

Employee and Family Assistance Program Enhanced Mental Health Trends

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Homewood Health is proud to present findings from the Enhanced Mental Health Care (EMHC) program, as part of the Employee Family Assistance Program (EFAP).

Enhanced Mental Health Care (EMHC) delivers structured and specialized care offered to individuals presenting with moderate to severe symptoms of anxiety, depression, trauma and/or substance use-related concerns.

In this report, data trends from the general EFAP and EMHC are reviewed, starting from before the COVID-19 pandemic to mid-2023.

The COVID-19 pandemic has been identified as a factor in the increase in EMHC cases. The public health measures put in place to curb the spread of the virus have left individuals susceptible to mental health challenges.

The number of EMHC cases increased rapidly following the initial onset of COVID-19 and peaking in mid-2021. After this point, cases decreased until October 2022, before increasing again in 2023. The proportion of females using EMHC increased over the timeframe studied, while the percentage of male recipients decreased.

While COVID-19 is no longer a global health emergency, the impact of the pandemic is still seen today. As such, access to timely, evidence-based mental health care is the best intervention that employers can provide to their employees.

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Enhanced Mental Health Trends: An Analysis of the Underlying Factors Driving the Creation of Enhanced Mental Health Cases.

Executive Summary

Employee and Family Assistance Programs (EFAP) are valuable resources that can provide support to employees and their families, increase quality of life, and improve work-life balance. At Homewood Health, the percentage of EFAP cases including anxiety or depression as a primary presenting issue has been increasing since the start of the COVID-19 global pandemic. Furthermore, there has been an increase in other presenting issues, such as burnout and work stress.

Homewood Health offers Enhanced Mental Health Care (EMHC), which are midterm psychotherapy services offered to individuals presenting with moderate to severe symptoms of anxiety, depression, trauma and/or substance use-related concerns. The number of EMHC cases increased rapidly following the initial onset of COVID-19 and peaking in mid-2021. After this point, cases decreased until October 2022, before increasing again in 2023.

COVID-19 has been identified as a factor in the increase in EMHC cases. The public health measures put in place to curb the spread of the virus have left individuals susceptible to mental health challenges.

Among individuals needing EMHC, differences were found between genders. The proportion of females using EMHC increased over the timeframe studied, while the percentage of male recipients decreased. Depressive symptoms scores showed no difference between genders. The increase in the severity of anxiety symptoms was seen earlier in the pandemic for females, while the increase was seen later for males. One reason for this gender difference may be the rapid increase of family burden faced by females compared to males. On the other hand, men often avoid seeking help even though anxiety is the most prevalent mental health challenge among this group, leading to delays in accessing treatment (Fisher et al., 2022).

In May 2023, the World Health Organization (WHO) declared the end of COVID-19 as a global health emergency. While the imminent threat of the virus has subsided, mental health concerns have not returned to pre-pandemic levels and continue to be on the rise in Canada. Access to evidence-based mental health care as early as possible remains the best response.

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Introduction

COVID-19 and Depression and Anxiety

Over the past three and a half years, the COVID-19 global pandemic has had an irreversible impact on people's lives. In the early stages of the pandemic, public health actions, like physical distancing and quarantine, were implemented. While deemed necessary to reduce the spread of COVID-19, these actions have been associated with feelings of isolation and loneliness, as well as anxiety (Ernst et al., 2022; Santos et al., 2021). Furthermore, individuals may have experienced "uncertainty, worry, anxiety and stress about the health and safety of their loved ones, and how COVID-19 (coronavirus) may disrupt their work and personal lives" (Treasury Board of Canada, 2020). The Canadian Perspectives Survey Series showed that early in the COVID-19 pandemic, 54% of Canadians age 15 and older reported very good or excellent mental health, compared to 2018, where 68% of this group reported very good or excellent mental health (Findlay & Arim, 2020).

Between 2012 and 2022, the percentage of Canadians aged 15 years and older who met diagnostic criteria for generalized anxiety disorder has doubled from 2.6% to 5.2% (Government of Canada, 2023). For major depression, there were similar increases observed (4.7% in 2012 and 7.6% in 2022). The most significant changes during this time period were observed among young women aged 15 to 24, where the prevalence of generalized anxiety disorder tripled and the prevalence of major depression doubled.

In 2023, an online survey was conducted by Mental Health Research Canada (MHRC) to assess the mental health of Canadian adults using a representative sample of the population (Mental Health Research Canada, 2023b). The study reported that one tenth of Canadians felt high anxiety, which has remained stable since July 2022 and remains higher than rates reported at the beginning of the pandemic (April 2020). Similarly, 9% of Canadians said they were experiencing increased levels of depression, which has remained consistent since July 2022 and is higher than before COVID-19.

On the same poll, responses from the General Anxiety Disorder-7 (GAD-7) screening test show that 5% of Canadians have severe anxiety symptoms and 10% have moderate anxiety symptoms, and these scores have remained stable since April 2021. Notably, Canadians aged 18 to 34 were more likely to experience moderate (18%) or severe (9%) symptoms of anxiety.

