

Employee Assistance Program Counseling in the U.S. Restaurant and Retail Trade Industry: Clinical and Work Outcome Risks and Results for 9,869 Cases at CuraLinc Healthcare

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Abstract: This applied study explored the role of behavioral health issues among workers in the restaurant and retail trade industry in the United States. It features highlights of our larger study in 2024 of eight different industries. The 27.9 million employees in the restaurant and retail trade industry accounted for almost 18% of the total U.S. workforce in year 2024. The study primarily featured EAP data collected over a 7-year period from employee users of individual counseling or coaching from a single national EAP business in the United States (CuraLinc Healthcare). The full sample included 85,432 clients who worked at 2,679 employers. The EAP user sample for the restaurant and retail trade industry group included 9,869 employee clients who worked at 201 companies. Longitudinal data at 30-days post use was obtained from 9,063 cases in the full sample of which 868 were from the restaurant and retail trade industry. The restaurant and retail trade industry client sample was 60% women and 40% men, average age of 40 years, 94% used the EAP for counseling (6% for coaching), 97% were voluntary self-referrals (3% were formally referred to use counseling by their manager at work), 56% met with a counselor in person at a local clinical office (44% online video), and the typical treatment episode lasted about 7 weeks (46 days). The reasons why employees in the restaurant and retail trade industry used the EAP was to address issues of mental health (48%), stress and personal life issues (29%), marriage and family issues (13%), work-related issues (5%) and substance use problems (5%). The EAP user profile for workers in restaurant and retail trade when compared to the other industries was in the middle range for use of coaching and the rate of management referrals but it relatively higher in the use of remote video for counseling (perhaps because of having so many more younger age workers) and this industry had the shortest duration of use episode. When starting to use the EAP many cases in restaurant and retail trade reported having clinical level symptoms on standardized measures for anxiety disorder (47% at-risk), depression disorder (36% at-risk), alcohol misuse disorder (15% at-risk) and low work productivity (55% at problem level). Each of these risk rates was the highest among all of the industries in the study. Among those cases initially at clinical risk status on outcomes in the total sample, over three-fourths recovered to healthy status after use. Among the roughly half of the total cases who initially had a work productivity problem, the hours of lost work productivity per case per month changed from 64 hours to 23 hours. The hours of restored work productivity was estimated to be a \$917 value per month per case who initially had this problem. 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 for 7 other industry categories was presented to provide context for this one industry.

Index Terms: absenteeism, alcohol, anxiety, counseling, depression, employee assistance program, hospitality, industry, presenteeism, restaurant, retail trade, work

I. INTRODUCTION

This study profiles employees in the restaurant and retail trade industry who used employee assistance program (EAP) services at one large national provider. The United States (U.S.) civilian labor market includes over 157 million workers in January of 2024 [1-3]. These employees work in hundreds of different industries [4]. Workers in the restaurant and retail trade industries together represent 18.5% of the U.S. labor force. This industry has 27.9 million workers in total with 12.3 million employees in the restaurant subtype of “food services and drinking places” [5] and another 15.7 million employees in the retail trade subtype [6]. This industry is evenly split on gender (50% men; 50% women) and the average worker is 34 years old. Only 3% of these workers are represented by a union. The typical worker earned almost \$24 per hour in compensation and worked average of 28 hours per week. Of the 1.8 million employers, 99% are in the private sector. This industry has an annual rate of 3.1 cases per every 100 employees who experience a workplace injury or illness. This industry has the most unique profile of the 8 major types with worker age being the youngest,

compensation being the lowest and workload levels being the lowest. This reflects a group with many small employers and most workers having entry-level positions that require only minimal education and professional training. This industry also has high variability in work time schedules, seasonal employment and mix of part-time or full-time employee status among workers.

1.1. Behavioral Health and the Restaurant and Retail Trade Industries

Behavioral health disorders such as anxiety, depression and substance misuse affect about 25% employees each year in the U.S. [7,8]. 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 [9-11]. Most employers try to support their workers in a variety of ways including offering an employee assistance program benefit [12]. 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 [13-15]. 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 [16]. 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 [17].

