



Effectiveness of Employee Assistance Programs in managing psychological harm related to workplace stressors

Introduction

Workers the world over are under greater pressure than ever before to meet the demands of modern working life. (Forastieri, 2016) The level of control over work, the level of social supports in the workplace, the emotional demands of the job, traumatic events, violent events, role ambiguity, role conflict, meaningfulness of work, workload demands, long working hours, and new and changing technological advances are all common psychosocial hazards. (Safe Work Australia, 2019)

Research indicates that the relationship between work related stress and both physical and mental health disorders is consistent. (Forastieri, 2016)

Employee assistance programs (EAPs) seem to be a workplace panacea, attending to both personal and professional issues to enhance outcomes for employees and organisations. (Beulah Joseph, 2017) EAPs are considered beneficial approaches to reducing absenteeism, controlling health care costs, improving productivity, and retaining workers. (Vanessa Azzone, 2009)

EAPs in workplaces are still one of the most popular methods of mitigating psychological harm arising from workplace stress, yet 7,200 Australians were compensated for work-related mental health conditions between 2014-2015, costing approximately \$543 million in workers' compensation. (Safe Work Australia, 2019)

This raises the question; ***just how effective are EAPs in the mitigation of work-related psychological harm?*** This study seeks to find the answer.

Method

To conduct my research, a systematic review was undertaken to critically assess the effectiveness of Employee Assistance Programs in the mitigation of psychological harm, where work related stressors are present.

To begin the review, a database systems search was conducted, the search was refined to peer reviewed, full text materials. The data was sourced through the CQU Library, PubMed and the Ebscohost databases.

The criteria for the documents selected for the review included;

Criteria 1 – Document title to refer to Employee Assistance Programs (EAPs)

EAP program reference was the catalyst for this review in order to determine the programs effect on work related stress management

Criteria 2 – All studies must refer to work related stressors or harm

The aim of this systematic review was to look at stress and workplace interventions. Any documents that referred to stressors outside of the work setting would be counterproductive and were removed from the review materials.

Criteria 3- Titles that included work related psychological harm and psychosocial risks

As the focus of this study is to highlight the workplace supports (EAPs) effectiveness in assisting to mitigate the psychological injury aspects of work-related stress, it was expected that any work-related mental harm and burn out would point to the work-related support structures and potentially reference EAPs.

Criteria 4 – Titles that included resilience and work-related psychological distress and mental health

This criterion was included to capture where EAPs may be in use or could be used to help build resilience to psychological harm through work related stressors.

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A total of 76 peer reviewed documents were returned from the search criteria, from which 30 best meet the criteria established.

The majority of the papers selected had more than one of the selection criteria in the title or topics within the article. A breakdown of the 30 selected papers is as follows; 9 papers have EAP directly in the title, 3 had reference to workplace counselling, 11 cited work-related stress, burnout or psychological/psychosocial risk, 5 had work related mental health in the title and 2 had headings about workplace support and interventions to trauma and/or stress.

The excluded papers, although referring to the overall topics did not meet the key criteria; specifically, the relationship to workplace supports such as EAPs and work stress which was the main focus of this review.

It is understood that there is often a combination of personal and work-related difficulties that attributes to workers seeking psychological support at work. (Chrysostomos Athanasiades, 2008) Despite EAPs offering counselling for both personal and work-related stressors, this review has been structured to focus solely on work related stressors.

About Employee Assistance Programs (EAPs)

Employee assistance programs are an employer funded resource offered to workers and, often, to their families with a focus on short term counselling directed at personal, family and work-related problems that might then interfere with worker performance and/or health. (Andrea K Kirk, 2003)

EAPs originated in 1935 through the organisation Alcoholics Anonymous (AA), who attempted to assist businesses with the long-term treatment of alcoholism by introducing the concept that alcoholism was a disease and AA designed workplace programs for support to workers to reduce the impacts of alcohol dependence on both staff and the employer. (Karen Elliott, 2005)