Responses on the Patient Health Questionnaire-9 (PHQ-9) test show that 23% of Canadians are likely to present with symptoms of a moderate to severe depressive disorder, such that 11% have moderate, 7% have moderately severe, and 4% have severe symptoms. These results have remained stable since April 2021.

Furthermore, among 18-to 34-year-olds, rates of moderate to severe depression are high (38%).

One of the supports accessible to individuals experiencing issues related to their mental health is Employee and Family Assistance Programs (EFAP). In fact, one study found that when comparing those who received counselling via a Canadian Employee Assistance Program with those who did not, EAP users had a significant reduction in symptoms of anxiety and depression, reduced work absenteeism (lack of productivity due to personal problems) and work distress, and increased work engagement at 6-months follow-up (Milot, 2019). Furthermore, EAP users reported greater life-satisfaction compared to non-EAP users. Employee assistance programs can offer a promising intervention for employees with mental health issues.



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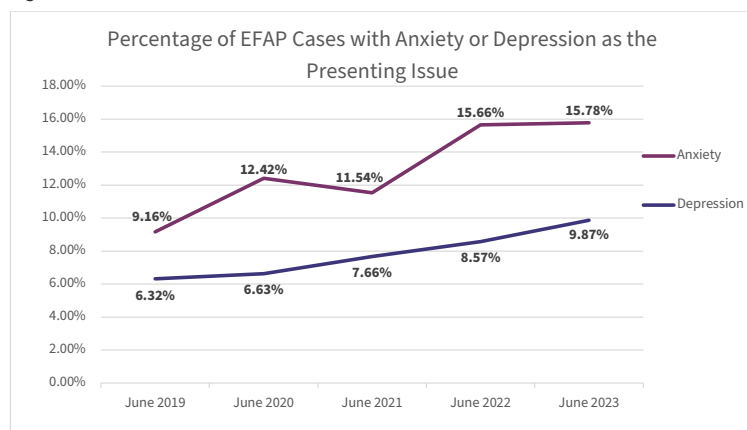
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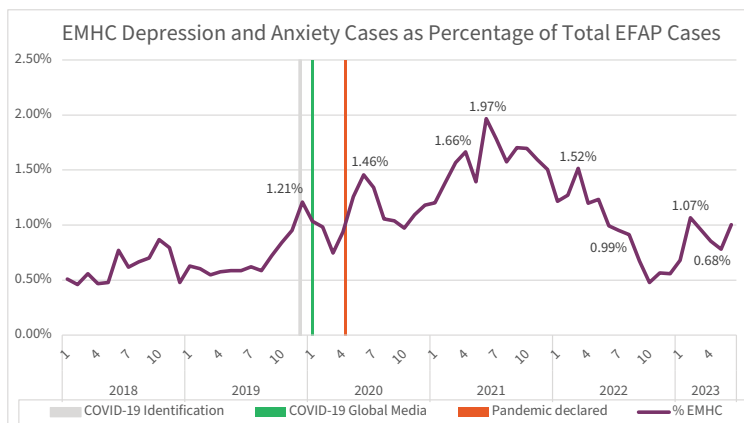
Homewood Health has seen an increase in the number of people experiencing depression and anxiety across all EFAP case types. Figure 1 depicts the increase in depression and anxiety related concerns in cases. In June 2021, depression was the main presenting issue for 7.66% and anxiety for 11.54% of all EFAP cases, compared to 6.32% and 9.16%, respectively, in June 2019. Rates continued to increase further, with depression accounting for 9.87% and anxiety for 15.78% of all EFAP cases by June 2023. This continued increase beyond the COVID-19 pandemic suggests a greater, continued need for EFAP services.

Figure 1



Enhanced Mental Health Care (EMHC) is a midterm psychotherapy treatment program designed to support clients presenting with moderate to severe symptoms of depression, anxiety, trauma and/or substance use. As illustrated in Figure 2, the percentage of depression and anxiety cases within EMHC remained consistent throughout 2018 and the majority of 2019. By the end of 2019, the percentage of cases treated by Enhanced Mental Health Care began to increase as an overall proportion of EFAP cases. Since December 2019, the percentage of these cases rose from a previous peak of 1.21% to a high of 1.97% in June of 2021. After this peak, rates slowly declined until the end of 2022, after which they began to rise again, peaking at 1.07% in February 2023.

Figure 2



Note: This graph presents EMHC cases (with depression/anxiety as the primary issue) as a percentage of all EFAP cases across the organization. However, not all clients have access to EMHC per the service agreement. Utilization rates among groups where clients have access to both EFAP and EMHC are up to 10%.

COVID-19 and Employee Burnout

Prior to the pandemic, employee burnout emerged as a topic of concern. In 2019, the World Health Organization has defined burnout as, “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed” (World Health Organization (WHO), 2019). Burnout, though not classified as a medical condition, is included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon.