Employees working in restaurants and the hospitality industry more generally (including hotels, resorts, restaurants, bars, theme parks, and events) have been associated with high elevated stress level, mental health disorders, high employee turnover, non-traditional work schedules and lower levels of pay and benefits [18-21]. Large scale surveys in the U.S. over the past 30 years consistently find that restaurant and bar workers have a high incidence of alcohol and drug abuse [22,23]. For example, the U.S. National Survey on Drug Use & Health (NSDUH) shows that about 1 in every 8 of food service workers reported alcohol abuse or illicit drug use with no change in prevalence from 1994 to 2018 [24]. Similarly high prevalence rates for SUD in this industry have also been documented in Australia [25]. A 2019 study found that in the restaurant industry work stress can intensify employees' substance use and – unlike many other industries – alcohol is often available in the workplace [26]. A 2021 study of 585 employees [27] revealed that many restaurant workers experienced higher levels of psychological distress, drug and alcohol use while working through the COVID-19 pandemic compared to furloughed colleagues and that the increased behavioral health distress led to as increased plans to quit their jobs.

1.2. EAPs and the Restaurant and Retail Trade Industries

Despite the large numbers of people working in these companies and the elevated behavioral health risk rates among these employees, the research literature on EAPs in the restaurant and retail trade industries is very small. One project from the late 1980s was conducted to determine if employers in the hotel and motel industry were sponsoring EAPs [28,29]. Their results indicated very low adoption of EAPs (which is typical for smaller size employers in this era) and that managers in the industry were in a state of denial concerning the mental health and substance-related problems among portions of their workforce. Another study from over 30 years ago examined the potential cost savings to employers in the casino and hotel industry from EAPs that can effectively treat employees with substance abuse problems [30]. The internal EAPs at the Mirage Casino and at Resorts International were profiled for cost-savings associated with reduced employee theft, reduced lost work productivity and avoided employee turnover.

A 2011 study used longitudinal archival data set to examine EAP utilization, the problems for which help was sought, and the relationship of EAP utilization to absenteeism over 3 consecutive years among all of the employees in all locations of a large national Canadian retail store [31]. The reasons for help seeking from the EAP were mostly personal issues or marital/family problems with few seeking support for work-related issues. Their analysis of employee records showed that the EAP counseling users generally had higher rates of absenteeism than did the nonusers during the year in which EAP was used but did not differ from the non-EAP user groups in the year(s) before and after treatment. However, the non-user comparison group was not matched to the EAP group for clinical risk factors (which are associated with increased absence).

In addition, other data sources document the relatively higher than average risk for workers in retail stores and restaurants to experience verbal abuse and physical violence from customers and even death from gun violence during robberies and other kinds of workplace traumatic incidents [32]. A study of industry data over 6-years for aspects of providing 120 critical incident response (CIR) services from EAPs to employers found that the retail chain stores used: 12% of all CIR events involving death; 8% of all CIR events for robberies and 6% of CIR events for job layoffs, terminations and downsizing events [33].

The TEAM Awareness program has been successfully delivered as a collaborative resource for employers in the restaurant industry with the goal of reducing alcohol and drug use rates among employees. This intervention program was designed by Dr. Joel Bennett as a group-level longitudinal training for employees in the restaurant industry as a way to build the capacity as a work team and adjust positively to challenges and difficulties [34]. This workplace-based model has multiple high-quality research studies conducted over 20 years that explain the conceptual model, present best practices for delivery and provide empirical results in areas of employee health and workplace relevant attitudes and outcomes [35-38].

In summary, the literature on behavioral health in the restaurant and retail trade industry shows that the demographic profile of having many young adult workers and the nature of the work conditions can pose increased behavioral health risks for workers. The frequent contact between workers and the public also raises concerns for preventing violence and abuse or coping with post-incident trauma. This industry has received only limited research attention historically. Moreover, few of these past studies involved large sample sizes of EAP users, assessed multiple different employers in the transportation industry, assessed behavioral health risk rates in the EAP user population or used scientifically validated measures of clinical and work outcomes. The present study was done to fill this gap in our understanding for these types of workers.

1.3. Highlights from EAP Study of Eight U.S. Industries – Focus on Restaurants and Retail Trade

CuraLinc Healthcare has been in business since 2008 and now this company 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 eight different major industries. Clinical risk and work outcome data was also routinely collected on many of these employees. This company has conducted five other empirical studies examining a variety of aspects of their EAP services and outcomes [39-44]. In the newest study, we analyzed recent national data collected over a 7-year period from over 85,000 cases from this EAP [44] to profile 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 use employee assistance 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. [44]. The present study highlights key findings from the previous study for workers in the restaurants and retail trade industry.

II. METHODOLOGY

2.1. Archival Business Data and EAP Use Profile

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 [44].

