A Workreach Solutions research report

Stigma as a barrier to the use of Employee Assistance Programs

An Employee Assistance Program (EAP) can be an impactful workplace benefit, but not all employees will access one in a time of need. One potential but rarely studied barrier to the use of EAPs is perceived stigma. This study by Workreach Solutions investigated the association between worker perceptions of stigma and the likelihood of accessing an EAP for distressing personal problems in a representative sample of employed Canadians (N=1001).

A number of insights emerged from the study, one being that an important proportion of workers reported perceptions of stigma in relation to receiving help from EAP counselling services (EAP treatment stigma). Further, workers with greater perceptions of mental health stigma reported greater EAP treatment stigma, and perceptions of stigma in relation to EAPs reduced the self-reported likelihood of their use.

The study concluded that worker perceptions of stigma can be considered a barrier to the use of EAPs, a phenomenon similar to that observed with other psychological or mental health services. Some workers who could benefit from an EAP might choose not to use one due to perceived stigma in relation to receiving help. The findings also suggested that stigma may help explain gender-based patterns of EAP utilization, generally involving lower use by men workers. Workplace interventions aimed at reducing employee perceptions of stigma could increase use of EAPs and by proxy help to improve organizational health.

Table of contents

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Executive Summary

Despite the potential benefits of an impactful EAP, many workers will not access them in a time of need. One potential but rarely studied barrier to the use of EAP services is perceived stigma. This study by Workreach Solutions (APAS Laboratory Inc.) was conducted to investigate worker perceptions of stigma and patterns of EAP use in a large sample of employed Canadians (N=1001).

- The study found that greater worker perceptions of stigma, including mental health stigma and stigma in relation to receiving help from EAP counselling services (EAP treatment stigma), predicted a reduced likelihood of EAP use in the event of distressing personal problems.
- Some workers who could benefit from an EAP might choose not to use one due to perceived stigma in relation to receiving help.
- An important proportion of the Canadian workers (up to 23%) reported some degree of EAP treatment stigma.
- Perceptions of mental health stigma were associated with and appeared to extend to increased perceptions of EAP treatment stigma.
- The study concluded that worker perceptions of stigma can be considered a barrier to the use of EAPs, a phenomenon similar to that observed with other psychological or mental health services.

The study also found noteworthy gender differences, including greater perceptions of stigma and a reduced likelihood of EAP use reported by men versus women workers.

Additional analyses examined the connections between gender, stigma, familiarity with EAPs, and likelihood of EAP use.

- Perceptions of stigma explained an important proportion of the gender-based patterns in the likelihood of EAP use; more men workers might choose not to use EAPs in order to avoid stigma.
- EAP treatment stigma contributed directly to a reduced likelihood of EAP use; mental health treatment stigma contributed indirectly through its association with EAP treatment stigma
- Greater familiarity with EAPs reduced worker perceptions of EAP treatment stigma and increased the likelihood of their use.

Overall, the results of this study indicated that reducing worker perceptions of stigma may increase the use of EAPs and by proxy help to improve organizational health. A number of actions for employers and/or EAP providers were suggested:

I. The deployment of workplace interventions aimed at reducing worker perceptions of stigma should be considered to increase EAP utilization rates.
II. Increasing the degree of worker familiarity with EAPs could reduce perceptions of stigma and increase utilization rates.
III. Male-dominated workplaces may benefit from additional attention regarding stigma if the goal is to address potential gender inequities in EAP use.

Background

Employee Assistance Programs (EAPs) are designed to provide solutions for personal problems that may be affecting work performance or health, and are a free to use service for covered employees. Those workers accessing an EAP generally receive help through face-to-face, online or telephonic counseling with professional counsellors. EAP counselling services aim to help regain emotional health or prevent further deterioration. If left unaddressed, such problems can have important repercussions for employees in terms of quality of life and work performance. For employers, they can lead to increased healthcare spending and/or costs due to losses in productivity. Impactful EAPs can improve workplace functioning by improving mental health, including attenuating symptoms of depression and anxiety in relation to a control group of non-EAP users[1].

In addition to managerial referrals, it is often employees themselves that "self-refer" to EAP services. Despite the potential benefits of accessing an EAP, not all workers will access them in a time of need. A number of factors might influence whether EAP services are sought by those in need but these are poorly understood. Greater understanding of such factors could help identify potential barriers to EAP use and to develop strategies that achieve unhindered rates of utilization.