Research findings suggest that COVID-19 accelerated the existing problem of employee burnout. New challenges were added when childcare became limited, schools closed, and people were simultaneously separated from their existing social supports (Moss, 2021). Moss’s team surveyed over 1,500 individuals in 46 countries in various sectors, roles and seniority levels during the Fall of 2020, noting that 67% of the sample represented individuals in a supervisor level and above.

Survey results of 1,500 respondents found that:

- 89% said their work-life balance was getting worse;
- 85% said their well-being had declined;
- 56% said their job demands had increased;
- 62% of the people who were struggling to manage their workloads had experienced symptoms of burnout “often” or “extremely often” in the previous three months;
- 57% of employees felt that the pandemic had a “large effect on” or “completely dominated” their work;
- 55% of all respondents didn’t feel that they had been able to balance their home and work life, with 53% specifically citing homeschooling

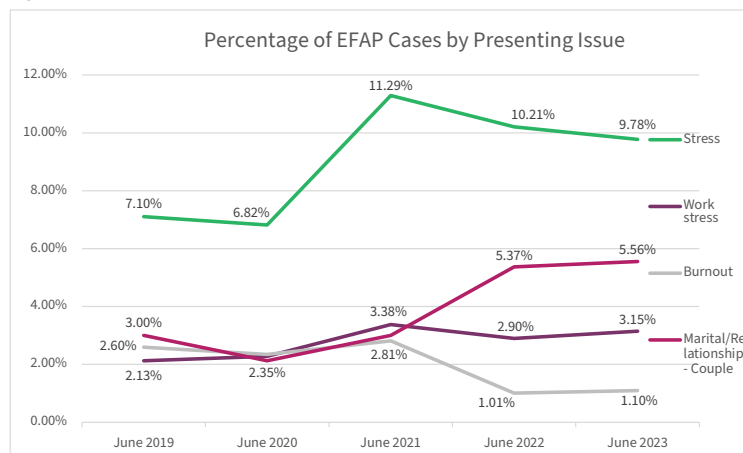
More recently, a survey conducted in 2023 of 1,000 Canadian employees and 500 employers found that at some point, 78% of Canadian employees felt burnt out in their careers, and 35% reported currently experiencing burnout (Benefits Canada, 2023). Eighty four percent of companies reported having measures in place to help prevent burnout, while at the same time, 96% of employees experiencing burnout said that their employer could implement more measures to address the issue. This suggests that employers could be doing more to meet the needs of their employees to help deal with burnout.

Another survey conducted in 2023 found that 71% of Canadians have considered quitting their jobs due to burnout or stress, and 32% reported actually quitting (Pollara Strategic Insights, 2023).

In Figure 3, Homewood’s EFAP services show that in June of 2021, stress accounted for 11.29% of presenting issues, while work stress

made up 3.38% and burnout 2.81%. In total, depression, anxiety, stress, work stress and burnout made up 36.69% of all EFAP cases.

Figure 3



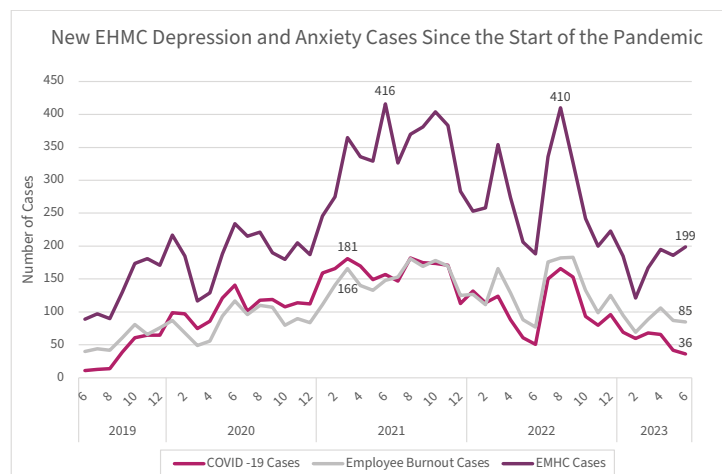
In June of 2023, stress accounted for 9.78% of presenting issues, while work stress made up 3.15%, burnout made up 1.10% and couple marital/relationship issues made up 5.56%. Compared to 2021, anxiety, depression, and couple marital/relationship issues increased in 2023, while, work stress, stress and burnout decreased.

Presented in Figure 4, the number of cases identified as burnout-related followed a similar pattern to the COVID-19 related cases with the highest case volume occurring in March 2021. In contrast, the need for Enhanced Mental Health Cases (anxiety, depression, stress cases) was highest a month later, in June 2021. This suggests a delay between experiencing COVID-19 and burnout, and seeking support through EMHC. This also indicates the possibility that these delays may lead to more severe mental health related symptoms.

