



TRENDS REPORT 2015

An analysis of what is occurring in the fields of Employee Assistance, Organizational Health and Productivity industries.



1.800.433.7916
www.chestnutglobalpartners.org

TABLE OF CONTENTS

Introduction	1
2014 Chestnut Global Partners EAP Utilization.....	2
Is Fatigue Management the New Health and Safety Frontier?	3
Evaluating the Value of “Free” vs. Fee-Based EAPs.....	5
The Impact of Technology on the Future of EAPs.....	7
The Role of European EAPs in Responding to Workplace Well-being Legislation.....	8
Affordable Care Act Update: The Impact on EAPs	9

INTRODUCTION

In 2014, the world continued to experience rapid and dramatic changes. A few of the events that had particular impact on the workplace which caught our eye included the increasing influence of social networking and big data, the cost of health care and the unfolding impact of the Affordable Care Act (ACA), discouragement about the low levels of employee engagement, and the pace of economic recovery which now enters its seventh year. In this report, Chestnut Global Partners (CGP) surveyed industry experts and analyzed recently published research to understand how these trends will impact workplace well-being, behavioral health, and employee assistance services in 2015. We highlighted six key trends, and provided key takeaways and practical tips designed to help organizational leaders capitalize on these emerging trends.

- **2014 Chestnut Global Partners EAP Utilization**
- **Is Fatigue Management the New Health and Safety Frontier?**
- **Evaluating the Value of “Free” vs. Fee-Based EAPs**
- **The Impact of Technology on the Future of EAPs**
- **The Role of European EAPs in Responding to Workplace Well-being Legislation**
- **Affordable Care Act Update: The Impact on EAPs**

We hope you find our Trends Report to be a useful tool in the ongoing challenge of managing organizational performance and employee engagement. Feel free to contact us with any questions, or to find out how CGP can partner with your organization to develop customized solutions that are tailored to your unique business needs.

Sincerely,

Todd R. Donalson
Director of Training & Consultation

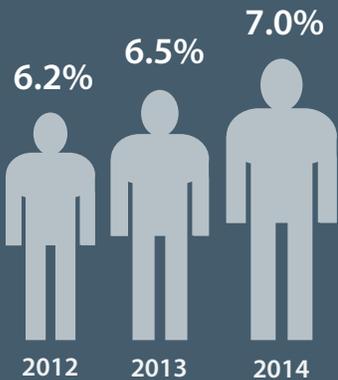


Todd Donalson
Director of Training and Consultation

Trend



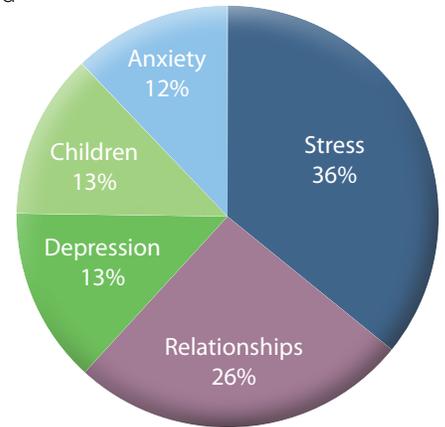
Rising EAP utilization rates combined with increased severity of presenting concerns suggests that EAP services play an increasingly important role in addressing serious mental health concerns.