The Australian Government was the first to fund an EAP service in Australia in 1977, that specifically targeted both drug and alcohol abuse (Andrea K Kirk, 2003) It was presumed, right up until the 1990's that substance misuse/abuse was the main problem within organisations and so this was the focus of EAPs. (Karen Elliott, 2005)

However, by the 1990's organisations began to realise that workers had to cope with a range of issues including; mental health, emotional, family, relationship/marital and work-related problems and EAP programs began to address these emerging needs and expand their counselling supports to meet industry requirements. (Milot, 2019)

Employee assistance programs are one of the most recognised organisational support mechanisms for dealing with work related psychological illness and injury, a survey was conducted in 2016 to determine how many external EAP providers there were in the world, it identified 839 EAPs with the majority operating in the United States. Australia was found to have 20 EAP programs across the country. (Attridge, 2018)

Employee Assistance programs are structured to provide counselling services, mentoring and professional development support to managers and general psychological coaching supports to all levels of an organisation.

EAPs whilst often closely associated, should not be confused with health promotion programs which seek to incorporate educational, organisational or behavioural activities to support healthy behaviours which are conducive to wellbeing (such as 10,000 steps, gym memberships and healthy lifestyle supports). (Scott MacDonald, 2008)

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Key areas of EAP usage in the work context

The provision of counselling services through EAPs has represented a major organisational response to the psychological and mental health problems reported by employees. (McLeod, 2010)

Following examination of the literature the most common work-related application of EAPs across industry were identified as follows;

Work Stress

With increasing work demands and pressures upon the workforce today it can be expected that these stressors will necessitate EAPs growth and expansion in delivery of services to find solutions for psychological difficulties in the workplace. (Chrysostomos Athanasiades, 2008)

Most commonly referenced organisational stressors include downsizing, lack of contingent work (higher prevalence of temporary and casual workers), long working hours, unrealistic or unpredictable work goals, shift work, poor communication, harassment, discrimination and bullying. (Suzanne Nobrega, 2010)

At an operational level, stressors such as excessive workloads, repetitive tasks, extreme temperatures and noise, machine paced work, and unsafe or poorly designed workstations are all contributing to the psychosocial work-related injuries and illnesses we are facing today. (Suzanne Nobrega, 2010)

One study goes so far as to mention work related stressors, coupled with socio economic conditions as being directly linked to the high number of male suicides within the construction industry. (Alison Milner, 2017)

Stress was found to be the highest presenting issue to EAP counsellors (Vanessa Azzone, 2009) There is extensive evidence that work-related stressors are having a seriously detrimental effect on individuals, their families, the community, and industry as a whole.

Psychological Trauma

A traumatic event is one in which “the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others”, that results in an emotional response involving “intense fear, helplessness, or horror”. (Sheena Bance, 2014)

There are many workplaces where traumatic events can occur, by suggestion of statistical data those occupations with the highest incidents of psychological trauma include defence force members, fire fighters and police, schoolteachers, health, and welfare support workers. (Safe Work Australia, 2019)

Post-traumatic stress and psychological trauma is, nevertheless, widespread in many diverse occupations, any individual, in any workplace may at some time experience a traumatic event and suffer psychological stress related to the that incident.

For example, the literature reviewed also pointed to high incidents among transport industry drivers, clergy, and retail workers all of which was not reflected in Safe Work Australia statistical data.

Those in the transport industry cited the risk of exposure to traumatic events as extraordinarily high, severely injured individuals, mutilated corpses or body parts, cries of injured persons and the interrogation of the drivers after an incident are all psychologically traumatising. (Annika Clarner, 2015)

For those in health and community services the emotional demands of client care, interaction with dangerous and violent clients, the number of workplace violent incidents, responding to external violent incidents, emergency or critical incidents, child protection traumas, and/or the witnessing of others physical trauma and death are all acute stressors. (Maureen F Dollard, 2007)

Similarly, sexual abuse counsellors, social workers and therapists risk becoming secondarily and vicariously traumatised in their work with survivors of trauma due to the nature of their work. (Pack, 2013)

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In fact, the Health and Community Services Sector has the highest number of workers compensation claims, accounting for 20% of psychological distress claims nationally. (Maureen F Dollard, 2007)