Between June 2021 and June 2023, there was fluctuation across COVID-19 cases, burnout and EMHC (anxiety, depression and stress cases), with EMHC peaking in August of 2022, along with COVID-19 and employee burnout cases also peaking at the same time. There was an overall decline until February 2023, after which point EMHC and burnout cases began to rise again, while COVID-19 cases continued to decrease. While COVID-19-related issues are decreasing, new EMHC cases and burnout cases are continuing to increase, implying the presence of long-lasting consequences on the post-pandemic workplace.



Figure 4



COVID-19 and Gender

Surveys conducted by Statistics Canada have found that mental health outcomes have not been equal across genders. Results show that female participants were more likely than males to report symptoms consistent with moderate or severe scores of anxiety (as measured by the GAD-7) since the start of the pandemic (Government of Canada, 2020).

At the beginning of 2023, a study commissioned by the Ontario Association for Social Workers sampled 1,265 Ontarians aged 18 and found that 66% of Ontario women between the ages of 18 and 35 reported living with a mental health condition, including 34% of women who believe they have an undiagnosed mental health condition and 32% who report being diagnosed (Ontario Association of Social Workers, 2023).

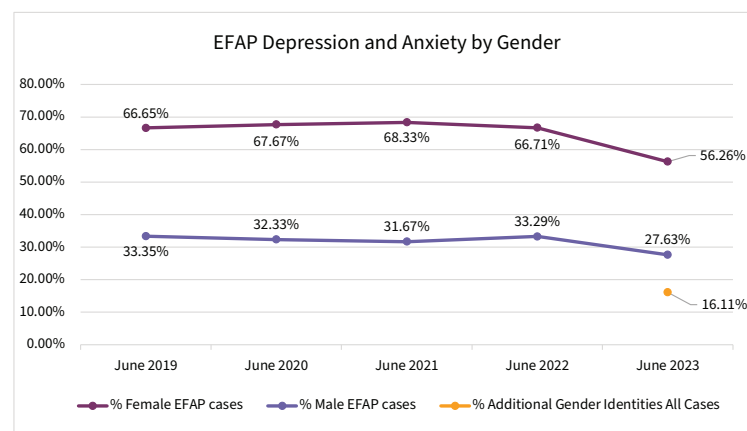
A report conducted by Mental Health Research Canada (MHRC) in collaboration with GreenShield between July 2022 and August 2023 found that compared to men, women are more likely to report more severe symptoms of anxiety and depression on clinical screeners (Mental Health Research Canada, 2023a). Furthermore, women (13%), particularly those who self-identify as racialized persons (15%) or 2SLGBTQIA+ (30%), are more likely to report symptoms of anxiety or depression, compared to men. These groups are also most likely to report accessing mental health support with the past year.

When the number of Homewood's Enhanced Mental Health depression and anxiety cases were broken down by gender, our findings were consistent. We found an increase year over year in the percentage of female treatment recipients, peaking in June 2022 before decreasing thereafter.

Figure 5 shows the trends by gender of EFAP anxiety and

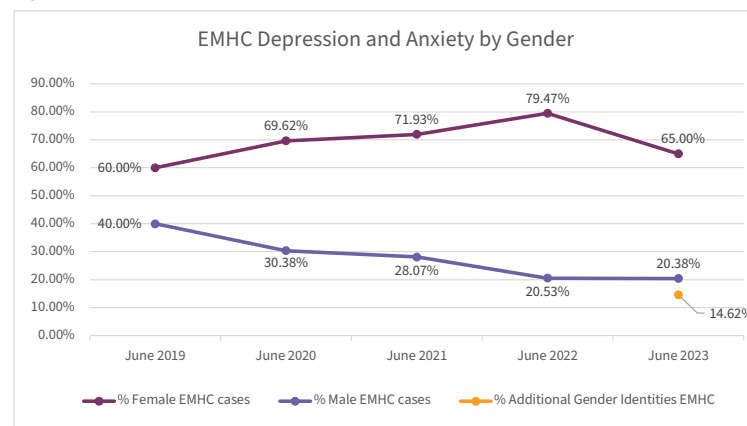
depression cases. Between June 2019 and June 2022, female recipients made up between 66% to 68% of EFAP anxiety and depression cases. Male recipients of EFAP cases made up between 31% and 33% of cases. In June 2023, analyses included cases of individuals who did not identify as male or female (16.11%), which was coupled with a decrease in male and female cases.

Figure 5



As shown in Figure 6, in June 2019 female recipients of EMHC cases presenting with anxiety or depression made up 60% of EFAP cases, and male recipients made up 40%. Between 2019 and 2022, the gap between female and male cases increased, with female recipients making up 79.47% of EMHC cases in 2022 and males making up 20.53%. By June 2023, this split slightly decreased, with the percentage of female EMHC recipients decreasing to 65% of cases, and males making up 20.38% of cases, and the inclusion of cases of individuals who did not identify as male or female at 14.62% of cases. It should be noted that the percentage of female EMHC recipients is greater than pre-pandemic percentages, while the percentage of male recipients is considerably lower. This may suggest that there are more women accessing enhanced mental health support than men.

