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Background

Even before the pandemic, there was a mental health crisis in the U.S. characterized by an increased need for services and ongoing difficulty connecting with providers. The pandemic has worsened the situation, and significant numbers of Americans are not able to access care when needed. The recent baseline levels of mental illness have been quite high.

The most common mental health condition is **anxiety**, which impacts **over 40 million adults in the U.S. (19.1%) each year.** In addition, **over 21 million American adults (8.4%) can be diagnosed with depression each year**, and significant numbers are impacted by other conditions such as bipolar disorder (2.8%), post-traumatic stress disorder (PTSD, 3.6%), and attention deficit hyperactivity disorder (ADHD, 4.4%) (NAMI, 2022).

Substance abuse issues are also prevalent in the US. About 10% of Americans develop a substance use disorder in their lifetime, and many are not able to obtain needed treatment (SAMHSA, 2020). Overdose deaths have been increasing steadily, largely due to the impact of Fentanyl, a powerful synthetic opioid (CDC, 2022).

Mental health challenges and substance abuse have a significant impact on the workplace and are associated with absenteeism, accidents, performance issues, lack of engagement, and increased conflict, among other issues. It has been estimated that mental health conditions cost American employers more than \$200 billion per year in healthcare expenditures and lost productivity (Roehrig, 2016).







Impact of the Pandemic

The pandemic had a devasting impact on emotional well-being as individuals were impacted by social isolation, financial insecurity, fear of contracting the virus, juggling the care of family members, and adapting to remote work, to name a few. What's more, people experienced anxiety about passing on the virus to a family member or friend (American Psychiatric Association, 2020), and quarantines were associated with depression, irritability, stress, and anger among other effects (Pfefferbaum & North, 2020).

In the initial phase of the pandemic, from April to June 2020, U.S. adults reported anxiety and depression symptoms three times more and suicidal ideation two times more compared to pre-pandemic levels (Czeisler et al., 2020). Since the pandemic, drug overdose deaths in the U.S. have also been increasing. While in 2019 there were approximately 68,000 overdose deaths in the U.S., this number increased to 93,000 in 2020 and then to 107,000 in 2021 (CDC, 2022).

A study conducted between August 2020 and February 2021 found that not only were there significant increases in reported symptoms of anxiety and depression but also an increase in people needing but not receiving mental health treatment (Vahratian et al., 2021). Adolescents and children were particularly hard hit by the pandemic due to changes in their everyday routines, social isolation, and loss of a parent or caregiver, among other concerns (Office of the Surgeon General, 2021).

CCA's EAP Utilization During the Pandemic

CCA's book of business report for the U.S. showed that clinical cases increased significantly during the pandemic, reflecting a 29% increase from 2020 as compared to 2019, and another 22% increase year over year from 2020 to 2021. The primary reasons for contacting the EAP remained largely the same (stress, anxiety, and symptoms of depression), as did the total number of "formal" or "mandated" referrals of employees exhibiting performance concerns. However, the number of employees "informally" referred to the EAP by their manager or HR due to requests from employees or from observed performance or behavioral concerns increased significantly, reflecting a year-over-year increase of 122% in 2020 and a further 70% increase in 2021.

CCA's Response to the Pandemic

As with all major events such as natural disasters, terrorist attacks, and other traumatic workplace events, CCA had a proactive approach to the pandemic. Initial responses included providing client companies with links to COVID-19 related resources, tip sheets, and virtual support groups, as well as increased promotion of EAP services to all employees. CCA also significantly increased outreach services



directed to managers, providing training and support around identifying and addressing mental health concerns in the workplace, managing a remote workforce, management skills essentials, teambuilding, having difficult conversations, and helping employees adjust to a return to the workplace. Additionally, CCA delivered trainings around several Diversity, Equity, and Inclusion (DEI) related topics. Employee-focused trainings included stress management, resiliency, preventing harassment, strengthening communication skills, and emotional intelligence.

One of the most significant changes resulting from the pandemic was a move to virtual service delivery. The pandemic significantly accelerated the use of technology related to service provision, especially video conferencing technology. Prior to the pandemic, most counseling services to employees and family members were delivered in person. However, beginning in March 2020, 100% of CCA's clinical services were provided virtually, including "onsite" counseling services related to workplace traumatic events. Onsite support services and in-person counseling have started to return, but most clinical services are still offered virtually. While CCA's training services had been provided virtually about 25% of the time before the pandemic, they were delivered 100% virtually during the pandemic. Like clinical, training services have started to return to in-person delivery, though about 65% are still delivered virtually.

CCA also noted a large increase in the use of clinically led process groups, not just for grief. These came heavily into play with the social and political stressors/violence that occurred over the last five years, in addition to the pandemic. CCA has provided emotional support and process groups so much that they have become staples of our service delivery, a notable change from before the pandemic.

Conclusion and Recommendations

The mental health crisis continues. Companies are concerned about the lack of innetwork mental health providers for their employees and/or long waiting times to make an appointment. Employees have also reported difficulty in locating diverse providers, and specialists who can work with children and adolescents. These lapses and delays are putting additional strains on employees and are impacting workplace productivity.

EAPs are uniquely situated to assist with the current mental health crisis, as they already have large networks of providers in place and are connected to millions of Americans through their workplaces. In addition, EAPs help to improve healthcare efficiency by handling crises, triaging clients and connecting them to an appropriate level of care. EAPs can also help clients to navigate the often-confusing provider search process, and provide support while clients are waiting to be connected with a provider through their insurance.



