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UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D.C. 20548

FEDERAL PERSONNEL AND
COMPENSATION DIVISION

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MARCH 17, 1981


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The Honorable Mary Rose Oakar
Acting Chair, Subcommittee on Compensation
and Employee Benefits
Committee on Post Office and Civil
Service
House of Representatives

Dear Madam Chair:

Subject: Mental Health Programs for Federal Employees
(FPCD-81-15)

In response to a letter from Chairwoman Gladys N. Spellman dated August 20, 1980, and discussions with her office, we obtained information on mental health programs available to Federal employees and on the success of some of these programs. The detailed information we obtained is presented in the enclosure.

The primary mental health program available to Federal employees is counseling services for alcohol and drug abuse problems. In addition, most agencies provide some counseling for a wide range of emotional problems. In 1979 agencies used 529 staff-years, or about $9.9 million, in providing mental health counseling services to about 36,000 employees. In May 1979 the Office of Personnel Management (OPM) recommended that agencies implement a broad-based counseling program for emotional, marital, financial, and legal problems, as well as for alcohol and drug abuse. Many of the agencies we visited had not formally adopted the recommended broad-based program.

OPM has not published standards or set goals that could serve as indicators of a successful agency mental health counseling program. Recent OPM evaluations and a prior GAO report have revealed management problems in various aspects of mental health program implementation. However, many agencies have reported to OPM that the mental health

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counseling services they provide are helping employees resolve their problems and return to an acceptable level of performance on the job.

Although we did not obtain formal comments, we discussed the information we obtained with OPM program officials who generally concurred in our findings. As arranged with your office, a copy of this letter, with the enclosure, is being sent to the Director, Office of Personnel Management.

Sincerely yours,

Clifford I. Gould
Director

Enclosure

MENTAL HEALTH SERVICES FOR FEDERAL EMPLOYEES

INTRODUCTION

The 1978 report of the President's Commission on Mental Health estimated that from 10 to 15 percent of the general population needed some mental health services. These include, but are not limited to, treatment for alcoholism, drug abuse, severe depression and anxiety, and schizophrenic disorders. If the Federal work force is representative of the U.S. population, as many as 280,000 Federal employees may need some mental health services.

The loss in Federal productivity because of mental health problems, such as alcoholism, can be considerable. The National Council on Alcoholism estimates that

--5.3 percent of the work force suffers from alcoholism,

--workers suffering from alcoholism are 25 percent less productive than other employees, and

--more than 50 percent of the lost productivity can be recaptured through effective alcohol programs.

Assuming the above statistics are also applicable to the Federal work force, alcoholism alone may be costing the Government as much as $694 million 1/ a year, of which more than $347 million 1/ may be recaptured through an effective alcohol program.

Public Law 79-658 2/, enacted in 1946, gave Federal agencies the authority, but did not require them, to establish

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1/We computed these figures by applying the National Council on Alcoholism's estimates of 5.3 percent affected employees, 25 percent lost in productivity, and 50 percent recovery rate to the entire Federal work force. For dollar values, we used the average Federal employee salary of $18,715. Therefore, 2.8 million Federal employees x 0.053 = $694 million lost to alchoholism x 0.50 = $347 million that could be recovered through an effective alcohol program.

2/"An Act to Provide for Health Programs for Government Employees," approved August 8, 1946.

health service programs to promote and maintain the physical and mental fitness of Federal employees. Although many agencies used this authority to establish preventive health care clinics providing services such as emergency medical care and immunizations, mental health programs were generally not initiated.

Public Law 91-616 1/, enacted in 1970, and Public Law 92-255 2/, enacted in 1972, required agencies to establish and maintain alcohol and drug abuse programs, respectively, for civilian employees. Most agencies have combined the mandatory alcohol and drug abuse programs, and these are the primary mental health services that Federal agencies provide to their employees. A broader range of services for emotional and behavioral problems is included in most agencies' counseling programs but are generally a by-product of the alcohol and drug abuse programs. Generally, agency programs consist of identifying the problem, referring employees to community resources for treatment, and following up on employees in readjusting to the job and during treatment. Agencies do not provide actual treatment or rehabilitation.

In May 1979, OPM offered an alternate way of implementing the alcohol and drug abuse programs. It encouraged agencies to expand their alcohol and drug abuse programs to a broad-based employee counseling service program. The counseling program would address a wide range of behavioral problems affecting employees' performance. It is expected to be more responsive to employee and management needs than programs that soley address alcohol and drug abuse.