Figure 6



Symptom Severity Within EMHC Cases

Methodology

There is evidence both in the community at large and within Homewood Health services that individuals are experiencing a decline in their mental health (depression, anxiety, stress, and burnout). To better understand the underlying factors and trends occurring in our EMHC cases, we observed trends over time by gender.

Monthly case counts were reviewed to compare five time points: June 2019; June 2020; June 2021; June 2022 and June 2023. June 2019 was six months prior to the beginning of COVID-19 as a concern; June 2020 was in the middle of the first wave of COVID-19; June 2021 was 6 months after the COVID-19 vaccine became available in Canada; and June 2022 and June 2023 were used as additional timepoints of interest to correspond to the previous years' timepoints.

EMHC Results

Depression Severity (PHQ-9)

An overall increase in depression severity rating (PHQ-9) is seen in Figure 7. Changes in the percentage of depression severity scores are most pronounced for moderately severe and severe scores. Among women, between 2019 and 2020, there was an increase in the number of moderately severe cases, coupled with a decrease in the number of moderate and severe cases. In men, the number of moderate and moderately severe cases has been declining since 2019, and severe cases have been increasing.

Figure 7

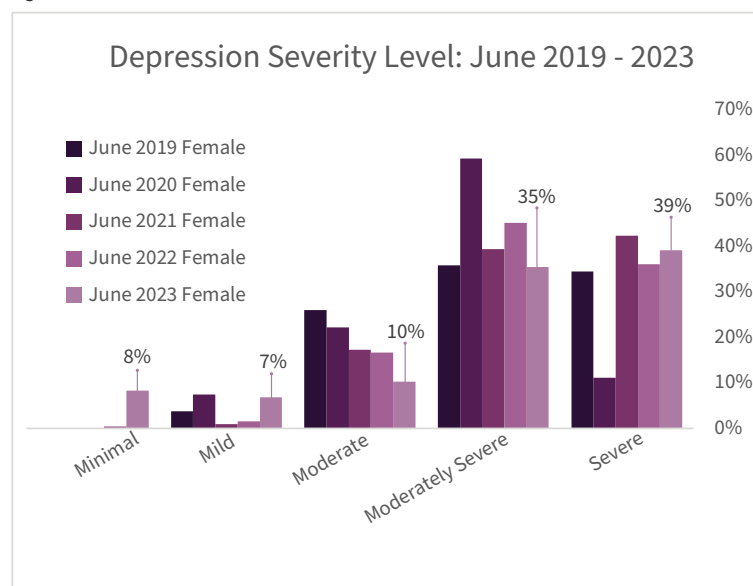
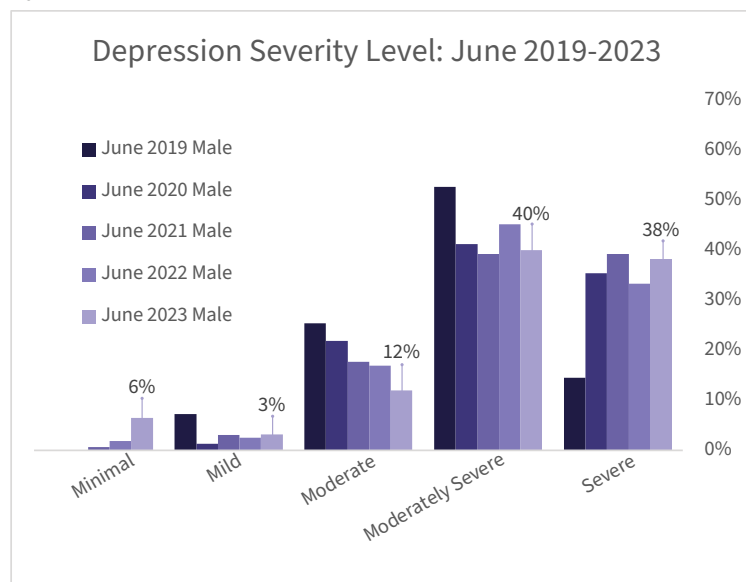


Figure 8



Anxiety Severity (GAD-7)

Figure 9 and 10 below present the gender difference regarding anxiety scores, as measured by GAD-7.