EAP counselling services have been found to overlap with other types of therapy-based psychological and mental health services[2]. Many workers also seek help for and present with mental health issues; in one study 80% of EAP users screened positive for depression[3]. In this context, it is conceivable that barriers to the use of EAP are similar to those of non-EAP psychological/mental health services.

One potential barrier to use of EAP services is perceived stigma, which is generally understood in relation to the seeking of professional psychological help (e.g., psychologist or psychiatrist) but not in the context of a workplace benefit such as an EAP where services are provided by counsellors with master's or doctoral degrees in counselling, social work or psychology. A worker's perception of stigma, including mental health stigma, could potentially influence whether they choose to access EAP services in the event of significant personal challenges.

Mental health "public stigma" involves beliefs that in general people with mental illness are stigmatized in society. They include perceptions about the negative beliefs and attitudes held by the general population towards mental illness. Such negative attitudes and beliefs can "motivate individuals to fear, reject, avoid, and discriminate against people with mental illness"[4]. Greater perceptions of public stigma can reduce the

[1] Milot, M. (2019). The impact of a Canadian external EAP on mental health and workplace functioning: findings from a prospective quasi-experimental study. Article submitted to peer-reviewed Journal.
[2] Sharar, D. A. (2008). General mental health practitioners as EAP network affiliates: Does EAP short-term counseling overlap with general practice psychotherapy? Brief Treatment and Crisis Intervention, 8(4).
[3] Richmond, M. (2014). Associations between substance use, depression, and work outcomes: An evaluation study of screening and brief intervention in a large EAP. Journal of Workplace Behavioral Health, 29(1).
[4] Parcesepe, A. M., & Cabassa, L. J. (2013). Public stigma of mental illness in the United States: a systematic literature review. Administration and Policy in Mental Health and Mental Health Services Research, 40(5).

willingness to seek psychological counselling[5]. Perceived stigma in relation to receiving professional psychological help is another well-known barrier to the use of mental health services (mental health "treatment stigma")[6]. Finally, "EAP treatment stigma" refers to perceptions of stigma in relation to receiving help from EAP counselling services for distressing personal problems. Stigma associated with EAP counselling has rarely been investigated aside from early exploratory analyses[7].

Greater understanding of the degree to which stigma is a barrier to the use of EAPs may help employers and EAP providers develop strategies to attain utilization rates that are unhindered by worker perceptions and biases. This study assessed the relationships between worker perceptions of mental health stigma, EAP treatment stigma, and patterns in the likelihood of EAP use in a large sample of employed Canadians. It also aimed to answer questions surrounding the underlying causes of gender-based patterns of EAP counselling use which generally involve lower use by men workers[8,9]. Gender differences in perceptions of stigma have also been well documented[10,11] and could, at least in part, help explain gender differences in EAP utilization.

Methodology

Sample

The sample consisted of 1001 employed Canadians between the ages of 20 and 65 that completed an online survey in October 2018. The sample was invited from a large panel of the general Canadian population (N=400,000) and was closely representative of this cohort (i.e., employed Canadians between the ages of 20 and 65) in gender, age, ethnicity (white versus non-white), educational attainment, region, and employment status (full versus part-time) as per Canada census records. A two-stage probabilistic sampling procedure was used, which involved initial use of random sampling within the sample frame, followed by additional random sampling within specific sections of the sample frame to approximate representativeness across the demographic and socioeconomic characteristics. As for gender, there were 517 men (51.65%) and 484 women (48.35%) respondents. The margin of error for the study survey was +/- 3.09%.

[5] Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. Journal of counseling psychology, 54(1).
[6] Salaheddin, K., & Mason, B. (2016). Identifying barriers to mental health help-seeking among young adults in the UK: a cross-sectional survey. British Journal of General Practice, 66(651).
[7] Butterworth, I. (2001). The components and impact of stigma associated with EAP counseling, Employee Assistance Quarterly, 16(3).
[8] Milot, M. (2017). Evaluating benefit equity in outcomes among users of an EAP. EASNA Research Notes, 6(3).
[9] Brodziaski, J. & Goyer, K. (1987). Employee assistance program utilization and client gender (1987). Employee Assistance Quarterly, 3(1).
[10] Keyes, K., Hatzenbuehler, M., McLaughlin, K., Link, B., Olfson, M., Grant, B., & Hasin, D. (2010). Stigma and treatment for alcohol disorders in the United States. American journal of epidemiology, 172(12).
[11] Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. Journal of counseling psychology, 54(1).

