

EAPs In The Global Workplace

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What "Back To The Future"
Can Teach Us Today!

Presented by:
Nancy Leathong &
Ron Sparrow

Agenda !

- Introduction
- Brief Evolution Story of EAPs
- Apotex & Source Line
- The "Collaboration"
- The Metrics
- What we did & didn't do so well
- What's next with the collaboration
- EAPs: Today & Tomorrow – some thoughts
- Your thoughts

History Of EAP Progress

- 1870's **welfare capitalism (WC)** were services offered to labour to mitigate various management defined problems - primarily alcohol driven but also immigration based – **how to control & handle them**
- These WC services became codified organizationally so **employees towed the line** or were gone
- They fell into decline in the 1920's because they became seen as ways to control employees just as unions began to assert themselves & began offering some social services to their members– **employees seen as human beings** versus solely capital investments
- Then the depression hits! Followed by the war!

Evolution Of EAP Progress

- 1930's saw the rise of AA – where values like **acceptance & support** were seen to produce recovery from alcohol addiction. A large number of industrial organizations bought into these beliefs reinforced by dedicated medical directors
- Labour shortage hits the market caused by WW2 and shift work increases as part of the war effort – **employee retention**
- 1940's Caterpillar & Cornell University, began to put together what was for that time a **comprehensive mental health program** that included more than alcoholism. They were joined later by DuPont, Johnson & Johnson & Kodak

Evolution Of EAP Progress

- At Chino Mines they decided that alcoholism should no longer be the sole focus when work performance deteriorates – what else is going on in the employees life? – as it applies to their job performance – **more holistic view**
- Occupational alcohol programmes OAP's were the beginnings of the modern EAP once labour organizations recognized the common values they had in common with EAPs – **preservation of the employee** as well as their job, **provide genuine assistance**, address situations which might involve formal grievances and/or other unpleasantness – **more holistic view**

Evolution Of EAP Progress

- NIAAA National Institute on Alcohol Abuse & Alcoholism
- The disease model
- Occupational programs consultants – “Dirty Thirty” augmented by the “Thundering 100” in 1972
- Formation of EAPA etc.
- Read Paul Roman's books & articles

Evolution Of EAP Progress

- Late 70's and early 80's came the rise of external EAPs as a **money making** business
- In the late 80's & 90's in the US HMO's and large insurance companies actively entered the business and EAPs began to be sold as **commodities**
- The mid 2000's possible beginnings of a shift back ? Driven by the need for an **engaged, dynamic and healthy** workforce

Evolution Of Canadian EAPs – Some Differences

- 1919 Winnipeg general strike & labour
- WW2 changed the labour market
- 1940s Bell Canada first Canadian company to initiate a OAP with other branch plant organizations following
- In 1972 Canada was impacted by NIAAA's birth & move to external \$\$ EAPs
- Universal health care impacts on EAPs

Original Values Of EAPs

- 19th century it was about primarily about **power & control** over employees
- The 30s & the beginnings of organized labour & AA begin looking to provide **human services, support & acceptance** to their members
- 40s few companies looked to support & assist their employees starting mental health services – **holistic model**
- Rise of OAPs & the start of mental health by select organizations – **disease model** moves into the workplace with US initiatives
- 80s & 90s rise of external for profit EAPs, HMOs & insurance companies – **commodities versus service**

The Source Line Story

- Around since 1991
 - Our vision & values
 - Holistic & comprehensive wellness*
 - Felt like a voice in the wilderness
 - Finding a few like minded customers
- Wellness & Work – EAP in Canada by Rick Csiernik

The Apotex Story

- Founded in 1974... 2 employees
- Today the largest Canadian owned Pharmaceutical company employing 5500 Canadians
- Manufacturing 300 generic products
- Spent over \$178 million on R&D in 2006
- Wanted excellent quality services for their employees

The Apotex Story

- Highly diversified workforce with over 60 cultures represented
- Educationally diverse from PhDs to the packing line employee
- Incredible growth spurts
- HR & Health Services - creating everything from scratch

The Collaborative Model

Initial Programme Design

- Access through health services 1996 – case by case – no advertisement – meeting the president – **both sides earning trust**
- Apotex wanted no caps on amount of help employees could access – **quality service**
- Quick access to psychiatry – **quality service**
- The Source Line team to learn the Apotex culture i.e. campus specific – **educating the vendor**
- Meeting, discussing & evaluating non confidential information & feedback – **adjusting service & learning from each other**

