

Perspectives on the Employee and Family Assistance Programme for Correctional Workers in Saskatchewan: Challenges and Opportunities

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Introduction

The physical and psychological hazards of correctional work are varied, intense, and compounding, contributing to its conception as a form of 'dirty work,'² that is, work that is perceived as physically and/or symbolically degrading and morally tainted in some capacity.³ Alongside a myriad of occupational stressors, exposure(s) to potentially psychological traumatic events (PPTs), including witnessing and experiencing physical/verbal violence, suicide attempts/completions, self-injury and other types of harm,⁴ is a regular feature of work in certain correctional settings.⁵ The demands that many correctional workplaces put on employees contribute to adverse mental health outcomes, such as burnout, mental health disorders (e.g., Posttraumatic Stress Disorder (PTSD), General

Anxiety Disorder (GAD), Major Depressive Disorder (MDD)),⁶ and an increased and disproportionate risk of death by suicide,⁷ or suicidal thoughts and behaviours,⁸ when compared to the general population and other public safety personnel.⁹

In response to adverse impacts of correctional work on staff, a growing number of workplace initiatives have been implemented to support the health, well-being, resilience, and perseverance of correctional staff internationally, including Employee Assistance Programmes (EAPs).¹⁰ Such programmes, while varying in form, typically include services for employees and their families to assist in areas of personal concern that may also be affecting their job performance. While research outside of correctional services documents positive outcomes associated with EAPs such as increased presenteeism,¹¹ there remain

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2. Hughes, E. C. (1951). Work and the self. In J. H. Rohrer & M. Sherif (Eds.), *Social Psychology at the Crossroads* (pp. 313–323). New York: Harper & Brothers.
3. Chenault, S., & Collins, B. (2019). It's dirty work but someone has to do it: An examination of correctional officer taint management techniques. *Journal of Qualitative Criminal Justice & Criminology*, 8(1), 1-22.
4. Denhof, M. D., Spinaris, C. G., & Morton, G. R. (2014). Occupational stressors in corrections organizations: Types, effects and solutions. *US Department of Justice, National Institute of Corrections*, 54, 71-82.
5. Ricciardelli, R., & Carleton, R. N. (2021). A qualitative application of the Job Demand-Control-Support (JDCS) to contextualize the occupational stress correctional workers experience. *Journal of Crime and Justice*, 1-17.
6. Regehr, C., Carey, M., Wagner, S., Alden, L. E., Buys, N., Corneil, W., ... & Randall, C. (2019). Prevalence of PTSD, depression and anxiety disorders in correctional officers: A systematic review. *Corrections*, 1-13.
7. Genest, C., Ricciardelli, R., & Carleton, R. N. (2020). Correctional work: Reflections regarding suicide. *International Journal of Environmental Research and Public Health*, 18, 4280.
8. Johnston, M. S., Ricciardelli, R., & McKendy, L. (2022a). Fight or flight? Exploring suicide thoughts, experiences, and behaviours among correctional workers and their interventions of agency. *Sociology of Health & Illness*, 44(9), 1500-1516.
9. Lerman, A. E., Harney, J., & Sadin, M. (2022). Prisons and mental health: Violence, organizational support, and the effects of correctional work. *Criminal Justice and Behavior*, 49(2), 181-199.
10. Roche, A., Kostadinov, V., Cameron, J., Pidd, K., McEntee, A., & Duraisingam, V. (2018). The development and characteristics of Employee Assistance Programs around the globe. *Journal of Workplace Behavioral Health*, 33(3-4), 168-186.
11. Joseph, B., Walker, A., & Fuller-Tyszkiewicz, M. (2018). Evaluating the effectiveness of employee assistance programmes: A systematic review. *European Journal of Work and Organizational Psychology*, 27(1), 1-15.

minimal empirical insights regarding the perceived utility and efficacy of EAPs among correctional staff, especially in the provinces and territories of Canada.

Drawing on qualitative, open-ended survey response data from provincial correctional workers in Saskatchewan, Canada (n=55), we explore staff perspectives of the Employee and Family Assistance Program (EFAP) available to provincial correctional employees. While the open-ended survey questions did not specifically pertain to this programme, numerous respondents referenced this in discussions of workplace mental health and well-being. Their responses demonstrate discrepancies between normative expectations of the programme versus actual experiences with EFAP, which points to an appetite for more robust and specialised staff services that are tailored to the diverse needs of correctional workers. Unfavourable perceptions, however justified, of EFAP may contribute to strained bottom-up workplace relations insofar as the perceived shortcomings of the initiative are viewed as symbolic of the lack of recognition, representation, and support paid to correctional workers in their workplace and beyond.

