Why Your EAP Isn’t Enough and How Canadian HR Can Measure Whether It’s Actually Working



The EAP Shouldn’t Be Where the Conversation Ends

In many workplaces, the Employee Assistance Program has become HR’s default answer to almost every employee wellbeing concern.

An employee is struggling with stress. Remind them about the EAP. A manager notices someone becoming withdrawn. Suggest the EAP. A team is dealing with conflict, burnout or grief. Send out the EAP link. An employee discloses anxiety, addiction recovery, financial pressure or family breakdown. Offer the EAP.

There’s nothing wrong with that response as a starting point. A good EAP can be valuable. It can give employees and family members access to short-term counselling, crisis support, addiction resources, family support, financial guidance, legal referrals and practical help during difficult periods. CCOHS describes an EAP as a confidential, short-term counselling service for employees with personal difficulties that affect work performance, and notes that EAPs should be part of a larger company plan to promote wellness involving written policies, supervisor and employee training and other supports where appropriate.

That last point matters. **An EAP should be part of the system, not the system itself.**

Too often, employers treat the EAP as proof that they have addressed workplace mental health. A manager tells an employee to call the EAP. HR documents that the EAP was offered. The organization feels it has acted. But the employee may never call. They may call once and decide it is not useful. They may face a wait for support. They may need accommodation, leave, workload adjustment, addiction recovery support, disability management or a harassment investigation rather than short-term counselling.

That is where the gap appears. Offering an EAP is not the same as having an effective mental-health, wellbeing and accommodation strategy.

For Canadian HR professionals, the question is no longer whether an EAP exists. The better question is whether it works.

Why EAP Effectiveness Matters Now

Mental-health concerns are no longer peripheral workplace issues. They affect attendance, performance, turnover, safety, disability claims, accommodation, workplace conflict and manager capacity.

Mental Health Research Canada's 2025 workplace mental-health report found that support for stress and burnout remains inconsistent. Only 44% of working Canadians said their employer helps manage workplace stress. Although 54% said burnout is a stated priority in their organization, only 36% said they saw real programs or policies in place. The same report found that 55% of working Canadians said they benefit from a workplace wellness program.

Those numbers point to the challenge facing HR. Employees are hearing more language about mental health, but many are not seeing enough practical support. An EAP may be one of the supports they're offered, but if it is poorly understood, underused or disconnected from workplace processes, it won't carry the weight employers place on it.

A 2026 PLOS Mental Health study on barriers to EAP utilization in Canada and the United States observed that EAPs provide critical mental-health support, yet utilization remains low in both countries. The study examined barriers using natural language processing and machine learning, which reinforces a key HR point: underuse is not just a communications problem. It may reflect trust, awareness, access, stigma, relevance and employee experience.

That is why HR should evaluate EAP effectiveness the same way it evaluates other important workforce programs. Not by asking whether the benefit exists, but by asking whether employees know about it, trust it, can access it and receive support that helps them stay healthy and productive.

Utilization Alone Does Not Tell the Whole Story

The first metric most employers look at is utilization. How many employees used the EAP this year? How does that compare with last year? Is the rate higher or lower than the provider's benchmark?

Utilization matters, but it is easy to misread.

Low utilization may mean employees are doing well and do not need the service. But it may also mean they do not know it exists, do not trust confidentiality, do not understand what is covered, believe the service will not help, worry about stigma or had a poor prior experience.

High utilization may mean the organization has done a good job promoting the program. But it may also suggest workplace stress is rising, employees are struggling financially, managers are relying too heavily on referrals or the organization is using the EAP as a pressure release instead of addressing root causes.

The trend matters more than the number alone.

For example, if EAP usage rises sharply in one year, HR should ask what changed. Was there restructuring? Were workloads increased? Did the organization experience layoffs, violence, grief, harassment complaints, traumatic incidents or major policy changes? Did communication about the EAP improve? Did managers receive training? Did the provider add easier access through virtual counselling?

