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"Are We Doing Enough": An Evaluation of the Utilization of Employee Assistance Programs to Support the Mental Health Needs of Employees During the COVID-19 Pandemic

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"Are We Doing Enough": An Examination of the Utilization of Employee Assistance Programs to Support the Mental Health Needs of Employees During the COVID-19 Pandemic

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Abstract

Employee Assistance Programs (EAPs) are employer-sponsored benefits that provide mental health and behavioral support to employees experiencing personal or work-related difficulty. Traditionally, EAPs have been offered as an internally or externally delivered stand-alone benefit that offers a limited or fixed number of free services to employees. However, even though most employers provide the benefit, employee utilization of EAPs has been historically low. The COVID-19 pandemic and the resulting impact on employees has elevated the issue of mental health in the workplace. This accelerates the need to understand the factors associated with EAP utilization in order to more effectively meet the increasing mental health needs of employees. Consequently, the purpose of the study was to examine EAP utilization as a result of the pandemic, including demographic factors influencing employee use of EAPs. Findings suggest that employees are experiencing higher levels of mental health issues as a result of the COVID-19 pandemic, which affects their overall mental well-being; however, EAP utilization results were mixed. Moreover, demographic differences were found to influence the type of support resource utilized, including EAPs. The implications of these findings as they relate to practice, as well as the strengths and limitations of the study, are also discussed. In addition, due to the evolving nature of EAP services, a brief review of state and federal regulatory compliance considerations and limitations is presented.

Introduction

Over the past decade, there has been a growing need to better understand the impact of workplace mental health on both the well-being of the employee and the employer. Researchers across a wide spectrum of disciplines have examined the negative impact of factors such as occupational stress, anxiety and depression on individual mental health and well-being. In fact, an examination of stress and anxiety in the U.S. and globally reveals that stress and anxiety in adults has steadily increased over the past decade (Estrada, 2019; Ray, 2020; Steel et al., 2014). The downside effect of mental health is also felt by employers as higher rates of absenteeism, presenteeism, job dissatisfaction and turnover lead to increased costs and lost productivity (Agovino, 2019; Kendall and Muenchberger, 2009). While overall spending on mental health benefits over the past decade as a percentage of total health benefit costs has remained relatively flat (Substance Abuse and Mental Health Services Association [SAMHSA], 2014), employers have begun to recognize the need to expand the promotion and service offerings of mental and behavioral health through both traditional health plans and EAPs as part of a comprehensive benefits strategy (Miller, 2020).

While recognition of the breadth and cost of employee mental health issues have been rising, the recent outbreak of the COVID-19 pandemic has brought to the forefront the mental health of employees and their dependents, requiring employers to reexamine how they can support both physical and mental health needs. To complicate matters, while many employers are adjusting their business practices to address a volatile and changing environment of federal, state and local regulations and requirements, as well as institute recommended health practices, employees are experiencing significant stress as they grapple with uncertainty, the realities of remote working, economic uncertainty, health concerns for themselves and their family members, and the potential for workforce stoppage or reductions (Society for Human Resource Management [SHRM] Mental Health, 2020). Consequently, employers are initiating steps to provide for the immediate needs, as well as build long-term strategies that address the mental health needs of employees. In fact, a recent employer survey reported that many private employers have responded to the COVID-19 pandemic with improved access to mental health services, reduced or eliminated cost sharing for mental health, and reduced eligibility requirements for employees who seek services (International Foundation of Employee Benefit Plans [IFEBP], 2020).

However, the role of EAPs as an essential benefit for delivering employee mental health services has been noticeably limited from much of the discussion in both academic and industry literature beyond its inclusion as a service option or supplemental benefit provided by a firm. Considering that services are generally free to employees, their ease of access and their confidential nature, EAPs are an effective mental health resource that employers can utilize to improve the mental well-being of employees while reducing risk associated with absenteeism, presenteeism and job satisfaction (Attridge et al., 2018; Joseph et al., 2017).

Additionally, there are indications that suggest that employees are interested in obtaining mental health support from employer-provided EAPs, particularly employees in high-risk environments such as health care, food services and retail trades. For instance, an April 2020 survey by the SHRM of more than 2,200 human resource (HR) professionals found that more than 33% of respondents have seen a significant increase in requests for EAP services, with approximately 46% of the requests coming from health care organizations (SHRM COVID-19, 2020). However, there is a divergence between employee demand for EAP services and actual utilization, which raises questions about employers' efficacy in developing and deploying a strategy to address the mental health needs of their workforce.

As the impact of the COVID-19 pandemic continues to affect employers across the U.S., this accelerates the need to understand the nature of EAP utilization in order to more effectively meet the increasing mental health needs of employees. Thus, the purpose of this study is to examine several underlying factors related to the utilization of EAP services. Specifically, we wanted to look at whether employee utilization has increased as a result of the COVID-19 pandemic; whether demographic differences in gender, age or race/ethnicity factors influence the use of EAPs; and how employers are supporting employee mental health needs, including adjusting access to services, for both remote and front-line workers.

This study makes several key contributions. First, we provide an early examination of both employer provisioning of EAP services and employee utilization during the emergence of the global COVID-19 pandemic based on the analysis of five data sources. Additionally, as we examined the literature, there was a noticeable deficiency of demographic data in EAP research. Most studies report gender differences, with a few more recent studies adding the variable of age. However, information relating to race/ethnicity is largely absent from the research. Consequently, we sought to examine how demographic factors relative to gender, age and race/ethnicity influence employee utilization. In addition, the regulatory environment will continue to adapt to adjustments in the type of services offered by EAPs, as well as how employers package these services into their benefit offerings. Therefore, this study will briefly review some of the key federal and state compliance options that affect EAPs. The information will help to inform benefits administrators, risk managers and HR managers in developing comprehensive mental health strategies to ensure that they are providing value-added services that address the needs of employees and offer suggestions to improve the quality and access of EAP services.

Background

Impact of COVID-19 on Employee Mental Health

The effect of the COVID-19 pandemic has led to disruptions that have directly and indirectly affected the mental health of employees. According to the American

Psychological Association (APA) (2020), mental health is defined as a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life. Numerous national surveys are beginning to show the impact of the COVID-19 pandemic effects on employee mental health, particularly on the increases in stress, anxiety and depression among workers. A recent survey of U.S. adults suggests that even as early as late March 2020, 72% have had their lives disrupted due to the COVID-19 pandemic with four in 10 reporting lost income, hours or their jobs. The same survey showed that 74% of Americans believe that things will get worse before they get better (Hamel, May 2020). Similarly, results from the federal Centers for Disease Control and Prevention (CDC) (2020) "Anxiety and Depression Household Pulse Survey" found that symptoms of anxiety and depression have increased in adults from 35.9% to 40.3% during the period between April 2020 and July 2020. The data becomes a more significant indicator when compared to the previous year's data, which reported that only 10.9% of adults experienced symptoms of anxiety and depression during the same months just a year earlier (CDC, 2020).

While states, cities and employers began implementing reopening protocols in May and June, the increase in COVID-19 cases and deaths in recent months has resulted in many employers engaging in a second round of actual or planned business closures, such as scaling back operating hours or services, further extending the uncertainty for employers and employees. As the impact of the COVID-19 pandemic continues into the foreseeable future, the potential for job loss and/or income disruption will continue to weigh heavily on the mental well-being of employees. The negative effects of workforce reductions, reduced and temporary hours on the mental health of employees showing increased levels of job stress, burnout, anxiety, absenteeism, presenteeism and substance abuse have been extensively documented in the literature (Pfeffer, 2018; Virtanen et al., 2010; Jung, 2013; Datta et al., 2009; Grunberg et al., 2006; Kivimäki et al., 2000). Recent surveys affirm that employees, regardless of generation, gender or racial/ethnic group, are reporting higher levels of stress, anxiety and depression resulting from economic uncertainty and instability (The Standard, 2020). More specifically, employees are reporting a high to moderate impact on their mental health due to concerns over job loss or the potential for job loss, reductions in income from reduced hours or work closures resulting in furloughs/layoffs, issues related to remote work, and worry about their own health or the health of a family member (Hamel, May 2020; SHRM Mental Health, 2020). Moreover, hourly employees and those earning less than $40,000 per year, women and minorities (particularly African Americans) were found to be at greater risk for experiencing stress, anxiety and depression (SHRM Mental Health, 2020; Hamel, May 2020; Coles, 2019; CDC, 2020).

The impact of COVID-19 has added an additional element of uncertainty that is influencing the overall mental well-being of employees. Of interest for benefit administrators is the link between mental and physical health. A recent study explored the relationship between economic insecurity and physical pain, finding

that higher levels of economic insecurity led to increased physical pain and, subsequently, the increased use of painkillers. The study found that there was a causal link between economic insecurity and physical pain (Chou et al., 2016; Grewal, 2016). Considering that almost half of American adults have difficulty covering an emergency of $400 or more, the fear of employment uncertainty and economic insecurity would suggest that the long-term impact of the COVID-19 pandemic might produce higher levels of stress, anxiety and depression (Hacker et al., 2010) that could manifest through physiological illness (Rajgopal, 2010; Salleh, 2008; Colligan and Higgins, 2006).

Overview of EAPs

Employers are seeking to find solutions to effectively support the mental health needs of their employees who are facing mental and emotional distress resulting from stress, anxiety, depression, work-family conflicts and other health-related concerns that can interfere with work productivity (Attridge et al., 2018). EAPs are uniquely positioned to support the needs of both employees and employers due in part to the focus on addressing employee mental and behavioral health concerns in order to improve their workplace productivity.