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 [44]. Each industry group had many different specific employers included in the data, ranging from 77 to 629. The total number of employers across all industries was 2,679. The most prevalent industry in the study was the manufacturing which accounted for 1 in every 5 cases in the sample (20% of the total). Employees working in healthcare were the second most common industry in the sample (18% of cases). This group included hospital systems, treatment providers for medical and behavioral health and healthcare insurance companies. 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. The restaurants and retail trade industry workers accounted for 12% of the sample. This group of EAP users included a wide range of national, regional and local companies for restaurants, casinos and retail stores and consumer services.

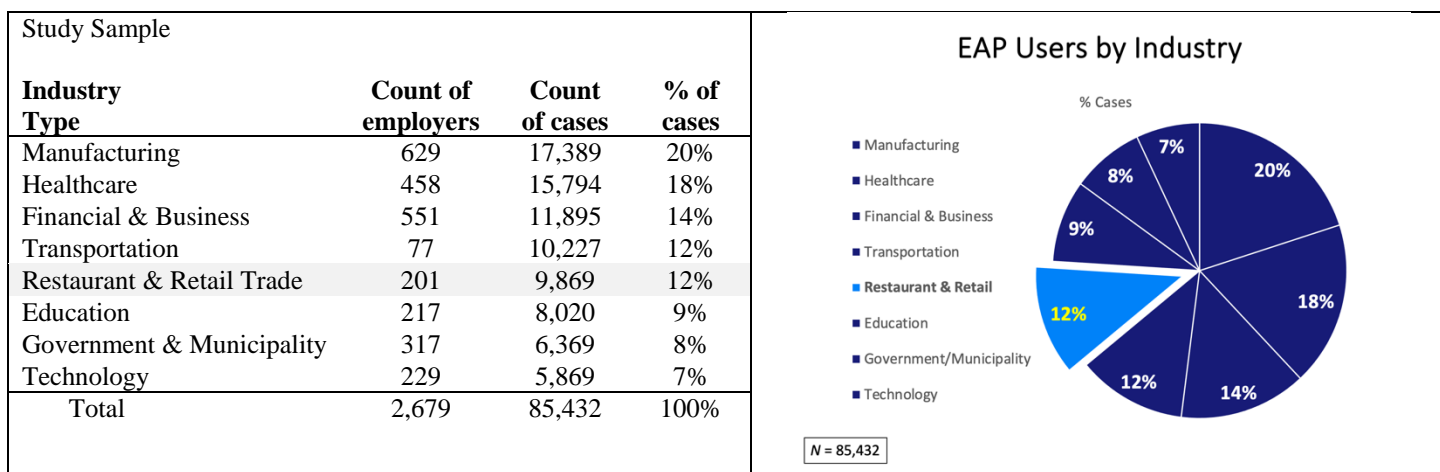


Figure 1. Mix of 8 Industries in EAP Study Sample

Table 1 shows the employee demographics and the clinical use experience at the EAP for the financial and business industry subsample.

Table 1. Profile of Cases on Demographics and EAP Use: Restaurant & Retail Trade Industry

Factor	Restaurant & Retail Trade	
	n count	%
Total EAP users	9,869	100
Year of use of EAP	All	
2017	149	1
2018	341	4

2019	614	6
2020	716	7
2021	477	5
2022	883	9
2023	6,689	68
Client age	9,641	
Under 30 years	2,958	31
30-39 years	3,156	33
40-49 years	1,919	20
50 plus years	1,588	16
Average (range: 16-80)		37 years
Client gender	9,602	
Female	5,731	60
Male	3,871	40
EAP service type used	All	
Counseling	9,290	94
Coaching	579	6
EAP referral source	All	
Self / family / other	9,578	97
Formal management at work	291	3
EAP modality of use	All	
In-person office (face-to-face)	5,483	56
Online video	4,386	44
EAP presenting issue	All	
Mental health – anxiety	1,329	14
Mental health – depression	1,677	17
Mental health – other	1,708	17
Substance use – drug or alcohol	458	5
Stress personal / other life issues	2,894	29
Marital or family relationship	1,262	13
Work stress or occupational	541	5
EAP use duration (if valid data)	721	
1-30 days	204	28
31-59 days	377	52
60-89 days	83	12
90 plus days (max 245 days)	57	8
Average:		46 days
Longitudinal follow-up	All	
Any outcome data – yes	868	9

