



Sick on the Job?

Myths and Realities about Mental Health and Work

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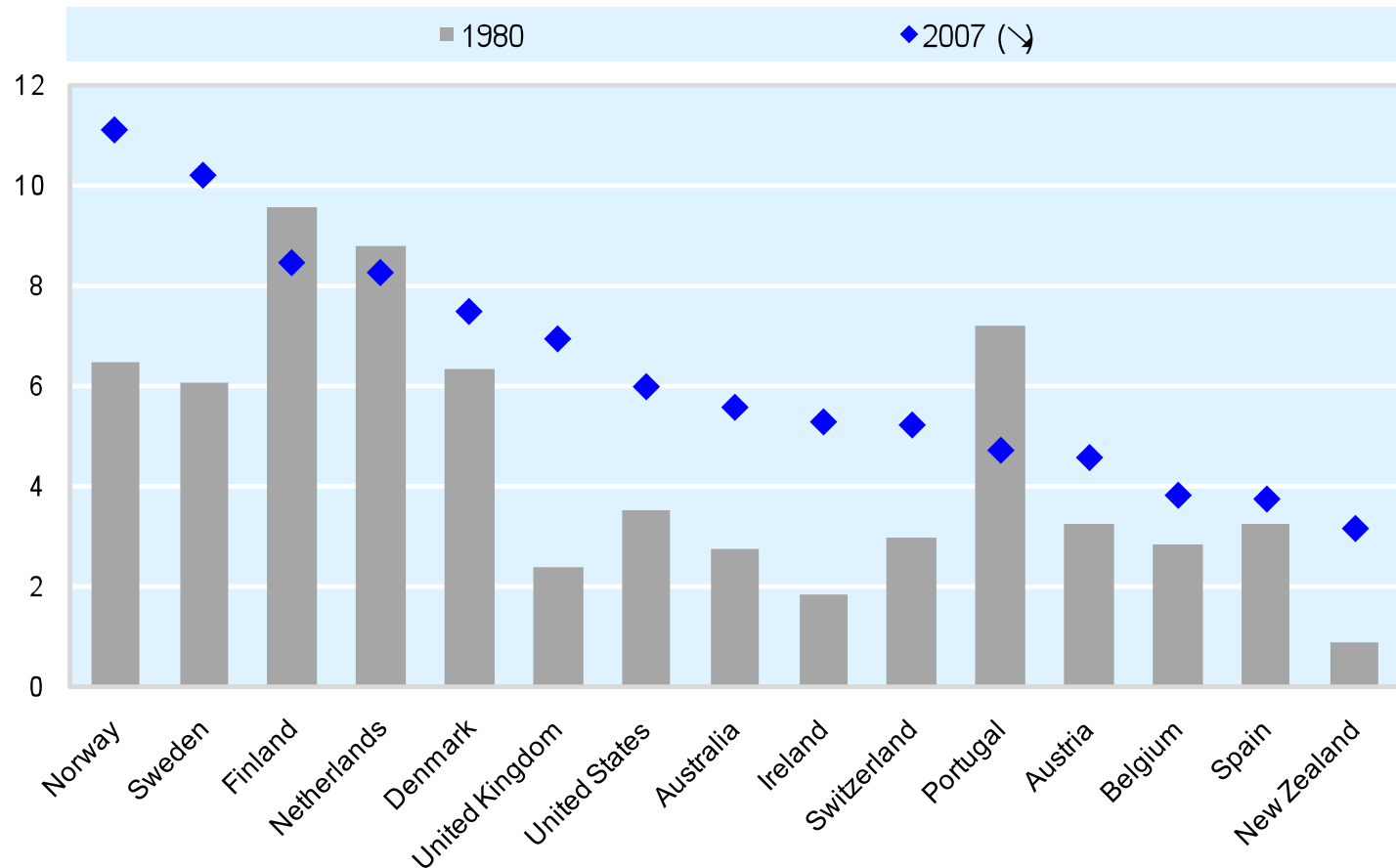
Outline of the presentation

- Introduction: The genesis of our work
- Defining and measuring mental ill-health
- Selected labour market outcomes
- Key policy areas and policy challenges
 - Workplaces
 - Benefit systems
 - Education systems
 - Health systems
- Policy directions for the future



More and more persons of working age are on disability benefits...

