

## WHITE PAPER

Andrew Gething  
Managing director, MorganAsh



MorganAsh

# Improving the effectiveness of employee assistance programmes

Why the uptake and success of EAPs is troublingly low – and what to do about it.

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## About the author

**ANDREW GETHING** is an entrepreneur and investor – and the founder and managing director of MorganAsh. MorganAsh was founded in 2004 to innovate – and to bridge the gap between corporates personal health and financial services. MorganAsh is focused on creating and delivering differentiated well-being services which combine human empathy with technology efficiency.

MorganAsh helps people when they are seriously ill or seeking elderly care solutions. Bridging the two worlds of technology efficiency and human empathy is MorganAsh's innovative Proactive Absence Intervention service. This aims to properly resolve a problem that has frustrated organisations for years – why employee assistance programmes don't meaningfully reduce absence or increase employee well-being.

Andrew has accumulated extensive experience and expertise in how corporate well-being services work, how their flaws can be addressed and how they can be either improved or radically redesigned for the way we work today.

# Improving the effectiveness of employee assistance programmes

Why the uptake and success of EAPs is troublingly low – and what to do about it.

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# Introduction

**EAPs are widely utilised and a popular benefit.** The Reward & Employee Benefits Association found that 88% of companies surveyed offer EAPs. The UK's Employee Assistance Professionals Association found that 13.8 million employees are covered by one.

**But there are problems.** While these numbers look superficially great, they should be significantly better. They hide an inconvenient truth: almost always, **EAPs are poorly utilised.** They have low take-up and suffer from significant drop-offs during the recovery journey. Consequently, despite good intentions, there's little evidence to suggest they are resolving long-term sickness in the workplace.

This paper looks at these issues and the reasons for them – before proposing a solution. Although we generally refer to EAPs, this also applies to similar schemes.



Some of the issues highlighted in this paper:

- Low engagement rates – the service not being used.
- Failure to understand the root cause of issues, leading to poor diagnoses and resulting in ineffective treatments.
- Reactive EAPs leave patients to manage their own case going forward, resulting in far slower progress than is desirable.
- A lack of continuity during the recovery journey (the patient must start from scratch with each call or intervention) – results in a significant number of drop-offs. Essentially, people just give up; they either return to work before they are ready or leave their employment.
- EAPs perpetuate clinical silos – they don't integrate with other services, which themselves are often not connected.
- Fear of GDPR prevents the sharing of data between clinicians.
- Individuals are worried about being judged on their condition and seek to keep it private.
- HR departments are presented with conflicting reports from different clinicians delivering more problems than solutions.
- An overall focus on effort and input, rather than on results.

On top of this, corporates are increasingly frustrated because EAP providers often insist on long-term contracts, regardless of results.

A key takeaway here is that most EAP statistics appear strong because they use 'no help given' as the benchmark – so any number looks good. Even a small year-on-year improvement gives the appearance of performance gains. There's little or no measurement against alternative approaches – which is a bit like measuring a form of transport against standing still.

# The value in getting to the root cause of an issue

Far too often, the underlying causes of health issues aren't fully understood before solutions (typically counselling and physiotherapy) are recommended. This is particularly true of cases which involve mental health issues in the workplace, which themselves are the result of a combination of factors.

**Real-world case results by MorganAsh showed that, for 47% of cases, the original reported condition was not the full story – and in 11% of cases, treatments were changed once there was a proper understanding of the actual issues.**

There is a real need for people to work with someone who can understand their whole situation – to assess it holistically. That person needs to take the time required to understand all of a person's well-being issues, regardless of their causes – be they related to work or family, are physical or mental – and not to be limited by employment law, or clinical, ethical and commercial silos. There is a need to combine the accepted biopsychosocial approach (where a person's medical condition isn't just because of biological factors, but also psychological and social factors) with workplace issues.

None of this is news. It is widely accepted that healthcare operates in silos, and that symptoms aren't always initially diagnosed correctly. It should then follow that any solution shouldn't be proposed in haste, without both understanding the root cause of an issue and performing a risk analysis of taking the wrong path. Yet, it is accepted that employees contact an EAP, self-diagnose their condition and book in treatment – perhaps physiotherapy or CBT – without there being a thorough understanding of the real problem.



