

**EMPLOYEE ASSISTANCE PROGRAMS  
DURING COVID-19:  
ORGANIZATIONAL EXPERIENCES IN  
OKLAHOMA'S PUBLIC SECTOR**

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**ABSTRACT**

Employee Assistance Programs (EAPs) offer support services to help workers address personal and work-related problems. EAPs are most known for handling mental health and substance abuse issues, which have increased over the past several years, especially during the COVID-19 pandemic. Research shows that although personal well-being is directly correlated with employee productivity, EAP utilization is severely low. The following paper explores EAPs during the COVID-19 pandemic in Oklahoma from organizational experiences in municipal, healthcare, and academic settings. This paper also compares EAP literature from before and after the pandemic, employee reasons for using an EAP, employee demographics, costs, issues, alternatives, solutions, and recommendations.

## INTRODUCTION

The Employee Assistance Professionals Association (2011) defines an Employee Assistance Program (EAP) as a “workplace program designed to assist: (1) work organizations in addressing productivity issues, and (2) ‘employee clients’ in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues that may affect job performance.” EAPs are an employee benefit that offer “free and confidential assessments, short-term counseling, referrals, and follow-up services” (U.S. Office of Personnel Management n.d.). Overall, EAPs help workers maintain a healthy work-life balance. Local, state and federal government, corporations, academic and healthcare institutions represent some of the various employers that provide an EAP. According to an employee benefits survey by the Society for Human Resource Management (2019), 79% of employers offer an EAP. Yet, numerous studies have shown that utilization rates average at 4.5% (Sharar 2019). Low usage has stemmed from lack of awareness and promotion, confidentiality issues, and the stigma surrounding mental health (Mental Health America n.d.a).

EAPs are a preventive tool and a remedy. Workers should be aware of such a valuable resource, especially in times of crisis. The COVID-19 pandemic revealed how unprepared the world was. Life was completely disrupted under extreme living and working conditions, and mental health was severely threatened. Issues such as infection, losing friends and family members, healthcare, unemployment, education, isolation, financial loss, and food insecurity led to new or worsening symptoms of fear, stress, anxiety, loneliness, depression, and grief. Three months into the pandemic, the Centers for Disease Control and Prevention (2020) conducted a survey of 5,470 U.S. adults regarding mental health and substance abuse. 31% reported symptoms of anxiety or depression,

26% reported trauma- and stressor-related disorder symptoms related to COVID-19, 13% had started or increased substance use to cope with emotions related to COVID-19, and 11% had seriously considered suicide in the past 30 days.

Between October and December 2020, the Substance Abuse and Mental Health Services Administration (2021) also collected data regarding these same issues. It found that since the pandemic began, 25.9 million people drank alcohol “a little more or much more,” 10.9 million people used drugs “a little more or much more,” and among adults who received mental health services that year, 4.9 million people were unable to access needed care (6). In addition, as employees shifted to working from home, they began working under the influence. Sierra Tucson (n.d.b), a premier addiction treatment center in Tucson, Arizona, conducted a survey in late 2021 of 1,011 U.S. employees. One in five employees reported using alcohol, marijuana, or other recreational drugs while working remotely, and 22% reported they had participated in a virtual work call while under the influence of those same substances. Although the most common reason for using substances was for enjoyment, it was followed by stress, anxiety, depression, and loneliness (Sierra Tucson, n.d.a).

Mental health and substance abuse issues affect employee cognition, behavior, and performance. Thus, lacking a fit, attentive, and committed workforce will diminish organizational success. Mind Share Partners (2021), a national nonprofit organization dedicated to improving workplace mental health, conducted a survey of 1,500 full-time U.S. employees between May and June 2021. 50% of respondents reported they had left previous roles due to mental health reasons, an increase from 34% in 2019. The top three workplace factors that negatively impacted their mental health were emotionally draining work, challenges with work-life balance, and lack of recognition. Respondents also reported they missed an average of eight days a year due to mental health reasons, an increase from 4.3 days in 2019. Respondents were only performing

at 72% of their full potential in the past year and only 50% knew the proper procedure to get support for mental health at work.

