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***Employee Assistance Programs in Ireland and the World:***

***Time for a Change***

 **An Occupational Alcoholism Programme model arrives in Ireland in 1972**

**Ireland in a small country located on the edge of Europe. In 2024 the current population is 5.38 million with 2.7 million currently at work. The corporation tax revenue from multinationals at 15% is a major contributor to the buoyant Irish economy. Ireland consists of 32 counties 26 in the Republic of Ireland and 6 in Northern Ireland. The republic of Ireland attained its Independence from the United Kingdom in 1922 and gained accession as a member of the European Union (EU) in 1972. Current population of the EU is 449.2 million and EU membership opened up new markets for Irish business to trade with twenty-seven European countries. The United Kingdom voted during the Brexit referendum to leave the EU on January 31**, 2020, at 11:00 PM GMT**.** As of 2022, accession negotiations are under way with Albania (since 2020), Montenegro (since 2012), North Macedonia (since 2020), Serbia (since 2014) and Turkey (since 2005). Negotiations with Turkey are ongoing but have effectively paused due to objections from the EU.

**The European Commission exerts influence on all EU member states**

 **The European Commission exerts considerable influence on employment legislation which impacts on employee health and wellbeing in all EU states.** The twenty-seven EU member states receive directives and regulations from the European Commission which are then transposed into national legislation in all member states. An example of how this works is contained in two pieces of Irish legislation, The Safety, Health and Welfare at Work Act 2005 which was enacted as a result of an EU directive and imposed a duty of care for employers for employee health and the Employment Equality Act 1998–2015 which places statutory obligations on companies to provide reasonable accommodation for employee with mental health disabilities. Similar laws in the United Kingdom (UK) include the Health and Safety at Work Act 1974 and associated regulations. Under this legislation employers are under a duty to manage the psychosocial risk to their employees’ health at work. There is also the duty under the Equality Act 2010 to make reasonable adjustments where people are suffering from disabilities including mental ill health.”

 **Welfare and medical services were provided by major Irish companies such as Guinness (now Diageo) for employees and their dependants. Social workers were also employed in what was described as “from the womb to the tomb services”. Many government departments also employed welfare officers. (1) At the Irish Conference Trade Union (ICTU) Conference in July 1972 the following motion was passed “Recognising that alcoholism in Ireland is an increasing social problem, that is a serious cost of loss of man - hours in industry and a potential source of industrial strife, that conference will instruct the Executive Committee to enter into early negotiations with the Federated Union of Employers (FUE), (Now Irish Business and Employers’ Confederation, (Ibec)) with a view to establishing agreed principles of procedures for the treatment of workers who are victims”. This resolution set in motion a trend of Irish companies responding to treating and rehabilitating workers with alcohol related problems.**

 **Development of the Employee Assistance Profession in Ireland**

**By 1993 the welfare officers in the government departments established a professional body, the Association of Welfare and Employee Assistance Counsellors (AWEAC) with seventy members.** Subsequently, an Irish branch of The Employee Assistance Professionals Association (EAPA) was formed and replaced AWEAC. EAPA offered the Certified Employee Assistance Professional (CEAP) credential, and this was taken up by six Irish Employee Assistance professionals. However, the EAPA Irish Branch ceased to function in 202O. The Irish EAPA branch now has eight members and in 2024 steps are underway to reform the branch

**Landmark legal judgement in the UK established employer duty of care for**

 **Injury to social workers mental health**

Emerging employment legislation as a result of EU directives heralded a change towards compliance and an increased focus on employers duty of care which was(3)highlighted in the landmark UK legal case *Walker V Northumberland Council* where a social worker John Walker sued the council after suffering a nervous breakdown due to his excessive workload .After a period of sick leave Mr Walker returned to work in 1987 and began to experience stress symptoms again and was diagnosed as being affected by a state of stress related anxiety. He suffered a second mental breakdown and was obliged to retire for reasons of ill health. He was awarded €200,000 damages. (reduced on appeal) The legal system in Ireland is similar to the UK and the Walker case established a precedent of workers to take personal injury claims against their employers for workplace stress and has been used as a benchmark for many other successful stress related claims.

**Institution of Occupational Safety and Health (IOSH) declare workplace mental a safety health issue**

Ahead of a UK Parliamentary debate on mental health first aid in workplaces, IOSH produced a briefing, setting out its position on employers’ duty to manage psychosocial risk.

The briefing was referred to during the session by the Rt Hon Norman Lamb, MP for North Norfolk, who was one of three MPs who led the backbench debate.