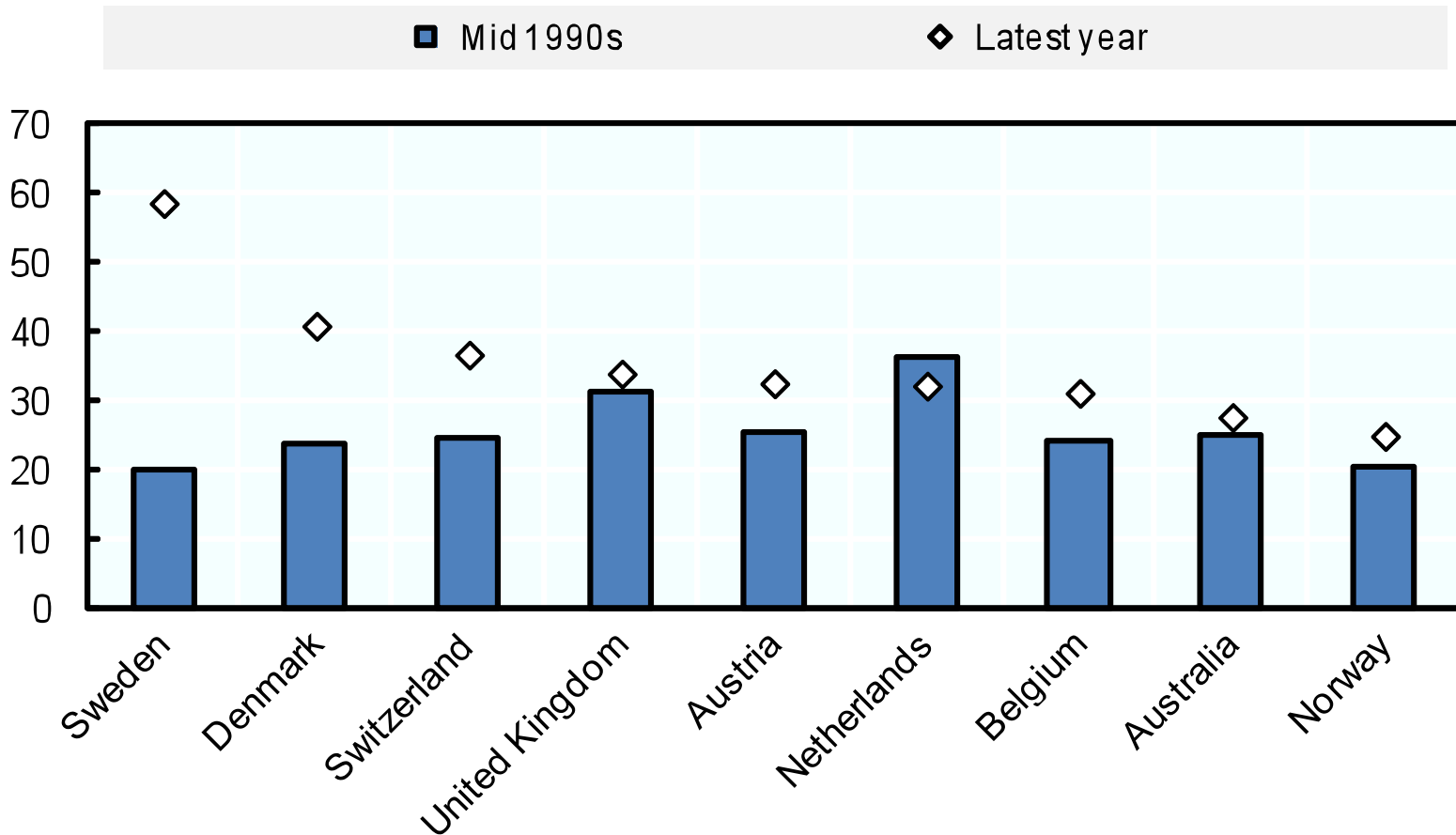
Disability benefit recipients in per cent of the population aged 20-64





