Employee Assistance Program Counseling in the U.S. Education Industry: Clinical and Work Outcome Risks and Results for 8,020 Cases at CuraLinc Healthcare

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Abstract: This applied study explored the role of behavioral health issues among workers in the education industry in the United States. The education industry accounts for about 1 in every 10 employees in the total U.S. workforce in year 2024. Recent data on number of worker, number of employers, worker age, gender, private/public sector, union representation, compensation, and safety from the U.S. Bureau of Labor Statistics is also presented to provide a larger context for this industry. The EAP study featured client data collected over a 7-year period from employee users of counseling or coaching from a single national EAP business in the United States (CuraLinc Healthcare). The larger EAP sample included 85,432 clients who worked at 2,679 different employers. The EAP user sample for the education industry included 8,020 employee clients (9% of the full sample) who worked at 217 different employers. Longitudinal data at 30-days post use was obtained from 9,063 cases in the full sample of which 977 were from the education industry. The education industry client sample was 72% women and 28% men, average age of 40 years, 92% used the EAP for counseling (8% for coaching), 99% were voluntary self-referrals (1% were formally referred to use counseling by their manager at work), 59% saw their counselor in-person at a local office and another 41% connected remotely via online video) and the typical treatment episode lasted about 7 weeks (48 days). The reasons why employees in the healthcare industry used the EAP was to address issues of mental health (49%), stress and personal life issues (27%), marriage and family issues (15%), work-related issues (7%) and substance use problems (2%). The EAP user profile for workers in education – compared to the other industries – was the highest in use of coaching and lowest in use of formal management referrals. Education industry clients were average in the mix of in-person or video contact modalities, the duration of use episode and similar on most of the presenting issues but was the lowest for substance misuse issues. When starting to use the EAP many of the cases in education reported having clinical level symptoms on standardized measures for anxiety disorder (44% at-risk), depression disorder (29% at-risk), alcohol misuse disorder (11% at-risk) and low work productivity (48% at problem level). Among those cases initially at clinical risk status on outcomes in the total sample, the vast majority had recovered to no longer be at-risk after use. Hours of lost work productive time changed from 63 hours lost per month to 25 hours for those cases initially at a problem level on this outcome. The hours of restored work productivity was estimated to be a $2,237 value per month per case who initially had this problem. Most of these EAP use profile factors and outcome improvement results were also found at similar levels for the other seven industries.

Index Terms: absenteeism, alcohol, anxiety, coaching, college, counseling, depression, education, employee assistance program, industry, presenteeism, school, teacher, university, work

I. INTRODUCTION

The United States civilian labor market includes over 157 million workers in January of 2024 [1-3]. These employees work in hundreds of different industries [4]. The present study profiles employees in the education industry who used employee assistance program (EAP) services at one large national provider. This industry group includes sub-types of education for children (primary school through high school) and all forms of adult education provided by trade schools, 2-year and 4-year colleges, universities that offer graduate degrees and other kinds of professional training and educational support organizations. The over 14.5 million workers in the educational services industry represent 9.2% of all U.S. workers [5]. Unlike the other industries, education has a broader mix of employers by sector with the majority of employees coming from the public sector at local school systems (8.0 million) and state level schools (2.6 million) and with just one-fourth of employees working at the private sector employers (3.9 million). Reflecting this large government and municipal cohort, this industry has one of the higher levels of unionized workers at 28%. This group has moderate compensation per hour per worker ($58), with a 30-hour average work week when annualized. This industry has the distinction of having almost 8 out of 10 workers being women (77%; 23% men) and the average age is 44 years. This industry has an annual rate of 2.0 cases per every 100 employees who experience a workplace injury or illness.

1.1. Behavioral Health and the Education Industry

Behavioral health disorders such as anxiety, depression and substance misuse affect about 25% employees each year in the United States (U.S.) [6-8]. These behavioral health disorders adversely impact organizational success in many areas, including increased health care costs, losses from excess absence and lost work productivity, employee turnover, workplace accidents, violence, disability, suicide and death [9,10]. Most employers support their workers in a variety of ways with many offering an employee assistance program (EAP) benefit [11]. EAPs are designed to help workers resolve acute but modifiable behavioral health issues and use of individual confidential counseling can restore the emotional, mental and work performance of employees [12-14]. Recent national U.S. data from March of 2023 shows that overall, 64% of full-time workers have an EAP benefit available to them as part of employee benefits package [15]. In the private sector, a total of over 3.2 million employers sponsor an EAP and the majority of public sector organizations in the U.S. – such as local and state governments and the federal government – also offer an EAP benefit to their workers [16,17].

Primary and secondary school teachers face considerable demands in their day-to-day activities, including managing classrooms, meeting the diverse needs of students and fostering student learning [18,19]. Teaching is even more challenging when considering large class sizes, greater diversity of students in schools as well as chronically inadequate school resources and under-funding of programs and staff [20]. A 2005 study of occupational stress across 26 kinds of jobs found that teaching was one of the most stressful jobs [21]. A similar conclusion was reached in the 2013 *Gallup-Health-ways Well-Being Index* study, which found that 46% of teachers in K-12 settings in the U.S. reported high levels of daily stress during the school year and that this level was at the top of 14 different professional categories examined [22]. A national survey by the American Federation of Teachers found that almost 8 in every 10 teachers reported feeling physically and emotionally exhausted at the end of the workday [23].