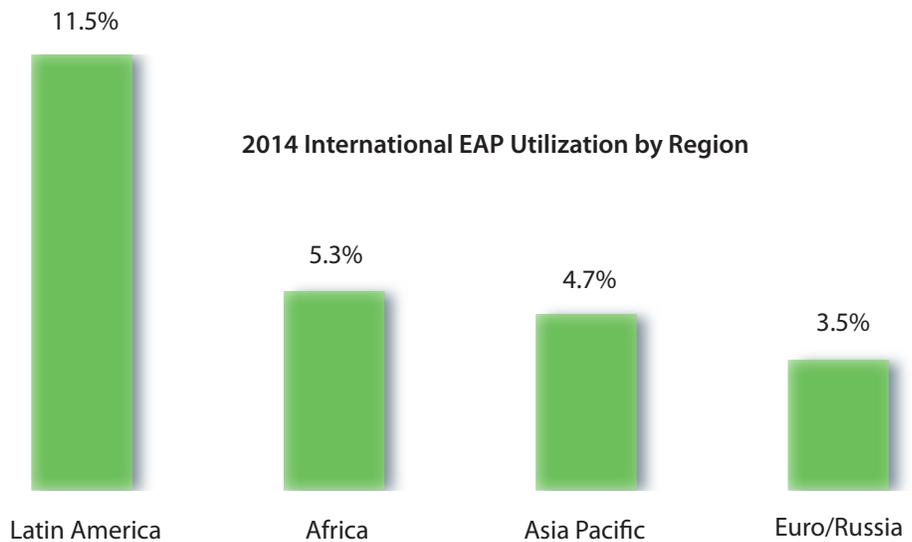
2014 CHESTNUT GLOBAL PARTNERS EAP UTILIZATION

For the second consecutive year, CGP's EAP utilization in North America increased at a rate of 7.0% across our book of business. By comparison, most EAP industry averages and benchmarks show an average annual range between 3.5%-4.5%. The governmental and non-profit sectors were the highest users of services, with the governmental sector in particular experiencing a 40% increased demand compared to 2013. Reasons for the rising utilization rate were varied but included financial hardships that reportedly made employees hesitant to access alternative fee-based community mental health resources.

The top three reasons for accessing services were similar to 2013 and related to stress, marital/relationship, and depression respectively. While the number of cases requesting assistance due to job satisfaction/work-load concerns rose by more than 30%, they accounted for just over 4% of the total cases managed by CGP, finishing in the top eight of presenting concerns. Increases in requests for assistance were seen with stress, child behavior, and anxiety. By contrast, consultations for legal and work life/concierge services decreased slightly. One emerging trend we observed was the increased problem severity or level of psychological stress that individual users reported when accessing services. While this conclusion is based on anecdotal evidence including phone conversations and "pulse" survey data from high-volume providers, it suggests that EAP services played an increasingly important role in addressing serious employee mental health concerns.



North America
Top Five Presenting EAP Concerns



2014 International EAP Utilization by Region

In countries outside North America, the cumulative EAP utilization rate was 5.5%, consistent with 2013. While the primary presenting concerns were once again related to marital and child/behavior concerns, anxiety and stress-related concerns moved into the top five while legal concerns dropped out of the top five. Regional differences continued to exist as represented by utilization rates in Latin America were two-three times higher than other regions of the world. As in previous years, EAP programs continue to serve as the de facto mental health delivery service in many developing countries around the world due to either an inadequate supply of mental health providers or inadequacies in the mental health delivery structure.

IS FATIGUE MANAGEMENT THE NEW HEALTH AND SAFETY FRONTIER?

Earlier this year, *Time* magazine reported on the importance of sleep to one's overall health in an April 2014 article titled, "It's time to pay attention to sleep, the new health frontier."⁽¹⁾ Shortly thereafter, Yahoo! CEO Marissa Meyer missed an important meeting with advertisers, explaining that she "overslept." For several weeks, this became a reliable punch line, but as time wore on, what was initially an unflattering portrait of an over-extended CEO spoke to something broader: how lack of sleep — both quality and quantity — is affecting all levels of today's workforce. Around this same time, The Center For Creative Leadership issued a 2014 white paper encouraging organizations to "push back on the 24/7 culture" due to the negative impact that inadequate sleep has on a leader's ability to manage complex issues and information.⁽²⁾

It's estimated that 35-40% of Americans have sleeping problems. The growing number of apps for detecting sleep patterns and fatigue demonstrates the increased yearning for better quality sleep, particularly among people dealing with increased workloads, increased stress levels, and shift work, all of which undermine quality, restful sleep. While the importance of a good night's sleep on one's ability to function day-to-day has been known for years, recent research is now shedding light on the link between inadequate sleep and an increased risk for diabetes, obesity, heart disease, and depression. As a result, organizational safety and wellness programs may be well served to offer services that target the underlying causes of fatigue, which range from undiagnosed medical conditions to unhealthy behavioral and lifestyle habits.

