The Role of Employee Assistance Programs in Supporting Workers with Mental Health Conditions

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Introduction

People with mental health conditions[1] want to work, are able to work and have a right to work. This statement is the catalyst for seeking better connections between consumers and the world of work. The purpose of this report is to describe the potential of one largely untapped connection to the workplace, Employee Assistance Programs, (EAPs).

EAP professionals have the unique knowledge and skill to be able to clarify workplace structures and systems to consumers as well as explain or interpret consumers' needs to supervisors, co-workers or other organizational units that might be involved in supporting consumers at work. They can establish lines of communication that promote understanding and thus reduce the stigma experienced by many workers with mental health conditions. They can prepare the workplace to be responsive to the needs of people with mental health conditions and prepare the consumer to meet workplace expectations by helping to identify and negotiate appropriate accommodation. The total impact of EAP intervention can support job retention.

Although EAPs have the potential to make the connections between consumers and providers and the workplace, this connection is often not made. A study was undertaken by The Workplace Center of Columbia University, funded in part by the New York Work Exchange, to explore the extent of disability related services provided currently by EAPs in New York City, barriers to providing such services and ways in which EAP professionals perceive better connections with the provider community can be established. In the first section, this report describes the history of Employee Assistance Programs and the evolution of their service focus from substance abuse to broader issues. The second section presents the findings from the survey of Employee Assistance Program professionals in New York City. The final section offers the lessons learned from the research for providers of vocational services, consumers and EAP professionals.

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[1] In this report mental health conditions are defined as serious, medical conditions that significantly affect the way people think, feel and behave and create gaps in functioning that may interfere with major life activities including work. Conditions are persistent over time and may be episodic. Treatment often includes medication that helps to control symptoms. Treatment does not cure the condition but enables the individual to function effectively. When individuals with mental health conditions are stable in their conditions, they are considered ready for work. Stability does not mean symptom free. It is defined as 1)able to put together a block of time in which work is possible, 2) symptoms are predictable so that one may plan appropriately and 3) symptoms are not so pronounced that the individuals cannot relate to the workplace.

Three training curricula were developed based on survey results and the literature research. These training curricula should be used in concert with the report. One is targeted to consumers. Its purpose is to help recipients of mental health services understand the potential role of EAPs in job retention and how to access the EAP. The second training plan is targeted to providers of vocational services to mental health consumers. It helps providers understand the role of EAPs in the workplace, and how to identify EAP activities that might help people with mental health conditions sustain work, to develop strategies to partner with EAP professionals to help consumers sustain work and how effectively to educate consumers about accessing EAP services. The third training is targeted to EAP professionals. It reviews the vocational potential and needs of people with mental health conditions, provides an understanding of the importance of the role of EAP professionals in providing support to workers with mental health conditions, suggests a method for evaluating current levels of support for people with mental health conditions within their work organization, and offers an advocacy model to implement strategies that support people with mental health conditions.

This document hypothesizes that Employee Assistance Programs have the potential to play a key role in supporting sustained employment for people with mental health conditions. This potential appears to be unfilled at the present time, but there appears, as well, to be interest in moving toward fulfillment. Helping providers of vocational services and consumers make connections to the EAP will help the EAP to understand the need for their assistance. Helping EAP professionals apply their knowledge and ability to advocate for consumers in the workplace will promote communication and understanding and thus, reduce discrimination. Activating this potential role of EAPs will bring the workplace toward greater parity in service delivery and non discrimination for all workers.

EAPs: Dynamic Change in Process

Today, approximately 67% of the labor force in employing organizations of 50 or more workers are covered by the services of Employee Assistance Programs (EAPs) (Steele, 1998). Yet fifty years earlier, one would have been hard pressed to find such a service. For so young an institutional arrangement to have experienced such widespread dissemination is a matter of considerable interest. Accounting for the rapid dissemination of this new form of social organization is an interesting challenge, warranting a wide search of related information. The outcome of that search will be reported here to account for the initiation and development of these programs, to describe the significant evolutionary changes that have occurred and to speculate on the future directions and possibilities of this movement.

The initiation and development of Employee Assistance Programs

Although throughout the history of employment in the United States there are examples of concern by employers for the welfare of their employees, the organizational effort to deliver services targeted at behavioral health and substance abuse originated in alcoholism programs established by a few major employers after World War II (Root, 1997). These incipient

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initiatives were given major impetus with the passage of the Hughes Act of 1970 which promoted, and provided funding for, workplace intervention programs to detect, confront and refer alcoholic employees to treatment (Kurzman, 1993). Rather quickly, these efforts found that being directed at alcoholism alone was too limiting, and in fact employers could be served best by efforts that dealt with any and all personal problems that could interfere with the motivation and productivity of employees (Ouchi, 1981). Unions assented to this belief and either accepted employer initiatives or developed Membership Assistance Programs (MAPs) that mirrored their EAP counterparts (Molloy & Kurzman, 1993). The assigned mission was to offer confidential assessment and short-term counseling and referral services to workers, and sometimes their dependents, who experienced problems that might hinder the employees in their job performance (Akabas, 1998; Akabas, 1995).