He said:

“Under existing law, employers are under duties to protect the mental health and wellbeing of their workforce. The Institution of Occupational Safety and Health makes that point very strongly in its brief for this debate. It makes the point that under the Health and Safety at Work Act 1974 and associated regulations, employers are under a duty to manage the psychosocial risk to their employees at work. There is also the duty under the Equality Act 2010 to make reasonable adjustments where people are suffering from some sort of disability, including mental ill health. Read a full transcript from the debate on [Hansard](https://hansard.parliament.uk/Commons/2019-01-17/debates/5CBB31E9-12AB-4FDE-9FA7-4E0134E2E7D4/MentalHealthFirstAidInTheWorkplace#contribution-A89DC88E-F857-4B98-A79D-A097E41852E5). View IOSH’s [full briefing](https://exclusive.iosh.com/mhfirstaid/?utm_source=Twitter&utm_medium=social&utm_campaign=SocialSignIn).

**The Employee Assistance Field: A Global Snapshot**

Previous attempts to address the impact of alcohol and behavioural health risks of the workforce in the mid to late twentieth century prompted the creation of the employee assistance field with various replications of EAPs. The following provides a brief look at the organizations formed to support or develop employee assistance services in key regions around the globe.

**Development of Employee Assistance in the United States**

As Employee Assistance Programs developed from the 1970s onward, they were broadened from an alcohol-exclusive focus to addressing many personal or family concerns (Roman, 1981). Referrals to EAPs shifted from primarily supervisor-directed, based on job-performance criteria, to self-referrals.

The Association of Labor-Management Consultants and Administrators on Alcoholism (***ALMACA***) was established in 1971 to represent employee assistance practitioners and the emerging profession. In the 1989 ALMACA leaders responded to the evolution in the field and renamed itself the international Employee Assistance Professional Association - ***EAPA.***

The end of the 20th century witnessed the continued development of non-critical EAP service components but necessary for competitive bids in the EAP marketplace, typically including an array of ‘work/life’ and ancillary services.

As EAP firms increased the number of counselling sessions and supplemental non-clinical services, EAP providers gradually shifted from emphasizing workplace-based, performance-focused EA services to general mental health counselling services, often resulting in reduced use of trained, certified EAP professionals in favour of outsourced networks comprised of general mental health counsellors. One consequence has been the reduction of EAP focus on workplace consultation, training, and engagement, weakening the connection with the employer and reducing the overall benefit and value of the employee assistance service.

**United Kingdom Employee Professionals Association**

Formed in 1998, United Kingdom Employee Professionals Association is a not-for-profit organisation established to represent the interests of individuals and organisations concerned with employee assistance, psychological health and wellbeing in the UK. Members include external and internal EAP providers, purchasers, counsellors, consultants and trainers working in the field of employee health and wellbeing.

Similar to the U.S., the UK EAPA mission is to promote the highest standards of practice and the continuing development of employee assistance programmes (EAPs) in the UK and the Association exists to:

* Support and promote the EAP industry in the UK.
* Promote the development of the employee assistance profession.
* Develop, maintain and apply standards of practice, guidelines and a code of ethics to members.

The UK EAPA adapted the EAPA global standards to the local UK market, and currently offers the only credible set of standards for UK-based EAP providers.

The Association seeks to represent the UK EAP industry to government and other professional bodies and actively takes part in consultation and as providing commentary to the media on mental health and work-related issues.

**The Employee Assistance European Forum (EAEF)**

The EAEF was formed in September 2002 to serve as the ‘voice for EA professionals in Europe.’ Participation in the EAEF is currently reported to include over 60 EA professionals drawn from 23 countries

The EAEF functions primarily to provide networking opportunities for EA professionals, and to guide the development of EA training and development programmes for EA practitioners.

Other reported goals of the EAEF include identifying and implementing market relevant research programmes, and to develop communications programmes to create/raise and maintain awareness for the scope and benefits of quality driven, market relevant EA work.

**EAPA South Africa (EAPA-SA)**

EAPA-South Africa affiliated as a Branch of EAPA International in 1997. According to its website, EAPA-SA “provide(s) leadership, strategic direction, professional development and oversight of Employee Assistance practice in South Africa through administration of standards and ethics for practice.”

EAPA-SA currently lists ten active chapters across the various provinces of South Africa. The organization states that it “is governed by strict principles and takes the form of individual, service provider or associate membership. Members are expected to practice according to the national standards and ethics and to participate in continuous professional development.”

EAPA-SA is recognized by the South Africa Qualifications Authority (SAQA) as “a professional body constituted to represent and/or regulate a recognized community of expert practitioners…” with four registered professional designations.

