

# How Perceptions of Mental Illness Impact EAP Utilization

Studies of employee assistance program (EAP) clinical use across multiple industries and multiple EAP delivery models range from highs greater than 5% to lows of less than 1%. Despite the range in utilization, the rates of employee behaviors that indicate a behavioral health issue are significantly higher, suggesting far too little use of EAPs overall. Studies of the costs to an employer for an employee with a mental health issue are as high as 37% lost annual productivity. EAPs have attempted to raise utilization through a variety of efforts, with mixed results. Most EAP utilization initiatives fail to address the impact of stigma, misunderstandings about mental illness and the reluctance of many employees to seek counseling as an option for better management of stress, work-life balance and overall mental wellness. For both employers and EAPs, addressing the impact of stigma and perceptions of mental illness is costly, requiring greater direct employee engagement and education. However, it is a more effective means of increasing EAP use than current practices and, ultimately, can result in significantly higher net gains in productivity while reducing employers' direct costs.

by **Jayme McRee** | *Capital Counseling*

**B**usinesses have long relied on employee assistance programs (EAPs) to help employees whose work performance is being affected by behavioral health and personal problems. The measure of success often comes down to the number of employees accessing their EAP services. And while most employers recognize the value of their EAPs, few are aware of just how many of their employees could benefit from contacting an EAP counselor but never do. For many employees, reluctance to seek EAP services is less

about the problems they're experiencing or how they feel about counseling and more about their perceptions of mental illness.

An EAP is a benefit paid for by employers to provide help to employees with mental health and addiction issues, marital and family problems, wellness and work-life balance, and legal questions, among many other issues. It is estimated that more than 70% of U.S. employers provide EAP benefits to workers and their families,<sup>1</sup> and studies across different in-

industries put the percentage of employees in any organization who use their EAP for counseling anywhere from 5% on the high side to below 1%.<sup>2</sup>

Even for some of the lowest utilization rates, most cost-benefit studies conclude that the return on investment (ROI) for an EAP is positive. The U.S. Department of Labor reported that, for every \$1 invested in an EAP, employers save from \$5 to \$16.<sup>3</sup> This is due, in large part, to the relatively low cost of an EAP when compared to the high cost that mental health and personal issues have on worker productivity, absenteeism, errors and accidents, turnover, use of health benefits and other costly factors. As a result, businesses on the whole are satisfied with the effectiveness and ROI of their EAPs.

The focus on ROI, however, obscures a problem that businesses often overlook: the large disparity between EAP utilization—even in the best cases—and the actual percentage of employees in a typical organization whose work performance is being affected by issues an EAP could address. Even for organizations with higher utilization rates, when compared to the number of employees who need help, far too few employees are using those services. Regardless of the ROI, employers pay a high price for each employee who is struggling but isn't asking for help.

Researchers analyzing results from the *U.S. National Comorbidity Survey*, a study of mental health in the United States among working Americans, reported that 18%, roughly one in five, said they experienced symptoms of a mental health disorder during the previ-

ous month.<sup>4</sup> A survey of global benefits specialists, human resource (HR) managers, chief executive officers (CEOs) and company presidents conducted by the Partnership for Workplace Mental Health, a program of the American Psychiatric Association Foundation, reflected a belief that mental health issues had a greater negative impact on productivity, absenteeism and other indirect costs than heart disease, high blood pressure and diabetes.<sup>5</sup> Studies such as this and others point to a high number of working Americans who are struggling to positively manage behavioral health problems while on the job. Yet these statistics paint a rosier picture than the one we see when we look more broadly at the impact of personal problems on behavior and work performance.

In 2012, Mental Health America reported that more than 90% of employees agreed that mental health and personal problems tend to spill over into their professional lives and have a direct, negative impact on their job performance.<sup>6</sup> CPP Inc., which publishes the Myers-Briggs Assessment and the Thomas-Kilmann Conflict Mode Instrument, together with OPP, one of Europe's leading business psychology firms, commissioned a study on workplace conflict in 2008. In their report, *Workplace Conflict and How Business Can Harness It to Thrive*, they noted that employees spent 2.8 hours per week dealing with conflict. This amounts to approximately \$359 billion in paid hours, or the equivalent of 385 million working days every year.

Studies such as these indicate that an overwhelming majority of employ-

ees recognize that life stresses are detrimental to their work performance. In comparison, even for companies with comparatively high EAP utilization rates, the number of employees reaching out to their EAPs is low.