It is clear there is a direct correlation between personal well-being and employee productivity. Employees are the heart of any organization. If they are not properly taken care of, especially during a crisis, the organization will likely decline. EAPs help workers address issues that interfere with their work performance. Features such as counseling and referrals guide employees to the appropriate care. EAPs also benefit employers by improving productivity and reducing absenteeism, impairment, accidents, injuries, deaths, health insurance costs, workers' compensation claims, and employee turnover. According to the American Psychiatric Association, employees with depression alone are 35% less productive, which causes the U.S. economy to lose \$210.5 billion every year in absenteeism, reduced productivity, and medical costs (McLean Hospital 2020). When workers are in a healthy state of mind, job satisfaction and loyalty are likely to increase. With no satisfaction and loyalty, there is "no trust, innovation, [or] dedication" (Berman et al. 2022, 115). EAPs can make all the difference for improving employee morale, and "nothing can transform a workplace more than energetic employees" (Berman et al. 2022, 115).

Government, healthcare, and education serve an essential purpose in society. Employees who work in these fields understand their value and responsibility to current and future generations. Their happiness and health affects their service to their communities. So, they should be aware of resources that will help them stay in solid shape. To better understand how to improve and leverage EAPs in the public sector, this research explores the experiences of three organizations in Oklahoma during the pandemic: (1) the City of Oklahoma City, (2) the University of Oklahoma healthcare system, and (3) the University of Central Oklahoma. This paper also compares EAP literature from before and after the pandemic, employee reasons for using an EAP, employee demographics, costs, issues, alternatives, solutions, and recommendations.

## BACKGROUND

First, it is important to examine how EAPs are delivered in order to understand the advantages and disadvantages that employers must consider when choosing the best option. The most common EAP format is an external EAP, where the employer contracts with a provider that serves employees outside the workplace. This separation from colleagues and the work environment helps employees feel there is stronger confidentiality and reduced bias when receiving therapy (Marschall 2022). External EAPs also allow employees to choose their own counselor and services extend to family members more easily (Marschall 2022). However, many providers have limited availability and do not accept EAP plans (Marschall 2022).

An internal EAP has staff employed by the organization and employees are served at the workplace. EAPs originally operated with this model, but overtime, outsourcing became the preferred method. Internal EAPs provide “more customized services, rapid responses and insights into the organizational culture” (Pompe et al. n.d.). Having deep knowledge of the organization allows staff to better understand and relate to employees (Marschall 2022). However, employees may feel uncomfortable working with someone who knows all their problems and may not want to be seen at work receiving therapy. Also, internal EAPs may exclude family members and are more expensive (Marschall 2022).

The Workplace Outcome Suite (WOS) Report is “an annual study of data contributed by multiple employee assistance providers worldwide and over 24,000 employee cases, produced in partnership with the International Employee Assistance Professionals Association” (LifeWorks n.d.). The 2020 report is based on a 10-year study from 2010 to 2019 that was authored by Mark Attridge, president of Attridge Consulting, Inc. and international consultant

and speaker on workplace mental health and EAPs. The report surveyed 35,693 employees before and after EAP counseling and measured five WOS outcomes: Work Presenteeism, Work Absenteeism, Workplace Distress, Work Engagement, and Life Satisfaction (Attridge 2020). Of all 35,693 employees, 72% were from the U.S., 22% were from China, 3% were from New Zealand, and the remaining 3% were spread across 23 other countries (Attridge 2020). 70% of all counseling cases were from an external EAP, 17% were from a hybrid model and 13% were from an internal EAP (Attridge 2020).

Of 14,843 cases, the largest age group was 30-39 years old and the second largest group was under 30 years old (Attridge 2020). Of 14,262 cases, 68% were women and 32% were men (Attridge 2020). Of 11,122 cases, 44% were for mental health stress, 30% were for marriage and family, 16% were for work and work stress, 6% were for other personal issues, and 4% were for alcohol and drug abuse (Attridge 2020). All 35,693 employees who reported problems among the five WOS outcomes before EAP counseling showed great improvement after several months of counseling. Problems within each outcome had been reduced: work presenteeism (56% to 28%), life satisfaction (37% to 16%), work engagement (32% to 23%), work absenteeism (29% to 13%), and workplace distress (22% to 13%) (Attridge 2020).