The rapid development and change in function of these efforts to their present status is a result of many small mutations and a major bifurcation of attention. Today, EAP is almost a generic term for a wide variety of workplace initiatives that cover the work of mental health and other human service professionals, and recovering peers who may apply their skills to anything from the presenting problems of individuals to broad ranging organizational and even community issues as well. On the one hand there are those who have maintained an interest in a core technology that seeks to, "use the workplace as a primary setting for prevention, early identification, and rehabilitation of employees impacted by substance abuse problems" (Roman, 1999). For this branch, the sole focus is to identify and intervene with workers who are experiencing problems that seem to derive from chemical abuse behavior and for whom it is assumed that treatment, on-going support and sometimes accommodation will result in a successful return to work and satisfactory productivity (Steele, 1998). The other fork is far more expansionary with a highly evolved view of EAP that subsumes, in addition to the forgoing, contributing to, and in varying degrees assuming primary responsibility for, disability management, diversity, work/family issues, training, organizational consultation and change efforts and a host of other related issues of interest (Gale, 2002; Kaufman & Guerra, 2002; Orbach, 2001; Vernarec, 2000; Akabas, 1998 ; Apgar, 2000; Wirt, 1998; Mor Barak, 1998; Maloof, Governale & Berman, 1997; Lewis, 1997). It is this broad gauged, expansive, activist, advocacy model of EAPs that appears most relevant here and will be described in what follows. That it exists in New York City, with significant frequency, is confirmed by a survey conducted by the Center for Social Policy and Practice in the Workplace in 2002, which will be reported later in this document.

Description of the range of services offered by EAPs

The EAP evolution has paralleled, and most commentators believe has been driven by, the great changes both in the demographics of the work force and the nature of the work environment (Kaufman & Guerra, 2002; Lambert, 1999; Mor Barak, 1999). These later forces have included the globalization of production and resulting competitive concerns. They have combined to initiate a proactive focus by employing organizations on the need for diversity as a route to maximizing productivity and marketing outcomes (Gale, 2002; Ivancevich & Gilbert,

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2000), on attention to civil rights, especially for workers with disabilities (Whiting, 2001; Williams, 2000; Rosenthal & Olsheski, 1999), and on developing a corporate social response to the increasing public expectation that business should exist not just to make money, but additionally, to promote societal values (Kaufman & Guerra, 2002; Lambert, 1999).

These changes have driven work organizations to reexamine their strategies and to downsize or contract out any service that does not offer a clear connection to the bottom line. Though not impervious to these trends, EAPs have been able to leverage their positions by providing additional value to the organization. For example, most employers have accepted the importance of helping employees achieve an acceptable balance between the demands of work and of those derived from family life. In keeping with this direction, EAPs have sought to develop an integrated model by expanding their menu of services to offer referral for day care, elder care and other family needs, and to provide consultation to the organization on policies and procedures relevant to these issues (Hobson, Kesic & Delunas, 2001).

The pressure on EAPs to be more than they were/are appears to derive not just from these wide ranging changes, but also from competitive pressures within the EAP industry, itself. Originally, most EAPs were internal to the organization receiving service, and the EAP staff were employees of that organization. More often now, EAP services are provided by the employer contracting with an EAP service delivery firm. EAP contractors have sought to gain a competitive advantage over each other by achieving cost containment for the employer by reducing the price of the service and differentiating their "product" by adding specific enhancements.

Two important trends have emerged. One has been the development of an all purpose firm that handles mental health and substance abuse as part of a behavioral health carve out from the health benefit package, with EAPs having the specific and limited mission of serving as a gatekeeper to the mental health and substance abuse treatment services. The other has been the expansive direct service EAP that covers the varied initiatives involved with support services for work/life (Gale,2002), diversity (Mor Barak, 1999), disability management (Williams, 2000), team building (Maloof, Governale & Berman, 1997) and assisting with corporate/community relations (Kaufman & Guerra, 2002) among its other functions. The survey data referred to earlier provide evidence that this is the direction of many contract (external) and some internal EAPs. The reasons are clear. Caring about workers turns out to be good business strategy (Peters & Waterman, 1982). Roman (1999) reports research findings that indicate that the EAP is evidence of employer responsiveness which, in turn, is correlated with job satisfaction and self esteem among employees. Ivancevich & Gilbert (2000) suggest the connection between an employer's success in managing diversity, (a potential EAP function), employees' perception of fairness and the firm's ability to borrow money and maintain stock prices. Lambert (1999) finds evidence that when a firm's agenda includes a commitment to work force development, even seemingly undesirable jobs become "good" ones and the firm positions itself to offer a superior product or superior service, increasing its profitability and market share. In short, expanding roles save EAPs from downsizing (Maloof, Governale & Berman, 1997) and expansive EAPs

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appear to make a major contribution to achieving the outcomes many employing organizations seek to help them adjust and prosper in the recent turmoil of their internal and external environments.

The future direction and possibilities of EAPs

The connection between the foregoing and the interest of this document in how the EAP can help with the employment and retention of persons with mental health conditions is the concept under review. Improvement in the understanding of mental illness and its treatment through medication and enhanced vocational services makes employment the desired outcome of most persons with mental health conditions (Akabas & Gates, 2000; Gates, 2000). Furthermore, social policy increasingly has made employment a requirement, and has placed a portion of the responsibility for its achievement at the door of the employer by mandating, through the Americans with Disabilities Act of 1990, nondiscrimination in employment for qualified persons with disabilities.

The questions to be asked are whether or not the EAP is equipped and positioned to help with the support and accommodation activities that assist a qualified person with a mental health condition achieve and maintain an effective employment situation.

- If an EAP provides counseling, can it counsel a person with a mental health condition on how to work with peers and supervisors?
- If an EAP offers consultation to supervisors, can it assist a supervisor in selecting appropriate accommodations that will be acceptable to the person with a mental health condition and to his or her co-workers?
- If the EAP works with community resources, can it partner with the provider of mental health services to support the worker with the mental health condition?
- If the EAP promotes diversity, can it advocate for the parity rights of those with mental health conditions among the more general population of people with disabilities?
- Do all the expansive agenda items of today's EAPs make the EAP the natural ally and support for the person with a mental health condition?
- And for the EAP, does helping the organization with this issue represent an added value that it can offer to the organization?

