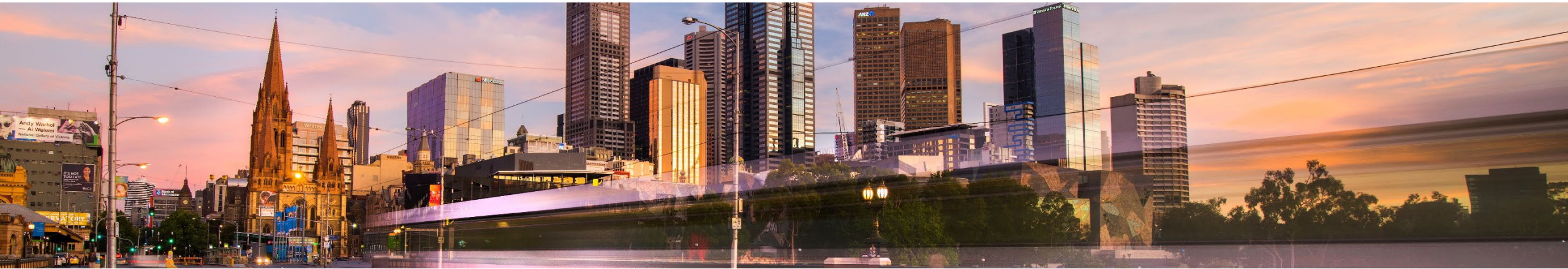


EAP Employee report



Findings from consultations with employees
about the EAP industry

A subsidiary of:

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07	Detailed findings
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Key summary of findings



Summary of findings

Employees reported various levels of awareness and understanding of EAPs, as well as methods of promotion within their organisation. Many employees noted more regular promotion would improve understanding and take-up. Furthermore, some employees described hesitations prior to access, notably in relation to confidentiality and quality of services, and it was acknowledged that these concerns could be targeted by promotions at the organisational level.

Most employees were self-referred, with a few who recalled that they were referred by manager, supervisor or family member. In general, employees perceived EAPs to be easily accessible and a good entry-point to the mental health system as they removed several key barriers to help seeking (i.e., no cost and availability).

Facilitators for access:

- Cost
- Convenience
- Timely support
- Ease of booking

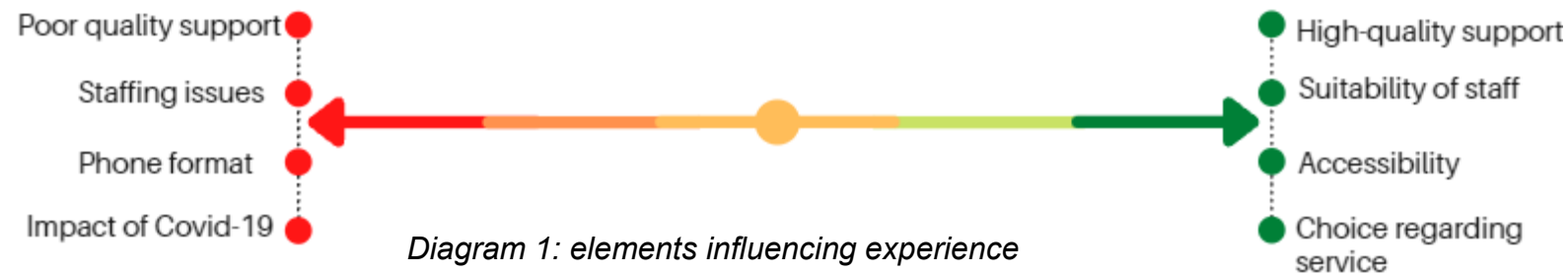
Opportunities to improve accessibility

- Greater availability outside of work hours
- Raising awareness
- Availability in non-metro areas
- Online booking system

All participants had accessed the one-on-one counselling, with low reported awareness and take-up of broader EAP offerings. Most participants reported that the service was delivered via phone, with a preference for in-person support, given this was not always feasible. Instead, employees noted that greater usage of video conferencing would be beneficial to enhance the experience. There was variation in timeframes that employees accessed the service, ranging from one-off support to issue-specific support and check ins at multiple time points.

