

# EAPs and Primary Care Physicians

By Harry Hunter, Jr.

**W**orkplace depression is an important health challenge for American companies. According to Wojcik (2004), employees with depression cost employers \$80 billion annually in medical expenses, lost productivity, and absenteeism. Depressed employees are twice as likely as the general population to visit their primary care physicians, who often are not equipped to provide adequate treatment for depression (Wojcik, 2004).

## Primary Care Physicians

Primary care physicians are more likely than mental health professionals to treat patients who have depression. This is not surprising because patients are used to discussing undiagnosed health concerns and symptoms with their primary care physicians. Patients unfamiliar with depressive symptoms may say, *"I need to call my doctor because I am now noticing a change in my sleeping habits, have less energy, seem to not remember things as well as I use to, and just plain can't concentrate anymore."* Wojcik (2004) reported that the American Psychiatric Association recommends talk therapy in conjunction with medication for the best treatment outcome for depression.

Many primary care physicians do not diagnose depression in their patients, and when they do, they are less likely to provide them with referrals to mental health professionals for help (Kier & Molinari, 2004). Saver, Van-Nguyen, Keppel, and Doescher (2007) asserted that even though depression is one of the most common chronic conditions in primary care, it often is underdiagnosed or undertreated. Saver et al. found that 75% of the participants in their study who were dealing with depression sought medical care from their primary care physicians. Salgo (2006) reported that in a publicly traded health maintenance organization, physicians spend an average of 7 minutes with individual patients. Seven minutes is not enough time for physicians to talk with patients,

explain their medical well-being, comfort them, and answer their questions.

## EAPs as a Cost-Effective Benefit for Depressed Employees

Druss, Rosenheck, and Sledge (2000) estimated that 70% of all people diagnosed with major depression are actively employed. The annual health- and work-related costs for an employee with major depression are \$6,000, with the employer paying \$4,200. Druss et al. reported that employees who file one claim for depressive illness call in sick 9.9 days annually. These findings can provide employers with a strong incentive to maximize employees' health status because dealing with depression can have a huge negative impact on the financial capacity of employees.

The workplace is the best alternative to help depressed employees by making available an employee assistance program (EAP). Keita and Sauter (1992) asserted that employees whose depression is recognized early are more likely to assume their normal habits of daily living quicker and resume adequate job performance. Companies can help their employees by recognizing that depression is an illness and by offering EAP services as a benefit program for their employees. However, because of the stigma involved, mental health services must be confidential so that employees will feel safe in using these services (Keita & Sauter, 1992).

EA professionals can serve as the first contacts in the workplace for employees who are in crisis. Such employees may exhibit overall sadness, unexplained absences, a decrease in productivity, and poor levels of concentration. EAP professionals can assist managers by providing ways to address these issues with employees, such as by giving them feedback on their decreased performance in a nonthreatening and supportive way. Managers also should be shown how to make appropriate referrals to EAPs and the importance of keeping referrals confidential (Stewart, Ricci, Chee, Hahn, & Morganstein, 2003).

According to a survey conducted by the University of Michigan Health System (2004), middle managers who received training in recognizing and dealing with depression were more comfortable identifying and referring depressed employees to EAPs. Employers who provide EAPs as a benefit to employees and their dependent family members can train managerial staff on different ways to recognize depressive disorders and other mental health conditions so that they can make the appropriate referrals to EAPs. EAPs also can

play a key role in educating employees about the symptoms of depression and encouraging them to take advantage of effective treatments.

## EAPs and Depressed Employees

Companies may use the following four core technologies from the Employee Assistance Program Accreditation Program (EAPA, 2011) as interventions with employees who may be concerned about or experiencing depression related symptoms.

- ❖ Consultation with, training of, and assistance to work organization leadership (managers, supervisors, and union officials) seeking to manage

## Getting People the Help They Need

Perhaps the most difficult part of addressing mental health involves getting the individual to seek treatment in the first place. Of the millions of Americans suffering from a mental disorder in any given year, only about 15% seek treatment – even though the majority of workers believe that treatment works!

How can this gap be closed? Jack O'Regan, psychology professor and dean at Argosy University in Minneapolis, advises that *employers* be strongly encouraged to view mental illness (such as depression) as an illness in the *same way* as physical health concerns. (The mental health parity legislation passed into law several years ago is expected to help in this regard.)

"Employees get physically ill, and they get treatment, they get better, and they return as productive employees. Employees with mental health concerns need to, or should follow the same path," O'Regan states.

Strategies include:

- ❖ **Encourage compassion and understanding.** Explain to an employee who is reluctant to seek help that clinical depression is more than a case of the blues – nor is there something "wrong" with him or her. Rather, clinical depression is a condition that occurs when the brain's chemistry is unbalanced. As a result, the affected person can't just "snap out of it" any more than individual could cure himself or herself of a broken arm. Stress to this person that he/she needs help and support from friends, family, co-workers, and his or her *manager or supervisor*.

- ❖ **Explain that seeking help doesn't imply weakness.** Tell the individual suspected of depression that it takes courage and strength to understand when help is necessary. Encourage to person to "talk about it." Explain that talking about depression or any mental health issue usually makes things *better*, not worse.