For organizations, untreated sleep disorders come with a heavy price tag. In a study of sleep apnea, which represents just a portion of those with various sleep disorders, undiagnosed patients used \$200,000 more in health care costs over a two-year period and utilized 23–50% more medical resources.⁽³⁾ From a safety standpoint, those with moderate to severe sleep apnea are twice as likely to have a traffic accident. Some studies have even reported that an individual who is awake for longer than 17 hours is impaired at a similar level as an individual with a blood alcohol content of 0.05.⁽⁴⁾

For decades, fatigue has been a concern in safety-sensitive industries such as manufacturing, mining, petrochemical, health care, transportation, and any industry requiring shift work. Many of these industries have addressed fatigue primarily from an organizational level by focusing on roster adjustments, rotating shifts in a "forward manner," implementing napping policies and no-fault reporting, or using technology-based alerting devices. While these are all solid strategies, they have done little to address the root cause of worker fatigue: the quantity and/or quality of sleep.

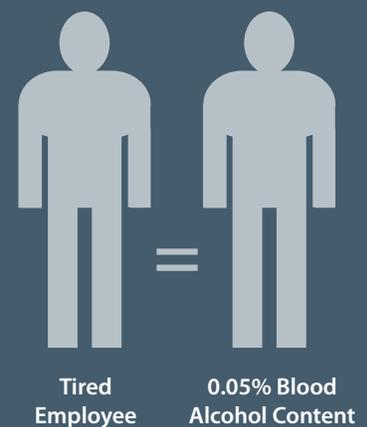
At the most basic level, obtaining the proper quality and quantity of sleep becomes a personal choice. The human mind/body is designed in such a way that if individuals are obtaining enough quality sleep - even if working a demanding job - employees will have sufficient energy and focus to be safe and productive. Yet, many people are not aware or take the time to seek possible behavioral and/or medical solutions. This is where organizational health and safety programs can begin to play a greater role.

Most organizations do not adequately screen for untreated medical problems causing fatigue such as sleep apnea, insomnia, or depression. In addition, many employees do not receive any education that promotes skill development to better manage lifestyle factors contributing to fatigue. For example, many sleep experts recommend that electronic devices should be turned off at least one hour prior to bedtime because the light emitted from these devices can inhibit the production of a sleep-regulating hormone called melatonin.

Trend



Studies suggest that an individual continuously awake for more than 17 hours is impaired at a level similar to 0.05% blood alcohol content.



Recent research is now shedding light on the link between inadequate sleep and diabetes, obesity, heart disease, and depression.



Emphasizing safety and productivity as an overarching priority will require comprehensive organizational effort involving development of policies, use of technology, and most importantly, interventions that enhance awareness, motivation, and easy access to the support and tools needed to develop an individualized fatigue management treatment plan.

Additionally, such plans should include access to counseling and support to address the range of mental/behavioral health issues that are often at the root of sleep disorder: depression, anxiety, substance abuse, post traumatic stress, etc. When Marissa Meyers has a bad night's sleep, it results in headlines; when a significant percentage of the workforce has a bad night's sleep, it can have profound consequences not just on the bottom line — it can put lives at risk. Keeping your eyes wide open depends on how long and how well you kept them closely shut the night before.

Best Practice Recommendations

- Provide educational opportunities to increase employee awareness of sleep health and the medical, mental, and behavior causes of fatigue.
- Screen for common sleep disorders in your employee health risk assessment.
- Speak to the provider(s) of your pre-employment physical examination to determine if the current examination screens for sleep disorders. The Berlin Questionnaire is one example of a well-validated assessment tool which could be utilized by providers.
- At your next health fair event, provide information on sleep health. If you invite a vendor such as a sleep clinic to participate, make sure they provide information on how to develop healthy sleep habits-- not just on the warning signs of serious sleep disorders that warrant expensive (and sometimes unnecessary) sleep studies.
- Identify resources which can help employees develop a plan to improve sleep. Common resources might include health coaching, employee assistance counselors, or a local sleep clinic.
- Make fatigue and employee sleep health a topic for discussion at your next risk management meeting. Evaluate whether factors influencing fatigue (e.g., certain days, times of day, or hours awake) may have contributed to recordable incidents and near misses.

EVALUATING THE VALUE OF “FREE” VS. FEE-BASED EAPS

In recent years, health insurance companies, disability carriers, group retirement plans, and payroll management organizations have increasingly bundled EAP services into their core offering. A “Free EAP” is essentially a variation of the “loss leader” concept where an insurance plan buys an inexpensive EAP from a vendor and embeds it into the plan to create a distinction or competitive advantage. The “Free EAP” is of course not truly free given that purchasers ultimately pay for the EAP premiums as part of the insurance plan fee, but many find it convenient to contract with one provider for several products. However, in order to evaluate the true value of the “Free EAP,” purchasers need to make sure that the organizational goals for offering an EAP are in line with the service being purchased.