The Collaborative Model

Programme Evolution

- Programme became employee accessed 1999 – **proactive step taken in collaboration**
- Roll out L&L presentations of the service - **education**
- The employee committee / health & safety meetings – **engaging the workforce**
- Influencing policy (drug & alcohol, mandatory referrals, mgr/super trainings) - **education**
- Access to executive committee – **relationship building**
- Lots of organizational advertisements & EAP brochure & DVD development - **education**

The Collaborative Model

Programme Evolution

- Huge Apotex growth spurt with the **positive & negative impacts**
- Timely lunch & learns - **education**
- EAP becoming a part of the Apotex culture, assists with SAP team – early identification of **organizational issues & interventions**, addressing **cultural barriers**
- **Trust & familiarity** with the employees & the organization – service audit evaluations
- Beginning discussions around an **enhanced preventative & proactive** programme – need for real mgr/super people skills training

The Collaborative Model

Programme Evolution

- Organizational **manager training** “Enabling In The Workplace” made mandatory
- Spikes in manager consults after training sessions – **learning**
- Rising STD & LTD claims – mental health issues
- Discussion of onsite, senior mgmt. presentation – onsite begins 2004 on all campuses – easy **access & visibility**
- Promoting **early identification & intervention** of mental health problems
- Another spike in manager consults - **learning**

The Collaborative Model

Programme Evolution

- The dealing with the first ever layoffs in 2004 – **emotionally traumatic circumstance**
- Discussions about Emotional Intelligence testing & training – influencing SL thinking – **reflective discussions**
- Accessing the Harvard Mental Health screening tool – **prevention & proactive**
- HR requests Conflict Resolution interventions – **defusing contentious workplace issues**
- Organizational requests for Work Life Balance mgr/super workshops – to improve employee **collaboration & engagement?**

The Metrics

- LTD claims in the last five years - trend line still unclear – neutral
- STD claims have fallen over the five years, mental health has sometimes moved to category of other <
- Employee prescription drug utilization <
- Attrition rate versus industry <
- Utilization rate (face to face) has punched through 10% after 3 ½ years of onsite – shooting for 15% >

The Metrics

- Manager & supervisor consults continue to increase >
- HR request for conflict resolution assistance >
- Psychiatric interventions >
- Positive & personalized branding of EAP at Apotex

What Worked !

- Introduction of the full service onsite model in gradual stages – **organizational speed**
- **Good communications** with senior mgmt., employees & EAP
- SL genuinely realistically **understand & support Apotex culture** – move with it
- SL remaining respectful of Apotex by not making unrealistic demands or advising them on how to run business their business & they reciprocated – **respect & trust**

What Worked !

- **Engagement & ownership** by the Wellness, Health & Safety and Employee committee in the process of service
- Organizational **support for training** of the mandatory mgr/super Enabling training
- Interventions and discussions are **respectful and collaborative** with Health Services, H&S and HR mgmt.
- Collaborative & seasoned health services, HR and EAP teams – **respectful & trusting relationships**

What Didn't Work !

- Pushing a total programme too early – **timing & respecting customer process**
- Pushing onsite programme too early – **timing & respecting customer process**
- Need for better supporting evidence & metrics – **evaluating quality**
- Emotional Intelligence (MECIET) component as measure – **learning & shaping service**
- Not always aware of all HR policies & initiatives – **education & collaboration**

What's Next !

- Increase promotion of the holistic view of wellness in the workplace – getting word out to families as well – more **proactive & preventative**
- Continue to encourage and improve early mental health identification & intervention – **prevention & education**
- Looking to assist shift workers in their lifestyle choices and self care - **prevention & education**
- Adding part two of “Enabling” – Having the Difficult Conversations - a collaborative effort with HR - **prevention & education**

EAPs: Today & Tomorrow

- Today EAPs continue to be sold as commodities which reactively assist employees with their problems – **market driven**
- Seems to be a refocus today by some forward thinking organizations who are looking at a more **holistic, integrated, proactive & preventative** EAP/Wellness service
- These organizations also want **real mental health services** including “in house” psychiatry
- They are looking for vendors who will provide a **mental health/wellness team** to learn, be part of & understand the specific organizational culture
- Real wellness assists with Talent Management – **employee retention**

EAPs: Today & Tomorrow

- They are looking for vendors with shared & congruent values leading to **trusting organizational relationships**
- They are looking for assistance in ideas that will assist in **engaging their workforce**
- They want the onsite component the **proactive & preventative** reasons besides easier access & integration
- They want their managers & supervisors to **consult and learn more people skills** in order to better handle their jobs
- They want **collaboration** with their existing health services, HR & existing wellness initiatives

Your Thoughts, Comments or Questions !

Thanks for Listening!

Nancy Leathong
Ron Sparrow