Measures

All respondents were initially provided with a brief general description of EAP counselling services (e.g., function and potential benefits). A question then assessed their degree of familiarity with EAPs prior to taking the survey on a 5-point scale ranging from "not at all familiar" to "extremely familiar". A question then assessed in the event of "significant and distressing personal problems in the future" the likelihood that they would access the counselling services of an EAP for help, assuming they had access to an EAP at their work; this was scored on a 6-point scale ranging from "extremely unlikely" to "extremely likely".

The 4-item patient health questionnaire (PHQ-4)[12] was used as a measure of mental health; it is a brief screener for psychological distress, including symptoms of anxiety and depression. The Stigma Scale for Receiving Psychological Help (SSRPH) was used to assess perceptions of how stigmatizing it is to receive psychological treatment/"see a psychologist" (e.g., mental health treatment stigma)[13] for interpersonal or emotional issues. It consists of five questions rated from 0 to 3 ("strongly disagree" to "strongly agree") with higher scores indicating greater perceptions of stigma with receiving help (for example: "It is advisable for a person to hide from people that the/she has seen a psychologist" or "It is a sign of personal weakness…"). The internally developed and validated Workreach Brief Perceived Public Stigma Scale (BPPSS-6)[14] assessed the degree of perceived public stigma towards persons with mental health problems and includes affective (e.g., "most people feel uncomfortable around a person with mental problems"), behavioural (e.g., "most people avoid individuals with mental problems") and cognitive (e.g., "most people believe that those with mental health problems are weak or inferior") components. It includes six items that are scored on a 7-point scale ranging from "strongly disagree" to "strongly agree". Higher scores indicate greater perceptions of public stigma. Finally, no EAP treatment stigma scale has yet to be formalized, thus the internally developed and validated Workreach Brief EAP Treatment Stigma Scale (BETSS-4)[15] was used to assess the degree of perceived stigma in relation to receiving help from EAP counselling services for distressing personal problems. It includes four items that are scored on a 5-point scale ranging from "strongly disagree", "neutral", to "strongly agree". The items assess perceptions of stigma in relation to receiving help from an EAP counsellor ("Seeing an EAP counsellor for help would…"), including feelings/perceptions of personal weakness, worry about losing respect, and shame. Higher scores indicate greater perceptions of stigma in relation to EAP services.

Analyses

Two-tailed Pearson's correlations assessed the relationships between measures of stigma and the self-reported likelihood of EAP use. One-way analyses of variance (ANOVAs) tested for gender differences in

[12] Kroenke, K., Spitzer, R. L., Williams, J. B., & Löwe, B. (2009). An ultra-brief screening scale for anxiety and depression: the PHQ–4. Psychosomatics, 50(6).
[13] Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. Journal of counseling psychology, 47(1).
[14] Workreach Solutions. (2018). Development and validation of the Workreach Brief Perceived Public Stigma Scale (BPPSS-6). Montréal, QC: APAS Laboratory Inc.
[15] Workreach Solutions. (2018). Development and validation of the Workreach Brief EAP Treatment Stigma Scale (BETSS-4). Montréal, QC: APAS Laboratory Inc.

mental health public stigma and treatment stigma, EAP treatment stigma, as well as psychological distress (PHQ-4) and degree of familiarity with EAPs. A mediation analysis was conducted to determine the degree to which gender differences in EAP treatment stigma were explained by gender differences in mental health treatment stigma. Finally, findings from a path analysis model estimated the magnitude and significance of the hypothesized causal connections between gender, mental health treatment stigma, EAP treatment stigma, familiarity with EAPs, and likelihood of EAP use. The percentage of workers considered as reporting some EAP treatment stigma was calculated using the average score of the four items from the BETSS-4, with average scores above 3 (i.e., "neutral" response) indicating at least some degree of agreement regarding the perception of EAP stigma (conservative estimate). A less conservative estimate considered average scores of 3 and above as evidence of potential stigma, thus includes workers that (on average) were not in disagreement regarding the perception of EAP treatment stigma. The statistical level of significance was at the alpha level of 0.05 or lower.

