

## EAP Mandate and Service (continued)

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- Training/education activities, such as rounds (for new employees and employees either going out to or returning from post) and EAP-related workshops on the following topics:
  - stress management
  - managing change and transition
  - conflict resolution and personal effectiveness
  - alcohol/drug awareness
  - stress management and cultural adaptation
  - how to manage difficult/underperforming employees (for managers/supervisors)
  - managing cutbacks and downsizing
  - managing abroad
  - dealing with angry clients/anger
  - introduction to supervisory skills (for those who want to become supervisors)
  - preparing for the future (for those who want or need to reorient their career)
  - teambuilding
  - making lifestyle changes

The EAP counsellors also conduct a module of pre-posting briefing sessions (on culture shock and on critical incident stress “inoculation”) and organize and sponsor a series of noon-hour sessions. Adult family members are invited to participate in all training activities except those designed specifically for management.

## TRENDS/HIGHLIGHTS

This year, for each category of services we offer, we identified the following trends:

### 1. Counselling

- Although the overall number of clients decreased by 43 percent, from 833 (last fiscal year) to 500 (this fiscal year), the total number of sessions has decreased only slightly, from 1,507 to 1,389. The average number of sessions per client has therefore increased by a little more than one full session (1.1), from 1.71 (last fiscal year) to 2.8 (this fiscal year). This represents a 64 percent increase. The average number of sessions per client has been steadily increasing over the last five years. This is probably a result of an ever increasing number of cutbacks to health care and social programs in general, which has translated into ever longer waiting lists for the services provided by community resources. These community services are usually free of charge or their fees are proportional to one’s income; they are therefore less expensive than services provided by mental health practitioners in private practice. For most of us, the financial situation is tighter than it used to be, making access to the services of private practitioners more difficult (even when their fees are admissible under the Public Service Health Care Plan the coverage is limited). Also, we have observed that clients usually feel more confident in using our services for work related issues, as opposed to using the services provided by community resources. Clients feel, rightly so, that we have a better understanding of the organizational culture of the Department and that we can therefore better assist them in resolving their difficulties. In addition, the decrease in the number of employees and family members needing help probably means that the time and energy we have invested in prevention activities is starting to pay off.
- The percentage of family members using our services (15.6 percent) is about the same as last year (14.6 percent).
- The percentage of our clients who are Locally Engaged Staff (LES) is the same as last year (7.4 percent).