the focus will be on an area that affects overall EAP effectiveness - improving engagement and utilization rates.

It Starts with Engagement

Engagement strategies are a core function of any effective EAP. However, there is significant variability in engagement results. The Journal of Insurance Regulation reports "employee utilization rates between 2.1% and 8%". This is not surprising. Engagement rates for mental health and substance use disorder are low "in general." For example, according to the Substance Abuse Mental Health Services Administration (SAMHSA), only 6.5% of those in need of substance use disorder treatment access professional help. Therefore, we need to reframe this conversation.

Low utilization is not an "EAP problem." Low utilization is a systemic societal-level problem. People are resistant to accessing help because of issues that transcend EAPs. Simply put, we live in a culture where seeking psychological help is taboo. Progress has been made in this regard. However, most people struggling with mental health and substance misuse issues would rather bear the emotional pain than seek professional help.

Furthermore, our traditional engagement strategies seem to have fallen short as these percentages (EAP and "society-wide utilization") have remained steady over the years. Despite the increased awareness and anti-stigma efforts, we have seen incremental improvement at best. Celebrities are stepping forward to talk about mental health struggles, and public service campaigns and anti-stigma marketing efforts are commonplace, but change is slow. EAPs need not wait for the government, business leaders, or popular beliefs to lead the way. EA professionals are ideally suited to affect the mental health "culture" within their organizational customers.

Creative and progressive EAPs are already stepping up anti-stigma efforts and seeing solid results. EA professionals need to continue these and evolve further. Meaningful stigma reduction can serve as a foundation for an effective engagement strategy. Seeds of engagement must be planted in fertile ground. Otherwise, our mentally healthy culture will be choked out by the "fear of madness." The fear of being labeled "crazy," a "drunk," or a "hopeless addict" is real. We must work hard to overcome this reality.

Three Ways to Increase Engagement and Drive Up Utilization:

Focus on normalization rather than stigma reduction. Stigma reduction is focused mainly on education and awareness. The approach is that positive effects can occur if we educate people about substance misuse and mental health. Managers and employees can feel compassion and acceptance, company culture can be more welcoming

TABLE I

Current Stigma Reduction Interventions	Future State: EAP 2.0
Posters and digital signage have limitations. Many people aren't going to read a poster in detail. A "little" information on mental health and substance misuse may be worse than no information. We all want to be normal. These are complex issues. People will read the content with the subconscious desire to avoid the "mental health bucket." How much can be captured in a poster or sign? How much nuance can be conveyed?	***Level up to a normalization campaign.*** Use video content or stories to engage the audience. Provide engaging lessons and make these available for confidential use at all times. Provide comprehensive information on a variety of topics. Focus on less threatening topics, such as stress management, to get the conversation started. Use real people and stories to convey the picture of recovery and hope. Consider diversity and inclusion in your content to represent different people and cultures – this demonstrates that mental health affects us all.
Traditional messaging can be intimidating. This is especially true where substance misuse and addiction are concerned. Too often, our default message is deficit-based. We tend to lean on the "hit bottom" and come get help mentality in talking about the problems that exist with unaddressed issues. This mentality is problematic as it does not encourage people to connect and engage,	***Motivational interviewing is effective.*** Have your messaging designed to meet the person where they are in the change process and encourage them to move one step forward. Front-load content with statistics that reinforce the message: "It's okay NOT to be okay." Connect with employees via the principle of universality. The reality is that we are all in this together. This can be conveyed in the video and written content you produce.
Mental health content can be sterile. We need to guard against boring content. The way the message is delivered is important. Content producers must seek to be engaging and charismatic. This is a tough topic; many people will "check out" and not even listen to the anti-stigma campaign.	***Find creators who are good with video.*** When creating video content, look for people who are naturally good in front of the camera. Tailor the script to the person. Try creative ways to enhance the experience. Develop new and innovative topics to share with employees. Examples include Positive Psychology techniques, methods for coping with stress and behavioral economics.

and supportive and family members can feel less shame. Knowledge is empowering for people, and real-life stories provide hope. Seeing that "normal people" struggle is incredibly helpful to those needing help. There is utility in approaching stigma in this manner, and it works - to a certain extent.