Pricing for comprehensive EAP services for small, medium, and large-sized employers were also detailed in the WOS report. A small employer was defined as having 75 employees, a medium employer was defined as having 400 employees, and a large employer was defined as having 1,000 employees (Attridge 2020). For small employers, it costs \$25 per employee per year (PEPY) to invest into an EAP, \$20 PEPY for medium employers, and \$15 PEPY for large employers (Attridge 2020). The return on investment ratio for small employers is \$3.25:1, \$5.07:1 for medium employers, and \$9.33:1 for large employers (Attridge 2020). Lastly, the study confirmed the annual utilization rate for counseling

alone for each employer size was just 5% (Attridge 2020). This supports the average 4.5% utilization rate mentioned earlier.

Note the WOS report described EAPs *before* the COVID-19 pandemic, so it is necessary to review the latest EAP research since the pandemic began. A 2021 EAP industry trends study, also authored by Attridge (2021), sampled 351 respondents representing EAP programs, clinicians, and employer purchasers. The study found that EAP utilization had increased from 7.6% in 2019 to 9.7% during 2020 and 2021. 76% of respondents agreed that “employers now have a greater appreciation of their EAP than before the pandemic” (14). 72% also agreed that virtual counseling is just as effective face-to-face. However, personal preference may be an influential factor when determining the effectiveness of a certain format. The study concluded that machine-only technology tools are a “good fit for risk screening...and for use in combination with live counselors” (40).

### COVID-19 EAP CASE STUDIES

Couser, Nation, and Hyde published a study in the *Journal of Workplace Behavioral Health* about the Mayo Clinic’s EAP experience during the pandemic. The Mayo Clinic is a nonprofit organization centered on healthcare, education, and research. Their Rochester, Minnesota location was the focus of the study and is one of four major campuses in the U.S. This location has over 39,000 employees and delivers their EAP internally. Before the pandemic was declared on March 11, 2020, the top three reasons for counseling visits were for relationship issues, mental health, and work problems (Couser, Nation, and Hyde 2020). In the early stages of the pandemic, their EAP experienced *less* utilization; the number of new clients had declined 35% compared to the number of new clients during the same period in 2019 (Couser, Nation, and Hyde 2020). Less utilization may have been due to the assumption that since services were delivered on-site, they were not available anymore because employees transitioned to working

from home (Couser, Nation, and Hyde 2020). Counseling sessions were actually available by phone and later included virtual meetings (Couser, Nation, and Hyde 2020).

The top three reasons for visits between March 11, 2020 and June 2020 were roughly the same: mental health, finances, and relationships; fears about future work; and health, which were all related to COVID-19 (Couser, Nation, and Hyde 2020). 18% of new clients had cases classified as “severe” (the highest rating), compared to 4.9% during the same period in 2019 (Couser, Nation, and Hyde 2020). The EAP also developed specialized services for both managers and employees in their response to the pandemic. A few services included: an updated supervisor tool-kit, an “EAP Manager Minute” video, articles about leadership issues, a video on how to cope with COVID-19, an employee Facebook group with EAP posts, and a monthly newsletter (Couser, Nation, and Hyde 2020). The Mayo Clinic Rochester EAP during early COVID-19 demonstrates that the severity of cases had increased over three times as much, yet EAP utilization decreased significantly compared to the year before. Healthcare workers most likely did not have time to utilize or be informed of such a resource since they were extremely overwhelmed with handling the crisis. Perhaps there could have been better EAP communication methods.

However, another healthcare environment proved to have better success with their EAP. Hughes and Fairley published another study in the same journal about the Mount Sinai Health System (MSHS) EAP experience. MSHS has eight hospitals in the New York City metropolitan area with about 42,000 employees. The MSHS internal EAP was observed between March and April 2020 and consisted of a director, four employee assistance counselors, an administrative assistant, and three social work graduate students (Hughes and Fairley 2020). The EAP team had developed “innovative, aggressive engagement strategies” and targeted “clusters” of employees throughout the hospital that appeared to be in emotional distress (Hughes and Fairley 2020, 185). Emer-



gency rooms and intensive care units were the areas most targeted, and if an employee had died, their work group was immediately approached by the team (Hughes and Fairley 2020). Employees identified with having pre-existing mental health conditions were also approached first, as they were more vulnerable to having worse effects from the pandemic (Hughes and Fairley 2020).