Feelings of stress can lead to psychological distress and disorders as well. A 1990 national sample study of 104 occupations found that teachers were among the top 3 professions with depression disorder, with a prevalence risk rate of 2.8 times higher than the average employee in the U.S. [24]. Numerous international studies in Canada [25], England [26-28], and Denmark [29] have also found that primary and secondary school teachers are at relatively high risk of common mental health disorders and work related stress compared to other workers. However, analysis of large national population level health assessment data from over 7,000 workers in Belgium found few meaningful differences between teachers and workers in 30 other occupations on five common mental health risk factors [30]. According to a review by Schonfeld and colleagues [31]: "Large-scale studies indicate when compared to members of other occupational groups, teachers are at higher risk for exposure to workplace violence, with its adverse mental health consequences. Longitudinal research has linked teaching-related stressors to depressive and psychosomatic symptoms, alcohol consumption, and burnout." (p. 55).

Similar patterns of linkages between stressful working conditions, mental health and work performance for primary and secondary teachers have also been documented for college and university level faculty and staff [32-35]. More recent studies on educators' mental health conducted during the COVID-19 pandemic found high levels of psychological distress (such as anxiety, depression and burnout syndrome) among teachers that were higher than norms for the general population [36-40]. Other research on educators has found associations between stress and mental health symptoms and work-related outcomes such as absenteeism, presenteeism and job satisfaction [41-43].

1.2. EAPs and the Education Industry

The education industry has a long history of effectively using EAP programs to support the educators and staff. Thousands of schools systems and large universities in many countries have internal EAPs with full-time counselors on staff or have contracts with external EAP providers. The literature in this area specific to EAPs in schools and colleges includes almost 50 scholarly works [44-89]. This literature includes three entire books, the first was published in 1994 by Thoreson and Hosokawa [44], the second in 1997 by Pogue [45] and the third more recently in 2022 by Maiden and Philips [46]. This evidence base includes a mix of peer-review articles, chapters in edited books and a dozen graduate student thesis or dissertation research projects. About 80% of these papers focus on EAPs in higher eduction at the college and university level with the rest of the papers examining EAPs in primary and secondary school contexts. There has been a steady amount of attention on EAPs in education over time, starting in the 1980s and contining over the next four decades. The vast majority of work has been conducted in the U.S., but examples exist in other countries as well. Many of these research projects have evaluated how these programs were used and assessed their impact on the employee users and on the larger educational organization. In general, the results of thes evaluations have been positive and indicate reductions in mental health clinical symptoms and improvements in work-related outcomes.

1.3. Highlights from EAP Study of Eight U.S. Industries – Focus on Education

CuraLinc Healthcare has been in business since 2008 and currently has over 4,200 employer customers that offer the EAP as a benefit to over 8 million employees. We leveraged the available client background and operational data to construct profiles of eigght different

major industries. Clinical risk and work outcome data was also routinely collected on many of these employees. This company has conducted six other empircal studies examining a variety of aspects of their EAP services and outcomes [90-95]. In the newest study, we analyzed recent national data collected over a 7-year period from over 85,000 cases who used EAP [95]. Part of the study created profiles employee users in eight different industries. We identified the prevalence rates among EAP users for clinical risks for common behavioral health conditions (anxiety, depression and alcohol misuse) and also the rate of employees with problem levels of work absenteeism and work presenteesion that manifest in hours of lost productive time. We learned how workers in each industry used employee asisstance program counseling and coaching services. We also discovered how effective use the EAP was in reducing these behavioral health and work-related problems. For details on the study methodology and analytical procedures, please see our earlier comprehensive report on all of the different industries in the U.S. [95]. The present study highlights key findings from the previous study for workers in the education industry and provides new more detailed comparisons with the 7 other industries.

II. METHODOLOGY

2.1. Archival Business Data and Real-World Applied Research

Users were made aware of the service as a benefit open to all covered employees through a variety of digital, interpersonal and workplace promotional practices. There was no direct cost to the employees in this study, as access to the EAP was sponsored by their employer. Employees participated voluntarily and were not paid for using the services. The study period spanned 80 months, from April of 2017 through December of 2023, based on the start date of program use. The last case included in the study had a Post use data collection date of January 4 of 2024. The year of use was defined by date of when the employee contacted the program and completed the initial intake assessment (2017 to 2023). The case-level raw data was aggregated into one master dataset and analyzed for the present paper. The full sample included 85,432 clients who worked at 2,679 different employers in the United States.

Some data came from the operational business processes used by the staff and clinicians who provided the services. Part of this process involves recording core aspects of the business customer context, employee demographics and the clinical use experience. For this study we extracted the following information from the operational data system: name of employer/customer, industry, maximum clinical sessions allowed per case in the employer/customer contract, date of first use of the service, date of follow-up survey, employee age (date of birth), employee gender, source of referral to the EAP (self or formal referral from management), type of EAP service used (counseling or mental health coaching), primary clinical issue (alcohol, depression, work and so on) and the modality of how the service was delivered via online video or in-person at the counselor's office.

2.2. Counseling Intake and Intervention

As per the clinical practice model, every employee who requested support from CuraLinc was referred to a clinician with a specialty that matched their presenting issue or concern who also had confirmed appointment availability. All counselors involved in the delivery of the clinical treatment services were fully licensed and trained professionals, with earned master's or doctoral degrees in social work, mental health or other related fields. Clients had a use model determined by their employer that limited the maximum number of counseling sessions allowed per treatment episode. This per case treatment limit ranged from a limit of 3 sessions to 10 or more (the average was 6 sessions of EAP counseling allowed at no cost to the employee).