# Overcoming clinical and ethical silos

State health services generally have a great culture of universal care but suffer from working in clinical silos and having a poor relationship with the private sector. Once a person is being treated within a particular clinical silo, there is often either no referral to other silos or, if there is a referral, it can take weeks. If the correct silo is not selected to start with, this can lead to significant delays in making the correct diagnosis and recommending the most effective treatments.

Clinicians working in private and public practice are typically poor at recommending services from the other party. For private clinicians, this is for commercial reasons; for state-funded clinicians, there is an ethical/cultural hurdle which can prevent recommendations to the private sector.

There are numerous self-help groups and charities which offer aid, particularly with post-treatment support. These can be of great value but are seldom used.

Private occupational health services suffer from the same barriers; they often don't integrate effectively with other services – including EAPs or self-help groups – as much as they could. EAPs tend to work within their own approved suppliers and commercial boundaries. For many patients this is not an issue, but for some it can result in suboptimal treatment with slower or stalled recovery.



# Just reactive – the need to take control

Overall, the health industry is excellent at fixing us when we present to a GP or hospital, but it isn't geared up to be preventative or proactive. A reactive service is fine for emergencies, but poor for many workplace issues – especially so for mental health conditions.

One of the biggest problems is a lack of case ownership. Most solutions rely on the patient to be proactive, to take ownership of their own case and drive it forwards. They are expected to:

- contact the EAP.
- understand what is wrong with them.
- go back to the GP if they don't get better.
- make appointments to see consultants.
- keep on top of exercise regimes and medicine compliance.
- self-monitor and self-manage their recovery and only return if it worsens.

And, more recently, update a wellness app.

We know that those suffering from mental health problems are far less likely – and able – to 'own' their issues and proactively take control. We also know that even when a problem is physical, it can result in mental health issues, just as it can if it is related to a family or workplace problem. Because of this, many sufferers either fail to make use of solutions on offer or halt their progress far too soon in the recovery journey.

There is a real need to have a responsible, medically trained person take control of the situation and proactively guide the patient through the entire recovery journey. It isn't enough to trust that employees will engage with an EAP, and wrong to place accountability with them if they don't.



# Drop-offs during the recovery journey

Most illnesses go through a process of identification, diagnosis, treatment and recovery – what we might refer to as the illness-to-recovery journey.





For many people, the journey is straightforward, but there are numerous opportunities for people to either stall or 'fall off' before their journey is complete. These include:

- not knowing about the EAP service.
- taking advice from a friend, that might not be the most appropriate action.
- being fearful that the employer will discriminate if the issues become known.
- embarrassment or denial of the issue.
- a poor EAP/healthcare experience, on the phone or in person.
- delays in arranging appointments and scheduling interventions.
- a limited understanding of the way the health service works, or a misunderstanding of terminology.
- underestimating the condition, sometimes based on an incorrect diagnosis.
- poor rapport with the physician or therapist.
- poor compliance with medication, physiotherapy and other treatments.
- uncertainty regarding how one's company (HR, management and boss) will react.
- fear of being off sick – leading to loss of income, job and career.



These drop-offs may add time to the journey or stall it entirely. Unfortunately, most EAPs depend on employees to actively manage their own recovery journey. This is another of the main reasons why EAPs often don't deliver as hoped.



# How services contribute to the recovery journey

Services often position or advertise themselves as providing a solution, but the reality is they only contribute to it by helping with part of the journey. The table below shows how typical services contribute to the whole recovery journey.

	Wellness apps	Line managers	First-aider	HR	Occ Health	EAP	GP	Nurse Case Management
Prevention	Main focus	Main focus	Maybe		Maybe	Maybe		
Identification	Some	Some	Some		Some			Some
Acknowledgment		Some	Some		Some	Reactive		Yes
Intervention		Unlikely	Unlikely		Some			Proactive
Understanding				Some	Some			Proactive
Fitness for work					Main focus			Proactive
Diagnosis					Some		Main Focus	Proactively ensure appropriate diagnosis
Treatments					Unlikely	Main focus	Main focus	Organise
Post-treatment care					Rare			Proactive
Return-to-work planning				Main focus	Main focus	Maybe		Proactive

It is important to understand the actual contribution each of these services makes to the total solution. Incorrect expectations lead to recovery journeys which are frustrating for everyone.



# Sharing data can be essential for the recovery journey

It is a common, but flawed, approach that EAPs, occupational health schemes, state health services, charities and self-help groups don't share patients' data – primarily for fear of fines resulting from GDPR breaches. Sharing data isn't impossible, difficult or unethical (with permission) – it's usually just far easier to not share than it is to put in place the required GDPR processes which enable sharing.

