

EAP in Russia

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In D. Masi and C. Tisone (eds) *The 4th International EAP Compendium*. Boston, MA: Masi Research, 204-208.

Until recently, EAP in Russia was virtually an unknown concept primarily offered to expatriate workers, not the local national workforce. However, over the past few years, EAP has become a part of the employee benefits package being offered by just a few U.S. based multinationals in Russia to local hires, or Russian workers. Foreign companies that operate in Russia seem particularly aware of the toll of excessive alcohol consumption and psychosocial stress among workers as they grapple with safety and productivity problems. The rationale for exporting EAP outside of North America to Russia was varied, and included:

1. Awareness that the leading causes of disability and lost productivity in Russia are very linked to alcoholism and depression.
2. Viewed as an appreciated service at a modest cost to the multinational employer.
3. Emphasis on “streamlining” health and wellness benefits across the world where feasible.
4. Hunch that providing easy access to quality professional help may eventually “pay off”.
5. Fledgling recognition that “Western” style interventions may help with problems in a Russian workforce.

As far as the author’s know, the formation in 2008 of Corporate Health (CH) as a legal Russian-based entity is Russia’s first provider dedicated to EAP (and related services). Prior to formation of CH, Professor R. Paul Maiden currently with the University of Southern California School of Social Work, did some demonstration projects to introduce the EAP concept to some Russian employers in high risk industries under a U.S. State Department Senior Fulbright Scholars Program.

CH currently provides EAP to multinational organizations with operations in Russia out of its Moscow service center, but is actively working to acquire EAP contracts with indigenous Russian-owned companies. CH is owned and operated by four equal partners, including two individual owners and two organizational owners:

1. Alexander Shtoulman is a Russian physician and addictionologist based in Moscow. He is the Managing Director of CH.
2. Konstantin von Vietinghoff-Scheel is a psychologist from Germany and the owner of Corporate Counselling Services Sarl, an EAP based in Luxembourg that serves corporations throughout continental Europe.

3. Harris, Rothenberg International, based on Wall Street in New York City, provides EAP and Work-Life services to multinational corporations around the world.
4. Chestnut Global Partners, based in Bloomington, Illinois, is a wholly-owned subsidiary of Chestnut Health Systems and provides EAP and expatriate family support in over 120 countries.

In addition to EAP, CH provides related products to meet the specific requests of Russian organizations, including:

- Workplace training and consultation on a range of emotional and wellbeing topics, such as Conflict Resolution and Coping with Change.
- Crisis Management Response to assist companies in the aftermath of a critical workplace incident.
- Executive Substance Abuse Intervention to provide discreet and specialized support and intervention to managers dealing with substance abuse or dependency.
- Stress Management interventions and training to target to target the sources of occupational stress.
- Occupational Alcoholism Program, similar to an EAP but limited in scope to alcohol and drug use.
- Expatriate family support to help expats in Russia with any personal issues interfering with an assignment in Russia.

The ability to have a confidential conversation with a professional counselor, as sponsored by one's employer, is a novel concept in Russia. Psychological counseling has not been routinely sought after as a way to cope with a personal problem or change one's behavior. During the prior Soviet era, many Russians viewed mental health care as "politicized" where massive and unnecessary hospitalization occurred among those who disagreed with the Soviet system as a dissident. Psychiatrists, who heavily pushed psychobiological treatments, were not necessarily trusted with less severe personal difficulties. This has contributed to the larger Russian society view of apprehension or ambivalence when considering asking for help from a mental health professional.

There are a slow growing number of nongovernmental organizations in Russia that address specific health and social needs, such as HIV/AIDS, mental illness, domestic violence, trafficking of women, and other issues. The presence of these organizations, and the growing media attention to the health and social problems in Russia, may be eventually help to reduce some of the stigma and misunderstanding of "help seeking".