III. RESULTS

3.1. PART I: Profile of the Restaurant and retail trade Industry in General and EAP Users

Workforce Profile Compared. These characteristics of the restaurant and retail trade industry are compared to 7 other major industries on the same BLS data sources (see Figure 2). The level of union status for restaurant and retail trade workers is at the low end of all of the industries, which ranged from a high of 33% to only 2% of employees with union representation at their workplace. The average level of employee compensation for restaurant and retail trade is lowest by far of all of the other industries, at \$24 compared to others that ranged from \$35 to which ranged from \$69. The 28 hours worked per week per employee in restaurant and retail trade was also the lowest amount when compared to other industries which ranged from 32 to 39 hours. The level of safety risks in the workplace for restaurant and retail trade at a 3.1 rate is toward the higher range of the other industries which ranged widely from 0.4 to 4.8 incidents per 100 workers per year.

Employee Age and Gender. The demographic characteristics of the restaurant and retail trade industry are compared to 7 other major industries based on the same BLS data sources and also from the EAP user data (see Figure 2). The Employees in the restaurant and retail trade industry had an average age of 34 years in the BLS workforce data and an average 37 years in the EAP user study. This industry had the youngest workers of all the industries. Note this pattern for age by industry among the EAP users closely matches the average age by industry profile for the U.S. total workforce. Employees in the restaurant and retail trade industry had a gender mix of

50% women and 50% men in the BLS workforce data and 60% women and 40% men 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.