This is counterproductive and detrimental to the patient. It can slow down processes massively, resulting in waiting times of weeks, or months, for medical notes to be shared. This is in no one's interest, putting the excuse of risk ahead of the patients' immediate needs. GDPR should not be an issue – as with everything GDPR, all that is required is to gain explicit consent from the patient and share this with the other party. Contracts can easily ensure that the appropriate data protection is in place. The reason for this reluctance is the technology investment required to put these processes into place – and it is easier to do nothing.



# Continuity helps to significantly prevent drop-offs



To ensure people progress through their recovery journey, it is important to not only manage their situation but also to provide continuity. They need help and guidance, someone to direct them and own their case – not just be passed from pillar to post. They need help understanding what resources are available – be they from private company benefits, insurance providers, the local doctor or specialist, charities or self-help groups. They need help understanding the aims of any treatments and any follow-up work required to support those treatments – be they medications, exercise or a change in lifestyle. They need help ensuring that treatments have been successful, that they got on with their counsellor, found exercises useful and, if not, help rethinking different approaches, seeking alternative treatments or finding other providers.

There is also great benefit to receiving practical support, getting help and being managed through the recovery journey – as well as getting empathetic and emotional support that is, in itself, a vital component of recovery.



# A solution: Proactive Absence Management

Like most challenges, once the problems are properly understood they aren't complicated to overcome. The key here is to recognise that many elements of EAPs, occupational health, private and public healthcare services work well. They're not 'broken' as such – and any across-the-board replacement is unlikely to address the services' shortcomings. What's needed is a way to coordinate these services, get the most from them and manage each person through their recovery journey. Obviously, this should also be cost-effective, ideally paying for itself.

Working with major insurance companies, MorganAsh has developed a proactive service which complements EAPs and other healthcare/well-being services – and provides the missing 'glue' needed to ensure real success (and prevent failure) with every case. It's called Proactive Absence Intervention.

The service employs fully qualified nurses as case managers. They have the skills and experience to fully assess the patient's issues and the remit to proactively manage them right through their recovery – until they are back at work. The service works with, and utilises, any viable current health services already in place. This means that it can be easily implemented alongside current contracts.



## **Integrating with current absence management processes**

A key part of the service is to integrate with companies' absence intervention and absence management processes. Ideally, employees engage proactively before they are off ill – which is especially helpful where mental health issues are a factor but always reduces time off significantly. But, as a minimum, companies are encouraged to refer those employees who are seriously ill. This is simplified as being:

- those who are off sick, or likely to be off sick.
- anyone with mental health issues or persistent absence issues.

## **The role of the nurse case manager**

Nurse case managers proactively help patients move forwards, with the simple remit of getting them better. As work is generally good for health, then returning to work is the clear goal.

The nurse case manager coordinates the required services, no matter how 'disconnected' they are, to ensure the patient moves through the recovery journey. They work across all of the healthcare silos to achieve this.

The first step is to ensure a thorough and proper diagnosis has been reached. This may involve persuading the employee to see a doctor, ensuring the employee presents all the relevant information to the doctor or obtaining a second opinion from an alternative clinician.

## Utilising current services

Nurse case management is a collaborative process, working to source the most appropriate care, whether this is from an EAP's services, insurance, the state or voluntary and charity groups.

Proactive Absence Intervention utilises any services the employer has already paid for, whether that's from an EAP, occupational health plan, private medical insurance or any similar service. Proactive Absence Intervention maximises the use of other services.

Since the service is staffed by qualified nurses, nurse case managers actively navigate the state healthcare services, and can utilise the inbuilt secondary opinion service, to access diagnosis information and treatments that are available, but not commonly offered to patients.

The table below helps to position how Proactive Absence Intervention removes the gaps between services and addresses shortcomings of other services, while working with them.

