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The digital age: How people are accessing EFAP services

Multiple digital channels offer new ways to access counselling and interact with EFAP services, and are attracting a younger demographic who may never have considered Employee and Family Assistance Program support through traditional means

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INTRODUCTION

Employers across Canada are addressing the mental and physical health needs of their employees by facilitating access to Employee and Family Assistance Programs (EFAPs). The purpose of this document is to help human resource professionals understand:

- what channels employees are using to access these counselling and advisory services;
- the demographics of users per channel of service delivery; and
- the impact that digital channels play in providing support.

BACKGROUND

Shepell·fgi is a leading provider of EFAPs for domestic and global clients, with over 30 years experience and 8,000 corporate clients. The company's EFAP services are delivered via traditional/non-digital channels (i.e., telephonic and in-person appointments) and digital channels (i.e., online programs including Stress Management, Enhancing Your Relationship, Smoking Cessation, Financial Support, Separation/Divorce; E-Counselling; Video Counselling; Online Access; and First Chat).

EFAP USERS

Users of EFAP services tend to be women aged 30 to 49 who prefer to access the program through traditional channels.

THE IMPACT OF DIGITAL TECHNOLOGY

Digital technology has had a huge impact on the way users are accessing support. Today, mental and physical health information is widespread on the Internet and easily accessible.

Nationally

- 86% of Canadians have Internet; 80% of whom have it from home (Ipsos Reid 2012).
- 37% of Canadians have mobile access (compared with 5% in 2001) (Ipsos Reid 2012).
- Canadians spend 50% more time online (at 42 hours per month) than those in the US, UK, or Australia (Perreaux 2010).

Social

- There are 1.5 billion social networking users globally (Chui 2012).
- 80% of online users regularly interact with social networks (Chui 2012).
- 70% of companies use social technologies (Chui 2012).
- 90% of companies using social technologies report some business benefit related to their use (Chui 2012).
- 28 hours per week are spent by knowledge workers online (including email, searching for information, and collaborating) (Chui 2012).

- More than 700 billion minutes are spent on Facebook each month (Awareness Inc. 2012).
- 1 million accounts are added daily to Twitter (Awareness Inc. 2012).
- LinkedIn gains two new members every second (Awareness Inc. 2012).
- The average Facebook user spends 20 minutes per visit; 23% check their accounts 5 or more times a day (Awareness Inc. 2012).
- 20% of Google searches each day have never been searched before (Awareness Inc. 2012).

By gender

- Women use Facebook more frequently than men, while men have demonstrated a preference for Twitter and various instant messenger services (European Travel Commission 2012).
- Males appear to be spending more time online than females, at 20 hours versus 16 hours per week, respectively (European Travel Commission 2012).

By age

- 95% of Canadians under the age of 55 have Internet access, with 47% having mobile access (Ipsos Reid 2012).
- Young Canadians (aged 18–34) use the Internet more than older Canadians (aged 35 and over) and they use online functionality for more tasks (Ipsos Reid 2010).
- While young Canadians rank the highest in usage, they rank the lowest in emails received. This drop in email usage may be due to the increase in texting and social media offerings such as Facebook and Twitter (European Travel Commission 2012).
- In comparison, 68% of those 55 years of age and older have Internet access in their dwellings and only 16% have access via a mobile device (Ipsos Reid 2012).

Summary

- Canadians *expect* to be able to access resources and interact online in their daily lives.
- Multiple online social sites continue to experience growth.
- Younger users (under 34 years of age) use the Internet more than older users (35 years and older).
- Although women tend to use interactive social sites more frequently than men, men tend to spend a longer duration online (possibly due to gaming).

Health and medical online statistics

In a 2009 Canadian Medical Association (CMA) survey of 683 physicians:

- 83% of respondents said patients arrive with information from the Internet, and an additional 11% suspect that patients have referenced the Internet before arriving.
- 87% of respondents said that they use the Internet for health information.

In another Canadian study:

- 41% of Canadian adults polled use online sites for information on *specific* diseases, medical issues, or health-related products (CBC News 2011).
- 67% trust information from the Internet (CBC News 2011).

One survey on American adults' use of the Internet found that:*

- 61% seek health and medical information online in a typical day (Fox and Jones 2009).
- 60% found health and medical information online affected their decisions about how to treat an illness or condition (Fox and Jones 2009).
- 56% changed their overall approach to maintaining their health or their approach as a caregiver (Fox and Jones 2009).
- 49% changed the way they think about diet, exercise, and stress management (Fox and Jones 2009).
- 26% searched online for information about alternative treatments or medicines in 2009, compared with 16% of adults in 2002 (Fox and Jones 2009).
- 21% looked online for information about depression, anxiety, stress, or mental health issues in 2009, compared with 12% of adults in 2002 (Fox and Jones 2009).