Originating from the fields of welfare capitalism, occupational social work and occupational alcoholism programs in the early 20th century (Masi, 2020), EAPs have evolved as employer-sponsored internal or external service providers who offer assistance to employees who experience mental health and substance abuse issues (Richmond et al., 2016). From its early history to modern day, the underlying goal of EAPs has been to "reduce the impact of mental health and substance abuse disorders on worker productivity and the cost of premature death and disabilities among employees and their covered family members" (Azzone et al, 2009, pg. 345). Mental health services offered through EAPs, including short-term counseling, are typically no cost to the employee, confidential, and accessible through a variety of delivery mechanisms, including teleconference, web-conference, on-site, in-person and online. EAP services are designed and delivered in order to provide "first-line" diagnostic, prevention and short-term counseling services and have been shown to be effective in improving employee well-being and overall health from presenting issues of stress, anxiety, depression and substance abuse associated with lower productivity (Richmond et al., 2017) and higher levels of absenteeism, presenteeism, work distress and disengagement (Attridge et al., 2018).

EAP Compliance Considerations

Many employers seeking to assist employees in coping with the consequences of the COVID-19 pandemic have either adopted, updated or expanded the use of EAPs. This type of employee benefit is intended to help employees and their dependents deal with the stress and anxiety associated with the effects of COVID-19 such as social isolation, transition to remote or telework, increased obligations for home care of dependents, health concerns, and the preparation for reopening and returning to the workplace (Thomson Reuters-Westlaw, 2020). Richmond et al.

(2016) suggested that EAP services are attractive options for employees because they are easy to access, timely, focused on the needs of the employee, and typically provided at no cost for the employee and their dependents. However, federal and state regulation and guidance of EAPs have been historically limited. In fact, most states have chosen to focus on the practitioner (e.g., mental health counselor) rather than the on the EAP service provider. As EAP services continue to evolve as either complimentary or supplementary to traditional employer health plan coverage, states are taking a more proactive approach to regulating EAP providers based on the type of services offered and how employers pay providers for the benefit (Hrdlick and Paquette, 2016).

On the federal level, the services offered by EAPs can be categorized under one of three regulatory classifications: 1) the federal Employee Retirement Income Security Act of 1974 (ERISA) plan; 2) part of an employer-sponsored group health plan; or 3) an excepted benefit. Consequently, EAPs are regulated based on the type and scope of services offered to employees and dependents. A brief discussion of each compliance classification is offered, but benefit administrators should evaluate their EAP to determine if it meets the criteria for an "excepted benefit" or falls under the purview of either ERISA, an employer-sponsored health plan or both.

An EAP providing a benefit under the definition of an "employee welfare benefit plan" would be subject to ERISA. Accordingly, an "employee welfare benefit plan" or "welfare plan" is defined as a program or plan established by an employee organization and provides medical, surgical, hospital care or benefits in the event of sickness, accident, disability, death or unemployment (Legal Information Institute, n.d.). The U.S. Department of Labor (DOL) issued an opinion letter to clarify its position stipulating that an EAP meets the definition of a welfare plan by providing a "benefit in the event of sickness" if it provides assistance for the mental health and health-related personal needs of employees or dependents (Thomson Reuters-Westlaw, *Employee Assistance Programs [EAP] Compliance and COVID-19* 2020, DOL Adv. Op. 83-35A, 1983). This includes treatment for stress, anxiety, depression, and substance abuse or other health-related problems. For EAPs that meet ERISA requirements, the fiduciary obligations for plan administrators and sponsors mandate the production of various reports and documents such as a formal plan document, health care notices and disclosures, a plan description, and a summary of benefits and coverages (Legal Information Institute, n.d.).

The scope of services provided by EAPs may vary based on the needs of the employer. Medical care benefits that are offered by an EAP are generally considered as covered under a group health plan. Furthermore, group plans meeting the definition of an "employee welfare benefit plan" may be subject to additional compliance obligations under ERISA. For example, EAPs that offer counseling services for a limited number of sessions and often refer an employee to further treatment for any form of medical care such as for depression or substance abuse may be considered an employer-sponsored group health plan and subject to group plan requirements such as the Consolidated Omnibus Budget Reconciliation Act of 1985 [COBRA] (Thomson Reuters-Westlaw, 2020). COBRA defines a group plan

as one that an employer provides some type of medical care or benefit. EAPs are voluntary to employees, in most situations, and typically provide services that are free to employees. Additionally, employer contributions, similar to insurance premium payments, are not criteria for determining status as a group health plan benefit (SHRM, 2015). However, plans that provide counseling services directly to an employee, even for a limited period, may qualify as a benefit under an employer-sponsored group plan and, therefore, are subject to group plan compliance requirements.

For programs that do not qualify under ERISA as an "employee welfare benefit plan" or meet the criteria as a covered benefit under a group health plan may be classified as an "excepted benefit." This category of benefit is generally exempt from ERISA requirements, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Patient Protection and Affordable Care Act (PPACA) of 2010 (Thomson Reuters-Westlaw, 2020). The passage of the PPACA resulted in a review of EAP services to determine criteria for inclusion as meeting the status of a group health plan or as an "excepted benefit." The agencies responsible for administering and regulating the PPACA published final regulations that became effective Jan. 1, 2015. These regulations established guiding criteria for what constitutes an "excepted benefit" (Federal Register, October 1, 2014) and, therefore, exempts EAPs from most PPACA requirements (SHRM, 2015).

At the state level, regulation of EAPs has been limited except for a few states such as California and Nevada (Hrdlick & Paquette, 2016). The focus of most states has been oriented toward certification and licensure requirements for mental health practitioners such as mental health and substance abuse counselors. However, California's Knox-Keene Health Care Service Plan Act requires EAP providers who allow more than three counseling sessions over a period of six months to comply with California insurance regulations and be licensed or have an exemption on file with the California Department of Managed Health Care (DMHC) (Zabawa, 2019).

In states that do not have specific laws regulating EAPs, depending on the services offered by the provider, they may be subject to certain state laws and regulations related to prepaid limited health service organizations that fall under the National Association of Insurance Commissioners (NAIC) *Prepaid Limited Health Service Organization Model Act Model Act* (#68) (2000), which was enacted to provide some means for uniform regulation of limited health plans which could apply to EAPs (Hrdlick & Paquette, 2016). States that have adopted this act require providers to be certified by the state insurance commissioner and must operate under the provisions of a provider of limited prepaid health services for benefits such as mental health and substance abuse counseling.

Employer Provision of EAP Benefits

As the field of EAP expanded, so did its adoption by employers as a standard employee benefit. Hartwell and colleagues (1996) reported that in the early 1980s, only a third of employers in the U.S. provided EAP services as a benefit to employees. However, over subsequent decades, employers began to incorporate EAPs as a standard benefit offering. More recently, more than 97% of large

companies (>5,000 employees) and 75% of midsize to small companies reported offering EAP benefits to their employees (Masi, 2020). Additionally, according to SHRM (2015), a recent survey of human resource professionals across industries and company sizes found that 77% of the respondents offered EAP benefits, with the percentages varying based on organizational size.

Government organizations have demonstrated employee EAP utilization rates similar to private sector firms. The U.S. Bureau of Labor Statistics (BLS) (Attridge et al., 2018) reported that all federal government employees had access to EAP benefits, while local and state governments ranged from 71% to 86%, respectively. However, despite the high rate of employers offering EAP services, employee utilization continues to remain comparatively low, typically below 10% (Agovino, 2019; Coles, 2019; Gale, 2017). A study by Compton and McManus (2015) of 44 organizations providing EAP services found that approximately 47% of employers reported employee utilization rates between 2.1% and 8%, with only 19% reporting utilization rates exceeding 8%. In 2007, Amaral reported a benchmark rate for case use of 3.9% and an overall activity use rate of 4.6 services (Attridge et al., 2009). Given that employee utilization rates have been found to be below 8%, even during normal times, it raises the question as to whether employers would experience higher levels of EAP utilization as a result of the economic and social uncertainty associated with the COVID-19 pandemic.

It should be acknowledged that there remains a lack of standardization of utilization measures and metrics across the industry. Consequently, Attridge et al. (2009) cautioned against broad comparison of utilization rates, but rather examining utilization based on the type of engagement activity such as clinical case use rate, people use rate and total activity use rate. Specifically, clinical case rate is based on the provision of clinical diagnostics and counseling sessions. The people use rate is determined by the number of people who use any EAP services. Lastly, total activity use rate is calculated based on all service activities or events, including calls, management and employee training, website visits, referral activities, and coaching sessions.

The complexity of the modern workplace has forced employees to adapt to increasing productivity demands for employers to remain competitive. According to Pfeffer (2018), this has resulted in work environments increasingly characterized by long hours, excessive demands, toxic work environments and tenuous employment arrangements (e.g., Gig economy; alternative workforce). As a result, increased levels of stress and anxiety, depression, work-family conflict, and a reduction in overall health have become the norm for employees. Employees suffering from mental health-related issues are less able to perform work-related duties, which has a significant cost to both the employer and the employee (Richmond et al., 2017; Employee Assistance Society for North America [EASNA], 2009). Generally free to all employees, confidential and easily accessible, EAPs have demonstrated that they are uniquely positioned to provide mental health services that support both the personal and work-related needs of employees.

EAP Effectiveness

Research continues to support the notion that more, not less, mental health support is necessary for employees. For example, a recent survey of more than 2000 full-time employees in the U.S. found that 39% of workers reported they are suffering from low to moderate levels of mental stress, anxiety and depression (The Standard, 2020). In Canada, a 2018 Mental Health and Substance Abuse Benefits study conducted by the IFEBP surveyed workers from 88 public and private firms. The results indicated that 48% of workers reported higher levels of stress, and 67% reported experiencing more mental health and substance abuse issues than from two years earlier (Estrada, 2019). A systematic review of the global prevalence of mental disorders from 1980–2013 by Steel et al. (2014) found that one in five adults worldwide reported experiencing a common mental disorder within the past 12 months, and approximately 29% experienced one over their lifetime. In the U.S., data suggests a similar trend as Attridge et al. (2018) reported that one in five U.S. working adults meets the high-risk clinical criteria for depression, stress and substance abuse.