Literature Review

The mental health crisis in correctional work

The impact of correctional work on mental health and well-being is captured by studies documenting the high prevalence of mental health disorders such as PTSD, GAD, and MDD among correctional staff.¹² A study in the province of Saskatchewan found that 80 per cent of staff had experienced a PPTTE at work, often with a high degree of exposure (i.e., multiple incidents). The study also found that around one-quarter of participants (26 per cent) reported symptom levels of

PTSD that met the criteria for clinical diagnosis.¹³ Perhaps unsurprisingly, those with symptoms of PTSD were also found to experience a lower quality of life and were more likely to experience problems across several well-being domains, as well as in the workplace, such as inter-personal issues and higher rates of absenteeism.

An issue identified by Stadnyk and others¹⁴ is the extent to which mental health disorders remain undiagnosed among staff, which can result in failure to receive effective treatment and support, thus leading to prolonged suffering and symptomatic periods.

Impediments to mental health treatment-seeking among correctional staff are varied, but may include factors such as financial considerations or burdens, logistical constraints (shift work/schedules), perceptions of self-sufficiency (i.e., that mental health matters are an individual responsibility), emphasis on resiliency (i.e., that one does not need treatment or interventions), lack of available and corrections-specific mental health services,¹⁵ and stigma — including gendered perceptions of treatment-seeking as indicative of ‘weakness’ or other traits non-favourable in correctional work environments.¹⁶

Organisational structures and staff well-being

Rather than buffering the impacts of stressful work events, researchers point to how correctional organisational climates can, in certain cases, precipitate further stress. Stressors within correctional social milieus include, for example, labour and work issues (e.g., overtime, excessive workload, staff shortages), inter-personal conflicts, and strained/stressful organisational social relations in general.¹⁷ An example of the latter is the conflictual relationships that can materialise between frontline workers and senior management.

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12. Carleton, R. N., Ricciardelli, R., Taillieu, T., Mitchell, M. M., Andres, E., & Afifi, T. O. (2020). Provincial correctional service workers: the prevalence of mental disorders. *International Journal of Environmental Research and Public Health*, 17(7), 2203.
13. Stadnyk, B. L. (2003). PTSD in corrections employees in Saskatchewan.
14. Johnston, M. S., Ricciardelli, R., & McKendy, L. (2021). Suffering in silence: Work and mental health experiences among provincial correctional workers in Canada. *Corrections: Policy, Practice and Research*. 1-19.
15. Johnston, M.S., Ricciardelli, R., & McKendy, L. (2022b). Improving the mental health of correctional workers: Perspectives from the field. *Criminal Justice and Behavior*. 49(7), 951-970.
16. Ricciardelli, R., Carleton, R. N., Gacek, J., & Groll, D. L. (2020). Understanding needs, breaking down barriers: Examining mental health challenges and wellbeing of correctional staff in Ontario, Canada. *Frontiers in Psychology*, 11, 1036.
17. Brower, J. (2013). *Correctional officer wellness and safety literature review*. United States Department of Justice Office of Justice Programs Diagnostic Center.

Some researchers have emphasized how frontline staff (e.g., correctional officers) may perceive management with suspicion and distrust, while viewing themselves as socially devalued within and beyond the organisation.¹⁸ Underpinning a sense of distrust and scepticism are views that the administration values prisoners' perspectives above staff's, and fails to understand the perils of correctional work, incorporate staff opinions, and make themselves visible within front-line operations.¹⁹ Among other burdens, this perceived lack of support can lead to increased job stress.²⁰

By contrast, perceptions of strong organisational support are positively associated with well-being measures and job satisfaction.²¹ Specifically, researchers suggest organisational support can improve well-being outcomes among correctional staff even in the face of inevitable operational stressors such as violence. For example, based on a large survey of correctional officers in California, Lerman, Harney and Sadin found that problematic outcomes associated with exposure to violence at work were mediated by perceived organisational support (POS).²² More positive perceptions of supervisors and management, and access to quality stress management training, were associated with a lower likelihood of reported mental health concerns. Other organisational factors that mediated mental health outcomes included perceptions of managerial and institutional responses to instances of violence, adequacy of safety equipment, and the availability of mental health resources and treatment options for staff.

Perceptions of organisational support may also impact the likelihood of staff accessing support services, as Tucker found in her study of police officers—a distinct but relatable sector of public safety professionals to correctional workers—'officers who feel supported by the organization and believe that the organization

supports the use of stress intervention services are more willing to use services' (p. 308).²³ Conversely, concerns about confidentiality of services as well as the stigma and fear associated with service access impeded staff utilisation of support services. The implication is that constrained employer-staff relations—often marked by a lack of organisational trust by staff—can contribute negatively to employee well-being by serving as an impediment to accessing support.

Interventions and solutions for correctional workers: What do(n't) we know?

