ies Report

Institute for Employment Studies

Demonstrating the effectiveness of workplace counselling

Reviewing the evidence for wellbeing and cost-effectiveness outcomes

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Institute for Employment Studies

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Acknowledgements

Contents

Executive summary

Even though there is now an accumulation of evidence to indicate that a physically and mentally healthy workforce is more motivated, productive, resourceful and resilient (in comparison to an unhealthy one), sickness absence statistics still suggest that more needs to be done to improve workplace wellbeing. The 2017 'Thriving at Work' report focussed specifically on the implications for mental health at work, concluding that the challenge here is much larger than had previously been recognised and that the issue needs to be prioritised by both the Government and employers to improve outcomes for workers living with a mental health condition. Recent policy developments have also recognised the importance of providing 'Good Work', acknowledging that the provision of good quality work can have implications for both employee health outcomes and productivity. However, progress still needs to be made in understanding what interventions may be most effective for improving mental health at work.

'Thriving at Work' made a number of recommendations to a range of stakeholders about how mental health at work could be improved, one focussing on a need to better understand and compare Employee Assistance Programmes (EAPs) and Occupational Health (OH) services. The British Association for Counselling and Psychotherapy (BACP) in their response to the review highlighted a need to match raised awareness with available support, and that EAPs and internal workplace counselling are support services through which this could be achieved. In light of the 'Thriving at Work' report, the BACP commissioned the Institute for Employment Studies (IES) to conduct a rapid evidence review looking at recent literature on workplace counselling and to convene an expert roundtable to collect the views of experienced practitioners. The aim of the resulting report is to promote an understanding of what workplace counselling is, its purpose and the evidence base underpinning its use. In addition, the report discusses the future of workplace counselling and ways that its benefits and impact can be more widely understood.

Although a range of definitions of workplace counselling could be found in the literature, there are a number of key themes present that can be used when discussing workplace counselling, which include: counselling for an issue that has been caused by, or worsened, through work; counselling to help address non-work issues (eg relationships, financial problems or other health issues), which may 'spill over' into work; counselling that is time/session limited, and counselling aimed at having a positive impact on workplace behaviour. One complexity in defining workplace counselling was the range of models identified, although those most commonly discussed (and probably those most identifiable) were internal and external workplace counselling models. EAPs were often synonymous with workplace counselling, however other models do exist and should be researched as extensively as EAPs to enhance the evidence base around them. Other questions about

defining workplace counselling were related to the core purpose of workplace counselling, to improve attendance and organisational productivity, or to improve employee wellbeing. With the policy emphasis on improving employee wellbeing intensifying, workplace counselling is well positioned as an intervention which can make a tangible contribution to this aim.

The McLeod (2008) review is still the most significant academic review of workplace counselling to date. Difficulties in undertaking academic style research in the field of workplace counselling (it is difficult to control all variables in workplace settings, for example) must be acknowledged, and this has indicated that there needs to be a degree of realism with regards to the amount and type of workplace counselling data of 'peer reviewed' quality that can be gathered. Despite this, there is a wealth of practitioner and case study evidence that workplace counselling can be effective for improving wellbeing, and participant satisfaction scores indicate the appreciation for, and value placed on, the counsellor-employee relationship. It is important to highlight that the difficulty of constructing 'case controlled' studies in workplaces should not preclude further research in the area, or greater take-up of counselling interventions among employers. Progress has been made, for example, in the development of a tool based on evidence to calculate the return on investment (ROI) of workplace counselling (EAPs specifically), which suggests that EAPs do provide a positive ROI in the majority of settings.

Reviews of workplace counselling literature suggest that workplace counselling can be effective in improving employee psychological wellbeing, and the expert roundtable suggested that improvements in how workplace counselling is evaluated should be explored to help workplace counselling gain further credibility. This is of importance especially as competition between providers is increasing (having implications for both service price and quality) and, as a result of budgetary constraints, organisations may have to make decisions based on which wellbeing interventions deliver the best outcomes (both in terms of employee and organisational outcomes). Looking forward, it may then be important to develop a more collaborative approach between workplace counselling providers, supporting a more shared practice approach, including the pooling of resources and practice resource networks. It is also important that organisations are provided with choice over which type of support and form of counselling they would like and which model supports their organisational needs.

Both the literature and roundtable evidence suggested that, if implemented and utilised effectively, workplace counselling can be positive for both employees and those organisations wishing to provide timely support which minimises sickness absence and presenteeism and maximises job retention and vocational rehabilitation. IES identified a number of future research questions which might further populate the evidence base supporting workplace counselling. These include: the need for more contemporary and high quality evidence and education about the benefits of workplace counselling for a range of clients and in different employment settings (eg workers in smaller companies); research looking at whether some models of workplace counselling are more effective than others; and an employer view of workplace counselling (to gain a different stakeholder perspective). Additionally, there is still a need for standardised definitions of terms such as

'utilisation' so comparisons between providers and improved state of the market evaluations of workplace counselling can occur. Alongside this, it may be useful to establish a minimum reporting system or dataset, through which service monitoring, outcome evaluation and comparisons across services can be conducted.

The report also discusses ways that workplace counselling might be adapted for the future. There remains an on-going debate about the pricing, quality and clinical governance of counselling services, for example. Also, with an increased demand for workplace counselling services anticipated, more counsellors with a workplace focus need to be trained to ensure an adequate supply of skills is available in the market. This is especially important as there is currently a shortage of medical trainees entering occupational health (OH), and qualified workplace counsellors could play an enhanced role in supporting workplace health interventions in collaboration with other professions (eg physiotherapists, occupational therapists). If more employees can access high quality, trained workplace counsellors through their employers, then the evidence suggests that this can be a cost effective approach to providing employee wellbeing services and improving mental health outcomes across the UK economy.

1 Introduction

1.1 Workplace wellbeing: where are we?

Just over a decade ago, Dame Carol Black wrote her seminal report '*Working for a healthier tomorrow'* (2008), which provided a range of evidence to show that good employee health is important for business, the individual, and society, and that if organisations focussed on improving workplace health this could generate cost savings for both the organisation and the government. It is now not contentious to say that a healthy workforce (compared to an unhealthy one) is more motivated, innovative, resourceful, resilient, engaged and loyal (Vaughan-Jones and Barham, 2009); attributes seen as positive in the recruitment of staff. However, organisational cultures, management styles and practices need to be appropriate to ensure that these attributes and the wellbeing of staff are maintained and developed so that organisations can maintain their strategic success. Black's (2008) review also noted that organisations need a shift in attitude to ensure that both employers and employees recognise the importance of preventing ill-health at work, with evidence provided by Buon and Taylor (2007) suggesting that successful organisations were those committed to and engaged with aiding employees manage their health problems at work.

Even with this accumulation of evidence, sickness absence statistics still suggest that more needs to be done to improve employee wellbeing at work. Recent ONS sickness absence statistics show that in 2016, 15.8 million days were lost due to mental health issues (including stress, anxiety, depression and serious conditions), amounting to 11.5 per cent of all UK sickness absence. Black and Frost (2011) reported that some sickness absence from work is unavoidable, but when it is unduly prolonged it can become damaging to the individual, employers and the wider society. Thus it seems sensible to suggest that taking steps to optimise the health of the workforce should be a logical priority.

More recently, the Farmer and Stevenson (2017) report *'Thriving at Work'* was released, focussing specifically on the implications of mental health at work, which contained some hard-hitting statistics regarding the current state of mental health and wellbeing at work, and concluded that clearly still more needs to be done to prioritise this as an issue. The main findings can be found in the box below:

Key Points from the 'Thriving at Work' report

In 2017 the 'Thriving at Work' report, an independent review into workplace mental health was published, including an analysis into the state of the mental health of the UK workforce, and recommendations for a number of key stakeholders as to how to improve the mental health of employees. The report contained a number of findings including:

- 300,000 people with long-term mental health problems lose their jobs each year, which is a much higher rate than those with physical conditions.

- Around 15 per cent of people at work have symptoms of existing mental health conditions. Those with long-term mental health conditions are much less likely to be in work, and those with a psychotic condition are less likely to be in work than those with 'common mental health' conditions, such as anxiety and depression.

- 71 per cent of long-term mental health conditions are present alongside other mental health conditions, and 25 per cent of those with long-term mental health conditions have four or more other long-term health conditions.

- There was evidence that having a mental health condition could hamper progression, as 35 per cent of respondents believed they would be less likely to be promoted if they have depression.

- Stigma was still a significant obstacle to disclosure and seeking support, as only 11 per cent of employees discussed a recent mental health problem with their line manager and 50 per cent of the employees surveyed said they would not discuss mental health with their line manager.

- Many organisations were not ensuring adequate accountability at the top level for supporting those with mental health problems, with only 11 per cent of the top companies in Great Britain disclosing information about their initiatives to support employees with mental health problems in their annual report.

- With regards to training around mental health, only 24 per cent of managers had received training on mental health at work, thus there is still a lack of basic training seen.