Most “Free EAPs” typically differ from fee-based programs in the following manner:

- They do not typically include program promotion or assistance with health promotion.
- They offer limited or no reports on employee utilization, making it difficult for the organization to determine employee needs.
- Management consultation or formal job performance based referrals are not available.
- Critical incident services are unavailable or offered only as a “buy up.”
- Face-to-face counseling may be offered but is rarely provided.
- Follow-up with cases is infrequent, making it difficult to determine if employees improved or received additional help beyond the EAP.

For most organizations, the cost of an EAP represents less than 1% of the total benefits budget. Despite this, employers still want perceived value for the money they spend on the program. According to Burke and Sharar (2009), purchasing decisions among small and mid-sized employers are mostly about cost.⁽⁵⁾ While human resources (HR) managers may report satisfaction with fee-based EAP services, the level of satisfaction is not necessarily sufficient enough to prevent them from moving to a cheaper or free program, particularly when the existing program has a track record of low utilization, poor management support, or limited visibility. In other words, if the organizational goal for offering an EAP is primarily about regulatory compliance or cutting costs, the perceived value of a “Free EAP” may be high enough to satisfy your organization’s needs.

If, however, the goal of providing an EAP program is more about risk management or health prevention, fee-based EAPs may provide greater perceived value. In 2013, the National Behavioral Consortium (NBC) released the results of an empirically based study of 82 external EAP vendors representing 146 million covered lives.⁽⁶⁾ This study was the first of its kind to provide publicly available benchmarking data on a large and diverse sample of EAP vendors. Some key findings from this study indicate that fee-based EAP services may actually provide more units of service. For example:

- The average annual utilization rate for a “Free EAP” was 1.6%. By comparison, capitated and fee-for-service models were 3 and 4 times higher at 4.7% and 6.0% respectively.
- The utilization rates for organizational services such as management consultations, employee training, critical incident response, and employee orientations were respectively 7 and 5.5 times higher for the capitated and fee-for-service models than for the “Free EAP” model.
- The average number of EAP counseling sessions per case for the “Free EAP” was 3.1. By comparison, the number of sessions for capitated and fee-for-service was respectively 2.4 and 2.7.

Trend



If the goal of providing an EAP is for risk management or health prevention, fee-based EAPs may provide greater perceived value. If the organization goal, however, is more about regulatory compliance or cost-cutting, “Free EAPs” may provide sufficient value for the organization.



Employers that primarily offer EAP services as a risk management or health prevention tool not only want employees to actively use services, but they also need an EAP vendor who can provide reliable outcomes data to demonstrate a return on investment (ROI). In other words, just because a patient sees their doctor every week doesn't mean the patient is receiving quality services that actually improve health and functioning. According to the NBC study, "quantifying the value of EAP services" is one of the top three challenges facing EAPs in their interactions with organizational customers. Perhaps one reason for this is that only 42% of EAPs surveyed use a research validated screening tool capable of providing quality outcomes data on ROI.

The most commonly cited tool being used to measure EAP outcomes is the Workplace Outcome Suite (WOS) developed by CGP. Dr. Dave Sharar, Managing Director for CGP, states that the most recently published WOS results collected from 3,187 employees and representing 20 EAP vendors demonstrates an average reduction in absenteeism of 43.6% (or 5.79 hours/month) post EAP intervention. According to Sharar, "Many organizations are finding that a high quality EAP can yield savings associated with reduced absenteeism that often exceeds the cost of the entire program. I am not aware of any "Free EAPs", however, that are able to produce validated and meaningful outcome results."

Regardless of which model of EAP services your organization chooses to purchase, it is important that you ask a few important questions that will help you identify the key measures that will define quality and value for your organization, and move past the "smoke and mirrors" contained in many proposals.