Within correctional organisations, there are a growing list of interventions to promote staff well-being, such as training programmes, peer support groups (e.g., Critical Incident Stress Management Program [CISM]), resources for self-help, and EAPs.²⁴ At the heart of many EAPs is a recognition of the interplay between employee well-being and organisational well-being — that is to say, the performance of the organisation is influenced by the mental health and well-being of its staff. While employee assistance models vary across jurisdictions, initiatives typically involve access to a limited number of counselling sessions with professionals (such as psychologists or social workers), which may occur on-site, at an offsite service provider location, or remotely (e.g., by phone). The focus of support includes different matters of personal well-being, whether tied to work or non-work matters, that may implicate work performance (e.g., addiction, mental health, relationship issues, traumatic incidents, financial issues, and legal matters). While EAPs can be 'in house' (internal to the organisation), many are privately run, though sometimes fully covered by staff insurance plans.²⁵

More positive perceptions of supervisors and management, and access to quality stress management training, were associated with a lower likelihood of reported mental health concerns.

18. Crawley, E., & Crawley, P. (2008). Understanding prison officers: Culture, cohesion and conflict. In J. Bennett, B. Crewe, & A., Wahidin. (Eds). *Understanding Prison Staff*, 134-152. London: Willan Publishing.

19. Arnold, H., Liebling, A., & Tait, S. (2012). Prison officers and prison culture. In *Handbook on prisons* (pp. 501-525). Routledge.

20. McCarthy, W. D. (2012). *Causes of correctional officer stress and its consequences*. Indiana State University.

21. Liu, L., Hu, S., Wang, L., Sui, G., & Ma, L. (2013). Positive resources for combating depressive symptoms among Chinese male correctional officers: Perceived organizational support and psychological capital. *BMC Psychiatry*, 13(1), 1-9.

22. Lerman, A. E., Harney, J., & Sadin, M. (2022). Prisons and mental health: Violence, organizational support, and the effects of correctional work. *Criminal Justice and Behavior*, 49(2), 181-199.

23. Tucker, J. M. (2015). Police officer willingness to use stress intervention services: The role of perceived organizational support (POS), confidentiality and stigma. *International Journal of Emergency Mental Health and Human Resilience*, 17(1), 304.

24. Ferdik, F. V., & Smith, H. (2017). *Correctional officer safety and wellness literature synthesis*. US Department of Justice, Office of Justice Programs, National Institute of Justice.

25. Roche, A., Kostadinov, V., Cameron, J., Pidd, K., McEntee, A., & Duraisingam, V. (2018). The development and characteristics of Employee Assistance Programs around the globe. *Journal of Workplace Behavioral Health*, 33(3-4), 168-186.

There remains limited knowledge, however, regarding the extent to which mental health and wellness programs are experienced and perceived by correctional workers, and more generally, how the mental health vulnerabilities associated with correctional work can be mitigated through such organisational features. One exception is research by Willemse,²⁶ which examined perceptions of an EAP among correctional officers in South Africa. Willemse found that staff experienced different barriers to EAP access. One central barrier was perceived issues around privacy and confidentiality; specifically, officers feared that information provided to employee assistance personnel could be shared. Cultural stigma surrounding use of employee assistance (i.e., fear of being 'labelled' mentally unwell) was another impediment to use. Such obstacles surrounding confidentiality and stigma have been similarly noted by Tucker in relation to police.²⁷ Willemse also noted perceptions tied to programme referral were indicative of negative views of a staff member — explicitly the notion of the help-seeking staff member being 'weak'. Quality of service issues prevented or undermined use of employee assistance, including lack of familiarity among personnel of the realities inherent to correctional work.

Overall, there continue to be structural barriers to both the implementation and utilisation of support programs within correctional organisations, including lack of understanding of correctional workplace hazards, and cultural sentiments shaping the occupational climate. Given the high prevalence of mental health disorders among provincial correctional staff and the often highly stressful nature of correctional work,²⁸ the current study contributes to an understudied yet important phenomenon in correctional work by building understanding of the perceived efficacy and utility of current supports for employees, and identifying service gaps and areas for improvement.

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The Current Study and Programme Background

The current analysis examines correctional worker views of the EFAP available to them in the Canadian province of Saskatchewan. Having recently undergone changes,²⁹ the programme is now delivered by a third-party (LifeWorks by Morneau Shepell) and includes access to short-term counselling and other specialised services (e.g., legal, financial, health, and career-related). Services are also available for managers/supervisors seeking ways and resources to support staff. Accessing EFAP can be done online or by contacting the call centre. There is no cost for employees seeking to use services through the programme, and, despite concerns surrounding privacy documented in the extant literature, as well as in our findings section, it remains a confidential service.³⁰ Drawing on open-ended survey responses, we identify key themes shaping staff views of the programme, and theorise our findings in relation to the social dynamics that mediate experiences in correctional organisations. Our analysis does not represent a systematic evaluation of the programme; rather, we highlight staff perspectives shaping views and experiences of it.