The report revealed the UK is facing a much larger mental health challenge at work than had been previously realised, once again highlighting not only the human costs, but the knock on effects for society, the economy, the Government and organisations. For example, it was calculated that the annual costs of poor mental health at work for employers was between £33–£42 billion (with over half of the costs coming from presenteeism – when individuals are less productive due to poor mental health in work), with additional costs coming from sickness absence and turnover. The report also noted that poor mental health costs the Government between £24–£27 billion, as a result of benefits, falls in tax revenue, and costs to the NHS. Finally, costs of poor mental health to the economy was between £74-£99 billion per year (based on an estimate of the extra output that could be created if there was not any working-age mental ill-health, meaning employees were not working at a reduced capacity or productivity at work). These costs led to the *'inescapable conclusion that it is massively in the interest of both employers and Government to prioritise and invest far more in improving mental health'* (page 5)*.*

1.2   Workplace wellbeing: the policy agenda

Workplace wellbeing has been recognised in policy as an issue that does need further consideration, and over the last two decades a number of policy documents and guidance have been produced emphasising the importance of tackling ill-health at work. For example:

- *Choosing Health* (Department of Health, 2004), was a white paper which acknowledged employers as key stakeholders in the protection and promotion of employee health and

wellbeing, also highlighting that the workplace was an under-utilised arena for promoting employee health and wellbeing.

■ *Health, work and wellbeing – Caring for our future* (Department for Work & Pensions, 2005), was a strategy placing the responsibility for wellbeing in the hands of a number of stakeholders, including employers, proposing that advice and support to enable return-to-work and increase/improve job retention should be available to all, including access to occupational health support.

As mentioned previously, the Black (2008) report propelled wellbeing further up the policy agenda, with the argument that there was a greater need to develop robust business models for measuring and reporting the benefits of any wellbeing intervention, and that evidence needs to be accumulated to help develop future business cases for implementing further wellbeing programmes. A report by Bajorek et al (2014) however concluded that despite an increased understanding of the importance of workplace health, there are still many barriers that organisations face in introducing health and wellbeing programmes, which need to be overcome if wellbeing initiatives are to have their intended outcomes.

Workplace wellbeing was once again propelled into the policy agenda in 2017, with the publication of Taylor's review: *'*Good Work: The Taylor Review of Modern Working Practices*',* with the acknowledgement that the provision of 'good quality work' can have implications for employee health outcomes and overall productivity. The report provided seven steps towards fair and decent work with realistic scope for development and fulfilment, and with regards to health and wellbeing the report said: *'the shape and content of work and individual health and wellbeing are strongly related…we need to develop a more proactive approach to workplace health'* (page 9). The review re-emphasised the need to support individuals to remain and progress in the labour market and ensure that employees can stay in rewarding and fulfilling work. The report concluded that: *'Better quality work is also healthier work'* (page 98) and that workplace health should be addressing the issues of:

■ The physical work environment.

■ Mental wellbeing at work.

■ Fairness, justice, participation and trust.

■ Senior leadership.

■ Line managers' role, leadership style and training.

■ Job design.

The Taylor report was followed up with the 'Measuring Good Work' (2018) report, recognising that if 'good work' is to be achieved then 'quality work' needs to be more clearly defined and understood, and so a set of metrics needed to be identified that could be used to measure any success in improving the quality of work. Health, safety and psychosocial wellbeing (including the measurement of physical injury and mental health) were included in

these metrics, indicating that the health and wellbeing of employees is still being considered in the policy agenda.

This idea of 'good work' is not necessarily new however. Waddell and Burton (2006) in their review posed the question: 'Is work good for your health and wellbeing?' The evidence reviewed for the report highlighted that work and wellbeing were very closely related and that: '*work is generally good for physical and mental health and wellbeing…work can be therapeutic and can reverse the adverse health effects of unemployment…The provisos are that account must be taken for the nature and quality of the work and its social context; jobs should be safe and accommodating*' (page ix). Parker and Bevan (2011) also investigated elements of the workplace that make work inherently 'good' so that employees are engaged, fully committed and motivated in their work, and understand the meaning and purpose of their work and how it is connected to the wider aims of the organisation. Although workplace wellbeing interventions had a role to play in improving job satisfaction and the health and wellbeing of work, systematic attention should also be placed upon workplace factors, including:

- A balance between the effort expended at work, and the rewards gained for their efforts.
- The level to which employees are managed and supported at work, and the extent to which any decisions that are made are fair and just.
- Whether employees have a 'voice' at work.
- The amount of positive social interaction, social support and social capital that workers are given in their work environment.
- The level of control, autonomy, discretion and variety that workers have in their role.
- The extent to which employees have the opportunity to develop new skills, learn new things at work, and feel able to use their skills fully.
- How much job security (if any) their work offers.

These factors bear much resemblance to those discussed in the Taylor report, thus although it seems like movement is being made in the wellbeing at work agenda, is this really the case?

1.3   Putting policy into practice

Although we now have strong evidence showing the link between healthy and well employees and successful organisations and current policy endeavours to improve this, the high level of mental ill-health related sickness absence suggests that more work still needs to be done to improve workplace health and wellbeing. There is still a need for further understanding about what interventions may be most effective for improving mental health at work and how these should be evaluated. Bevan et al (2018) reported that out of current interventions that employers are currently implementing, the most common include:

- Flexible working and access to part-time working.

- Employee Assistance Programmes (EAPs).
- Healthy eating initiatives.
- Stress-management programmes.
- Subsidised gym membership.
- Training for line managers in mental illness symptoms and referral.
- Access to occupational health support.
- Support for increased physical activity (pedometer challenges etc).

However, what becomes evident when discussing workplace interventions is that research looking into which may be most effective is generally inconclusive, partly because of real-world methodological constraints. This means that employers can find it difficult to navigate what would be most beneficial for them and their employees. In September 2018 www.mentalhealthatwork.org.uk was launched – an online gateway to a range of resources, training and information to help change the way that mental health at work is discussed, which highlights relevant tools currently available to help both employers and employees help those at work with mental health problems. Although this is a tool which could be used practically in the workplace, the case remains that what is implemented may not be suitable to meet the needs of the workplace.

The 'Thriving at Work' report, in an attempt to make more practical recommendations, set out a vision of the future of mental health at work. For this to happen a number of changes would need to be made including:

- Employees in all types of employment having good work, which positively contributes to their mental health, society and the economy.
- Everyone to have the knowledge, confidence and tools to understand and look after their mental health, and the mental health of those around them.
- All organisations, whatever the size will be:
  - equipped with the awareness and tools not only to address but prevent mental ill-health caused or worsened by work;
  - equipped to support individuals with a mental health condition to thrive from recruitment and throughout the organisation;
  - aware of how to get access to timely help to reduce sickness absence caused by ill health.

As a result of the key findings of the 'Thriving at Work' report as outlined above, and so that these ideals could be practically implemented, mental health core and enhanced standards (a framework for a set of actions that can be developed quickly) were also produced (see box below). The core standards were developed from evidence of best practice and as much as possible from the evidence base (although it was recognised that the evidence base needs improvement), and are standards that all organisations should be aiming for.

The enhanced standards were considered to be 'more ambitious' for employers who can and should do more to lead the way in developing mental health practices in organisations.

Mental health core and enhanced standards from 'Thriving at Work'

Core standards:

- Producing, implementing and communicating a core mental health at work plan.
- Developing mental health awareness among employees.
- Encouraging open conversations about mental health and the support available when employees are struggling.
- Provide employees with good working conditions and ensure they have a healthy work-life balance and opportunities for development.
- Promote effective people management through line managers and supervisors.
- Routinely monitor employee mental health and wellbeing.

Enhanced standards

- Increasing transparency and accountability through internal and external reporting.
- Demonstrating accountability.
- Improving the disclosure process.
- Ensure the provision of tailored in-house mental health support and signposting to clinical help.

The report was not all negative in regards to mental health at work and also focussed on signs of good and successful practices in organisations, providing examples of organisations where employers were demonstrating a tangible commitment to employee mental health. However, what the report did not do (and perhaps this was not in the remit of the report), was to provide an indication of the effectiveness of common mental health interventions, and how organisations could get best use out of them. This report aims to address this gap in the case of one particular mental health intervention: workplace counselling.

2 Research aims and methodology

2.1 Research aims

The British Association for Counselling and Psychotherapy (BACP) and the Employee Assistance Professionals Association (EAPA) commissioned the Institute for Employment Studies (IES) to investigate the extent to which existing workplace counselling interventions contribute to positive mental health in the workplace. As previously discussed, the 'Thriving at Work' report highlighted the costs and challenges to employers posed by poor workplace mental health, and provided recommendations to address these challenges. Among the recommendations was the need to further our understanding of the evidence base for the availability and effectiveness of current positive mental health tools and provisions such as Employee Assistance Programmes.

This review had a number of research questions:

- What is workplace counselling and what is its purpose?
- What new evidence has emerged about the effectiveness of workplace counselling?
- How is workplace counselling evaluated?
- What is the future of workplace counselling?

2.2 Research methodology

The research questions were answered using two main methods:

- A rapid review of the literature, focussing on both academic and grey literature (relevant industry bodies, think tanks, unpublished work, conference presentations etc). The rapid review originally searched for evidence post 2008, which was when the last review of workplace counselling was undertaken. However, as little 'new' evidence had appeared, seminal documents that have informed other workplace counselling reviews and suggested documents from roundtable experts were also reviewed. Search terms included: 'workplace counselling', 'counselling at work', 'counselling in the workplace', 'workplace counselling effectiveness'. Online databases accessed through University of Brighton library services were used in the search, including: Scopus, PsychInfo, JStor and OneSearch.