**Canadian Internet usage statistics are consistent with those of the US; therefore, the American statistics are reflective and relevant to a Canadian audience.*

Summary

- North Americans use the Internet to seek out health information and answers, and have a high level of trust in the information they receive.
- Also, the medical community is increasing their online activity.

Online use of mental health information by age group

Recent studies that examine the outcome and impact of new delivery channels of treatment in depression and anxiety disorders show that the number of online programs that target mental health (such as Internet delivered Cognitive Behaviour Therapy (iCBT)) are growing.

While many of these studies focus on analyzing the clinical and monetary effectiveness of these online programs, rarely do they focus on user demographics (other than simply listing the sample upon which the hypotheses are based) (van der Zanden et al. 2012) (Paxlinga et al. 2012) (Mureşan, Montgomery, and David 2012).

However, an Australian study conducted by Inspire Foundation looked at new online services that can be leveraged to assist teenagers and young adults from the ages of 14 to 25 with mental health issues. The study found that as mental health declines, an individual will seek out anonymous forms of assistance. The study also showed that online services can draw in populations who would otherwise not seek help including those who are geographically dispersed and do not have easy access to city centres where traditional channels are available (Stephens-Reicher et al. 2011).

Summary

Access to online services is attractive to users who:

- seek anonymity, especially in regards to mental health issues; and
- are located in geographically dispersed locations and who may not have access to traditional forms of counselling.

Online therapy is proven effective

Other studies from Sweden and Australia tested unique online iCBTs that help clients identify and treat depression, general anxiety disorders, and obsessive compulsive disorders. Using randomized participants in experimental and control groups, the studies found that online services are an effective method of therapy, demonstrating an improved change in cognition over time for greater than 50% of participants regardless of their gender, age, occupation, or geographical location. The control groups recorded a lower success rate in the reduction of negative symptoms in less than 20% of participants.

Behavioural health solutions that are delivered digitally have broad appeal for those eager to access non-traditional forms of treatment for mental health issues. Especially since it has been proven that the Internet-based delivery of mental health services can be as effective as traditional face-to-face treatment by clinical professionals (Gatchel 2012).

Summary

Online forms of therapy have been proven as an effective method of treatment of mental health issues.

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METHODOLOGY

CLIENT REGISTRATION PROCESS

All requests for EFAP service, no matter the delivery channel, follow a well-defined process. Each client must first register and are then assessed so that their issue or concern is fully understood and treated appropriately. The client is then matched with a type of service and delivery channel that best meets his/her needs and goals, and a case is generated. A few considerations during the registration process include, but are not limited to:

- clinical best practices
- age
- employment status
- lifestyle
- learning style

TIMEFRAME

For this study, Shepell·fgi examined the demographic data collected during the client registration process for its digital and traditional EFAP services from January 1, 2012 to December 31, 2012. The 2012 demographic profile of individuals accessing our EFAPs counselling channels was later compared to the data from 2010 and 2011.

SAMPLE

As Figure 1 shows, in 2012, there were 199,926 cases generated for EFAP counselling and online programs.

Figure 1: Cases by service channel in 2012

Clinical service delivery channel	Number of cases
First Chat	1,198*
Online programs	23,603
E-Counselling	9,576
Video Counselling	722
Traditional	164,827
TOTAL	**199,926**

** This number reflects only actual clinical interventions, not administrative First Chat contacts.*

Demographic data was collected by gender (male, female) and age (Unknown, 18-29, 30-39, 40-49, and 50+ years of age) for each channel of service.

- Shepell·fgi does not provide *digital* support to clients under the age of 18; these individuals are re-directed to other services.
- Any client who did not disclose his/her age in the 2012 registration process was discounted from the consequent review. This "Unknown" group accounted for less than 4% of the overall sample size.

A comparison of access by demographics was then made between digital channels and the more traditional counselling methods.

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FINDINGS

NUMBER OF CASES PER YEAR BY AGE GROUP

EFAP business continues to grow and expand year over year. The growth is based on the following changes:

- New contracts
- Population changes in the existing contracts
- Diversity of clients who are attracted to new services
- Reaching and attracting new clients through new channels such as My EAP and online registration

As shown in Figure 2, more and more young users are accessing their EFAP for support.* As digital channels began to be implemented, an increase of usage was immediately noticed in the 18-29 and 30-39 age groups.