The answer determines whether the increase is positive, concerning or both.

Utilization should also be reviewed by category where available in anonymized aggregate form. Are employees seeking support for stress, anxiety, depression, addiction, family conflict, financial issues, legal concerns, caregiving or workplace conflict? These categories can help HR identify workforce pressures without exposing individual employees.

But utilization should never be treated as the final scorecard. It is only the entry point.

The Trust Test

The most important EAP question may be the one employers rarely ask directly: do employees trust it?

Employees may avoid the EAP because they fear their employer will know they used it. They may worry that counselling notes will be shared. They may believe contacting the EAP will affect promotions, discipline, accommodation or job security. They may not understand that the service is confidential. Or they may understand the confidentiality promise but not believe it.

This trust problem is especially important in smaller workplaces, close-knit teams, safety-sensitive industries and workplaces where mental-health stigma remains strong. If employees believe using the EAP will mark them as fragile, unreliable or risky, they may stay silent until the problem becomes more serious.

HR cannot fix this through one annual email.

Employees need repeated, clear, plain-language communication about confidentiality. They need to know what information the employer receives and what it does not receive. In most EAP arrangements, employers receive aggregate utilization data, not individual counselling details. Employees should understand that distinction.

HR should also explain limits to confidentiality honestly. If there is imminent risk of serious harm, child protection concerns or other legal obligations, a provider may have duties to act. Employees can handle that nuance. What damages trust is vague reassurance that sounds too good to be true.

The trust test can be measured through employee surveys, focus groups, benefits feedback and manager conversations. Ask employees whether they know how to access the EAP, whether they believe it is confidential, whether they would use it if needed and whether they understand what services are available.

If employees say they do not trust the service, the EAP may exist on paper but fail in practice.

The Access Test

An EAP is only useful if employees can access support when they need it.

HR should examine how quickly employees can reach a qualified person, how long it takes to get an appointment, whether support is available outside regular business hours, whether crisis support is available, whether virtual and phone options exist, whether in-person options are available where needed and whether services are accessible in multiple languages.

The federal public service EAP, for example, describes its program as free, voluntary and confidential, providing short-term mental-health support for personal or professional concerns. Health Canada also notes that EAP Chat can connect users in

real time for referral to counselling sessions, with weekday service hours and phone support outside those hours.

Private-sector employers should ask their providers similar practical questions. How does an employee reach support at 9 p.m.? What happens if someone is in crisis? How quickly can a first counselling session occur? Are employees referred externally when the issue requires longer-term therapy? Does the provider support addiction recovery? Does it have culturally appropriate counselling? Can it support employees in rural or remote communities? What happens if an employee has a poor match with a counsellor?

Access is not only about availability. It is also about fit.

An employee may technically have access to counselling, but if the counsellor lacks cultural competence, language capacity, trauma awareness or addiction experience, the support may not work. A young employee facing anxiety may need a different kind of support than an employee dealing with grief, domestic violence, substance use, eldercare stress or financial collapse.

HR does not need to know individual case details. But it should understand whether the provider's service model fits the workforce.

The Relevance Test

An EAP that worked ten years ago may not be enough for today's workforce.

Employee needs have changed. Mental-health concerns, addiction recovery, financial stress, caregiving pressure, burnout, loneliness, hybrid work strain and workplace conflict are all showing up in HR files. Employees may need support that goes beyond short-term counselling.

This does not mean the EAP has to solve every problem. It cannot. But HR should know which issues the EAP is equipped to handle and where handoffs are needed.

For example, if employees are struggling with addiction, does the EAP provide meaningful assessment, counselling, treatment navigation or referral support? If employees are facing financial stress, does the program include financial counselling or debt support? If employees are dealing with family violence, does the EAP have crisis pathways and community resource connections? If employees are experiencing burnout tied to workload, does the EAP simply counsel the employee, or does HR also examine the workplace conditions contributing to the problem?