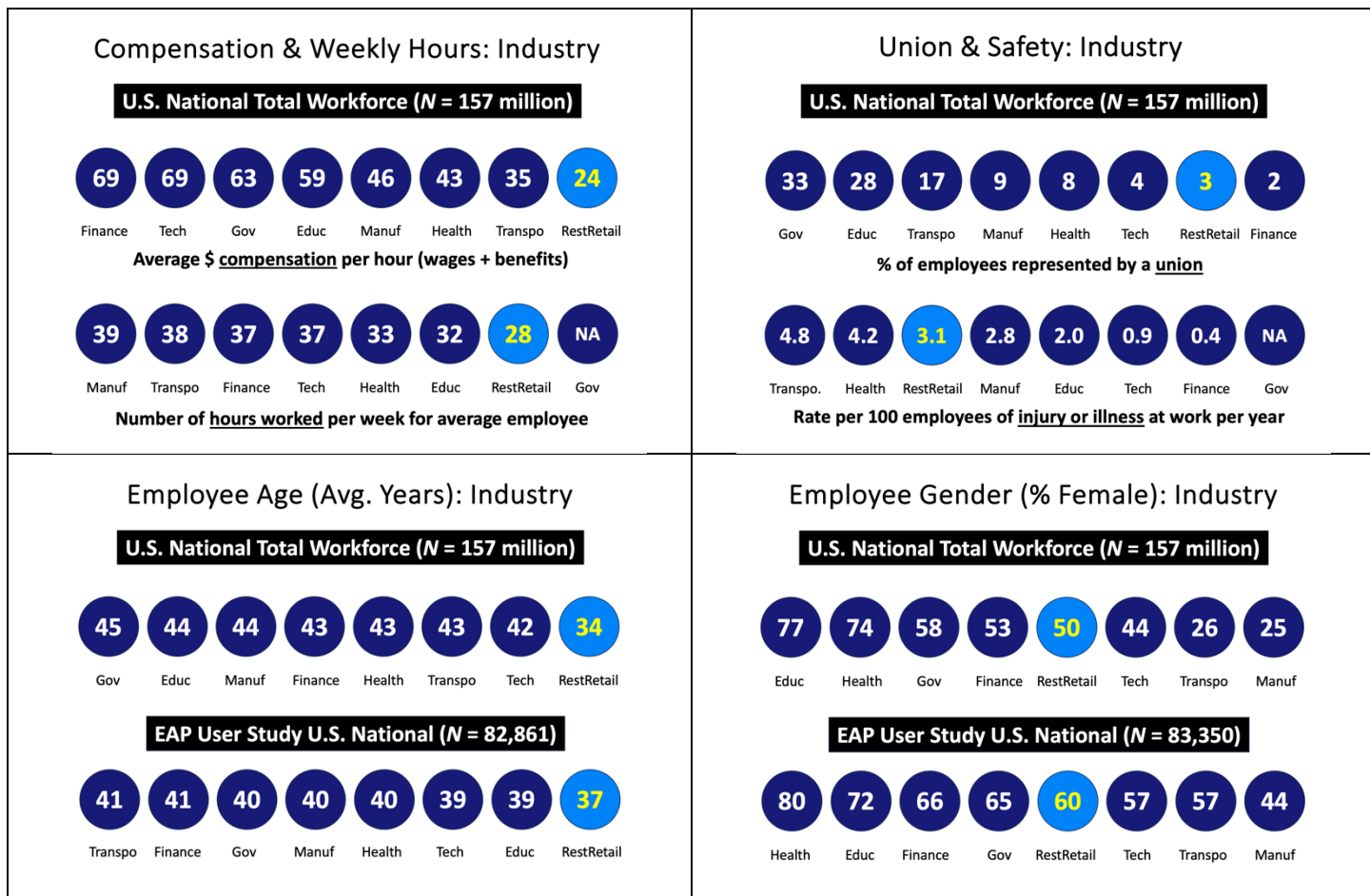


Figure 2. U.S. National Total Workforce BLS Data by Industry (top row); Client Age and Gender of Employees by Industry in BLS Data and EAP Study Data (bottom row)

Employee Use of the EAP. The restaurant and retail trade industry group was also compared to the other industry types on how the EAP service was used (see Figure 3). The vast majority of the employees in the restaurant and retail trade industry chose to use a counselor at the EAP (94%) with only 6% using a mental health coach. This same finding was also observed for EAP users in all of the other industries. The vast majority of employees in the restaurant and retail trade industry were self-referrals (97%) with only 3% of 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 restaurant and retail trade industry used the in-person office delivery setting (56%) but a large segment chose the online video modality (44%). This preference was generally consistent for employees in the other seven industries as well. The number of days, on average, for the EAP treatment episode was 46 for employees in the restaurant and retail trade industry. This duration was the shortest of the 8 industries, but the range was limited from 46 to 54 days on average across different industries.

EAP Use - Presenting Issue. The mix of five general types of presenting issues among EAP users in the restaurant and retail trade industry is shown in lower part of Figure 3. The most common issue type for EAP use was mental health, which accounted for 48% of the cases in the restaurant and retail trade industry and 45% in the other industries. The next common issue type was stress and personal life problems, which accounted for 29% of the cases in the restaurant and retail trade group and 27% in the other industries. Problems with marriage or family accounted for 20% of the cases in restaurant and retail trade and 16% in the other industries. Problems with work or other occupational stressors accounted for only 5% of the cases in restaurant and retail trade and 6% of cases in the other industries. Issues involving substance abuse and addictions comprised 5% of the cases in the restaurant and retail trade industry, which was very close the 4% average among other industries. This last comparison is surprising given the long history of workers in this

industry typically having much higher rates of substance use problems. It could also mean that employees with alcohol or drug problems in the restaurant and retail trade industries are just not seek support for these kinds of issues from their EAP benefit.