This disparity points to a larger problem common to both EAPs and the world of mental health overall: the perception that counseling is necessary only when there is a diagnosable behavioral health or addiction problem and that meeting with a counselor indicates that individuals either have a mental illness or, at best, are “mentally weak” and cannot cope with the pressures of their jobs or their lives outside of work the way “normal” people should.

This is not the same problem as the fear some employees have of being stigmatized, stereotyped and discriminated against should they be diagnosed with a clinical mental illness. While stigma continues to be a common concern for many employees, due to public efforts to reduce stigma toward those with mental illness, an increasing number of workers today indicate they'd have no concern or embarrassment about seeing a counselor if they felt they needed one. Nevertheless, most workers in the U.S. still won't meet with a counselor because they don't recognize their problematic behavior as indicative of a problem with their thoughts and emotions, something a counselor could help address.

The chasm between the reported percentages of working individuals with clinical symptoms of a mental disorder (18%) and the high percentage of workers who report struggling with personal problems while in the

workplace (more than 90%) is largely due to the different perceptions of mental health. Most people perceive mental illness as it is defined clinically. This perspective, however, discounts the similar thought processes that are responsible for many of the problematic behaviors exhibited in the workplace when employees are experiencing stress, interpersonal conflicts or other personal problems.

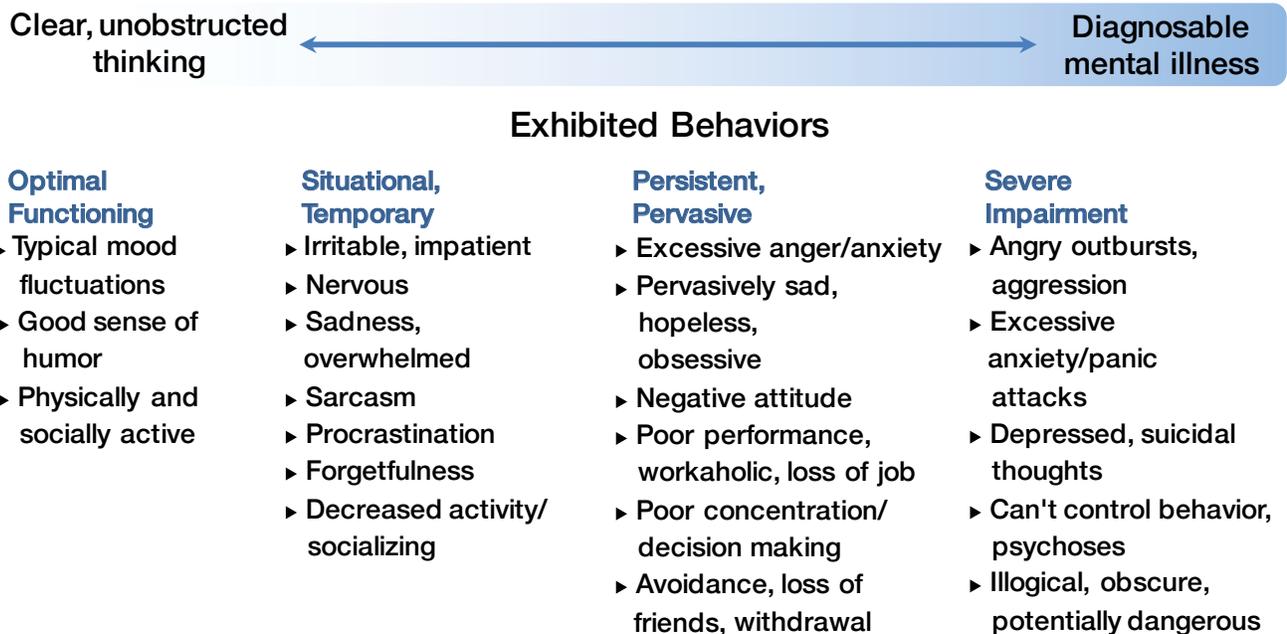
In clinical terms, being “stressed out” and distracted at work is not the same as having a mental illness. Yet, whether poor work performance is the result of an anxiety disorder or simply the result of extreme stress from a rocky relationship, the effects of worker behavior on productivity often are identical. Drawing distinctions between behavioral issues due to mental illness versus behavioral issues due to other personal problems is not helpful when it comes to encouraging employees to seek help. Employee perception that seeing a counselor implies a possible clinically defined mental illness limits the use of EAP counseling that could otherwise help employees resolve concerns that underlie problematic behavior.