Summary of findings continued

Overall, employees reported that EAP was a beneficial and worthwhile service, which they would recommend to others. However, employees described diverse experiences, with some that recalled positive and negative components:



Overall, employees reported that EAP was a beneficial and worthwhile service, which they would recommend to others. Employees outlined a range of benefits as a result of accessing the EAP:

Immediate benefits

- Feeling validated and heard
- Receiving initial help to deal with current challenges
- Learning healthy coping mechanisms
- Receiving professional and legal advice on workplace matters

Long-term benefits

- Creating healthier boundaries with work/life balance
- Healthier relationships
- Greater productivity, performance and confidence at work
- Greater resilience
- Greater quality of life

A few employees also indicated that EAPs had organizational benefits, notably promotion of positive workplace culture and creating a supportive and caring environment. In a few cases, employees noted that EAPs encouraged open conversations about mental health and wellbeing in the workplace.

Summary of findings cont'd



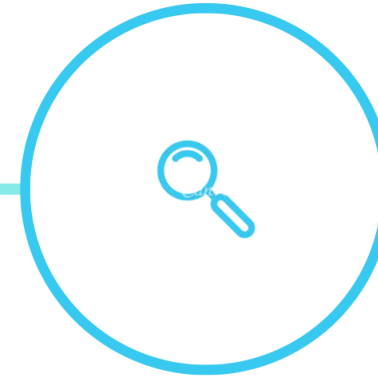
STRENGTHS

- Accessibility
- Responsiveness
- Quality
- External service



WEAKNESSES

- Awareness and understanding
- 'Tick-a-box'
- Variation in clinicians
- Locations
- Number of sessions



OPPORTUNITIES

- Tailored to employee needs
- Promotion
- Connection to other services
- Uptake of broader EAP offering

Detailed findings



Introduction

State Insurance Regulatory Authority (SIRA) has asked the Social Research Centre (SRC) to conduct interviews with employees that have accessed the employee assistance program (EAP) to better understand the EAP industry in NSW.

Prior to this, the SRC conducted interviews with industry stakeholders, with findings outlined in a separate report.

The purpose for the research is to gain insights and generate discussion amongst EAP stakeholders, including but not limited to:

- Creating awareness to better support EAP arrangements for employees
- Enabling best practice methodologies and guidance materials
- Mobilising conversations and community groups to enhance the delivery of EAP services across NSW
- Understanding how to integrate EAP services and data into organisational safety systems

This report provides high-level findings from the employee consultations.

Methodology



- Ten employees who have accessed an EAP service

- Recruited by SRC internal database and external recruitment specialists



- Online consultations via Zoom



- Interviews lasted approximately 45 minutes

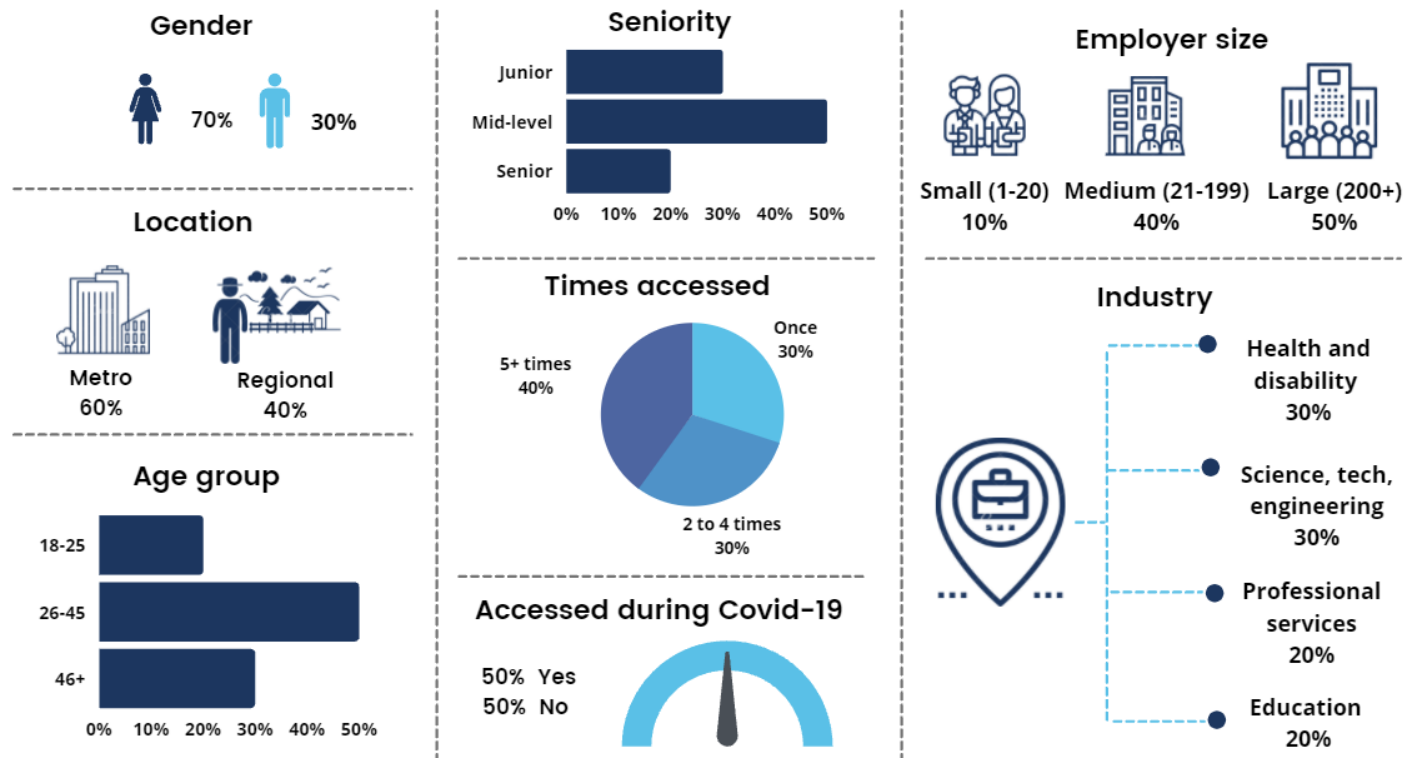
- Fieldwork conducted between 30th September and 11th October 2021