Methodology

Prior to the COVID-19 pandemic, the Saskatchewan Correctional Workers Mental Health and Well-being Study was conducted among correctional workers in the province. The survey was administered through a web-based survey platform, Qualtrics, and asked respondents to report on a variety of different phenomena tied to their mental health, well-being, work experiences, and support-seeking. Survey recruitment occurred with the support of the ministerial and union representatives, who contacted potential respondents using email listservs. The recruitment email directed potential participants to the informed consent page of the survey. Following provision of informed

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26. Willemse, R. (2021). An investigation into the South African correctional officers' experiences of their work and the Employee Assistance Programme. *South African Journal of Psychology*, 51(4).
27. Tucker, J. M. (2015). Police officer willingness to use stress intervention services: The role of perceived organizational support (POS), confidentiality and stigma. *International Journal of Emergency Mental Health and Human Resilience*, 17(1), 304.
28. Konyk, K., Ricciardelli, R., Taillieu, T., Afifi, T. O., Groll, D., & Carleton, R. N. (2021). Assessing relative stressors and mental disorders among Canadian provincial correctional workers. *International Journal of Environmental Research and Public Health*, 18(19), 10018.
29. Government of Saskatchewan (2021). Available: <https://taskroom.sp.saskatchewan.ca/how-do-i/access-employee-programs/employee-and-family-assistance-program>
30. Government of Saskatchewan (2019). Available: <https://taskroom.sp.saskatchewan.ca/Documents/EFAPQandAs.pdf>

consent, participants could then commence the anonymous online survey. Participants were granted a unique access code that enabled completion of the survey over multiple sittings, if desired. Participants, on average, spent between 25-40 minutes completing the survey, however, completion time varied due to built-in skip patterns and differences in the length of open-ended responses. At Memorial University of Newfoundland and at the University of Regina, research ethics boards approved the study. Research approval was also received from the Saskatchewan Ministry of Corrections, Policing, and Public Safety. Participation was voluntary and there was no incentive provided for participating other than having one's voice heard, however, the survey could be completed during paid working hours.

A combination of closed and open-ended questions formed the survey. Questions pertaining specifically to EFAP were contained with closed-ended questions only, meaning no open-ended questions were included in the survey that specifically asked respondents about EFAP. However, many respondents used open-ended spaces in other questions to discuss EFAP. Responses across the various survey questions that pertained to EFAP constitute the data for the current analysis. In total, 840 individuals commenced the survey; however, the open-ended questions that form the data basis of the current study were all optional within the survey. We identified 55 responses that spoke directly to the EFAP programme, corresponding with 37 distinct participants (several respondents commented on the programme in more than one section). Some of the open-ended questions provided spaces for general comments following themed sections of the survey (e.g., exposure to correctional events, mental health experiences, suicide thoughts and behaviours) as well as the at the end of survey, while others were more directed/focussed in nature (e.g., 'Please state or explain any additional concerns or experiences you have had or any other information (e.g., workload issues)'; 'Please tell us what changes in your current work environment could have a positive impact on your mental health'; and 'Please tell

us how you think your job contributes positively to your overall well-being and outlook on life').

Correctional workers included staff across a range of positions, though correctional officers were the largest group (n=19). Other groups included probation officers (n=9), managers (n=6), and non-correctional staff (n=3). Due to small numbers within occupational groups, job descriptors are not presented for quotes so as to protect participant identities. Within the survey, women were more likely to speak to EFAP than men (i.e., the sample included 24 women and 12 men; in one case, gender was not specified). The greater

attention paid to the programme by women respondents may speak to gendered experiences (e.g., women possibly being more likely to access the programme), although gendered elements were not explored here.

The qualitative responses examined for the current analysis varied in length, some being a sentence or two, others being a few paragraphs. Data was coded using a constructed semi-grounded emergent theme approach.³¹ Our approach required the primary identification of emergent themes, which then underwent secondary and tertiary coding processes to elucidate nuances across participants' words within broader themes.³² We grouped the thematically analysed data

into a single working document, which we discussed collectively, before focusing on the salient themes across participant responses.³³ Quotes drawn from the data presented herein have, where necessary, been edited for spelling and grammar without compromise to the vernacular or content. We have also elected to paraphrase many quotations in cases where permission was not granted to directly quote the respondents.

Certain key methodological limitations are worthy of note. First, as open-ended questions did not specifically pertain to EFAP, it is possible that respondents who spoke to this question may have relatively strong views on the programme, which may or may not reflect views more generally among the larger population of correctional workers in the province. Second, because the data was collected by survey, rather than interviews or focus groups, we had

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31 Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage.

32 Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. Weidenfeld & Nicolson.

