MENTAL HEALTH AND WORK

Policy challenges and policy developments in OECD countries

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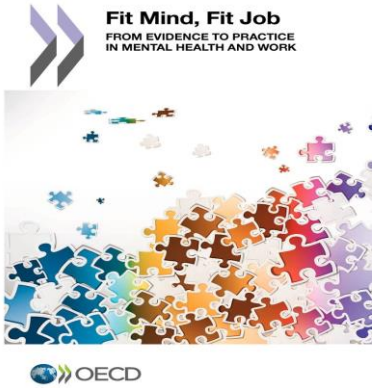
Outline of the presentation

- Background: OECD Mental Health & Work reviews
- Mental health and work: an international dilemma
- What are the necessary policy changes?

OECD policy reviews on Mental Health and Work



- ***Sick on the Job: Myths and Realities about Mental Health and Work (2011)***
- ***Review of policies in 9 OECD countries (2011-2015)***
- ***Fit Mind, Fit Job: From Evidence to Practice in Mental health and Work (2015)***

THE CASE FOR POLICY ACTION

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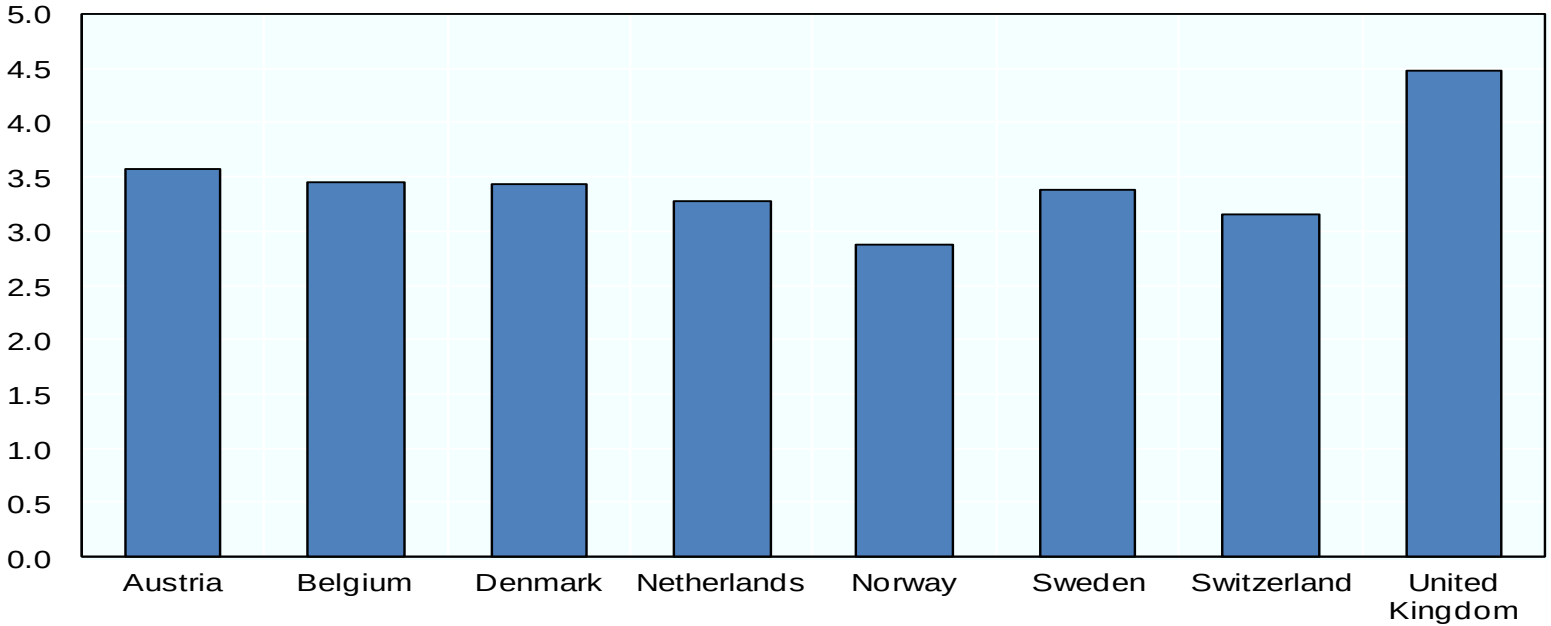
Economic costs of mental illness are enormous