Diagram 3: summary of methodology

Sample

- Participants were recruited through the SRC’s internal qualitative research database in conjunction with external recruitment specialist (i.e., Focus People).
- Recruitment of employees who had accessed EAP services was targeted to ensure a wide range of experiences were captured. However, there was low take-up among some cohorts (i.e., males).
- Of the 10 participants, three were from a Culturally and Linguistically Diverse background and one identified as an Aboriginal and Torres Strait Islander.

Diagram 4: summary of participant demographics and characteristics:



Awareness and understanding

Employees were first introduced to the EAP through a range of mechanisms including:

- Onboarding packages at induction to a new workplace
- By a managers' recommendation
- Advertisement of the service through posting on a bulletin board, a pamphlet, or by email.

Many employees were aware the EAP offered counselling, although a number of employees reported not being aware that this counselling service extended beyond work-related issues. Moreover, there was limited awareness of EAP offerings outside of counselling, despite one acknowledgement of the wider scheme offering career and financial advice.


There was general consensus from the employees that the information available on EAP services was limited within the workplace. Although employees mentioned that if something traumatic happened at work, or any major change occurred, the EAP service would be mentioned by a senior team member in a team meeting or in an email.

A few employees perceived it to be a 'tick-a-box' service that ensured their organisation could divert responsibility for underlying issues to EAPs. As such, they reported that this was predominantly used in a reactive manner to deal with workplace issues or crisis, instead of a preventative or proactive approach to promoting wellbeing or enhance workplace culture. This suggests that more could be done to improve understanding of the breadth of reasons employees can engage EAPs.


I associate the EAP very much for work related issues, so I wouldn't have even thought to ring them at all. And if there's something at work, a problem with whoever, I would think to ring, but something happening in my personal life, I wouldn't even think to ring them. (Quote from employee, age 46+, regional)

I ended up googling and found a few different sites and things like that, which gave me a little bit more in depth as to what services they could offer. (Quote from employee, age 26-45, regional)

Promotion of EAPs



There were a range of avenues EAPs were promoted within the workplace, with this related to organisations' level of maturity and actions in place to ensure mentally healthy workplaces. Promotion mainly occurred through emails, particularly 'added on' to the end of an email concerning health promotion days (such as R U OK? day and Harmony day). In some cases, workplaces had information available on their intranet, while one employee shared that the service was often promoted in combination with monthly speakers to promote mental wellbeing. Finally, two employees reported having an EAP representative come into the office to present about EAP, however this occurred sparingly.