Authorizing legislation for alcohol and drug abuse programs assigned to the Director, OPM, the leadership role for developing and maintaining mental health programs for employees. OPM guidance to agencies provided initially in 1971 on the alcohol program and in 1974 on the drug abuse program instructs agencies to designate a program administrator at headquarters and program coordinators at installations. OPM has also issued guidance to agencies on confidentiality of records, reporting requirements, and establishing cooperative and broad-based programs.

1/The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970.

2/Drug Abuse Office and Treatment Act of 1972.

OBJECTIVES, SCOPE, AND METHODOLOGY

The Chair of the House Subcommittee on Compensation and Employee Benefits requested GAO to obtain information on what mental health programs a sample of Federal agencies are providing their employees, and, where possible, on the success of these programs. The Subcommittee wanted to know what mental health services Federal agencies were providing in order to assist them in making decisions on the need for health insurance coverage.

In August and September 1980, we obtained information from eight agencies on the types of mental health programs available. We selected these eight agencies on the basis of their program usage rate. The usage rate is the number of cases per 100 employees in the agency who seek counseling voluntarily or who are referred by management for counseling. We selected two agencies with a high program usage rate, four with an average usage rate, and two with a low usage rate.

Departments and agencies visited included the Army; the Department of Health and Human Services; Veterans Administration; Interior; General Services Administration; National Labor Relations Board; Internal Revenue Service, Department of the Treasury; and International Communications Agency.

During our visits to agencies, we interviewed mental health program managers and reviewed written procedures, policy statements, and administrative records to determine the types of mental health services provided and the problems encountered in providing these services. We also reviewed previous OPM evaluations, previous GAO reports, and OPM statistics on mental health services provided. We did not independently determine the success of mental health services being provided since OPM has not established standards or goals by which success could be measured. We do, however, include information supplied by agencies to OPM on the number of individuals helped by the mental health services provided.

PROBLEMS IDENTIFIED WITH MENTAL HEALTH PROGRAMS

Most agency alcohol programs we reviewed in 1977 were ineffective. In our report 1/ to the Congress, we said that

--placing the program in personnel may deter usage because of the disciplinary activities associated with the personnel function,

--more management attention was needed in selecting coordinators,

--more effort was needed to train supervisors and to educate nonsupervisors,

--more emphasis was needed on program monitoring,

--time and resources spent on programs were generally inadequate, and

--OPM may need additional authority to require agencies to develop effective programs.

We also cited in our 1977 report that some agency installations were voluntarily providing a broader range of assistance to employees than the alcohol program required. We found that agencies with broad-based programs

--seemed to be reaching about the same percentage of alcohol abusers as programs dealing solely with alcohol abuse,

--had the advantage of being able to deal with a much broader range of employee problems in a less stigmatized environment, and

--were favored by three-fourths of the installation officials interviewed.

In our 1977 report, we recommended that department and agency heads adopt broad-based programs. In May 1979, OPM issued

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1/"Most Agency Programs for Employees with Alcohol-Related Problems Still Ineffective" (HRD-77-75, Sept. 7, 1977).

guidelines encouraging Federal agencies to adopt a broad-based employee counseling program. Of the eight agencies we visited, only three--Interior, International Communications Agency, and Internal Revenue Service--have formally adopted a broad-based counseling program.

During fiscal years 1979 and 1980, OPM's Agency Compliance and Evaluation unit evaluated 12 alcohol and drug abuse programs and 2 broad-based counseling programs in 4 Federal regions. Also in fiscal year 1980, OPM's Work Force Effectiveness and Development Group assisted nine agencies at the headquarters level in evaluating their alcohol and drug abuse programs.

The Compliance and Evaluation unit identified the following program weaknesses:

--Three installations had no program coordinators.

--Three installations had no policy statements.

--More supervisory training was needed at 10 installations.

--More program promotion/employee awareness was needed at nine installations.

In selecting agencies for visits, the Work Force Effectiveness and Development Group used a low usage rate as an indicator of possible weak programs. The Group found some of the same weaknesses the Agency Compliance and Evaluation unit had found. Similar deficiencies were also identified in several reports on earlier visits made by the Group.