In brief, do the developments in this field suggest the emergence of a new, more extensive EAP and, if so, what are the possibilities of such an EAP being interested in and able to assist with the employment and job retention of workers with mental health conditions? What the literature makes clear is that, of all the staff units in an employing organization, e.g., medical, human resources, benefits, EEO, risk management, for none is it so natural a turf, nor does any seem better equipped (Akabas, 2000).

Current Perspectives: Results from a Survey of New York's Experience

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A survey was conducted in order to characterize the role of Employee Assistance Programs (EAPs) serving workers in New York City. The survey's objectives were to:

- inventory the services provided by EAPs serving the NYC labor force that could be utilized to support hiring and retention at work of consumers,
- identify the barriers EAP professionals perceive that interfere with providing disability-related practices,
- understand the extent to which the types of services provided or the barriers to service provision are related to characteristics of the employers served or the EAPs , and
- develop recommendations for EAP professionals, mental health care providers and consumers to help them better communicate and cooperate with EAPs as a source of support in job retention, based on the findings of the survey.

A complete description of the survey process can be found in the Appendix. The focus of this section is on the findings from the process.

Services provided by EAPs serving the NYC labor force
> *Key Finding*: **Most EAPs offer a wide range of services. Many services, although not targeted to people with mental health conditions directly, are consistent with disability management and could potentially help people with mental health conditions secure and maintain employment.**

The survey listed twenty-eight activities that might be part of EAP practice and respondents were asked to indicate those that applied to their organization. On average, respondents indicated that they offered 19 services. The range is from 2 to 28. As expected, Table 1 shows that nearly all EAPs (more than 90% of respondents) carry out assessments, refer workers for substance abuse services, provide short term consultation and offer trauma debriefing. The latter certainly a 9/11 phenomenon that suggests that EAPs add services in response to environmental stimuli.

There are a number of activities that can be translated into good disability management practice which EAPs currently provide with considerable frequency. For example, case management consultation in job jeopardy proceedings, coordination with supervisors, coordination with other departments and/or coordination with unions around policies and practices that affect their clients, training for supervisors and coordination with providers working with clients can be important to supporting people with mental health conditions on the job. These are services offered by over half of the respondents.

Table 1 also shows practices that are directly related to supporting people with disabilities. These are facilitating return to work in cases of disability leave and managing cases of disability. These services are offered less frequently (55% and 16% respectively). In fact, among the 28 services listed, managing disability cases is least likely to be an EAP activity.

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In a more in-depth exploration of EAP practice, the survey listed thirteen activities potentially helpful to people with mental health conditions, to secure and maintain employment. These are summarized in Table 2 which shows that only two respondents indicated that their EAP did not offer any of these services and, on average, EAPs provide six of these services. Thus, EAPs appear to provide many disability related services although they appear to be offered on a case-by-case basis rather than under the formal structure of a disability management effort.

Most frequently, EAPs coordinate with a client's mental health care provider to enhance EAP services (93%), help clients around disclosure (85%), provide education for the work group (79%) or follow-up with the supervisor after an EAP intervention (79%). To a lesser extent EAPs are involved in the accommodation process, supervisory training or coordination with the union. Least often, Table 2 shows, EAPs participate in recruitment or hiring. Importantly, the more specific disability-related practices the EAP provides, the more likely it is to facilitate return to work and manage cases of disability.[2]

In-depth interviews highlight the importance of EAP involvement in disability related activities. Their impact is noted when supervisory training on disability-related issues is part of their practice. It is recognized widely that a company's bottom line can be affected by employee morale and morale is affected by the quality of the supervisor. When EAPs help supervisors be

Table 1 : Services Provided By EAPs

Service	% Respondents (n=49)
Assessment	98 %
Refer to providers for substance abuse services	96%
Short term counseling	94%
Trauma debriefing services	94%
Refer to providers for mental health services	88%
Intake with prospective clients	86%
Follow up clients after EAP consultation	86%
Case management	80%
Review services used by clients to insure appropriate care	78%
Develop local referral network	76%
Consultation in job jeopardy proceedings	76%
Coordinate with supervisor around policies and practices that affect clients	71%

[2] r=.453, p=.001 and r=.382, p=.007 respectively

Train supervisors	71%
Train management	69%
Wellness seminars	67%
Refer for work-life services	65%
Coordinate with providers working with clients	65%
Evaluate client satisfaction	63%
Internal marketing to prospective clients	63%
Coordinate with other departments at clients' employer around policies and practices	57%
Facilitate return to work process in cases of disability leave	55%
Evaluate service outcomes	51%
Long term counseling	45%
Coordinate with unions around policies and practices that affect clients	43%
Internal marketing to other organizational units	43%
Develop national referral network	39%
Train providers	22%
Manage cases of disability	16%

Table 2
Services that Potentially Help People With Mental Health Conditions Provided by EAPs

Service	Percent of Respondents (n=47)
Coordinate with client's mental health provider(s) to enhance EAP services	93%
Help clients around disclosure	85%
Provide education for the work group	79%
Follow-up with supervisor after an EAP intervention	79%
Identify need for accommodation	66%
Participate in the accommodation process	55%
Participate in diversity initiatives	47%
Coordinate with union to negotiate accommodation within confines of the collective	38%

bargaining agreement	
Train supervisors on disability-related issues	30%
Consult with HR on EEOC policy	26%
Coordinate with community agencies around the recruitment of people with mental health conditions	9%
Participate in hiring decisions	6%
Help manage hiring initiative aimed at special needs population	4%

more responsive to employees with disabilities, the quality of work life for the individual with a disability is improved and the work group feels that the supervisor is more supportive. The following example was offered:

> A supervisor requested that a supervisee be removed from the group because of fear of violence. The employee rapped loudly on her desk. The case was referred to the EAP. Her counselor determined that the employee was severely hearing impaired and was rapping to gain attention. She rapped hard enough to feel the vibration of the desk, which she did not realize, was very loud. The supervisor paid little attention to the employee and had no idea of her hearing impairment. Further, her behavior was so odd that he was afraid to approach her for fear of "setting her off ." Training to help the supervisor respond to troubling or odd behavior would possibly have saved the situation from reaching the place of putting the employee's job at risk.