Many employees shared that they thought the service was inadequately promoted within their workplace and they wanted more presentations of the offerings from specific EAP staff at company, division or team meetings. One employee suggested having more posters of EAP around the office with 'little tear off details so that you can just quickly pinch' to help promote the service. The need for early promotion of EAP was highlighted by one employee to be essential to 'diffuse situations so that people don't get to those traumatic points where they need to access EAPs.'

“
I think whenever you have company or division meetings, it would be nice if HR came or had someone from EAP do a presentation, things like that, because we had someone come once and that was pretty helpful. I think with emails; a lot of the general emails, no one really reads them. They go straight to the deleted box. (Quote from employee, age 26-45, metro)
 ”

“
...it would be good if every team has someone doing a seminar maybe once a year and just talking about EAP. It's something that is a bit awkward to have your manager talk to you about, I'd say. I prefer having HR mention it, or someone coming in and talking to everyone. (Quote from employee, age 26-45, metro)
 ”

Reasons for engagement

Workplace issues were commonly stated as a reason for engagement with EAP. These included having issues with management, a traumatic incident at the workplace, and workplace bullying.

“

Just issues with one of the managers and other people were having the same thing as well. So I couldn't actually talk to my manager, cos she was the issue. And I didn't want to talk to the director because eventually it has to get out. I didn't want her to know. It was better to go through that pathway first.

(Quote from employee, age 26-45, metro)

”

Despite some initial misunderstanding that accessing EAP services were mainly for work related issues, a number of employees engaged with the service for personal reasons. These included family issues such as relationship challenges and sickness within family. One employee shared that through engagement with the EAP, they hoped they would be able to get a referral to a psychiatrist for further help.

“


I started accessing it from last year, after everything was going on, and I was one of those people who—I was like: “I'm fine; I don't need to talk this out”, so I guess it's really delivered for me a way of ... just being an outlet for thoughts; any problems that may be arising, not only in my professional life, but

my personal life. (Quote from employee, age 26-45, metro)

”

Concerns on engagement

Confidentiality




A few employees reported apprehension surrounding their managers 'finding out' they have accessed the service as a key concern upon initial engagement with EAP. For example, an employee who identified as Aboriginal shared that they were not quite sure 'how it worked' and felt 'paranoid' about the privacy and security of accessing the service, sharing that this might be a similar concern for other Aboriginal and Torres Strait Islander peoples. In addition, one employee shared that the counsellors available were employed at their workplace, and as a result they did not feel comfortable accessing the service through their own EAP, and instead utilised their partner's EAP for a wider variety of counsellors.



Taking the 'first step'

A few employees shared that it was the first time they had accessed any sort of mental health service, and as a result there was trepidation in reaching out and admitting to themselves that they needed support.

Quality of Service



Additionally, there was hesitation in the quality of service being provided coinciding with suspicions EAP would not be useful. Employees' perceptions of the professional capacity of EAP clinicians varied, with some viewing staff as qualified, experienced and equivalent to those from other mental health services. Some employees, however, reported low expectations about the qualifications and level of experience of clinicians which lead to concerns and uncertainty prior to engagement.

“I was a bit trepidatious about: I was like: “oh, God; who am I going to go see? What’s this place going to be like?” I guess I was just a bit nervous about the credentials of the people I was going to see. But yeah ... the options to access ... from memory, you can access something like two thousand counsellors, and there’s support 24 hours a day, seven days a week; I think that is really important.” (Quote from employee, age 26-45, metro)

Referral process

Employees were referred to the EAP through:

- Self-referral
- By a manager or supervisor
- By a family member or partner.

Notably, two employees shared they were referred and accessed the service through their partners' or family member's EAP membership. Separately, one employee who identified as Aboriginal, stated having the referral come from a trusted person eased the 'shame' associated with accessing a mental health service.

For the most part, employees shared that the process of accessing the EAP was simple, with wait time to initial appointment ranging from a few days to a couple of weeks. Further, there was a general understanding that the wait for an initial appointment was somewhat longer due to COVID-19, with one employee extrapolating that they 'can't cope with the amount of people trying to access it at the moment.' However, for some employees there was concern that there were no 'screening questions' to highlight the need for an immediate counselling session with no wait time.