One reason for this perception lies in how mental health is presented to the public. Mental health awareness initiatives typically focus on accepting those with a diagnosed mental illness—on addressing stigma and prejudice—and not on understanding how thoughts affect behavior. This is a result of a movement in the last decade toward likening mental illness to physical illness. This is a worthwhile tactic for reducing stigma, which is itself a worthy goal, but it leaves many thinking that, like diabetes, either you have it or you don't. And our definitions for the purposes of assessing, diagnosing and treating mental illness also tend to be much like those of physical illnesses.

A better depiction of mental illness is that it sits at one end of a spectrum of overall mental health and that mental health is simply a continuum of thoughts and actions (see the figure). On one end of the spectrum, our thinking is clear and productive and, as a result, we respond well to the things happening to and around us. At the other end are thoughts that are distorted and often painful. Whether due to neurological illness, chemical substances, dementia or tumors, or

**FIGURE**

**Spectrum of Mental Health Behaviors**



as secondary responses to other illness, these distorted thoughts drive behaviors that can, at their worst, be dangerous and destructive.

The perceptual error is in believing that most of the thoughts and behaviors of typically “normal” people are clear and productive. The reality is that the majority of the U.S. population is constantly distracted, dwelling on thoughts that are creating some degree of stress, worry and anxiety. Anger in traffic, sleeplessness due to ruminations and a whole host of cognitive distortions (jumping to conclusions, overgeneralizing, blowing things out of proportion) are the typical thought patterns experienced daily by many workers. And each of these thought patterns generates behaviors that are problematic to greater and lesser degrees.

To illustrate how this creates a problem in the workplace, let’s consider just one mental illness: depression.

Depression is considered one of the largest behavioral health problems in the workplace. According to a study by Greenberg and colleagues reported in *The Journal of Clinical Psychology*, the prevalence of employees with major depressive disorder (MDD) has been estimated at 6.7%.<sup>7</sup> Depression is ranked first as causing more lost productivity than obesity, diabetes or high blood pressure. When employees are depressed, they may show up late for work and call in sick more frequently. They may withdraw from others at the office and disengage from conversations. Depression causes problems with focus and concentration, which may present as lethargy and despondency. Poor

sleep patterns as a result of depression can result in more errors, accidents and idle time. And workers experiencing a depressive disorder often have difficulties communicating with co-workers, have dramatic mood swings, and may become short-tempered or are easily driven to emotional outbursts.

A diagnosis of depression in the medical community requires the meeting of specific criteria as defined in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)*. To be diagnosed with MDD, an individual must experience symptoms of a depressive disorder nearly every day for no less than two weeks. From a list of nine symptoms, depression is indicated only when the individual is experiencing five or more of them. There are other criteria as well—that is, that the symptoms of depression are not being brought on by substance abuse or some other medical condition.<sup>8</sup>

When rates of depression in a working population are reported to be nearly 8%, it means that only eight out of 100 employees, on average, have met all the criteria for a clinical diagnosis of depression. Presented in this way, the conditions become the litmus test used to draw a distinction between who is depressed and who is not or, more to the point, how we perceive who is ill and who is well. This is an appropriate perspective for collecting and reporting data and for approving or denying reimbursement for treatment. But it creates an unrealistic picture of what’s actually happening in the work environment.

Many of the behaviors observed in those suffering from clinical depres-

sion are also commonly observed in individuals going through the loss of a relationship, experiencing compassion fatigue while caring for a sick parent, dealing with a financial crisis or suffering from severe stress and burnout. Employees who are struggling with these and many other personal problems may not meet the collective criteria for a diagnosis of MDD, but many of their outward behaviors do. And it is the outward behaviors, not the specific diagnosis, that are expressed and affect worker productivity.

Many unproductive or problematic employee behaviors—such as missing work, showing up late, taking additional time off, making errors due to distraction, spending work time addressing personal business, texting, sitting idle, disrupting other workers, etc.—are a reaction to how the employees are thinking about things that are happening in their lives. Sometimes, the cause of these behavioral issues is biochemical in nature, and the symptoms warrant a diagnosis of a mental illness. More often, however, problematic worker behavior is a result of how individuals are thinking, not having learned other, more effective ways to manage and respond to their thoughts.

It is true that, were a behavioral health assessment conducted, most workers would not be diagnosed with MDD based on the criteria in the DSM-5. Still, most employees would agree that they don’t have to look far to find co-workers whose emotions are affecting their mood, behaviors, job performance and interactions with others.

