The opioid epidemic, the deaths by suicide of prominent figures and other high-profile incidents have brought mental health and substance abuse issues to the forefront not only in the media but also for employers and employees.

The International Foundation report *Mental Health and Substance Abuse Benefits: 2018 Survey Results* reveals that workers are facing increased stress, mental health concerns and substance abuse issues compared with two years ago. Among the 190 public employer, single employer and multiemployer organizations in the United States that responded to the survey:

- Nearly two in five (39%) report their workforce is extremely or very stressed.
- More than one-third (35%) report their workforce has higher levels of stress now compared with two years ago.
- Nearly three in five (57%) report their workforce is facing more mental health and substance abuse challenges compared with two years ago.
- More than two in five (41%) report an increase in opioid claims compared with one year ago, and just over half (51%) report an increase in claims compared with five years ago.

The report examines the current state of mental health and substance abuse issues and coverage in the workplace, including the prevalence of mental health/substance abuse issues among plan participants and their family members.

**Beyond Treatment Coverage: What Organizations Are Doing to Support Plan Participants**

Beyond providing access to and coverage of mental health and substance abuse treatment, organizations target three major areas to bolster the overall mental health of their plan participants: prevention, education/awareness and return-to-work programs. Organizations also are implementing programs specifically to prevent opioid abuse among participants.

**Prevention**

Nearly nine in ten (88%) U.S. organizations offer one or more programs or tools to help prevent mental health and substance abuse issues in the workplace. Most common among these are employee assistance programs (EAPs) or labor assistance programs (LAPs). These programs offer a wide variety of support, including referral support (89%), mental health assistance/counseling (88%), substance abuse assistance/counseling (87%) and a crisis hotline (81%). Many offer financial counseling (74%), legal assistance (71%) and even disaster recovery services/support (46%). In addition, three in four (77%) organizations make EAP services available to the participant’s family members. Nearly half (44%) say their EAP provides on-site speakers to teach workers about mental health and substance abuse issues.

Despite the wide range of services offered, EAP utilization rates are notoriously low; 79% of U.S. organizations estimate that 10% or less of their participants utilize EAP services each year. Overall, about half (48%) of organizations report they have seen no change in the number of employees using their EAP, but 45% noticed an increase in usage. The rise in usage is most prominent among public employers; 68% of respondents reported increased utilization.

Organizations experiencing growth were asked about successful strategies they had used to increase utilization. Their responses emphasized communication (through e-mails, newsletters and in-person/on-site trainings). Several com-
mented that they dispelled the idea that EAP usage was not confidential. Many encouraged managers and supervisors to recommend the EAP to their direct reports as needed. One organization made a drastic change to increase utilization by changing EAP providers and developing a more engaging model.

Other common preventive measures include healthy workplace initiatives (45%), wellness programs that specifically include mental health and substance abuse components (41%), stress management programs (32%) and mindfulness/meditation tools (31%).

A small share of organizations (5%) reported having Narcan® (an opioid antidote used in event of overdose) available at the worksite.

**Education/Awareness**

The second category of support is education and awareness tools. Many of these tools overlap with the preventive measures. For example, 64% of U.S. organizations provide education through access to online resources and tools, and 46% offer information in paper format or online. EAPs are one source of possible education for organizations.

A small proportion of organizations (11%) use a mental health first aid approach to help educate and raise awareness about mental health and substance abuse issues, a practice more common among Canadian respondents. These programs work to demystify mental health and substance abuse issues by providing in-person training to help individuals recognize potential signs of a mental health or substance abuse issue. The training also provides information about how to start a dialogue and what to say without triggering additional problems, as well as resources workers can share with the person in need.

**Return-to-Work Plans**

Occasionally, a plan participant may need to take time off of work to resolve mental health or substance abuse issues. Nearly two in five organizations (38%) use case management (on site and/or off site) to monitor and manage care, as well as stay in touch with participants while they are out. One-third of programs allow for flexible or gradual return-to-work plans as needed, while 33% of organizations have no return-to-work programs or initiatives.

**Opioid Abuse Prevention**

More than two-thirds (68%) of organizations have implemented one or more tactics to prevent opioid abuse among plan participants. Most commonly, employers use carrier prescription monitoring programs or pharmacy benefit managers to monitor usage (51%). One-third (34%) require prior authorization for outpatient opioid prescriptions in excess of a specified number of days, and a quarter (26%) limit the number of pills allowed postsurgery or offer alternative pain management treatments (such as osteopathic manipulative treatment).

**The Cost of Mental Health**

The cost of providing mental health and substance abuse benefits is usually a factor for organizations considering whether to augment their benefits. For the majority (55%) of participating U.S. organizations, the share of health care costs attributed to mental health increased in 2017 compared with 2016. On average, mental health and substance abuse costs account for 12.2% of annual health costs. However, this estimate ranges quite a bit, from 4% to 20%. Some of the variation in cost can be attributed to employer size (organizations with fewer than 50 employees are less likely to offer mental health/substance abuse coverage and therefore have lower costs).

See the Quick Look for more information about Mental Health and Substance Abuse Benefits: 2018 Survey Results. The survey is available free to members at www.ifebp.org /mentalhealth2018. Nonmembers can download the survey at www.ifebp .org/books.asp?8058E for $50.