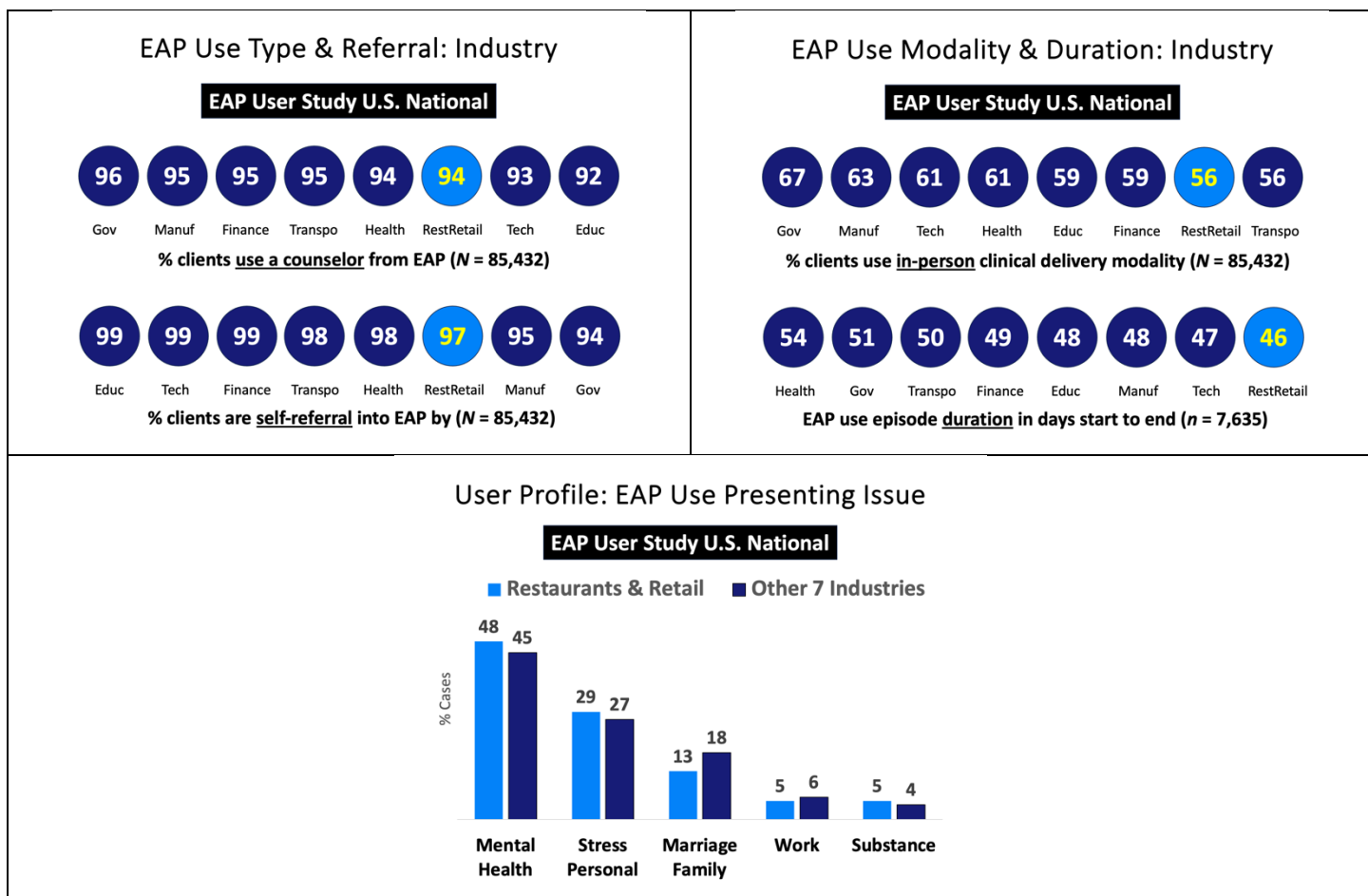


Figure 3. EAP Use Characteristics by Industry

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

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

Clinical Anxiety. Almost half employees in the restaurant and retail trade industry met the criteria for clinical anxiety disorder when starting their use of the EAP service (see Figure 4). This 47% prevalence rate for anxiety disorder risk was the highest when compared to the other industries, which ranged from 40% to 44% at-risk. Reduction in anxiety risk was tested in the subsample of cases in the restaurant and retail trade 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 78% of these cases had recovered after EAP use to no longer be at-risk anymore for anxiety. This recovery rate for restaurant and retail trade was similar to results in other industries, which ranged from 72% to 82% of cases who recovered from anxiety.

Clinical Depression. More than a third of the employee cases using the EAP from the restaurant and retail trade industry met the criteria for clinical depression disorder when starting their use of the service (see Figure 4). This 36% prevalence rate for depression disorder risk was also at the top of the range of 27% to 36% for all 8 industries. Reduction in this risk was tested in the subsample of cases in the restaurant and retail trade 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 34% of all cases were at-risk at Pre for depression but only 6% of all cases were at-risk at Post. The results found that 86% of these cases in restaurant and retail trade had recovered after EAP use to no longer be at-risk anymore for depression. This recovery rate for restaurant and retail trade 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 8 employees in the restaurant and retail trade industry met the clinical criteria for hazardous alcohol use when starting their use of the EAP service (see Figure 4). This 15% prevalence rate for alcohol disorder risk shared the top spot with the manufacturing industry when compared to the other industries, which ranged from 10% to 15% at-risk. Reduction in this risk was tested in the subsample of cases in the restaurant and retail trade 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 14% of all cases were at-risk at Pre for alcohol misuse but only 3% of all cases were at-risk at Post. The results found that 76% of these cases had recovered after EAP use to no longer be at-risk anymore for alcohol misuse. This recovery rate for restaurant and retail trade 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.