Figure 9

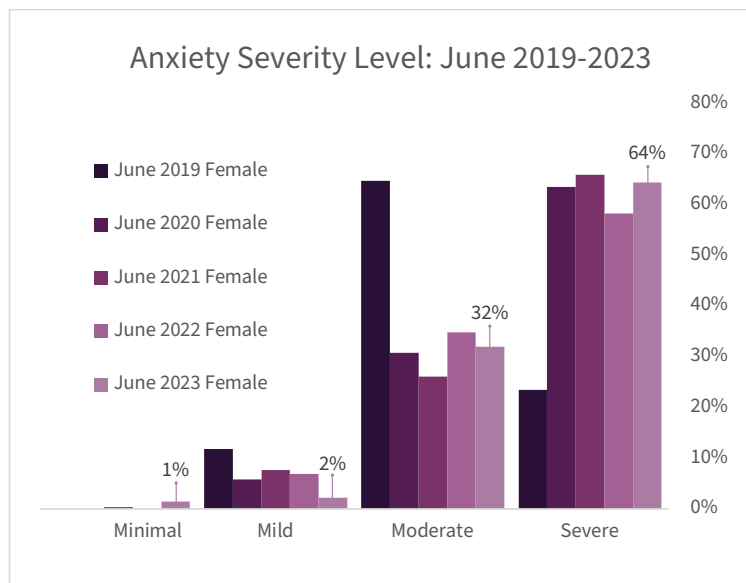
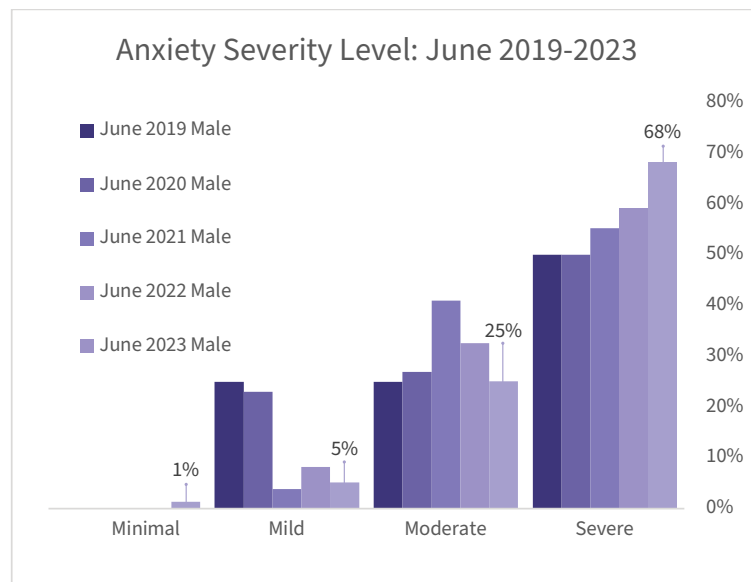


Figure 10



For females, an increase is noted in the severity of anxiety symptoms from the onset of the pandemic (between June 2019 to June 2020), peaking in June 2021. There was a decrease in 2022, but then scores increased in 2023, reaching similar levels to the peak in the pandemic. Among males, during the period of June 2019 to June 2020, severe and moderate scores of anxiety remained consistently high. However, a decrease was observed in mild severity scores between June 2020 and 2021, accompanied by an increase in moderate and severe scores, which continued into 2022. In 2023, moderate scores further decreased, while severe scores reached an all-time high.

Taken together, an increase in the severity of anxiety symptoms is seen in both females and males. Consistent with Statistics Canada, the increase in symptoms appeared earlier for females (2019-2020 – the start of the pandemic) compared to males (2021-2023, towards the end of the pandemic) (Government of Canada, 2020).

One reason for this gender difference could be the increased burden females faced, as a result of more responsibilities regarding work-life balance including childcare and work arrangement, forcing some to leave the workforce to take care of their family.

A survey conducted by Pollara Strategic Insights (2023) found women were more likely to say they quit their jobs because of stress or burnout than men (39% vs. 25%). For both men and women, the reasons reported for leaving one's job are related to work stress, lack of appreciation and lack of support at work. However, women were more likely to experience these factors than men.

Childcare is another factor to consider, as 41% of mothers of

children under the age of 13 reported considering leaving their jobs compared to 24% of fathers (Pollara Strategic Insights, 2023). 35% of working mothers report difficulty arranging for childcare, and 17% of women report working hours specifically to allow them to handle childcare as well as their job, compared to 6% of men.

Among men, research shows that anxiety symptoms are underreported even though anxiety is the most prevalent mental illness in this population (Fisher et al., 2022). This may be due to differences in symptom presentation, such that men experience greater physical symptoms of anxiety (i.e. headaches and body pains) and chronic reoccurrence of their symptoms compared to women. Men are also less likely to seek help for mental health issues compared to women (Sagar-Ouriaghli et al., 2019; Smith & Hebdon, 2023). Research suggests that improving awareness and providing men with social supports can lead to greater help-seeking behaviours for mental health problems (Vickery, 2021).

Goal Attainment

To understand clients' perspective on their treatment, the Goal Attainment Score (GAS) is a measure used to assess a client's progress in achieving a specific goal. The clinician and client begin by setting a desired goal, and after each session, the client's progress towards their goal is recorded. This measure allows for both the clinician and client to track progress and flag risk of not achieving the desired goal. The GAS is measured using a 5-point Likert scale: deterioration, no progress, some improvement, much improvement, and resolved. The percentage with positive improvement is the sum of some improvement to resolved.

