The International Foundation of Employee Benefit Plans has dedicated significant resources to organizational health and wellness initiatives. Recently, these initiatives have taken a more holistic approach, going beyond the physical health of plan participants to include mental health and substance abuse initiatives.

In August 2016, the International Foundation surveyed members to examine the various types of mental health and substance abuse benefits organizations provide to their employees and participants. The survey received 344 completed responses, with 247 coming from U.S. respondents and 97 from Canadian respondents.

Mental health and substance abuse issues long have held the attention of government agencies and health insurance providers. In the United States, the Mental Health Parity and Addiction Equity Act of 2008 requires that group coverage providing these benefits have financial requirements and limitations no more restrictive than those applied to medical and surgical benefits. More recently, the Affordable Care Act required that these parity requirements be extended to insurance sold through public health exchanges.

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 assist them to develop and continuously improve psychologically safe and healthy work environments. According to Foundation data reported in Mental Health and Substance Abuse Benefits: 2016 Survey Results, one in nine (11.3%) organizations has adopted the voluntary standard, with an additional one in four (25.8%) considering doing so. While impacts are difficult to measure, organizations are beginning to articulate how depression, alcohol and prescription drug abuse, anxiety and sleep deprivation affect their workforces.

Mental Health/Substance Abuse Benefit Offerings

Over nine in ten (92.9%) survey respondents offer some sort of mental health/substance benefits. Organizations that offer mental health/substance abuse benefits offer a number of prevention initiatives, including employee assistance plans (EAPs) (90.8%) and wellness programs that include a mental health/substance abuse component (38.4%).

In addition, one in four (25.1%) responding organizations offers health risk assessments that include mental health/substance abuse questions, an initiative more frequently used by corporate respondents. Organizations are also using a variety of education and awareness initiatives, including access to online resources and tools (56.2%), educational sessions offered at the worksite (38.1%) and newsletters (34.9%). Three in ten responding (31.1%) organizations post information in paper format or online, including fliers, posters and e-news.

In regard to offered treatment options for mental health issues, five in six (83.5%) organizations offer outpatient in-person treatment sessions with a medical professional or therapist, followed by prescription drug therapies (75.9%) and inpatient hospital/clinic treatment (69.2%). Similarly, responding organizations are using a number of these strategies to treat substance abuse issues, including outpatient in-person treatment sessions (81.9%), inpatient hospital/clinical treatment (71.1%) and prescription drug therapies (61.6%).

In addition, responding organizations offer a variety of return-to-work programs that ease the transition back into work duties. These most commonly include off- and on-site case management programs (43.8%) and flexible return-
to-work duties (42.2%), including shortened schedules and flexible start and stop times. Respondents also offer mental health and substance abuse components in their disability management (38.1%) and disease management (27.9%) programs.

**EAPs**

The use of EAPs is the most common mental health/substance abuse benefit, offered by all public sector respondents, nine in ten corporations (92.8%) and four in five multiemployer funds (81.2%). EAPs offer a wide range of services that can be provided within the organization or by referral to external resources. The most commonly offered services include assessments and counseling (91.3%), mental health assistance and counseling (86.7%), referral support (86.4%), substance abuse counseling (84.6%) and crisis hotlines (79%). Over three in four responding organizations (78%) grant EAP access to family members of workers. Over one half (57.3%) of responding organizations that offer EAPs state that between 1% and 8% of their workers utilize their services. Over seven percent (7.3%) of organizations state that their utilization rate is over 15%.

**Conditions**

Those respondents that offer mental health and substance abuse benefits cover a wide variety of conditions in their programs. They most often cover depression (88.3%), alcohol addiction (86%), anxiety disorders, including panic disorders, phobias and obsessive compulsive disorder (82.2%), bipolar disorder (77.8%) and prescription drug addiction (74%).