**Employee Assistance Professionals Association of Australia (EAPAA)**

EAPAA is self-described as the “peak Australasian body representing

provider and user members that supply ‘Employee Assistant Programs’ in

the workplace.” EAPAA also states that *“In co-operation with employees*

*and management, EAPAA members’ primary objective is to provide the*

*most effective employee assistance services to individuals and their*

*families suffering from personal or work-related problems, which*

*negatively affect their work and wellbeing.*

Similar to the other national and regional employee assistance member

organizations noted above, EAPAA seeks to:

* define professional and ethical standards in EAP provision
* to provide information and advice to organizations with regards to standards of program design and operations
* to promote the concept and implementation of EAPs throughout Australasian organizations
* to support, provide research, development and training within the EAP profession
* to provide a forum for networking within the EAP community

**Asia Pacific Employee Assistance Roundtable (APEAR)**

Formed in 2003 and similar in focus to the Employee Assistance European Forum, APEAR is a regional network of employee assistance providers and professionals who are dedicated to promoting the development and use of EAPs in the Asia-Pacific region, and serves as a regional forum ‘promoting and guiding the highest standards of practice across the field of Employee Assistance for providers, practitioners and purchases of services.’

APEAR engages in joint initiatives and collaborations with organizations likes EAPA and the EAEF to host conferences and education programs for employee assistance professionals.

**Are Global Employee Assistance Services Meeting Current Needs?**

Recent Industry reports identified significant changes affecting workplace mental health. According to employee surveys, increased workplace demands in the post-Covid economy have resulted in higher levels of employee stress and increased use of recreational drugs. One report from the U.S. indicated that 4% of workers experienced at least one mental health challenge over the last year. Employee assistance and employee support service providers are transforming service delivery with the use of AI and digital mental health services. At the same time, employers across the globe are increasing support for workplace mental health programs while demanding greater value on investment in these programs.

Despite high EAP adoption rates of 90-97% among large and mid-size employers, many traditional employee assistance programs - even those utilizing a variety of delivery options - fail to effectively connect with employees in significant numbers. HR Executive (2024) and Forbes magazine (2022) in an article titled “*Why most EAPs Don’t Work”* addressed the low utilization of current programs across multiple industries and continents, citing “dismal use” of only 5-10% annually. Key factors for the decline included concerns regarding confidentiality, lack of program awareness, access barriers, and provider quality, among others.

As the following paragraphs will note, the employee assistance profession, particularly among the European countries, is in danger of losing relevance. Meeting the mental health and wellbeing needs of current and future workforces require a different “new-old” approach, i.e., re-connecting with the workplace.

As noted in a 2022 research study (Bouzikas) that evaluated the effectiveness of Employee Assistance services, expected improvements in employee psychological health and wellbeing were noted when the programs were linked to organizational health and safety programs. The study reported that *“the most beneficial effects in reducing psychological distress were found when employees were in high “psychosocial safety climate(s)” in the workplace.” “If (employee support services) focused on improving PSC then we should begin to see clear benefits …for employee psychological health and wellbeing via both individual and organisational pathways*.”

The future success of EAPs or Employee Support Services in Ireland and the other EU states will be driven most effectively by returning to a workplace-focused model that integrates with a compliance- based health and safety approach.

**European Aviation Safety Regulator** **calls for** **Psychological Screening for Airline Pilots**

The future of EAPS in Ireland and the other EU states will be driven by a compliance-based safety approach recommended by the European Commission and the Institution of Occupational Safety and Health (IOSH). EU Transport Commissioner Violeta Vulc ordered a review after a German Wings plane, an Airbus A320, on a flight from Barcelona to Dusseldorf crashed in the French Alps. All 144 passengers and the crew of six were killed. They investigators found that on the day of the accident, the co-pilot was unfit to fly. However as neither he, any of the doctors he attended, colleagues or any family members had informed the authorities of his mental condition, no action could be taken to prevent him from flying. A task force set up after the disaster has recommended improved psychological screening for new pilots to reduce the risk of a similar tragedy. Led by the European Aviation Safety Regulator, the panel of experts has called for the introduction of random drugs and alcohol testing of pilots and better oversight of the Doctors responsible for their regular mental health checks. This will have implications for all involved in the aviation industry in the EU.

 **From Employee Counselling to Compliance**

The Employee Assistance Profession in Europe has not kept pace with developments due to an overemphasis on employing counselling by purchasers of services and provider knowledge and experience. The term “Impostor EAP’s” is now increasingly being used to describe such services . Many managers see employee assistance programmes as a short-term counselling service which is not fit for purpose to assist employees with chronic workplace mental health problems that require assessment by mental health professionals and longer-term community-based support.