As shown in Figure 11, in 2019, 82.21% of EFAP clients showed positive improvement in their progress of achieving a specific goal. This increased to 84.92% in 2020, and considerably increased in 2021, to 91.51%, and continues to remain steady in 2023. As shown in Figure 12, among EMHC recipients, the percentage of those who have improved on their goals has remained consistently high, at 85% or above from 2020 to present.

This suggests that although since the start of COVID-19 clients are experiencing greater severity of symptoms, are presenting more often with various concerns (depression, anxiety, stress, burnout), and there is an increased number of new EMHC cases, clients are reporting greater positive improvement in achieving their goals during treatment.



Figure 11

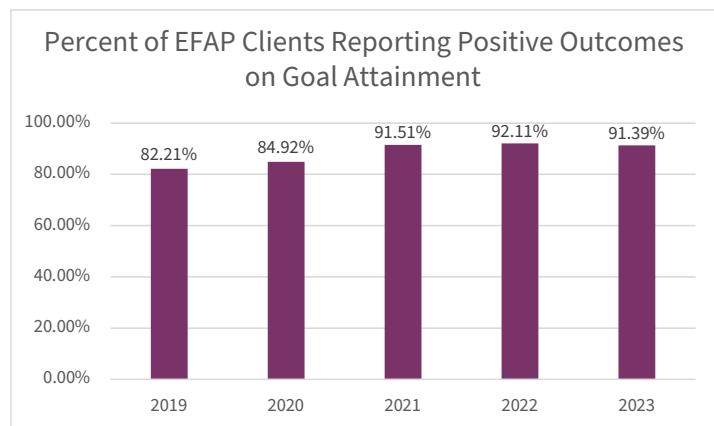
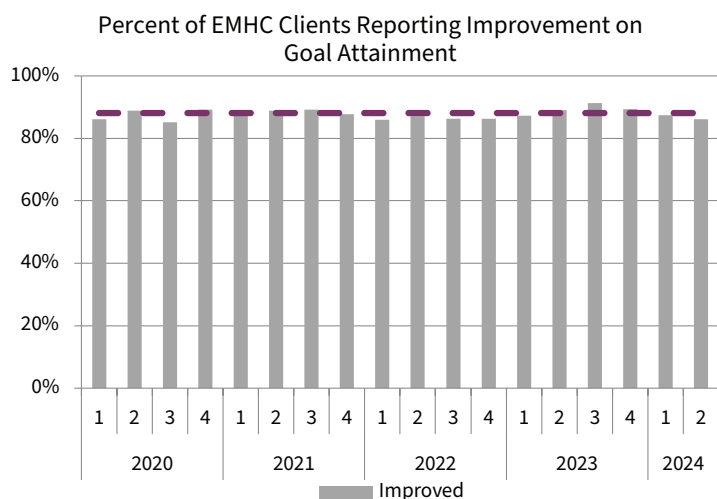


Figure 12



Discussion

The results show that depression and anxiety severity levels have increased between June 2019 to June 2023. Within a historical context, the imminent threat of the pandemic began to subside during the summer of 2022, with organizations and businesses reopening and rehiring, and some employees being asked to return to the office. This may explain the slight decrease in severity of anxiety and depression symptoms observed in 2022. With symptom severity increasing again in 2023, emerging literature suggests that this may be due to the financial stress associated with the economic downturn and high inflation rates, leading to increased stress and anxiety among Canadians (Bazian, 2023; Mental Health Research Canada, 2023d). Similarly, cases with marital/relationship concerns have been increasing post-pandemic, and research suggests that perceived stress due to the pandemic has negatively impacted couples' marital adjustment (Aydin et al., 2022).

For both depression and anxiety, the increase was more pronounced for females and was most dramatic in the first year, moving from pre-pandemic to the emergence of COVID-19, to the declaration of a global pandemic. However, among males, there was a delayed, yet considerable increase in anxiety severity towards the end of the pandemic.

With a greater disruption in the personal lives of women, their mental health would be disproportionately impacted by the first wave of COVID-19. According to Moss, greater flexibility was needed as lockdowns tested the ability of organizations to overcome their existing bias, however, systemic workplace policies and biases prevailed (Moss, 2021). As a result of this disruption, there was greater potential for women who faced career disadvantages. An analysis of submissions and pre-print papers in the scientific fields found that since the onset of COVID-19 fewer women are publishing. The outcome of not publishing is a potentially career-damaging disadvantage (Ribarovska et al., 2021).

More recently, there is some evidence that the women's labour market is showing signs of recovery (Feor & Amer, 2022). The Labour Market Information Council (LMIC) reports that in February 2022, women's employment was up 2.0% compared to February 2020, and was strongest among women aged 25-54. Furthermore, women in this group who had children were participating in the work-force at or above pre-pandemic levels.