## Mapping services to the well-being need

Key problem areas	HR	Occ Health	EAP	Private health	Nurse case management
Identify real issues early	✓	✓			✓
Understand the causes		✓	✓	✓	✓
Ensure appropriate diagnosis is achieved, obtain second opinion					✓
Work across HR, medical world		✓	✓		✓
Take control and be proactive					✓
Manage the full recovery lifecycle					✓
Arrange treatments			✓	✓	✓
Motivate to return to work					✓
Work with current private services					✓
Work with state healthcare services, charities, self-help groups		✓			✓
Arrange return-to-work plans	✓	✓			✓

## Managing data and fully supporting GDPR compliance

Proactive Absence Intervention is delivered to the employee/patient in an empathetic, personal manner. It's important there is a 'human' connection (which is why people are given, and remain with, a named contact) who listens and understands. However, behind this there are robust, sophisticated systems which provide the framework for a tightly managed process – and which ensure that appropriate consent is obtained if any data needs to be shared with other parties. This is not easy. Recordings of all phone conversations are retained, and attached to each case, so that evidence of consent is available should there be a dispute – and so that copies of evidence of consent can be shared with other parties.

There are no handwritten notes – all notes and reports are digital and retained within secure systems. Should a patient require copies of her/his data, or request her/his data be deleted, this is easily accomplished. This enables MorganAsh to share data without delay – vastly speeding up the recovery journey, while being fully compliant with GDPR.

## Measuring success

Most managers know that EAP providers typically report poor utilisation rates and advocate better promotion of the EAP service. This shifts the performance focus to the employees. They are measuring the inputs, but not the outputs.

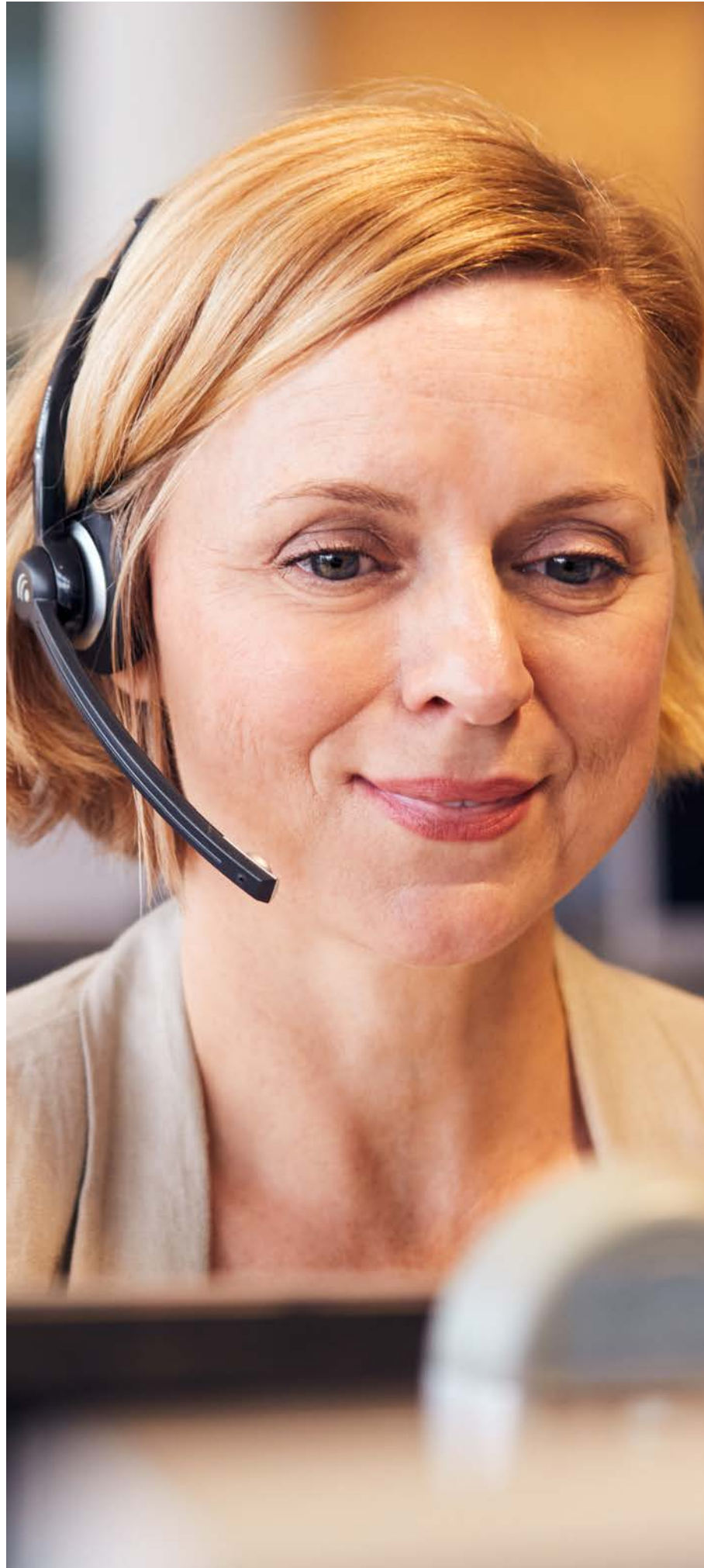
MorganAsh is more accountable, reporting on inputs and results, including:

- the numbers of employees who return to work.
- the proportion who changed their diagnosis and treatment path.
- the proportion who sped up their return to work.
- the types of conditions, sorted by departments or organisational units.

### **Easily implemented – today**

Companies may already have contracts with EAPs, or similar, and be reluctant to either unpick these or wait until they expire. This is a fair consideration, but there's no need. Proactive Absence Intervention works alongside these and is designed to help get the most from them. The goal of not leaving anyone behind drives all actions – proactively managing each case and using all available services and resources. Proactive Absence Intervention isn't a replacement. It provides what's missing – to make all of it work better, for employers and employees alike. It's a partner service.

Proactive Absence Intervention is provided on a pay-per-use basis, with no long-term contract. The utilisation of available services maximises current contracts. In almost all cases, Proactive Absence Intervention covers its own costs in savings achieved. It can also result in reduced insurance premiums. 100% of cases have a managed outcome.





## CASE STUDY: Paula's story

*Paula works full-time, supporting young people with special needs. She also lives with her elderly grandmother, as her main carer.*

Under pressure at the best of times, life during the coronavirus pandemic became harder still. Stopping work during lockdown was impossible. Ever more fearful that her job put her grandmother at risk, she fell into a pattern of sleeping more often, crying uncontrollably and eating little.

Paula became overwhelmed – and a massive panic attack followed. Her employer signed her off work and referred her to MorganAsh. MorganAsh helped where mainstream healthcare struggles, by providing professional empathy, understanding – and getting to the root cause of the issues.

A series of sessions with a trained MorganAsh nurse, over two months, helped Paula to understand her issues. This resulted in Paula obtaining support for her grandmother – both from a nurse and another family member. MorganAsh's nurse case manager helped Paula through her recovery journey, and negotiated a staged return to her job. 'A problem shared' lifted the weight of responsibility and Paula felt more able to cope. She returned to work; her stress and anxiety reduced, and she regained her positivity.

"It was a brilliant service. Setting aside time to speak to MorganAsh helped me think about where I was up to in terms of illness; it made me more aware of my situation."



## CASE STUDY: Grace's story

*Everyone can find work overwhelming, but sometimes a mismatch between person and role can't be resolved. Grace found her role had become too much for her, but tried to do her best.*