Employers who are slow to implement or lack targeted strategies to address employee mental health may not fully recognize the overall effect it may have on the organization. In a study of compensation consultants, Wojcik (1999) estimated that the cost of employee stress to U.S. employers in terms of lower productivity due to absenteeism and presenteeism, turnover, and increases in health and workers' compensation claims ranges between $200 billion and $300 billion dollars annually (Kendall and Muenchberger, 2009). Similarly, Agovino (2019) reported that productivity losses from worker stress is an estimated $225.8 billion annually or $1,685 per employee. For many employees, the COVID-19 pandemic has required them to work remotely, creating additional stress and anxiety brought about by social isolation from the workplace, uncertainty and being constantly connected (McAllister et al., 2020; Steffensen et al., in press). This can lead to stress from the workplace to "spill-over" (e.g., Hammer et al., 2005) to the non-work environment. As a result, the increasing levels of stress and anxiety can trigger higher levels of absenteeism, presenteeism, job dissatisfaction and work-family conflict (Attridge et al., 2018; Gallup, 2018; Kendall and Muenchberger, 2009; Cooper and Cartwright, 1994).

Previous research supports the efficacy of EAP services in addressing outcome issues associated with stress, anxiety and depression. Greenwood et al. (2006) argued that EAP mental health and counseling services have been shown to reduce clinical symptoms and improve workplace functioning across various settings (e.g., industry, sector, geography). Moreover, in a large-scale global longitudinal, repeated measures study of more than 30 EAP providers and more than 24,000 documented counseling cases, Attridge et al. (2018) found that when compared to pre-post EAP counseling scores on the Workplace Outcome Suite (WOS) instrument, employees showed reductions in presenteeism, absenteeism, stress and improvements in overall life satisfaction scores after receiving counseling support. Similarly, Harris et al. (2002) reported that employees demonstrated decreasing levels of depression after receiving EAP services. Furthermore, the authors

suggested that employers experience benefits from providing EAP services in the form of reduced health care costs and increased employee productivity.

As a result of the COVID-19 pandemic, employees find themselves in uncharted situations as social isolation, stay-at-home orders, balancing work and family challenges, return to work, and health concerns present additional stressors for workers, making it more difficult to maintain focus and attention on work. Even if you one has been working remotely prior to the COVID-19 pandemic, it has been suggested that the current environment is not normal (Abrams, 2020). The increase in stress, anxiety and depression drives higher rates of outcome measures such as absenteeism, presenteeism, work distress and satisfaction that may affect work performance. Recent studies have suggested that certain industries or work types are experiencing more impact in performance. Understandably, health care, retail and, more recently, education workers are reporting higher levels of low productivity and missing work as a result of increased stress, anxiety and depression since the start of the COVID-19 pandemic (The Standard, 2020).

EAPs have demonstrated the capability to improve various outcome measures. In a systematic review of EAPs, Joseph et al. (2017) reported that EAP counseling services showed significant reductions in employee absenteeism and presenteeism. Additionally, the study suggested that while absenteeism was the most frequently reported measure to demonstrate the effectiveness of EAPs, greater improvements were seen in reducing worker presenteeism. Similarly, numerous studies found post-EAP improvements in the areas of workplace absenteeism, presenteeism, distress, employee engagement and satisfaction (Attridge et al., 2018; Attridge et al., 2017), which can have a positive effect on the levels of productivity and operating costs (Agovino, 2019; Joseph et al., 2017; Greenwood et al., 2006; Harris et al., 2002).

Demographic Differences in Employee Utilization

Understanding the effect of EAP services on addressing presenting and outcome issues has been the primary focus of research in the field. However, the moderating effect of demographic factors on utilization is less understood. Given the deficiency in this area of the literature, it is essential to expand our understanding of the effect of race/ethnicity in order to aid researchers, employers and providers in identifying the barriers to utilization. Some studies have captured data on gender and more recently user age. Several studies have reviewed utilization rates by gender and age, finding that women who are white and under 40 tend to utilize services more than men (Coles, 2019; Attridge et al., 2018; Attridge et al., 2017; Attridge et al., 2009; Poverny & Dodd, 2000). However, due to the generally low utilization levels across all employee categories, there continues to be a need to research the effects of demographic factors on employee EAP utilization.

As the COVID-19 pandemic continues to affect the operations of organizations in the U.S. and around the globe, understanding how firms support the mental health needs of employees is increasing in importance. The present study aims to examine the response of organizations in addressing the mental health needs of employees through EAPs. Specifically, the following questions served to guide the study:

1. Are employee stress, anxiety and depression levels increasing as a result of the COVID-19 pandemic?
2. Given that pre-pandemic employee utilization rates typically fall below 8%, would there be an increase in EAP benefit utilization in a post-pandemic environment?
3. Do demographic factors such as age, race, ethnicity and gender influence EAP utilization?
4. How do employers promote EAP benefits to support employee mental health needs during the pandemic?

Method

Research Design and Approach

The study conducted a review of national and regional survey data to examine the utilization of EAP benefits to address mental health needs of employees as a result of the COVID-19 pandemic. Consequently, collecting and analyzing data during a "crisis" presents several dilemmas. First is the limitation and changing nature of data. Second is that the assessment of confounding variables becomes more complex given the evolving nature of key factors. Therefore, the design of this study was to review available, albeit limited, data to provide a better understanding of the core research questions. It must be noted that new realities may present themselves in the coming months that may alter our understanding of EAPs and how they can best be used to support employees and their dependents.

Given the methodological challenges, we adopted a multiple level of analysis to analyze data from secondary sources at individual, organizational and community/societal levels. The time periods of analysis varied based on the data source but included pre-pandemic (i.e., data collected prior to March 2020), as well as data from during the early months of the COVID-19 pandemic (e.g., March through June 2020). By evaluating the differences in key indicators (e.g., employee well-being, mental health and workplace perceptions) before and after the onset of the COVID-19 pandemic, we sought to understand employer actions, as well as the perceptions and service utilization of EAPs by employees.

In this study, we used national, regional and state data to determine employer and employee use of EAP benefits in response to increasing levels of stress, anxiety, and depression (CDC, 2020; Hamel, May 2020). Because March 2020, particularly the later part of the month, saw the beginning of large-scale shelter-in-place and business shutdowns, pre-pandemic data was defined as information collected prior to mid-March 2020, and post-pandemic data was defined as data collected after that time period marker plus 100 days. While the focus of improving mental health-related benefits has been increasing and undergoing a transition to greater acceptability and availability in recent years, we posit that the COVID-19 pandemic

creates a significant opportunity to expand employee mental health support and increase the visibility of EAP services as a core benefit.

Data Sources

Data was obtained from secondary sources based on surveys of private and public organizations. Specifically, three of the data sources—1) the Employee Mental Health Perception Survey; 2) the Human Resource Leadership Survey; and 3) the Workforce Readiness Survey of Services Firms—were provided by ARG LLC, an independent management consulting firm that agreed to provide limited survey response data in support of the study. Three additional data sources were from either a government employer or nationwide pulse surveys. These data sources include: 1) the State of Florida Employee Assistance Program Utilization Report; 2) the CDC *Anxiety and Depression Household Pulse Survey*; and 3) World at Work *COVID-19 Response Survey*. Table 1 presents the six major data sources, the participant sample size by source, industry and sector surveyed, and the data collection period for each survey instrument.

The *Employee Mental Health Perception Survey* (2020) was administered by independent management consulting firm ARG LLC in June 2020. A random sample of 250 full-time employees in the southeastern U.S. were sent a survey asking them to answer questions about their perceptions of their employers' level of concern before and then after the COVID-19 pandemic began in March 2020. The pre-post data was compared responses on items relating to anxiety, depression, stress, job security and uncertainty, health, job demands, and feelings of isolation. Additionally, respondents were asked to report who or where they sought support (e.g., spouse, supervisor, EAP). In order to examine various demographic moderators, the survey included basic demographic data, including gender, race, ethnicity and generation, as well as identification of industry (retail, general services, trades and health care). The data was provided to the research team in its raw form and included 22 variables summarized in Table 2. The data was voluntarily shared and with no remuneration to support the research study. All survey respondents were guaranteed anonymity, that data would only be used in the form of an aggregated data set and that individual personal information would not be utilized.

The *State of Florida Employee Assistance Program Utilization Report* was obtained through a public records request. The state provided utilization data for both the first and second quarters of the 2020 benefit plan year. Data provided contains frequency counts and percentages of use. A request was submitted to obtain raw data, but the request was declined as the state does not own the raw data and was contractually not able to provide the information. Therefore, data presented from this report is intended to provide trend data only. Additionally, it must be noted that the responses of government employees may differ significantly from private sector employees due to the nature of services, and the economic impact of

government employees may not align with private sector employees. Therefore, it is not intended to be generalizable.

Table 1:
Data Sources

Source	Sample	Time Period
Employee Mental Health Perception Survey	250 employees in Southeast U.S. in retail, general services, trades and health care	June 2020
State of Florida Employee Assistance Utilization Report	32 state agencies throughout the state of Florida. Total covered employees for health-related benefits including EAP are ~364,000. Total users of EAP for the first and second quarter of 2020 was 5,774.	Quarter 1 and quarter 2 of plan year 2020 beginning Jan. 1, 2020.
Human Resource Leadership Survey	300 HR leaders in small and midsize firms in U.S.	September 2019, December 2019, March 2020, June 2020 (reporting June 29, 2020)
CDC *Anxiety and Depression Household Pulse Survey*	Between 41,996 and 132,961 households	April 23 through July 7, 2020
Workforce Readiness Survey of Service Firms	Random national sample of 100 financial, professional and entertainment services firms with less than $500 million in FY19 revenue	January 2020 compared to June 2020
World at Work *Covid-19 Response Survey*	Email invitations to World at Work association members for a total of 1,510 responses from organizations of different sizes and across multiple industries.	April 2020

The *Human Resource Leadership Survey* captured the perceptions of corporate executives and human resource leaders in 300 private organizations. In general, the survey is administered at the end of each quarter and seeks to capture executive perceptions on current and emerging issues of most concern. The *Human Resource*

Executive Survey presented several categorical questions for 300 respondents to indicate their area(s) of current focus, including the following:

- Regulation and compliance.
- Managing performance.
- Ensuring health and well-being.
- Addressing mental health well-being.
- Developing leaders.
- Recruitment of high performers.
- Retaining high performers.
- Ensuring employee engagement.
- Addressing internal management challenges.