33 Corbin, J., & Strauss, A. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (4th ed.). Sage.

no opportunity to probe for clarification or to follow up on the participant responses. Third, we cannot for certain determine a sampling frame, given there is overlap between institutional and union listservs and because there are potential participants who were on leave at the time of data collection. Also, of note, some respondents referred to EAP, rather than EFAP, however, we recognise that respondents are actually referring to the same programme, as EFAP is the programme offered by the Ministry. A methodological advantage to the current study was the opportunity for staff to put forth sensitive matters privately and anonymously, as well as the discretionary room enabled by the nature of open-ended questions.

Findings

Negative Connotations and Perceptions

Reaching out for mental health support can be a daunting process; during this initial step, experiences of shame, stigma, guilt, anger, and/or the burdens associated with reporting and substantiating mental health suffering can potentially deter subsequent treatment-seeking.³⁴ Perhaps unsurprisingly, participants in the current study described certain impediments to taking the first step of accessing their EFAP programme, tied to both personal feelings (e.g., feeling overwhelmed by the prospect of initiating contact with a new counsellor) as well as social responses. Regarding the latter, some expressed negative connotations associated with the programme, particularly that it was not socially acceptable in their work environment (e.g., there is a 'negative stigma'), which could place in them in a position of social vulnerability, forced to 'justify' their need to access services. Their concerns parallel those expressed in previous studies, namely that accessing EFAP can have negative connotations, thereby impeding EFAPs use by correctional staff.³⁵

Negative perceptions of EFAP appeared to be, for some, tied to a broader sentiment of distrust within the organisational environment. Specifically, this sense of distrust appeared, for some, to colour perceptions of the employer-provided programme, with concerns that

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the programme was not, in fact, private and confidential. Here, concerns were expressed that employers were aware of who was accessing the programme and even the information shared in the context of this access. Illustratively, one respondent cited a previous negative experience, whereby, in their view, confidentiality was breached through information requests by managers of EFAP information, leading to a sentiment of distrust towards the programme. Although we are unable to verify (e.g., we could not probe the participant for clarification), in their view, access is not confidential — i.e., access is known to employers — thus deterring some from future access. While the programme is intended to serve as a confidential service, staff operating in an environment marked by mistrust may feel that they could be 'outed' regarding their accessing of EFAP, or that information

they share may not be kept private—and could even be used against them in the future. These sentiments evidence how organisational mistrust, combined with mental health stigma, can impede access to EFAP as an employer-provided support.

Service Quality, Continuity, and Limitations

When staff do overcome the personal and social obstacles associated with reaching out for help (e.g., stress, shame, guilt, stigma), some may face disappointment, frustration, and anger when the quality of services does not match their expectations. Highlighted by respondents who had accessed counselling through EFAP, participants felt the services available were not responsive to their mental health needs or provided in a way that made the support accessible and/or effective. Specifically, some respondents noted that EFAP counsellors were not attuned to the types of occupational stress injuries correctional workers may incur. For instance, a respondent commented on the lack of 'awareness and knowledge with many EFAP counsellors on how to deal with PTSD and deep trauma,' while another similarly expressed their disappointment with the limited 'access to mental health professionals that specialise in trauma disorders and have experience with first responders.'

34. Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37-70.

35. Willemse, R. (2021). An investigation into the South African correctional officers' experiences of their work and the Employee Assistance Programme. *South African Journal of Psychology*, 51(4).

Again, paralleling the findings of Willemse, their words speak to a sense that staff face unique occupational realities and work hazards, and thus EFAP services should be tailored and equipped to provide mental health interventions that are responsive to these experiences.

When a worker is faced with an immediate and urgent mental health need following exposure to a work stressor, they may struggle with negotiating and performing the emotional labour required to establish contact and rapport with a new counsellor whom they trust to listen to, who understands their concerns, and can effectively respond to treatment needs. For some, the format of EFAP was not necessarily conducive to an effective service provider-client relationship. Specifically, some expressed concern with restricted options and lack of choice in services, which could render it difficult to find a counsellor who is viewed as a good match. Participants expressed that pre-existing or preferred service providers were not accessible through EFAP following changes to the programme. They described how the restructuring of the programme had served to interrupt services due to changes in providers, potentially creating a barrier to treatment. For example, one respondent recalled how they had established a rapport with a previous EFAP counsellor, but due to changes in the programme, that counsellor was no longer an associated provider and they did not wish to start anew with a new provider. They, like many others, described this interruption as compounding their mental health needs: 'It made the process of accessing supports following a traumatic event much more difficult and stressful'.