That final question is critical. An EAP can support an employee experiencing stress, but it cannot fix chronic understaffing, poor supervision, harassment, workload overload or unclear priorities. If the root cause is workplace design, counselling alone may help the employee cope while leaving the hazard untouched.

That is why HR should review EAP data alongside other workplace indicators. If stress-related EAP use rises while overtime, absenteeism and turnover also rise, the organization likely has a work design issue, not just an individual wellbeing issue.

The Manager Referral Problem

Managers often use the EAP because they do not know what else to do.

An employee is crying in a meeting. A worker discloses anxiety. Someone says they are overwhelmed. A team member appears to be struggling with alcohol or family breakdown. The manager wants to help but is afraid of saying the wrong thing. So they say, "You should call the EAP."

That may be appropriate, but it is not enough.

Managers need a protocol that defines their role. They should notice workplace behaviour, speak respectfully, avoid diagnosis, offer support, refer to appropriate resources and escalate to HR when accommodation, safety, leave, performance, harassment, violence, addiction or crisis concerns may be involved.

Without that protocol, the EAP becomes a way for managers to exit difficult conversations.

This creates risk because some situations require more than a referral. If an employee discloses a disability-related need, HR may need to consider accommodation. If an employee appears impaired in a safety-sensitive role, immediate safety steps may be required. If an employee reports harassment or violence, the employer may need to investigate. If an employee expresses suicidal thoughts or risk of harm, emergency protocols may apply.

The manager should not be expected to solve these issues alone. But they must know when the EAP is appropriate and when HR must be involved.

EAP providers often offer manager consultation services. HR should evaluate whether managers know those services exist and whether they use them appropriately. A manager consultation line can be valuable when a supervisor is unsure how to support an employee, but it should not replace HR oversight for legal or safety-sensitive matters.

The Accommodation Connection

EAPs and accommodation processes often overlap, but they are not the same.

An employee may use the EAP for counselling while also needing modified duties, schedule changes, leave, return-to-work planning or other workplace accommodation. The EAP may help the employee stabilize, but HR still has to manage employment obligations.

This distinction is important because employers sometimes treat an EAP referral as the accommodation response. It is not. Offering counselling does not necessarily address a disability-related barrier at work.

For example, an employee with anxiety may need temporary workload adjustment, meeting modifications or a gradual return from leave. An employee in addiction recovery may need time for treatment appointments, temporary removal from safety-sensitive duties or a structured return-to-work plan. An employee dealing with depression may need modified hours for a period based on medical information.

The Canadian Human Rights Commission’s workplace accommodation guidance states that federally regulated employers have a duty to accommodate employees’ needs related to protected grounds under the Canadian Human Rights Act. CCOHS also explains that accommodation must be assessed case by case for disability-related needs.

An EAP can support the employee personally, but HR must still assess workplace restrictions, functional limitations and reasonable accommodation.

This is one of the biggest evaluation questions: does the EAP integrate with the organization’s disability management and accommodation process in a way that supports employees without breaching confidentiality?

The answer should not be that the provider shares clinical details. It should be that

HR understands how EAP referrals, disability claims, leave processes, benefits, return-to-work planning and accommodation supports connect at a process level.

The Outcome Test

HR should ask whether the EAP is associated with better outcomes, but it should be realistic about what can be measured.

Because EAP services are confidential, HR will not and should not receive individual clinical outcomes. But aggregate and indirect measures can still be useful.

HR can examine whether employees report awareness and trust in the program. It can review utilization trends and issue categories. It can ask providers for aggregate satisfaction data. It can compare timing of EAP communications with usage patterns. It can look at whether manager consultation services are being used. It can examine whether EAP promotion after difficult workplace events leads to appropriate uptake.