- An expert roundtable, made up of experts in the field identified by IES, UK EAPA and BACP, including those who are workplace counsellors, have researched the field themselves, or who work in occupations involved in improving the mental health and wellbeing of the workplace. The aim of the roundtable was to discuss workplace

counselling effectiveness from a range of stakeholder perspectives, which could further inform the evidence provided through the rapid evidence review, and begin to suggest ways through which the evidence could be enhanced and where future research needs could be most valuable. The roundtable was a one-off event, including a presentation by the research team regarding the findings of the rapid evidence review and the findings of the 'Thriving at Work' document. Discussions were based around this, and the four research questions. Conversations also turned to where the gaps in the literature lie, and what workplace counselling could look like in the future to adapt to the changing nature of work, and how to improve current service provision. Extensive notes were taken by the research team throughout the discussion, and participants were welcomed to email any further thoughts or discussion points to the research team following the roundtable.

The report findings combine the results from both the literature review and the roundtable indicating where the two research methods complemented each other, and where the roundtable findings were able to provide a more in-depth stakeholder perspective.

3 Research findings

3.1 What is workplace counselling and what is its purpose?

3.1.1 Defining workplace counselling

One consistent theme throughout the literature was the uncertainty in what 'workplace counselling' actually is (as there are a variety of definitions), and no agreed statement that really delineates its purpose. For the purpose of this report, workplace counselling was defined as; counselling provided in the work setting (whether this is internal or external service provision), to help employees with any mental health issues that have arisen from, or are worsened by, work. For example, Donne (1990) indicated that counsellors should offer experience and a set of attitudes or techniques that help individuals through a situation or time of crisis, and counsellors at work were to help people cope with a problem rather than treat them. In this way, workplace counselling was an aid to help an issue that was 'situationally provoked', an intervention that was time limited, and focussed towards the resolution of a particular situation.

In many ways, this definition of workplace counselling, sits very neatly with that of the BACP who defined counselling as:

> *"Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing"*

(BACP, 2016)

Consequently workplace counsellors are expected to work within a short or time-limited framework (usually those accessing the service have a limited number of sessions that are available to them), but importantly workplace counsellors need to have that understanding of the organisational cultures and factors of workplaces that can have an impact on the psychological health of people at work (BACP, 2016). In their guidelines the BACP highlight that workplace counselling was not about advice-giving, suggesting courses of action that people should take, or about judging or exploiting a user of the service. Additionally workplace counselling should not be something that adversely affects an individual's career.

When considering how workplace counselling was defined in a more academic way, the MacLeod (2008) systematic review was used, as this was the last review conducted on the topic. MacLeod's paper inclusion criteria had counselling defined as: an intervention voluntarily chosen by the client; something that is responsive to what the individual needs of

the client are; something that is intended to bring about change in an area of psychological or behavioural functioning. Workplace counselling was interpreted as, 'any intervention in which the provision of counselling/psychotherapy is linked in some fashion to being an employee suffering from work-related psychological problems or where therapy has an impact on work functioning' (MacLeod, 2010, page 239). The issue of counselling being something as voluntarily chosen could have had an impact on what studies were included in the review (as of course, some employees may be referred to a counselling service by line managers, HR or Occupational Health). Interestingly, as seen in this review and when simply typing 'workplace counselling' as a search term in databases, the term 'workplace counselling', has become synonymous with Employee Assistance Programmes (EAPs) (external models of workplace counselling), which as noted below, is not the only model of workplace counselling available. However, what is important to note in the context of this research, is that it solely focusses on the workplace counselling aspect of EAPs. The role of workplace counsellors are the same for both internal counselling and EAP models, in that they have to be able to deal with issues that occur within an organisation, such as conflict, stress-related absence, work-related trauma, and harassment/bullying (Hughes and Kinder, 2007, page 5-6).

The UK Employee Assistance Professionals Association (EAPA), in their EAP Guidelines (2012), defined EAPs as:

> *"a workplace programme designed to assist: (1) work organisations in addressing productivity issues, and (2) 'employee clients' in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional stress, or other personal issues that may affect job performance."* (page 6)

EAPs also provide professional services designed to address the business needs of organisations through their specialised expertise and knowledge about workplace mental health and human behaviour. As Kinder and Park (2004) point out, in the UK EAPs originated from organisations wanting to improve workplace welfare and to support people at work. The Welfare Workers Association was developed, focussing on two specific interests: personnel (developing the efficiency of business using human capital) and welfare (providing care and support to employees with personal and work problems). Over time this welfare support evolved into employee support, with the provision of workplace counselling, which has since developed into models of workplace counselling seen today.

Carroll (1996) provided a more functional definition of workplace/employee counselling, of which the major component is the organisation paying for the counselling provision, thus creating a three way dynamic relationship between the organisation, the employee and the counsellor. Interestingly, Carroll provided four different stances that a counsellor could take, once again highlighting the complexity of defining what workplace counselling is:

1. Counsellors who would work as if the organisation does not exist (engaging as if in private practice, and seeing their sole responsibility to the client alone).
2. Counsellors who work as allies of the organisation (intentionally or unintentionally they view their primary role as upholding the welfare of the organisation).

3. Counsellors who would act as allies of the individual against the organisation (acting as advocates of the individual employee against the organisation, which can be seen as an enemy).

4. Counsellors who work at the interface between the individual and the organisation (seeing their role as mediators between varying needs).

Throughout the roundtable discussion it became clear that what differentiated 'workplace counselling' from other forms of counselling interventions was the emphasis on the workplace setting, and the focus on issues related to the workforce and/or issues that could have an influence on how an employee behaves and feels at work. As such, workplace counsellors need to have an understanding of organisational processes, policies and practices that can have influencing factors on workplace wellbeing, and also understand the cultural dialogue and the challenges that employees at different organisational levels face. Experts noted that if this was the case, then workplace counselling would become increasingly beneficial.

3.1.2　Models of workplace counselling

Another complication when discussing workplace counselling, is that various models of workplace counselling exist (this not only adds to definitional complications, but also leads to difficulties in evaluating their effectiveness). However as Carroll (1996) indicated, the multiple approaches allows for organisational flexibility and their ability to adapt to situational circumstances.

Hughes and Kinder (2007) in the guidelines for counselling in the workplace, written on behalf of and in collaboration with the Association for Counselling at Work identified a range of workplace counselling models which included:

- In-house service (counsellors employed by the organisation).
- In-house service (with counsellors externally contracted by the organisation).
- External provision (Employee Assistance Programme).
- Hybrid provision (mix of internal and external service).
- Outsourced Provision (via occupational health services provider).
- Public Sector – Healthcare.
- Contracting with a local counsellor – for small and medium enterprises (SMEs).

It is important to highlight these differing models as this can help suit different organisational needs and costs, and thus when organisations are considering workplace counselling as a wellbeing intervention, it may be important for them to assess their organisational needs and seek a model that is a best-fit (Pompe et al., 2017).

An 'in-house' or 'internal' model of workplace counselling is where counsellors are directly employed by the organisation, which may help with having an improved understanding of workplace culture, and may have closer connectedness with other support services such as OH, Unions and HR. Pompe et al (2017) argued that internal workplace counselling can

offer a more customised service, rapid responses, and can have greater insights into the organisational culture. However, as they are not part of a separate organisation this could lead to concerns regarding the confidentiality and the impartiality of the service. The other issue regarding counselling models includes the cost of the service, in that having an internal counsellor, or an EAP that provides an onsite counsellor, is more expensive than externally based EAPs or counsellors. Consequently, workplaces need to decide whether they use counselling services to justify costs of an internal counsellor, or whether a more remote service will still cover organisational needs. In the UK there is currently a trend towards 'on-site' counsellors (sometimes as part of an EAP, or they could be part of an organisations wellbeing programme), and counselling in this was may be provided by psychologists or counsellors.

MacLeod and Henderson (2003), in an article debating the pros and cons of workplace counselling, identified two models. Firstly, the 'external service', such as an EAP that typically comprises of a telephone helpline, face-to-face counselling, web-based counselling, which can not only be there to help with the health and wellbeing of employees, but can also provide legal and debt advice, family support and critical-incident advice. The advantage of using such a model could be that organisations are able to choose which services they wish to purchase and that the service is 24/7. Pompe et al (2017) highlighted that external EAPs may be more cost-efficient, however they may seem remote and may not fully understand the culture they are delivering their services to (BACP, 2016). McLeod (2010), in the review of workplace counselling literature, reported that the research did not find any consistent association between the structure of a counselling/EAP service (internal vs external) and its overall effectiveness or utilisation rate.

The second 'hybrid model', relates to a mix of internal and external service provision (eg outsourced telephone counselling, but internal face-to-face consultations), providing a balance between understanding the organisational culture, confidentiality, and flexibility of services, but they are also fully co-ordinated and integrated to provide a comprehensive service. An 'ad hoc model' also exists, where organisations can choose the services of a freelance counsellor on an as-and-when basis, which could help smaller organisations who may have fewer referrals. Although this means that access to a 24/7 line is not applicable, support can be provided when necessary, and if a single point of contact for referrals is used, the counsellor will gain an understanding of the needs of an organisation.

During the roundtable, the interest in internal vs external counselling models was discussed, especially in relation to whether the model of counselling used determined the nature of issues that the client went to the service for. For example, did an internal workplace counselling service model respond to more workplace-issue related requests. Roundtable attendees suggested that internal/onsite counselling was increasing in its level of service provision, potentially as a result if wanting to improve staff wellbeing and internal services would have a better understanding of the culture, or because there is the potential to develop a good counselling relationship, but it was agreed that there is a gap in knowledge and in evidence as to what the real reason behind the increase in internal service provision has occurred, and that it may be beneficial for organisations if this was understood. During the roundtable the use of technology in the models of counselling was

also discussed with one attendee providing 'video-based' counselling sessions, which were extremely successful in terms of the usage (there was a reported 50:50 gender split in the use of the service), and in relation to the types of issues being seen, suggesting that more innovative models of counselling provision could be developed with the use of technology.