...and increasingly because of mental disorders

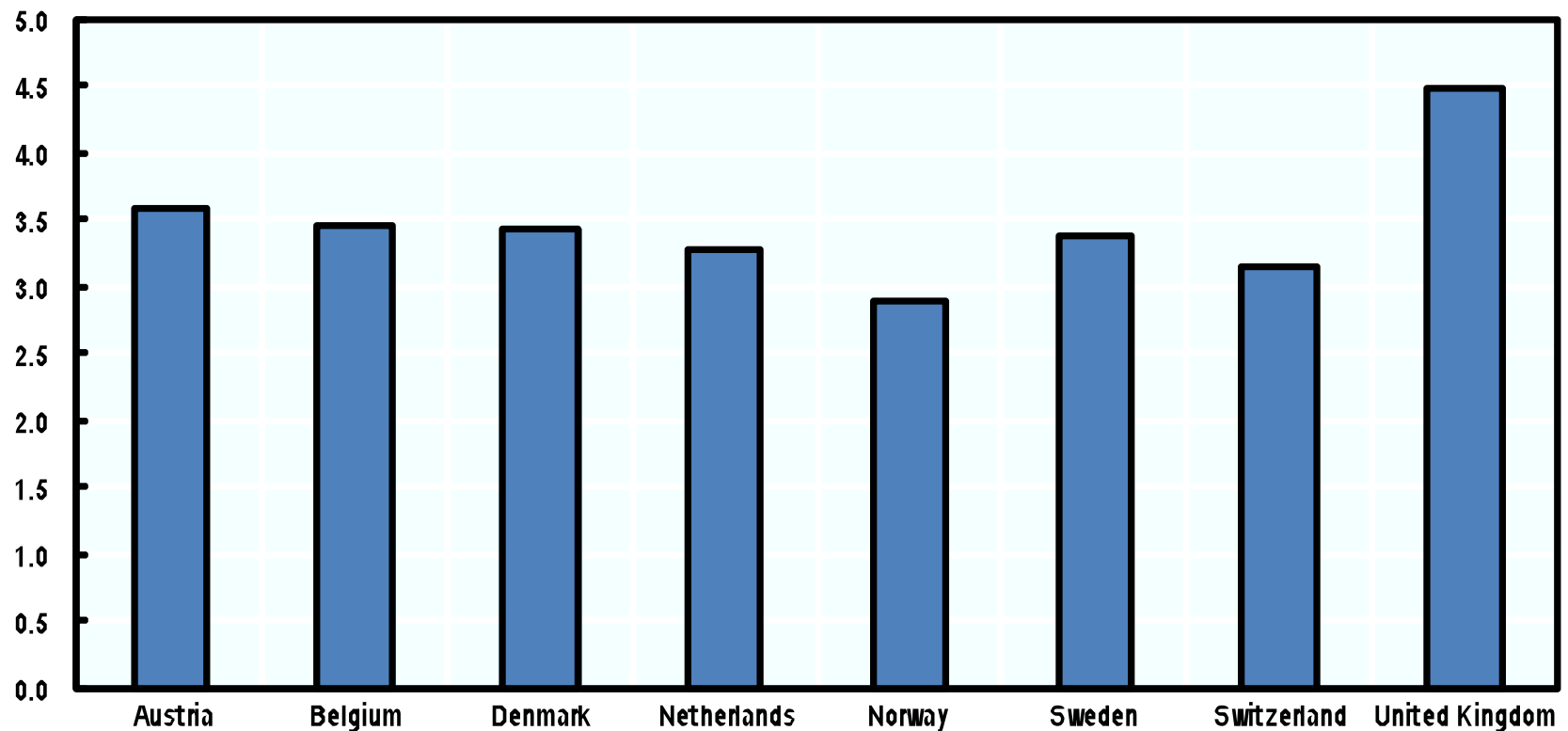
New disability benefit claims due to mental disorders (in % of total claims)





Mental disorders are very costly to the economy

Direct and indirect costs of mental disorders as per cent of GDP, 2010



Source: OECD compilation based on "Cost of disorders of the brain in Europe 2010", European Neuropsychopharmacology (2011) 21, 718–779 for cost estimates and Eurostat for GDP.