Barriers that interfere with EAPs providing disability-related practices
Key Finding: **The most common barriers to providing a service that could potentially help consumers secure or maintain work are a perceived lack of authority to negotiate or provide the service and a belief that the activity is handled elsewhere in the employing organization. The primary exception is with respect to recruitment and hiring. Respondents do not view these practices as the responsibility of the EAP.**

Respondents to the survey were offered a list of nine potential barriers to providing disability-related practices. These include:
- the activity is not sanctioned in the organization receiving EAP services
- the respondent does not negotiate the services
- the respondent does not have the authority to negotiate or provide the service
- the activity is not supported by management
- there are insufficient resources
- the activity is under the auspice of an outside provider
- the activity is handled elsewhere in the organization
- the respondent believes the service is not the responsibility of the EAP
- there is no demand for the service

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Table 3 shows the most frequent reasons a service is not provided. In the majority of instances, the lack of authority or the perception that the activity is handled elsewhere in the organization are the primary barriers to the EAP providing a particular service. Recruitment and hiring are an exception to this pattern. In this instance, respondents perceive these activities as outside the purview of an EAP. This suggests that whatever clout the EAP may have within the organization, it is unlikely that the program personnel will be moved to use that influence to assist in securing initial employment for people with mental health conditions.

Responses to an open ended question that asked respondents what they would change about the way services are provided under their current EAP practice to improve outcomes for people with mental health conditions, corroborate these findings. Respondents feel that the EAP should be involved in all organizational discussions that have implications for mental health policy and practice. They need to have more authority. Interestingly, although infrequently identified when asked about specific barriers in relation to service, in response to the open ended question many respondents indicated that an increase in resources is needed. The fact that many feel that resources are needed for staff salary, number of staff and training for counselors may account for some reluctance on the part of the EAP personnel to take an activist approach to service delivery. New initiatives are often resource intensive.

In-depth interviews, however, suggest that the EAPs do not recognize the potential authority they might have in promoting disability-related practices. The point was made, for example, that Human Resources and Labor Relations are often anxious to keep a union employee rather then get involved in discharge proceedings. The EAP can be very instrumental in helping to identify alternatives to discharge that might be presented by effective accommodation.

Respondents also explained that the culture of the organization plays a major role in the ability of the EAP to take an active role in keeping people with mental health conditions at work. With a supportive culture, EAPs are likely to become involved in helping to find ways to keep people on the job. For example,

A worker was employed as a telephone operator. He had always been productive and valued for being bi-lingual. Onset of a mental health condition caused him to believe that the KGB was plotting against him. He became a nuisance to his supervisor and co-workers as he tried to convince them of the imagined danger. His supervisor referred him to the EAP. The EAP was able to refer the individual for a psychiatric evaluation, help to get him established on medication and identify the workplace circumstances that contributed to his condition. Working with the supervisor and the employee, the EAP counselor was able to set in place accommodations that best helped the employee maintain work. Thus, because the workplace culture was to protect valued employees rather then get rid of employees, the worker's job was saved to the benefit of both the worker and employer.

TABLE 3
Percent of Respondents Indicating the Presence of a Barrier to
Implementation of Disability Related Policies and Practices*

Policy or Practice / Barrier	Not sanctioned	Not negotiated	No authority	No resources	Outside provider	Handled elsewhere	Not responsibility	No demand	No management support
Help cl. with disclosure (n=9)**		22%	22%			**44%**	33%	22%	
Identify need for accommodation (n=17)		18%	**52%**			47%	18%		
Participate in accommodation (n=21)	19%	29%	**57%**			**57%**			
Coordinate with unions (n=30)		27%	**40%**			30%		17%	
Provide work group education (n=12)		17%	**50%**			42%		17%	
Coordinate with mhc providers (n=5)	20%	20%	**80%**			20%	20%		
Follow up with supervisor (n=11)			**27%**			**27%**	18%		
Train supervisors on disability (n=33)			27%	18%		**46%**		15%	
Participate in hiring (n=46)		15%	**41%**			**41%**	37%		
Coordinate around recruitment (n=45)	16%	17%	31%			31%	**38%**		
Help manage hiring initiative (n=47)		21%	34%			**44%**	40%		
Consult with HR on EEO (n=37)		18%	29%			**62%**	24%		
Participate in diversity (n=26)		15%	23%			**58%**	23%		

* Percentages displayed only when indicated by 15% or more of respondents. Shaded cells indicated most frequent barrier to each listed practice or policy implementation (most frequent barrier in each row).
**Number indicating presence of a barrier

**Relationship between services provided and characteristics of the employers served or the
EAPs**

> **Key finding: The characteristic that most distinguishes the services EAPs provide is
> whether or not the EAP is external or internal to the employing organization.
> Because external EAP's serve multiple employers and do not have natural lines of
> communication within the employing organizations, they have services that meet
> their marketing demands and help to keep them in touch with is happening within
> each organization.**

The number and types of services offered vary by several characteristics of the EAP.
Contracted EAPs, external to the employing organization, offer significantly more services than
EAPs that are internal to the employing organization.[3] On average, external EAPs offer 21 of
the 28 services while internal EAPs offer 17 services. These extra services, however, appear to
be a function of the need to market broadly and to keep informed about what is happening within
each employing organization they serve. External EAPs are significantly more likely to:

- provide case management for mandated clients,
- evaluate client satisfaction,
- follow up with clients after an EAP consultation,
- develop national referral network,
- refer to work-life services.