2.3. Self-Report Outcomes Measures Collected at Pre and Post Use

During the initial assessment, the multiple self-report measures were collected, either over the telephone or from a brief online survey. After the treatment phase was completed, the EAP conducted individual follow-ups with clients about 30 days after the last clinical session to collect outcome measures and evaluate other quality of use metrics. The follow-up for coaching clients was at one week after the final session. Standardized measures of behavioral health and work outcomes were assessed using published and validated self-report scales. All of these measures had acceptable levels of psychometric validity and reliability. See the full study for details on how these measures were scored and standardized across time involving the two study phases [95].

When the research project started in 2017 it featured two clinical measures, one for general depression symptoms (Patient Health Questionnaire 2-item brief scale; PHQ-2) and the other for hazardous alcohol use and binge drinking (Alcohol Use Disorders Identification Test brief 3-item version; AUDIT-C). Later in August of 2021, an additional clinical measure was added to assess anxiety disorder symptoms using the brief 2-item version of the Generalized Anxiety Disorder scale (GAD-2). Two work-related outcomes were also measured throughout the entire project. Employee work absenteeism was assessed using two different measures over the seven-year study period. During Phase 1 (2017 to July 2021), the full 5-item Absenteeism Scale from the Workplace Outcome Suite was used. In Phase 2 (August of 2021 through all of 2023), the single-item work absenteeism question from the WOS was used. The outcome of work presenteeism was assessed using two different measures over the study period. During Phase 1, the 6-item Stanford Presenteeism Scale was used while during Phase 2, the single-item work presenteeism question from the WOS was used. The work absenteeism and presenteeism measures were combined into a single metric useful for conducting analyses in the severity of the work

productivity problem. Following standard research practices established in the EAP field for this approach, an estimated specific number of hours of lost work productivity per case per month was created.

2.4. Study Full Sample of EAP Users by Industry Type

Figure 1 shows the mix of eight different industry types in the full study sample. Please see the source paper for details on how these types were defined [95]. Each industry group had many different specific employers included in the data, ranging from 77 employers for transportation to 629 employers for manufacturing. The total number of employers across all industries was 217 The most prevalent industry in the study was the manufacturing which accounted for 1 in every 5 cases in the sample. Employees working in healthcare were the second most common industry in the sample (18% of cases). Employees in the transportation industry represented 12% of the sample. The restaurants and retail trade industry workers accounted for 12% of the sample. Workers in the education industry accounted for 9% of the sample. Employees in the government and municipality industry group accounted for 8% of all cases. Workers in the technology industry represented 7% of all EAP cases.
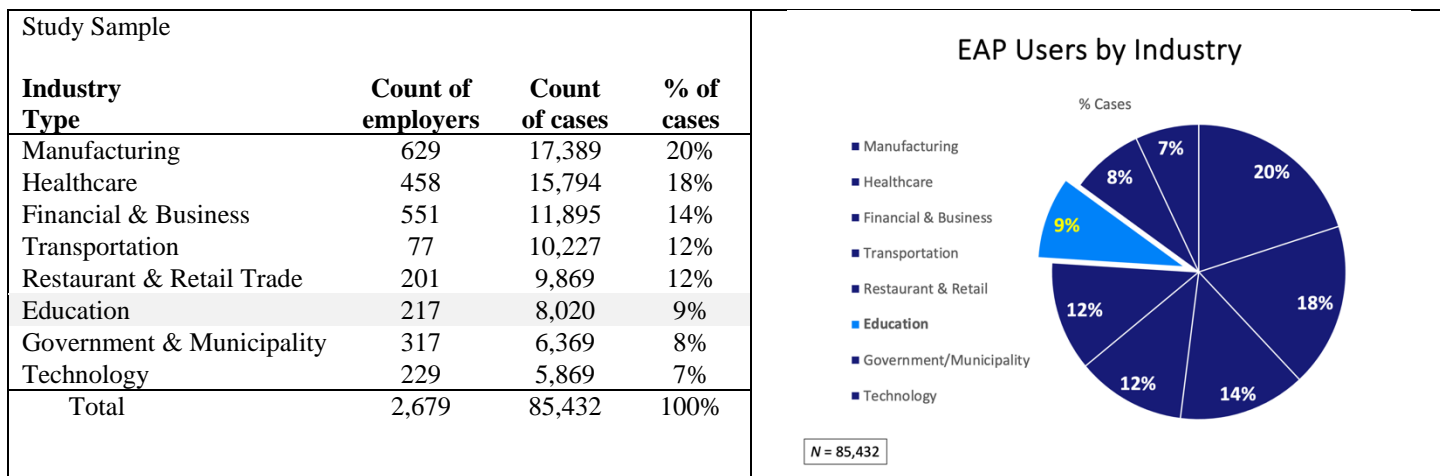

Study Sample			
Industry Type	**Count of employers**	**Count of cases**	**% of cases**
Manufacturing	629	17,389	20%
Healthcare	458	15,794	18%
Financial & Business	551	11,895	14%
Transportation	77	10,227	12%
Restaurant & Retail Trade	201	9,869	12%
Education	217	8,020	9%
Government & Municipality	317	6,369	8%
Technology	229	5,869	7%
Total	2,679	85,432	100%

Figure 1. *Mix of 8 Industries in EAP Study Sample*

Table 1 shows the employee demographics and the clinical use experience at the EAP for the education industry subsample. The subtypes included a majority of cases working at K-12 school systems but also about 25% cases from community colleges, trade schools, public colleges and universities, and other school support organizations. There was also a small portion of private schools and colleges.