Communication and interpersonal

conflict is another example. When analyzed, interpersonal problems and communication issues are often the result of differences between what is intended in any communication and how it's interpreted by the receiver. Less often are miscommunications the result of technical misunderstandings. Ideas and concepts of self, ego and self-esteem, and personal bias and beliefs are what mental health professionals call filters, and they skew how people interpret incoming information. The difference between one person's intent of a message and how it's interpreted by another person can create thoughts and subsequent patterns of behavior that can be very disruptive and affecting. Gossiping, aggressive stances or "giving attitude," retaliating, forming cliques and participating in drama and anger are all behaviors driven mostly by ideas, thoughts and emotions that distort facts and intentions. And while employees and supervisors often point superficially to attitude or personality differences as the reason for interpersonal conflict, more often it's simply a lack of awareness of how each person is thinking about what's happening. It is the same for workers whose work performance is said to be affected by personal relationships, finances or problems with children. In these and many other situations, it is the effectiveness of the tools and techniques that employees have for mentally managing these problems, not the problems themselves, that determines a productive or unproductive outcome.

EAPs offer solutions for combating many of the costly behaviors that affect worker productivity. The various forms of mental and behavioral health therapies available to employees through an EAP can dramatically improve how they manage the issues they experience both at work and elsewhere in their lives. But too many organizations mistakenly believe that simply raising awareness and promoting their EAPs more prominently and frequently is the key to achieving higher utilization and better results. Though it's true that awareness is critically important, only those individuals who are already comfortable with counseling—and who feel they need it—respond to promotional tactics. Awareness and promotion of an EAP will not necessarily change the perceptions of mental health and counseling for the many working people who don't understand the connection between their thinking and their job performance.

Organizations can achieve a far greater impact on employee productivity by addressing and correcting worker

perceptions of mental health and by providing workers with new tools for thinking differently about their daily lives. An EAP is ideally suited to this role, having both the clinical expertise and clinical approaches that can improve worker performance and reduce unproductive, time-wasting behaviors.

One such approach is to apply mindfulness-based cognitive therapy (MBCT) techniques across employee populations to provide new ways for viewing and responding to stressful or distressing events. MBCT is one of the therapies shown to aid in reducing the relapse of depression.<sup>9</sup> Like all cognitive-based therapies, MBCT is based on the theory that how we think influences how we behave. When individuals are trained with techniques that can change the way they think about the things that are happening, they can change their resulting behaviors. This is true whether the behaviors meet the criteria of clinical depression or are just common reactions to stress. The mindfulness component of this therapy teaches individuals to pay less attention to thoughts about the past or future and to stay focused on what is happening in the present. MBCT could help employees who may be struggling with issues outside of the office to learn how to "let them go" and remain focused on their jobs and the work at hand. Further, by adopting new methods for thinking about external pressures and stresses, individuals are better equipped to manage problems in a less emotional and more constructive way.

For employers seeking to improve workplace culture and worker productivity, the EAP is an ideal partner to execute an employeewide MBCT initiative. Cognitive behavioral therapy (CBT) is a core competency of almost all psychotherapists, including those who work through EAPs. Many therapists who specialize in EAP counseling are also trained in other forms of therapy that are relevant to working individuals. Further, many EAP therapists are accustomed to working in groups and providing services at worksites. Additional training and certification in mindfulness would be necessary to initiate a workplace-focused MBCT program, but this, too, is a competency with which more therapists are becoming familiar.

Most important, a companywide initiative to provide mindfulness skills to employees removes the specter of "mental illness" entirely from the picture. When MBCT is present-

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ed as “skills development,” much like communication and interpersonal skills training is, employees are freed from the uncomfortable association with mental illness that a counselor may represent.

When EAP counselors are used to provide skills training to improve how employees think about and respond to personal problems, and not just to address mental health issues, employees come to see their EAP as a trusted source for addressing many other facets of healthy living. Most EAPs provide wellness and lifestyle improvement services. Diet, nutrition and exercise are all closely related to positive mental health and improved reactions to stress.<sup>10,11</sup> Most EAPs offer employees access to health improvement resources. The more comfortable employees are with asking their EAP for help, the more effective and important the EAP

will become for employees and their families. Utilization breeds greater utilization, and employers reap the benefits—not just through the direct impact that improved stress management and interpersonal skills can have on their employees but also in the cost savings brought about by better overall employee health.

The goal of an EAP is to provide employees with access to counselors and other supportive services that can help them better manage the problems they experience in their lives. Employers that offer an EAP want their employees to access EAP services so they can remain focused and productive while at work. Both goals are significantly diminished when perceptions about mental health are ignored. On the contrary, both goals may have the greatest potential for success when em-

ployers and their EAPs work together to change the perceptions of mental health and, thus, reach the larger body of employees who are struggling and never would have considered using their EAP otherwise. 

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