Typically, internal EAPs serve a more limited geographic area and therefore do not need to
develop a national referral network. Further, because they are internal to the employing
organization they are available to monitor client satisfaction and service effectiveness and they
have ready access with other organizational units thus, there is less need to develop formal
mechanisms for evaluation and communication (see Table 4).

This pattern holds with respect to the services directly related to disability.[4] On average,
respondents from external EAPs report 7 disability specific practices while respondents from
internal EAPs report 5. External EAPs are more likely to consult with human resources on
EEOC policies and participate in diversity initiatives than internal EAPs (see Table 5). Again,
these are services that are not "needed" by internal EAPs.

Possible insight into why external EAPs might be motivated to offer a greater range of
services than internal units is provided by the comments of one respondent during the follow-up
interview. She explained that employers judge a contract provider not only on the basis of price
but also on the basis of value added to the organization. Doing a "piece of unusual service,"such
as responding to a person with a mental health condition who may be experiencing an

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[3] $t=-2.28$, $p<.05$

[4] $t=-2.8$, $p=.007$

exacerbation of symptoms, has great value to the employer at little cost to the EAP.   The
following example illustrates this perspective:

> A man, with eighteen years of company employment and excellent performance as an
> assistant manager, has a history of intermittent complaints from women about
> inappropriate behavior. His manager discussed the issue with him on numerous
> occasions but the employee denied the allegations with great displays of anger. Finally,
> complaints from female co-workers precipitated job jeopardy proceedings and the worker
> was referred to the EAP. The EAP evaluated a significant anger management problem
> and lack of insight. They presented the problem only in terms of gaps in functional
> performance caused by the anger such as barriers to effective supervision and customers'
> satisfaction.   They helped the employee to understand that when supervisees were not
> motivated to work as a team because of fear of their supervisor's anger and customers
> were complaining about his behavior that his performance was undermined. With this
> understanding and the EAP support, the employee changed his behavior.

Another respondent cautioned that, although contracted EAPs often provide a wide range
of services, they often are not formalized or negotiated as part of the contract. They are offered
on a case by case basis when the EAP feels comfortable in doing so. Thus, the service is not
available to all workers at a worksite. Rather, they are available based on the EAP's assessment
of the organization's responsiveness to the intervention.

When the EAP serves multiple sites some services are significantly more likely (i.e.,
significance of *phi* $\leq$ .05). These include evaluating client satisfaction (33% of single site vs.
72% of multi-site), facilitating return to work (25% of single site vs. 64% of multi-site), internal

Table 4: Services Distributed Contractual Relationship to the Employing Organization

Service	% External EAPs	% Internal EAPs
Assessment	96	100
Refer to providers for substance abuse services	96	96
Short term counseling	100	88
Trauma debriefing services	92	96
Refer to providers for mental health services	92	94
Intake with prospective clients	88	84
Follow up clients after EAP consultation	96	76
Case management	92*	68*
Review services used by clients to insure appropriate care	79	76

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Develop local referral network	79	72
Consultation in job jeopardy proceedings	75	72
Coordinate with supervisors	75	68
Train supervisors	75	68
Train management	79	60
Wellness seminars	79	56
Refer for work-life services	72*	52*
Coordinate with providers working with clients	71	60
Evaluate client satisfaction	83*	44*
Internal marketing to prospective clients	67	40
Coordinate with other departments at clients' employer	71	44
Facilitate return to work process in cases of disability leave	54	56
Evaluate service outcomes	63	40
Long term counseling	54	36
Coordinate with unions	46	40
Internal marketing to other organizational units	50	36
Develop national referral network	58*	20*
Train providers	33	12
Manage cases of disability	17	16

* significance of phi ≤ .05

Table 5
Services that Potentially Help People With Mental Health Conditions
Distributed by Contractual Relationship with the Employing Organization

Service	% External EAPs	% Internal EAPs
Coordinate with client's mental health provider(s) to enhance EAP services	88	92
Help clients around disclosure	92	72
Provide education for the work group	83	68
Follow-up with supervisor after an EAP intervention	87	68

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Identify need for accommodation	74	61
Participate in the accommodation process	63	49
Participate in diversity initiatives	70*	24*
Coordinate with union to negotiate accommodation within confines of the collective bargaining agreement	38	36
Train supervisors on disability-related issues	30	28
Consult with HR on EEOC policy	42*	8*
Coordinate with community agencies around the recruitment of people with mental health conditions	17	0
Participate in hiring decisions	13	0
Help manage hiring initiative aimed at special needs population	8	0

* significant of phi ≤ .05

marketing to other organizational units (17% of single site vs. 53% of multi-site), developing a national referral network (8% of single site vs. 50% of multi-site), training management (33% of single site vs. 81% of multi-site) and offering wellness seminars (42% of single site and 75% of multi-site). EAP professionals that serve multiple sites are also more likely to help clients around disclosure and train supervisors on disability-related issues. These relationships are consistent with the fact that external EAPs are more likely than internal EAPs to serve multiple sites (88% and 63% respectively).

The smaller EAPs (as measured by the number of coworkers in the respondent's workgroup) are associated with coordinating with the mental health care provider to enhance EAP services. Again, the finding is a function of the contracted relationship with employer. Internal EAPs are significantly smaller than external EAPs.[5]

Most often the EAP reports to the Human Resources Department (44%) or to Employee Health Services (39%). Only 12% report to executive management directly.   Services that monitor EAP activity are offered less frequently when the EAP reports to the Human Resources Department than when they report elsewhere in the organization. These services include evaluation of client satisfaction (38% vs. 76%) and review of services to insure appropriate care (50% vs. 94%).   EAPs that report to HR are also significantly less likely to coordinate with union representatives to negotiate accommodation within the confines of the collective bargaining agreement (6% vs. 55%). Trauma debriefing, intake with prospective clients and referral for mental health services are offered in the vast majority of cases. In the few instances when they are not offered, however, it tends to be when the EAP reports to HR. When the EAP

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[5]r=.29, p=.025

reports to Health Services wellness seminars are less likely EAP practices.

