Mental Health and Substance Abuse Benefits Gaining Traction

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Recently, employers have taken an approach to wellness that goes beyond the physical health of plan participants to include mental health and substance abuse initiatives—issues that long have held the attention of government agencies and health insurance providers.

In 2013, Canada introduced the National Standard of Canada for Psychological Health and Safety in the Workplace. This voluntary standard is designed to provide systematic guidelines for Canadian employers that will help them develop and continuously improve psychologically safe and healthy work environments for workers.

Specifically, the standard targets the understanding of the diverse needs of workplaces, stresses confidentiality, provides education and awareness initiatives, and collects data to monitor and measure success. According to Foundation data, one in nine (11.3%) organizations has adopted the voluntary standard, with an additional one in four (25.8%) considering doing so. These statistics show that organizations are beginning to recognize the impact of depression, alcohol and prescription drug abuse, anxiety and sleep deprivation on their workforces, although the impact is difficult to measure.

The International Foundation of Employee Benefit Plans in August surveyed U.S. and Canadian members representing corporations, multi-employer trust funds and public employers/governmental entities. Mental Health and Substance Abuse: 2016 Survey Results reveals the most prevalent types of initiatives, prevalence of conditions, types of analysis conducted and workforce impact of specific conditions. Although the survey received a total of 344 completed responses, the following reflects the responses from the 97 Canadian survey participants.

Mental Health/Substance Abuse Benefit Offerings

More than nine in ten survey respondents (91.7%) offer some sort of mental health/substance abuse benefits, including prevention initiatives, education and awareness benefits, treatment of mental health conditions, treatment of substance abuse and return-to-work programs/strategies.

Those that provide mental health/substance abuse benefits offer a number of prevention initiatives, including employee assistance programs (EAPs) (97.7%) and wellness programs with a mental health/substance abuse component (34.1%). In addition, one in five responding organizations (19.3%) offers mindfulness and meditation tools and resources.

Organizations also use a variety of education and awareness initiatives, including access to online resources and tools (55.7%), educational sessions offered at the worksite (42%) and newsletters (40.9%). One in three responding organizations (33%) posts information in paper format or online, including fliers, posters and e-newsletters.

The most commonly provided treatment option for mental health issues is outpatient in-person treatment sessions with a medical professional or therapist, offered by two in three (67%) organizations. Drug therapies such as antidepressants and antipsychotics are offered by 64.8%, and 54.5% offer referrals to community services.

In addition, responding organizations offer a variety of return-to-work programs that ease the transition back into work duties. These most commonly include flexible or gradual return-to-work programs (62.5%), such as shortened schedules.
and flexible start and stop times, flexible duties (48.9%) and disability management programs that include a mental health and substance abuse component (48.9%). Respondents also offer on- or off-site case management (46.6%) and followup conversations with workers after their return (44.3%).

**EAPs**

As mentioned, the use of EAPs is the most common mental health/substance abuse benefit, offered by all corporate and public sector respondents, and 94.3% of multi-employer funds. EAPs offer a wide range of services that can be provided within the organization or by referral to external resources. The most frequently offered services include assessments and counselling (91.9%), referral support (82.6%) and substance abuse counselling (81.4%).

In addition, three in four responding organizations make EAPs available to family members (76.7%). About three in ten responding organizations (29%) that offer EAPs state that between 1% and 6% of workers use their services. One in twelve (8.1%) organizations says its utilization rate exceeds 15%.

**Conditions**

Those that offer mental health and substance abuse benefits cover a wide variety of conditions—most often depression (80.7%), alcohol addiction (80.7%), anxiety disorders, including panic disorders, phobias and obsessive compulsive disorder (71.6%), bipolar disorder (63.6%), nonprescription drug addiction (60.2%) and gambling addictions (60.2%).

Respondents were asked how prevalent specific conditions were in their workplaces. (It should be noted that prevalence of conditions may be primarily anecdotal, as only 9.3% of respondents have done an analysis of mental health/substance abuse issues.) Two in three responding organizations (66%) stated that depression in their organizations is very prevalent, prevalent or somewhat prevalent. Other conditions prevalent in workplaces are alcohol addiction (52.6%), anxiety disorders (52.6%), sleep deprivation (46.4%) and nonprescription (33%) and prescription drug addiction (30.9%).

Sources of this information include the general sense of the respondent (64.9%), short- and long-term disability data (42.3%), absenteeism data (37.1%) and sick leave data (33%).

**Workforce Impact**

Respondents also provided insights into the impact of mental health and substance abuse on their workforce. Overall, 85.1% of respondents believe their workforce is stressed, either extremely (2.1%), very (27.7%) or somewhat (55.3%). Two in three responding organizations (63.9%) state that less than 30% of their workforce is affected by mental health and substance abuse issues. Similarly, 50.5% of respondents state that less than 30% of their workers are supporting loved ones affected by these issues.

More than seven in ten (73.2%) said that mental health and substance abuse issues have affected (very or somewhat) the physical health of their workers. Similarly, seven in ten (71.1%) respondents said these issues have affected overall job performance, absenteeism and tardiness (71.1%), relationships with co-workers (70.1%) and morale (68%). In addition they cited an impact on inability to focus on work/productivity (67%) and worker safety and accidents (45.4%).

The workforce impact is significant. Three in five (60%) responding organizations have some level of con-
cern about the potential for mental health and substance abuse leading to workplace violence. In addition, seven in ten respondents (70.1%) cited a greater prevalence of challenges related to mental health and substance abuse issues compared with five years ago.

Cost Impact
The survey also attempted to articulate the impact of mental health/substance abuse on disability and workers’ compensation costs of organizations. Respondents estimate that, on average, 22.8% of their organizational disability claims can be attributed to mental health and substance abuse issues. Public sector respondents were more likely to state that a higher percentage of disability claims is attributed to these issues. In addition, an average of 10.2% of organizational workers’ compensation claims are due to mental health and substance abuse issues.

Prescription Drug Abuse
Organizations are becoming increasingly aware of the prevalence of prescription drug abuse. To combat potential abuse, one in seven responding organizations (13.4%) has conducted a prescription drug claims analysis, a practice most common among multi-employer plans (14.6%). An additional 13.4% of responding organizations are considering conducting this analysis.

Barriers
While the importance of mental health benefits is being recognized, workers and organizations still face a number of barriers. About one-half (48.5%) of respondents cite as a barrier worker fear that admitting a problem may have a negative impact on their job security. Similarly, 41.2% of respondents cite worker fear about confidentiality. Finally, 39.2% of respondents note that workers do not acknowledge, or are not ready to address, their problems, the most common barrier cited by respondents from the multi-employer sector.