Table 1. *Profile of Cases on Demographics and EAP Use in the Education Industry*

	Education	
Factor	*n* count	%
Total EAP users	8,020	100
Year of use of EAP	All	
2017	229	3
2018	534	7
2019	684	8
2020	1,229	15
2021	1,400	18
2022	728	9
2023	3,216	40
Client age	7,874	
Under 30 years	1,977	25
30-39 years	2,368	30
40-49 years	1,822	23
50 plus years	1,707	22
Average (range: 17-80)	40 years	
Client gender	7,844	
Female	5,617	72
Male	2,227	38

EAP service type used	All	
Counseling	7,407	92
Coaching	613	8
EAP referral source	All	
Self / family / other	7,970	99
Formal management at work	50	<1
EAP modality of use	All	
In-person office (face-to-face)	3,445	43
Online video	4,386	57
EAP presenting issue	All	
Mental health – anxiety	1,609	20
Mental health – depression	1,165	14
Mental health – other	1,179	15
Substance use – drug or alcohol	153	2
Stress personal / other life issues	2,192	27
Marital or family relationship	1,170	14
Work stress or occupational	552	7
EAP use duration (if valid data)	811	
1-30 days	194	24
31-59 days	456	56
60-89 days	96	12
90 plus days (max 291 days)	65	8
Average:	48 days	
Longitudinal follow-up	All	
Any outcome data – yes	977	12

III. RESULTS

3.1. PART 1: Profile of the Education Industry in General and EAP Users

Workforce Profile. These characteristics of the education industry were compared to 7 other major industries on the same BLS data sources (see Figure 2). The average level of employee compensation for education at $59 per hour was in the middle of the other industries which ranged from $24 to $69. The average number of hours worked per week per in education (32) was lower compared to other industries which ranged from 28 to 38 (however, this BLS data includes the summer off non-work period for many educators which dilutes the normal full 40-hour workweek during the 9-month school year). The level of union status for education at 28% of employees was much higher than the other industries in the private sector which ranged from only 2% to 17% employees with union representation at their workplace (note that government and municipality – excluding education – was only slightly higher at 33%). The level of safety risks in the workplace for education was in the middle of the other industries, which ranged from .04 to 4.8 incidents per 100 workers per year.
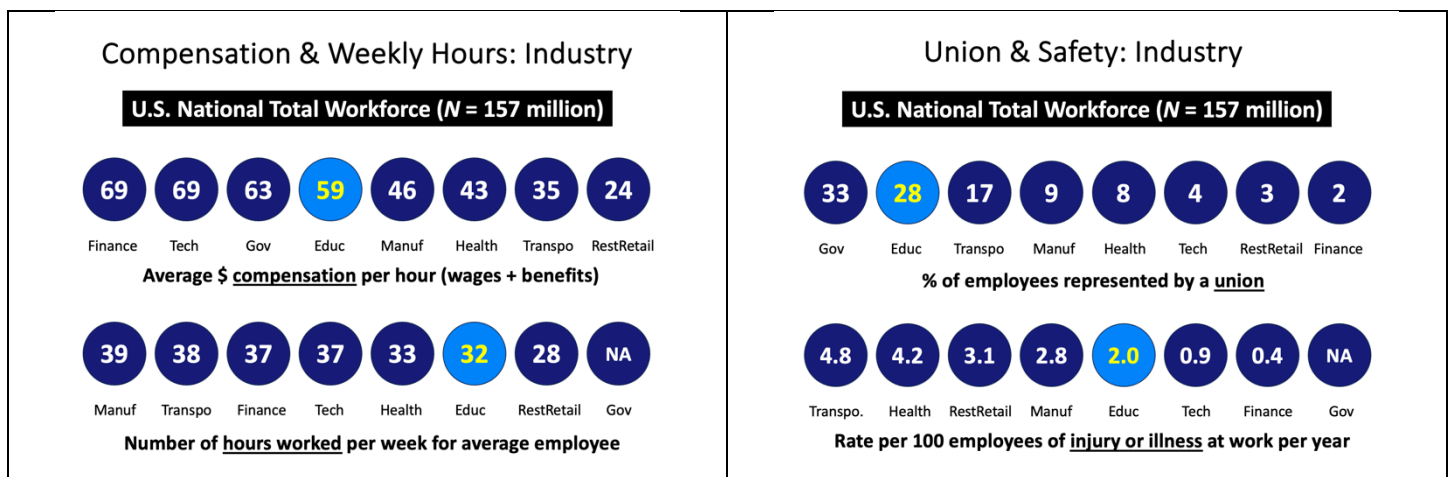