Why is mental ill-health an increasing concern? Has the prevalence of mental ill-health increased?

- More people on sick leave or disability benefit with a mental disorder diagnosis
- More psychiatrists, admissions to psychiatric hospitals and mental health care visits
- Increasing consumption of corresponding medication, especially antidepressants
- But: prevalence of mental disorders by and large unchanged (epidemiological research)
- **Conclusion: the rate of recognition and the perception of problems has increased**



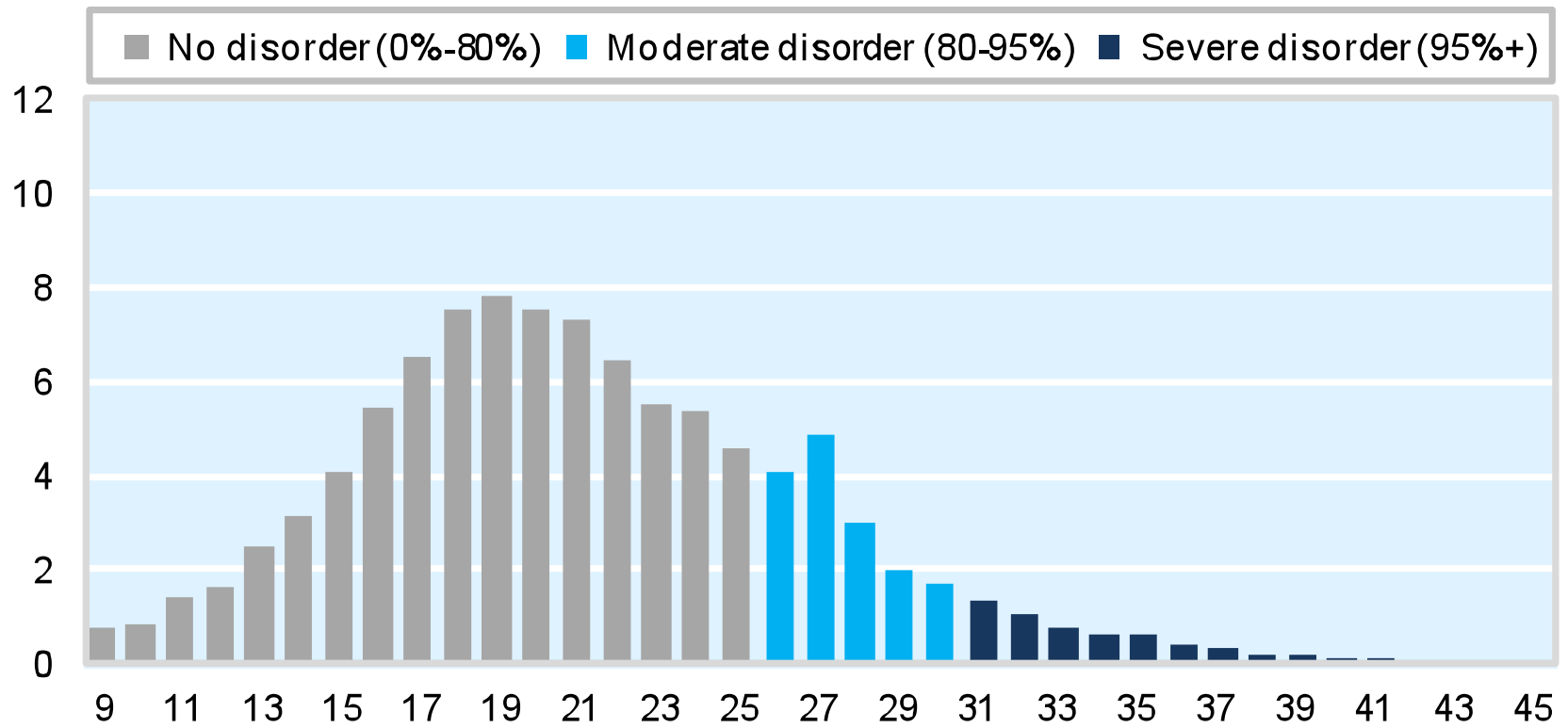
Who are we talking about?