Study Findings[16]

1. Is there an association between worker perceptions of stigma and the likelihood of EAP use?

The findings revealed significant associations between stigma and the self-reported likelihood of EAP use in the event of distressing personal problems (Table 1).

- Increased mental health treatment stigma, involving worker perceptions of stigma in relation to receiving professional psychological help, were associated with a reduced self-reported likelihood of EAP use.
- Similarly, workers with greater perceptions of public stigma reported a lower likelihood of EAP use.
- As might be expected, greater perceptions of EAP treatment stigma also predicted a lower likelihood of EAP use.
- Increased worker familiarity with EAPs was positively correlated with the likelihood of EAP use.

[16] See Appendix A for detailed statistical findings.

Table 1. Correlations between worker perceptions of stigma and the likelihood of EAP use

	Perceived public stigma	Mental health treatment stigma	EAP treatment stigma	Familiarity with EAPs
Likelihood of EAP use[1]	-.15*	-.09*	-.24*	.32*

* Correlation significant at p<.01 (2-tailed Pearson's)
[1] Self-reported

2. Are worker perceptions of mental health stigma associated with EAP treatment stigma?

An important proportion of the workers reported stigma in relation to EAP counselling services. Worker perceptions of mental health stigma also predicted perceptions of EAP treatment stigma.

- Close to one-fifth (17%) of the workers reported some degree of stigma in relation to accessing EAP counselling services (conservative estimate), up to a quarter (23%) if using a less conservative estimate (see methods).
- On the other hand, 20% of workers "strongly disagreed" (on all four items on the scale) that using an EAP would be stigmatizing.
- Both measures of mental health stigma were highly correlated with EAP treatment stigma (Table 2.). The greater the degree of mental health (public and treatment) stigma reported by workers the greater the reported stigma in relation to receiving EAP counselling services.
- Such findings suggest that perceptions of mental health stigma may extend to increased perceptions of stigma in relation to EAP use.

Table 2. Correlations between worker perceptions of mental health stigma and EAP stigma

	Perceived public stigma	Mental health treatment stigma
EAP treatment stigma	.63*	.62*

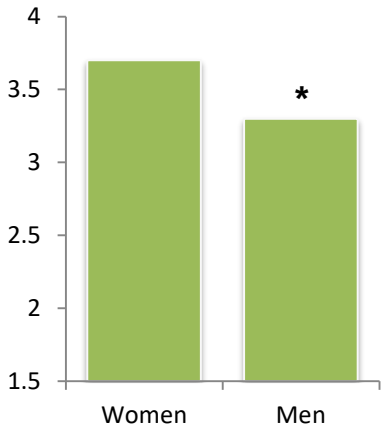
* Correlation is significant at the 0.01 level (2-tailed Pearson's)

3. Are there gender differences in the self-reported likelihood of EAP use?

Gender differences were observed in the reported likelihood of EAP use, with trends concordant with expectations.

- Men workers reported a statistically significant lower likelihood of accessing EAP counselling services in the event of "significant and distressing personal problems in the future", assuming they had access to EAP services (Figure 1).