Figure 2. *U.S. National Total Workforce BLS Data by Industry*

Employee Age and Gender. The demographic characteristics of the education industry are compared to the seven other industry types based on the same BLS data sources and also from the EAP user data (see Figure 3). Employees in the education industry had an average age of 44 years in the BLS workforce data and an average 39 years in the EAP user study. Employees in the education industry had a gender mix of 77% women and 23% women in the BLS workforce data and 72% women and 28% women in the EAP user study data. Note this pattern of industry differences in EAP users matches the same rank ordering of industries by gender mix for the U.S. total workforce, although the range was less extreme in the EAP users than in the total workforce. These general characteristics reveal that the profile of the education industry is most similar to the government and municipality sector, as both industries are the highest in having the vast majority of workers being female, both are the highest in union representation of workers and both are similar in level of employee compensation.
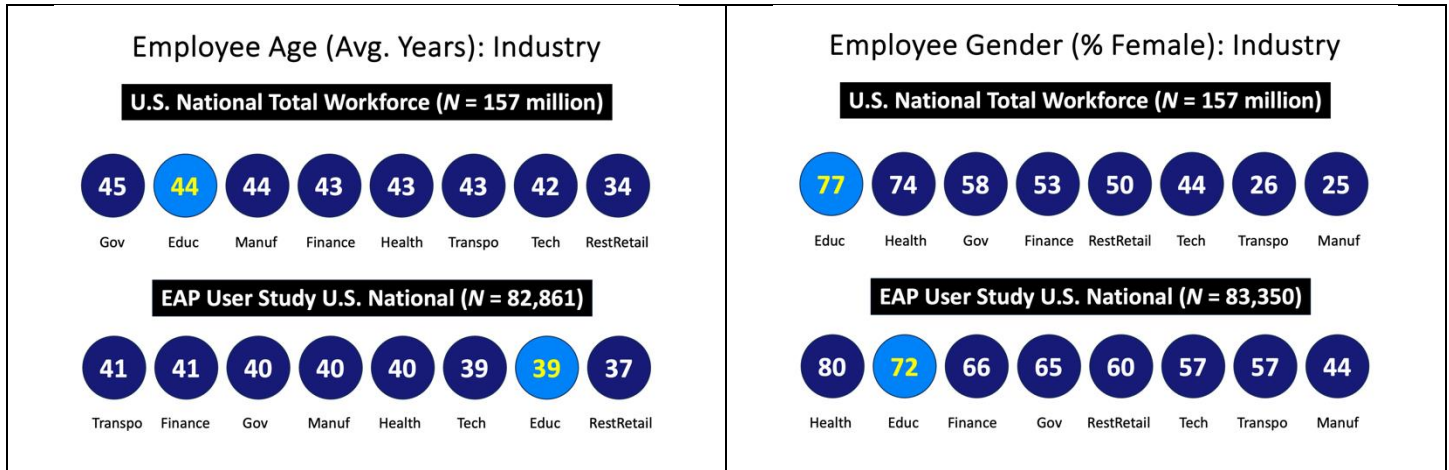

Figure 3. *Client Age and Gender of Employees by Industry in BLS Data and EAP Study Data*

Employee Use of the EAP. The education industry group was also compared to the other industry types on how the EAP service was used (see Figure 4). Like every industry, the majority of the employees in the education industry chose to use a counselor at the EAP (92%) but this industry was the highest in the use of mental health coaching (8% of cases). Almost all of the employees in the education industry were self-referrals with less than 1% all cases being formally referred to use counseling by their manager at work. This same finding was observed for EAP users in all of the other industries as the formal referral part of the total cases ranged from 1% to 6%. Users of the EAP could choose to engage with a counselor in-person at a local office clinical setting or remotely using an online video connection. Most of the employees in the education industry used the in-person modality (59%) and 41% using online video. This modality mix was generally consistent for employees in the other seven industries. The number of days, on average, for the EAP treatment episode was 48 for employees in the education industry. This duration was similar to the employees in other industries, which ranged from 46 to 54 days.
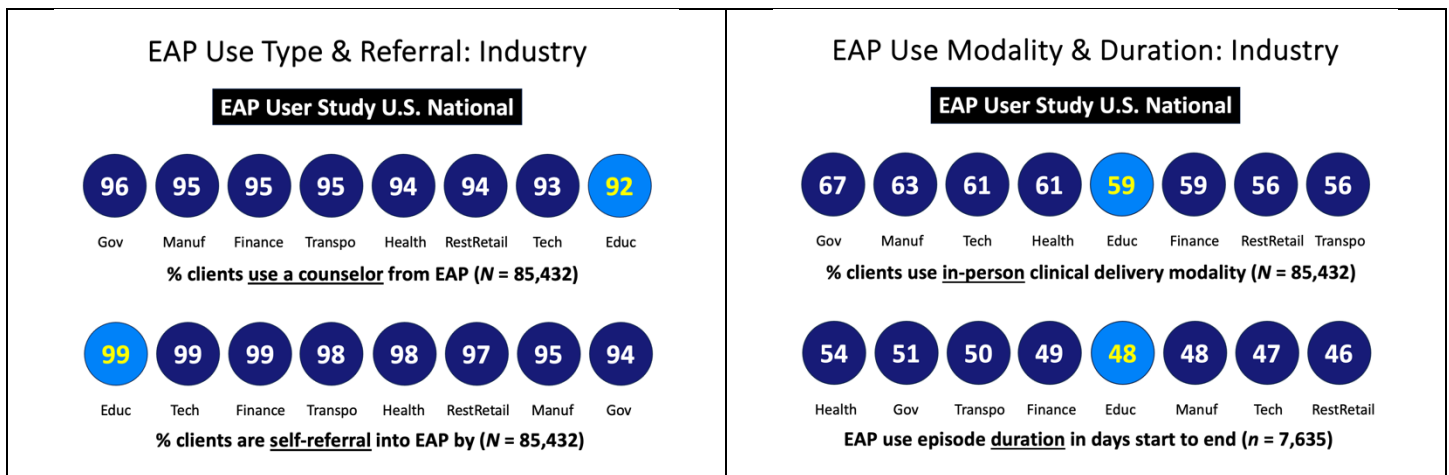
Figure 4. *EAP Use Characteristics by Industry*