Table 2:
Mental Health Survey List of Variables Examined

Variable	Definition
Gender	(1=male, 2=female)
Race	(1=AA, 2=White, 3=Other)
Ethnicity	(1=Non-Hispanic, 2=Hispanic)
Generation	(1=Gen Z/Mill, 2=Gen X, 3=Boomer)
Industry	(1=Finance, 2=General Service, 3=Trades, 4=Health)
Compare your feelings and thoughts before the COVID-19 pandemic to now:	
I have more concerns with anxiety.	(0=same or less, 1=more)
I have more concerns with depression.	(0=same or less, 1=more)
I am more concerned about job security.	(0=same or less, 1=more)
I am more concerned about the well-being of my coworkers	(0=same or less, 1=more)
I am more concerned about my hours and compensation.	(0=same or less, 1=more)
I have more stress in my life.	(0=same or less, 1=more)
I have more responsibilities and less time.	(0=same or less, 1=more)
I have more concerns about my health.	(0=same or less, 1=more)
I feel more isolated and alone.	(0=same or less, 1=more)
My employer cares about:	
physical well-being	(0=does not care, 1=demonstrates caring)
mental well-being	(0=does not care, 1=demonstrates caring)
financial well-being	(0=does not care, 1=demonstrates caring)
Who have you sought assistance from?	
spouse	(0=no, 1=yes)
family	(0=no, 1=yes)
coworker	(0=no, 1=yes)
supervisor	(0=no, 1=yes)
EAP	(0=no, 1=yes)

For the purposes of this study, only participant responses related to ensuring health and well-being and addressing mental health well-being were examined. The data from the survey was voluntarily shared and with no remuneration to support the research study. All survey respondents were guaranteed anonymity, that data would only be used in the form of an aggregated dataset and that individual personal information would not be utilized.

In response to the rising cases and challenges related to COVID-19, the U.S. Census Bureau and the U.S. Department of Agriculture (USDA) Economic Research Service (ERS), the BLS, the CDC National Center for Health Statistics (NCHS), the National Center for Education Statistics (NCES), and the U.S. Department of Housing and Urban Development (HUD) collaborated to develop, launch, collect and analyze the CDC *Anxiety and Depression Household Pulse Survey*. Prompted by an email invitation, the 20-minute online survey began on April 23, 2020, and was available for 90 days. The CDC *Anxiety and Depression Household Pulse Survey* asked individuals about their experiences in terms of employment status, spending patterns, food security, housing, physical and mental health, access to health care, and educational disruption.

For the purpose of this study, the primary survey questions of interest included: 1) the frequency of anxiety and depression symptoms over the last seven days; and 2) demographic questions pertaining to gender, age, race, ethnicity, education and geography (state). In order to assess the level of anxiety, the two-item Generalized Anxiety Disorder (GAD-2) questions asked the respondent to rate "feeling nervous, anxious or on edge" as well as "not being able to stop or control worrying" over the last seven days by selecting one of the following ratings: not at all, several days, more than half the days, and nearly every day. Similarly, when considering the level of depression, the two-item Patient Health Questionnaire (PHQ-2) questions included "little interest or pleasure in doing things" and "feeling down, depressed or hopeless" over the last seven days by indicating the frequency: not at all, several days, more than half the days and nearly every day. Sample sizes were determined so that a two-percentage point change between weekly estimates would equate to a detectable change with a 90% confidence interval. Consequently, the sample sizes for each panel were adjusted to anticipate a 5% response rate. For example, the sample sizes varied from 1,867,126 in week 1 to 979,236 in week 6, with the response level ranging from 41,996 and 132,961 during weeks 2 and 3, respectively.

The *Workforce Readiness Survey of Service Firms* analyzed a national, random sample of 100 private firms in financial, professional and entertainment services with fiscal year 2019 revenue of $500 million or below to compare firms' well-being and work readiness pre-post COVID-19 pandemic. The survey was administered electronically to owners or executive officers of firms in order to rate the current status of their workforce. The responses, while based on internal surveys, represent the perception of the individual leader. The data was collected at two separate points of time. The initial survey was sent in January 2020, with the second survey administered during June 2020. While the survey was not originally designed to gauge the impact of COVID-19, questions pertaining to physical and mental health, stress levels, workplace interactions, and productivity provide insight into

the health and readiness of firms' respective workforce prior and after the impact of the COVID-19 pandemic. The data obtained from this survey was voluntarily shared and with no remuneration to support the research study. All survey respondents were guaranteed anonymity, that data would only be used in the form of an aggregated dataset and that individual personal information would not be utilized. The variables examined from the *Workforce Readiness Survey for Service Firms* are presented in Table 3.

The World at Work Total Rewards Association conducted a *Covid-19 Response Survey* of its members and customers. An email survey was sent directly to participants on March 31, 2020, and results were collected over a five-day period. A total of 1,510 responses were received from organizations representing different sizes and industries. Sample sizes varied by question. Results were not weighted and were more heavily skewed toward midsize to large employers. The methodological description indicated the survey had a 3% margin of error at a 95% confidence level based on the skewed nature of the organizational size representation.

Table 3:
Workforce Readiness for Service Firms Variable List

Variable	Definition
Industry	Industry Code (1=financial services; 2=professional services; 3=hospitality and entertainment)
Size	FY19 Annual Revenue ($)
Employee Engagement	Level of Employee Engagement (1-10, 10 highest)
Employee Stress	Level of Employee Defined Stress Level (1-10, 10 highest stress)
Employee Mental Health	Level of Employee Defined Mental Well-Being (1-10, 10 highest mental health challenges)
Employee Physical Health	Level of Employee Defined Physical Health (1-10, 10 highest physical health challenges)
Employee Work Interactions	Level of Employee Defined Perception of Interaction with Coworkers (1-10, 10 highest amount of interaction issues)
Employee Absenteeism	Level of Concern with Absenteeism by Management (1-10, 10 highest of level of absenteeism)
Employee Work Issues	Level of Concern with Workplace Issues With Productivity by Management (1-10, 10 highest impact on productivity)

Results

The study reviewed data obtained from participant responses from six national, regional and state-level surveys to examine factors influencing the utilization of EAP services as a result of the COVID-19 pandemic. The data was analyzed using frequency counts and t-tests and significant tests to the research questions.

Research Question 1: Is employee stress, anxiety and depression levels increasing as a result of the COVID-19 pandemic?

Data obtained from surveys showed that employees are experiencing higher levels of cases that affect employee mental health. Findings generally support increases in employee stress, anxiety and depression, which may have negative effect on employees' mental health and work productivity. The *State of Florida Employee Assistance Program Utilization Report* revealed an increase in cases of anxiety and stress but a decrease in depression cases from quarter 1 (Q1) to quarter 2 (Q2). Specifically, anxiety cases in Q2 increased by almost 4% from Q1. Similarly, stress cases were reported in Q2 at a rate of almost 4% higher than in the previous quarter, 14.53% (Q1) to 18.28% (Q2). Presenting issues of depression declined slightly in cases from 10.79% in Q1 to 8.96% in Q2. Comparison of the pre-post COVID-19 pandemic mental health cases found that stress and anxiety showed marked increases between the two quarters, with depression cases declining.

Results from the *Employee Mental Health Perception Survey* found approximately 95% of respondents indicated experiencing elevated levels of anxiety, and 48% reported higher rates of depression post-COVID-19 pandemic. Of the 250 employees surveyed across four industry categories, 230 respondents reported higher levels of stress as a result of the COVID-19 pandemic. Feelings of social isolation were also reported by four out of five respondents. Lastly, while respondents acknowledged a higher level of mental health difficulties could affect their work productivity, only 110 out of 250 or 44% reported that they felt their employer was concerned about their mental health.

Similarly, the *Workforce Readiness Survey for Service Firms* indicated an increase in employee stress based on longitudinal survey results taken in January 2020 and then again in June 2020. The average score of employee concerns over mental health rose from 3.63 pre-pandemic ($M = 3.629$, $SD = 1.423$) to 6.53 post-COVID-19 pandemic ($M = 6.532$, $SD = 1.659$), $t = 24.577$, $p < .0001$), indicating a significant increase in overall mental health concerns since the COVID-19 pandemic began in mid-March 2020. Examination of ratings of stress revealed that the average rating of employee stress increased from 5.12 ($M = 5.120$, $SD = 2.006$) pre-pandemic compared to 7.04 to post-pandemic ($M = 7.040$, $SD = 1.392$), $t = 25.518$, $p < 0.0001$). Not surprisingly, concerns with physical health increased in parallel with mental health, which increased from an average of 4.360 to 5.180 ($M = 4.360$, $SD = 0.990$) compared to during the COVID-19 pandemic ($M = 5.180$, $SD = 1.559$), $t = 44.038$, $p < 0.0001$).

The CDC *Anxiety and Depression Household Pulse Survey* provided a larger and more diverse national sample. According to the findings, the incidence of both anxiety and depression experienced by survey respondents increased since the beginning of the COVID-19 pandemic. Additionally, respondents reporting no anxiety decreased from 32.73% to 29.48% from April through June 2020. Those indicating experiencing anxiety daily increased almost two percentage points from 14.68% to 16.4%. Respondents experiencing prolonged periods of worry also increased from 10.35% to 12.88%. Respondents feeling little life interest or pleasure increased from 8.05% to 10.32%, while near daily frequency of depressed feelings increased from 8.06% to 10.9%. These findings suggest that the mental health of U.S. adults has been negatively affected by the COVID-19 pandemic.