Below are several of CCA's recommendations to further support the mental health needs of employees:

- Increase session models: By increasing the EAP session models (e.g., to 10, 15, or even 20 sessions) employers can help to mitigate the effects of long wait times for in-network providers. Extending the number of EAP sessions is a cost-effective method of supporting employees and their family members, and many conditions can be fully resolved in this time frame.
- Increase access to digital services: Many employees prefer to engage with supportive services through digital platforms including video conferencing, text coaching, asynchronous supports, and access to curated educational media. Broadening access to digital platforms increases the ease with which employees and family members can obtain needed support.
- Onsite counseling and support groups: Onsite counseling allows employees
 to easily connect with a therapist who is conveniently located at their
 organization. Onsite hours vary greatly from as little as three hours every other
 week, to eight hours a day. Support groups can also be offered onsite or virtually,
 and are frequently geared to specific groups such as nurses, physicians, utility
 workers, etc.
- Anti-stigma campaigns: Mental health stigma is a significant barrier to help seeking. Addressing this issue head-on with educational and awareness campaigns can increase utilization of mental health services. Innovative programs such as Peer Coaching programs for hard-to-reach groups like law partners, judges, physicians, and senior executives have also been instituted to address issues related to mental health stigma.
- Increased EAP promotion: Ongoing orientations for managers and employees along with emails, flyers, intranet links, and other marketing methods are needed in order to get the word out about EAP services to all those who could benefit.
- Training for managers and leaders: Training leaders about how to identify and address mental health concerns in the workplace as well as best practice methods for managing and supporting employees can be helpful in increasing proactive referrals to the EAP and improving morale and workplace engagement.
- Include EAP in comprehensive wellness plans: Many organizations are implementing comprehensive wellness plans for their workforces, highlighting and providing access to diverse services such as meditation classes, nutrition support, and gym memberships, among others. EAP services can also be promoted as a method of improving overall well-being.
- Promote Work-Life services: Employees face considerable hurdles managing
 work and home responsibilities. Most EAPs provide members with seamless
 access to Work-Life services that can assist by providing detailed information
 and referrals related to childcare, elder care, daily living, and legal/financial
 concerns. Promoting Work-Life services can help employees become aware of
 all the services that are available to them.



The pandemic had a significant impact on Americans and the American workplace. The way Americans work has been changed forever, with significant increases in virtual work that are likely to persist for some time, if not indefinitely. While the pandemic was shown to increase mental health concerns, especially anxiety, depression, and substance abuse, symptom levels for most individuals have now returned to pre-pandemic levels (Robinson et al., 2022). However, the demand for mental health services appears to be higher than ever, possibly indicating a decrease in the stigma around help-seeking and offering a unique opportunity to reach more people. Workplaces are well positioned to offer innovative mental health and wellness programs that can address these concerns that have such a significant impact on their bottom line. Employers need to help their workforces adapt to the new work environment in order to decrease the ever-present concerns of turnover, poor performance, and workplace conflict.

References

American Psychiatric Association. (2020). COVID-19 Pandemic is taking MH toll, finds APA poll. Psychiatric News. Retrieved from https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2020.5a10.

Centers for Disease Control and Prevention. 2022. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Czeisler M., Lane RI, Petrosky E, et al. Mental health, substance use, and suicidal ideation during the COVID-19 pandemic: United States, June 24-30, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(32):1049-1057. doi:10.15585/mmwr.mm6932a1

Giorgi, G., Lecca, L.I., Alessio, F., Finstad, G.L., Bondanini, G., Lulli, L.G., Arcangeli, G., & Mucci, N. (2020). COVID-19-Related Mental Health Effects in the Workplace: A Narrative Review. *International Journal of Environmental Research and Public Health*, 17(21), 7857.

Godfrey, K.M., & Scott, S.D. (2021). At the Heart of the Pandemic: Nursing Peer Support Nurse Leader, 19(2), April, 188-193.

Guler, M.A., Guler, K., Gulec, M., Ozdoglar, E. (2021). Working From Home During a Pandemic:

Investigation of the Impact of COVID-19 on Employee Health and Productivity. *Journal of Occupational and Environmental Medicine*, September, 63(9), 731-741.

National Alliance on Mental Illness (NAMI). 2022. https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions

Office of the Surgeon General (OSG). Protecting Youth Mental Health: The U.S. Surgeon General's Advisory [Internet]. Washington (DC): US Department of Health and Human Services; 2021. PMID: 34982518

Pfefferbaum, B. & North, C.S. (2020). Mental Health and the Covid 19 Pandemic. N. Engl J Med, 383(6), 510-512.

Restauri, N. & Sheridan, A.D. (2020). Burnout and Posttraumatic Stress Disorder in the Coronavirus Disease 2019 (COVID-19) Pandemic: Intersection, Impact, and Interventions Journal of the American College of Radiology, July, 17(7), 921-926.

Robinson, E., Sutin, A.R., Daly, M., Jones, A., 2022. A systematic review and meta-analysis of longitudinal cohort studies comparing mental health before versus during the COVID-19 pandemic in 2020. J. Affect. Disord. 296, 567-576.

Roehrig C. Mental disorders top the list of the most costly conditions in the United States: \$201 billion. *Health Aff.* 2016:10–1377

Substance Abuse and Mental Health Services Administration (2020). Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services.

Vahratian, A., Blumberg, S.J., Terlizzi, E.P., Schiller, J.S., 2021. Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic – United States, August 2020-February 2021. Morbity and Mortality Weekly Report, April 2, 2021, 70 (13), 490-494.