In addition to covered conditions, 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 9.6% of respondents have conducted an analysis of mental health/substance abuse issues.) Over three in five (62.2%) responding organizations stated that depression is prevalent in their organizations (either very prevalent, prevalent or somewhat prevalent). Also prevalent in workplaces are alcohol addiction (50%), anxiety disorders (49.7%), sleep deprivation (39.2%), prescription drug addiction (32.3%) and nonprescription drug addiction (28.8%).

Respondents use a wide variety of sources to determine the prevalence of mental health and substance abuse issues in their organizations. These most often include the general sense of the respondent (56.1%), health claims data (38.7%), short- and long-term disability data (30.8%), prescription drug claims data (29.1%) and absenteeism data (25.9%).

**Workforce Impact**

Over three in five (63.9%) responding organizations state that less than 30% of their workforce is affected by mental health and substance abuse issues. Similarly, 52.3% of respondents state that less than 30% of their workforce is supporting loved ones affected by these issues. Respondents also provided insights into the impact of mental health and substance abuse on their workforce. Overall, 91.8% of respondents stated that their workforce is stressed, either extremely (3.1%), very (30.1%) or somewhat (58.6%).

Further, respondents were asked about the impact of mental health and substance abuse on a number of work performance measurements. More than two-thirds (67.1%) of respondents said that mental health and substance abuse issues have impacted (very or somewhat) absenteeism and tardiness in their organizations. Similarly, these issues have an impact on the physical health of their employees (66.9%), overall job performance (66.8%), focus and productiv-
it (63.1%), relationships with co-workers (62.8%), morale (60.5%) and worker safety and accidents (47.1%). Three in five (59.9%) responding organizations have some level of concern about potential workplace violence due to mental health and substance abuse issues. In addition, two in three (67.8%) respondents cited a greater prevalence of these challenges compared with five years ago.

Cost Impact

The survey also attempted to articulate the impact of mental health and substance abuse on overall health care costs of organizations. On average, 13.6% of costs are attributed to these issues, with proportions slightly higher in multiemployer plans (15.4%) than public (12.9%) and corporate plans (12.7%). (It should be noted that only U.S. respondents were asked this question.) Similarly, respondents predict that, on average, 15.9% 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 are attributed to these issues. In addition, an average of 8.8% of organizational workers’ compensation claims are due to mental health and substance abuse issues, again with higher percentages noted from public sector respondents.

Prescription Drug Abuse

Organizations are becoming increasingly aware of the prevalence of prescription drug abuse. To combat potential abuse, over one in five (22.4%) responding organizations have conducted prescription drug claims analysis, a practice most common in multiemployer plans (31.4%). An additional 20.6% of responding organizations are considering conducting an analysis. In addition to claims analysis, responding organizations are implementing other methods to combat opioid drug abuse. U.S. survey respondents were asked the methods they are implementing. These most commonly include prior authorization for outpatient opioid prescriptions in excess of a specified number of days (42.9%), offering alternative pain management treatments (17.4%) and a fraud tip hotline (8.1%). Over three in ten (31.2%) responding U.S. organizations did not currently have methods to combat opioid abuse in place.

Barriers

While the importance of mental health benefits is being progressively recognized, workers and organizations still face a number of barriers. Over two in five (44.8%) respondents cite as a barrier worker fear that admitting a problem may negatively impact their job security. Similarly, 38.7% of respondents cite worker fear about confidentiality. Also, 37.2% of respondents note that workers do not acknowledge, or are not ready to address, their problems, a barrier commonly cited by respondents from the multiemployer sector. Respondents were less likely to cite supervisor discomfort (11%), worker demand causing difficulty to access treatment services (9.6%) or management concern about breaching worker privacy (9.3%) as prevalent barriers.

Mental Health and Substance Abuse Benefits: 2016 Survey Results is available free to ISCEBS and Foundation members at www.ifebp.org/mentalhealth as an e-book. Nonmembers are able to download the survey at www.ifebp.org/books.asp?7846E for $50.