Best Practice Recommendations

- Identify the primary goal that your organization wishes to achieve by offering an EAP program. Is the purpose to address a risk management concern, to comply with regulatory or union requirements, or as an employee recruitment tool?
- Ask your EAP vendor to provide data on the average utilization rate, including the average number of counseling sessions provided per 1,000 employees.
- Find out whether your EAP vendor uses a scientifically validated instrument to measure the outcomes of EAP intervention, and if so, if the sample size is large enough to apply the results to a broad population.
- Ask your EAP vendor to provide the average number of supervisor consultations delivered per year.

THE IMPACT OF TECHNOLOGY ON THE FUTURE OF EAPS

Recent innovations in technology and predictive analytics are profoundly changing the world around us. Highly sophisticated smart phones, live video chatting, mobile applications, Big Data, and business intelligence are all affecting how we live our lives, especially in the area of health care. These advances in technology are likely to alter not only how EAPs will provide services in the next few years, but ultimately how the field of workplace behavioral health is advanced.

Consumers are driving much of the demand for mobile health applications today, with literally thousands of options available to support employees' physical and emotional well-being. Some EAPs are beginning to incorporate evidenced-based mobile apps into their product offerings, and according to Bess Day, Senior Account Manager with the Oregon based health technology firm ORCAS, Inc., EAPs can best make use of these apps in three ways:

1. As a self-management tool to help employees track and manage chronic health conditions such as depression, anxiety, substance abuse, and/or diabetes (including co-morbidities where several conditions are present);
2. As an adjunct or added support to the care provided by a counselor or doctor to help build the skills and confidence needed to sustain healthy habits; and
3. As an early intervention for employees not yet meeting the criteria for a health diagnosis, but who can benefit from education on risk factors and appropriate prevention strategies.

Kathleen Greer, Founder and Chairman of the Boston-based EAP and HR services firm KGA, Inc., states that her organization evaluated over 250 health apps in 2014 in response to increased customer interest. "We wanted to conduct a proactive health promotion campaign for our covered lives that would identify the 10 best mobile apps for 2014. By doing so, not only did we increase the number of employees who viewed our e-newsletter, but we were also able to arm our EAP counselors with information about a variety of high quality apps that could serve as an adjunct to the counseling they provide for concerns such as stress, sleep/relaxation, anxiety, and depression."

Advances in technology are also expected to create new opportunities for employees, family members, and supervisors to easily access or refer troubled employees for EAP services. Dr. Tom Amaral, President and CEO of EAP Technology Systems, Inc., states that, "Online intake portals are expected to significantly increase utilization rates and engagement in EAP services, especially among both younger employees and those with more serious behavioral health issues such as substance abuse, depression, and anxiety disorders. In addition, the implementation of services through secure chatting and video counseling will alter the preferred method for how employees wish to receive services, specifically the Generations Y and Z."

The collection and analysis of measureable outcomes and benchmarks through national data warehousing is another area where technology will influence EAPs in the development of evidence-based best practices and in demonstrating greater ROI. One example of how this is already beginning to shape EAP practice is the release by Chestnut Global Partners of a 2014 EAP outcomes study five years after providing a scientifically validated outcomes measure to EAP providers worldwide. The published results provided by 20 different EAPs representing 3,187 employees demonstrated an average reduction in worker absenteeism of 43.6% (or 5.79 hours/month) 90 days post-EAP intervention. Analyses of these data in the future will allow EAPs to compare outcomes data with other EAPs, even on an individual provider basis. Enhanced technology will also allow C-level executives, purchasers, and other organizational stakeholders direct access to analytic and reporting tools, giving rise to greater program transparency, higher perceived value of services, and increased financial support/ investment in EAP services.

And finally, integration of psychometrically-designed clinical screening tools into access portals and subsequent clinical follow-up procedures will enhance quality of care, while direct connectivity and data sharing will facilitate better coordination of services between the EAP and its service partners.

Trend



The implementation of EAP services through secure chatting and video counseling will alter the preferred method that Generations Y and Z receive services.



Enhanced collection and analysis of outcome data has shown that EAP intervention can reduce absenteeism by

43.6%

Trend



European legislation requiring employers to develop strategies to reduce or prevent workplace stress will create new opportunities for EAPs.