Occupational violence is also becoming a routine work-related stressor present across a diverse number of industries, which is known to generate psychological trauma for those impacted. Occupational violence ranges from murder to intimidation, from sexual assault to verbal abuse, from armed robbery to destruction of property. (Perrone, 1999)

Literature on occupational violence is more dominant in the health and community services industry, with the number of reported incidents for workplace violence in this sector anticipated to constantly increase due to the rise in drug and alcohol abuse, mental health, and dementia. (Australia, 2019)

A variety of stakeholders—unions, employer groups, academics, occupational health and safety regulators, legal centres, and community groups, consider workplace violence as an issue of significant national and global importance. All indicators suggest that this form of violence is widespread. (Perrone, 1999)

Feeling safe, stable, and secure is at the core of an individual's health and wellbeing. (Australian Government, 2019) The notion that violence at work is a characteristic, normal feature of certain occupations, is no longer acceptable.

Employee Burnout

Work related burnout is a symptom of long-term stress exposures and leads to a state of chronic emotional and/or physical exhaustion.

Those in caring professions are most impacted by burnout, however any worker can be impacted as it is related to workplace factors such as work commitment, job involvement, job satisfaction, personal identification with the work and other psychological and social demand factors. (Katarina Putnik, 2011)

Many employees fear switching off from work, they are also more inclined to come in to work when they are sick. It is seeing workers deciding to work, for example, when on vacation, during dinner or even in bed, with the help of smart phones, laptops and tablet computers. (The Financial Express, 2013) It is this failure to achieve sufficient down-time either through real or perceived work demands that is impacting workers mental health.

Overwhelmingly, there is support in literature for the proposition that high workload demands combined with low resources leads to adverse psychological health specifically, emotional exhaustion. Burnout was cited in several studies linked to mental health, work related stress, and resilience, but specific mention of EAP frameworks in this area were lacking.

One study said its participants shared the view that exposure to stressors is acceptable for a certain period of time, and that the stressor progressed to unacceptable levels or to a negative over prolonged timeframes, meaning that workers may not realise the risk to their psychological health until facing emotional disturbance. (Medhin Selamu, 2017)

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Mental Health

According to an Australian Bureau of Statistics study, 45% of Australians between the ages of 16-85 will experience a mental health condition in their lifetime. It is estimated that untreated mental health conditions cost Australian workplaces approximately \$10.9 billion per year. This comprises \$4.7 billion in absenteeism, \$6.1 billion in presenteeism and \$146 million in compensation claims. (Beyond Blue, 2014)

This translates to about 15% of the total workforce who have a milder form of mental disorder and another 5% who have a more serious mental or psychiatric disorder. (Attridge, 2018)

Depression is a particularly significant area of psychological difficulty in relation to work functioning. Workplace counselling has been cited as being effective in bringing a reduction of symptoms of depression. (McLeod, 2010)

A systematic investigative study into EAPs notes that most EAPs are still unable to determine what constitutes quality mental health care and how such care should be measured in the workplace. (Lawrence H Gerstein, 1998)

A range of organisational implications such as lowered productivity, dysfunctional work behaviours, poor work attendance and diminished work relationships occur when a worker is struggling with their mental health, workers often experience detrimental consequences also, such as loss of employment. (Lawrence H Gerstein, 1998)

However, EAP support for those employees with existing mental health conditions who, foreseeably, could experience greater impacts of work-related stress was not established in the majority of the literature.

Substance Misuse/Abuse

Some high stress workplaces can lead to the use of drugs and alcohol as an ineffective coping mechanism amongst workers. Men are more likely than women to have substance abuse disorders, particularly the use of alcohol. (Attridge, 2018)

Substance abuse in organisations can be reflected in absenteeism, sporadic and reduced production, poor decision making and low morale of co-workers and increases in industrial injuries and incidents. (Karen Elliott, 2005)

The very origins of EAP services already highlighted the need for supports in this area. It comes as no surprise that it has been suggested in multiple studies reviewed that EAPs are in the best position to offer principal intervention by finding and treating alcohol dependant people by screening workers during EAP service provision. (Alexander J Cowell, 2012)

