Is the Core Technology Lost in Translation in Regions with Emerging EAP Services?

| By Mi Yen Low

As EAPs expand globally, they will understandably vary in their unique aspects of practice and modes of service delivery. As a seasoned clinical psychologist with over 28 years of experience, six years serving as an internal EAP at Motorola's Asia operations, and 16 years as an external EAP provider, my focus has always been on providing core Employee Assistance services to both employees of multinational corporations and to small and medium-sized enterprises in Malaysia. Helpful to my own personal growth and professional development as an EA professional has been my involvement as a board member of the Asia Pacific Employee Assistance Roundtable (APEAR), as well as 10 years experience offering clinical and EAP supervision to new EA practitioners in Malaysia.

In this article, based on these work experiences and with input from other EAPs, mental health professionals, and human resources colleagues in Malaysia, Singapore, Thailand, Indonesia and Vietnam, I hope to shed

light on what I have seen as a lack of familiarity with and implementation of the EAP core technology in the region, while still cognizant of the struggles and limitations of delivering needed mental health services in the occupational setting. As defined, the EAP core technology represents the essential components of the Employee Assistance services, which combine to create a unique approach to addressing work organization productivity issues and employee client personal concerns.

The "Catch-22" of mental health service resources in the SE Asian region

The global Covid-19 pandemic has clearly increased our understanding of the sheer number of people worldwide who struggle with mental health conditions as well as our recognition of the importance to provide appropriate services. However, in many countries in SE Asia, before and after the pandemic, mental health remains an often-neglected area of health policy, and a serious lack of access to mental health interventions persists, especially at the workplace, leading to what some might call a Catch-22 situation. [Editor's note: A Catch-22 situation refers to a difficult or near impossible state of affairs where the solution to a problem is also the cause of the problem]. To further illustrate:

- As employers strive to regain lost momentum and productivity in the post-pandemic environment, employees are expected to work harder and smarter. Technical training designed to increase output is being emphasized without a realization that soft skills instruction and provisions for adequate mental health care are equally important. The insufficient level of mental health services offered to employees are further strained by those coping with heavier workloads and lingering stresses from the impact of the pandemic.
- As in other areas, many employees generally have a lack of knowledge of mental health interventions coupled with a high stigma towards seeking such assistance, and as a result, many who might benefit are suffering in silence, and hesitate or delay in seeking needed help.
- Across the SE Asia region, the proportionally small number of mental health professionals and community mental health services for their populations (historically limited with systemic service inadequacies even prior to the pandemic) are further inundated with increased elevated requests for care. Not surprisingly, in country mental health professionals are overloaded, struggling to deliver even a basic level of mental health services, leading to their own increased fatigue and burnout.
- Not unlike other regions, SE Asian EAP providers also often struggle to provide a quality EA product to purchasers in light of challenging market pricing practices, in which low cost often wins out over professional performance standards.

In the midst of these circumstances, it is extremely challenging to find mental health professionals with either a working knowledge of or the requisite experience to deliver EA services in accordance with EAP core technology. The dilemma for SE Asian EAPs is the reality of compromising the quality of their services (as defined by the EAP core technology) while still responding to the acute and pressing mental health needs in their countries.

You don't know what you don't know

The lack of available educational and experiential opportunities for mental health professionals in SE Asian countries to become versed with and ultimately competent in EAP core technology principles its components is unfortunate and potentially leads the uninformed and inexperienced mental health practioner to misleadingly identify themselves as an EA professional when their experience may be solely based on receiving a few ad hoc requests for mental health awareness talks and employee counseling sessions referred by an employer's human resources department.

In the past, the full spectrum of comprehensive EA services in SE Asia were usually only available as a premium employee benefit, often through multinational corporations (such as Motorola) and typically delivered via a

global EAP organization. And many of the pioneering EA professionals who staffed these programs were trained by institutions with a fidelity to the EA core technology.

During the pandemic, with its acute surge in employer demand for employee mental health care, there was a corresponding increase in some forms of "EAP-like" services. These were then provided by local mental health professionals responding to requests for worksite awareness sessions or referrals from human resource departments to provide employee counseling sessions and grief support due to Covid-19 related deaths. The desperation of local SE Asian employers with an incomplete or scant knowledge of the nuances of workplace mental health and EAP services as they rushed to procure services unfortunately has facilitated a lowering of professional standard in EA professional credentials, which reminds one of the phrase of *You don't know what you don't know* in the EAP context. This presents us with a huge professional dilemma – are we as EA professionals willing to compromise the quality of EAP services (as defined by the EAP core technology) just to get access to employers workplaces which seem interested in mental health services? And yet it is also extremely important to consider is the very real need to address, perhaps even at a basic level, what has been forecast by the World Health Organization as an impending global mental health crisis.

Suggestions for Increasing the Efficacy and Quality of EA services in SE Asia

Ideally, it seems prudent to ensure that both local EA affiliates of global EAP providers as well as those in country EAP entrepreneurs creating a domestic capacity to serve small and medium sized employers be equally committed to disseminating and facilitating professional standards to deliver a requisite quality of EAP services by recruiting mental health professionals with:

1. Graduation from an appropriate academic institution recognized by their respective mental health specialty or discipline (which can be challenging as some SE Asian countries still have not established such mechanisms).

2. Practical, relevant work experience in delivering EAP and workplace mental health services in the occupational setting (and not just working in a counselling centre with the occasional EAP referral client) to gain an understanding of workplace climate, politics, human resource, productivity and employee mental health issues; and

3. Encouraging those employed in providing workplace mental health/EAP services, to commit themselves to pursue professional trainings to initially develop, maintain and update their competency in all the eight EAP core technology areas.

Both EAPA and APEAR are committed in developing competent and effective EAP professionals through professional development initiatives addressing Employee Assistance Program Fundamentals and completing a Certified Employee Assistance Professional (CEAP) curriculum [Editor's note: See the article in this issue entitled *The Rising Sun of CEAP Development in Japan* by Dr. Kaoru Ichikawa].

In summary, the author, fully mindful of and understanding the unique challenges of providing EA and workplace mental health care in the SE Asian region, hopes this discussion can alert and motivate experienced EA professionals to join her and others to promote and render appropriate support to those in those countries with emerging EAP services.

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