Implementation dates:

- E-Counselling: Apr. 2000
- First Chat: Sept. 2011
- Video Counselling: Sep. 2011
- Online Access: Dec. 2011
- Online programs, including:
    - Smoking Cessation: Aug. 2011
    - Separation/Divorce: Sep. 2012
    - Stress Management: Oct 2011
    - Financial Support: Jan. 2012
    - Enhancing Your Relationship: Feb. 2012

Figure 2: Percentage of cases per year by age group

Age	2010 Cases	2011 Cases	2012 Cases
18-29	10%	12%	13%
30-39	28%	30%	30%
40-49	33%	33%	30%
50+	27%	25%	22%
Unknown	3%	1%	4%
TOTAL	100%	100%	100%

** A 1% increase is statistically significant in clinical findings.*

COMPARISON OF DIGITAL AND TRADITIONAL EFAP SERVICE CHANNELS

Figures 3 and 4 highlight that:

- the 18-29 age group significantly uses digital channels of access;
- the 50+ age group significantly use traditional channels of access; and
- there is a crossover for those in the 30-39 and 40-49 age groups who prefer to use *both* traditional and digital channels of access. However, the 30-39 trend more toward digital methods while the 40-49 trend more toward traditional methods.

Figure 3: Number and percentage of Digital vs. Traditional clinical services by age group in 2012*

Age	Digital	Traditional
	%	%
18-29	19%	12%
30-39	33%	29%
40-49	29%	32%
50+	18%	27%
Unknown	0%	0%
TOTAL	100%	100%

Figure 4: Number and percentage of clinical services by channel and age group in 2012*

Age	First Chat	Online Programs	Video Counselling	E-Counselling	Traditional
	%	%	%	%	%
18-29	28%	19%	17%	19%	12%
30-39	39%	32%	36%	36%	29%
40-49	21%	29%	29%	28%	32%
50+	11%	19%	17%	16%	27%
Unknown	1%	0%	0%	1%	0%
TOTAL	100%	100%	100%	100%	100%

**Data is accurate to within 1%.*

The data indicates that younger people trend toward digital service delivery channels while older people trend towards traditional services.

SUMMARY BY GENDER AND AGE

As shown in Figure 5:

- overall, females in all age brackets continue to access digital channels in larger numbers than males; and
- men may be more comfortable using EFAP services offered through online channels that afford them with a quick means of communication.
    - of the males accessing digital channels, those between 40-49 years old are the biggest users, followed by those in the 50+ category

Figure 5: Percentage of access by channel, age group, and gender in 2012

Age	First Chat		Online Programs		Video Counselling		E-Counselling		Traditional	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
18-29	24%	76%	31%	69%	28%	72%	16%	84%	31%	68%
30-39	31%	69%	36%	64%	30%	70%	21%	79%	34%	66%
40-49	31%	69%	38%	62%	38%	62%	23%	76%	36%	64%
50+	33%	67%	36%	64%	33%	67%	21%	79%	35%	65%

CONCLUSION

The emergence of innovative digital channels provides individuals with easier access to EFAP services. Those in the younger demographic prefer to access digital channels while those in the older demographic prefer to use traditional/off-line channels.

These findings are reflective of a number of trends suggesting that North Americans are using new technologies to enhance their day-to-day functioning; something that is most pronounced for Millennials (18-33 years of age) and Gen-Xers (34-45 years of age). With Millennials poised to become the most educated generation in history, it is important to provide a means of accessing information and support for mental and physical health concerns in a manner which respects and responds to their embracing of new technology while at the same time continuing to offer traditional forms of counselling (Pew Research Centre 2010).

Shepell·fgi's *Attracting New EAP Users through Online Text-Based Chat Services* study found that online counselling can provide a forum for individuals who might otherwise not access traditional forms of professional mental health support since it supports anonymity and confidentiality, as well as offering support to those geographically dispersed; other benefits include reduction of travel time required, appointment availability, access for those with lack of mobility or transportation, those with verbal communication challenges, or social phobia(s) (Shepell·fgi 2012).

With an increasing number of consumers having access to the Internet and mobile technology, there is an opportunity to invest in the systematic expansion of current services and programs provided by EFAPs across North America (including more elaborate websites, tip sheets, educational webinars, self assessment tools, etc. (Richard, Emener, and Hutchison Jr. 2009)). This in turn will attract a younger demographic and a geographically dispersed population, as well as reduce the financial burden generated by treating mental health issues (Cunningham 2009).