Fig. 1. Self-reported likelihood of EAP use



*Gender differences significant at p<0.01

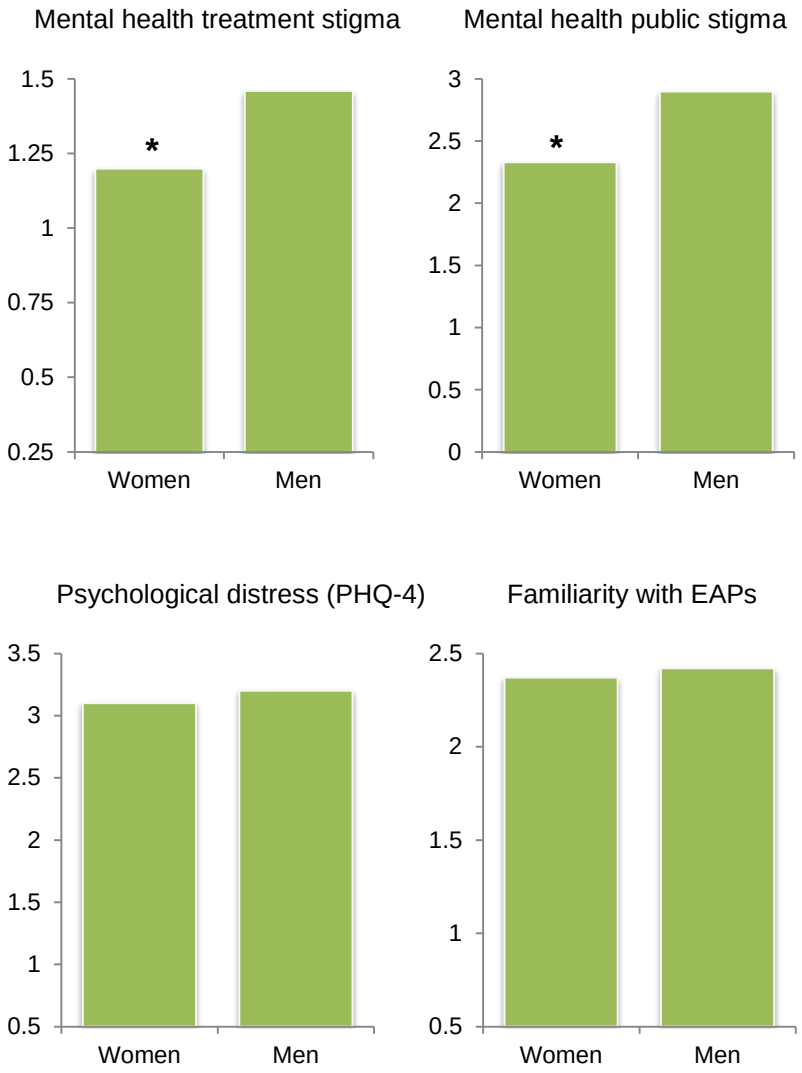
4. Are there gender differences in worker perceptions of mental health stigma?

Statistically significant gender differences were observed both in mental health treatment and public stigma.

- Men workers reported a greater degree of stigma in relation to receiving professional psychological help compared to women workers (Figure 2; mental health treatment stigma).
- They also reported greater perceptions of public stigma in relation to women workers.
- Such gender differences are consistent with previous studies reporting greater levels of treatment and public stigma in men[17,18].
- No gender differences were observed in the degree of psychological distress (PHQ-4; including symptoms of depression and anxiety) or familiarity with EAPs reported by workers.

[17] Keyes, K., Hatzenbuehler, M., McLaughlin, K., Link, B., Olfson, M., Grant, B., & Hasin, D. (2010). Stigma and treatment for alcohol disorders in the United States. American journal of epidemiology, 172(12).
[18] Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. Journal of counseling psychology, 54(1).

Fig 2. Degree of mental health stigma, psychological distress, and familiarity with EAPs reported by workers



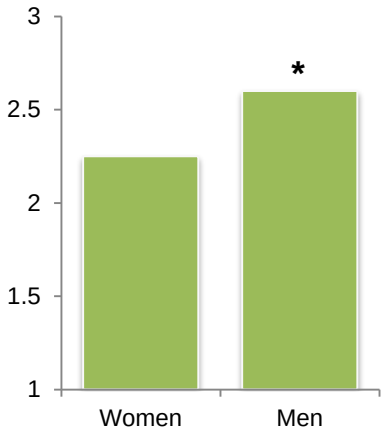
*Gender differences significant at p<.01

5. Are there gender differences in worker perceptions of EAP treatment stigma?

Gender differences were observed in perceptions of stigma in relation to receiving help from EAP counselling services, with trends concordant with expectations.

- As with mental health stigma, men workers reported statistically significant higher perceptions of stigma in relation to the use of EAP counselling services (Figure 3).

Fig. 3. EAP treatment stigma



6. Do gender-based differences in worker perceptions of mental health treatment stigma explain the gender differences in EAP treatment stigma?

Findings from additional analyses supported the notion that worker perceptions of mental health treatment stigma may explain the gender differences in perceptions of stigma in relation to EAP use.