Dr. Audrey Eertmans
CGP Europe Branch Office Manager

THE ROLE OF EUROPEAN EAPS IN RESPONDING TO WORKPLACE WELL-BEING LEGISLATION

In recent years, European EAPs have been increasingly asked to provide support for organizations affected by restructuring and organizational changes. Following the 2008 economic crisis, EAPs were often called on to provide support to organizations with workforces experiencing difficulties handling increased workloads, adjusting to differing management styles, maintaining positive co-worker relationship, coping with employment insecurity, or burnout and poor work-life balance. These pressures, combined with European legislation mandating workplace mental health requirements, are creating many new opportunities for EAPs—not just expanding the number of lives needing coverage, but in the new and more positive roles they can play.

In the past 10 years, the European Commission (EC) has made mental health and well-being a priority for its member states, stakeholders, and citizens with the approval of a “European Pact for Mental Health and Well-Being” and the adoption of a Community Strategy on Health and Safety at work. The European Union (EU) has also developed a legal context for well-being at work, which essentially sets forth directives by which a European employer must adhere to in order to reduce and prevent work-related stress.⁽⁷⁾ Within the EU, member states are obliged to take these general principles and adapt them to national legislation and binding regional collective agreements. The aim of these laws is to require all employers across the EU to develop a strategy aimed at preventing the psychosocial and work-related stress of all employees - or in short, a national “well-being policy.”

These laws have not only resulted in the creation of specific roles or positions within organizations known as “prevention advisors for psychosocial aspects at work”, but they have also required increased dialogue between employers and employees within the works councils to develop stress prevention strategies. Because EAPs have expertise in developing prevention strategies, and as an “external” consultant can bring objective perspective and discretion, they can be an important and complementary resource to help facilitate and mediate this dialogue.

An organization is tasked with developing a preventive policy that consists of four key risk management activities:

1. Screening: identifying the psychosocial risks within the workplace;
2. Evaluation: assessing these risks by consulting with internal and external prevention experts;
3. Action: developing and implementing preventive measures; and
4. Information: providing all employees with information about the stress prevention and well-being resources provided by their employer.

The legislation also defines several stages of prevention that an organization must take.

These include:

1. Primary: preventing risks before they occur (e.g., preventing strain resulting from a high workload, overly complex jobs, or lack of supervisor feedback);
2. Secondary: preventing the consequences of existing risks (e.g., awareness of stress signals, conflict resolution skills at work, management of absenteeism); and
3. Tertiary: eliminating or reducing the consequences.

While EAPs are traditionally seen as a resource for secondary or tertiary prevention, the recent evolution towards holistic or integrated programs allow EAPs to broaden their scope. For instance, by combining counseling support and other typical EAP services to psychosocial risk assessment tools (screening) available to the whole of a company’s workforce, EAPs adhere to the guideline that the emphasis of a well-being policy should be on collective, primary prevention measures.



While gaining experience and expertise in management consultancy with respect to development and set-up of an integrated prevention policy or program, EAPs can evolve from being “a good practice for mental health at the workplace” to helping their customers reaching their company objectives.⁽⁸⁾

Best Practice Recommendations

- Partner with your internal counterparts (Health Safety Environment/Occupational Health and Safety, HR, prevention advisor) to create a multi-disciplinary “well-being at work” team.
- Define what “well-being at work” means to your company and how it relates to your organization’s values and objectives.
- Conduct an organizational stress assessment to identify the needs of your employees, as well as the strengths and opportunities for improvement that your organization possesses.
- Contact your EAP to discuss how they could partner with your organization to provide consultation support such as setting up a survey, analyzing responses, reporting the results, translating them into an action plan, and offering preventive services to your employees.
- Seek out support from internal stakeholders such as the works council or the committee for prevention and protection at work.
- Encourage employee participation in the program by educating them on the principle of shared responsibility and your company’s values and objectives.
- Develop an action plan based upon a limited number of themes that can be addressed during the next two years.
- Develop a plan to monitor and evaluate the impact or outcome of your actions during the next two to three years.
- Develop a process to communicate the action plan and results to all stakeholders including board members, management, and employees.



EAPs that meet the criteria for being “excepted” are not required to comply with SBC disclosure rules.