“
...being referred through my brother and having it so accessible was a much easier and less ... terrifying route than not having access to it. I know friends who work for different companies that don't have that and they're like “what do I do? Do I—am I covered by Medicare for this? Do I go to a doctor? What do I do?”. I feel like without having access to the system, people aren't willing to jump those hurdles to find out how they can access that. (Quote from employee, age 26-45, metro)
”

“
I guess that was one bit of a hurdle, especially over the past couple of months ... I feel like it did take a while to book in a session. Which I understand: there's obviously so many people accessing at this point in time, but sometimes I felt like there was an issue that I obviously needed to deal with now, that was urgent—or I thought it was urgent, in my mind, to talk about it, and then I was like “I can't get in for another two weeks”.
(Quote from employee, age 26-45, metro)
”

Accessibility

EAP services were perceived by employees to be easily accessible and a good entry-point to the mental health system as they removed main barriers to help seeking (i.e., no cost and availability). Employees who had not previously accessed mental health support noted that they were motivated to try the service given that it was a free service, with some who held the view that their issues were not ‘serious’ enough for other services.

Key facilitators and opportunities for improvement related to accessibility have been outlined below:

- ✓ **Cost** – All employees valued the free service. For many, this allowed them to get support for issues and alternatively they would not access other services due to the costs.
- ✓ **Convenience** - EAP services were perceived to be convenient as employees could access at a time that suited them. Furthermore, the option for phone appointments improved accessibility.
- ✓ **Timely support** – Employees noted that EAPs allowed them to receive timely support to address issues, with many employees who noted wait times were shorter than other services.
- ✓ **Ease of booking** – The booking of initial and follow up appointment was perceived to be easy by many employees.

- ? **Greater availability after work hours and/or weekends** – Several employees noted challenges related to scheduling appointments that suited their work commitments, with a few who reported taking sick leave.
- ? **Raising awareness** – Low awareness impacted accessibility with some who could not find the contact number in a time of need.
- ? **Non-metro areas** – A few employees noted that improved availability in non-metro areas would be beneficial, with the perception that most services were metro based.
- ? **Online booking system** – A few suggested an online booking system would be more convenient and less confronting.

“

It's less formal; you don't need a GP referral; it does not cost you a thing; it can be conducted online without going to their office, so I guess it's just a very good entry point for people to access mental health support.
(Quote from employee, age 26-45, metro)


”

“


Yea, probably weekends, weekend availability for face-to-face providers. That would be, for me personally, that would be more suitable. Because I didn't like also having to explain where you're going as well. I just kept on taking it as sick leave. (Quote from employee, age 26-45, metro)

”


Services utilised



All participants had accessed the one-on-one counselling as part of the EAP. There was low take-up of broader EAP offerings among employees included in the research, with only one participant reporting having accessed training and mediation support delivered by the EAP. Another participant was offered crisis support given the situation, however, they stated they did not feel this was necessary and waited for the standard service.



Most participants reported that the service was delivered via phone, with only a few who had accessed in-person or via video-conferencing. Majority stated they preferred in-person support, yet they understood this was not always feasible. Instead, they noted that an option for video conferencing would be beneficial, as it facilitates greater connection and rapport building compared to phone services.



A few participants recalled that they were allowed to select their preferred approach to the format of support, staff member and/or location of support (if face-to-face) which was perceived to be best practice. Employees stated that this provided them with greater agency and improved the appropriateness of the service. This was deemed to be particularly valuable with the selection of staff (i.e. gender, cultural background and area of expertise) as this provided employees with reassurance about suitability and enhanced their experience.



That was my first phone one, which was weird. But I guess cos I was already comfortable cos I know her. But if it was someone I didn't know, I don't know how it would have gone. Maybe (the phone format is not as helpful)... Beforehand, I probably needed that face-to-face thing so I could open up a bit more. (Quote from employee, age 26-45, metro)

Extent of access

There was variation in the extent of services utilised, with participants commonly reporting three main approaches:

1. A few employees noted that they accessed the EAP once for a specific issue. For most, this issue was resolved, and they reported they no longer required support yet knew they could access the service in the future if needed.
2. Some employees stated that they received regular support (commonly fortnightly or monthly basis) for a handful of sessions (i.e., two to six). This support tended to be focused on one main issue, with most who reported that this number of session was suitable to address the issue.
3. While perceived to be a short-term focused service by most employees, there were some that accessed on a more long-term basis as they accessed issue-specific support or check ins at various timepoints when needed.