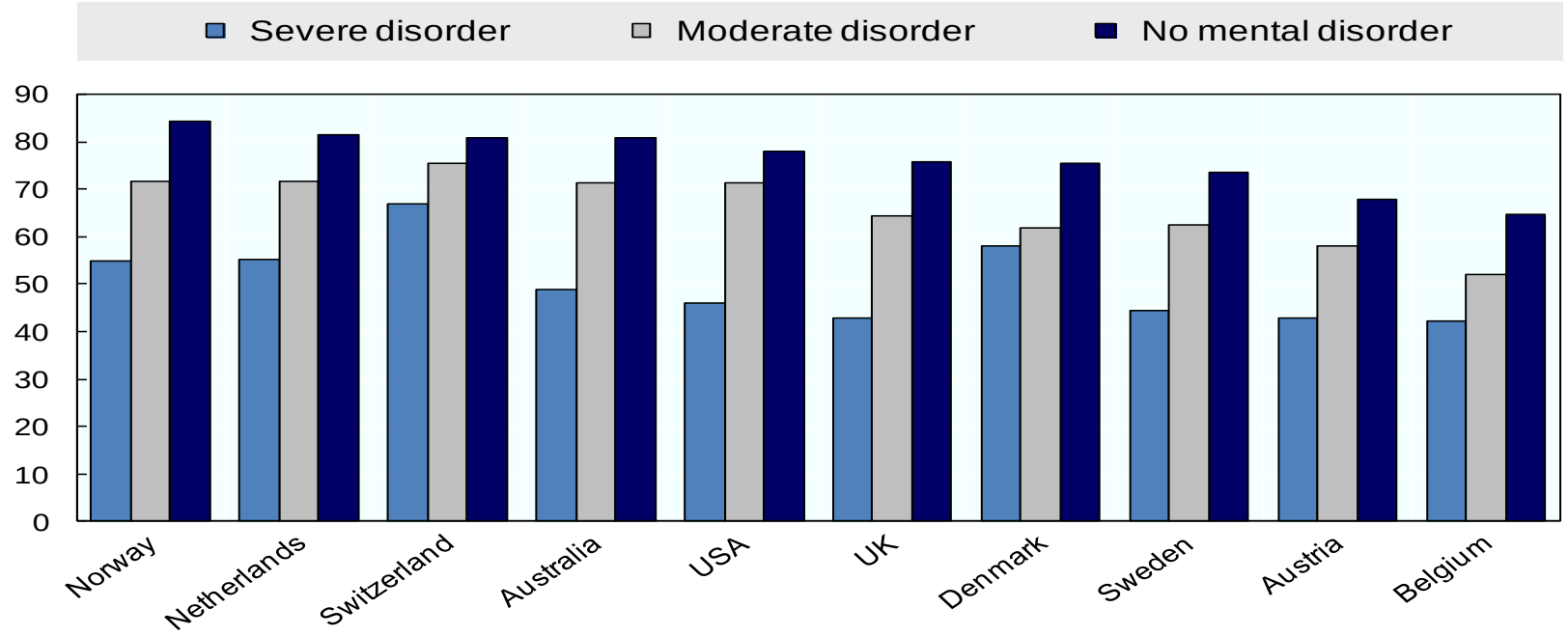
Costs of mental disorders as a percentage of the country's GDP, 2010



Source: OECD (2012), Sick on the Job? Myths and Realities about Mental Health and Work.
More information: www.oecd.org/els/disability