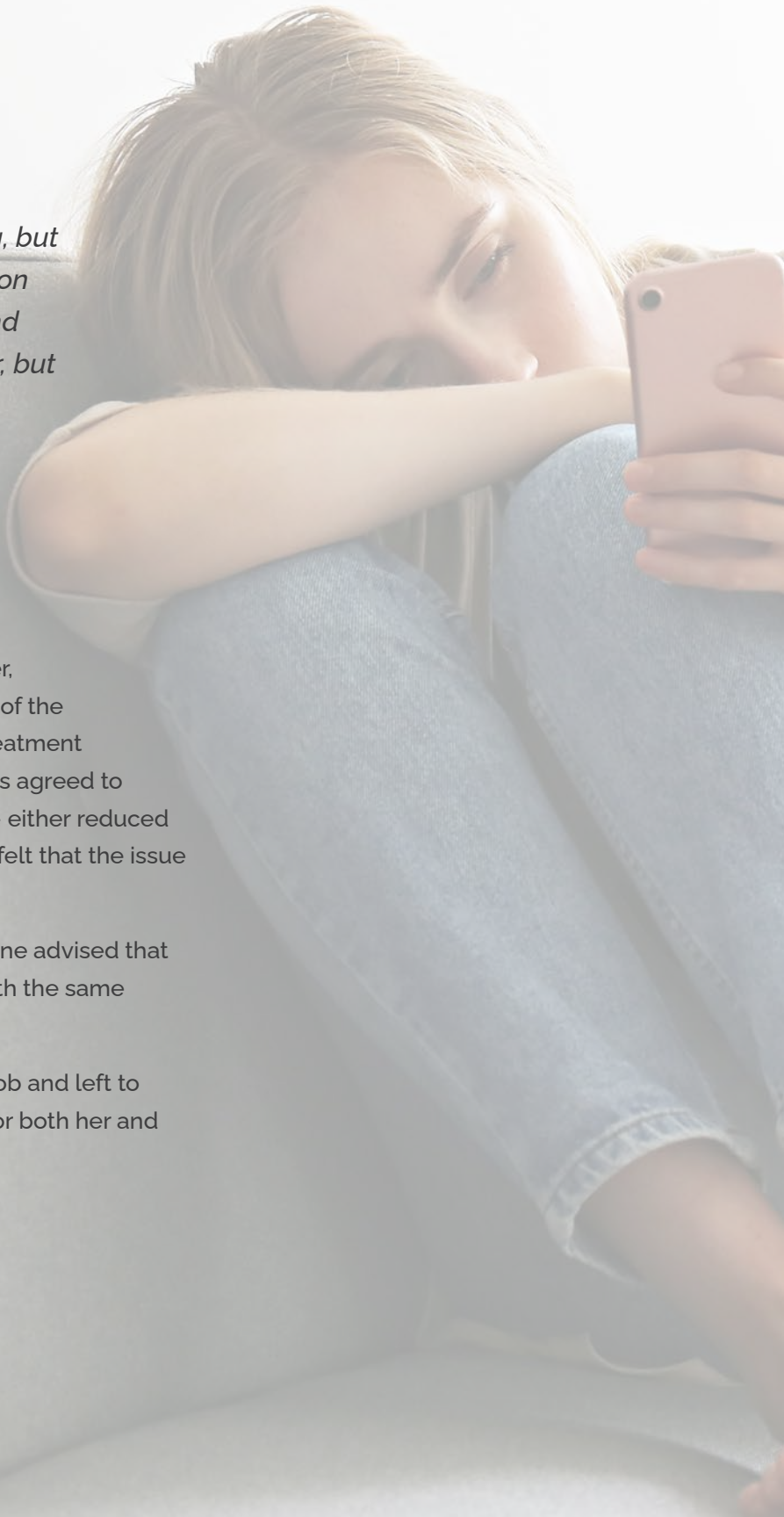
Her home life suffered as she tried to do her best at work. Anxiety and depression led to time off work. Grace's employers referred her to MorganAsh's service.

Pauline, the MorganAsh nurse case manager, helped Grace to understand the root cause of the anxiety – which lay with her role. Medical treatment for Grace would not solve the issue, so it was agreed to meet with her employer to seek a solution – either reduced work, or more help. However, her employer felt that the issue wasn't with the role.

Continuing to find a solution for Grace, Pauline advised that Grace should seek a different role, either with the same company or another.

Grace agreed that she wasn't suited to her job and left to take up another role – a positive outcome for both her and her ex-employer.

For further information and individual case studies, please visit [morganash.com/absence](https://morganash.com/absence)



## SUCCESS FOR EMPLOYEES

**26%**  
speeded up  
recovery

**95%**  
reduced stress  
and anxiety

## SUCCESS FOR EMPLOYERS

**90%**  
of cases  
returned to work

**70%**  
returned to  
work faster

## SUCCESS FOR INSURERS

**25%**  
reduction in insurance protection claims

## IT'S NOT EASY

**47%** of people's initially reported condition did not tell the whole story working with a MorganAsh nurse uncovered the real cause of absence

## Success, by design

**This method has achieved great success:**

**For employees:**

- 95% reduced stress and anxiety
- 26% speeded up recovery
- 90% returned to work
- 70% returned to work faster

**For employers:**

- Utilise current contracts
- Reduce employment disputes
- Reduce Group IP premiums by up to 15%

For further information and individual case studies, please visit [morganash.com/absence](http://morganash.com/absence)



# Our focus is on fixing people. Our results speak for themselves.

**In 47% of cases we uncover and resolve additional issues to those reported.\***

**In 14% of cases we find that the reported condition was incorrect.\***

**85% of cases return to work.\***

**70% of cases return to work faster.\***

**95% of cases report reduced stress and anxiety, a major recovery factor.\***

\*Statistics drawn from managing cases of over 400 employees, across multiple companies, during 2019–2020. Actual results will differ from company to company.



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