Men experience different social determinants of mental health compared to women, and are disproportionately impacted by anxiety disorders (Fisher et al., 2022) and increased risk of suicide (Cleary et al., 2023). Although men access mental health supports less often than women, the difference in symptom presentation and lack of awareness may be one reason to explain this discrepancy (Fisher et al., 2022; Smith & Hebdon, 2023). Nonetheless, evidence from this report shows that over time, severity of anxiety and depression is increasing among men, but rates of accessing services is decreasing or staying the same. This is consistent with literature suggesting that men are far less likely to seek mental health support or treatment than women (Chatmon, 2020; Wendt & Shafer, 2016). Masculinity, gender norms as well as the self-stigma associated with mental health and help-seeking behavior remain barriers to accessing care (Mahalik & Di Bianca, 2021). It is, therefore, vital that we increase psychoeducation and awareness around mental health issues and associated stigma among men, and tailor treatment towards this population and their unique needs.

Research shows that individuals exposed to prior disasters were at risk of developing some form of a clinically diagnosable disorder (Gordon & Borja, 2020). In past disasters, individuals exposed



directly to deaths or injuries, or experiencing ongoing stressors, were more at risk of developing a clinical disorder. An outcome of the restrictions used to slow the spread of COVID-19 was the severing of social supports, adding to the risk of negative mental health outcomes. Approximately 10% of individuals exposed to past disasters have been found to have long-term problems with mental illness (Gordon & Borja, 2020). The long-term effect of COVID-19, where such stressors were endured over an extended period of time, may be causing an increased need for mental health care and cases in Enhanced Mental Health. This is coupled with the increased inflation causing economic uncertainty and impacting the cost of living for Canadians across the country (Mental Health Research Canada, 2023c, 2023d).

Conclusion

Since the onset of COVID-19, the proportion of cases seen across all Homewood Health EFAP services, related to depression or anxiety as the primary presenting issue, has increased. During the same period, the proportion of these cases treated specifically in a longer structured cognitive behavioural therapy (CBT) format of Enhanced Mental Health Cases has also increased, highlighting the mental health challenges faced by individuals in the current environment. Through the initial year of the pandemic cases directly identified as being related to COVID-19 or burnout fueled the increase, those cases peaked in March of 2021 while EMHC depression and anxiety cases continued to increase. Additionally, the depression and anxiety severity levels increased at the beginning of the pandemic and remained at an elevated level in June 2023 compared to June 2019, consistent with the continued increase in cases.

The continued increase in Enhanced Mental Health Cases related to depression and anxiety may be the result of the number of individuals with long-term mental health challenges having their symptoms exacerbated and functioning impacted as a result of the pandemic. Research has shown that approximately 10% of individuals exposed to disasters have long-term problems with mental illness (Gordon & Borja, 2020). This gives rise to concerns that the mental health impact of COVID-19 will be long lasting. Of Enhanced Mental Health Care cases, there is an increased percentage of female recipients since 2019, and decreased percentage of male recipients. At the same time, severity of anxiety and depression is increasing for both male and female clients.

According to the Global Burden of Disease project, it is estimated that common mental health issues such as depression and anxiety are associated with at least 12 billion days of lost productivity

per year, costing approximately \$925 billion USD (Dobson et al., 2020). In 2011, it was estimated that mental health problems cost the Canadian economy \$42.3 billion in direct healthcare costs; in the subsequent three decades, it is estimated these costs will cumulatively amount to \$2.5 trillion (Smetanin et al., 2011).

Among workers ages 15 to 75 in Canada, 28.4% reported high work-related stress (Butler et al., 2015). Thirty-eight per cent of workers report having taken time off work in the last five years due to mental health issues, including stress, anxiety, depression and burnout (Morawczynski & Roberts, 2023). Furthermore, around 30 percent of short- and long-term disability claims in Canada are attributed to mental health related concerns and disorders (Sunlife Financial, 2019). Research shows that employee assistance programs can support workers' mental health needs by moderating COVID-19-induced stress and conflict between family and work responsibilities (Tsai, 2023). Increasing employees' self-efficacy through mental health support may allow them to devote more time and energy to their work, thereby reducing the potential for conflict between work and family life.

What You Can Do

Mental health concerns related to depression and anxiety are on the rise in Canada since the onset of the pandemic. Access to individualized evidence-based mental health care as early as possible is the best response. In response to the mental health needs and utilization trends, Homewood Health continues to expand its mental health services and access to these treatments to meet the demands of Canadians. As a result, the organization offers a continuum of mental health treatments, including inpatient and outpatient care, in order provide the right treatment at the right time. Employers can also enlist the help of a workplace intervention specialist to identify any challenges and adopt appropriate and more efficient strategies to provide their employees with the most suitable service options.

This report and research from across Canada suggest that individuals are experiencing a greater severity of mental health problems, and accessing services with a variety of issues. The need for Employee and Family Assistance Programs cannot be understated. Organizations should remind their employees about the resources available to them and encourage self-care and greater work-life balance. Employers should also consider programs that can help prevent the need for more intensive programs and expand their EFAP offerings to support all employees inside and outside the office.



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