 **Employee Support Services and Employee Support Therapy – a new direction for EAP and Safety professionals**

In August of 2018 two leading international experts Maurice Quinlan, Director of the EAP Institute in Waterford Ireland and Dr Don Jorgensen, owner of Arizona based Human Factor Consulting met in the Bishops Palace in Waterford Ireland to review the current practice of employee assistance and to design a new model of Employee Support Therapy using the guidance recommended by the Institution of Occupational Safety and Health (IOSH) and the Global standard ISO 45003 for Occupational Health and Safety Management – Psychological Health and Safety at Work - Guidelines for Managing Psychosocial Risks. The work was suspended due to the Covid pandemic. Current development plans by the EAP Institute are now focused on the design and development of a suite of training courses for Safety, Occupational Health and EAP Professional in keeping with the IOSH and the IOSH guidance for workplace mental health and Safety.

IOSH produced guidance for businesses on how they can design robust systems to manage the risk of mental health issues. It highlighted that companies which utilise Mental Health First Aid (MHFA) should only have it as part of a wider system of support. The release of the guidance followed the publication of IOSH-funded research by The University of Nottingham and a subsequent roundtable held at The Institute of Directors, both of which called into question the implementation of MHFA. IOSH, have taken the lead and are declaring that workplace mental health is now a safety issue and that its members are well placed to respond. IOSH is urging its members to address the mental health issues that are now impacting the workplace by implementing structured wellbeing programmes with the following guidance:

* Think safety,
* Compliance
* Risk assessments
* Employee Support Therapy

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**Psychosocial Risks – Publication of the ISO 45003 global standard July 2021**

The new standard includes a definition of what are known as psychosocial hazards. Hazards of a psychosocial nature that have the potential for psychological and physical harm, this includes aspects of work tasks, work organisation, management, work environment and organisational conditions are referenced in the standard.

Interestingly the new standard includes well-being at work which is defined as an individual’s ability to work productively and creatively, to engage in strong positive relationships, fulfilment of personal and social goals, contribution to community, and a sense of purpose.

The new standard provides guidance on how organisations can manage workplace psychological risk by identifying the primary factors and determining what would improve the working environment. **I**SO 45003 provides guidance on the following: 1. The identification of conditions, circumstances and workplace demands that have the potential to impair the psychological health and well-being of workers 2. How to identify the primary risk factors and assess them to determine what changes are required to improve the working environment

3. Control measures to manage work-related hazards and manage psychosocial risk within an OH&S management system.

Specifically, Clause 6.1 of the draft ISO 45003 standard indicates that organisations should identify hazards of a psychosocial nature including:

Aspects of how work is organized (e.g. job control, job demands, work pace, etc.)

Social factors at work (e.g. work-life balance, bullying, harassment, etc.)

 Work environment, equipment and hazardous tasks

The standard provides plenty of more examples and details of the above types of psychosocial hazards. It also gives guidance on how to identify and assess these psychosocial risks.  The standard also addresses support issues including a specific clause on confidentiality of personal information.

ISO 45003 is designed to help organisations manage psychosocial risks as part of its ISO 45001 Occupational Health and Safety management system in a holistic way. It is not a separate management system. The ISO 45003 was published in July 2021.

**Conclusions**

Since the inception of the first Occupational Alcoholism Programme (OAP) in Ireland there have been many changes in the delivery of employee supports by employers. The main focus of Employee Assistance has centred on providing employee counselling. Safety and Equality legislation requires a structured compliance-based approach. IOSH has declared that mental health is now a safety issue and is urging its members to address the mental health issues that are now impacting the workplace with the following guidance, to think safety, compliance risk assessments, and Employee Support Therapy (EST)

The global standard ISO 45003 published in July 2021 provides guidance on how organisations can manage workplace psychological risk by identifying the primary factors and determining what would improve the working environment.

*Maurice Quinlan’s knowledge and interest in Employee Assistance Programmes (EAPs) developed when he worked with an Irish semi-state company. Following a short period studying EAPs in the U.S., he introduced the Occupational Alcoholism Programme (OAP) concept to Europe and hosted the first seminar on this topic in the Clarence Hotel, Dublin in September 1980 he also developed the first external EAP programme in 1985 in Smithwick’s Brewery Kilkenny. He is currently developing a range of online courses on Work Addiction, Employee Support Therapy, Psychosocial risks and workplace drugs and alcohol*

*Don Jorgensen, Ph.D. is the founder of a global EAP service firm, an addiction treatment centre, and Arizona-based Human Factor Consulting. Don is an author and speaker on change leadership, workplace mental health and conflict resolution. He provided evaluation and consultation services for over 100 behavioural health organizations in North America and Asia. Don* ***is a past International President of EAPA,*** *has been interviewed by media in the US, Canada, Ireland, and China, and has visited 45 countries and seven continents.*