In terms of employer response to the growing mental health needs of employees, employers are becoming more aware of the detrimental effect mental health issues have on their employees. A survey of human resource leaders reported an increase in the recognition of mental health issues as a leadership priority since the beginning of the COVID-19 pandemic. Specifically, concerns among human resources leaders over that state of employee mental health and well-being grew more than 20% between the first and second quarters of 2020. This would seem to indicate that employers have recognized the effect of the COVID-19 pandemic on employees.

Research Question 2: Given that pre-pandemic employee utilization rates typically fall below 8%, would there be an increase in EAP benefit utilization in a post-pandemic environment?

Previous studies have described the low utilization of EAP services due in part to factors such as limited awareness of what EAPs provide, mental health stigma and concerns over confidentiality. Our findings showed that utilization of total EAP services were mixed. An analysis of 5,774 EAP cases from 32 state government agencies in the state of Florida found a decrease of 394 cases (12%) from Q1 (n=3,084) compared to Q2 (n=2,690). While total case counts were down in Q2, a more detailed analysis of specific presenting issues found that anxiety cases increased by 34 cases (21.6%), and stress increased by 23 cases (6.8%). Depression showed a decline in cases, dropping 73 cases (29%). Overall, the top employee issues in order of case counts at the end of Q2 were stress, family concerns and anxiety, whereas the top issues in Q1 were family concerns, stress and relationship stress.

The *Employee Mental Health Perception Survey* was used to examine EAP utilization across multiple industries and employers of different sizes. According to the survey results, EAP utilization was higher in June 2020 when compared to the same time frame in 2019. Given that the sample size (N=144) was small, it is difficult to draw any usable conclusions. However, further examination of the data indicated differences in EAP utilization by industry type. For example, approximately half of the employees (n=75) working in the finance industry indicated seeking EAP services for support. Retail trades (n=82) and health care

(n=55) employees also reported higher than normal utilization of EAP services at approximately 38%.

Research Question 3: Do demographic factors age/race/ethnicity/gender influence EAP utilization?

Research is limited on the moderating effect of gender, race, ethnicity and generation on mental health service seeking and utilization. More recently, data from the CDC *Anxiety and Depression Household Pulse Survey* studied the relationship between demographics factors and anxiety disorder and depression. Results of the survey found that women presented higher levels of reported anxiety disorder and depression than men. More specifically, the gender gap related to depression is 5.3 percentage points, while anxiety disorder showed a difference of 9.3 percentage points. Review of the state of Florida report showed that gender was a key determining factor in EAP utilization. More than 69% of post-COVID-19 pandemic cases were female employees, which is only slightly lower than the pre-COVID-19 pandemic 70.4%.

Interestingly, when factoring in age, the presence of both anxiety disorder and depression was reportedly the highest for 18–29 years old (40% and 33%, respectively) and steadily decreased to 14% for both mental health outcomes by 80 years of age. The only exception was that adults over 60 years of age are 10% more likely to report they were struggling with higher levels of stress when compared to other age groups. Similar findings were reported from government agencies showing that while total cases were lower, the percentage of total cases for Q2 saw increases in utilization by certain age groups. The age group utilizing post-COVID-19 pandemic EAP services the most were between 30–39 years old at 27.4%, up more than 2% when compared to the pre-COVID-19 pandemic percentages. The next highest using age group were between 19–29 years old at 22.42%, with the lowest using age group being employees over 66 years of age.

To explore the effect of race/ethnicity on EAP utilization, demographic data was collected and analyzed as part of the *Employee Mental Health Perception Survey* on key gender/racial groups based on the types of support sought for mental health related issues. (See Table 4.) As expected, the type of the assistance sought varies by gender/racial group. Specifically, African American women showed stronger intent to seek assistance from a spouse ($t=.354,\ p<.0001$) or coworker ($t=.135,\ p=.033$) than other family members or supervisors. Similarly, white women indicated a stronger intent to seek support from their spouse ($t=.456,\ p<.0001$), as well as showing a stronger likelihood to seek support from other family members (t=.166, p=.008) than African American or Hispanic women. Additionally, Hispanic women sought support from their spouse (t=.223, p=.000). However, Hispanic women differed from other female groups by indicating less support seeking from other family members as both white and African American women showed a positive intent to seek support from other family members. Hispanic women were similar to African American women in showing less support seeking behaviors from coworkers suggesting they would be less likely to reach out to coworkers for mental

health support. In terms of seeking professional assistance from EAPs, our findings showed that white women (*t=.220, p=.000*) and Hispanic women (*t=.140, p=.025*) were both significant in their seeking of support from EAP services.

Table 4:
Relationship of Gender and Race/Ethnicity Groups to Type of Mental Health Support

Variables	Spouse	Family	Coworker	Supervisor	EAP
	T-test and significance values				
African American Women	.354* (<.0001)	.089	.135* (.033)	-.023	.050
African American Men	-.258* (<.0001)	1.081	-.027	.017	-.133* (.035)
White Women	.456* (<.0001)	.166* (.008)	.072	.001	.220* (.000)
White Men	-.713* (<.0001)	-.230* (.000)	-.122	-.005	-.203* (.001)
Hispanic Women	.223* (.000)	-.029	-.011	.027	.140* (.026)
Hispanic Men	-.166* (.009)	-.002	.045	-.051	-.130* (.041)
Other Women	.360* (<.0001)	.098	-.031	.006	.084

(values with asterisk are different from 0 with a significance level p≤0.05, df=248)

Male participant data, across all demographic groups, showed a strong indication that this gender group was significantly less likely to seek support from professional services offered through EAP than their female counterparts. More

concerning, the data indicated that as mental health issues worsened, males were less likely to seek out support from EAP services, particularly among white males. In general, when compared to female participants, males were less likely to seek mental health support from any source whether the source was related to family members or the workplace. For example, across all racial/ethnic categories, male respondents indicated that they were less likely to seek spousal support for mental health issues.

A more detailed analysis of the data suggests that when African American males sought mental health support, they were more inclined to seek other family members (*t=1.081, p=ns*), such as siblings, as well as direct supervisors (*t=.017, p=ns*). On the contrary, Hispanic men were more likely to seek support from coworkers (*t=.045, p=ns*) but were less likely to seek mental health support from other family members (*t=-.002, p=ns*), spouse (*t=-.166, p<.009*) and EAP services (*t=-.130, p=.041*), indicating they were less likely to seek support from these sources. Interestingly, data on white men indicated they were the least likely group to seek support for mental health issues across all source categories, particularly spousal support (*t=-.713, p<.0001*) and other family members (*t=-.230, p=.000*).

Research Question 4: How do employers promote EAP benefits to support employee mental health needs during the pandemic?

Given the recent increased attention of mental health challenges associated with the COVID-19 pandemic, most employers are still in the process of developing and implementing their response. As the COVID-19 pandemic evolves and with it, new information on employer responses will become available, at this time, limited data was available. The *Human Resource Leadership Survey* provided a basis for assessing awareness of employee mental health issues among human resource leaders. Approximately 300 human resource executives were asked to rate the areas of concern, including mental health and well-being. Results from the Q1 and Q2 2020 were compared. The survey found that among surveyed human resource leaders, the interest in addressing the mental health and well-being of employees increased in importance by almost 25% from Q1. Moreover, employers are beginning to take proactive steps to support the mental health and well-being of employees. The results showed that the actions taken by human resource departments to support mental health needs increased by 20% from Q1 to Q2, suggesting that employers are more informed about the impact of mental health and beginning to implement specific actions targeted at improving employee mental well-being.

Data from the *Employee Mental Health Perception Survey* supported a similar conclusion that employers are increasingly more aware of issues effecting employee mental health and well-being. Specifically, when asked if their employers are concerned with physical, mental and financial issues facing employees, 44% of respondents indicated that mental well-being was a concern of their employer. These results align with findings from the recent *World at Work Covid-19 Response Survey,* which asked employers how they are responding to the COVID-19

pandemic. Out of 1,150 organizations surveyed, 93% have increased communications on current benefits, 36% have made changes to better align with employee needs, and 26% have implemented new programs. Among those offering EAP services, 73% were reported to be actively promoting their programs. This would suggest a rise in promotional-related activities for EAP programs.

However, the *State of Florida Employee Assistance Program Report* did not support the previous studies findings that employers are increasing promotional activity. Overall, Q2 utilization for all EAP services is down compared to Q1 and previous year-to-date (YTD) figures; employer activity did not vary from pre-pandemic activities. Various forms of EAP support were down from the previous quarter and previous YTD figures. Specifically, web-based support dropped from 39,521 (Q1) to 39,244 (Q2), outreach calls dropped almost in half from 1,171 (Q1) to 614 (Q2), and guided assistance through tip sheets dropped 98 points from Q1, representing a 50% decline. Therefore, employer promotion and proactive engagement of EAP services has either remained consistent or decreased since the COVID-19 pandemic.

Discussion

The question that initially drove the study was to understand whether employees have experienced higher levels of stress, anxiety and depression as a result of the COVID-19 pandemic. The findings in this study supported the conclusion that the COVID-19 pandemic has had a significant negative impact on employee mental health and well-being. More specifically, the findings suggest that the impact of actions taken by governments and employers in response to the COVID-19 pandemic such as shutter-in-place orders, business stoppage and reopening, financial impacts, and remote work have led to increased levels of stress, anxiety and, in some instances, depression in employees. The full impact on employers remains inconclusive at this time, but previous studies have suggested that outcome factors such as absenteeism, presenteeism, turnover and job satisfaction are affected by impacts to mental health. Therefore, we conclude that the study's findings align with recent studies that also found that workers report experiencing mental distress and anxiety (SHRM COVID-19, 2020) at increased levels than experienced prior to the outbreak of the COVID-19 pandemic.