- Gender differences in mental health treatment stigma appeared to explain the observed gender-based differences in EAP treatment stigma.
- Findings from mediation analyses revealed that the majority of the gender differences in perceptions of EAP treatment stigma were explained by gender differences in mental health treatment stigma (Appendix A).
- Specifically, when accounting for mental health treatment stigma, the association between gender and perceptions of EAP treatment stigma was no longer significant.

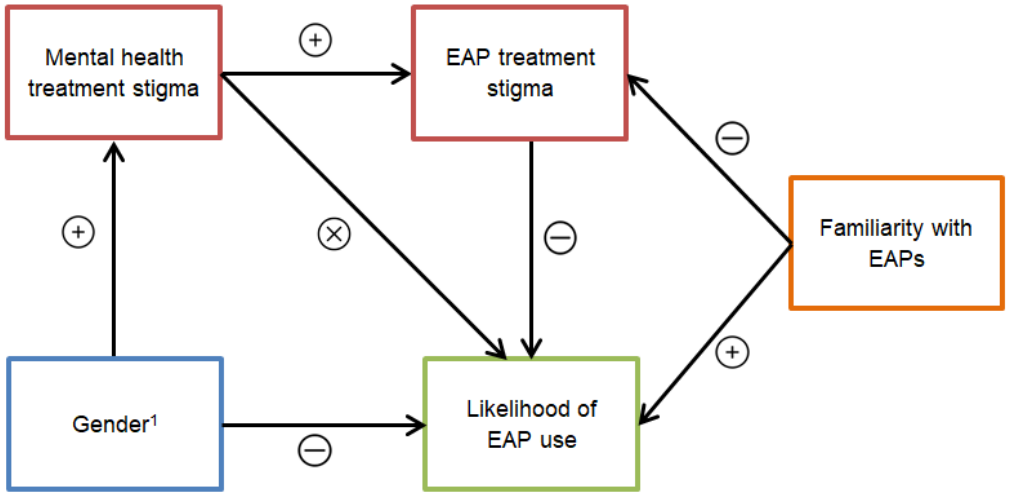
7. What are the connections between gender, worker perceptions of stigma, familiarity with EAPs, and likelihood of EAP use?

Additional analyses testing a hypothetical model of the structural relationships between the variables provided a number of insights. Worker perceptions of stigma appeared to contribute to the self-reported likelihood of EAP use and explained an important proportion of gender-based patterns of use.

- A path analysis tested the structural relationships between the variables as per a specified hypothetical model (Fig 4.); goodness of fit measures indicated that the model fitted the data well (see Appendix A).
- The path analysis model showed that men workers reported more mental health treatment stigma, which then extended to increased EAP treatment stigma.

- However, only EAP treatment stigma continued to directly contribute to a reduced likelihood of EAP use; mental health treatment stigma no longer contributed directly (p>.05) but instead indirectly through its association with EAP treatment stigma.
- Greater familiarity with EAPs was negatively associated with EAP treatment stigma and positively associated with the likelihood of EAP use.
- Gender also continued to contribute to the likelihood of EAP use, independently from its effects on measures of stigma; additional factors consequently can explain the association between gender and likelihood of EAP use.

Fig. 4. Diagram of the path analysis connections between gender, stigma, familiarity with EAPs, and likelihood of EAP use



* Each arrow denotes a potential connection between two variables; the + or – symbols indicate the direction of a significant (p<.05) relationship (positive or negative, respectively); the x symbol indicates lack of a significant relationship between two variables in the path analysis model (when accounting for the other variables and connections)

[1] For gender, connections are with respect to men workers (i.e., men =1, women =0)

Discussion

The results of this study indicate that reducing worker perceptions of stigma may increase the use of EAPs and by proxy help to improve organizational health.

Workers with greater perceptions of mental health stigma reported greater stigma in relation to receiving help from EAP counselling services. Further, all measures of stigma were associated with the likelihood of EAP use in the event of important life challenges; specifically, both mental health treatment and EAP treatment stigma were negatively associated with the self-reported likelihood of EAP use (indirectly and directly, respectively). Gender differences in perceptions of stigma may also explain, at least in part, gender differences in the use of EAPs (generally involving lower use by men). A number of insights emerged from the study:

- Perceptions of mental health stigma were associated with and may extend to increased perceptions of EAP treatment stigma in workplace populations.
- Worker perceptions of stigma can be considered a barrier to the use of EAPs, a phenomenon similar to that observed with other psychological or mental health services.
- Addressing worker perceptions of stigma might enhance the use of EAPs and help reduce potential gender-based inequities in utilization.