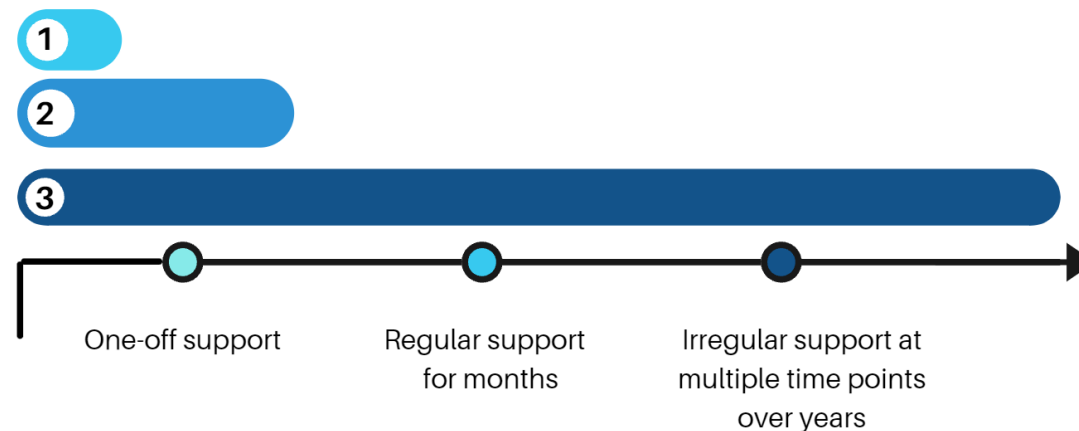


Diagram 5: access types

“It was more than what I thought it would be, actually. Cos I don’t know if I just got lucky with the provider that I chose, and I chose to do face to face instead of telephone. But I thought it was an actual counselling service that I would pay for, rather than ... and I’m glad that I decided to do it, rather than just go to my normal lady that I would go to”
(Quote from employee, age 26-45, metro)

Overview of experiences

Overall, participants range of experiences can be seen as existing along a continuum, with many participants who described their experiences as mid-range. Many participants indicated that they were satisfied with the service, which was seen as appropriate and adequate for their needs. They described mixed experiences, with some components that were useful and exceeded expectations, whereas other parts were reported to be poor or lacking.

Some participants expressed high satisfaction with the quality of support, ease of access, professionalism of staff and, in a few cases, the opportunity to make decisions about the type of support. In addition, one participant was referred to domestic violence services, which allowed for a holistic, tailored and impactful experience. A few participants perceived the quality of service to be equivalent to that of other mental health services.

In contrast, a few participants described negative experiences. This was predominantly related to the quality of services, suitability and perceived experience of clinician and/or phone format. A few participants reported poor communication, timeliness and feeling rushed which they attributed to the Covid-19 pandemic and increased demand. However, many participants noted that the negative components were not enough to deter them from accessing the service in the future (if needed) or from recommending the EAP service to others.



“The first time was good and the second time I would have preferred, maybe, not to have had it.... I just felt not heard and I think she tried to backtrack afterwards... I’ve got another one in two weeks and I feel like I don’t actually want to talk to this woman again—so it was not helpful at the time; it wasn’t helpful at all” (Quote from employee, age 46+, regional)

Suitability of clinicians

Employees' experiences with clinicians differed, with commonly reported positive and negative components summarised below:

- ✓ Professionalism
- ✓ Knowledgeable of workplace issues
- ✓ Supportive and non-judgmental
- ✓ Experienced

- ? Focused on workplace or practical issues rather than emotional issues
- ? Uncertainty regarding qualifications and experience
- ? 'Mismatch' between clinician and employee
- ? Lack of choice in clinician

A few employees who had seen multiple clinicians stated that their experiences varied dependent on the professional, with some perceived to have a more suitable approach and area of expertise.


Clinicians that were viewed as not tailored to the individual needs were reported to contribute to negative experiences that, in a few cases, were reported to harm rather than help employees.

For example, one employee that identified as Aboriginal was asked what percentage Aboriginal they were. In turn, the employee reported disengaging and feeling uncomfortable due to their lack of professionalism and cultural sensitivity. This employee accessed the service again with a different clinician, yet they emphasised the value of providing employees with an option to speak to someone that was Aboriginal, as well as ensuring clinicians were trained in culturally competency.