Also, with more and more drug and alcohol testing in the workplace, workers who have tested positive are often referred to EAPs as an intervention tactic. (Scott MacDonald, 2008) EAPs offer a wide range of services, including training and consultation with supervisors, outreach and education, short term counselling and employee referrals to appropriate services, all arguably beneficial in the management of substance abuse and dependency. (Alexander J Cowell, 2012)

Available evidence shows that men engaged in hazardous drinking who were given brief intervention through the EAP services had fewer alcohol related problems than a group receiving standard services only. (Alexander J Cowell, 2012)

It could be suggested, however, that the positive results seen in the treatment of substance abuse through EAPs is a direct result of mandatory referrals and the need for workers treatment compliance for fear of disciplinary consequences after workplace drug and alcohol testing. (Arthur, 2000)

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Most Frequently Cited Barriers to EAP Use

Knowing when to seek assistance

Negative perceptions of counselling and mental health difficulties had a discouraging effect on participants when they contemplated seeking psychological support. (Chrysostomos Athanasiades, 2008)

One of the main barriers to accessing EAP programs is the lack of individuals ability to recognise their need for assistance. Commonly, the decision to seek assistance and access EAP is likely only to occur once the ability to deal with the physical symptoms of stress becomes such that they cannot function. (Katarina Putnik, 2011)

Many of the studies from the health and community services sectors noted “heroic behaviours” as a barrier to help seeking; it was found that workers were hindered by a strong sense of work responsibility and dedication to work, thus help seeking was often postponed. This coupled with a denial of personal vulnerability meant that help seeking often came too late to mitigate psychological harm. (Katarina Putnik, 2011)

Another profession closely linked to health and community care in the literature reviewed were that of religious clergy. The data shows the profession was split in its help seeking behaviours.

Some priests stated they were not hesitant to seek mental health services when the need arises, whereas other priests said they struggle with recognising when they needed support. (Anthony Isacco, 2014)

Men are less likely to use EAPs than women. Most studies found that younger, married, females are overrepresented among EAP users. (Vanessa Azzone, 2009)

This is further supported in another study on Fly in – Fly out (FIFO) workers that showed the lack of insight into one’s own stress as a barrier to help seeking, the study quoted one worker as saying;

“...Most blokes wouldn’t want to seek help anyway cause they don’t think there’s anything wrong with them”
(Amanda May Torkington, 2011)

Time and again, the studies are showing that those, both men and women, who are most likely to benefit from EAP services are the most reluctant to use it. (Vanessa Azzone, 2009)

Stigma and Fear

The stigma associated with help seeking is still a major barrier to EAP use across all industries. It can be said that society in general is still overcoming years of shame and denial with respect to psychological harm, illness and injury.

A worker’s decision to disclose of a mental health problem in the workplace can lead to discriminatory behaviours from managers and colleagues such as micro-management, lack of opportunities for advancement, over-inferring of mistakes to illness, gossip, and social exclusion. (Elaine Brohan, 2010)

For those in health and community services and other caring professions, it is said that the perception of their professional role, is as someone who is there to provide support and to help others, and that this fosters a belief system that they themselves cannot show vulnerability. (Maureen F Dollard, 2007)

The heroic behaviours, denial of personal vulnerability and misconceptions of EAPs lead to a fear that those needing/seeking help for work related psychological difficulties would be seen as an implication of weakness and an inability to do ones work well. (Katarina Putnik, 2011)



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This was backed up in another study that showed participants perceived those workers, who showed any type of emotional response to their jobs, were showing instability and weakness. (Medhin Selamu, 2017)

In healthcare, particularly in nursing, workers may even be socialised into not admitting feelings of strain by others in their profession. (K Mctiernan, 2015)

For clergy the stigma of seeking help was hindered by the recent sexual abuse scandal, with many reporting fears that help seeking for other work-related stressors would give rise to them being labelled as having been involved or guilty of sexual misconduct. (Christopher Alan Lewis, 2007)

Mental health stigma is a barrier to help seeking that is relevant to all people. (Anthony Isacco, 2014) In order to get better participation rates, the stigma associated with help seeking must be addressed.