- ❖ **Confront the situation quickly.** A person who the employee knows, trusts, and respects is the ideal person to make the confrontation. The designated person needs to avoid sounding condescending or authoritarian. Genuine concern needs to be expressed, and specific behaviors need to be pointed out. One way to do this is for the person doing the confronting to open with an admission of his/her own personal struggles. Then, he/she can point out that some behaviors have been noticed – but avoid saying something like, "*Everyone is noticing...*" The depressed person is embarrassed already and doesn't need to think that everyone is talking about him or her. Instead, say something such as, "*I am concerned about you. How can I help?*" A supportive attitude can help depressed persons because they no longer feel so alone in their pain. ■

*Additional sources: Analysis Group; National Institutes of Mental Health. (Editor's note: The articles in this month's Brown Bagger should not be construed as a substitute for medical advice, diagnosis, or treatment. Consult a doctor or other health care professional regarding the applicability of recommendations appearing in this month's articles.)*



troubled employees, enhance the work environment, and improve employee job performance;

- ❖ Active promotion of the availability of EA services to employees, their family members, and the work organization;

- ❖ Confidential and timely problem identification/assessment services for employee clients with personal concerns that may affect job performance; and

- ❖ Referral of employee clients for diagnosis, treatment, and assistance, as well as case monitoring and follow-up services. (“Core Technology” section, n.p.)

- ◆ One primary focus of a workplace EAP is to assist employees who are experiencing symptoms of depression by helping them to recognize depression as an illness, connect with available treatment, and return to previous satisfactory job performance.

- ◆ A workplace EAP is a specialized field that is different from an employer-provided mental health benefit. An EAP can reduce the stigma that employees may feel in speaking with mental health professionals, who also can address other challenges not related to Axis I and Axis II diagnoses, such as financial, legal, work and life concerns, and relationship challenges that may be impacting performance at work.

- ◆ Companies can refer to the Council on Accreditation (COA, 2011), which administers the EAP accreditation program as a guide to implement quality EAPs. The COA manual provides standards on EAPs for “information and referral, and assessment and referral, critical incident stress management, employee education and outreach, training to supervisors, managers, human resources and union representatives, management/supervisory consultation, and follow-up referrals” (n.p.). The accreditation process focuses on 12 primary components, including staffing related to total number of employees, which are the focus of peer reviewers from the EAP field in the United States and Canada.

## Summary

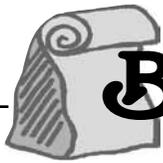
Primary care physicians are more likely than mental health professionals to treat patients who present with depression. However, many primary care physicians do not diagnose depression in their patients, and when they do, they are less likely

to refer them to mental health professionals. The intent of this article was to encourage depressed employees to seek effective treatments available to them in the workplace. Depression is a treatable illness, and workplaces that offer EAP services recognize this fact. The COA (2011) can provide companies with guidance on ways to implement top-quality EAPs for their employees who need the services that EAPs can make available to them. ■

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## Education & Support are Crucial

**W**atch for warning signs – If you know someone in the workplace who may be depressed, talk with the co-worker and encourage him/her to seek help from a company resource such as an EAP. Watch for signs such as:

- Fatigue;
- Unhappiness;
- Excessive forgetfulness;
- Irritability;
- Propensity for crying spells;
- Indecisiveness;
- Lack of enthusiasm; and
- Social withdrawal.

❖ **Consider how long the depressed mood has been going on** – If signs like these continue unchanged for weeks, he/she doesn't appear to enjoy usual interests, or if your co-worker has a sense of gloom, depression may be the cause. The first way



you can be of support is to help the person recognize that there is a problem. This is crucial, since many people fail to realize they are depressed. Begin by encouraging the individual to share his or her feelings with you. As noted in this month's *Brown Bagger*, talking about depression and other mental health issues usually makes things better, not worse. Once it becomes clear that something is wrong, you can suggest that he or she seek professional help – such as the services offered by an EAP.

❖ **Educate yourself about the illness** – This is true regardless of whether the mental health issue ends up being diagnosed as depression, bipolar, or another mental health disorder. The more that employees and employers know about mental illness, the easier they can tell when depressed individuals are improving. Feedback with the EAP, psychiatrist, therapist, etc., about how the individual is doing will help the mental health professional assess whether a particular treatment is working.

❖ **Provide emotional support** – Remember, it is up to a health care professional to make a medical diagnosis about an individual – it is YOUR job to simply provide emotional support. What a person suffering from depression (or another mental illness) needs most is compassion and understanding. Exhortations to “snap out of it” are counterproductive. It's better to simply ask something like, “How can I help?” A caring person can work wonders. ■

Sources: Analysis Group; Scott Wallace, Ph.D., R. Psych.

### Additional resources on this subject include:

- ❖ **Depression and Bipolar Support Alliance** – [www.ndmda.org](http://www.ndmda.org)
- ❖ **Mental Health America** – [www.nmha.org](http://www.nmha.org)
- ❖ **National Alliance for the Mentally Ill (NAMI)** – [www.nami.org](http://www.nami.org)
- ❖ **National Institute for Mental Health** – [www.nimh.nih.gov](http://www.nimh.nih.gov)