Carroll (1996) provided an array of other counselling models that could be used in the workplace, however noted the proviso that effective workplace counsellors should have access to a range of models that could be applied to different clients, or different situations. These models are outlined in the box below:

Workplace counselling models:

Counselling-orientation models: characterised by its use of a counselling approach as the key factor in what is offered to employees, especially as different counsellors subscribe to/are trained in particular therapeutic approaches. However, the main interest in this approach is still focussed almost exclusively on the client's needs, and bringing about positive change.

Brief-therapy models: is a common form of counselling, but in the workplace may be guided more by economics of the situation rather than the needs of the client.

Problem-focussed models: is where the counsellor helps the client to work through the immediate presenting problem, where they will formulate the problem, operate a solution and create an action plan. This can be beneficial in the workplace because of the immediacy of the issue, and the aim of helping people in a short space of time.

Work-orientated models: are centred solely on issues blocking the employee in their work and the counsellor focusses on the issues that are having an impact on effective employment. The model does pinpoint the immediate problem as a workplace issue, and may not look at any other underlying problems, however it is not always possible to differentiate between what is and what is not a work-based problem.

Manager-based models: although not common, there is evidence that some organisations can view managers as quasi-counsellors, as counselling or support at work should be regarded as part of their everyday role. However, Nixon and Carroll (1994) argued that the two roles should be kept separate, and that although managers should not be counsellors, they should be trained in counselling skills so they become more effective in their management roles.

Welfare-based models: some organisations have welfare officers who have a combination of roles, of which counselling is one, although the success of the counselling does depend on the ability of the officers to work across the number of these roles.

Organisational-change models: is where counselling is more specifically integrated into organisational growth, development and transition, and this is thought to add a more valuable asset to organisations.

3.1.3 Purpose of workplace counselling

There was some discussion in the literature focussing on what the true purpose of workplace counselling is; ie is it there for a more 'people-centred approach', so that employees can use it for their personal purposes (work or non-work related), or is it more 'organisationally orientated' to reduce the level of sickness absence and its associated costs. Friery (2006) presented a series of factors as to why workplace counselling was offered, including: providing employees with additional support; it was the duty of care to provide a safe and healthy work environment; supporting employees through major change, having a service that could reduce stress at these times is compliant with stress audits; and having a welfare package in place that meant that organisations could attract and retain the best talent.

Bajorek (2016), when undertaking an evaluation of the organisational use of EAPs, asked HR managers why they invested in the counselling service. From survey data, the most common responses were that having an EAP was part of an organisations health and wellbeing plan (67 per cent of 69 organisations), an EAP being implemented as a way to reduce sickness absence (49 per cent), closely followed by the EAP as a method through which organisations could provide staff with support for particular issues (48 per cent). Investing in an EAP to improve organisational productivity was only reported by 33 per cent of HR Managers. A similar question was asked in qualitative interviews undertaken as part of the research, with common responses relating to organisations wanting to be seen as a 'good employer' and having 'good employment practices', that having EAPs as part of a wellbeing strategy was important (alongside other initiatives such as resilience training, equality and diversity initiatives etc), and once again a common response was the role that EAPs could have in sickness reduction and preventions (as organisations had raised concerns about the level or absence rates), alluding to the issue that sickness absence can be both costly financially, and in terms of productivity and needed to be addressed. Interestingly, the study asked organisations who had not invested in EAPs why this was the case, the most common response being that they did not have enough information about EAPs (44 per cent of the 9 organisations who did not currently have an EAP), followed by the organisation having other wellbeing initiatives (33 per cent). When asked what would make organisations invest in them, evidence of their cost-effectiveness, their implications for health and wellbeing, and their impact on productivity were commonly reported, potentially providing further evidence of why organisations use workplace counselling services.

In summary, there are a number of definitions of workplace counselling in the literature, but running through them are a number of key themes, including: counselling for an issue that has been caused by or worsened through work, counselling that is time/session limited, and counselling that should result in a positive impact on workplace behaviour. A number of workplace counselling models were identified, however the most common in the literature were internal and external models, and even within these contexts, workplace counselling has become increasingly synonymous with EAPs, which may hinder the development, and availability of other forms of workplace counselling that may also be beneficial for organisations. Finally, the evidence suggested that although workplace counselling was

often used as part of a wellbeing initiative and to provide more 'person orientated' care, there was also evidence to suggest that implementing workplace counselling is also an organisational measure to reduce sickness absence and the associated financial and productivity costs.

3.2 What new evidence has emerged about the effectiveness of workplace counselling?

When undertaking the literature review one of the striking findings was that there has been little movement in research regarding the role of workplace counselling and its effectiveness, especially since the publication of the McLeod (2008) comprehensive review. This was discussed during the roundtable where there was the general agreement that the same issues (eg effectiveness for wellbeing, cost-effectiveness and return-on-Investment (ROI), and evaluations of workplace counselling) were still being addressed, and as a consequence there had been little change in the delivery of practice. Roundtable experts (especially workplace counselling service providers) acknowledged that they had hindered the research themselves, showing little willingness to support research (especially with regards to the provision of data – often reporting commercial sensitivity), and this has hindered the ability of researchers to undertake a 'state of the market' evaluation with regards to how the service is utilised, and to undertake service evaluations. With the additional changes in GDPR regulations, it was highlighted that access to data may become more difficult.

As a result, this report will briefly highlight the results of previous key documents researching the effectiveness of workplace counselling, which will provide insight into what has been done, and where research gaps lie.

3.2.1 Wellbeing outcomes

■ Arthur (2000) conducted a critical review of the evidence on workplace counselling schemes and external EAP effectiveness, concluding that although counselling can have positive implications for individual employee issues, they had a limited effect on organisational outcomes. However, this was caveated with the understanding that studies had been methodologically weak ie no longitudinal studies, studies rarely used control groups, the research reported is often brief in its description of counselling offered and confidentiality reasons means that effectiveness is usually measures by client records.

■ MacLeod (2001) in the first review of research literature into workplace counselling reported that 'in general workplace counselling was effective for a wide variety of clients with a variety of issues' (MacLeod et al 2001, page 184) both in the presenting issue and its severity). From 11 of the 16 studies reviewed workplace counselling was seen as highly effective, with none of the studies included finding workplace counselling to be harmful or less effective than other workplace wellbeing interventions. In addition, MacLeod et al (2001), discussing the effectiveness of workplace counselling (one focus

of the original 2001 review), reported that 'over 90 per cent of clients surveyed, in a number of studies, report themselves to be satisfied with the counselling received' (page 187). Henderson et al (2003) questioned the findings of the MacLeod report, stating that none of the studies in the original report had reported a negative outcome, and there was ambiguity about the role of randomised control trials (two were used in the review, one in which cluster randomisation was performed where it was felt to be unethical to withhold counselling from those who wanted it, and the second had 'no element of randomisation in it' (page 899), and thus concluded that 'any evidence must be governed by the quality of that evidence' (page 900).

■ Van der Klink et al (2001) undertook a systematic review of quantitative studies into the interventions to reduce occupational stress, with studies using experimental designs comparing treatment and non-treatment groups. The results highlighted that interventions orientated towards the individual were more successful in reducing occupational stress in comparison to those more focussed on stress reduction at an organisational level. Additionally interventions based on Cognitive-Behavioural Therapy (CBT) techniques were more successful in comparison to those using other methods (eg relaxation techniques, meditation), (however, CBT effectiveness varied between studies).

■ Csiernik (2004) reviewed studies that had been published regarding EAP evaluations, specifically focussing on the perceptions of managers on the impact of employee performance. The research reported mixed outcomes eg one study reviewed reported no perceived improvements after workplace counselling had been used by employees, with other studies reporting between 43 per cent and 73 per cent of managers perceiving improvements in employee performance.

■ The British Occupational Health Research Foundation (BOHRF) (2005) undertook research on the effectiveness of workplace counselling and its impact on the ability to help employees remain at work. The study results found that for employees with mental health problems, counselling helped them to remain or return to work more quickly, but there was little evidence to suggest that it could help to prevent mental health problems. In addition, CBT was reported to be the most effective workplace counselling model.

■ MacLeod (2008) updated his first review and reported on the effectiveness of workplace counselling from a number of different perspectives. The report mentioned that the vast majority of employees who used workplace counselling services were highly satisfied with the service and would use it again, as well as recommending the service to colleagues. This could refer to the professional element of the service, rather than its implications for an organisation's health and wellbeing and organisational productivity. The review also discussed the implications for workplace counselling on employee psychological functioning, indicating that those who had attended counselling reported an amelioration of their symptoms in relation to stress and wellbeing, and there was a positive effect for employees with depression (although it must be noted that the review could not claim that workplace counselling had an enduring effect, or whether the counselling only helped employees with their current symptoms). In relation to job related attitudes and outcomes such as motivation, job satisfaction, commitment, and workplace relationships with other colleagues; workplace counselling did appear to have

a positive effect, and lead to the reporting of more positive attitudes. However, in a number of studies there was not a sufficient original level of 'work dysfunction' for there to be measurable outcomes, and accordingly the impact that workplace counselling has on work outcomes is still uncertain. With reference to work behaviour (specifically focussing on sickness absence), a number of studies reviewed in the report mentioned that participating in workplace counselling had resulted in reduced sickness absence (between 20 per cent and 60 per cent reductions reported, and in some studies, with gains being maintained for over a year), although there was a caveat being that even after counselling, for these employees sickness absence remained higher than other employees. Both the McLeod report and the roundtable experts highlighted that with the methodological difficulties in studying workplace counselling the standards of academic research afforded to other wellbeing interventions (eg RCTs) are difficult to achieve, due to the number of variables that need to be taken into account. However the evidence to date suggests it is reasonable to conclude that there is convincing evidence showing that workplace counselling is an effective intervention for supporting employees with emotional and psychological problems and when successfully resolved this has positive consequences on their work behaviour. However, the roundtable added that the difficulties in undertaking research in this area should not preclude further research into workplace counselling and the diversification of research methodology, and research to answer the research gaps identified is still useful for improving service provision.