While the negative effects of the COVID-19 pandemic cannot be minimized, we did notice a few positive trends. Interestingly, we found that the negative impact on worker interactions, absenteeism, relationship stress and workplace issues fluctuated only slightly since the beginning of the COVID-19 pandemic. Although not addressed within the context of the survey, it could be suggested that factors such as remote working or increased employer communication to employees may have mitigated some of the impact of stress and anxiety on these outcomes. Additionally, a growing number of employers have recognized the need to provide more support for the mental health needs of employees. Numerous reports are

providing indications that the mental wellness of employees is not only the right thing to do, but good business.

The research literature has extensively documented the low utilization rate of EAP services. With estimates suggesting that more than 39% of the workforce suffers from a mental health issue (The Standard, 2020), our assumption was that the increasing mental health impact caused by the COVID-19 pandemic would result in higher levels of utilization of relevant services such as EAP. While results were mixed in employee utilization, we did find consistently higher levels of utilization for specific types of presenting issues. Stress and anxiety both saw increases in EAP cases during the Q2 compared to previous results. Considering the volatility and uncertainty that has resulted from the COVID-19 pandemic, this was expected and supported by our findings.

Findings also suggested that differences in industry also influence the use of EAP services. The small sample size in this study makes it difficult to draw any substantive conclusions regarding industry influence. However, our findings that retail trades and health care are among the industries likely to use EAP services more often is not without merit. In fact, these findings were like a recent study that found health care and retail trade/food service employees were more likely to request EAP services than other industries (SHRM COVID-19*,* 2020). Consider that these industries were mainly classified as essential businesses and engaged in direct contact with the public with greater exposure to COVID-19. Consequently, it is reasonable that employees in these industries would experience higher support needs than employees in nonessential business with less direct public contact. A recent development to examine further is in the field of education. As schools grapple with the issue of reopening, teachers and administrators are commonly under increasing pressure to reopen with in-class teaching, causing additional mental distress and anxiety among educational professionals at all levels.

Demographic factors such gender and race/ethnicity were found to influence utilization of EAP services. In examining data from the state of Florida, women represented more than 69% of the cases before and after the start of the COVID-19 pandemic. This pattern has been consistently found in EAP literature, suggesting that women represent more than two-thirds of the employees seeking services (Attridge et al., 2018; Attridge et al., 2017; Richmond et al., 2016). Findings suggested that women, particularly those who are white or Hispanic, are more likely to utilize EAP services than men. In fact, across racial/ethnic categories, male employees were less likely to use EAP services than other forms of support. This behavior was supported by previous research that suggests mental health stigma has a stronger effect on men. Brohan et al. (2012) argued that stigma and fear of employment repercussions negatively affect employees' decisions to disclose a mental health problem or concern. Similarly, Coles (2019) suggested that mental health stigma may inhibit minority employees from seeking EAP support. While the cost, accessibility and confidentiality of EAP services may be attractive to many employees, the findings in this study would suggest that employees lack understanding of the full range of mental health services and how to most effectively access them, and may not have confidence that the employer-sponsored benefit is

confidential. A recent survey of more than 2,000 employees across the U.S. seems to support this line of thinking. Respondents indicated being uncomfortable with seeking mental health support from their employer because of work-related stigma from coworkers and supervisors, as well as concerns over confidentiality that may affect their employment (The Standard, 2020). Forty-one percent of respondents suggested that culture change around mental health was necessary to create a safe and supportive work environment. This should be an indicator for employers that a key to improving utilization of EAP services is to actively promote the mental well-being of employees and to proactively provide access to appropriate resources through multiple delivery modalities for all employees, with a more targeted strategy for engaging male and minority employees.

The unprecedented nature of the COVID-19 pandemic creates unique challenges for employers and employees in dealing with mental health. This study also examined how employers are responding to the changing needs of their employees. Numerous reports have suggested that employers are responding by enhancing available benefit options such as increasing employee communication, better promoting EAP services, adjusting cost-sharing for traditional provider-based mental health care and increasing the flexibility of leave plans (Agovino, 2019; The Standard, 2020; SHRM COVID-19, 2020). Even though most employers provide EAP services free of charge to employees, our findings suggest minimal differences in how EAPs services have been implemented post-COVID-19 pandemic compared to pre-COVID-19 pandemic activities beyond the additional promotional communication (e.g., periodic email or banner placed on the company intranet page). Our finding is not to suggest that new approaches or technologies are needed, as this is occurring. (For example, see Weber, et al., 2019 for research on mental health mobile applications.) Rather, our position argues for more proactivity from employers in terms of communication, education and destigmatizing mental health in the workplace. Recognizing the relationship between mental and physical health, raising the importance of mental health and creating an environment that minimizes stress, where possible, can significantly improve trust with employees in the support services provided for mental health.

Practical Implications

Assisting employees in addressing mental health concerns is good business practice and imperative in the current situation. As the COVID-19 pandemic response by governments and businesses remains uncertain, employees are experiencing higher levels of stress and anxiety. In a recent study on the emotional impact of the COVID-19 pandemic in the U.S., Palsson et al. (2020) found that since the beginning of the COVID-19 pandemic, 55% of respondents experienced more stress in their lives, and more than 51% experienced moderate to high levels of anxiety and worry associated with factors such as economic uncertainty, health of family and friends, and the inability to engage in normal life activities.

As a result, employers are exploring ways to improve their overall mental health support to employees. According to survey responses from more than 1,500

employers in April, World at Work (2020) reported that approximately 70% of employers were actively promoting EAP resources. However, promoting EAP through more frequent email communications or as a banner link on the firm's intranet is not generating the level of support employees need. In fact, most employers have recognized that the significant mental health impact of COVID-19 (SHRM COVID-19, 2020), as well as its confluence with the issues of social unrest across the U.S., has raised awareness that more should be done. Azzone et al. (2009) argued the employers who promote EAP services and provide on-site activities show higher levels of utilization due to increased "familiarity with and confidence in the efficacy of EAP services" (p. 352). Accordingly, many firms have indicated a rising concern that they are neither as equipped as they could be to assist employees in the area of mental health nor have a cogent strategy for addressing these needs (Wells et al., *Impact of COVID-19 on EAP Utilization,* 2020). Additionally, it has been argued that low employee utilization is due to the lack of aggressive promotion of the type of programs EAPs offer and how they can be used by supervisors and employees (Agovino, 2019).

Effective promotion of EAPs requires reeducating employees on the type of services available to them and how to access them confidentially. One of the major roadblocks to overcome is the stigma associated with seeking support for mental illness, particularly among men (Wells et al., 2020). Several studies have suggested the stigma of mental health issues serves as a barrier to the use of services. A study of Canadian organizations found that approximately 40% of respondents expressed a fear of admitting a problem, and 39% reported concerns about their employer finding out they sought services for mental health (Estrada, 2019). The National Alliance of Mental Illness (NAMI) was reported to estimate that eight out of 10 workers with a mental health issue do not seek assistance because of the associated stigma (Gurchiek, 2020). Similarly, Coles (2019) argued that mental health stigma and lack of access to treatment contributed to the low rates of utilization among races.

Recognizing that the stigma of mental health acts as a barrier, employers need to take proactive measures to enhance utilization. Raising awareness alone through traditional promotional efforts has failed. In a study on the factors that influence the disclosure of mental health problems in the workplace, Brohan et al. (2012) argued that awareness of mental health issues and their prevalence was not associated with the policy changes. Bringing the importance of mental health to the forefront of discussions helps to destigmatize the issue, particularly when employees understand they are not alone in experiencing difficulty. This contrasts with the more common supervisory reference that the firm has an EAP service that is rarely acted upon. More recently, employers are beginning to adopt new tactics to bring mental health into the open. For example, Starbucks recently announced plans to enhance its EAP as a result of employee feedback to better support employees (Gurchieck, 2020). Additionally, out of 147 employers surveyed by the National Business Group, 48% of firms responding indicated they were planning to implement an anti-stigma campaign that includes additional training for managers to better identify and assist employees (Miller, 2020).

Accessibility of services is improving through the increased use of telemedicine and mobile applications. A positive impact of the COVID-19 pandemic is the easing of restrictions on telemedicine and technical barriers that have limited its use with certain employee populations. While not appropriate in all cases, telemedicine is being utilized more broadly for both physical and mental health diagnosis and treatment. EAPs have long used a variety of engagement modalities, including call centers, web-based information and services, face-to-face counseling, and teleconference (i.e., telemedicine). Telemedicine offers several benefits that improve convenience and usability, increase access, and provide a confidential and engaging experience (Health Management Associates, 2020). This form of modality connects an individual with a counselor in either audio or audio/video formats. Additionally, some telemedicine platforms also allow chat or texting features to provide users enhanced flexibility in choosing the format they are most comfortable using. As the growing number of employers offer telemedicine options such as virtual mental health counseling, these services will be more accessible to all employees and dependents in a convenient, highly accessible way (Miller, 2020).

Mobile applications will extend the reach of accessibility to mental health services through smart phone-based interventions. Studies are being conducted on the efficacy of mobile application-based interventions. Weber et al. (2019) conducted a study of 532 participants to determine the effectiveness of a mobile application in improving stress-related health problems. The study found improvements in participants' ability to manage stress and overall enhancements in mental well-being, suggesting the potential for mobile application-based interventions to prevent or at least provide less work-based stress. Moreover, as advances in mobile application and digital communications technology are expanding how mental health diagnosis and treatment are delivered, employers will need to enhance their EAP services to reflect changes in how employees want to engage these services. A Florida-based health care firm reported that more than 30% of their behavioral and mental health customers are using their telemedicine platform. Additionally, they have found that their younger clients are using the text or chat features more frequently to interact with counselors (Wells et al., 2020).

In order to improve utilization of EAP services, employers must take proactive steps to develop target strategies to address employee mental health needs. Specifically, these strategies must be designed to educate employees and managers about the value of managing stress, anxiety and depression; reducing the stigma associated with seeking help; and improving choice and access to services. Additional efforts should be taken to obtain detailed demographic data to ensure race/ethnicity is tracked. This information will assist employers and providers in developing strategies to address the needs of underserved employees.