Most people with a mental disorder are in work but the employment gap is significant…

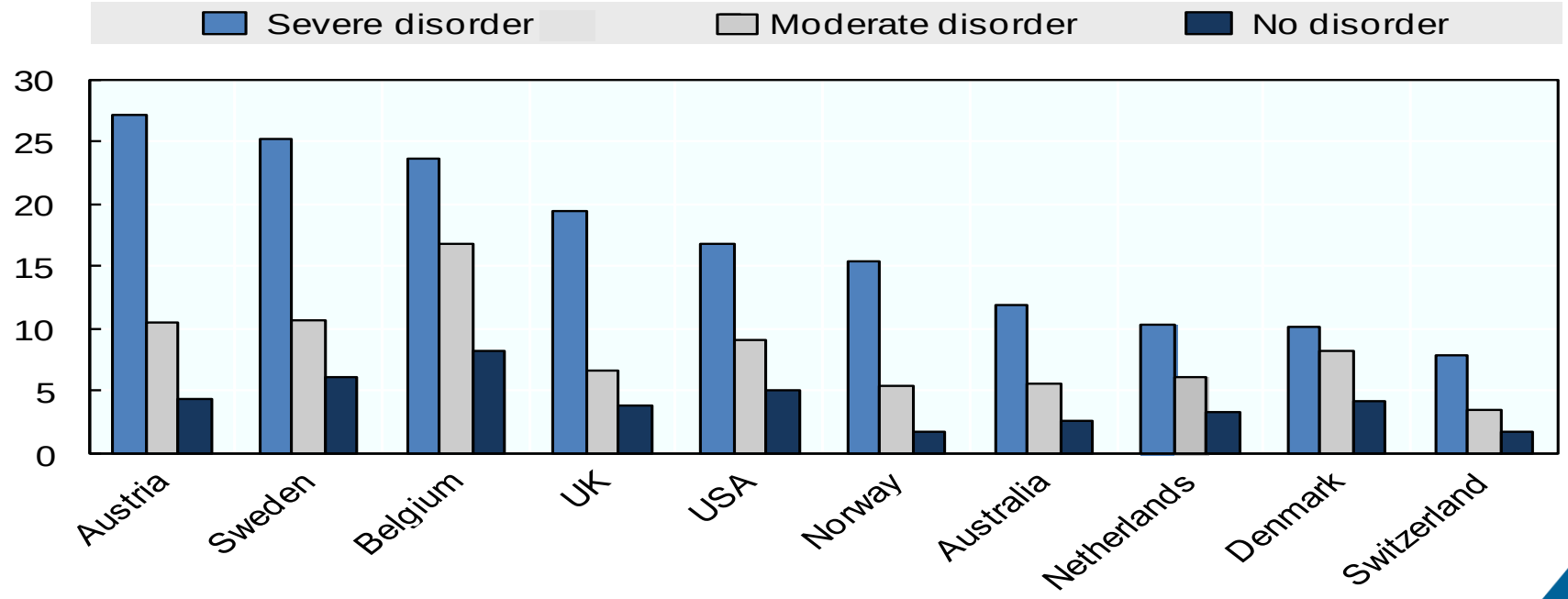
Employment rate (in %) in selected OECD countries, latest available year



Source: OECD (2012), Sick on the Job? Myths and Realities about Mental Health and Work.