“ It shows to me that that person hasn't had the time or the interest in learning about Aboriginal or Torres Strait Islander cultures, and although I may not need to talk to them about blak matters right now, it does close off how I may be able to talk about it and if I'm getting asked questions about my family heritage, then I'm going to close off on other things (Quote from employee, age 26-45, metro)

“Some psychologists have been better than others: some I saw for multiple sessions; some I saw for one and thought “ok; that’s enough of that person” but I think that that hit rate would have been about as good as if I’d gone to a GP; if I’d gone ... of my own volition—it’s always a gamble if you’re going to get somebody who’s going to work for you or not, and I would say that EAP services generally have provided me with what I’ve needed and more.” (Quote from employee, age 26-45, metro)


Sharing experiences



The extent that employees discussed their experiences of the EAP services with others varied. Some reported they had shared their experience or recommended to some colleagues, friends and family, while others mentioned that they would be willing to discuss if asked directly. A few employees noted hesitation sharing their experiences, with this limited to those who were close to them. In a few cases, employees indicated that EAPs had prompted more open and honest discussions about mental health and accessing support services within the workplace.



Although some employees noted that the stigma related to mental health in the workplace had reduced, a few felt this was taboo in their organisation with limited discussion about EAP or other mental health supports.



Furthermore, employees described a mixed level of support from their manager or other senior staff members. Some employees were encouraged by managers or colleagues to access the EAP service, whereas others reported that they did not feel supported to talk openly about EAP or their mental health at work. A few employees stated that, in some situations, they felt like managers used the EAP to avoid dealing with underlying issues. This suggests that the level of support was dependent on the management approach as well as the organisational maturity.

“ I’ve told both colleagues as well as my normal friends. I was actually surprised, when I told my colleagues, I was a little hesitant to tell them, and then I found out that out of the three people I talked to, two of them have used EAP as well. (Quote from employee, age 26-45, metro)

“ It’s still a bit taboo to use it or tell other people you’re using it. I don’t hear people talking about it. When my work friend got told by her manager to use it, she got really offended. Cos they were having issues with a person in her team. And the manager, instead of doing anything, was just like, ‘Here, use EAP.’ (Quote from employee, age 26-45, metro)

“In one way, I would recommend it to everyone just so they can try it themselves. Unless they try, they won’t know. For them it might be good for one person, for another it might not be or maybe that one person that someone’s spoken to that’s had a bad experience, maybe someone else has had someone else really good. So, I definitely would encourage people to try it but I think that for someone like me I would like to see some different sort of services available and some different sorts of support mechanisms because this one probably won’t appeal to me in the future unless they change a few things.” (Quote from employee, age 26-45, metro)

Perceived helpfulness

The employees shared a number of benefits as a result of accessing the EAP, and 'peace of mind' going forward knowing these services were available to access. The nature of these benefits ranges, including:

Immediate benefits

- Feeling validated and heard
- Receiving initial help to deal with current challenges
- Learning healthy coping mechanisms
- Receiving professional and legal advice on workplace matters

“
...it's different to if you talk to your friends or your family; you actually talk to someone whose job is doing this; they can give you a different perspective, and sometimes you just need that independent, different perspective to clear your mind a bit; I think that's the most valuable take-away from it. (Quote from employee, age 26-45, metro)
”

Long term benefits

- Creating healthier boundaries with work/life balance
- Healthier relationships
- Greater productivity, performance and confidence at work
- Greater resilience
- Greater quality of life

“
I think in not only a personal sense, but definitely a professional sense, having that access through work has made me work to the best of my ability; be more productive; be more clear-headed. So, I feel like my performance at work has definitely increased from accessing it. (Quote from employee, age 26-45, metro)
”

Organisational outcomes

According to the employees, knowing that the service was embedded within their workplace made them feel like the workplace was 'more caring and supportive.' Many employees commented that the emphasis on staff's health and wellbeing helped to create a nurturing environment. As a result, it is believed that having an EAP service was one driver for positive workplace culture.

In contrast, a number of employees shared that more needs to be done within the workplace to reduce the stigma associated with accessing a mental health service, including EAP. Further, although EAP was available, a few indicated that they believed people still do not access the service out of 'embarrassment.'

One employee shared that there was a need to continue to build sustainable and transparent mental health conversations within teams and staff members in order to prevent mental health issues escalating, before EAP services are needed. The idea of a proactive approach in a workplace is a common theme shared amongst employees and stakeholders.