CH's main goal in the coming months is to educate employers and human resource purchasers that they have a vested interest in supporting workplace programs designed to improve employee health and wellbeing. While there is a case for

stronger government intervention to curtail the health problems caused by behavior and lifestyle, private employers must play a larger role for Russia to sustain any economic progress. There is an urgent need for EAP type services in Russia, but Russian employers lag behind Europe, Asia, and South America in gradually embracing EAP as a legitimate program of action. A fundamental problem is overcoming the Russian attitude about taking responsibility for one's health. A by-product of the Soviet regime is a large scale belief that it is up to the doctor, not the patient, to manage a health problem.

Urgent need for EAP type services in Russia

The World Bank's 2005 report on addressing premature mortality and ill health in Russia indicates the poor health status of Russia's active adult employed population – its "human capital" – is more alarming than worrisome. The labor pool is shrinking, and if the current trend persists, the Russian population will decline over 30% in the next 50 years. According to the World Bank report, the probability that a 15 year old Russian boy will die before age 60 is over 40%, much higher than countries like Brazil or Turkey. The health status among adult workers in Russia, as reflected by death rates for people of working ages, was better four decades ago than it is today. There are numerous preventable risk factors that are directly linked to behaviors among Russian workers, and could fall under the purview of an EAP:

1. **Alcohol use, dependence, and poisoning** are notorious risk factors in Russia and remain a major public health problem. The Lancet, a medical journal, in July of 2009 indicated that alcohol induced disease caused about half of all deaths of Russians between the ages of 15 and 54. Many workplace injuries in Russia are clearly related to alcohol use disorder.
2. **Tobacco consumption.** Russia has one of the world's highest smoking rates among men, and in 1999, 6 out of 10 adult males were smokers. Average daily consumption is on the rise.
3. **Suicide and mental illness.** Russia's suicide rate is much higher than European Union countries or the United States, particularly for middle aged working men. Mental health problems, such as depression or bi-polar illness, account for 20% of all those registered as disabled.
4. **Psychosocial stress** has increased as a result of unprecedented changes in Russia's economic condition and the reduction of "safety net" services. Psychosocial stress may manifest itself as depression, anxiety, domestic violence, and divorce. The current ratio of marriages to divorce is 1,000:800, or 80% of marriages end in divorce. Family stress in Russia is also complicated by the large number of estranged couples who cannot afford to move out or physically separate. With this high divorce rate, many mothers are constantly working and children are growing up with a father, or an abusive one.

These risk factors suggest that psychosocial stress and lifestyle issues have played a significant contributory role in triggering the rise in excess mortality among adult workers in Russia. This current health and wellbeing crisis has been building for several decades, and Russia's health and social service delivery systems seem challenged and preoccupied with maintaining very basic services. How are individual workers and their families going to develop more adaptive coping skills and learn to manage everyday stress? Leaders in the Russian workplace must come to understand that the health of their workforce is crucial to prosperity – and act on that understanding by embracing EAP and related workplace wellness programs. Now is the time for Russian companies, not just western multi-nationals with operations in Russia, to turn their attention to the main risk factors leading to premature death, disability, and poor productivity – smoking, excessive alcohol consumption, and psychosocial stress.

Heavy drinking, alcohol dependence and the workplace

There is a growing literature that implicates the long standing tradition of heavy drinking in Russia to a host of health, social, and work related problems (Pridemore, 2002). Rates of alcohol consumption in Russia are among the highest in the world, and have increased dramatically after the break-up of the former Soviet Union and the introduction of Perestroika (“openness”). There are numerous accounts of the very high prevalence of drinking to the point of unconsciousness by both men and women, of all occupational and social strata, to a level that has amazed writers and commentators (McKee, 1999). The evidence is compelling that alcohol is a major risk factor in widespread changes in morbidity, mortality, productivity, and employment trends (Pridemore, 2002). In terms of the workplace, White (1996) stated that around 75% of absences from work in Russia can be attributed to alcohol, with estimates of total productivity losses due to alcohol at over 20%. Binge drinking is reportedly a very serious problem, particularly for field workers who have a 30 day “on”/30 day “off” schedule, the latter spent on daily binge drinking.