HR can also compare EAP trends with broader workforce indicators such as absenteeism, short-term disability claims, turnover, workplace complaints, accommodation requests, burnout survey results, engagement scores and manager confidence.

The goal is not to prove that every EAP interaction prevented a leave or saved a job. That would be unrealistic. The goal is to understand whether the EAP is functioning as an accessible and trusted support within the broader HR system.

For example, if employees report low trust in confidentiality and utilization is also low, HR has a communications and trust problem. If utilization is high for stress while workload scores are deteriorating, HR has a work design problem. If managers rarely use consultation services but report feeling unequipped to handle mental-health concerns, HR has a training problem. If employees say they do not know how to access help, HR has an awareness problem.

These are actionable findings.

What HR Should Ask the EAP Provider

EAP providers should be evaluated like strategic partners, not passive vendors.

HR should ask for anonymized aggregate reporting on utilization, issue categories, access timelines, service channels, employee satisfaction, referral patterns, manager consultation usage, crisis response, language coverage, geographic coverage, digital access and family member use where available.

HR should ask how confidentiality is protected and how this is explained to employees. It should ask whether counsellors are licensed or appropriately credentialed, how provider quality is monitored, and how employees can request a different counsellor if the fit is poor.

HR should ask about addiction support, trauma-informed care, family violence resources, financial counselling, legal referrals, grief support, caregiving support, workplace conflict support and culturally responsive services.

HR should ask how urgent cases are handled. What happens when someone is in crisis? What happens after hours? What happens if an employee needs longer-term treatment? What referral network exists?

HR should also ask how the provider supports managers. Are manager consultations available? Are they included in the contract? What guidance is given to managers? How

does the provider avoid giving employment advice that conflicts with HR policy or legal obligations?

Finally, HR should ask about reporting cadence. Annual reporting may be too infrequent. Quarterly reviews may allow HR to spot trends earlier.

The provider should be able to answer these questions clearly. If it cannot, HR may not have enough information to evaluate the program.

The EAP Effectiveness Scorecard

A practical EAP effectiveness scorecard should measure seven areas.

1. **Awareness** asks whether employees know the EAP exists, what it covers, who can use it and how to access it. If employees do not know the basics, the program will be underused.
2. **Trust** asks whether employees believe the service is confidential and safe to use. If employees fear career consequences, they will avoid it.
3. **Access** asks whether employees can get timely support in the format, language and location they need. A benefit that is technically available but difficult to access will not help enough.
4. **Relevance** asks whether the EAP addresses the issues employees are actually facing, including burnout, addiction recovery, financial stress, caregiving, grief, family conflict, workplace stress and crisis situations.
5. **Integration** asks whether the EAP fits with HR protocols for accommodation, disability management, return to work, crisis response, workplace violence, harassment, substance use and manager escalation.
6. **Outcomes** asks whether aggregate data suggests the program is helping employees and supporting broader workplace goals. This may include satisfaction, utilization trends, reduced escalation, better awareness or improved manager confidence.
7. **Governance** asks whether HR reviews the program regularly, challenges the provider, communicates findings appropriately and adjusts the broader workplace strategy based on what the data shows.

This scorecard moves the conversation away from “we have an EAP” toward “we know whether our EAP is doing what employees and the organization need it to do.”

Where EAPs Often Fall Short

EAPs often fall short when organizations over-rely on them.

An EAP can help an employee process stress, but it cannot fix a toxic manager. It can provide short-term counselling, but it cannot replace accommodation. It can offer addiction resources, but it cannot build a safe return-to-work plan by itself. It can help employees deal with financial stress, but it cannot correct pay compression or chronic underpayment. It can support employees after a traumatic event, but it cannot replace a proper workplace violence or harassment response.

This is why HR should be cautious about using the phrase “we offered the EAP” as if it closes the file.

Sometimes it is a good first step. Sometimes it is a necessary support. But in many cases, it is only one part of a larger employer response.

The real question is: what else does the workplace need to do?

