The employee assistance program (EAP) industry grew out of the central idea that when employees at any level of an organization come to work compromised or impaired (e.g., substance use, anxiety, depression), personal and organizational performance will suffer. One of the most essential functions of an EAP is to provide confidential mental health support services on demand, when and where employees need them, as well as life management services to help keep employees focused, prepared and resilient.

While the challenges have never been steeper, the reality is that a widespread but little-recognized problem exists in the EAP industry: The emphasis on driving EAP fees lower and lower has led many of the nation’s EAPs to purposefully limit meaningful interaction with the same “at risk” employees (those with life and mental health concerns) that they are contracted to help. Due to a misplaced emphasis on “utilization” (for which there is no industry-standard definition) rather than on outcomes, millions of employees and their families are insufficiently engaged and inadequately treated — while employers spend millions of dollars on programs that minimize contact with licensed professionals by their very design.

A profound “rethink” about a next-generation EAP is needed.

The Structural Problems
While health-care costs continue to rise, market rates for EAPs have dramatically fallen, forcing many vendors to cut corners and deliver less. Many purchasers have grown content to pay as little for the service as possible in order to have it and many EAP vendors
have been willing to acquiesce. In order to make their business models work, these low-cost EAP vendors have managed to convince purchasers that nebulously-defined "utilization" ought to be the overriding metric of success.

The emphasis on utilization rather than on outcomes is easy to “game.” Since there is no industry-standard definition, EAP vendors are free to define utilization to their advantage — where a website visit, administrative telephone inquiry or downloaded help-sheet count toward “utilization.” Many EAP vendors define utilization using this self-serving, inflated approach that is silent on the most important metric, certainly from a clinical and financial standpoint: outcomes. Indeed, isolated from view and lacking true valid comparative measures of effectiveness, most EAPs operate without measuring — let alone improving — their outcomes. Instead of results, many EAP vendors have focused on low price and low-cost features, leading to an environment where marginal vendors are able to compete with optimal ones. While companies continue to engage these EAPs, they ultimately do so at great expense, as at risk and underperforming employees are not adequately engaged, assessed or treated.

As a result, employers get less for their shrinking benefit dollar, often in areas where their needs and the potential returns are the highest. A bare-bones EAP that discourages and limits interaction with credentialed counselors results in employers spending money on services that do not adequately address the needs of employees and their families.

A Changing Landscape

When job candidates are screened, employers look at their work histories, educational attainment, skillsets and ability to fit within the established work culture. Employers typically know nothing about their candidates’ mental health issues, family history of suicide, recent losses or personal difficulties — all common risk factors that can impair job performance, productivity (absenteeism and presenteeism) and morale.

Often, problems at the workplace are lagging indicators of problems outside of work. Anxiety or depression don’t end when one walks into work. They may be evident to close colleagues or confidantes and may be extrapolated from other more observable factors, such as absenteeism and/or a decline in performance or productivity. The scope and severity of personal problems that employees bring to the workplace are the manifestation of several alarming societal trends, in particular the increasing prevalence of suicidal behavior and widespread cross-generational loneliness and isolation. According to a report by the Centers for Disease Control and Prevention (CDC), 47,000 Americans died by suicide in 2017, up 33% from 1999. Researchers have found that most suicides are related to problems with relationships, substance abuse, health, jobs or finances.

We’ve also seen a rise in drug overdoses. There were more than 70,000 drug overdose deaths in 2017, the highest number of drug overdose deaths for any single year in the United States’ history. What are termed “deaths of despair” — suicides and drug overdoses, including from prescribed opioid painkillers — are an ever-escalating problem contributing to the declining trend in life-expectancy in the U.S. over the past several years.

Alienation — feeling despondent, lonely and without purpose — afflicts millions and is so widespread that social isolation may be as great a public health hazard as obesity or tobacco use. According to a 2010 AARP loneliness study, approximately 42.6 million U.S. adults ages 45 and older were suffering from loneliness. A 2018 Cigna survey suggests that Generation Z, adults between ages 18 and 22, may...
be the loneliest segment of the population — which doesn’t bode well as this generation enters the workforce en masse. According to Carla Perissinotto, a geriatrician at the University of California-San Francisco, social isolation hasn’t received sufficient attention. “Policy in this country doesn’t address this kind of concern, because many health-care workers believe that social factors have nothing to do with medicine,” Perissinotto said.

No age group is exempt from feelings of isolation and loneliness. These trends are not expected to be reversed or arrested, in part due to social, cultural and even business drivers such as increased mobility and flux, which make it harder to form and maintain relationships. It’s also driven by the ubiquity of social media, which blur the lines between appearing — and actually feeling — connected.

**Toward a Next-Gen EAP**

In sum, next-generation EAPs, an employee and organizational benefit based on the principles and approaches outlined in the article, need to return to their roots of caring for people soul-to-soul. The field has science-based evidence that personally arranged services provided by licensed professionals effectively improves the quality of people’s lives. However, the prevailing choice of so many employers is often the least expensive or even “free” EAP platforms (embedded in the premiums of another product). These platforms are restricted to brief telephonic support, only if needed, plus informational self-help articles.

Next-generation EAPs focus on proactive and continuous engagement. They leverage technology to extend EAP engagement and support to workforces around the globe and guide individuals to connect directly with trained professionals to resolve significant personal challenges.

Ultimately, all roads lead to one overarching precept: Your EAP is only as good as its results. 

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