- Mellor-Clark et al (2013) conducted some analysis on national workplace counselling (EAP) datasets, assessing the effectiveness of EAP service provision in comparison to the NHS primary care and UK higher education CORE systems benchmark. The study used CORE system data comprising of 28,476 clients. The study found that EAPs were an effective intervention, especially for those who experience common mental health problems (eg anxiety, stress, depression), with the typical length of counselling lasting between 4-6 sessions, as a result of improved wellbeing outcomes. The study also reported that quick and early access was provided to EAP clients (mean waiting time between referral/assessment and therapy was 8.8 days), with high rates of recovery and/or improvement relative to the published benchmarks of NHS and HE comparative sectors.

- Bajorek (2016) undertook a 'state of the market' study into EAP provision and use, using a survey of HR managers, followed up with a number of qualitative interviews. The most common reasons as to why employees used EAPs were related to work stress, closely followed by depression and family events. Other workplace issues less commonly reported included difficulties with line managers, workplace restructuring and bullying. The report noted that the service was valued by HR managers as a result of the external and confidential level of support that employees could receive, and that in this sense EAPs had an 'invaluable benefit'. Although many organisations did not undertake any 'official evaluations' of the service, managers often provided anecdotal feedback where positive outcomes from the counselling were reported back to HR.

- Chestnut Global Partners (2017) provides results from the Workplace Outcome Suite (WOS) – a tool developed to measure the outcomes of five key aspects of the workplace (that could be used as a proxy for measures of employee wellbeing):

absenteeism, presenteeism, work engagement, workplace distress and life satisfaction. In 2017, 600 EAPs signed the licence agreement to use the WOS, and data was collected from 16,792 cases. The data that is collected represent pre-and post-EAP service use (data is collected three months post EAP service use). Results showed that each of the WOS measures has improved over time, and that the improvements were significant beyond chance levels. However, the five keys aspects did differ substantially from each other in the size of relative change, with presenteeism and life satisfaction reporting greater improvements in comparison to work distress, work engagement and absenteeism. Age, gender and delivery model had almost no practical impact on the effectiveness of EAP counselling as represented in the five key WOS scale aspects. Although these factors can be used as proxy measures for 'wellbeing', the report did note that improved presenteeism can lead to cost savings through productivity enhancements. Additionally, the research concluded that although use if EAPs did have a positive effect on work engagement and work distress, the effect on the outcomes was smaller, and this may be as a result that EAP interventions are delivered at the individual employee level, and thus cannot have a direct impact on workplace and managerial actions and conditions that operate at a more organisational level.

- Attridge et al (2018) undertook some retrospective data analysis on WOS data for internal EAPs, as much of the previous WOS reports had been taken from external EAP data. Thus the data in the study was based on a matched group of over 700 cases from similar internal programmes in the USA. The matched internal cases showed reduction in all of the five WOS outcomes (absenteeism, presenteeism, life satisfaction, work engagement and work distress), and it was noted that there were fewer cases in external EAPs presenting with work distress in comparison to internal EAPs. The research concluded that the WOS outcomes for internal EAPs were similar to that of external EAP vendors, and demonstrated the positive impact that internal EAPs can have on organisational wellbeing outcomes.

3.2.2 Financial outcomes

Workplace counselling is not a core part of the business, and ultimately may be seen as a cost to some organisations. McLeod (2008) mentioned that the economic benefits of workplace counselling services are becoming of increased interest in the literature and at management levels in organisations. Experts during the roundtable discussed the issue of cost-benefit analyses and ROIs as a means of reporting counselling effectiveness, especially as there are current concerns regarding the cost of the service among service providers. However, the possibility of service providers reporting what their ROIs could also have an effect on market competition. A number of previous literature reports have discussed the financial outcomes of workplace counselling services:

- Maiden (1998) reported that the US Department of Health and Human Services Employee Counselling Service had an undertaken a cost-benefit analysis of the EAP their employees used, using the staff who had not used the EAP as a control group. After a predicted 6 month use, the cost-benefit analysis showed that the programme realised an investment of $7:1.

- McClellan (1989) in a cost-benefit analysis study into the Ohio state EAP reported that those who used the service valued the help and the therapeutic intervention the EAP gave and rated it highly. However it was also reported that the EAP did not have a positive impact in health insurance costs or sickness absence (they did not reduce), and there was no recorded cost-benefit of the service (ie the EAP did not offset its cost to the state).

- Dainas and Marks (2000) reported a favourable 2:1 cost saving of an organisational EAP, and the employees and their family members who also had access to the service also had reduced medical and overall healthcare costs. However, interestingly their mental health costs were still higher than employees who had not used the service.

- Bajorek (2016) found in a survey of HR Managers, that only 9 per cent of organisations had conducted a ROI of their EAPs, 86 per cent had not, and 5 per cent did not know. The qualitative interviews with HR managers provided further insight into the limited undertaking of ROIs in organisations, with common responses including that senior management did not provide any pressure to provide proof of cost-effectiveness as having an EAP was the 'right thing to do', and cost was consequently not that much of an issue. However, for other managers there were difficulties in the logistics of undertaking ROIs, including developing a robust methodology through which ROIs can be conducted, and others reporting that the usage information EAPs provide does not contain all the relevant information to undertake a ROI, although some 'assumptions' could be made.

- Bevan and Bajorek (2019) working with UK EAPA developed a simple, spreadsheet-based costing tool, which can be used by HR professionals to capture workplace data on employee sickness absence and productivity losses to estimate the impact of EAPs on these outcomes, and to quantify the net benefit from increasing take-up. They also developed a simple on-line user guide and 'calculator' tool, which employers can access with their own data to assess the potential benefits of investing in EAPs. The rationale behind this tool was to attempt to fill the research gap regarding 'evidenced-based ROI'. This calculator was developed on the basis of what the evidence suggests is important for calculating ROIs, including the organisation costs of sickness absence, effectiveness, cost for other organisational outcomes and recruiting employees. Initial first wave of data collected and used in tool reported that the ROI of EAPs is very positive, and this is the case even with lower absence and utility figures.

3.2.3   Criticisms of workplace counselling

Although roundtable delegates spoke positively about workplace counselling, there were some criticisms of the intervention discussed in the literature. Carroll (1996) reported that, dependent on the organisational culture, workplace counselling can be seen as a way to shelve its responsibilities towards employees; especially regarding managing stress and wellbeing, instead of attempting to amend the organisational culture, which may have contributed negatively to the employees stress. It was argued that the provision of counselling could be seen as a way of 'absolving managers' from being compassionate (they can 'send the employee to counselling'), and because they provide the service,

organisations and managers may not face the implications of what has occurred. How workplace counselling is introduced in an organisation can have an impact on how well it is used and perceived by staff members. For example, if it is not integrated into an organisation effectively it can remain on the periphery and affect how well it is utilised.

Bajorek (2016) reported that how an EAP is promoted in organisations has an impact on how the service is used. Methods through which EAPs were promoted included: organisational intranet, through HR, at induction, through posters and in staff newsletters. However in interviews HR managers often discussed the role of line managers in highlighting the service to their direct reports in line management meetings. It was noted that EAP providers themselves should take a more proactive role in promoting counselling services in organisations, as well as highlighting the range of services that EAPs provide. This issue of EAP promotion was also discussed during the roundtable, not as a criticism of workplace counselling per se, but criticising how it is implemented, which has a knock-on effect on its effectiveness. Finally, it was commented that workplace counselling can be seen as a management tool, especially if there is a negative organisational culture, and it can be perceived that going to counselling can be seen as a tool through which their performance is measured, or have a negative impact on their career in terms of promotion.

In summary, experts at the roundtable and evidence from the literature highlight some of the difficulties when discussing the effectiveness of workplace counselling. Roundtable experts were able to provide anecdotal evidence regarding their effectiveness when considering employee health and wellbeing, and although literature does provide a positive view of workplace counselling for employee wellbeing and workplace outcomes, it was also noted in the literature there are a range of factors (both organisational and methodological) that can have an influence on the results. As noted during the roundtable, given that there has been little development in the academic literature regarding the effectiveness of workplace counselling (even in the current environment which is providing increasing and conclusive evidence that a health workforce is a more productive workforce), this is a notable gap, and is something to be considered for future research. Progress has been made in trying to determine the cost-effectiveness of workplace counselling (EAPs specifically), with the recent development of the ROI tool, however further trials and developments of the tool may be needed to improve its effectiveness. As mentioned throughout the roundtable, this ROI tool may be important especially in relation to supplier prices and how this will have an impact on supplier competition. However, some criticisms of workplace counselling remain including how well it is implemented and promoted in organisations, and how the service can 'individualise' problems and remove responsibility from the organisation to improve their wellbeing culture. Thus for some roundtable attendees 'workplace counselling' in itself was an efficient intervention, but how it is implemented should be the focus of both research and organisational practice.