Anti-stigma efforts are difficult to keep fresh. In some cases, anti-stigma campaigns may even unintentionally produce stigma. Stigma reduction tends to be episodic and typically centered around "mental health awareness month" or "recovery month." A better approach is perhaps to aim for a "normalization effect" to show that it is normal to struggle. Rather than targeted messages occurring periodically, this messaging is best done on an ongoing basis with constant information and education. This contributes to a mentally healthy culture within the company. An example of normalization is the movement toward self-paced, easily accessible video content. Rather than leaning solely on posters, business cards, "one-pagers," and digital signage to raise awareness, organizations are using video content to connect. Attention is a commodity in today's world. To successfully reach our "market," EAPs must adapt to a saturated "attention economy" where information and distraction make it hard to get messages through. EAPs can take awareness and education to another level by using video content, learning management systems and digital applications. Whether creating content or using an outside agency specializing in content creation, it is good to keep the points in **TABLE I** in mind.

Use contingency management to connect with hard-to-engage populations. Contingency management (CM) is an evidence-based model used primarily in substance use disorder treatment. CM is typically used to serve indigent and marginalized populations that are notoriously difficult to engage. Essentially, CM involves strategic incentives

to drive attendance to group therapy and increase healthy behaviors. CM could be expanded and creatively deployed across organizations, with the focus being on annual "mental health check-ups." Instead of simply completing a standardized mental health screening, clients could participate in a motivational interviewing session with a skilled professional. This encourages genuine connection. If the employee is experiencing issues at the time of the session, they can be immediately engaged with counseling or treatment. Even if no presenting issues are identified, the positive nature of a motivational interviewing session makes it much more likely that the employee will reach out in the future. The goal is to try engaging as many employees as possible, and CM could be useful in this regard.

Create a "mind gym" for employees. It is not uncommon to see physical fitness equipment and workout space in an office setting. Employers put a gym in the building to promote exercise and physical health. They sometimes provide gym memberships if a gym in the office isn't possible. In the same vein, we could provide "mind gyms" in the office or virtual "mind gyms" for a distributed workforce. On-site "mind gyms" could include a café/coffee shop setting specifically designed to support deeper conversation. Privacy would be encouraged. When people enter the "mind gym," they know it is a safe space. We would need to provide some professional support initially. To help guide the process and establish safe norms. However, over time the group would monitor itself. Not everyone would be drawn to the "mind gym." Just like not everyone is drawn to the workout room. For a distributed workforce, there could be a "recovery center" in the cloud with various hosted psycho-educational and self-help support groups. Imagine the possibilities.

As we step out of the box and open our minds, we will devise countless interventions and ideas. Consider how your EAP can create meaningful change. As we seek to implement new ideas, we will encounter barriers. There will be learning curves, procedural complications and discomfort with new ideas. This is an unavoidable part of the change process. The pushback is good. It means that people are thinking about the problem and ensures that new ideas get tested and improved through the challenge of questioning.

The time is right for leveling up our services. The need is great, and EAPs possess competencies and solutions that work. With persistence, creativity and open-mindedness, EAPs can make an even greater impact on the mental health crisis. Change doesn't happen overnight. However, change also doesn't happen unless someone starts the process. As they say, "if nothing changes, nothing changes."

***Richard Jones**, Chief Clinical Officer, Youturn Health, is an experienced therapist, clinician, and healthcare entrepreneur. His professional experience spans several behavioral health domains, including mental health, substance use disorders, and intellectual disabilities. Richard is passionate about providing quality care and is dedicated to disrupting the behavioral health space for the betterment of people in need.*

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