Accommodation at work for people with mental health conditions often requires coordination among multiple units. It appears the EAPs are situated to provide this coordination. Survey results show that nearly all EAPs coordinate with other units within the employing organization. Typically, the extent of coordination is significant. On average, EAPs coordinate with 6 or 7 other units, most frequently these include Benefits, Employee Health Services, Human Resources, and supervisory personnel.   It comes as no surprise that a greater extent of coordination is associated with increased service delivery related to coordination (see Table 6). Thus, the more coordination between the EAP and other units, the more likely the EAP indicates that among its practices, it coordinates with outside providers, supervisors and other departments, follows up with clients after EAP consultation and trains management, supervisors and providers. Coordination is also significantly associated with many of disability-related practices including facilitating return to work from a disability leave, consultation in job jeopardy proceedings, participating in diversity initiatives, participating in hiring decisions, coordinating with mental care providers, training supervisors on disability-related issues and follow-up with supervisors after an EAP intervention.   Finally, coordination is associated with internal marketing EAP services to clients. This suggests that one dimension of coordination is to get out the word of the EAP services to employees.

Responses to an open-ended question that asked how services might be more effective in supporting people with mental health conditions illuminate further the importance of coordination.   Respondents feel that increased outreach to supervisors, human resources, and workers by the EAP would result in increased referrals, earlier identification of problems and prevention. It is recognized by respondents that education and training for human resources and legal staff and management and supervisors is also important in being able to better identify problems that might be helped through the EAP. Some respondents identified the need to be more involved in managing cases of disability.

In-depth interviews emphasize the importance of coordination with Human Resources.

The example was offered of a worker who suffers PTSD as a consequence of working near the World Trade Center and witnessing the events of September 11th. The EAP counselor negotiated a temporary change of worksite to an uptown location. Now, Human Resources is becoming impatient and wondering when the worker will be able to return to the downtown site. The EAP's close lines of communication with HR are helping to insure that the worker does not return downtown before he is ready.

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Table 6: Correlation Between Services and Extent of Coordination with Other Units

Service	Pearson correlation
Assessment	.11
Refer to providers for substance abuse services	-.08
Short term counseling	-.23
Trauma debriefing services	-.28
Refer to providers for mental health services	-.21
Intake with prospective clients	-.17
Follow up clients after EAP consultation	-.37*
Case management	-.15
Review services used by clients to insure appropriate care	-.13
Develop local referral network	-.22
Consultation in job jeopardy proceedings	-.43*
Coordinate with supervisors	-.45*
Train supervisors	-.40*
Train management	-.51*
Wellness seminars	-.42*
Refer for work-life services	-.27
Coordinate with providers working with clients	-.41*
Evaluate client satisfaction	-.19
Internal marketing to prospective clients	-.36*
Coordinate with other departments at clients' employer	-.39*
Facilitate return to work process in cases of disability leave	-.38*
Evaluate service outcomes	-.18
Long term counseling	-.10
Coordinate with unions	-.18
Internal marketing to other organizational units	-.36*
Develop national referral network	-.22

Train providers	-.38*
Manage cases of disability	-.27
Coordinate with client's mental health provider(s) to enhance EAP services	-.33*
Help clients around disclosure	-.21
Provide education for the work group	-.18
Follow-up with supervisor after an EAP intervention	-.45*
Identify need for accommodation	-.20
Participate in the accommodation process	-.09
Participate in diversity initiatives	-.34*
Coordinate with union to negotiate accommodation within confines of the collective bargaining agreement	-.05
Train supervisors on disability-related issues	-.44*
Consult with HR on EEOC policy	-.18
Coordinate with community agencies around the recruitment of people with mental health conditions	-.21
Participate in hiring decisions	-.29*
Help manage hiring initiative aimed at special needs population	-.22

* p ≤ .05

Respondents perceive that their often weak relationship with the Medical and Legal Departments undermined their role in helping people with disabilities. EAP professionals often do not understand the provisions of the Americans with Disabilities Act, diminishing their effectiveness in coordinating with Legal. Management of return to work for someone with a disability is often viewed as the turf of the Medical Department whose personnel might do not understand how the EAP might be helpful to this process.

The types of services offered have a limited relationship with employer characteristics such as type of industry, sector or whether or not the workplace is unionized. Participation in diversity initiatives is more likely when the EAP serves the Communications, Financial, Retail and Public Administration industries. Not surprisingly, EAPs are more likely to coordinate with unions when the employer is unionized.

Advice from the EAP personnel to consumers and providers
      Key Finding: Consumers and providers need to be proactive and ask for help from the EAP.

      Respondents feel that the EAP can be helpful to consumers but consumers need to ask for help. EAPs view ability to outreach as limited. They feel that providers can refer workers to the EAP and help consumers know that EAP services are available to them. It is recognized that, for these referrals to take place, better communication is needed between EAPs and providers. Once the referral is made, however, respondents believe that EAPs can be the primary workplace contact through which consumers can communicate with human resources, the EEO office, unions, supervisors, among others.