3.3   How is workplace counselling evaluated?

Since 2008, there has been a lot of change in the employee and workforce landscape, especially after the financial crash. Roundtable delegates were aware that with the level of austerity that organisations are facing, there are concerns that workplace counselling

services could come under threat as cost-savings have to be made. Not only was there a renewed consensus that workplace counselling services needed to have increased promotion, it was also agreed that improved methods of evaluations need to be undertaken to highlight just how and why workplace counselling is a worthwhile intervention.

Employers represented at the roundtable commented that they often relied on anecdotal feedback as evidence of its usefulness, using testimonials of service users (anonymised to maintain confidentiality). The employers also mentioned that EAP providers also had a role in undertaking service evaluation that could be highlighted during discussions regarding contract renewal and costs, as this could be a future way through which EAP providers may be able to differentiate themselves from competitors.

Another factor to spur on improved measurements of workplace counselling was the cost of workplace counselling and the quality of service associated with them. For example, EAP providers questioned that if the costs of EAP per head reduced, what would be the resulting effect on the quality of counselling received? Improving how evaluations are undertaken is also important as a result of other health and wellbeing interventions that are being introduced into the workplace, and both internal and external workplace counselling models need to consider how they position themselves. One wellbeing intervention that was discussed was Mental Health First Aid (MHFA), where employees are trained to learn and recognise the signs and symptoms of mental health disorders and guide colleagues to support. Roundtable experts recognised that this could be a useful resource if implemented correctly (examples were provided where mental health first aiders were seen as counsellors themselves or the individuals to go to who could 'fix problems'), and result in increased levels of referrals to counsellors. In this case counsellors could also be a source of support for the trainers themselves, who often do not have a clinical background. However a recent report from the Health and Safety Executive (HSE) (2018) noted that although there had been an increase in take up of MHFA training in workplace settings, there is limited evidence that the content of MHFA training has been adapted for workplace circumstances. Although there is evidence that the training does raise an employee's awareness of mental ill-health conditions, including their signs and symptoms, there is limited evidence that MHFA leads to sustained improvement in the those who are trained to help colleagues experience mental ill-health. Additionally the report found no evidence that the introduction of MHFA has improved organisational management of mental health at work. As a result, organisations may still benefit from EAPs or other workplace counsellors who have been trained to provide the supervision and necessary help to sufficiently help those with mental health issues.

A number of methodological issues to undertaking evaluations of workplace counselling were discussed, many of which have also be highlighted in the literature. These included:

- **Measures of utilisation:** Bajorek (2016) found that EAP service providers reported 'service use' figures differently, for example some reported the total number of employees who had accessed the service, no matter through which modality was used (eg on-line counselling, telephone counselling, face-to-face counselling); some providers did not count online usage, some included every time websites were looked at, and others looked at times when service users were thoroughly embedded in the

service. The report suggested that a standardised measure of utilisation to aid future evaluations should be developed. This finding supported that of Csiernik (2003) who, when undertaking a survey of EAP utilisation and how it was calculated, noted that organisations used nineteen different formulae for collating EAP utilisation reports, and consequently when workplace counselling providers report utilisation statistics they may not be reporting like for like. Masi (2011) concluded that utilisation measures will always be difficult because EAPs would want to remain competitive whilst being profitable, but there has never been a common measuring tool to gauge this aspect of performance.

- **Confidentiality:** This issue was a common concern among all roundtable delegates, acknowledging that clients would not use workplace counselling services if they realised that knowledge of them using the service and/or what was said would get back to management. As a result, undertaking internal evaluations of workplace counselling is very difficult as it could have an impact on client anonymity. McLeod (2008) reported that issues regarding confidentiality leads to difficulties in obtaining organisational data that could help with undertaking evaluations (eg workplace performance, sickness absence, turnover, and disciplinary procedures). It also means that undertaking any longitudinal research with employees who have used workplace counselling services also becomes difficult. Bajorek (2016) noted that some EAP providers did ask clients to provide feedback about their experience of the service, but there were differences in how reliably clients would answer them, and although this could provide valuable information, the risk of breaking the confidentiality barrier was an ever present thought and something that HR Managers were unwilling to compromise on. HR Managers were keen on developing some kind of evaluative measure however, and suggested that this was one way in which EAP service provision could be improved.

- **Research design:** Alker and Cooper (2007), in an article discussing the complexities of undertaking counselling evaluation in the workplace, say that the simplest form of evaluation is a pre-and-post counselling comparison, aiming to show that a change has occurred as a result of the counselling intervention. However, as mentioned during the roundtable and also in Bajorek (2016), workplace counselling is usually part of a number of different programmes that employers implement to improve employee health and wellbeing. Consequently, it is difficult to determine the influence of the intervention. Worrall (1999) also suggested that it is difficult to have a control group with which any changes in outcomes can be compared with, and using Random Controlled Trials (RCTs) is difficult to set up in organisational settings (Alker and Cooper, 2007). Kirk and Brown (2003) also mentioned that organisations do not collect longitudinal data, through which any long-lasting changes could be monitored.

- **Provider commercial pressures:** The idea of EAP evaluations being hampered by limited provider data is not new, with Highley and Cooper (1994) commenting that both in the UK and the US, EAP providers resist attempts of evaluations, as they claim that the benefits of the service cannot be quantified, and the fear that any cost-benefit analyses calculations may not prove favourable. McLeod's (2008) review also reported fears from both providers who are in competition with each other, and purchasers who are fearful about the publishable information of the level of 'mental ill-health' or stress in their organisation. Bajorek (2016), attempted to undertake an evaluation of EAP

services using provider data, however the quality of the data provided was so poor with a high level of missing or unusable data that no firm conclusions could be made. Once again, this was due to the commercial sensitivity of EAP data. It was recognised at the roundtable that this was hindering workplace counselling development and improvement, and that some forward movement was needed so that the profession as a whole could be enhanced as a result of appropriate and effective service evaluation.

In summary, although evaluations of workplace counselling do exist, they usually comprise of a single-case study, are conducted by service providers who will have a commercial benefit for undertaking the evaluation, or have a high level of missing data (Kirk and Brown, 2003; Alker and Cooper, 2007; McLeod, 2008). Other barriers to successful evaluations are related to maintaining the confidentiality of the service, methodological limitations and being able to standardise data collection across workplace counselling providers. It was recognised at the roundtable that for the profession to continue to gain credibility this was an issue that would need to be addressed, especially as competition between providers increase, and organisations are having to make decisions as to which wellbeing interventions have the best outcomes (hopefully both in terms of staff wellbeing outcomes and organisational outcomes, and not just the latter).

3.4   What is the future of workplace counselling?

At the end of the review of workplace counselling McLeod (2008) identified a number of priorities for further workplace counselling research. These are discussed in the box below:

Workplace counselling research priorities (MacLeod, 2008)

Outcomes: As a result of the inconsistent links identified with regards to the outcomes of workplace counselling in relation to job satisfaction, commitment, and productivity, further research (using different methodologies) is still important to undertake to see if there is a positive relationship. More longitudinal methods are required, especially if there is a lag between counselling and workplace performance.

Uptake: The review reported that clarity is needed regarding the patterns of workplace counselling, whether there are issues of seasonality, if some sub-groups are more likely to use counselling services, including whether there are gender differences in the use of counselling, and whether the issues with which they contact the workplace counselling with differ.

Access to services: McLeod noted that there had been few studies researching the equity of access to workplace counselling for clients according to age, disability or ethnicity.

Modes of delivery: There a number of different models of workplace counselling, and the number of sessions that clients receive can vary, however more research needs to be conducted regarding what the most effective mode of workplace counselling in for a variety of outcomes - especially as there is a dearth of studies reporting on telephone counselling.

User experience: Research into the client experience of workplace counselling has often been filtered heavily through the questions, categories or research purposes of the researcher, and consequently more sustained approaches into why counselling is used, and what the outcomes are would be a useful addition to the research and practice.

Relationship between counselling and health: In many workplace counselling reports one of the key objective outcomes has been the organisational model of sickness absence, and there is a reliable level of information suggesting that workplace counselling has a positive impact on reducing sickness absence. However, more research would be helpful for understanding how clients define themselves as 'ill', what decisions they make when returning to work, levels of presenteeism etc.

In a more recent review of EAP effectiveness, Bajorek (2016) voiced similar needs for future avenues for research, but also included further areas of research that McLeod (2008) had not considered. See box below:

Scope for future research identified by Bajorek (2016)

Stakeholder perspectives: Further research needs to be conducted on the range of stakeholders involved in implementing, using, promoting and evaluating workplace counselling. This future research could include employee voice (to garner further information on why services are used, their views on the service, what other wellbeing services may be of use and the impact on outcomes), line managers (why they think of the counselling service, why they promote it, any benefits they recognise) and senior management (why they implemented the service, whether it is evaluated, cost-benefits of the service) as these stakeholders may have differing views regarding the value of workplace counselling and how it should be evaluated.

Systematic Evaluations: There is still need to develop a methodology through which organisations can fully evaluate (both in terms of wellbeing outcomes and financial outcomes) their workplace counselling, and how well this can be applied to organisational settings. Related to this is developing a standardised measure of utilisation to improve the accuracy of recording across organisations and providers.