Another constraint to establishing a positive therapist-client relationship and efficacy in treatment was identified as lack of continuity in care. Specifically, a common theme was issues tied to quantity, namely a cap on counselling sessions that resulted in insufficient assistance. While EFAP is not necessarily intended to provide robust or long-term treatment, respondents expressed frustration that the number of sessions offered was perceived to be insufficient for addressing their needs and concerns, as the service includes a few short sessions with a mental health professional. In the words of one respondent, available counselling sessions do 'not even come close to helping staff,' as the number of sessions 'barely addresses issues.' Responses indicate the sense that the duration of support was too

limited, failing to provide enough sessions to successfully support the development of skills necessary to develop an understanding of techniques to manage mental health concerns. Underpinning these assertions is an assumption that EFAP should serve as a comprehensive care strategy, which does not necessarily reflect its current or intended role.

Other participants further discussed the sense of insufficiency described by the above participant — that the support required for the occupational stress injuries experienced by staff failed to align with the quantity of the services provided. One respondent explained how their sources of mental distress arose from work-related incidents, yet work-provided supports through EFAP were inadequate to assist with such stressors. Participants who compared occupational stress injuries

with physical injuries, described a sense of incompleteness in service access: 'You wouldn't half treat a physical complaint, like an infection.' Like others, they lamented the seeming incompleteness of treatment provided through a small number of sessions: 'you need more than the few they supply. It should be until you feel better. Why provide a health related support and not follow all the way through?' Their words speak to a recognition that mental health injuries, like any type of injury, must be treated comprehensively ('until you feel better'). Responses express that

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generalised policies capping and limiting the treatment of any occupational stress injury may contribute to the sense that mental health-related work injuries continue to be conceptualised as categorically different in comparison to physical injuries. Again, the expectation among respondents appears to be that EFAP is an organisational solution to systematically addressing work-based injuries.

Another concern tied to access to services was the perceived wait times for services. Some expressed experiencing delays in accessing counselling services provided via EFAP, emphasising the importance of immediacy. Echoing others, a respondent exclaimed: 'WE NEED IMMEDIATE ASSISTANCE WITH THERAPY, NOT IN A WEEK!' They expressed that delays in service access could contribute to avoidance tendencies among certain staff: 'When someone needs to talk, there needs to be a professional available NOW. Because we are good at burying our problems if you make us wait a week; it won't seem important again later.' Their words suggest the window for intervention does not always align with the time required to access services,

and further points to a tendency of stoicism among correctional workers that can result in overlooking, downplaying, or ignoring emerging mental health problems. Some called for immediate interventions following stressful incidents, interventions that go beyond what is currently available (e.g., CISM).

As evidenced in the words of some respondents, beyond CISM, EFAP is understood to be the only form of support offered to staff aside from insurance benefits, which are not accessible to all staff, and are likewise viewed as insufficient in terms of covering the full costs of treatment services (e.g., counselling). The perceived insufficiency in mental health supports to offset the impacts of stressful or potentially psychologically traumatic work events and situations may leave staff feeling they are responsible for their mental health as an individual or localised problem.³⁶

One respondent, for instance, described how limitations in support structures and services left staff 'to try [to] deal with the impact individually or amongst colleagues.' For those who pursue support privately, the result of funding caps on services leaves them 'pay[ing] out of pocket for mental health support for mental health injuries sustained at work.' Perhaps in response, some respondents viewed initiation in mental health treatment via EFAP as potentially complicating access to care as the services initiated through the programme are seen as quite expensive (i.e., if users continue beyond funded sessions) and yet, not sufficient in quantity. The need to privately fund mental health supports can impede access; as one respondent explained, 'I will be paying for services which will affect my level of access.' The frustration expressed with these limitations in treatment funding sheds light on the expectation of respondents that occupational injuries fall within the realm of employer responsibility.

A factor possibly shaping expectations surrounding mental health care is that the mental health needs of correctional staff occur alongside those of correctional populations, leaving staff in a position to compare their relative quality of care. Comparisons within this context were drawn by some participants, expressed in terms of incarcerated persons having greater access to mental health services, precipitating a sense of injustice. While

there are likewise barriers to mental health care among incarcerated and justice-involved populations,³⁷ respondents reflected on the seeming availability of mental health services without cost to incarcerated persons as indicative of the low value placed on the mental health of staff.

Perceptions of Support and Social Worth

Across responses was the sense that although mental health concerns, including PTSD, are pronounced among correctional workers, supports are still lacking, with implications for both staff well-being and job performance. Some respondents discussed how, in the absence of adequate mental health supports, correctional work took a considerable toll on the well-being of staff: 'This is a difficult job, even when

with the appropriate resources. When we don't have the appropriate mental health resources, it has devastating consequences for our mental health.' One respondent succinctly described how mental health was the cost of correctional work: 'We all take the safety of the public, inmates and our role as Peace Officers very seriously, but are finding that we have to forfeit our personal mental health to work in this environment.'