Lessons Learned

      Connections to the workplace are essential to meeting the goal of long term employment for people with mental health conditions. Employee Assistance Programs have the potential to be a significant resource to consumers, providers and employers. Results of this study describe the extent to which EAPs fulfill this potential and provide a guide to areas where EAP development is needed for them to contribute to supporting consumers and their work groups. The insights from the study are summarized as follows:

1. EAP professionals provide services that can help people with mental health conditions sustain work and, to a great extent, see these services as part of their purview.
      The survey confirms EAPs in NYC provide not only substance abuse services but, to varying degrees, a broad range of services in response to disability, diversity and work/family issues. Further, EAP professionals recognize that they can be very helpful in supporting long-term job retention for people with mental health conditions. EAP professionals, most frequently trained as social workers, can be strong advocates for workers with mental health conditions and can fill gaps in service delivery and improve outcomes for these workers. This suggests that consumers and providers of mental health services should not overlook this workplace resource.

   2. The provision of disability-related support tends not to be formalized.
      Despite the broad range of services, the service provision for people with disabilities is rarely formalized through disability management efforts. This suggests that service is provided on a case-by-case basis at the discretion of the individual EAP professional. Thus, assistance is not assured to any consumer in need. Nor, is the expectation set in the workplace that EAPs will provide support to consumers and their workgroups. Consumers and providers should recognize that they must ask if a specific type of assistance is available because it is unlikely that services will be formalized and documented. Further, they should be prepared to educated EAP professionals about the supports or accommodation someone with a mental health condition might need to sustain work productively. It also suggests that the training and accreditation process for EAP professionals should include disability-related knowledge and skills. EAP

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professionals should consider advocating for becoming part of a more formal disability management effort.

3. *EAP professionals do not recognize the potential authority they have to provide disability-related services.*

Limitations in disability-related services appear to be a function of a perceived lack authority. EAP professionals feel that they do not have input to setting disability-related policy and practices. Interestingly, however, some survey respondents noted that EAPs do not understand how to take advantage of the authority that they do have. For example, EAPs are uniquely qualified to participate in the accommodation process, meeting the provisions of the Americans with Disabilities Act and avoiding confrontation with unions or employees around wrongful dismissals. Further, EAPs can help employees with mental health conditions be more productive, improve work group morale and support better management practices thus, demonstrating significant value added to the employing organization. EAP professionals should become more proactive in seeking ways to help other units with respect to supporting people with disabilities at work.

4. *EAP professionals can better maximize the quality of disability-related services if they take advantage of their ability to coordinate with other units in the employing organization*

EAP professionals perceive a dilemma in that they recognize that coordination within the employing organization improves the services to people with disabilities yet they do not provide some services because they believe it is handled elsewhere in the organization. There is the sense of violating another unit's turf. Survey results clearly indicate that when EAPs coordinate with other units, more disability-related services are offered. The results also show that EAPs do, in fact, coordinate extensively with other units. These results suggest, therefore, that they need to rally this capability on behalf of the disability-related services that support people with mental health conditions.

5. *External EAPs must pay special attention to including activities that provide access to workplace culture and unit coordination.*

The types of services offered appear, to a great extent to be independent of the employers served. The types of services vary somewhat by the relationship of EAPs to the employing organization (internal vs. external). External EAPs need to explicitly include communication and coordination within the employing organization if they are to effectively to assist people with mental health conditions.

6. *EAPs can be responsive to changing needs.*

The survey results which show that the vast majority of EAPs provide trauma debriefing suggest that EAPs can be flexible and responsive to changing needs. Although 9/11 was extraordinary in its demands on the workplace, it provides a model of how management and the EAP can communicate and set up systems to be responsive immediately to employee well-being and supportive of sustained work.

7. *EAPs are not proactive*

Although EAP professionals recognize many disability-related services as part of their mandate, they expect consumers and providers to reach out to the EAP. Therefore, consumers and providers must not hesitate to approach the EAP to ask for assistance and, to do so effectively, they need to know how to access the EAP and how to investigate what EAP activities might help the consumer sustain work.

It is recognized that resources are tight, limiting the ability of EAPs to expand their activities. However, outreach to community mental health care providers who provide vocational services could enhance the EAPs' understanding of the needs of workers with mental health conditions and enable them to be more effective in their services. It would also increase their visibility and increase the likelihood that consumers would utilize their services if needed. Conversely, it can help to expand the EAP referral network and become a resource for EAPs when a worker or dependent needs a mental health services.

Implications of Survey Findings

In order to explore the implications of the survey findings a group of key players was invited to a two hour brainstorming session hosted by The Workplace Center and the New York Work Exchange. Participants included representatives from Employee Assistance Programs or Member Assistance Programs, community mental health care providers, New York City Department of Health and Mental Hygiene, New York State Office of Mental Health, VESID (New York State's vocational rehabilitation services), EAPA (the professional association for EAP practitioners), the Council on Accreditation (COA)(the organization responsible for setting universal standards for EAP practice) and consumers of vocational services. A total of 47 people participated. The themes that emerged from the brainstorming session are as follows:

- **Workplace and social service provider systems that can support people with mental health conditions at work are uncoordinated and lack an understanding of shared interests and concerns.** Social service providers recognize that they do not typically consider EAPs as part of the potential supports available to consumers in the workplace. EAP representatives observe that social service providers often lack an understanding of workplace policies and procedures so that when they do approach the workplace seeking support for consumers, their requests are unrealistic. This lack of understanding is particularly apparent when providers are seeking accommodations. EAP representatives perceive that the proposed accommodations are inappropriate because of their poor match to the concerns and needs of the workplace.

On the other hand, providers find that EAPs need a better understanding of the value of hiring people with mental health conditions and the connections between the services they provide and the needs of consumers. EAPs also acknowledge that they have the service potential to help consumers with job retention issues but have not considered how these services may be directed more effectively to people with mental health conditions. Nor have EAPs understood the value added to an organization that hires people with mental health conditions.

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Many EAP representatives perceive, in agreement with the survey findings, that they do not have the authority to target services for employees with mental health conditions. They interpret existing workplace culture that is not responsive to hiring people with mental health conditions as a barrier to providing services proactively.