EAP Use - Presenting Issue. The mix of five general types of presenting issues among EAP users in the education industry is shown in lower part of Figure 5. The most common issue type for EAP use was mental health, which accounted for 49% of the cases in the education industry and 45% in the other industries. The next common issue type was stress and personal life problems, which accounted for 27% of the cases in education and 28% in the other industries. Problems with marriage or family accounted for 15% of the cases in education and 17% in the other industries. Problems with work or other occupational stressors accounted for only 7% of the cases in education and 6% of cases in the other industries.   Issues involving substance abuse and addictions comprised only 2% of the cases in the education industry – which was half as much as the 4% average among other industries.   Overall, the EAP issue mix for education was quite similar to the rest of the EAP users in other industries.
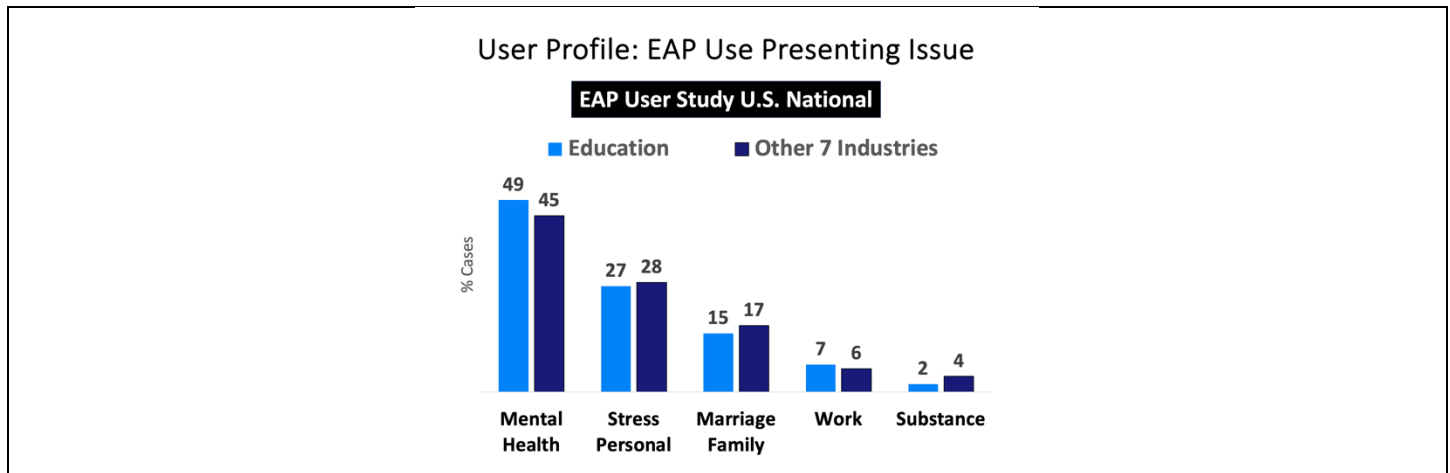
Figure 5. *EAP Use Characteristics by Industry*

3.2. PART 2: Clinical and Work Outcomes for Employees Users of EAP in Education Industry

The clinical and work outcome profile of the education industry cases were compared to 7 other major industries.

Clinical Anxiety. About 4 in every 10 employees in the education industry met the criteria for clinical anxiety disorder when starting their use of the EAP service (see Figure 5). This 44% prevalence rate for anxiety disorder risk was at the lower end compared to the other industries, which ranged from 40% to 47% at-risk. Reduction in anxiety risk was tested in the subsample of cases in the education industry who had data at both the start of use and again at the follow-up 30 days after the last counseling session and who had started at-risk on anxiety. Within this longitudinal subsample, the prevalence rate was 43% of all cases were at-risk at Pre for clinical anxiety but only 10% of all cases were at-risk at Post. The results found that 79% of these cases had recovered after EAP use to no longer be at risk anymore for anxiety. This recovery rate for education was similar to results in other industries, which ranged from 72% to 82% of cases who recovered from anxiety.

Clinical Depression. About 3 in every 10 employees in the education industry met the criteria for clinical depression disorder when starting their use of the EAP service (see Figure 6). This 29% prevalence rate for depression disorder risk was toward the middle range of 27% to 36% in other industries. Reduction in this risk was tested in the subsample of cases in the education industry who had data at both the start of use and again at the follow-up 30 days after the last counseling session and who had started use being at-risk on depression. Within this longitudinal subsample, the prevalence rate was 22% of all cases were at-risk at Pre for depression but only 5% of all cases were at-risk at Post. The results found that 88% of these cases in education had recovered after EAP use to no longer be at risk anymore for depression. This recovery rate for education was toward the higher end of the results in other seven industries in the study, which ranged from 82% to 93% of cases who recovered from depression.