In some ways, perceptions of the EFAP can aggravate employee tensions insofar as shortcomings of the programme are seen as a

reflection of broader, cultural, systemic issues. The anger and frustration with the programme, illustrated by reference to this as 'dysfunctional', 'ineffective' 'embarrassing' and 'a joke,' may speak to larger occupational tensions. As described earlier, the occupational field of correctional work, particularly front-line workers, is often shaped by a cultural script of distrust and opposition towards management. In this context, perceived failures of support programmes can be interpreted in relation to this cultural script, illustrated in the words of one respondent, who explained that the EFAP programme 'makes staff feel like the government does not care about us.'

Perceptions may also tie into the sense of social alienation that correctional workers may feel in relation to the wider public. As noted by previous authors,

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our mental health.

36. Johnston, M. S., Ricciardelli, R., & McKendy, L. (2021). Suffering in silence: Work and mental health experiences among provincial correctional workers in Canada. *Corrections: Policy, Practice and Research*, 1-19.

37. Reingle Gonzalez, J. M., & Connell, N. M. (2014). Mental health of prisoners: Identifying barriers to mental health treatment and medication continuity. *American Journal of Public Health*, 104(12), 2328-2333.

correctional workers (particularly officers) often perceive themselves as not respected by the public or held in high esteem.³⁸ Commenting on this sense of social estrangement, one participant explained, 'we are a hidden entity. We are not visible from the public, nor are considered a vocation that has public support, thus do we have the authority for advocacy in improvements to practices with our mental health, even though we are likely the group that needs the most support based on our job duties.' As evidenced in the respondent's words, the invisibility of correctional work compared to other criminal justice and public safety professions (e.g., policing) may render the mental health plight of workers more difficult to shed light on, and from the respondent's perspective, advocate for change.

Discussion

Our findings highlight that correctional workers experience challenges in mental health service provision through EFAP. Such challenges are, in large part, tied to social perceptions of the programme reflective of larger organisational tensions, as well as deviation between normative expectations (perceptions of what the programme ought to be) versus the actual or intended purpose of it. Emphasised in their responses is the extent to which supports could be better suited to the needs and circumstances of correctional workers, as current gaps and potential drawbacks of services may result in negative experiences in the context of treatment-seeking. The sometimes difficult, conflictive, and burdensome social contexts and relationships informing correctional work environments, the stigma underpinning mental health, and the cultural space that shapes correctional work, all inform how the mental health programming and services are both perceived and experienced.³⁹

Sentiments of distrust were tied to interpretations of and concerns around confidentiality, privacy, and anonymity when accessing mental health support or disclosing information in the context of such access. Organisational distrust is common within correctional organisations, particularly emanating towards upward

senior management and the correctional administration.⁴⁰ Specifically, this research indicates that correctional staff, particularly front-line workers, may find themselves socially situated against managers/employers, feeling vulnerable to blame and scepticism, while being deprioritised relative to prisoners/clients. In this context, it is perhaps not surprising that organisational suspicion would taint views of employer-provided supports. Combined with organisational distrust is the stigma surrounding mental health issues and resulting treatment-seeking behaviours. The prospect of shame and embarrassment, should one's usage become revealed, may deter accessing the programme (and other available programmes). Here, we see how staff may

perceive a need for mental health supports, yet simultaneously are wary about social perceptions in accessing such supports.

Perceptions of the quality of services, specifically as being non-responsive to complex and occupational specific mental health issues, represents a barrier to treatment seeking experienced by many correctional workers. Willemse too found that correctional officers felt disconnected from EAP personnel, i.e., they felt that staff did not understand their needs or work experiences. Brower also identified the availability of specialised professionals attuned to the different mental health

needs of correctional staff (and the realities of correctional work) as a key component of successful EAPs in correctional contexts.

Continuity of care was another challenge identified by participants. For some, EFAP provides a venue to commence the treatment-seeking process. While not intended to be a long-term of continuous service, it is clear that many respondents expected that the programme would (or should) facilitate more robust and comprehensive care. Respondents were discouraged by the limits in available EFAP sessions and the caps on private sector service use — they found themselves in a position where they would need to 'start over', explaining again their concerns and challenges, as well as paying out of pocket for sessions

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distrust is common
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38. Crawley, E. M. (2004b). Emotions and performance: Prison officers and the presentation of self in prison. *Punishment and Society*, 6, 411–427.
39. Chenault, S. (2010). *An ethnographic examination of correctional officer culture in a Midwestern state* (Doctoral dissertation). University of Nebraska at Omaha.
40. Bennett, J. S. (2012). *Working lives of prison managers: Exploring agency and structure in the late modern prison* (Doctoral dissertation). University of Edinburgh.

that exceeded funding allotment. Such challenges can discourage workers from continuing or seeking new avenues of treatment.