YOUR TAKE AWAY

Consider age and gender demographics in conjunction with digital and traditional delivery channels offered when choosing an EFAP provider. In order to reach a younger demographic, online service delivery must be considered. Over the last twelve years, e-counselling has become a staple clinical intervention tool, and the last 18 months have seen the rapid expansion of online access options. Millennials are showing a distinct preference for digitally accessing EFAPs and this trend will increase. As well, there is some indication that providing men with quick online access may be the way to reach them in the future to encourage them to access EFAPs.

In a digital age, it is critical to provide individuals with the care and support they need, when they need it, and through the method that they can best interact with and relate to. With mental health being one of the top health concerns, encouraging individuals to avail themselves of their EFAP when, where, and how they want, at their own convenience, and with the utmost privacy, will be the best approach to preventing and supporting mental health problems.

WHY SHEPELL·FGI IS A LEADER IN EFAPS

Shepell·fgi is committed to making EFAPs more accessible by continuing to expand and enhance digital delivery methods while maintaining traditional service delivery.

- The My EAP mobile device application was introduced in May 2011 and released with additional value services in 2012—offering mobile access to videos, articles, and support.
- First Chat was launched in September 2011 and was added to the My EAP app in November 2012. First Chat provides instant, easy, private, and fast support—highly attractive to busy individuals that don't feel they have time for traditional service deliveries.
- Online programs include Stress Management, Smoking Cessation, Financial Support, Enhancing Your Relationship, and Separation/Divorce and enable users to access support at their own pace, and when and where they feel the most comfortable.
- E-counselling gives people the opportunity to express themselves in email and is ideal for those more comfortable with written communication.
- Video Counselling is best for people who may be geographically dispersed but are more comfortable with a face-to-face exchange via video.
- Telephonic counselling is ideal for those who are more comfortable with an audio exchange and who may have some geographic or travel issues.
- In-person counselling is best for those who are comfortable with a face-to-face exchange and are able to get to a counselling office. Shepell·fgi has over 73 offices across Canada.

Contact us for more information on our EFAP services, how to attract a younger demographic through the use of digital delivery channels, and for guidance on what makes a successful EFAP: Call 1.800.461.9722, email info@shepellfgi.com, or visit shepellfgi.com.

ABOUT SHEPELL·FGI

Shepell·fgi is the market leader in optimizing employee wellness through our Employee and Family Assistance Program (EFAP). With leading-edge technology; the largest EFAP counselling network in Canada; and a personalized, high-touch, people-centered approach, our EFAP services help to proactively prevent and resolve employee health issues. Shepell·fgi is unmatched in the depth and breadth of our EFAP support and counselling offerings, the sophistication of our infrastructure, and the strength of our track record. For more information, visit shepellfgi.com.

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GLOSSARY

EFAP (*Employee and Family Assistance Program*)	Services purchased by the employer as part of the employee's benefits package; integrated health and productivity solutions that address the mental, physical, and social health issues affecting employees, their families, and the workplace.
iCBT (*Internet delivered Cognitive Behaviour Therapy*)	Cognitive Behaviour Therapy delivery model via digital tools, courses, and services. These services can either be self-administered or therapist supported.
Access points	Clients who decide to access EFAP services may do so via a number of access points:

Telephonic*	Clients phone the 1.800# to reach a call centre, where a registration advisor directs them to the appropriate service.
Online Access*	Confidential, customized website that users can use to help identify their concern, educate themselves on the support services available to them, choose the EFAP service that best suits their needs and lifestyle, and complete their service request.
First Chat*	Solution-focused, secure, synchronous, live counselling chat tool used to provide clients with immediate clinical and/or registration support as provided by an EFAP.

** Counsellors are available immediately via all of these venues for clients with urgent or immediate needs.*

Online tools		
	Online programs	Confidential and secure programs offered to EFAP clients via the Internet to support improved mental and physical health. Self-directed learning through customized websites for: • Stress Management • Enhancing Your Relationship • Smoking Cessation • Financial Support • Separation/Divorce
	E-Counselling	Asynchronous, professional, and confidential counselling service available directly through secure e-mail conferencing.
	Video Counselling	Client and counsellor communicate with each person using a webcam, landline, and encrypted custom Internet software enabling both parties to see and hear each other; participants are also able to share and create documents in real time.
Traditional service delivery	In-person counselling and telephonic counselling offered to EFAP clients, excluding digital channels.	

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