At the 8 agencies and 22 installations we visited, we found evidence of limited management support for the mental health program. Also, because of the low priority of mental health programs in most agencies, many agency program managers at the headquarters level did not evaluate their mental health programs, except for making reviews of the data that installations submit annually to OPM.

PROGRAM ACTIVITIES FOR FISCAL YEAR 1979

OPM has not published standards or set goals that could serve as an indicator of a successful mental health program. An OPM official told us, however, that OPM plans to contract

with a consulting firm during fiscal year 1981 to conduct a study for setting standards to measure the costs and benefits of mental health programs.

OPM collects program data on mental health program activity from Federal agencies. OPM Bulletin 792-27 dated August 20, 1979, requires agencies to report annually to OPM on various program aspects such as the total staff-years used on mental health programs, the number of new or reopened cases, and the number of employees helped for the categories of alcoholism, drug abuse, and emotional disorders. Forty-five agencies having 1.9 million Federal employees submitted the required reports to OPM for mental health services provided in 1979.

From the data it collects from each agency's annual report, OPM computes the Government-wide average "usage rate" and the "clients helped rate" for counseling provided to employees for alcohol, drug abuse, and emotional problems. The "usage rate" is the number of cases per 100 employees in the agency who seek counseling voluntarily or by management referrals. The "clients helped rate" is the percentage of employees counseled that supervisors indicate have returned to an acceptable level of performance or, in the case of voluntary referrals, employees who said they were helped by the program.

The National Council on Alcoholism believes that after 1 year of program operation, the usage rate for a successful alcohol program should reach 1 percent of the work force. Of the agencies we visited, only the Army had obtained the 1-percent usage rate for its alcohol program. The Government-wide usage rate for the alcohol programs as reported by OPM for 1979 was six-tenths of 1 percent.

According to OPM reports, the Army accounts for a very significant percent of the total 36,384 cases of alcoholism, drug abuse, and emotional disorders for which counseling services were provided in 1979. With about 17 percent of the Government's civilian work force, the Army had 15,761, or almost half of all reported cases. Further investigation reveals that the U.S. Army Material Development and Readiness Command (DARCOM), which in its program covers about 40 percent of the Army's civilian work force, accounted for 13,634 of these cases. As shown below, DARCOM's usage rates were considerably higher than the Government-wide rates computed without DARCOM.

ENCLOSURE I

	DARCOM		Government-wide without DARCOM	
	Total cases	Usage rate for each 100 employees	Total cases	Usage rate for each 100 employees
Alcohol	3,119	2.29	8,802	0.48
Drug abuse	441	.32	910	.05
Emotional disorders	10,074	7.39	13,038	.71
Total	13,634	10.00	22,750	1.24

A DARCOM official attributed DARCOM's program usage rate to command support of the program, use of full-time coordinators where feasible, training provided to supervisors on the use of the program, and education provided to other employees. An OPM official told us that the Army's greater program usage rate may be due, in part, to the commitment of greater resources to the program.

While the usage rates for DARCOM may, or may not, be representative of the rates other Government mental health programs might be expected to achieve, it indicates the potential for greater program usage than is shown by rates in table 1 on the following page.

This table shows the average usage and percent of clients helped rates Government-wide and for the eight agencies visited for the categories of alcoholism, drug abuse, and emotional disorders.

ENCLOSURE I

TABLE 1

	Total employees	Category	Number of cases	Usage rate	Percent helped
Government-wide	1,975,680	Alcohol	11,921	0.60	80
		Drug	1,351	.07	76
		Emotional	23,112	1.17	90
		Total	36,384	1.84	
Agencies visited:					
Army	328,468	Alcohol	4,059	1.24	90
		Drug	518	.16	85
		Emotional	11,184	3.40	95
		Total	15,761	4.80	
Department of Health and Human Services	121,839	Alcohol	605	0.50	74
		Drug	61	.05	70
		Emotional	2,681	2.20	82
		Total	3,347	2.75	
International Communications Agency	2,876	Alcohol	23	0.80	73
		Drug	1	.03	100
		Emotional	96	3.34	92
		Total	120	4.17	
Internal Revenue Service	90,836	Alcohol	92	0.18	71
		Drug	19	.03	70
		Emotional	863	1.25	86
		Total	974	1.46	
Veterans Administration	209,501	Alcohol	986	0.47	76
		Drug	126	.06	66
		Emotional	1,369	.65	85
		Total	2,481	1.18	
Department of the Interior	60,931	Alcohol	562	0.92	68
		Drug	28	.05	57
		Emotional	466	.75	86
		Total	1,056	1.72	
National Labor Relations Board	2,803	Alcohol	8	0.29	43
		Drug	1	.04	0
		Emotional	23	.82	55
		Total	32	1.15	
General Services Administration	28,965	Alcohol	99	0.34	67
		Drug	16	.06	0
		Emotional	45	.16	59
		Total	160	0.56	