Standard treatment for alcoholism typically consists of a referral to a hospital “Narcologist” who uses valium or a sedative for detoxification, followed by vitamin shots and perhaps hypnosis or a single session of “directive” psychotherapy. There is little infrastructure for treatment such as scientific assessment tools or levels of care outside of inpatient detoxification. Self-help groups as Alcoholics Anonymous are rare and the use of evidenced-based intervention is virtually non-existent. There are almost no programs with a focus on alcohol prevention or early intervention, and little educational information available to teachers or health professionals.

Although the role of private sector employers is critically important in addressing performance impairment caused by alcohol problems, the adoption of traditional “occupational” alcoholism programs by major Russian employers is negligible. There are only a couple small “pilot” programs in operation, mostly in the oil and gas industry. Some commentators have argued that heavy drinking is so ingrained

in Russian culture and character it is impossible to tackle. Theoretically, it seems possible to persuade employers to better utilize the workplace as a lever for action, but the case for a “workplace intervention” model has not yet been tested and validated in a large Russian organization. There is an opportunity to present occupational alcoholism programs to Russian employers...intervention models that took hold in the U.S. in the 1950s that reached a large number of alcohol-impaired workers...could conceivably work in Russia.

Mental health providers in Russia

Mental health treatment in Russia was historically dominated by hospital inpatient treatment and psychiatrists (medical doctors). Psychiatrists are the only mental health practitioners in Russia who are regulated by any licensing authority. Even though Russian universities are increasingly offering courses in psychological counseling and social work, there are no regulations, licensing authorities, or ethical standards to govern the work of these non-medical practitioners. There are no mechanisms to address or sanction the misconduct or unprofessional behavior of counselors in Russia. An individual can simply receive the equivalent of a Bachelor’s degree in Psychology and engage in a counseling or therapeutic relationship. Providers of counseling and psychological services in most areas of Russia are not uniformly or sufficiently equipped in terms of knowledge and clinical skills, geographic distribution and supply, and operational infrastructure. The provision of evidenced-based psychological interventions is very limited, arising from a lack of access to training and journals on how to diagnose a mental health disorder and effectively implement an evidenced-based intervention.

The variety of individuals claiming to be “counselors”, credentials, office settings, record-keeping systems, degrees of clinical training, available supervision, and theoretical orientation has significant implications for multinationals or employers who purchase EAPs in Russia. Purchasers and consultants need to recognize that the ultimate quality of the primary EAP vendor is largely dependent on that vendor’s ability to prepare, influence, train, and monitor a remote and far-flung network of providers where no standardized credentials for practice exist. Even today, there are many counselors in Russia who remain psychoanalytically oriented, and this orientation does not fit in an EAP model that emphasizes accurate assessment and using evidenced-based, short-term interventions.

The compulsory insurance scheme introduced in the 1990s and funded through central taxation does not include coverage for outpatient mental health counseling. Russian employers typically do not have private insurance that allows for third-party payments to cover mental health counseling or psychotherapy. This means counseling is available only to those who can afford private fees, or have access to an EAP. Because of this, EAPs in Russia frequently do not have good referral options beyond the EAP that are covered by insurance, so the bulk of EAP work is short-term counseling within the EAP.

Conclusion

EAPs can be a key strategy to help the Russian workforce address the alarming high mortality rates among workers directly caused by modifiable lifestyle factors and untreated behavioral health disorders. The concept is practically brand new in Russia, and there is a mountain to climb in terms of overcoming the people's suspicion of psychological counseling and changing their notion of "health" to be less focused on "curative" medicine and more on motivating behavior change.

Russia's natural resources are without parallel, but its human capital is at major risk. A debilitated workforce is a barrier to economic success. EAPs and related workplace programs are not a panacea for what ails the Russian workforce, but employers and human resource professionals in Russia must invest in programs that can intervene, and hopefully prevent, the diseases and disorders largely caused by lifestyle risk factors.