Confidence in the EAP provider

A momentous amount of evidence suggests that workers concerns over confidentiality is a significant factor that affects their decisions to use EAPs.

For EAPs to offer maximum benefit to the worker, some assurance must be given that any matters discussed are dealt with in a professional manner and that any records of those encounters, will be protected. (Elizabeth F. Mistretta, 1991)

A general lack of understanding of the program's contractual relationship, leads to perceptions that EAP service providers are engaged by the organisation and that as such, workers are not the primary client of the social work services (Ramanathan, 1992) making it questionable that EAPs are a safe environment where problems can be discussed.

Workers are concerned about any potentially negative views on them by their managers and colleagues if they were to become aware that these employees were using counselling services. (Chrysostomos Athanasiades, 2008)

Employers must also consider the location of the EAP services and the perceived risk of being seen using them. This was found to be mitigated if workers thought that other employees and management were in favour of EAPs. (Chrysostomos Athanasiades, 2008)

Another barrier was a lack of trust in many EAP providers ability. Suspicions were raised in some of the literature around EAP service providers credentials to deliver quality services.

These suspicions maybe well founded; with evidence from one systematic review finding that the best mental health practitioners are often too busy or unwilling to negotiate fee reduction arrangements or bother negotiating other EAP expectations to land a contract with an employer. Consequently, the least qualified professionals may be the most likely to benefit from EAP contracts and, as a result, clients may be the recipients of an inferior form of service. (Lawrence H Gerstein, 1998)

This is further supported in another study that found that few EAP providers reported any formal training in organisational systems, or in related disciplines, such as management or industrial relations, meaning that they may not have the expertise to deal with certain work-related stressors. It detailed that those EAP counsellors who were lacking in these qualifications reported high levels of discomfort when dealing with organisational issues related to workplace systems and stressors. (Andrea K Kirk, 2003)

Proof was raised that EAP services are unregulated, of variable quality and have not been subjected to the proper evaluation and scrutiny by researchers and critics. (Arthur, 2000)

The only good news here, is that EAP providers in Australia appear to place greater emphasis on formal qualifications and training than EAP providers in other countries. (Andrea K Kirk, 2003)

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Promotion

The simple lack of workplace promotion for EAPs was another barrier to EAP uptake, with workers simply unaware that EAP services were available at their place of employment. (Attridge, 2018)

It is known that workplaces where the employers are actively promoting the services of the EAP and where the EAP staff are encouraged to provide worksite activities (such as workshops, information sessions etc) workers are more likely to engage in the services provided. (Vanessa Azzone, 2009)

The need for management engagement and support was mentioned frequently, it was found that “the single most important workplace factor is when senior leadership at an organisation, recognises and personally gets involved to help develop a work culture that is accepting and supportive of employees who are struggling with work related stress and mental health issues” (Attridge, 2018)

Leading Alternatives to EAP

Employee Assistance Through Peer Support

An important theme that emerged through this systematic review has been the concept of peer supports in place of, or in addition to EAPs. Thirteen of the studies in this review mentioned peers supports directly in relation to coping and resilience building against workplace stress.

A Peer support program is a system of giving and receiving help founded on key principals of respect, shared responsibility, and mutual agreement of what is helpful; it is about understanding another’s situation empathetically through shared experience of emotional and psychological pain. (Laura Linnan, 1996)

The idea is that peer support employees from within the organisation provide outreach with other employees to offer immediate internal support, predominantly for workplace traumatic events. Interpersonal relationships and supports within the workplace are becoming evidently more important in the management of traumatic experience, vicarious traumas and critical incident stressors. (Fantozzi, 2017)

Peer Support is referenced as being seen as a healthy coping strategy. Spending time with others, participating in activities that provide a sense of purpose and being safe to ask for support if needed has been suggested as the most effective way to mitigate distress. (Tara Powell, 2016)

Several studies from the transport industry spoke of the importance of peer support, in general, workers viewed peers (especially those who had experienced a similar event) as a fundamental source of support after a traumatic event. (Sheena Bance, 2014)

