Research to Practice Brief:
Impact of COVID-19 on Employee Mental Health and the Experiences of Employee Assistance Program (EAP) Professionals

Across industries and occupations, the unprecedented challenges of the COVID-19 pandemic have prompted increased employer awareness of and concern for employee mental health needs. In addition, the pandemic has had a disproportionate impact on people with disabilities in a number of ways. Challenges such as increased loneliness from required or self-imposed isolation, anxiety about health, and loss of in-person interaction with colleagues may be heightened for people with disabilities (Petri et al., 2020). Moreover, higher rates of hospitalizations and deaths from COVID-19 among Black, Hispanic/Latino, and indigenous populations have exacerbated the pandemic’s effects for these communities and exposed decades of health and social inequalities experienced by Black communities in particular. As a result, people of color with disabilities have been impacted more acutely.

Through a series of focus groups, EARN examined the impact of the COVID-19 pandemic on the use of Employee Assistance Program (EAP) services, expansion of alternate service-delivery approaches (such as telehealth), and the experiences of EAP professionals who are members of the Employee Assistance Professionals Association (EAPA). In this context, this brief provides a summary of research-based employer practices related to supporting employee mental health and EAPs.

Introduction

EAPs provide support for employees experiencing a wide range of challenges, including mental health and behavioral issues, childcare and other caregiving issues, relationship challenges, substance use, and financial or legal problems. During the pandemic, demand for EAP services grew dramatically over a short period of time, as EAP professionals became a critical touchpoint for employees seeking support, whether in-person or remotely (Hirsch, 2021). Some organizations also relied on EAP professionals for consultation on policies and services to reduce risk and maximize outcomes for their workforces (Hirsch, 2021; Gorter, 2020). In sum, the pandemic,
combined with ongoing social and political events over the previous two years, led a shift to remote and real-time services. These events also impacted the nature of service needs and the volume of individuals seeking them. In particular, employees sought EAP assistance to address mental and behavioral health needs such as anxiety and depression, substance use, feelings of social isolation, and relationship stress.

**Expanded Service-Delivery Methods**

Not surprisingly, COVID-19 changed how EAPs provided services. Many EAP services could be provided remotely or via telehealth rather than in-person. However, some services continued to be delivered in-person in specific circumstances, particularly when the employees being served worked in-person in essential industries (e.g., health care, transportation). According to the Urban Institute (PDF) (2020) Black, Native American, and Hispanic/Latino workers are more likely than white workers to be employed in essential positions that presented, and continue to present, a greater risk of contracting and spreading COVID-19. Emergency orders also lifted in-state licensing requirements, allowing EAP providers to operate across state lines and create additional opportunities to serve clients via telehealth. In addition, EAPs shifted to providing more “real time” services and interaction via alternate communication methods (e.g., texting).

**Expanded Volume**

As noted previously, EAPs faced a substantial increase in service requests and an ebb and flow of demand that aligned roughly with that of rates of COVID-19 infections. For example, demand decreased along with COVID-19 case numbers in early summer 2021 and rose again as the Delta strain spread in late summer/fall of that year. However, early in the pandemic (spring 2020), demand decreased quickly and then spiked one to two months later. EAP professionals who participated in the focus group attribute this trend to employees attempting to manage their responses on their own early in the pandemic, and then later seeking services.

**Expanded Users**

Focus group participants also described changes in the types of employees seeking support. Before the pandemic, organizational leaders often called the EAP to seek support for their employees. During the pandemic, leaders increasingly sought support for themselves as well, in particular for guidance on how to navigate the pandemic and timely social and political issues.

**Addressing Social/Political Issues**

As demand for their services increased over the course of the pandemic, EAPs also had to quickly adapt to a changing social and political climate characterized by increased attention to long-standing racial and social inequities. To do so, many EAPs utilized strategies such as engaging in continuing education for counselors; contracting expertise in providing support for social and political issues; and matching clients to counselors with aligned culture, expertise, or support capabilities. Cheng et al., (2021) found that racial/ethnicity alignment between counselors and clients was associated with better therapeutic outcomes for people of color in short-term treatment. EAP professionals also described a need for internal professional development to help them navigate social and political challenges and, in turn, better assist their clients.
Suggestions for Employers to Better Support Employee Mental Health
and Well-Being

Focus group participants noted a shift in workplaces toward being “much more employee-focused and well-being focused,” and that this was driven in large part by younger employees. They also noted that employers increasingly recognize that there are financial benefits to supporting employee well-being and suggested a wide range of possible actions that could increase the effectiveness of existing EAP or other support programs including:

**Workplace Culture and Practice**

- **Shift** workplace culture and practice in ways that better support employee well-being.
- **Change and update** policies to better promote mental health and wellness among employees, including ensuring written policies and formal practices specifically support mental health.
- **Foster** more open and trusting workplaces, including encouraging conversations about mental health.
- **Create** a culture of transparency, safety, and trust, especially on the part of top leadership. Senior leaders should strive to model the importance of supporting mental health and well-being.