The findings of this study suggest a number of actions for employers and/or EAP providers:

I. ***The deployment of workplace interventions aimed at reducing worker perceptions of stigma should be considered to increase EAP utilization rates.***

- Some workers who could benefit from an EAP might choose not to use one due to perceived stigma in relation to receiving help.
- Increased utilization of EAPs by insured employees might be improved through workplace educational interventions or programs aimed at reducing perceptions of both mental health and EAP treatment stigma.
- Mental health stigma interventions are meant to increase mental health literacy and challenge negative stereotypes associated with mental health problems, illness, and treatment.
- According to the study findings, reducing worker perceptions of mental health treatment stigma could indirectly[19] increase the likelihood of EAP use by contributing to reductions in perceptions of EAP treatment stigma.
- Finally, reducing worker perceptions of EAP treatment stigma would be expected to directly contribute to an increased likelihood of EAP use in a time of need.

[19] While mental health treatment stigma was negatively correlated with the likelihood of EAP use, when included in the path analysis model it was found to no longer contribute directly, but instead indirectly through its association with EAP treatment stigma.

II. Increasing the degree of worker familiarity with EAPs could reduce perceptions of stigma and increase utilization rates.

- In the current study, a greater degree of familiarity with EAPs predicted less EAP stigma and an increased likelihood of their use.
- Informational sessions and/or improved communication practices (by EAP providers and/or employers) aimed at improving worker familiarity with EAPs may consequently reduce perceptions of stigma in relation to receiving help from EAP counselling services and enhance use of assistance programs in workplace populations.
- Such activities might involve the effective communication of information pertaining to the functioning and uses/potential benefits of EAP counselling services, emphasizing them as a confidential and non-judgemental resource to help address personal problems and attain well-being.

III. Male-dominated workplaces may benefit from additional attention regarding stigma if the goal is to address potential gender inequities in EAP use.

- In the current study, no gender differences were observed in the degree of overall psychological distress (PHQ-4; including symptoms of depression and anxiety); this indicated that both genders in the Canadian workplace might similarly benefit from the use of EAPs in the context of improving psychological health indices related to common symptoms of depression and anxiety[20].
- Men workers however reported greater mental health stigma, which contributed to increased perceptions of EAP treatment stigma and a reduced self-reported likelihood of utilization.
- These finding supported the notion than more men workers might choose not use EAPs in order to avoid stigma.
- This could be related to the emphasis of the traditional male gender role on being independent and in control, which might lead to increased concern about seeking help or admitting there is a problem[21].
- Gender-based differences in EAP utilization can be said to represent a type of "benefit inequity" which refers to an unequal distribution of benefits among different types of employees covered by an assistance program[22,23].
- Educational interventions aimed at improving attitudes towards mental health and EAPs (and receiving help in general) in male-dominated workplaces may help close existing gender gaps in EAP use.

[20] No statistically significant differences were also observed specifically for depression (PHQ-2) or anxiety symptoms (GAD-2), as well as in the screening of depression or anxiety. It is important to note that gender differences in the general population have been consistently reported regarding patterns of mental health illness; the current study was not designed to detect them. The study also focused on a sample of Canada's working population and only assessed general/common symptoms of mental health issues. Further, gender disparities in mental health are often based on diagnoses, which were not accessed here.
[21] Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. American psychologist, 58(1).
[22] Yamatani, H. (1994). Suggested top ten evaluations for EAPs: An overview. Employee Assistance Quarterly, 9(2).
[23] Milot, M. (2017). Evaluating benefit equity in outcomes among users of an EAP. EASNA Research Notes, 6(3).

- In particular, efforts to increase the use of EAPs by men workers across Canada may be most effective by focusing on addressing perceptions of mental health stigma and EAP treatment stigma (e.g., including stigma in relation to receiving help from professionals) versus familiarity with EAPs (as overall no gender differences were observed in the degree of familiarity[24]).