Clinical Alcohol Misuse. About 1 in every 10 employees in the education industry met the clinical criteria for hazardous alcohol use when starting their use of the EAP service (see Figure 6). This 11% prevalence rate for alcohol disorder risk was at the top when compared to the employees in the other industries, which ranged from 10% to 15% at-risk. Reduction in this risk was tested in the subsample of cases in the education industry who had data at both the start of use and again at the follow-up 30 days after the last counseling session and who had started at-risk on alcohol misuse. Within this longitudinal subsample, the prevalence rate was 17% of all cases were at-risk at Pre for alcohol misuse but only 4% of all cases were at-risk at Post. The results found that 74% of these cases had recovered after EAP use to no longer be at risk anymore for alcohol misuse. This recovery rate for education was the best of the six industries in the study with enough data to test, which ranged from 67% to 76% of cases who recovered from alcohol misuse.
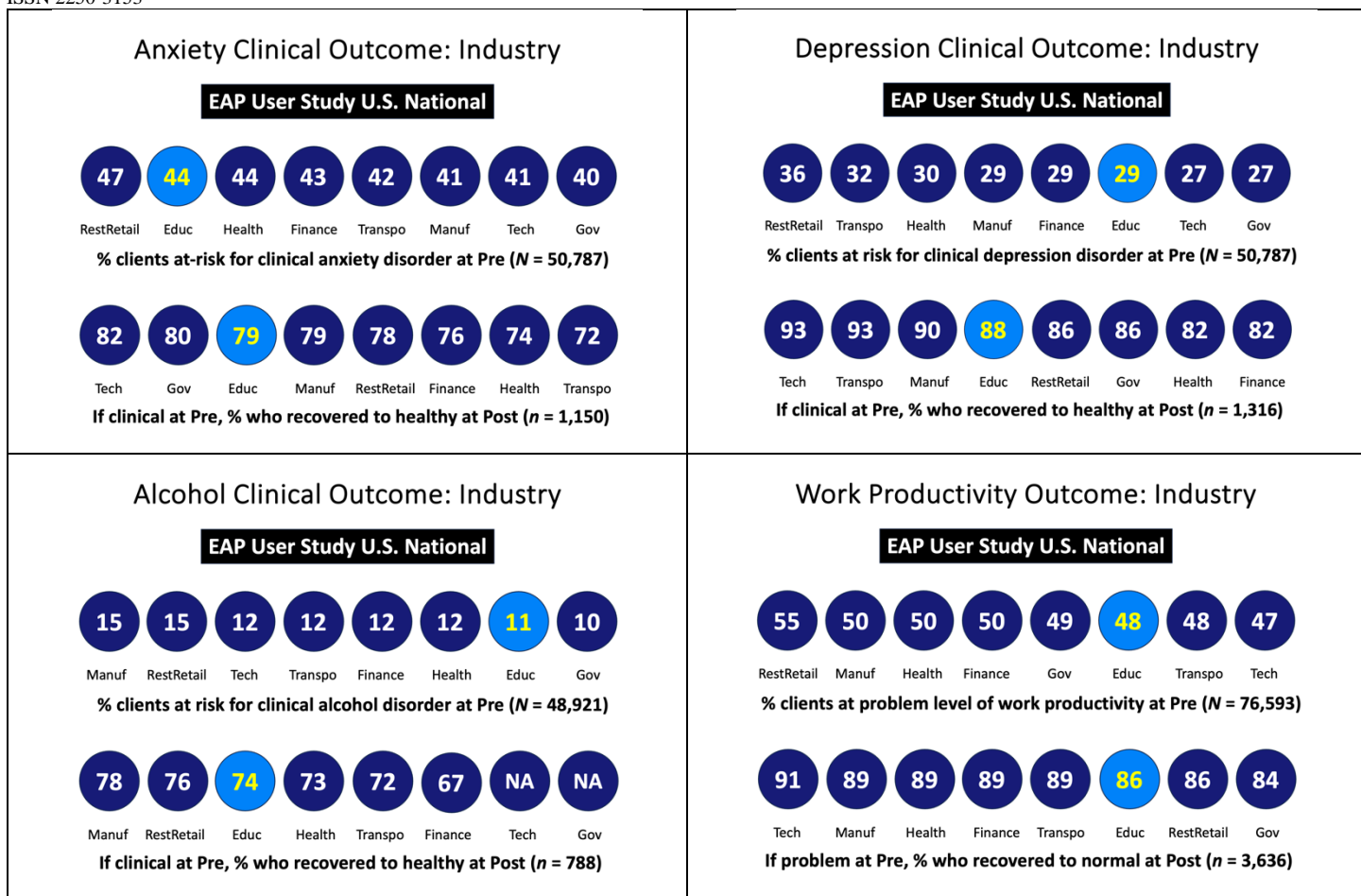
Figure 6. *Clinical and Work Outcome Results for EAP Users: By Industry*

Problem Work Productivity. Almost half of the employees in the education industry met the criteria for abnormally low work productivity when starting their use of the EAP service (see Figure 6). These problem cases had excess levels of work presenteeism and/or work absenteeism. This 48% prevalence rate for work productivity problem similar to the other industries, which ranged from 47% to 55% of cases at a problem level for work productivity. Reduction in this risk was tested in the subsample of cases in the education industry who had data at both the start of use and again at the follow-up 30 days after the last counseling session and who had started at a problem level on work productivity. Within this longitudinal subsample, the prevalence rate was 53% of all cases had a work productivity problem at Pre but only 8% of all cases had this same problem at Post. The results found that 89% of these cases had recovered after EAP use to no longer have a problem with work productivity. This recovery rate for education was better than most of the other industries in the study, which ranged from 84% to 91% of cases who recovered from having a work productivity problem.

Hours of Lost Work Productivity. In terms of specific hours, the typical EAP case in the education industry with a work productivity problem had an estimated 63.07 hour of lost productivity during the month before using the EAP (based on a combined 51.68 hours of presenteeism and 11.39 hours of absenteeism). After the employee had completed treatment, this adverse outcome changed to be much lower at an estimated 24.84 hour of lost productivity during the month after using the EAP (based on a combined 22.27 hours of presenteeism and only 2.57 hours of absenteeism). The level of LPT hours at Post is lower than the 27 hour norm for the typical "healthy" worker. This is a difference of 38.23 hours of restored work productivity per month per employee initially with a problem on this outcome area.

The typical employee in the education industry in 2024 earned $58.52 per hour in compensation (wages & benefits) in 2024 [1]. Thus, the financial burden to the employer during the month before using the EAP for was $3,691 per case in lost work productivity (based just on compensation value alone). However, this cost burden was reduced by $2,237 after using the EAP. Depending on how many months the initial level of impaired work productivity may have continued on without the employee receiving any treatment, this savings amount could be much greater when multiplied over a 6 or 12 month period. Considering the modest total annual investment in an EAP service benefit, these kinds of workplace-related cost savings could quickly add up to a break-even ROI even at low levels of program utilization.

In summary, the key findings of study for the profile of EAP users and the four outcomes for education industry EAP cases are shown in Table 2.