**Workplace Flexibility**

Increase flexibility in work arrangements (e.g., location, schedule) to support employees with a wide range of perspectives in order to promote mental health and well-being.

**Manager Support**

Increase EAP access to mid-level managers and other leaders. Participants identified mid-level managers as key points in organizations who often lack needed emotional support for themselves.

**Communication About Available Benefits**

Ensure organizations clearly and effectively communicate about the full range of supports that are available to support employee mental health and well-being.

**Utilization of Insurance Company Services**

Work closely with insurance companies to tailor benefits to meet the mental health needs of employees and monitor insurance companies to ensure employees receive those services.

**Use of EAP Services**

Promote and support EAP use among all employees, including working to ensure that the EAP is viewed as a supportive tool rather than a punitive tool.

**Availability of EAP Services**

Increase the number of EAP sessions available to employees (e.g., from 4-6 to 8-12). Offer EAP services as a central hub for employee support, rather than only on an as needed basis.
Employer Considerations for Engaging or Adapting EAP Services

While both demand for services and the challenges faced by employees intensified due to the pandemic, the supply of EAP professionals and availability of services did not expand as rapidly. This led to increased wait times for services, difficulty serving clients, and increased costs.

In response, focus group participants reported that their EAPs developed several new or adapted services to support as many employees as possible. These included:

- **Group events**: Using webinars or “roundtable” events to gather employees to share information and resources they could use immediately. These events varied from small groups (e.g., 4-6) to large gatherings (e.g., 300+).
- **Critical incident stress management**: Spending more time identifying stressful events in organizations/departments and proactively providing support (e.g., a medical center experiencing an increase in COVID-19 cases and proactively reaching out/visiting staff to provide/offer support).
- **Increased communications**: Providing weekly, rather than monthly, newsletters with supportive information and resources.
- **Preventive services**: Providing more preventive services to identify and address issues before they reach crisis level. Examples include:
  - Providing services as clients transition (e.g., as medical students exit school and enter residency/practice).
  - Meeting individually to identify initial needs (e.g., review existing behavioral health services and identify new options).
  - Providing behavioral health check-ups/evaluations (e.g., some police are adding in a mental wellness component along with physical wellness evaluations).
- **Increased support to organizational leaders**: Working with HR leadership and high- to mid-level managers to prepare them to respond to mental health issues and other challenges in the workplace. Focus group participants made recommendations such as educating employers on “how to be cognizant of people who might be struggling and appropriately intervene” and including services like Mental Health First Aid.
- **Expanded modalities**: Offering more services in-home and online and via telephone, chat, or text.
- **Expanding sessions**: Working with employers to expand their contracts to provide more EAP sessions for employees and allowing clients to continue with their current counselors past their session limits if there are no options for timely referral.
- **Reducing service offerings**: Critically examining the range of services offered to identify those that are most/least impactful and eliminating any that are, according to one focus group participant, “not bringing us a bunch of value and bringing our customers value.”
- **Cross-training staff**: Enabling staff to serve in multiple functions to align with existing needs.
- **Hybrid events**: Figuring out how to hold events with remote and in-person audiences effectively.
- **Hybrid/flexible workplaces**: Identifying the most effective mix of in-person and remote work for EAP employees and the most effective flexible workplace options.
Conclusion

Clearly, the COVID-19 pandemic brought significant changes to the workforce and going forward, many employers are reexamining not only issues related to when and where work gets done, but also how they support workers from a holistic perspective so that their organization can succeed in both good times and bad. Indeed, increased employer understanding of and concern for employee mental health and well-being may be a legacy of this era that benefits both employees and organizations for years to come. But sustaining it requires a thorough understanding of the issues brought to light. EARN’s conversations with EAP professionals provided insight into the specific issues and pressures employees face. They also identified the types of support that have increased in demand over the last few years, the modes of service delivery that were used, and possible avenues for employers and EAPs to follow as they work together to support employees, now and in the future.

References


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