

## Beyond Borders: Elevating Employee Wellbeing on a Global Scale

The following article is a summary of an interview conducted on November 27, 2024 with Emma Carpenter at **12 Weeks to Wellness**. A recording of that interview can be seen at [this link](#).

### 1. What are some of the biggest differences between EAP services in North America and those provided in other regions?

Eighty percent (80%) of EAP services outside North America are the same. However, attention to the 20% that is distinct can make all the difference in program success. The **biggest differences** include:

- availability of psychologists & social workers
- barriers to help-seeking—church, family, availability, social acceptance
- lack of reimbursement for mental health, so EAPs get more severe cases
- promotion – apps, literature, on-sites, health fairs
- country legislation—Mental Health Parity in the US is best example, Japan stress test, NOM 35 in Mexico focused on trauma and psycho/social risks, Philippines RA 11036 trying to expand community care, Org Stress audit in France, Singapore incentives to companies to incent wellness programs



In both the purchasing and delivery of global EAP, **scale** is the biggest difference. Let's back up for a minute to recognize EAPs are not well developed in much of the world.

EAPs haven't been embraced any more than behavioral health provision and reimbursement in most regions of the world. North America, Western Europe, Argentina, Brazil, Australia, South Africa, So. Korea, & Japan are all well-developed, but mental health just isn't part of the health scene in many other countries, particularly the economically under-developed. And although multinational programs are a pathway to more local programs, there just aren't the concentrations of employees in multinationals. Add to that the various languages & dialects, phone systems, social norms, and cost of living distinctions in each country, it's a challenge to **scale** a global workplace wellness business.

As such, there are clear barriers to entry on both the service delivery and the customer sides, and you see only 5-6 global providers—Workplace Options, Optum, Telus Health, ComPsych, and two relative new-comers emphasizing telehealth solutions, Lyra Health/ICAS & Spring Health—and they're consolidating regional players.

## **2. How can HR leaders ensure that global EAP offerings are culturally sensitive and resonate with employees across diverse regions?**

First, simply run a headcount by country list and inquire about services in the countries where you employ the most people. Mental health issues universally impact workforces, and you don't want countries feeling like a neglected stepchild. Second, insist on multi-language help, not only in the delivery of care—access and counseling—but the promotion, mobile apps, and self-help tools available. English may be the business language that most employees can use, but their native language is easier and available to family members who may not speak English. One great example is the [Wellbeing Hub](#) of HealthTek Creative, a plug and play tool that is affordable, white branded and configured to complement various workplace wellness programs.

There is a push to regionalize access to multinational care as a more efficient model of delivery. In a central- or regional model, intake staff may be fluent in various languages, but not in the local culture or social norms which can present an obstacle to some callers. It's one thing to be met with an unfamiliar accent when calling customer support for a tech issue or banking concern, but another matter when calling with issues as personal as relationship conflicts or depression. Employees engage better if they can relate to the assessment staff. A more efficient model can be successful, but caution must be taken to ensure local sensitivities or programs will struggle. Other steps HR leaders can take include:

- promote in multiple languages and use local reps for training and on-sites
- provide [case-specific help](#) in response to a crisis or trauma—unexpected death, violence at work, natural disaster—affecting employees
- offer expanded EAP services (legal, financial, nutritional, wellness...)
- get reporting broken out locally to identify levels of engagement
- consider adding survey questions on Behavioral Health & Wellness to annual survey

## **3. What strategies can organizations implement to assess the effectiveness of their global EAP services and continuously improve support for employee well-being on an international scale?**

The biggest challenge is to assign staff and dedicate them to holding EAPs accountable. Medtronic does a great job with this. Linda Kas, Lisa Dau, and now Jeanne Hermes have led their program and are expert themselves and understand supplier management. Once HR leadership is in place for an EAP, designate local or regional reps to meet monthly, review reports, share anecdotes, promotion ideas.

Top Management support is key—vocal testimonials or encouragement by the CEO or other senior leader can make a big difference. Further, pushing accountability to managers is a strategy that will internalize health and wellness in an organization. One of the most successful programs I've seen was at EMC based in Hopkinton Mass. They're now part of Dell, but their consultant at the time encouraged HR leaders to set up a system to encourage manager responsibility for EAP utilization. Two of their global regions added EAP participation as a factor in performance

evals. They tracked it, discussed it in monthly meetings, and predictably, strong program utilization followed—and the majority were self-referrals not supervisory referred cases.

Lastly, measure those items that will most support the purpose of your EAP. If the objective is a know-your-numbers culture of health, the best metrics may be from a Health Risk Assessment that measures smoking, nutrition, biometrics, stress, depression, and other health changes over time that contribute to overall health. If work productivity is more the objective, the Work Outcomes Suite is a great no cost tool for measuring absenteeism and presenteeism. Another helpful resource to establish program impact and value is Wellcast ROI. Other outcome and client satisfaction tools include PHQ9 for depression, Net Promoter Score, and Engagement Survey by Gallup or others. Medical cost-offset is a good measure but the data is generally unavailable data outside the US.

#### **4. Where can I look to learn more about global EAP?**

- [EAPA](#), a US-based professional association is getting more globally focused
- The sister organizations in Europe and Asia – [EAEF](#) & [APEAR](#) – are organizing a [Global EA Summit](#) next May 27 in Istanbul
- [ABQV](#) in Brazil and [EAPAA](#) in Australia are regional associations that hold conferences
- Dr. Dale Masi just released a new book on global EAP—the 5th International Employee Assistance Compendium available on Amazon
- [OSHA Europe](#) provides a great monthly newsletter
- Mark Attridge is the leading researcher in this area, and much of his work is published on the [Univ. of MD School of Social Work Digital Archives](#)