…and the risk of becoming unemployed is high

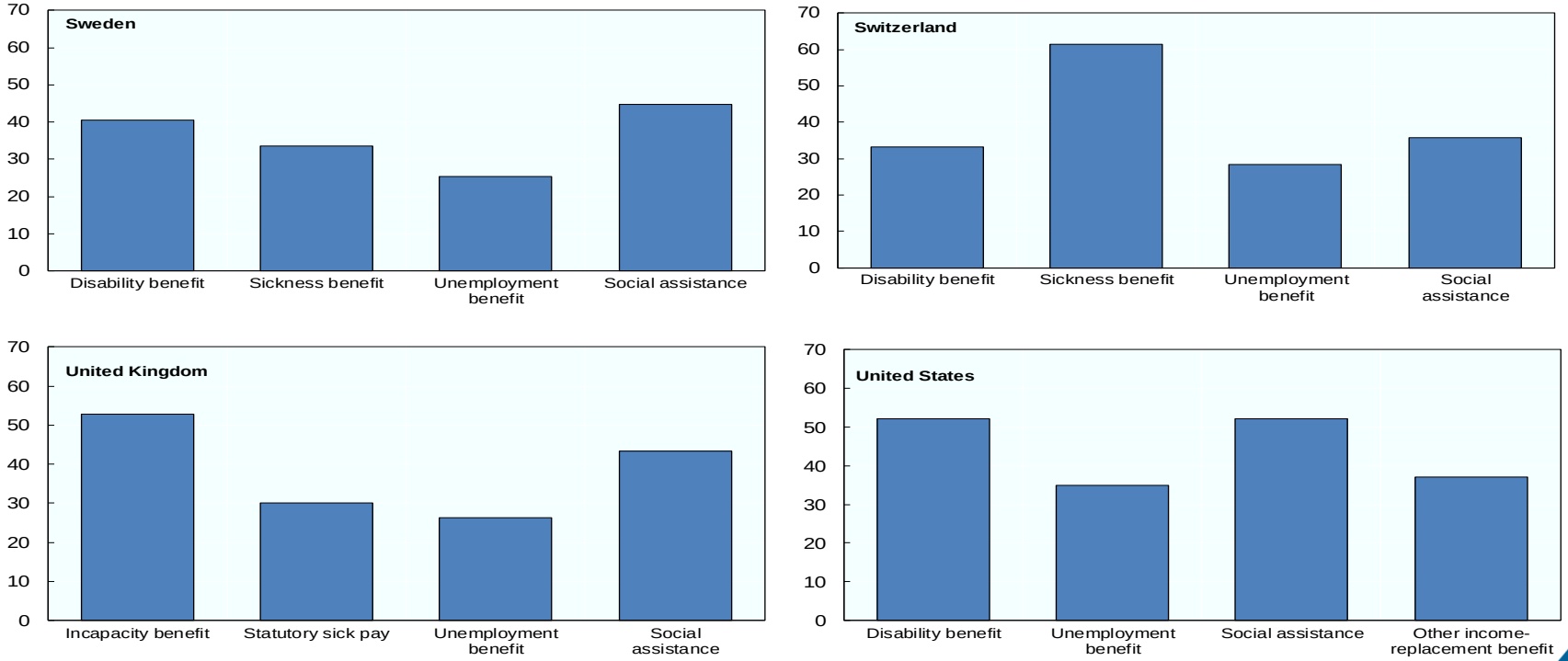
Unemployment (in%), latest year available



Source: OECD (2012), Sick on the Job? Myths and Realities about Mental Health and Work.

Mental ill-health is a key driver of inactivity

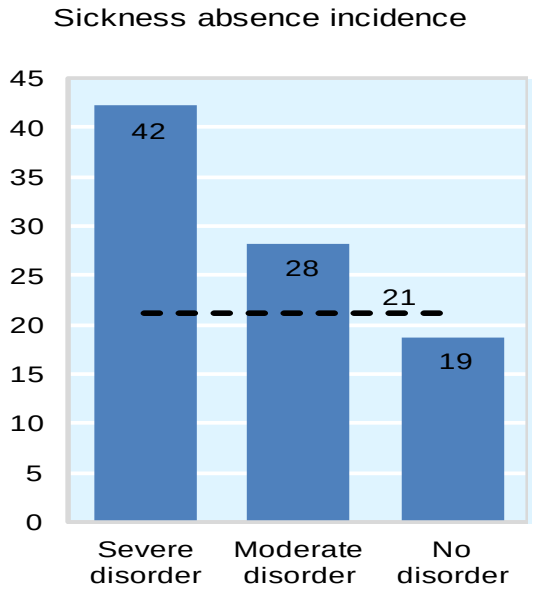
Share of benefit recipients with mental disorders, 2010