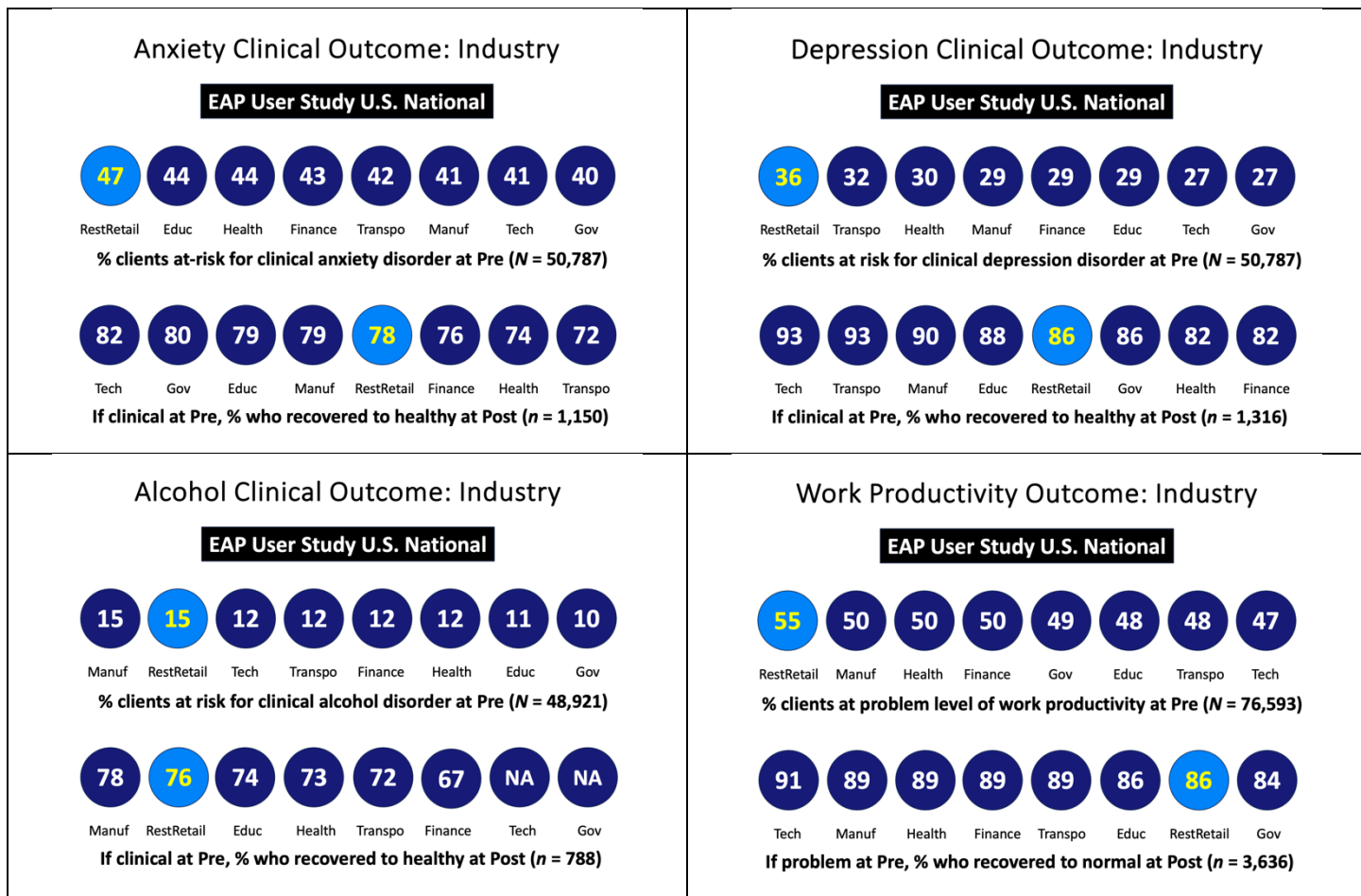


Figure 4. Clinical and Work Outcome Results for EAP Users: By Industry

Problem Work Productivity. Over half of the employees in the restaurant and retail trade industry met the criteria for abnormally low work productivity when starting their use of the EAP service (see Figure 4). These problem cases had excess levels of work presenteeism and/or work absenteeism. This 55% prevalence rate for work productivity problem was highest among all of the other industries, which ranged from 47% to 50% of cases at a problem level for work productivity. Reduction in this risk was tested in the subsample of cases in the restaurant and retail trade 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 43% of all cases had a work productivity problem at Pre but only 9% of all cases had this same problem at Post. The results found that 86% of these cases had recovered after EAP use to no longer have a problem with work productivity. This recovery rate for restaurant and retail trade was similar to 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 restaurant and retail trade industry with a work productivity problem had an estimated 62.98 hours of lost productivity during the month before using the EAP (based on a combined 52.14 hours of presenteeism and 110.84 hours of absenteeism). This is more than double the 27% of the typical “heathy”

worker. After the employee had completed their EAP treatment, this adverse outcome changed to be much lower at an estimated 24.61 hours of lost productivity during the month after using the EAP per case (based on a combined 22.87 hours of presenteeism and only 1.74 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 38.37 hours of restored work productivity per month per employee initially with a problem on this outcome area.