After being approached, employees were asked about concerns of fellow coworkers and responses would “snowball” from there, forming a “cluster-ball” strategy (Hughes and Fairley 2020, 186). Then, workers were offered the usual services which were now delivered by phone or virtually (Hughes and Fairley 2020). In early April one EAP counselor was tasked with engaging the Emergency Medical Technicians (EMTs), after concerns were expressed for their well-being (Hughes and Fairley 2020). The counselor established a text-messaging initiative, in which he sent out daily self-care messages to the EMTs, which were “well-received” (Hughes and Fairley 2020, 187). Unlike the Mayo Clinic case, MSHS EAP utilization *increased* from 1,082 total contacts in 2019 to 2,351 during the COVID-19 surge (Hughes and Fairley 2020). Overall, the MSHS EAP deployed successful, strategic practices in helping healthcare workers during a dark time. The EAP team had maintained “high standards of confidentiality” and their cluster-ball approach was “effective and well-received” (Hughes and Fairley 2020, 186).

## METHODS

This paper obtained research from numerous sources regarding EAPs and workplace mental health. The two case studies mentioned above were found in academic journals via online scholarly databases. Personal interviews with human resources professionals were conducted in order to fully understand the EAP experience during the COVID-19 pandemic in Oklahoma in municipal, healthcare, and academic settings. The following people were personally interviewed: Lolly Landgraf, Benefits Coordinator at the

City of Oklahoma City; Rachel Ura-neck, Senior Benefits and Retirement Specialist at OU Health; and Mary Deter-Billings, Director of Employee Relations and Communications at the University of Central Oklahoma.

The following section includes the terms “clinical” and “work-life.” Clinical refers to EAP counseling cases that are in face-to-face, telephone, video, and online formats. Work-life refers to the EAP service that connects employees with specialists who research information for their everyday needs when they do not have the time to do so. This can include finding childcare, home repair estimates, travel planning, etc. ]

## FINDINGS

### *City of Oklahoma City*

The City of Oklahoma City has about 4,800 employees which includes municipal workers and first responders. The city has been with their current EAP provider since July 2018 and has a “wonderful” relationship with them, according to Lolly Landgraf. It costs \$2.15 per employee per month to invest into the EAP and employees have six free counseling sessions per issue per year. In 2019 there were a total of 326 clinical and work-life cases, and the total clinical/work-life utilization rate was 6.95%. In 2020 those total cases increased to 568 and the utilization rate increased to 11.99%. In 2021 total cases increased to 705 and the utilization rate increased to 14.98%. The first quarter of 2022 had a total of 172 cases and has a current 14.83% utilization rate. Throughout all four years, the top three issue categories and percentage of cases within each category were remarkably consistent. Each year, the categories remained in the same order: “emotional/psychological,” “relationships,” and “legal.” The percentage of cases within emotional/psychological ranged between 60% and 65%, relationships ranged between 12% and 17%, and legal ranged between 7% and 9%. Each year about 70% of all clients were city employees and the rest were mostly family members.

Landgraf says a lot of EAP inquiries come from police officers and that the city is working on building a separate plan just for them. A plan tailored for police officers would allow them to access specially trained trauma counselors more easily and quickly. Landgraf believes this approach would better serve their specific needs. “Those who come upon a critical incident, they’re going to take that home with them. All the stress, all the anxiety, what they’ve just seen... [it’s a] traumatic experience,” she explains. “If we don’t treat them out of the starting gates, it can create a significant mental illness down the road.” According to the National Alliance on Mental Illness (n.d.), one in four police officers have thoughts of suicide at some point in their life, and more police officers die by suicide than in the line of duty. So far in 2022, 51 police officers have died by suicide in the U.S. (Blue H.E.L.P. n.d.). Thus, EAP awareness is critical for suicide prevention. The city’s EAP is promoted at the new hire orientation every other Friday, on the city’s benefits webpage, in all common areas, and to retiring employees. Landgraf also counsels retirees as they are leaving the workforce. Because they have become so accustomed to routine and structure, she finds “they might have [a] challenge with transitioning into retirement.” Because of this, retirees are allowed to access EAP services six months into retirement.