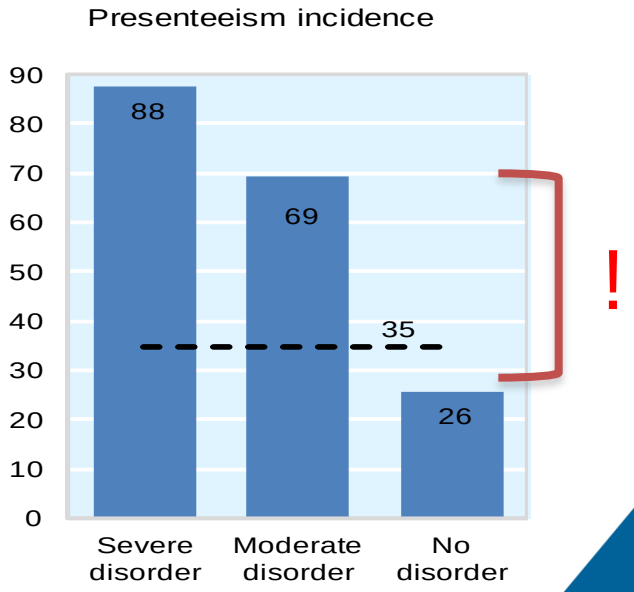


Source: OECD (2015), Fit Mind, Fit Job. From Evidence to Practice in Mental Health and Work.

Productivity losses at work are large

(1) Incidence of sickness absence and (2) proportion of workers accomplishing less than they would like because of a health problem, 2010





Source: OECD (2012), Sick on the Job? Myths and Realities about Mental Health and Work.

WHAT POLICY CHANGES ARE NECESSARY?

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3 policy shifts are needed

- A shift in WHEN to intervene:
  - Action is coming too late: when problems have lasted long and become complex
- A shift in WHO intervenes:
  - Mental health problems are not only the responsibility of the mental health care system
- A shift in HOW is intervened:
  - Care is inadequate due to divisions between systems and organisations in education – (mental) health care – workplace – social security

WHEN

Goal: Early action before people drop-out (permanently)

Examples of good practices:

- Belgium: Screening unemployed people on barriers for reintegration
- Switzerland: Social Security Institute advises employers
- England: “Fit notes” instead of “sick notes”
- Denmark: *Youth Guidance Centres* follow-up on study path of each student
- Australia: *KidsMatter* and *MindMatters* – large scale mental health promotion at schools

WHO

Goal: Empowerment of front-line actors

Examples of good practices:

•Norway: “Mental health in Schools” – training programme for teachers

•Australia: Extra mental health training for GPs

•Germany: 1-day training for employment advisors added with psychosocial coaching

•Norway: Information centres on work and mental health for employers

HOW

Goal: Integrated health and employment support

Examples of good practices:

- England: Centres for mental health care (IAPT-programme) added with employment advisors
- Norway: *Centres for Work Coping* offering cognitive behavioural therapy and employment support
- Belgium: Job coach, empowerment coach (social worker) en health coach (psychologist) collaboratively support unemployed people with mental health problems
- Australia: *headspace centres* supporting young people with mental health issues and school and work issues

Conclusion

- Topic neglected for too long due to widespread stigma, fears and taboos
- Countries increasingly recognising this as an issue for public policy
- Policy action calls for an integrated response to improve outcomes.

THANK YOU

For further details and OECD publications:

www.oecd.org/employment/mental-health-and-work.htm

“Time to act on mental health”: http://youtu.be/nf4d9aew6fw

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