Studies involving clergy, indicated that in addition to religious coping, peer support was especially beneficial. Other priests can share common experiences and problems, and according to the clergy surveyed this placed their peers in a better position to offer advice and support. Where peer supports are used, lower levels of emotional exhaustion and depersonalisation was seen within the religious order. (Christopher G Ellison, 2009)

There is a wealth of evidence that suggests that perceived social support buffers the effect of stress, including psychological distress, depression, and anxiety. (Rae Jean Proeschold - Bell, 2015)

More research into other industries that can benefit from peer supports or where peer supports can link into EAP services is needed.

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Different workplace supports for stress mitigation

When reading the literature, a number of other coping and workplace supports were offered. These were either in replacement of traditional EAPs or used in conjunction with existing EAPs.

Religion and spirituality need also be acknowledged, over the last three decades there has been research into the association between religion/spirituality and mental health. (Vanshdeep Sharma, 2017) Religious coping and the positive associations that come from prayer, faith and congregational support cannot be overlooked.

Another study noted the reduction in stress and burnout from the companionship of owning an animal, the presence of an animal can have physical, emotional and social benefits. (Christopher Alan Lewis, 2007) Animals are used in other therapeutic programs and the link to workplace stress mitigation is something that can be investigated further. This may indicate why pets in the workplace policies are becoming more common.

Humour, including black humour after traumatic events was also referenced with respect to building resilience and coping with stress in the workplace. (Danielle Lamb, 2016) The old adage of always look on the bright side of life comes to mind here; and it coincides with trends in hosting laughing groups and workshops which may be another way this humour can be incorporated.

Positive effect has also been raised as a tool to build resilience and preserve mental health. The concept is about workers ability to use pleasant events to boost their mood. It is hypothesised by the authors of this study that experiencing positive emotions neutralises the difference in stress sensitivity. (N Geschwind, 2010) In some ways this points to work life balance and having something outside the workplace to look forward to.

Examining the Effectiveness of EAP

There has been tremendous growth in the offering of EAP services in many countries, (Attridge, 2018) EAPs are now firmly established as part of the Australian industrial and organisational landscape. (Andrea K Kirk, 2003)

Positives associated with EAP use

There were many studies in the literature reviewed that supported EAPs as an effective intervention and support for work related psychological harm.

For many, the results demonstrated that use of workplace counselling was associated with improvements in employee work presenteeism, absenteeism, workplace distress, work engagement and overall life satisfaction. (Attridge, 2018) Similarly, several studies cited a reduction in psychological distress, depression, anxiety and post-traumatic stress. (Milot, 2019)

The systematic review of EAPs in Australia found that 74% of employees who used the service reported that counselling had enabled them to cope better with the presenting problem, even though the problem was not resolved. This would suggest an increase in coping ability despite the stressors remaining. (Andrea K Kirk, 2003)

Another study discussed participants reporting positive aspects to help seeking, with EAPs and counselling services being helpful in dealing with mental health problems. Employees found benefit in getting a differing perspective on issues and receiving healing so they could in turn help others, and for their own spiritual and emotional growth. (Anthony Isacco, 2014)

Interestingly, one of the studies found that EAP benefits were more likely to be reported by white collar employees, rather than blue collar, lower status employees. (McLeod, 2010) This was possibly discredited though through another study that pointed out the free entitlement to counselling services in the workplace is an undeniable advantage to those lower paid employees, who, would not otherwise have been able to afford the use of professional psychological services. (Chrysostomos Athanasiades, 2008)

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For those EAPs whose focus is on drug and alcohol supports most feedback was positive, with evidence that workers using these EAPs find some personal benefits from the programs. (Scott MacDonald, 2008)

It would seem that EAPs are well positioned to help address psychological issues in the workplace and may also alleviate the economic repercussions of poor psychological health in the workplace. (Milot, 2019)

Negatives associated with EAP use

Despite the dramatic growth of EAPs in the last few years, along with employee's recognition of their purpose, those offering EAPs have continued to struggle with the issue of how to serve the afflicted worker with only 2-3% of those impaired receiving EAP services. (Lawrence H Gerstein, 1998)