- Comparative data are scarce: OECD project aims to close some of this gap
- Definition: severe versus moderate mental ill-health as well as sub-threshold conditions
- Measurement: validated mental health instruments in surveys as a proxy for in-depth clinical interviews
- The prevalence of mental ill-health is very high
 - Anyone at different times can be affected
 - Mental illness is often hidden, unrecognized and not disclosed
 - => Policy solutions have to address problems that are widespread and not completely observable



Mental health scores follow a left-skewed normal distribution

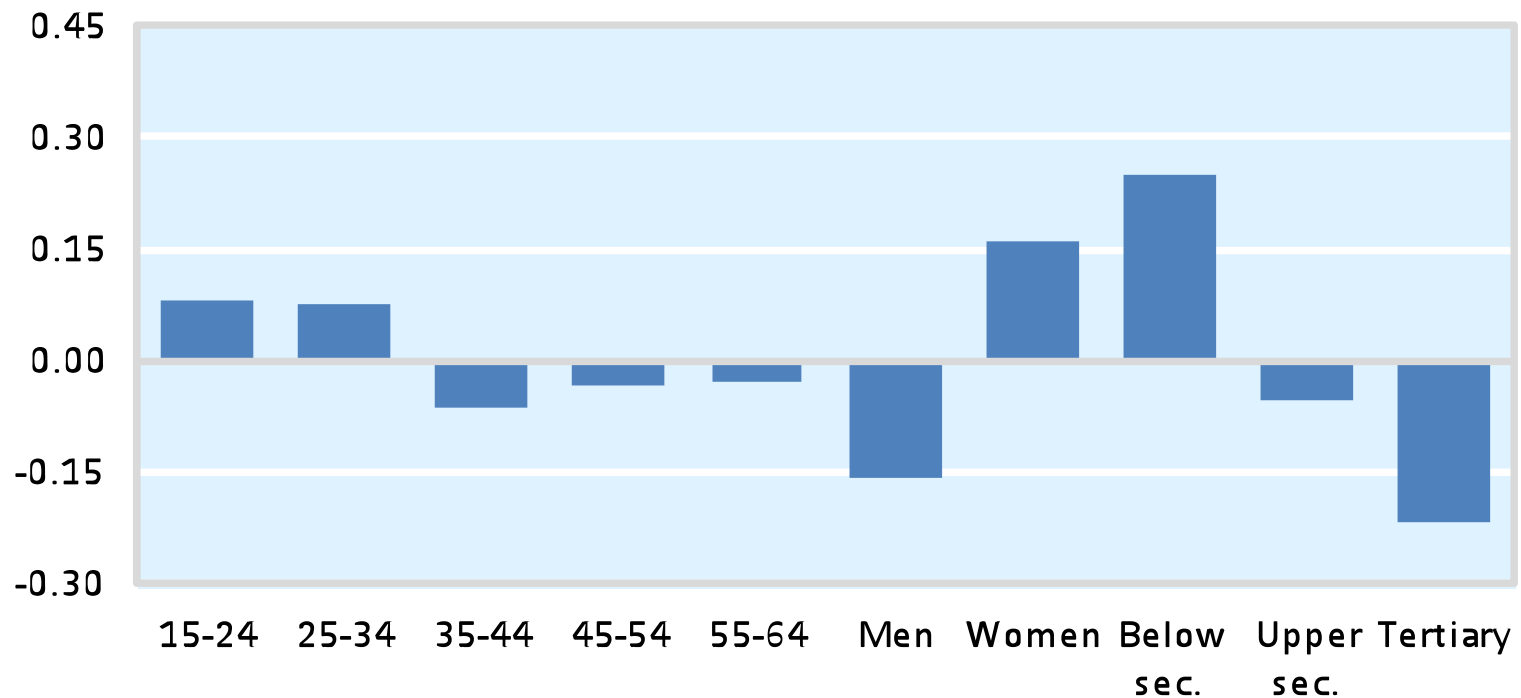
Distribution of mental health scores (average over 21 European countries), based on 9 questions (score 1-5 each) in the Eurobarometer 2010





The prevalence of mental ill-health varies with age, gender and level of education

