Descriptive Study of External Employee Assistance Program Providers (EAP) in Japan

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Abstract: The mental health problems of employees have become a major occupational health issue in Japan. External employee assistance program providers (EAP) have become important in mental health care for workers, but their activities are poorly documented. This descriptive study was undertaken to clarify the status and future tasks of EAP in Japan. The subjects were all EAP (n=27) registered in the Japanese Chapter of Employee Assistance Professionals Association. The questionnaire survey was conducted in January 2007. We received 13 replies, a response rate of 54.2%. Most EAP provided seminars, stress checks, stress management, counseling, and support for a return to work. The number of EAP contracted with small-scale enterprises was small. EAP communicated infrequently with companies. To promote the use of EAP, their advertising, education and training of staff, accumulation of scientific evidence, development of an official certification system for staff, and improvement of contents of EAP services were cited.

Key words: Employee assistance program, Mental health, Occupational health, Small-scale enterprise, Japan

The mental health problems of employees have become a major occupational health issue in Japan. The number of workers recognized by the Ministry of Health, Labour and Welfare (MHLW) as suffering from work-related mental disorders increased markedly from less than 4 before 1998 to 852 in 2009¹⁾. The self-reported rate of severe work-related stress among Japanese workers increased from 50.6% in 1982 to 58.0% in 2007²⁾.

In order to improve these conditions, the MHLW issued comprehensive guidelines on workplace mental health care in 2006³⁾. These guidelines identify the effective use of outside resources such as external employee assistance program providers (EAP), and EAP have become very important in mental health care for workers in Japan. A

comprehensive review paper on current status and issues of EAP in Japan has been published recently⁴⁾, but the number of research papers on these issues has been still small^{5–8)}. In order for EAP to contribute mental health care of Japanese workers, more evidence based on research should be accumulated. This descriptive study was undertaken to clarify the status and future tasks of EAP in Japan.

The subjects were all EAP (n=27) registered in the Japanese Chapter of Employee Assistance Professionals Association (JCEAP) as of January 2007. With the cooperation of the association, we explained the objectives of this research to all of these EAP via mail, and asked them to provide us with their names and postal addresses. Our proposal was accepted by 24 EAP, to which we sent a questionnaire by post in January 2007.

The questionnaire comprised 13 multiple-choice questions covering four categories (Table 1): services provided by EAP (2 items), targets of EAP (3 items), the promotion

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Table 1. Contents of questionnaire

Multiple-choice questions

- 1. What kind of services does your company provide?
- 2. What kind of methods does your company use in providing services?
- 3. To whom does your company provide seminars on mental health?
- 4. Does your company provide services for non-regular employees?
- 5. What size of companies does your company has contract most frequently, second most, and third most?
- 6. What is the main reason for companies using EAP?
- 7. What is the most difficult issue for companies contracting EAP?
- 8. What kind of issues is needed to promote the use of EAP?
- 9. Does your company cooperate with contracting companies?
- 10. Why does your company not cooperate with contracting companies in case not cooperating?
- 11. With whom does your company cooperate?
- 12. Regarding personal counseling, what contents does your company report to contracting companies?
- 13. How often does your company report the contents of personal counseling to contracting companies?

Open questions

- 1. What should be done to provide EAP's services to SSE having less than 50 employees?
- 2. Express your opinion on EAP in Japan
- 3. Job category of responders
- 4. Name of the company on voluntary basis

Table 2. Association between the size of enterprise and number of EAP having a contract most frequently

Size of enterprises — (Number of employees)	Number of EAP having a contract			
	Most (1) frequently	Second most (2) frequently	Third most (3) frequently	(1)–(3)
1–49		1		1
50-299	2	3	5	10
300-999	4	6	1	11
1,000-9,999	7	2	4	13
10,000-			2	2

of EAP (3 items), and communication between EAP and contracting companies (5 items). It also included four open questions: two questions about future tasks of EAP and two demographic items. The questionnaire was sent with a stamped, self-addressed envelope enclosed. No letter of reminder was mailed.

We received 13 replies, with a response rate of 54.2%. The job category of respondents was counselors (n=4), managers or directors (4), clinical psychologists (2), sales representatives (2), and no answer (1).

More than 90% of EAP provided seminars on mental health, stress checks for employees, stress management, and counseling. Support for a return to work and stress checks for workplaces were provided by approximately 80% of EAP. Approximately 70% of EAP incorporated measures for sexual and power harassment. Services for alcohol and drug abuse problems were provided by 15%

of EAP.