Overall, the city has had no issues with their EAP. However, Landgraf pointed out a general EAP issue. If a client is being treated for one issue and then the counselor identifies a secondary issue, there is no guarantee that the same counselor will treat the client for that new issue; it is “very rare.” Clients would have to go back into the call-in system and find a new counselor for that new issue. An EAP is not suited for long-term counseling but this can be problematic if clients have already established relationships with their counselors. Landgraf thinks this can be more troubling for police officers who have trust issues. “They live in the police-brutality world,” she says. “They’re already on edge about wanting to disclose anything.” The stigma of mental health also discourages individuals from opening up about their problems. Landgraf be-

believes transparent communication is key to finding help and improving overall mental health. “It’s very good for us to go and release whatever information we have to let go of, and it’s nice to be able to do that to somebody who really isn’t there to judge us,” she says. “The more [we] talk about it, the more we show awareness.”

### *OU Health*

The University of Oklahoma (OU) healthcare system has over 7,000 employees with locations in the Oklahoma City and Tulsa metropolitan area. As of January 2022, they switched to a new EAP provider after going through two providers in the previous five years. Rachel Ura-neck says OU Health was not using the full capacity of what an EAP can provide and wanted a program that offered a full range of services. She claims the pandemic has caused healthcare workers to experience “high empathy fatigue,” so mental health became a “big priority” when searching for a new EAP for the new year. The pandemic has had the most direct and intense impact on healthcare workers, causing their mental health to suffer. Mental Health America (n.d.b), a national mental health nonprofit organization, conducted a survey of 1,119 healthcare workers between June and September 2020. The survey found that in the previous three months, 93% reported stress, 86% reported anxiety, 82% reported emotional exhaustion, and 45% of nurses reported they did not have adequate emotional support.

During the first year of the pandemic, childcare was the main issue for employees at OU Health. Ura-neck explains the organization struggled with finding additional resources as daycares closed and workers were unable to come in. “We [had] a lot of sick patients coming in, it’s a 24-hour operation. [If] we don’t have nurses on the floor, then patients can’t be tended to or admitted if we don’t have the staff for that,” she says. OU Health did not have the work-life benefit during that time, which would have helped employees find childcare, and was one of the reasons why they switched providers. “Because of the pandemic, it caused us to look at some of our benefit offerings a little differently, and this is not just proba-

bly for OU Health but all employers,” she remarks. “The benefits landscape has changed...and when that need arose, it caused us to look at how we can expand our EAP services.” With their new provider, they now have the work-life benefit and seven free counseling visits per issue per year from the previous five visits.

During that time, emails were sent to employees about the EAP, but Ura-neck acknowledges that workers “barely had time” to sit down or think about checking emails. “I just wonder sometimes about the communication efforts, if we could have done anything more to create a more direct impact with those benefits,” she says. Looking back, she admits the benefits team “could have been better” about bringing counselors onsite for workers who needed it in the moment. Therefore, it is crucial to promote EAPs *strategically* in times of crisis. OU Health promotes their EAP on their benefits webpage and sends target messages to employees and managers once every quarter. Their new provider has also made promotional efforts easier for them. “Part of the reason why we decided to go with them is that they have a very robust communication package that they provide to their clients, so it cuts out a lot of extra work on our end of having to create communication materials from scratch,” she says. The benefits team also alerts employees about the EAP when there is a specific “hot button issue” within the organization.

OU Health is about to administer an official wellness program in partnership with another provider. Ura-neck believes as EAPs evolve, they may rebrand themselves as a wellness program. “When I think of wellness, I really think of it from a holistic approach and I think a lot of EAPs in a way [are] a component to wellness, but most people think of it from the mental health side of it,” she explains. “I think [EAPs] can grow to be more robust or they can market themselves as holistic wellness programs.” Ura-neck adds if providers collaborate with wellness companies that focus more on physical, spiritual, and other lifestyle elements, the EAP will become more well-rounded and attractive. Lastly,

Uraneck claims mental health is equally important as physical health. She suggests the healthcare industry should establish annual mental health check-ups similar to annual physicals. She thinks things would be “less taboo” if mental health check-ups were normalized.