ENCLOSURE I

The National Council on Alcoholism believes that the percent of employees helped under a successful alcohol program should range from 50 to 75 percent annually. We found that the percent of employees helped Government-wide (80 percent of the employees reported as helped after receiving counseling for their alcohol problems) compares very favorably with this guideline. As previously noted, however, DARCOM's statistics significantly affect the employee-helped rate.

PROGRAM COSTS

The 45 agencies that reported to OPM said that they spent 529 staff-years in carrying out their fiscal year 1979 programs. Using the average Federal employee salary cost of $18,715 as of March 1979, we computed the 1979 program cost at $9.9 million. Program costs vary, however, among agencies. Table 2 shows the program cost Government-wide and for the eight agencies we visited.

ENCLOSURE I

TABLE 2

Activity	Number of employees	Program staff-years (note a) Total	Program staff-years (note a) For each 100 employees	Estimated costs (note b) Total	Estimated costs (note b) For each employee
Government-wide	1,975,680	529.0	0.31	$9,905,849	$5.01
Army	328,468	11.7	.035	2,127,895	6.49
Department of Health and Human Services	121,839	28.9	.024	540,863	4.45
International Communications Agency (note c)	2,876	1.6	.056	29,944	10.41
Internal Revenue Service	90,836	8.1	.009	151,591	1.67
Veterans Administration	209,501	22.8	.011	413,473	2.04
Department of the Interior	60,931	16.8	.028	314,412	5.16
National Labor Relations Board	2,803	1.5	.054	28,072	10.02
General Services Administration	28,965	2.2	.008	41,173	1.42

a/According to OPM officials, staff-year data submitted by agencies may be somewhat unreliable.

b/We estimated costs by using the average Federal salary--$18,715 as of March 1979. This includes neither the cost incurred for providing counseling services by contract nor the Government's contribution to employee insurance plans.

c/1978 data; 1979 data not available.

COOPERATIVE PROGRAMS

In May 1980, OPM issued guidance encouraging agencies to establish and use cooperative programs where economically effective. In cooperative programs, two or more agencies combine to establish a program for providing services to the employees of each participating agency. Cooperative programs are particularly advantageous where there are many agencies in a given area, but each agency does not have a sufficient number of employees to justify the appointment of a trained coordinator who could spend considerable time on the program.

One participating agency, the Public Health Service or OPM, might be designated as the lead agency in providing counseling services. Counseling services might be provided directly by the head agency or indirectly by a contractor. Program costs under the cooperative program are shared by the Federal activities involved. Each agency that is a member of the cooperative agrees to pay the provider of the services a fee for each employee who receives counseling.

Mental health services are now being provided through cooperative programs in 10 cities--Anchorage, Atlanta, Austin, Boston, Cleveland, Denver, Louisville, Minneapolis, New York, and Tulsa. Cooperative programs are also being established in Chicago; Cincinnati; Detroit; Newark; Portland, Oregon; and Seattle.

We examined cooperative programs in Atlanta, Boston, and Denver which, collectively, made counseling services available to almost 30,000 employees. In Boston, OPM provided counseling services, including policy guidance, and employee education and training to 33 agencies at a cost of $5.44 for each employee. In Atlanta, a group of 11 agencies received counseling services, including employee education and training, from a private organization at a cost of $9.85 per employee. In Denver, the Public Health Service provides counseling service, including employee education, to 86 agency activities. We could not determine the cost for each employee for the cooperative program in Denver because mental health costs were not separately identified by the Public Health Service which also provided physical health services to agencies on a reimbursable basis.

OPM had not collected program activity and cost data for the cooperative programs. During our visits, we computed program usage rates where data was available. The overall usage rate--inclusive of alcohol, drug, and emotional disorder cases--was 1.31 percent for Atlanta and 0.98 percent for Boston. Usage rate data had not been tabulated by the Public Health Service in Denver.