AFFORDABLE CARE ACT UPDATE: THE IMPACT ON EAPS

On September 26, 2014, the Departments of Labor, Treasury, and Health and Human Services (the “Departments”) issued a final rule that provides guidance on “excepted benefits” (the “Final Rule”).⁽⁹⁾ Excepted benefits are those that do not need to comply with certain requirements under the Affordable Care Act (ACA) and do not qualify as minimum essential coverage. All of the following criteria must be met for an EAP to be excepted from ACA requirements:

1. The EAP does not provide significant benefits in the nature of medical care. Although a specific definition is not provided, the Final Rule does state that the amount, scope, and duration of covered services are considered when determining whether an EAP is considered to provide significant benefits in the nature of medical care. The Final Rule indicates that the Departments may provide additional clarification in the future and provides the following examples:
 - An EAP that provides only limited, short-term outpatient counseling for substance use disorder services (without covering inpatient, residential, partial residential or intensive outpatient care) without requiring prior authorization or medical necessity review does not provide significant benefits in the nature of medical care and would therefore, be considered an excepted benefit and not subject to ACA requirements.
 - An EAP that provides disease management services (such as laboratory testing, counseling and prescription drugs) for individuals with chronic conditions does provide significant benefits in the nature of medical care and would not be considered an excepted benefit.
2. Benefits under the EAP are not coordinated with benefits under another group health plan. This means that:
 - Participants in the other group health plan must not be required to use and exhaust benefits under the EAP (i.e., the EAP cannot serve as a “gatekeeper”) before an individual is eligible for benefits under the other group health plan; and
 - Eligibility for benefits under the EAP must not be dependent on participation in another group health plan.

A proposed rule issued in 2013 contained a requirement that EAP benefits cannot be financed by another group health plan in order to qualify as excepted benefits. The Final Rule does away with this requirement. This is good news for embedded EAPs (programs that are provided by or through a group health plan, and therefore, financed by the group health plan) because they may still be considered excepted benefits, notwithstanding their source of financing.

3. No employee premiums or contributions may be required as a condition of participation in the EAP.
4. The EAP may not impose any cost-sharing requirements.

What Does This Mean?

Prior to the Final Rule, many EAPs were considered group health plans subject to various requirements under the ACA. Many of these ACA mandates now do not apply to EAPs that meet the foregoing criteria. These inapplicable mandates include:

- Compliance with Summary of Benefits and Coverage (SBC) and form 5500 disclosure rules
- Compliance with out-of-pocket limitations
- No annual or lifetime dollar limits on essential health benefits
- No pre-existing condition exclusions

When Does This Go Into Effect?

The Final Rule applies to group health plans and group health insurance for plan years beginning on or after January 1, 2015. It does not apply to health insurance issuers offering individual health insurance.

FOOTNOTES

1. "It's Time to Pay Attention to Sleep, the New Health Frontier" by Alexandra Sifferlin, *Time Magazine*, April 9 2014; <http://time.com/55390/sleep-is-the-new-health-frontier/>
2. "Sleep Well, Lead Well: How Better Sleep Can Improve leadership, Boost Productivity, and Spark Innovation" by Carol Connolly, Marian Ruderman, and Jean Brittain Leslie, Center For Creative Leadership, 2014.
3. "Treatment of Obstructive Sleep Apnea With A Self-Titrating Continuous Positive Airway Pressure (CPAP) System", S. Sharma, S. Wali, Z. Pouliot, M. Peters, H. Neufeld, and M. Kryger; *Sleep*, vol. 19, issue 6, 1996.
4. "Moderate sleep deprivation produces impairments in cognitive and motor performance equivalent to legally prescribed levels of alcohol intoxication", AM Williamson and Anne-Marie Feyer, *Journal of Occupational and Environmental Medicine*, October 2000.
5. "The Perceived Value of "Free Versus Fee-Based Employee Assistance Programs" by David Sharar and John Burke, *WorldatWork Journal* 2009.
6. Creating a Comprehensive Benchmarking Resource of Metrics for the External EAP Field: A Survey Study of 82 Vendors; *Attridge, Cahill, Granberry, and Herlihy*, 2013 <http://www.nbcgroup.org/industry.html>
7. Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work. The framework agreement on work-related stress, signed on 8 October 2004.
8. "Mental health: impact, issues and good practices", *World Health Organization*, 2000. http://www.who.int/mental_health/media/en/712.pdf
9. United States Department of Labor EBSA Final Rules: <http://webapps.dol.gov/Federal-Register/HtmlDisplay.aspx?DocId=27833&AgencyId=8&DocumentType=2>