The typical employee in the restaurant and retail trade in 2024 earned \$23.90 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 \$1,505 per case in lost work productivity (based just on compensation value alone). However, this cost burden was reduced by \$917 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 restaurant and retail trade industry EAP cases are shown in Table 2.

Table 2. Summary of Key Findings for EAP Cases in Restaurant and Retail Trade Industry

		EAP User Characteristics			
Profile factors <i>N</i> = 9,869 employees	Size:	12% of all EAP cases 2017-2023			
	Gender:	60% women and 40% men			
	Age:	Average 37 years			
	Service:	94% counseling / 4% coaching			
	Referral:	97% self-referrals / 3% formally referred by manager at work			
	Modality:	56% in-person office / 44% online video			
	Duration:	7 weeks (46 days) 48% mental health			
	Issues: why used EAP	29% stress and personal life 13% marriage and family 5% work-related 5% 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 <i>all cases at Pre</i> (<i>n</i> = 7,101 to 9,250)	At-risk Pre:	47%	36%	15%	55%
	Industry Rank:	No. 1	No. 1	No. 1 (tie)	No. 1
Reduction in prevalence of at-risk or problem status cases from Pre to Post <i>all cases with longitudinal data</i> (<i>n</i> = 367 to 690)	At-risk Pre:	43%	34%	14%	56%
	Post:	10%	6%	3%	9%
Change to no-risk status after EAP as percentage of subgroup at-risk at start <i>at-risk cases with longitudinal data</i> (<i>n</i> = 85 to 389)	Recovered at Post:	89%	86%	76%	86%

IV. DISCUSSION

This applied exploratory study focused on the restaurant and retail trade industry. The findings provide a profile of this workforce in the U.S. in general and also for EAP users specifically. Workers in the restaurant and retail trade industry are the youngest of all the industries (both in BLS data and the EAP user data). The gender mix is fairly balanced for these workers. The average employee in this industry works fewer hours per week and have the lowest average level of employee compensation out of all of other industries examined. Workers in the restaurant and retail trade industry are in the low end of the range for union representation. This industry is toward the higher end for experiencing workplace safety incidents.

The EAP user profile for workers in restaurant and retail trade – compared to the other industries – was in the middle for use of coaching and the rate of management referrals. It was relatively higher than other industries in the use of remote video for counseling modality (perhaps because of having so many more younger age workers). This industry also had the shortest duration of typical use episode. Employees in the restaurant and retail trade industry were similar to those in the other industries in the mix of presenting issues. From the research literature, we expected to find that this worker group would have a higher portion of cases seeking support from the EAP for substance problems, but that was not what was found as it was only slightly higher than the average for the other industries (5% vs. 4% others, respectively).

When starting to use the EAP many of the cases in restaurant and retail trade reported having clinical level symptoms on standardized measures for anxiety disorder (41% at-risk), depression disorder (29% at-risk), alcohol misuse disorder (15% at-risk) and low work productivity (50% at problem level). An important discovery was that all four of these risks were the highest of the eight industries. Thus, the restaurant and retail trade industry was the least healthy group of EAP users on behavioral risk factors in the study. The good news was that among those cases initially at clinical risk status on outcomes in the total sample, over three-fourths recovered when re-assessed at 30 days after completing treatment. Most of these same EAP risk rates and outcome improvement results were also found at similar levels for employees in other industries.

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 9,800 employee users who worked at over 200 employers in the restaurant and retail trade industry. Thus, this study has a high degree of external validity for the findings. Thus, employers in the restaurant and retail trade industry can be confident that these results are likely to describe their industry fairly well. Our findings replicate what is usually found in social science data that this younger-age and lower-paid workforce is at greater risk for mental health and substance use problems. Overall, the study results demonstrate both the need to support worker behavioral health and for considering an effective employee assistance program as one resources for employers to use to manage these kinds of worker wellbeing and to encourage better work performance while on the job.

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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 [45]. 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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