It is argued by some that, in general, participation in EAP services improved productivity but did not significantly change stress levels. That those who were experiencing low or moderate stress at the time of initial contact with the EAP did not experience any statistically significant reduction of stress. (Ramanathan, 1992)

The literature related to drug and alcohol EAP counselling is contradictory, stating that, unfortunately EAPs are likely to have little impact, that the personal counselling goals are often at odds with the organisational goals in this space and that simply providing EAP services does not guarantee resolution of problems. (Karen Elliott, 2005)

Several references were made to the length of EAP supports, one study conducted over a 4-year period reported that employees were satisfied with the services they received but that the number of sessions they were allocated with their counsellor were inadequate and that they felt their sessions had been prematurely terminated. (Rick Csiernik, 2017)

This would suggest that people who need more intensive and long-term types of services would definitely suffer under the current EAP systems. (Lawrence H Gerstein, 1998)

A rather critical review suggests that stress management and EAPs have failed to deliver simply because they are superficial and treat people as if they were alike, the study accuses EAP service providers of failing to recognise that particular kinds of environments react with particular kinds of people to produce stress and does not give individualistic supports. (Arthur, 2000)

Conclusion

Whether due to a challenging market, an unfamiliar culture, or a resistant client base, EAPs have faced, and will continue to face barriers in the provision of services. (Lund, 2012)

Knowing that many workers present to EAP services with work related stressors, most of which are outside their control, strategies to work on the individual rather than the organisation seem futile.

Substantial barriers exist for EAPs to engage employers in primary prevention related to workplace stress. (Suzanne Nobrega, 2010) More needs to be done to bridge the gaps from individuals experiencing stressors to organisational interventions to address these stressors.

As an example, most organisations risk assessments still focus mainly on physical hazards and take little account for psychological hazards, such as those causing work stress, harassment or workplace violence. (Forastieri, 2016)

The literature fails to explain how the worker, supervisor, EAP providers and working environment interact to address the organisational work-related stressors.

Clearly, EAP providers must become more knowledgeable about the organisations and industry that they service in order to gain credibility with the workers. Those providing counselling must be able to deliver appropriate



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counselling interventions for the type and nature of the workforce. (Scott MacDonald, 2008) EAPs importantly need to recognise that different occupations may benefit from different interventions or a combination of support strategies.

Evidence here suggests that EAP services are helpful in the intervention and mitigation of high levels of stress but do not assist those with low to medium levels of stress and that any reduction of stress (either moderate or acute) is not long lasting. (Ramanathan, 1992)

Workplace peer support programs are designed to help participants understand and normalise common reactions to traumatic events and the stress they may be experiencing (Tara Powell, 2016) It appears to be a potentially more promising method to mitigate psychological impacts of traumatic events. More research into application outside traumatic events and within differing industry would be advantageous.

Far more work is needed to break down the stigma attached to help seeking for psychological conditions in workplaces. Organisations must do more to promote their EAPs, to adopt wellbeing policies that advocate for and voice commitment to providing mentally healthy work environments.

Leadership and senior managers must also recognise the importance of their role in supporting workers, and whilst many studies show a link to the influence of managers in mitigating work-related stress, very little about the training, the leadership or personal attributes required of them to do so effectively. This is another area worthwhile of further research.

What is clear from the literature is that a one size fits all approach is ineffective. Differing workplace cultures and attributes, employee dynamics, the varying industry settings, and environments, and finally the uniqueness of each worker mean that finding the right support systems will be challenging.

EAPs certainly have their place, however, as stand-alone programs the evidence would support that they are failing to assist with work related psychological harm.

With work related stressors and barriers to help seeking being so similar across so many diverse industries, it cannot be denied that further research is needed into the types of workplace interventions and supports available that will generate the greatest psychological benefits across all industries.



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About the Author

Emma is a multi-talented professional with 20 years' experience in occupational safety roles, she is passionate about helping businesses through the integration of safety, health, human factors, and wellness management practices to achieve safer, happier, and more productive workplaces.

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