- **Education and training are needed**. Providers and EAP representatives each identified the need for education and training about the other's role in the consumers' employment process. Additionally, providers recognize the need for information about workplace policies and procedures that affect the employment of people with mental health conditions and EAP representatives recognize the need for education and training around the employment needs of consumers.

- **Models for effective collaboration are needed.** Both providers and EAP representatives voiced the need for a systematic strategy to better coordinate their efforts to sustain consumers at work. All, however, were unclear as to what models might work best. There was a unanimous feeling that there needs to be an exploration of effective models of collaboration through research and demonstration efforts .

    The representative of VESID suggested one such possibility. He proposed a demonstration effort where the EAP becomes the provider of long term support for working consumers similar to the support provided by supported employment services. Consumers would be identified through mental health care providers who would best be able to assess work ready applicants and could continue to serve as a resource to the EAP and consumers once the individual consumer is placed.

    City and State representatives recognized that they could contribute to the development of model programs and make coordination among EAPs and social service agencies an explicit policy goal.

- **Consumers need to have a voice in the process**. Consumer participants underscored the dire need to have better success in the workplace and the importance of work in their lives. They further reminded the group that they need to have a voice in the process. Consumers are the best resource for understanding their own needs and concerns but are often overlooked by those in the workplace or social service agencies. EAP representatives and providers agreed that consumers are an essential part of the process.

- **Fighting stigma is a shared responsibility of all players**. The session highlights the role that providers and consumers can play in fighting stigma in the workplace through education by EAPs. It also underscores the importance the EAP in normalizing the process of receiving support through the EAP for consumers. EAPs are the benefit available to all employees who experience problems that interfere with work. Thus, seeking help through an EAP is the normal way any worker, with or without a mental health condition, can solve problems that affect doing his or her job.

• **The message to EAPs needs to be carried beyond the boundaries of New York City**.   Representatives from EAPA and COA believe that issues that accompany working with a mental health condition are of major importance to all employers. Depression was offered as the example of a widespread mental health issue that has enormous economic and social consequences for the workplace. The EAPA representative advocated education and training at the national level to help EAP professionals make the necessary connections between the services they provide and the services needed by consumers and to counter the misperception that they do not have the authority to support to people with mental health conditions. The COA representative identified the need to explore how the credentialing process can formalize these services.

Conclusions and Recommendations

In sum, EAPs are uniquely positioned within the work organization to help support workers with mental health conditions because of the expertise of their staff, their normative mission to meet employee needs and their connections to other units with the workplace. The survey of EAP professionals confirmed that EAPs offer a wide range of services. Many of these services have the potential to be helpful in job retention for consumers. Consumers often will not be symptom free when they are working. To some extent these symptoms, or the side effects of medication they take to control symptoms, can interfere with meeting job requirements. If the individual is not disclosed and is not accommodated, supervisors are unable to separate disability from ability and evaluations of job performance are compromised. This can place the consumer in job jeopardy. The survey results show that EAP professionals can help consumers directly with these issues through such services as interpreting mental health conditions to supervisors and management representatives, consulting in job jeopardy proceedings, helping with disclosure to the work group and participating in the accommodation process.

Services also support supervisors. Supervisory support is essential to successful employment outcomes for consumers. Although EAP professionals' support to supervisors is not likely to cover disability-related issues, they frequently coordinate with supervisors, follow up with supervisors after an EAP intervention, train supervisors and provide work group education.

Coordination with other units within a work organization is often required to ensure appropriate and effective accommodation. For example, accommodation might require review by the legal department, involvement of the individual who has the authority to sanction the accommodation, the participation of the medical department or notification to the safety department. EAPs are prepared to provide this coordination as indicated by results that show that many EAP services are aimed at other departments or units.

Obviously, EAPs have ties to outside providers as part of their usual referral process. Survey results indicate that these ties are frequently with mental health care providers but the nature of the contact seems to be primarily for providing a referral rather than coordinating

around issues of job retention.

Feedback from key players in the employment process through the brainstorming session underscores the current lack of coordination among the two service delivery systems, the need for mutual education and training, the willingness to implement demonstration efforts to test systematic ways to foster effective coordination and the impact such an effort might have on defusing stigma and promoting successful employment.

Recommendations emerge from survey and brainstorming session that help to guide next steps in promoting the a more effective partnership between providers and EAPs. These include:

• Continue the dialogue among key players to explore ways to establish effective communication. Key players include mental health care providers and EAP professionals as well as representatives from COA, EAP professional associations, local and state government, VESID and consumers.

• Develop opportunities for training and education in order to create a mutual understanding of each other and provide skills and strategies to enhance job retention for consumers that can be implemented systematically and in coordination. For example, mental health care providers need training on how to be proactive in approaching EAPs to develop relationships with employers through the EAP and help EAPs understand services and accommodations that might benefit consumers. EAPs need training on how to better target their services to people with mental health conditions and coordinate with other units within the employing organizations that are important to accommodation and job retention for consumers.

• Develop model efforts that test the effectiveness of coordinated approaches.

• Create a national awareness of these issues through presentation of the results of the survey and brainstorming sessions at the national associations for EAP professionals including EAPA, EASNA or EA Roundtable. Place articles in journals that reach this audience.

• Ensure a voice for consumers in the process by developing better alliances with NAMI/FAMI and other advocacy groups.

In sum, EAPs have the potential to play a key role in helping workers with mental health conditions sustain work and gain parity of opportunity with all other workers. EAPs are in the position within the work organization to activate and coordinate services among the different organizational units often needed by consumers as part of the accommodation process. EAPs can bridge the provider and employer worlds, helping the employer to be more responsive to the needs of people with mental health conditions and helping consumers gain access to the world of work. EAPs can help consumers obtain the information and natural support they need to insure successful work outcomes.

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