The Legal and Ethical Risk of Over-Reliance

Over-relying on the EAP can create legal and ethical risk.

If an employee discloses a mental-health disability and the employer only refers them to the EAP without assessing accommodation, the employer may fail to meet its human rights obligations. If an employee reports harassment and the employer suggests counselling but does not investigate, the employer may fail to meet its workplace harassment obligations. If an employee is impaired in a safety-sensitive role and the manager only suggests the EAP, the employer may fail to address immediate safety risk.

This does not mean the EAP is irrelevant in those cases. It may be helpful. But it cannot replace the employer's own duties.

HR should build decision rules that clarify when EAP referral is enough and when it is not. If the issue is general stress and the employee is seeking support, referral may be appropriate. If the issue affects attendance, safety, disability, performance, workplace conflict, harassment, violence, addiction or return to work, HR should assess additional steps.

That distinction protects employees and employers.

How to Reposition the EAP Internally

Many employers need to reposition the EAP from a hidden benefit to an integrated support.

That starts with communication. Employees should hear about the EAP regularly, not only during crisis moments. Communications should explain confidentiality, services, access options and family coverage where applicable. They should use plain language and real-life examples.

For example, instead of saying, "Remember to use the EAP," HR can say, "The EAP can help with stress, grief, relationship concerns, addiction support, financial questions, caregiving pressure and short-term counselling. The employer receives aggregate usage reports, not individual counselling details."

Managers also need training. They should know how to refer employees without sounding dismissive. "Call the EAP" can feel like a brush-off. "I'm sorry you're dealing with this. The EAP is one confidential support available to you, and I can also connect you with HR if you need workplace support or accommodation" is much better.

HR should also align EAP communication with moments when employees may need it: organizational change, traumatic incidents, layoffs, busy seasons, holidays, financial stress periods, school transition periods, safety incidents or after a difficult workplace event.

The EAP should be visible before people need it.

The Bigger System Still Matters Most

An effective EAP is valuable, but it is not a substitute for a healthy workplace.

If employees are burned out because workloads are impossible, the EAP may help them cope but won't solve the workload problem. If employees are anxious because a manager bullies them, counselling may help them process the harm but won't remove the source. If employees are financially stressed because compensation is not competitive,

financial counselling may provide tools but won’t fully address the employment issue. If employees feel unsafe reporting concerns, the EAP cannot fix the reporting culture by itself.

This is why EAP data should feed into broader HR strategy.

If aggregate EAP usage shows rising stress, HR should examine workload and staffing. If family and caregiving issues are increasing, HR should examine flexibility and leave supports. If financial concerns are common, HR should review compensation communication, benefits education and financial wellbeing supports. If workplace conflict appears frequently, HR should look at manager training, psychological safety and complaint processes.

The EAP can be an early warning system. But only if HR pays attention and acts.

The HR Takeaway

An EAP should never be the sentence HR uses to end the conversation.

It should be one doorway into a broader workplace support system that includes manager training, accommodation, disability management, return-to-work planning, psychological health and safety, harassment response, addiction recovery support, workload review and respectful workplace culture.

For Canadian HR professionals, evaluating EAP effectiveness requires more than checking the invoice or reviewing annual utilization. It requires asking whether employees know about the program, trust it, can access it quickly, find it relevant and experience it as part of a credible support system.

The best EAPs help employees before problems become crises. They support managers without making managers clinicians. They connect employees to care while preserving privacy. They provide HR with aggregate insight without exposing individual users. They complement, rather than replace, the employer’s legal and operational responsibilities.

If your EAP is rarely used, employees may not need it. Or they may not trust it.

If your EAP is heavily used, employees may value it. Or they may be signalling that deeper workplace problems need attention.

Either way, HR needs to know.

Because in 2026, simply having an EAP is not enough. The real question is whether it is accessible, trusted, integrated and effective enough to support the workforce you actually have.