Strengths and Limitations

This study contributes to a growing body of knowledge on the efficacy and provision of EAP services to address mental health issues such as stress, anxiety and depression and the impact of these issues on workplace outcomes such as

absenteeism, presenteeism, turnover and job satisfaction. The study explores questions surrounding the impact of organizational and societal crisis on utilization. Additionally, we examine the demographic factors of gender, age and race/ethnicity in EAP utilization—particularly, the effect of race/ethnicity, which has been noticeably limited in the field. Lastly, we explore the emerging evidence on the potential impact of technology on improving access to EAP services.

Several limitations of this study must be acknowledged. This study utilized secondary sources of existing data obtained from both private and public data sources. While secondary analysis of existing data is common in mental health research and there are advantages in terms of efficiency, this form of analysis also has inherent limitations. Although data was examined from existing and secondary data sources in an effort to provide a time-sensitive and diverse perspective across small, medium and large employers, comparing different studies that used different scales of measurement and data analysis can present challenges in analyzing and interpreting results. Cheng and Phillips (2014) suggested that because the survey questions in health research are not developed to address the specific research questions of an individual study, residual confounding can occur when some variables that could act as covariates are not captured. In this study, information obtained from The Standard *Behavioral Health Impact Study* provided frequency distributions data only. Neither the data collection survey instrument, raw data nor analysis methodology was provided to the research team to allow for an independent analysis. Additionally, data was obtained from the CDC *Anxiety and Depression Household Pulse Survey* on the impact of COVID-19 and in collaboration with ARG LLC, where the data was provided with limited explanatory detail on the data source, sample sizes and collection methodology.

Given the short data collection time frame, the interpretations from this study will continue to evolve as new information will be forthcoming due to states and organizations responding to increasing COVID-19 cases and associated uncertainty. In other words, most of the data was collected between mid-March and the end of June 2020, which was early in the COVID-19 pandemic and, therefore, may not provide a sufficient time period to fully understand the impact of the COVID-19 pandemic on employee EAP utilization. Additionally, the concurrent social unrest that began in early summer has added further stress and anxiety, which may be a confounding factor to the study's results. Consequently, a second follow-up study in the next six months would likely provide more insight into employer EAP service provision and employee utilization.

Conclusion

While utilization of EAP services was found to be mixed since the start of the COVID-19 pandemic, numerous reports have indicated that employees continue to request additional mental health support as they deal with the ramifications stemming from the COVID-19 pandemic. The efficacy of EAP services appear to

provide either a supplementary or complementary option to mental health services offered through traditional health plans for all demographic groups and may be less stigmatizing for certain minority groups than services offered through health plans (Coles, 2019). The ease of access, confidentiality and focus on both the mental health needs of the employee and the work productivity needs of the employer make EAPs uniquely positioned to positively affect all stakeholders, if implemented effectively. Additionally, as the use of EAPs by employers has increased since their inception, regulators have sought how best to define them as an employee benefit and offer guidance to ensure the protection of consumers of these services. In order to better regulate the activities of EAPs, over the past decade and a half, states have increasingly either adopted the Model #68 laws and regulations or enacted similar legislation under the definition of limited health services (Hrdlick and Paquette, 2016). Consequently, as employers expand mental health benefit offerings through both EAPs and traditional health plans, state insurance departments may require EAPs to follow more stringent requirements such as certificates of authorization and licensure. This will require employers to consider how they structure their EAP benefits to ensure they meet the appropriate compliance requirements.

Azzone et al. (2009) offered practical guidance suggesting that more employers should place more effort on actively promoting EAPs in order to support employee mental health, greater levels of confidence in the utility and value of these services will occur. However, employers still fall short in implementing mental health strategies that: 1) address the growing need for employee mental health support; 2) effectively promote EAP services to increase utilization; 3) through effective partnership with EAP providers, give employees and supervisors the knowledge and tools to better manage stress, anxiety and depression during this disruptive period; (4) destigmatize mental health in the workplace; (5) target high-risk and low utilization audiences, particularly men and minorities, who are less likely to seek help for mental health issues; and (6) leverage advancing technology to improve access to all employee groups. We argue that the effects on employee mental health will increase as the economic and political impact of the COVID-19 pandemic will lead to more uncertainty. Consequently, more research is needed to better understand the various factors that affect EAP utilization. Increased utilization can help employers provide the support employees need while minimizing losses in work productivity due to the negative effects of stress, anxiety and depression on mental health.

References

Abrams, Z. (2020). "Psychologists' Advice for Newly Remote Workers," American Psychological Association, accessed online at *https://www.apa.org/news/apa/2020/03/newly-remote-workers*.

Agovino, T. (2019). "Companies Seek to Boost Low Usage of Employee Assistance Programs," SHRM, accessed online at *https://www.shrm.org/hr-today/news/hr-magazine/winter2019/pages/companies-seek-to-boost-low-usage-of-employee-assistance-programs.aspx#:~:text=Magazine%20%7C%20Winter%202019-,Companies%20Seek%20to%20Boost%20Low%20Usage%20of%20Employee%20Assistance%20Programs,to%20make%20EAPs%20more%20attractive.&text=November%2021%2C%202019-,New%20providers%20and%20services%20are%20among%20the%20changes%20being%20rolled,to%20make%20EAPs%20more%20attractive.&text=American%20employees%20are%20stressed.*

APA (2020). APA Dictionary of Psychology. *American Psychological Association*, accessed online at *https://dictionary.apa.org/mental-health*.

Attridge, M., T. Amaral, T. Bjornson, E. Goplerud, P. Herlihy, T. McPherson, … L. Teems (2009). "Utilization of EAP Services," *EASNA Research Notes*, 1(5): 1–3, accessed online at *http://www.easnsa.org*.

Attridge, M., D.A. Sharar, G.P. DeLapp, and B. Veder (2018). "EAP Works: Global Results from 24,363 Counseling Cases with Pre-Post Data on the Workplace Outcome Suite (WOS)," *International Journal of Health & Productivity*, 10(2): 7–27.

Attridge, M., G. DeLapp, P. Herlihy, P. Ihnes, M. Jacquart, R. Lennox, … D. Sharar (2017). (rep.). *Comparing Improvements After EAP Counseling for Different Outcomes and Clinical Context Factors in over 16,000 EAP Cases Worldwide - 2017 Annual Report*, 1–46). Bloomington, IL: Chestnut Global Partners.

Azzone, V., B. Mccann, E.L. Merrick, D. Hiatt, D. Hodgkin, and C. Horgan (2009). "Workplace Stress, Organizational Factors and EAP Utilization," *Journal of Workplace Behavioral Health*, 24(3): 344–356, accessed online at *https://doi.org/10.1080/15555240903188380*.

CDC (2020). *Anxiety and Depression Household Pulse Survey*, accessed online at *https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm*.

Cheng, H.G., and M.R. Phillips (2014). "Secondary Analysis of Existing Data: Opportunities and Implementation," *Shanghai Archives of Psychiatry*, 26(6), 371–375, accessed online at *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311114/*.

Chou, E.Y., B.L. Parmar, and A.D. Galinsky (2016). "Economic Insecurity Increases Physical Pain." *Psychological Science*, 27(4): 443–454, accessed online at *https://doi.org/10.1177/0956797615625640*.

Coles, C.N. (2019). "The Effect of Employee Assistance Programs (EAPs) on Behavioral Healthcare Utilization: The Role of Race and Ethnicity" (dissertation), *ProQuest*, Ann Arbor, MI.

Colligan, T.W., and E.M. Higgins (2006). "Workplace Stress," *Journal of Workplace Behavioral Health*, 21(2): 89–97, accessed online at *https://doi.org/10.1300/j490v21n02_07*.

Cooper, C. L., and S. Cartwright (1994). "Healthy Mind; Healthy Organization—A Proactive Approach to Occupational Stress," *Human Relations*, 47(4), 455–471, accessed online at *https://doi.org/10.1177/001872679404700405*.

Datta, D.K., J.P. Guthrie, D. Basuil, and A. Pandey (2009). "Causes and Effects of Employee Downsizing: A Review and Synthesis," *Journal of Management*, 36(1): 281–348, accessed online at *https://doi.org/10.1177/0149206309346735*.

Employee Benefits Security Administration, and Miller, D. L. (2014). Volume 79, Number 190 Amendments to Excepted Benefits 59130–59137. Washington, DC; United States Government.

Estrada, R. (2019). "Bolstering Mental Health in the Workplace," *Benefit Trends*, 4–5.

Gale, S.F. (2017). "EAPs Are Valuable But Underused," accessed online at *https://www.workforce.com/news/sector-report-eaps-valuable-underused*.

Greenwood, K. L., Deweese, P., & Inscoe, P. S. (2006). Demonstrating the Value of EAP Services. *Journal of Workplace Behavioral Health*, *21*(1), 1–10. *https://doi.org/10.1300/j490v21n01_01*.

Grewal, D. (2016). Does Financial Insecurity Lead to More Physical Pain? *Scientific American*, accessed online at *https://www.scientificamerican.com/article/does-financial-insecurity-lead-to-more-physical-pain/*.

Grunberg, L., S. Moore, and E.S. Greenberg (2006). Managers' reactions to implementing layoffs: Relationship to health problems and withdrawal behaviors. *Human Resource Management*, 45(2): 159–178, accessed online at *https://doi.org/10.1002/hrm.20102*.

Gurchiek, K. (2020, January 14). Starbucks unveils mental health initiative for employees. SHRM Human Resource Topics.

Hacker, J.S., P. Rehm, and M. Schlesinger (2010). "Standing on Shaky Ground: Americans' Experience with Economic Uncertainty": 1–36. New Haven, CT: Yale University.

Hamel, L., A. Kearney, A. Kirzinger, L. Lopes, C. Muñana, and M. Broadie (2020). "Impact of Coronavirus on Personal Health, Economic and Food Security, and Medicaid, *KFF Health Tracking Poll – May 2020*, accessed online at *https://www.kff.org/report-section/kff-health-tracking-poll-may-2020-health-and-economic-impacts/*.