### *University of Central Oklahoma*

The University of Central Oklahoma (UCO) is located in the city of Edmond, a suburb just north of Oklahoma City. It has about 1,450 employees which includes faculty and staff, and has a population of over 13,000 students. In February 2021 UCO had switched to a new EAP provider, a financial decision that Mary Deter-Billings says she would not have made, especially during a pandemic. As a result, counseling sessions per issue had been reduced from six sessions to four. She describes the switch as “not a great experience” due to the new provider’s lack of communication and poor customer service. Consequently, EAP utilization dropped and UCO returned to their previous provider in March 2022. Their 2019 utilization report was the only report available and is worth reviewing as it illustrates “normal” usage before the pandemic. 2019 had a total of 166 clinical and work-life cases with a 11.86% utilization rate. The largest age group of clients were 31-40 years old and of all cases, 66% were female and 34% were male. The top three issues seen by counselors were “emotional health,” “family/relationship concerns,” and “workplace concerns.”

Deter-Billings says that switching to virtual counseling and “The Great Resignation” were the biggest issues during the pandemic at UCO. Although their EAP provider at the time already had virtual options prior to the pandemic, people had established relationships with counselors and preferred to meet face-to-face. Thus, the experience was altered and may not have been as effective for some individuals. The Great Resignation “describes the higher-than-normal quit rate of American workers that began in the spring of 2021” (Fontinelle 2022). According to a Pew Research Center survey, the top reasons why employees left their

jobs in 2021 were because of low pay, lack of opportunities for advancement, and feeling disrespected at work (Parker and Menasce Horowitz 2022). Perhaps the disruption of life and fear of death from the pandemic made people reevaluate themselves and the work they do. Hence, they left jobs that were meaningless and unsatisfying. Deter-Billings notes The Great Resignation caused “a lot of stress” due to being understaffed, because more people were calling in for help than there were employees to assist them.

One general EAP issue that UCO has is their inability as an organization to access the same work-life service as individual employees. “It would be nice if we could reach out to our EAP and say, ‘Hey, we as an organization are asking for local [Spanish translators],’ ...but because we’re an organization asking, they don’t [provide that to us],” Deiter-Billings explains. “If I was to call as an employee looking for a list of interpreters, then I could get that information.” Confidentiality is another general EAP issue, one that discourages employees from seeking help. “One thing that I see as an employer is that often people feel it’s not confidential,” she remarks. “I don’t have any idea if an employee does or does not utilize any EAP service.” When promoting the EAP, she assures all she sees are *numbers*, not names. Deter-Billings says UCO doesn’t have a “proper system for an internet,” so EAP promotion is done through “the Hub,” a place where employees can access information. In addition, when employees share personal issues they struggled with that year on their performance appraisals, Human Resources directly reaches out to the employee and informs them of the EAP. She believes this approach is effective, thoughtful, and sincere.

## RECOMMENDATIONS

The City of Oklahoma City highlighted the idea of tailor-made EAPs and how they would better serve the specific needs of workers in high-risk and highly stressful industries. If numerous employees from these industries continue to inquire about an EAP,

then the organization should seriously consider adopting a plan that is specially designed for those workers. Treatment would be more effective, efficient, and valuable. OU Health realized the lack of benefits they had during the pandemic, specifically the work-life benefit. It would have helped employees find childcare and avoid missing work during a time where attendance was a matter of life and death for patients. Additionally, the benefits team may have had feelings of regret for not having more strategic communication efforts during that critical time. To be better prepared for future events, organizations should review their EAP experiences in times of crisis to determine what worked, what did not work, and what was needed. UCO acknowledged that switching providers, which resulted in less counseling sessions for employees, may not have been the best move when mental health was still negatively impacted by the pandemic. Less sessions still may have been sufficient if the new provider delivered quality service, but that was not the case for UCO. Although the switch was a financial decision, organizations should truly weigh the long-term costs and benefits.

Pompe (2021) explains that it is difficult for external providers to attract employees because their services are delivered off-site. Since they are “out of sight, out of mind,” he claims they have “less relevance and impact on the workplace” (Pompe 2021, 18). He recommends that organizations develop an internal or hybrid EAP, which blends internal staffing with external resources (Pompe 2021; Pompe et al. n.d.). Having a presence at the workplace would increase EAP awareness, although Pompe (2021) suggests the internal EAP can be adapted to operate virtually to suit the current flexible workforce. However, organizations should consider workers who prefer in-person support or lack the technology to access services.