“The mental health of each individual will definitely impact the whole culture, so having such a programme in place (could be) preventive and supportive with an individual who needs help, and kind of doing a small bit to make sure the individual is doing ok. And then, if every individual is doing ok, then the whole bunch of individuals together, as the organisation, in theory, would have a better culture.” (Quote from employee, age 26-45, metro)

Fit within the mental health eco-system



Many employees shared that accessing EAP was an easy way to initially engage and receive support for their mental health. Therefore, the idea of EAP being an 'entry point' service aligns with views from stakeholders. However, there was limited referrals to other additional services outside of EAP, which indicates that EAPs tend to operate as a standalone offering. For example, one employee stated frustration that they had not been engaged in pathways for further help, whereas when they had accessed 1800RESPECT they received information about multiple avenues for additional support.



Many employees noted that EAPs were in line with other mental health support received. Although variations in clinicians could influence the quality of service being provided, for the most part, EAPs were deemed to be high-quality when compared with other services.



One employee shared that they thought EAP was more a 'generic' mental health service, in comparison to other mental health or counselling services that might have more 'specialised' clinicians.



"Well with 1800RESPECT they're amazing; they've helped me so many times because I can call them whenever but the thing that I don't really like is that it's a different the next appointment and know who I am, where I'm at. I know they have like millions of people calling them so there's no way they could remember you, even if you did call the same person, but I think with EAPs counselling services, I think she takes notes down as I talk so at least she can read them before I come for feel like you have more of a personal connection. And the in-person factor makes a huge difference."
(Quote from employee, age 26-45, metro)

Conclusion



Strengths and weaknesses


Overall, employees viewed EAP as a beneficial and worthwhile service. All participants, even those that had negative experiences, reported that they would recommend it to others, as it was acknowledged that EAPs had many strengths and may be beneficial to others.

Commonly reported strengths and weaknesses have been summarised below:

- ✓ **Accessibility** – Employees viewed the accessibility as a key strength of EAPs as they offer support at no cost and in a timely manner. Employees noted that some of the main barriers to help seeking were removed and, as a result, EAP services were perceived to be a good entry-point to mental health support. It was also noted to be convenient and easy to book.
- ✓ **Responsiveness** – Another key benefit was responsive and timely support. Waitlists were perceived to be shorter than other services (i.e., via Medicare). Furthermore, employees stated that they felt reassured knowing that there is support available if they ever need it.
- ✓ **Quality** – Many employees noted that EAP was a high-quality service that was equivalent to the support from other mental health services.
- ✓ **External** – Some employees valued the independent nature of the EAP services, which was external to their organisation.
- ✗ **Awareness and promotion** – Many employees recalled low awareness and promotion of EAPs in their organization. Some employees had limited understanding of EAP offering, including the broader range of services (e.g., financial support)
- ✗ **Tick-a-box** – A few employees noted that they felt EAPs were used to ‘tick-a-box’ rather than as a meaningful tool to improve employee mental health and workplace culture.
- ✗ **Locations** – A few employees reported that there could be improved availability of in-person services in regional/rural areas.
- ✗ **Variation in clinicians** – The quality of support provided by clinicians was perceived to be variable, with some perceived to be less experienced or suitable to the employee needs. One employee also noted concerns about their cultural competence.
- ✗ **Number of sessions** – A few employees felt they would benefit from greater number of sessions. A few noted that the number of sessions should be allocated according to need as it was recognised that some employees will not need services.


Opportunities and additional supports

Tailoring to employee needs




Several employees noted they would have benefited from greater assessment of needs at the initial stage as this would allow EAPs to deliver a more tailored service. In particular, employees reported that they should be able to select a clinician based on their gender, location, cultural background and area of expertise.

Connection to other services




Only one employee reported that they had been referred to another support service. This suggests that more could be done to connect employees to additional services to provide more holistic, targeted and long-term support.

Promotion



All employees expressed the need for ongoing promotion of EAP within the workplace to help minimise barriers in reaching out for help. Through specific EAP representatives coming to the workplace to share about the services and through visual reminders such as posters on bulletin boards, greater understanding could be raised around the full suite of EAP offerings available, before people require the support.

Uptake of broader EAP offering



All employees included in the research had accessed individual counselling, yet only one had received an additional service as part of the broader offering. Furthermore, only a few employees were aware that other services were available or how to access these. Further research on access and experiences of broader EAP services is required in order to draw conclusions.