



# GOOD PRACTICE GREECE HELLAS EAP

# **Contact person (NCO)**

### Name and organisation

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# General information about the MOGP

## Name of organization and short description

HELLAS Employee Assistance Programs Ltd, staffed with 25 employees, brings services of behavioural managed care and rehabilitation mental health services. Hellas EAP proposes a "Disability Management Service" described as a safe and sustainable return-to-work practice for complex and/or long-term absence caused by physical, mental or a combination of both illnesses.

#### **Contact person**

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#### Website

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# Information on the good practice 'HELLAS EAP'

## **Aims**

- Promote a healthy, safe and accessible work environment;
- Ensure that people with disabilities have equal opportunities in the workplace, minimizing discrimination;
- Foster an early and safe return to employment;
- Maximize the effectiveness and contribution of employees with disability to the organization;
- Allow employees to sustain employability, income and social ties;
- Increase the number of employees who successfully return to work after an injury, accident or chronic illness;
- Reduce the human and financial costs of disability for employees, employers and the society;
- Minimize the negative consequences of disability on the employee himself, his family, coworkers, organization and the society;
- Encourage all stakeholders to actively participate and foster a workplace Disability Management Service through mutual trust and common efforts.

# **Target group**

The target group includes employees who were diagnosed with and suffer from chronic illness due to physical/mental health problems, injuries and/or accidents.

# **Description**

- 1. Establish management commitment and support;
- 2. Develop a manual of Policies & Procedures on Disability Management in the workplace in collaboration with the Coordinator of the Disability Management Team;
- 3. Communication and awareness-raising:
  - Training & orientations for: a) managers b) employees c) unions, regarding the implementation of the EAP Disability Management Service
  - Promotional material
  - Relevant articles and a publication promoting the program via the intranet
  - Wellness campaigns & presentations
- 4. Implementation:
  - The case is <u>referred</u> by the return-to-work coordinator of the organisation to the EAP Disability Case Manager. The referral includes all the forms required for the admission to the direct services i.e. referral, history of the case etc.
  - Assessment of the employee's problems and needs by the EAP Disability Case Manager. The employee signs the following forms: Intake Form, Consent Form, Release of Information Form.
  - Re-evaluation of the existing stakeholders and/or selection of the additional ones, which will be involved.
  - <u>Psychosocial and/ or psychometric evaluation</u> by the EAP Counsellor / Member of the Affiliate Network.



- Defining <u>rehabilitation goals</u> and design a <u>personal recovery plan</u> by the Case
   Manager in collaboration with the employee. The employee gives his written consent
   for the implementation of the plan and signs a release of information to the EAP Case
   Manager in order to give him the written authority to contact all parties involved while
   protecting the employee's personal data.
- <u>Development</u> of a self-management plan. For this purpose a practical guide is given to the employee, which describes: a) his rights and obligations, b) key observations about common characteristics of his situation and recommendations for handling it effectively.
- Implementation of the Personal Recovery / Rehabilitation Plan.
- <u>Coordinate the above activities</u> of all parties involved via steady face-to-face follow-up meetings and telephone contacts (in house, in hospitals etc.).
- <u>Documentation</u> of all the activities for each case. The recordkeeping includes all the progress notes of the interventions, scheduled meetings, follow-up communications, etc.
- <u>Fitness For Duty Evaluation</u>. An assessment to determine an employee's medical or psychological fitness to perform their essential job tasks.
- <u>Job tasks analysis</u>. It refers to a process of evaluating appropriate return-to-work options for injured or ill employees. Information regarding the job description, tasks and demands are evaluated before the admission of employee to the program.
- <u>Preparation of the work environment</u> (supervisor and colleagues) in order to facilitate a smooth and successful return to work for the employee.
- · Closure of the case.
- Recommendations based on the progress of the initial rehabilitation plan and the goals accomplished.
- · Evaluation of the program.
- Follow-up of the case by EAP Disability Case Manager after 3 and 6 months intervals in order to evaluate the progress, to detect any potential risks and to identify further needs.

# Why is it a good practice?

The EAP Disability Management Service constitutes a holistic approach and covers the following criteria for success:

- High standards of assessment;
- Focus on early interventions in the work environment;
- Effective distinction between the treatment provided and the additional interventions available;
- On-going case management based on the individual's needs and abilities;
- Support and commitment of all key players (HR, Leadership & Management, Organizational Health, Health & Safety, EAP Provider, medical practitioners, family etc.);
- Clear distinction between the roles and responsibilities of the participants involved;
- Continuous monitoring and evaluation of the program.



# Results

#### **Evaluation**

During the period 2006-2013, the EAP Disability Management Service has been provided to 7 companies from the Banking, Industrial, Pharmaceutical and Commercial sector. Number of closed cases served: 91 (Physical & Mental Health Issues).

Results from HR / Managers / Health & Safety Department satisfaction questionnaires:

- 95,2% declared high satisfaction regarding the quality of the program
- 97,3% absence of relapse within 1 year upon return to work
- 97,8% satisfaction about work performance
- 98% satisfaction with the disability management process

Results from served employee satisfaction questionnaires:

- 97,4% declared high satisfaction regarding the quality of the program and support services
- 98% declared the intervention resulted in quick rehabilitation and safe return to work
- 86% declared improvement in relation to their emotional well-being
- 80% declared improvement in work-life management

GAF (Global Assessment of Functioning) scale

• GAF average of employees upon entering: 31, upon discharge: 62

## **Incentives for success**

- Quality of the links among multiple stakeholders;
- When health promotion initiatives become part of their overall corporate strategy.

## **Barriers for success**

Difficulties in client organizations who implement ad hoc Disability Management programs:

- Lack of adequate organizational policies and procedures for the prevention, early identification and/or intervention for employees with chronic illness and/or disabilities.
- Lack of the necessary statistics and record documentation that can provide accurate information regarding absenteeism, costs and productivity.
- Conflict of interest between the employer and the Unions / employee representatives.
- The existence of stigma, discrimination and exclusion of employees with chronic illness and/or disabilities in the workplace and especially from fellow employees and/or managers-supervisors.
- Lack of preparation during the return to work process, both for employees with chronic illness or/and disabilities and regarding the work environment.
- Reluctance of the management to assist and facilitate the employees during adjustment.
- Lack of efficient people management skills from supervisors, including effective communication, sensitivity, etc.
- Lack of an advanced promoting health and well-being at work culture. In many enterprises, there is a total absence of health campaigns, presentations and other activities regarding the promotion of health, safety and disability at the workplace.
- Lack of a comprehensive legislation, which focuses on preventive & intervention services regarding work-related psychosocial risks.