Regarding methods of service provision, visiting EAP offices (92.3%) and telephone contact (92.3%) were the most widely provided, followed by visiting workplaces (84.6%) or Internet use (76.9%). Thirty percent of EAP used E-mail.

One hundred percent of managers, and regular non-managerial employees, 92% of newly employed workers, and 69% of newly appointed managers were eligible to attend seminars on mental health. Seventy percent of non-regular employees were eligible to use EAP services.

Regarding the size of enterprise with which EAP had contracts most frequently, 7 EAP had a contract with enterprises having more than 1,000 employees, 4 EAP with those having 300–999 employees, and 2 EAP with those having 50–299 employees (Table 2). Regarding second most frequent contract, 2 EAP had a contract with enter-

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Frequency	Content of reporting					
	Number of users		Content of counseling			
	Number of EAP	%	Number of EAP	%		
Every month	5	38.5	3	23.1		
Every 3 months	4	30.8	2	15.4		
Twice a year	3	23.1	3	23.1		
Once a year	1	7.7	0	0		
Total	13	100.0	8	61.6		

Table 3. Frequency of reporting by EAP to enterprises

prises having more than 1,000 employees, 6 EAP with those having 300–999 employees, 3 EAP with those having 50–299 employees, and 1 EAP with those having less than 50 employees. For the third most frequent contract, 2 EAP had a contract with enterprises having more than 10,000 employees, 4 EAP had a contract with enterprises having more than 1,000 employees, 1 EAP with those having 300–999 employees, and 5 EAP with those having 50–299 employees.

The main reason for companies using EAP was improvement of productivity (39%) and few companies cited the prevention of "karoshi" (death due to overwork) or "karo-jisatsu" (suicide due to overwork) (8%), or a decrease in medical costs (0%) or absenteeism (15%). The most difficult issue regarding companies contracting EAP was the cost to use EAP (62%). To promote the use of EAP, their advertising (85%), education and training of staff (77%), accumulation of scientific evidence supporting the services (38%), development of an official certification system for staff (30%), and improvement of contents of EAP services (30%) were cited.

All EAP reported the number of employees who used EAP services. Sixty-two percent of EAP reported the content of counseling, but EAP reporting it every month comprised 23% (Table 3). As the personnel in charge of communication with EAP, human relations personnel were cited the most (100%), followed by occupational physicians (57%) and occupational health nurses (57%).

The followings are main answers to open questions. To provide better services for small-scale enterprises (SSE) having less than 50 employees, approaches to business associations, joint use among companies, and obtaining subsidies were proposed by EAP. Regarding opinion on EAP in Japan, immaturity both EAP and companies which use it, and differences in services provided among EAP were mentioned.

This study clarified the status and future tasks of EAP in Japan. First, the number of EAP contracted with SSE

was small, and this suggests that few workers in SSE get services from EAP. Health status of workers in SSE is poorer compared to that of large enterprises⁹⁾. An advantage of using EAP in SSE is that SSE, which lack their own on-site health staff^{10–12)}, can provide their employees with mental health services. As the services of EAP are expected to promote company's mental health measures¹³⁾, EAP should consider expanding their services to SSE.

Second, EAP communicated infrequently with companies. In order to solve work-related mental health problems, timely communication between EAP and companies is essential. Communication between EAP and companies should be improved, as indicated in previous study^{4, 6, 14)}.

Third, the quality control of EAP seemed to be a problem. This may be due to the recent introduction of EAP to Japan by the MHLW in 2006. In order for EAP to be accepted by companies as reliable resources, they have to improve their services. EAP are expected to standardize their services for quality assurance through the development of favorable educational system for EAP staff⁴, ¹⁵).

This study has several weaknesses. First, the number of subjects is not large. This is because the number of EAP registered in the JCEAP as of January 2007 was small. This list may not be representative of all EAP in Japan. Second, the response rate was not so high. We could not clarify the reason for not answering the questionnaire. We should be careful in generalizing the results of this study to all EAP in the Japan.

Regarding implications of this study, mental health services for employees, especially for those who work in SSE, are expected to improve because several weakness of current EAP in Japan and issues to be improved have been clarified if these results are translated, policy and practices modified, and implemented in practice.

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