This study had a number of limitations. It assessed the self-reported likelihood of EAP use and not actual use. Only gender and familiarity were included as predictors of stigma and EAP use; a number of other explanatory factors are expected to exist. Additional studies are needed to further explain and understand the relationships between worker perceptions of stigma and the use of EAPs or other workplace benefits.

For more information about this study please email **info@workreachsolutions.com**

This report was prepared Dr. Marc Milot, PhD, Director of Workreach Solutions and President of APAS Laboratory Inc. Marc is a Canadian research psychologist, data scientist, outcome evaluator, and independent scholar in the areas of workplace health, mental health, and Employee Assistance Programs.

[24] Gender differences in EAP familiarity may however exist within certain industry sectors (not analyzed by current study)

Workreach Solutions (APAS Laboratory Inc.) is a specialty firm providing advanced outcome measurement services for Employee Assistance Program (EAP) providers. It was founded with the objective of providing forward-thinking services and tools to EAP vendors, group benefits providers, and organizations with internal EAPs. Our next-generation EAP outcome measurement services and tools address limitations of standard methodologies and approaches.

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Appendix A – Statistical Findings

ANOVA

Compared to women workers, men reported a lower likelihood of using EAP counselling services were they to experience significant and distressing personal problems in the future (assuming they had access) [F(1,1000) = 29.99, p <.001). Men workers also reported a greater degree of mental health treatment stigma on the SSRPH [F(1,1000) = 35.97, p <.001) and in relation to public stigma [F(1,1000) = 36.25, p<.001). There were no significant differences between men and women workers on overall psychological distress (including symptoms of depression and anxiety) as assessed by the PHQ-4 [F(1,1000) = .25, p = .62]. No gender differences were observed in the screening of anxiety or depression (PHQ-4 subscales GAD-2 and PHQ-2, respectively; logistic regression, p>.05). Finally, there were no significant differences between men and women in their degree of familiarity with EAPs [F(1,1000) = .38, p = .54]. Gender differences were observed in the degree of EAP treatment stigma, with men reporting greater perceptions of stigma compared with women workers [F(1,1000) = 25.53, p<.001).

Mediation analyses

The PROCESS macro was used for mediation analyses and modelling. The direct effects of gender on EAP treatment stigma were calculated, as well as the bootstrapped (5000 samples) bias-corrected 95% confidence intervals of the indirect (mediating) effects of mental health treatment stigma. 73% of the gender-based variance in EAP treatment stigma was explained by variance in mental health treatment stigma (indirect effect / total effects).

	Indirect effects of gender[1]			Direct effects of gender[2]		
Variable	*b*	BootSE	Boot 95% CI	*b*	SE	95% CI
Mental health treatment stigma	.24*	.042	.16/.32	.09[ns]	.052	-.01/.19

[1] Indirect effects of gender on EAP treatment stigma mediated/explained by mental health treatment stigma
[2] Direct effects of gender on EAP treatment stigma remaining after controlling for mediating effects of mental health treatment stigma
* Statistically significant effect at p<.05; [ns] = not significant

Path analysis: goodness-of-fit measures

Measure	Statistic*	*p* value	df
χ^2	4.575	.206	3
CFI	.998	–	–
GFI	.998	–	–
RMSEA	.023	.847	–
SRMR	.016	–	–

χ^2: Chi-square; CFI: comparative fit index; GFI: goodness-of-fit index;
RMSEA: root mean square error of approximation;
SRMR: standardized root mean square residual.

*Note: all of the above statistics indicate goodness-of-fit for the specified model.

Path analysis: path coefficients

	Estimate	SE	CR	*p* value
Gender -> Mental health treatment stigma	.238	.040	6.00	<.001*
Gender -> Likelihood of EAP use	-.290	.086	-3.36	<.001*
Mental health treatment stigma -> EAP treatment stigma	1.032	.040	25.76	<.001*
Mental health treatment stigma -> Likelihood of EAP use	–	–	–	NS
EAP treatment stigma -> Likelihood of EAP use	-.337	.053	-6.41	<.001*
Familiarity with EAPs -> EAP treatment stigma	-.078	.019	-4.02	<.001*
Familiarity with EAPS -> Likelihood of EAP use	.333	.032	10.28	<.001*

*Statistically significant p<.05; NS = not statistically significant

Estimate: estimate of regression weights; SE: standard error; CR: composite reliability