Table 2. *Summary of Key Findings for EAP Cases in the Education Industry*

		EAP User Characteristics		
	Size:	9% of all EAP cases 2017-2023		
	Gender:	72% women and 38% men		
	Age:	Average 39 years		
Profile factors	Service:	92% counseling / **8% coaching**		
	Referral:	99% self-referrals / **<1% formally referred by manager at work**		
N = 8,020 employees	Modality:	59% in-person office / 41% online video		
	Duration:	7 weeks (48 days)		
		49% mental health		
	Issues:	27% stress and personal life		
	why used	15% marriage and family		
	EAP	7% work-related		
		2% substance use		
		Outcomes		
Test		Mental Health Anxiety	Mental Health Depression	Alcohol Misuse	Low Work Productivity
Prevalence of at-risk clinical or work problem status before EAP use *all cases at Pre* (*n* = 3,521 to 6,986)	At-risk Pre:	**44%**	**29%**	**11%**	**48%**
	Industry Rank:	**No. 2**	**No. 6**	**No. 7**	**No. 6**
Reduction in prevalence of at-risk or problem status cases from Pre to Post *all cases with longitudinal data* (*n* = 230 to 721)	At-risk Pre: Post:	**37%** **9%**	**22%** **5%**	**17%** **4%**	**53%** **8%**
Change to no-risk status after EAP as percentage of subgroup at-risk at start *at-risk cases with longitudinal data* (*n* = 67 to 369)	Recovered at Post:	**79%**	**88%**	**74%**	**86%**

IV. DISCUSSION

This applied exploratory study focused on the education industry. The findings provide a profile of this workforce in the U.S. in general and for EAP users specifically. The education industry has almost 1 of every 10 employees in the total national workforce and also the same in the EAP users sample nationally. Over three-fourths of the workers in the education industry are women and most are of average working age. Reflecting a large government and municipal cohort of employers, this industry has one of the higher levels of unionized workers at 28%. This group has moderate compensation per hour per worker ($58) for a 30-hour average work week when annualized. This industry has typical annual rate of 2.0 cases per every 100 employees who experience a workplace injury or illness. These general characteristics reveal that the profile of the education industry is most similar to the government and municipality sector, as both industries are the highest in having the vast majority of workers being female, both are the highest in union representation of workers and both are similar in level of employee compensation.

The education industry EAP client sample was 72% women and 28% men, average age of 40 years, 92% used the EAP for counseling (8% for coaching), 99% were voluntary self-referrals (1% were formally referred to use counseling by their manager at work), 59% saw their counselor in-person at a local office (another 41% connected remotely via online video) and the typical treatment episode lasted about 7 weeks (54 days). The reasons why employees in the healthcare industry used the EAP was to address issues of mental health (49%), stress and personal life issues (27%), marriage and family issues (15%), work-related issues (7%) and substance use problems (2%). The EAP user profile for workers in education – compared to the 7 other industries – was relatively the highest in use of coaching and the lowest in use of formal management referrals. Education was average in the mix of in-person or video contact modalities, the duration of use episode and for most of the presenting issues – but was the lowest of all industries for substance misuse. When starting to use the EAP many of the cases in education reported having clinical level symptoms on standardized measures for anxiety disorder

(44% at-risk), depression disorder (29% at-risk), alcohol misuse disorder (11% at-risk) and low work productivity (48% at problem level). Among those cases initially at clinical risk status on outcomes in the total sample, the vast majority had recovered to no longer be at-risk after use. Hours of lost work productive time changed from 63 hours lost per month to 25 hours for those cases initially at a problem level on this outcome.

These findings were obtained from a "real world" business context involving national data that was collected using validated scientific measures over seven years from a large sample of over 8,000 employee users who worked at over 200 different schools and other types of employers in the education industry. Thus, this study has a high degree of external validity for the findings. Thus, employers in the education industry can be confident that these results are likely to describe their industry fairly well. Overall, the study results demonstrate both the need to supporting worker behavioral health and for considering an effective employee assistance program as one resources to improve teacher and school staff wellbeing and work performance.

DECLARATIONS

Author Contributions: MA performed the statistical analyses of the aggregated dataset, conducted the literature review and drafted the manuscript. DP developed the study design, selected the measures involved, coordinated the data collection and led preparation of annual reports of preliminary results. All authors discussed the results and contributed to the final manuscript.

Conflict of interest/Competing interests: MA is an independent research scholar and consultant who received financial support from CuraLinc Healthcare for preparing this research manuscript. MA has also occasionally worked on other projects for this company. DP works for CuraLinc Healthcare company.

Ethical Considerations: The privacy of users was protected by having all program use and survey data deidentified before being shared with the independent consultant (first author) who conducted all statistical analyses. As this was an applied study of archival anonymized data collected from routine use of the service, additional informed consent from individual participants beyond their initial consent agreement in terms of use of the EAP service was not required. All data was collected as part of the normal business practices and not for a separate specific research project. Project approval from a university internal review board was not required. The use and analysis of archival operational data in this manner for applied research is consistent with the published ethical guidelines of the American Psychological Association [96]. All counselors involved in the delivery of the clinical treatment services were fully licensed and trained professionals.

Institutional Review Board Statement: No formal ethical approval of the study was required due to the retrospective archival naturalistic design of the study. All employees who used the counseling and completed the outcome measures participated voluntarily and had their personal identity protected as all unique identifiers were removed from the data prior to analysis. All counselors involved in the delivery of the clinical treatment services were fully licensed and trained professionals.

Informed Consent Statement: All data was collected as part of the normal business practices and not for a separate specific research project. Consent for participation in a research study and use of data for publication of study results was therefore not necessary.

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