Hammer, L. B., J.C. Cullen, M.B. Neal, R.R. Sinclair and M.V. Shafiro (2005). "The Longitudinal Effects of Work-Family Conflict and Positive Spillover on Depressive Symptoms Among Dual-Earner Couples," *Journal of Occupational Health Psychology,* 10(2): 138–154.

Harris, S.M., M. Adams, L. Hill, M. Morgan, and C. Soliz (2002). "Beyond Customer Satisfaction,". *Employee Assistance Quarterly*, 17(4): 53–61, accessed online at *https://doi.org/10.1300/j022v17n04_05*.

Hartwell, T. D., P. Steele, M.T. French, F.J. Potter, N.F. Rodman, and G.A. Zarkin (1996). "Aiding Troubled Employees: The Prevalence, Cost, and Characteristics of Employee Assistance Programs in the United States," *American Journal of Public Health*, 86(6): 804–808, accessed online at *https://doi.org/10.2105/ajph.86.6.804*.

Health Management Associates (2020). "Telehealth in the COVID-19 Environment," accessed online at *https://www.healthmanagement.com/what-we-do/covid-19-resources-support/telehealth/*.

Hrdlick, T.R., and N.R. Paquette (2016). Legal News: Insurance Regulation, Foley & Lardner LLC.

IFEBP (2020). *"Employee Benefits in a COVID-19 World Survey Report, "* accessed online at https://www.ifebp.org/store/Pages/covid-19-survey.aspx.

Joseph, B., A. Walker, and M. Fuller-Tyszkiewicz (2017). "Evaluating the Effectiveness of Employee Assistance Programmes: A Systematic Review," *European Journal of Work and Organizational Psychology*, 27(1): 1–15, accessed online at *https://doi.org/10.1080/1359432x.2017.1374245*.

Jung, M. (2013). "Health Disparities Among Wage Workers Driven by Employment Instability in the Republic of Korea," *International Journal of Health Services*, 43(3): 483–498, accessed online at *https://doi.org/10.2190/hs.43.3.g*.

Kendall, E., and H. Muenchberger (2009). "Stressors and Supports Across Work and Non-Work Domains: The Impact on Mental Health and the Workplace," *Work*, 32(1): 27–37, accessed online at *https://doi.org/10.3233/wor-2009-0813*.

Kivimäki, M., J. Vahtera, J. Pentti, and J.E. Ferrie (2000). "Factors Underlying the Effect of Organisational Downsizing on Health of Employees: Longitudinal Cohort Study," *BMJ*, 320(7240): 971–975, accessed online at *https://doi.org/10.1136/bmj.320.7240.971*.

Legal Information Institute (n.d.). "29 U.S. Code § 1102 - Establishment of Plan," Legal Information Institute, accessed online at *https://www.law.cornell.edu/uscode/text/29/1102*.

Legal Information Institute. (n.d.). "29 CFR § 2510.3-1 - Employee Welfare Bnefit Plan," Legal Information Institute, accessed online at *https://www.law.cornell.edu/cfr/text/29/2510.3-1*.

Lerner, D., and R.M. Henke (2008). "What Does Research Tell Us About Depression, Job Performance, and Work Productivity?" *Journal of Occupational and Environmental Medicine*, 50(4), 401–410, accessed online at *https://doi.org/10.1097/jom.0b013e31816bae50*.

Masi, D. (2020). "The History of Employee Assistance Programs in the United States," accessed online at *https://www.eapassn.org/EAPHistory*.

McAllister, C., D.J. Steffensen, P.L. Perrewe, C.D. Brooks, and G. Wang (2020). "How to Cope With That 'Always-On' Feeling," *Harvard Business Review*, accessed online at *https://hbr.org/2020/05/how-to-cope-with-that-always-on-feeling*.

Miller, S. (2020). "Perk Up: 6 Benefit Trends to Watch in 2020," *SHRM*, accessed online at *https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/*

perk-up-six-key-benefit-trends-to-watch-in-2020.aspx.
NAIC (2000). *Prepaid Limited Health Service Organization Model Act*, 68–3.
Palsson, O.S., S. Ballou, and S. Gray (2020). (rep.). "The U.S. National COVID-19 pandemic Emotional Impact Report": 1–36, Chapel Hill, NC: University of North Carolina at Chapel Hill.
Pfeffer, J. (2018). Dying for a Paycheck: How Modern Management Harms Employee Health and Company Performance—and What We Can Do About It, *HarperCollins Publishers*.
Pompe, J.C. (2011). "The State of Global EAP: A Purchaser's Perspective," *Journal of Workplace Behavioral Health*, 26(1): 10–24, accessed online at *https://doi.org/10.1080/15555240.2011.540973*.
Poverny, L.M., and S.J. Dodd (2000). "Differential Patterns of EAP Service Utilization," *Employee Assistance Quarterly*, 15(4): 29–42, accessed online at *https://doi.org/10.1300/j022v15n04_03*.
Rajgopal, T. (2010). "Mental Well-Being at the Workplace," *Indian Journal of Occupational & Environmental Medicine*, 14(3): 63–65.
Ray, J. (2020). "Americans' Stress, Worry and Anger Intensified in 2018," *Gallup*, accessed online at *https://news.gallup.com/poll/249098/americans-stress-worry-anger-intensified-2018.aspx*.
Richmond, M.K., F.C. Pampel, R.C. Wood and A.P. Nunes (2016). "Impact of Employee Assistance Services on Depression, Anxiety, and Risky Alcohol Use," *Journal of Occupational and Environmental Medicine*, 58(7), 641–650, Accessed online at *https://doi.org/10.1097/jom.0000000000000744*.
Richmond, M.K., F.C. Pampel, R.C. Wood, and A.P. Nunes (2017). "The Impact of Employee Assistance Services on Workplace Outcomes: Results of a Prospective, Quasi-Experimental Study," *Journal of Occupational Health Psychology*, 22(2): 170–179, accessed online at *https://doi.org/10.1037/ocp0000018*.
Roche, A., V. Kostadinov, J. Cameron, K. Pidd, A. Mcentee, and V. Duraisingam, (2018). "The Development and Characteristics of Employee Assistance Programs Around the Globe," *Journal of Workplace Behavioral Health*, 33(3-4): 168–186, accessed online at *https://doi.org/10.1080/15555240.2018.1539642*.
Salleh, M.R. (2008). "Life Event, Stress and Illness," *Malaysian Journal of Medical Sciences*, 15(4): 9–18.
SHRM (2015). *2015 Employee Benefits: An Overview of Employee Benefits Offerings in the U.S.*: 1–87, Alexandria, VA.
SHRM (2020). "Survey: How COVID-19 Is Changing the Workplace," accessed online at *https://www.shrm.org/about-shrm/press-room/press-releases/pages/survey-how-covid-19-is-changing-the-workplace.aspx*.
SHRM (2020). Mental Health Resources for Your Employees and Self, accessed online at *https://pages.shrm.org/mental-health*.
Steel, Z., C. Marnane, C. Iranpour, T. Chey, J.W. Jackson, V. Patel, and D. Silove (2014). "The Global Prevalence of Common Mental Disorders: A Systematic

Review and Meta-Analysis 1980–2013," *International Journal of Epidemiology*, 43(2): 476–493, accessed online at *https://doi.org/10.1093/ije/dyu038*.

Substance Abuse and Mental Health Services Administration (2014). Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020. HHS Publication No. SMA-14-4883. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Sverke, M., J. Hellgren, and K. Näswall, K. (2002). "No Security: A Meta-Analysis andReview of Job Insecurity and Its Consequences," *Journal of Occupational Health Psychology*, 7(3): 242–264, accessed online at *https://doi.org/10.1037/1076-8998.7.3.242*.

The Standard (2020). "Supporting Behavioral Health in the Workplace," Portland, OR: Standard Insurance Company.

Virtanen, P., U. Janlert, and A. Hammarström (2010). "Exposure to Temporary Employment and Job Insecurity: A Longitudinal Study of the Health Effects," *Occupational & Environmental Medicine*, 68(8): 570–574, accessed online at *https://doi.org/10.1136/oem.2010.054890*.

Weber, S., C. Lorenz and N. Hemmings (2019). "Improving Stress and Positive Mental Health at Work Via an App-Based Intervention: A Large-Scale Multi-Center Randomized Control Trial," *Frontiers in Psychology*, 10: 1–14, accessed online at *https://doi.org/10.3389/fpsyg.2019.02745*.

Wells, K., S. Chafin, and D. Ozanne-Tolman (2020). "The Impact of COVID-19 on EAP Utilization," personal interview.

Westlaw (2020). "Employee Assistance Programs (EAP) Compliance and COVID-19," Practical Law US, accessed online at *https://content.next.westlaw.com/Document/I388a2852854f11ea80afece799150095/View/FullText.html?contextData=%28sc.Default%29*.

Wojcik, J. (1999). "Stress a Major Risk in Compensation Consultants," *Business Insurance*, 18: 18–19.

WorldatWork (2020). *The WorldatWork COVID-19 Employer Response Survey*: 1–38), Scottsdale, AZ.

Zabawa, B.J. (2019). "The Regulation of Employee Assistance Programs (EAPs)," Wellness Council of America, accessed online at *https://www.welcoa.org/blog/regulation-employee-assistance-programs-eaps/*.

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Cummins, J. David and Richard A. Derrig, eds., 1989. *Financial Models of Insurance Solvency*, Norwell, Mass.: Kluwer Academic Publishers.

Manders, John M., Therese M. Vaughan and Robert H. Myers, Jr., 1994. "Insurance Regulation in the Public Interest: Where Do We Go from Here?" *Journal of Insurance Regulation*, 12: 285.

National Association of Insurance Commissioners, 1992. *An Update of the NAIC Solvency Agenda*, Jan. 7, Kansas City, Mo.: NAIC.

"Spreading Disaster Risk," 1994. *Business Insurance,* Feb. 28, p. 1.

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