Engaging with Providers: Workplace counselling research and evaluation has been notoriously difficult as a result of little engagement from providers who are concerned about sharing commercially sensitive data, due to provider competition. This has an impact on understanding the 'nature of the service' and the level of service use. However, there is much use in engaging with service providers to understand their role in promoting services and what they do to evaluate services. It is also important to understand their reticence in engaging in research and how this can be overcome to improve future research in this area.

Non-users: It is also important to understand is why organisations do not engage with workplace counselling, what evidence would be needed to change their minds, and what is needed in the industry to improve the ways through which services are delivered.

How workplace counselling will develop in the future, and areas of research that will be of benefit to workplace counselling were discussed at the expert roundtable. These are important to consider given the current known links between workplace counselling and wellbeing and organisational outcomes. A number of key themes emerged:

3.4.1 Future research needs

■ The experts at the roundtable acknowledged that there is still some scepticism around workplace counselling, partly because of the inconsistency of the current research findings and partly due to how workplace counselling is implemented and promoted in organisations. There was agreement that further evidence and education is required regarding what the benefits of workplace counselling are, and what needs to be improved. What makes 'high quality workplace counselling' needs to be identified with further understanding as to how this can be achieved and effectively implemented into organisations. Once again, as in the literature the limited level of support from workplace counselling providers in providing data that could help develop future research or improve service quality was discussed, with confidentiality and commercially sensitive data being the two main reasons blocking the sharing of data.

■ It was discussed that further research should also be conducted around the different therapeutic backgrounds that workplace counsellors come from and are trained in. Is there evidence that some are more successful at improving workplace outcomes and employee wellbeing than others? Can various therapeutic models be integrated to improve practice? The expert group thought that these questions were important to answer.

■ A gap in understanding and in the literature that would be helpful to research was improving the understanding in what employers are actually looking for from workplace counselling services – is it a service to improve wellbeing? To improve organisational outcomes? Or both? What do employers think service providers could do to improve the services, ie in terms of reporting, service promotion, quality of the service given? Opinions from other stakeholders would also be helpful in understanding service use and ways in which improvements can be made. For example, what is the relationship between HR and workplace counselling services? What information do respective partners need to help promote the service? Line managers were often described as being one of the main sources of promoting the service – so how do line managers perceive the usefulness of the service? Is promoting the service really their role? Do they understand the purpose of counselling services and the range of services they provide? And finally, what is the user's perspective – why do they use the service? What did they think of it? What further help would they want from the service? How do users think that workplace counselling could be improved? Research should also be conducted with organisations which do not use workplace counselling services to understand why – and what other wellbeing initiatives are used.

■ Additionally, the need to define a standardised measure of utilisation was still being discussed. It was acknowledged by service providers present that different measures are used to report utilisation, meaning there is difficulty accurately assessing what service usage is across sectors. Clearer measures do need to be identified so that baseline measures can be collected to make comparisons within and between the organisation to see if/when changes in service use occurs, and organisations can have improved indications as to why employees are using the service and what they can do to improve wellbeing provision in these areas.

3.4.2 Future service development needs

■ Concerns regarding the future of workplace counselling were based around the cost of funding EAPs with respect to their increased utilisation. Service providers questioned what organisations hope to receive from EAPs or other workplace counselling schemes if they are paying on average £5 per employee. There was recognition that the demand for workplace counselling is increasing, but the supply isn't, and this could lead to a crisis for some counselling services with regards to the pricing of the services, and the quality of the counselling that is provided. Providers discussed that not only was the demand growing, but counsellors are spending more time with individuals, and consequently if more counsellors are needed to match the service demands, then some workplace counselling models are at risk of out-pricing themselves. Additionally, the supply issue is being enhanced as GPs are beginning to refer employees to workplace counsellors, knowing that in general people will be seen earlier in comparison to being referred to NHS services. With the Government proposing in the most recent budget[1] that there is to be parity of esteem between physical and mental health, and improved funds for mental health services, it remains to be seen what, if any, implications this will have for the further provision of support for workplace counsellors, especially if services are provided at a timely and cost-effective manner.

■ Related to concerns about the future costs of workplace counselling was the issue of the training and continued accreditation of counsellors, including the supervision that counsellors need to receive and their on-going training. There were concerns that if this was not kept fully up-to-date then there could be potential risks to the profession. There are of course a lot of available counsellors, however the issue is they need extra training to understand the specific needs of those working in organisations. The BACP is currently working with EAPA to improve this situation by developing a training programme based on the core competencies that workplace counsellors need, with the aim that this will improve both the take up and the quality of workplace counsellors. This seems to be of particular importance as occupational health professionals (who have a pivotal role in advising both employees and employers what good work looks like and advise on improvements to work conditions) are under threat as a result of fewer physician trainees entering occupational medicine (Council for Work and Health, 2014). With funding for training also being unsustainable, the role of workplace counsellors could be of more importance in maintaining workplace health.

■ The current focus of workplace counselling is still very much the 'traditional workplace counselling', focussed on helping an employee when a problem has already occurred, in essence being reactive. However, discussions within some elements of the profession are focussing around workplace counselling to take a more preventative role,

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[1] https://www.theguardian.com/uk-news/2018/oct/28/mental-health-services-to-get-2bn-funding-boost-in-budget

and to help people in organisations to begin to recognise when an intervention is needed, as the earlier an employee has access to the help they need, the better it could be. This may then help promote workplace counselling. However, although this idea was welcomed by those at the roundtable, delegates were keen to delineate the boundaries between workplace counselling and therapy. Although workplace counselling can help with improving mental health, it was re-enforced that counselling is not mental health treatment.

- Finally, there was hope among the delegates that organisations would engage more with the 'good work' agenda, focussing on the quality of work, how work is done and how work is managed, and the implications this will have for wellbeing outcomes. Although it is hoped that this will be positive for employees, how wellbeing initiatives work alongside this agenda is still very important to research, especially what (if any) implications that this has for workplace counselling.

4   Conclusions

With the accumulation of evidence that has gathered over the last ten years about the importance of having a healthy workforce for improved organisational, individual and societal outcomes, focus is now turning onto workplace initiatives and interventions that can help improve the mental health of employees. Two recent reports have been produced to help propel this movement: 'Good Work: The Taylor Review into Modern Working Practices', indicating that it is this underlying notion of 'good quality jobs' that can have implications for employee health and wellbeing, and the 'Thriving at Work' report, looking more closely at the impact of poor workforce mental health and developing a charter for employers to help improve employee work outcomes. It is comforting that these reports are having a positive impact in both HR and wellbeing arenas, and there are continuing discussions regarding what could and should be done to improve the health and wellbeing of employees. At the same time, it becomes clear that in some cases an improved evidence base for what 'good' interventions or workplace practices is needed. The purpose of this report was to do just that for one specific workplace interventions: workplace counselling.

The report based on a rapid review of the workplace counselling literature and a roundtable comprised of experts in the field had a number of key findings:

■ A variety of definitions of workplace counselling exist, however key themes exist which include: counselling provided to help employee cope with a problem related to or worsened by work; counselling that is time limited; counsellors who have an understanding of organisations and their policies and practices. Workplace counselling is however not mental health therapy, and although could help with the work related problem, may not be able to tackle an underlying mental health condition. The term 'workplace counselling' has become synonymous with external EAPs however many other models of workplace counselling do exist (eg internal counselling) (but these may not be recognised as readily as EAPs are).

■ There has been some debate with regards what the purpose of workplace counselling is, ie it 'person-centred' or 'organisation focused'. For example, is workplace counselling a measure implemented by organisations to improve the health and wellbeing of their staff, or to improve organisational outcomes such a reduced sickness absence and improved productivity? Or are the organisational outcomes a positive by-product of improved staff wellbeing? Some of this may be dependent on organisational culture and the extent to which organisations perceive the health and wellbeing of their staff falling under their remit.

■ There had been limited new evidence since the McLeod (2008) review of the workplace counselling literature systematically looking at the effectiveness of workplace counselling on both wellbeing and financial outcomes. This report suggested that there is enough evidence to highlight a link between workplace counselling and improved wellbeing and organisational outcomes. Anecdotal evidence does also suggest that

workplace counselling does have a positive outcome. There has been some recent forward movement with regards to the understanding as to whether the use of workplace counselling (EAPs specifically) leads to a Return on Investment. However, the use of workplace counselling is increasing suggesting that organisations and users must find some benefits from using the service.

- Evidence of the effectiveness of workplace counselling is still in many ways being hampered by the methodological challenges in conducting evaluations, including a limited number of randomised-control trials, little longitudinal data and limited (if any) access to provider data that would help to improve usage and outcome evaluations (and even if they did how 'utilisation' was measured is not standardised). Roundtable delegates were eager to try and improve this research gap, especially when organisations are experiencing austerity and decisions need to be made as to what services are most beneficial to organisational and employee outcomes. These methodological challenges should not deter future research in this area.

- With regards to the future of workplace counselling, the literature and the roundtable both highlighted two major areas of progression. Firstly, more research needs to be undertaken to fill the identified research gaps, including a multi-stakeholder approach; longitudinal research to understand if any positive outcomes are sustained; standardising definitions in the data being collected so benchmark data can be collected for future comparisons, and finding a way through which providers are willing to share consumer data. Secondly, how workplace counselling develops so it continues to provide a 'high quality service' under increasing pressures needs further research, with concerns that demands for the service are out-stripping supply. How workplace counsellors are trained and undergo continued supervision within budgets needs to be considered, so the quality of workplace counselling is maintained. It may be that with improved technological advancements, new ways of providing workplace counselling services can be developed, but these will need to be piloted to establish their effectiveness. Finally, there was a concern that workplace counselling is often 'reactive' with service providers keen to understand if there are ways their services could be used to deliver a more proactive approach to identifying mental ill health at work.