Pompe criticizes the current function and perception of EAPs, since their original focus on the workplace has shifted. Pompe (2021) argues, “if the EAP primarily delivers outpatient mental healthcare and is viewed as ‘free counseling,’ the purchaser is



buying a redundant and underfunded outpatient mental healthcare benefit and not an EAP,” (20). He adds that EAPs were never designed or funded for that reason, so they cannot deliver quality outpatient mental healthcare in addition to all the other services they provide (Pompe 2021). The fixed number of counseling sessions illustrates this limitation. Therefore, Pompe (2021) recommends that organizations reevaluate the purpose of their EAP and make effective changes to suit their true needs and wants. He concludes that EAPs need to rebrand themselves from “free counseling” to workplace mental health programs (Pompe 2021, 21).

## CONCLUSION

EAPs serve an essential purpose in the workplace. Research clearly shows there is a direct correlation between personal well-being and employee productivity. By addressing and solving problems that are interfering with work performance, EAPs help workers maintain a healthy work-life balance. Although a majority of employers provide an EAP, utilization rates continue to average at a low 4.5%. Issues such as lack of awareness and promotion, confidentiality, and mental health stigma contribute to such low usage. But for being low-priced, it is still worth investing into EAPs for the overall benefits they grant employers: reduced low productivity, absenteeism, impairment, accidents, injuries, deaths, health insurance costs, workers’ compensation claims, and employee turnover. EAPs are a valuable resource and should be promoted more strategically in times of crisis. The world was unprepared for the COVID-19 pandemic and it caused mental health to suffer under extreme living and working conditions. If situations become worse, then EAPs are designed to make things better.

Employees who work in government, healthcare, and education understand their purpose in society and responsibility to the future. Their happiness and health affects their service to their communities, so they should be aware of resources that will help them stay in solid shape. For that reason, this paper focused on EAP

experiences from organizations in municipal, healthcare, and academic settings. Each organization presented interesting and applicable knowledge to the world of EAPs and Human Resources. Ideas such as tailor-made EAPs, issues from lack of benefits and communication efforts, financial decisions that yield service reductions, and employment trends highlight the importance and impact of EAPs in the workplace. EAPs deserve more appreciation from individuals and organizations, and may be the difference between success and failure.

Lastly, it is noteworthy to compare the EAP data amongst each other. While the Mayo Clinic experienced a decrease in EAP utilization during the early months of the pandemic, the Mount Sinai Health System had an increase. Utilization for The City of Oklahoma City has continued to increase significantly since the start of the pandemic. The Mayo Clinic, the City of Oklahoma City, and UCO all had the same top three reasons in the same order for EAP utilization: emotional/psychological, family and relationships, and work. This supports the same data by the WOS report, in which the top three reasons for EAP utilization were mental health, marriage and family, and work. In UCO's 2019 report, the largest age group of clients were 31-40 years old, and of 166 cases, 66% were women and 34% were men. This also supports the same data from the WOS report, in which the largest age group of clients were 30-39 years old, and of 14,262 cases, 68% were women and 32% were men.

### LIMITATIONS

The two COVID-19 EAP case studies focused on organizations who had *internal* EAPs, while the three organizations studied had *external* EAPs. Also, the two case studies only focused on healthcare institutions. Age and gender were not reported in any of the utilization reports for the City of Oklahoma City. OU Health and UCO both went through changes in providers in the past few years, and since they were no longer account holders with a provider,

they lost access to EAP data. Utilization reports were unobtainable for OU Health and only the 2019 report was available for UCO. EAP pricing was also unobtainable for OU Health and UCO. In addition, several Oklahoma state agencies were contacted for interviews but none had responded. A government perspective at the state level would have provided key insight into EAP utilization due to its more serious nature and status as a major employer. Specifically, the Oklahoma Department of Mental Health and Substance Abuse Services would have been an ideal source because it has its own EAP office and offers unique programs and resources to state employees.

### **FUTURE RESEARCH**

Other occupational settings should be studied to discover unique EAP perspectives and determine if the type of work influences employees to use EAPs more than others. Employees who did use an EAP during the pandemic should also be interviewed for an in-depth explanation of their experience. This is significant because qualitative research provides detailed insight for understanding and improving EAPs and explains the reasoning behind quantitative research.

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