What is noteworthy is how the locus of responsibility for mental health is perceived as an organisational problem both in origins and impacts. In particular, respondents perceived the employer as having at least some responsibility for facilitating treatment of injuries that occur as a direct result of work incidents or conditions. This is notable given the cultural and often gendered orientations in correctional services (e.g., strength and resiliency) that may encourage staff to demonstrate an ability to withstand harsh working realities.⁴¹

On top of providing mental health intervention, initiatives like EFAP serve as an opportunity to demonstrate employer support, which symbolically communicates the importance and value of staff. However, when programmes are seen negatively by employees, the result can be a reinforcing of notions that employees are neither supported nor valued by their employer. This can elicit sentiments expressing moral injury, illustrated by comparisons between mental health service access among incarcerated populations versus the staff who work with them. Future research is needed to unravel the complexities of correctional worker-prisoner relationships and how these relations steer perceptions of mental health services and access in prison environments.⁴²

Recommendations

In the current study, respondents pointed to the need for health service providers who understand the nuances, complexities, and vulnerabilities of the correctional occupation. Familiarity with the correctional context would enable the service provider and client to begin (to a certain extent) with a common foundation of knowledge, allowing focus to be on problems at hand, rather than explanations of the

context in which such problems arise. Further to this point, from the perspective of respondents, there is an appetite for more robust psychological services that are more comprehensive and continuous over time, as well as specifically tailored to the nature of correctional work. Assertions for more robust employer-funded counselling sessions through EFAP reflect the sense that mental health services should respond sufficiently to the impacts of stress and mental health symptoms that staff may experience from their exposure to stressful work events and/or conditions.

Of course, it is difficult to conceptualise a service that might be responsive to all facets of correctional worker needs, as no mental health program can always fulfil the diverse mental health, logistical, and social needs of clients. For example, rendering services more available (e.g., on-site) may simultaneously make them less private. While not without limitations, built-in, automatic and ongoing support mechanisms which do not require individuals to navigate service access could assist both in reducing stigma surrounding mental health access, and remove some pressure from individuals in terms of deciding if and when to access necessary supports. Such a system could also increase discussions around

mental health, which, when brought to the forefront and discussed more openly, may help to reduce the stigma around treatment-seeking that plagues much correctional work and public safety work more broadly.⁴³ There is also a comfort in getting to know a service provider, thus regular and routinised access could help build the rapport necessary between employee and service provider. Rapport may, at least for some employees, increase the likelihood for the employee to visit the provider in times of need — and also provide an avenue to normalise service use.

Conclusion

The hazards of correctional work may extend far beyond what a new recruit might assume they are

On top of providing mental health intervention, initiatives like EFAP serve as an opportunity to demonstrate employer support, which symbolically communicates the importance and value of staff.

41. Ricciardelli, R. (2017). Canadian provincial correctional officers: Gender strategies of achieving and affirming masculinities. *Journal of Men's Studies*, 25(1), 3-24.

42. Johnston, M.S., & Ricciardelli, R. (2022). Invisible ghosts of care and penalty: Exploring Canadian correctional workers' perceptions of prisoner well-being, accountability and power. *Criminology & Criminal Justice*. 1-22.

43. Gurda, M. (2019). *Barriers that Prevent Correctional Officers from Seeking Help for Extreme Work Stress: A Qualitative Exploratory Case Study* (Doctoral dissertation, Ashford University).

'signing up for.' Correctional work involves a fundamental aspect of bearing care and responsibility for other human beings;⁴⁴ as such, staff are entangled in the lives of others and the incidents and situations that unfold in the course of their duties. The impact of the emotional layering and labour underpinning correctional work cannot be disregarded or diminished.⁴⁵ Yet correctional work has traditionally been marked by occupational cultures with an emphasis on social values associated with masculinity, including outward toughness and strength — cultures not necessarily conducive to open discussions of the emotional and psychological impacts of work.⁴⁶ At the same time, studies of mental health disorders and well-being measures highlight that correctional work does indeed impact staff in profound and diverse ways.⁴⁷

Our analysis demonstrates the importance of the social and occupational context of correctional work in shaping experiences of support programmes like

EFAP; specifically, we found that ongoing tensions within the occupational climate (e.g., mistrust) shaped dispositions towards accessing the programme, while perceived shortcomings of the programme, such as issues with the quantity and quality of services, tended to aggravate employee tensions and lead to perceptions that the offer fell short on supporting well-being. While many criticisms of the EFAP programme were raised, responses highlight an appetite for mental health services that reflect the needs of correctional staff; i.e., timely, robust, confidential, and responsive to occupational injuries and stressors. In a context where structural features of correctional culture that may impede mental health treatment-seeking, and perpetuate stigma around mental health issues, the appetite for mental health interventions perhaps highlights how individual understandings surrounding mental health and work may be more nuanced, revealing complexity, change, and room for positive change.

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