- With the focus in policy on improving 'good work' and helping those with mental health conditions thrive at work, it is important to recognise the role that workplace counselling can have in this agenda, especially if it sits alongside other workplace interventions that also promote employee health and wellbeing such as job quality and line management.

5   Recommendations

A number of recommendations for future research have been made on the basis of these findings:

■ There is still a need to improve the quality of evidence and methodological challenges when evaluating workplace counselling. For example, longitudinal studies to determine the long-term effects of workplace counselling are recommended, as well as RCTs. Both of these may provide further credence and value to the evidence base.

■ A standardised measure of effectiveness for workplace counselling could be developed. An example of this includes terms like 'utilisation' which are measured differently across workplace counselling providers, which hinders effective evaluation.

■ Workplace counselling providers remain hesitant in sharing their utilisation data, which will help the industry understand the state of the market of workplace counselling use, what model of workplace counselling is most popular, and how any providers evaluate their effectiveness. Providers are concerned that releasing such data will have implications for their competitiveness. However, if this data was available researchers would be able to develop a clearer understanding of why workplace counselling is used, who uses it and how the service is accessed.

■ Understanding the use and effectiveness of workplace counselling from a variety of stakeholders may provide further evidence of workplace counselling use and effectiveness. For example – if line managers are important for the wellbeing of employees, what do they want from workplace counselling interventions? Do they understand the different methods and models of workplace counselling and whether the right ones are being used in their organisation? There is still little research from the user's perspective about what aspect of the service they appreciated, whether they would use it again, and whether the service has been effective for tackling the original issue that they approached workplace counselling for.

■ In addition to the multiple-stakeholder approach, research should be undertaken with organisations who do not implement workplace counselling as a health and wellbeing intervention, what they use instead, what their concerns about workplace counselling are and what could providers do to engage organisations with their services.

■ Workplace counselling is just one intervention in a suite of workplace health and wellbeing interventions organisations have the possibility to access. This provides a challenge to researchers with regards to measuring the effectiveness of workplace counselling over and above other wellbeing practices employees have access to. It may be worthwhile to undertake a piece of research comparing workplace counselling with other wellbeing interventions in an attempt to determine its relative effectiveness to both individual and workplace outcomes.

References

Alker L P, Cooper C (2007), 'The complexities of undertaking counselling evaluation in the workplace', *Counselling Psychology Quarterly, 20,* 177-190

Arthur A R (2000), 'Employee assistance programmes: The emperor's new clothes of stress management?', *British Journal of Guidance and Counselling, 28*, 549-559

Attridge M, Menco H, Stidsen A. (2018), 'Significant WOS Study: Internal EAP Results', *Journal of Employee Assistance, 48, 4th Quarter 2018*

BACP (2016), *Counselling in the Workplace,* Sector Overview 001*,* BACP: Lutterworth

Bajorek Z M (2016), *Employee Assistance Programmes (EAPs). Supporting good work for UK employers?*, The Work Foundation, London

Bajorek Z M, Shreeve V, Bevan S, Taskila T (2014), *The Way Forward: Policy options for improving workforce health in the UK*, London: The Work Foundation

Bevan S, Bajorek Z M (2019), *Designing and testing a Return-in-Investment tool for EAPs,* IES: Brighton

Bevan S, Brinkley I, Bajorek Z M, Cooper C (2018), *21st Century Workforces and Workplaces: The challenges and opportunities for future work practices and labour markets,* London: Bloomsbury

Black C (2008), *Working for a healthier tomorrow. Review of the health of Britain's working age population*, Department for Work and Pensions, London

Black C, Frost D (2011), *Health at work – an independent review of sickness absence*, London: The Stationary Office

BOHRF (2005), *Workplace interventions for people with common mental health problems: Evidence review and recommendations*, London: British Occupational Health Research Foundation

Buon T, Taylor J (2007), 'A review of the Employee Assistance Programme (EAP) Market in the UK and Europe' Available at: https://www.tandfonline.com/doi/abs/10.1080/15555240802540079 [accessed January 2019]

Carroll M (1996), *Workplace Counselling*, London: Sage

Chestnut Global Partners (2017), *Comparing Improvement after EAP counselling for different outcomes,* Workplace Outcome Suite (WOS) Annual Report 2017 Available at:

http://www.eapassn.org/Portals/11/Docs/WOS/WOS_AnnualReportFinal2017.pdf?ver=2017-09-15-173501-900 [accessed February 2019]

Council for Work and Health (2014), *Planning for the future: Delivering a vision of good work and health in the UK for the next 5-20 years and the professional resources to deliver it* Available at: .uk/wp-content/uploads/2018/07/Planning-the-Future-OH-and-its-Workforce-April-2014.pdf [accessed January 2019]

Csiernik R (2003), 'Employee Assistance Program utilisation: developing a comprehensive scorecard', *Employee Assistance Quarterly, 18*: 45–60

Csiernik R (2004), 'A review of EAP evaluation in the 1990s', *Employee Assistance Quarterly, 19*, 21-37

Dainas C, Marks D (2000), 'Evidence of an EAP cost offset', *Behavioural Health Management,* July/August

Department for Work and Pensions (2005), *Health, work and well-being: caring for our future: a strategy for the health and well-being of working age people*, Sheffield: Department for Work and Pensions

Department of Health (2004), *Choosing health: making healthy choices easier*, London: The Stationary Office

Donne M (1990), 'Workplace counselling from a personnel professional's perspective', *Employee Counselling Today, 2,* 18-20

UK Employee Assistance Programmes Association (EAPA) (2012), EAP Guidelines Available at: http://www.eapa.org.uk/wp-content/uploads/2014/02/UK-EAPAGUIDELINES-DOCUMENT.pdf [accessed January 2019]

Farmer P, Stevenson D (2017), *Thriving at work. The Independent Review of Metal Health and Employers* Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf [accessed January 2019]

Friery K (2006), 'Workplace counselling – who is the consumer?' *Counselling at Work, 54*

Highly J C, Copper C L (1994), 'Evaluating EAPs', *Personnel Review,* Vol. 23

HSE (2018), *Summary of the evidence on the effectiveness of Mental Health First Aid (MHFA) training in the workplace* Available at: http://www.hse.gov.uk/research/rrpdf/rr1135.pdf [accessed January 2019]

Hughes R, Kinder A (2007), *Guidelines for counselling in the workplace,* BACP

Kinder A, Park R (2004), 'From welfare to workplace counselling', *Counselling at work, Spring,* 14-17

Kirk A K, Brown D F (2003), 'Employee Assistance Programs. A review of the management of stress and wellbeing through workplace counselling and consulting', *Australian Psychologist, 38,* 138-143

Maiden R P (1988), 'EAP Evaluation in a Federal Government Agency', *Employee Assistance Quarterly Special Edition,* 3

Masi D A (2011), 'Redefining the EAP field', *Journal of Workplace Behavioral Health, 26*, 1-9

McClellan K (1989), 'Cost benefit analysis of the Ohio EAP', *Employee Assistance Quarterly,* 5, 67-85

McLeod J (2001), *Counselling in the workplace: The facts*, Rugby: British Association for Counselling and Psychotherapy (BACP)

MacLeod J (2008), *Counselling in the workplace: A comprehensive review of the research evidence, 2nd edition*, British Association for Counselling and Psychotherapy (BACP)

MacLeod J (2010), 'The effectiveness of workplace counselling: A systematic review', *Counselling and Psychotherapy Research, 10,* 238-248

MacLeod J, Henderson M (2003), 'Does workplace counselling work?', *British Journal of Psychiatry, 182,* 103-104

MacLeod J, MacLeod, J (2003), 'How effective is workplace counselling? A review of the research literature', *Counselling and Psychotherapy Research, 1,* 184-190

Mellor-Clark J, Twigg E, Farrell E, Kinder A (2013), 'Benchmarking key service quality indicators in UK Employee Assistance Programme Counselling: A CORE system data profile', *Counselling and Psychotherapy Research, 13*, 14-23

Nixon J, Carroll M (1994), 'Can a line manager also be a counsellor?', *Employee Counselling Today, 6,* 10-15

Parker L, Bevan S (2011), *Good Work and Our Times: Report of the Good Work Commission*, London: The Work Foundation

Pompe J, Jacobson-Fray J, Sharar D, Imboden R, Bloom L (2017), 'An internal EAP may still be right for your organization', *The Journal of Employee Assistance, 47(2), 2nd Quarter*

RSA (2018), *Measuring Good Work: The final report of the Measuring Job Quality Working Group,* Available at: https://www.thersa.org/globalassets/pdfs/reports/measuring-good-work.pdf [accessed January 2019]

Taylor M, (2017), *Good work: the Taylor review of modern working practices,* RSA:London

Van der Klink J L, Blonk R W B, Schene A H, van Dijk F J H (2001), 'The benefits of interventions for work-related stress', *American Journal of Public Health, 91*, 270-276

Waddell G, Burton A K (2006), *Is work good for your health and wellbeing?,* London:TSO

Worrall L M (1999), *Evaluation of the effectiveness of an employee counselling programme,* Department of Psychology: Keele University

Vaughan-Jones H, Barham L (2009), *Healthy work challenges and opportunities to 2030,* The Work Foundation, London