People with a mental disorder by age group, gender and educational attainment, relative to the overall prevalence in the working-age population, Australia 2008





Mental ill-health status is dynamic over time

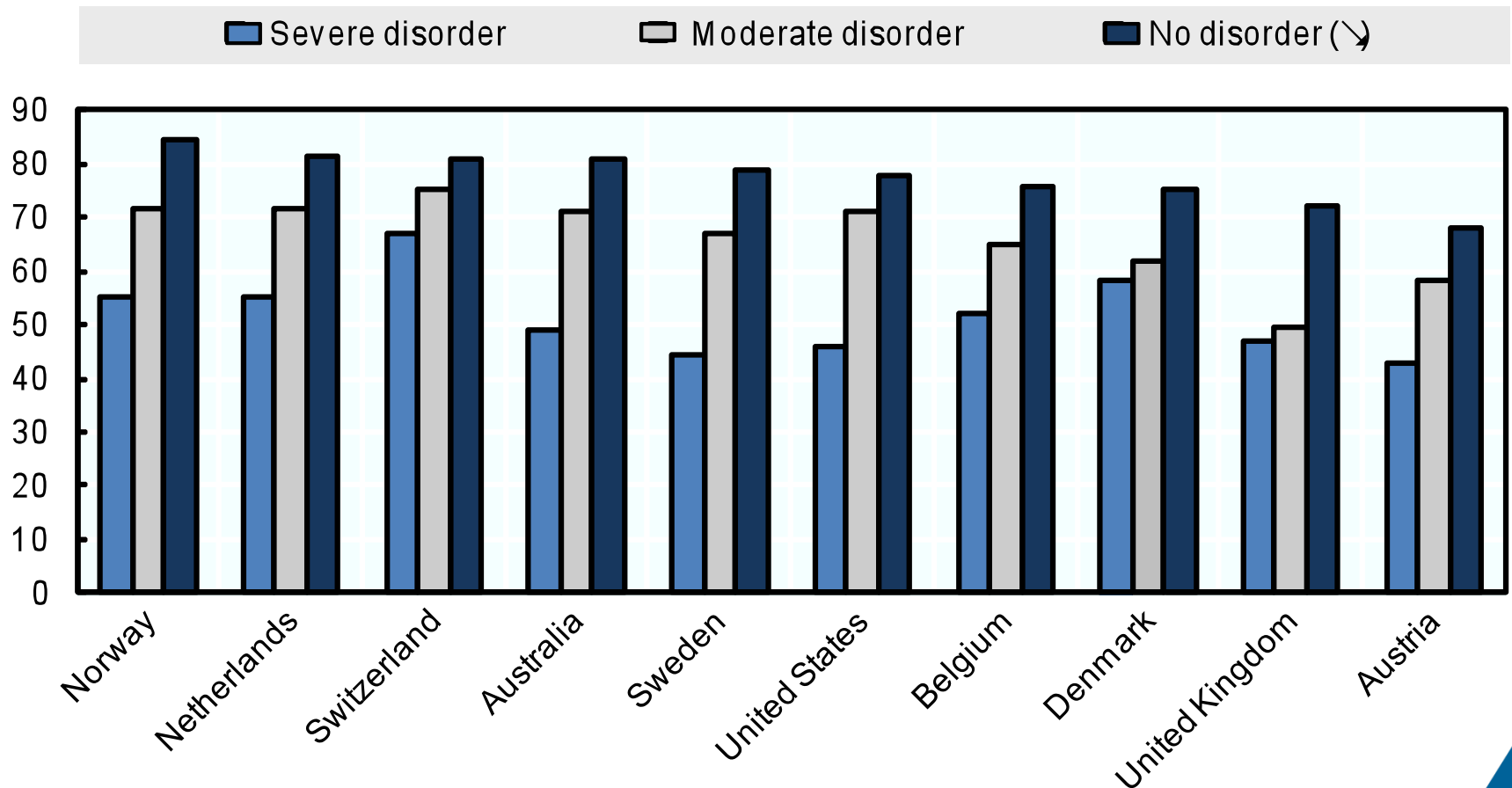
Percentage distribution of the sample population aged 50-64 (SHARE survey), by mental health status, wave 2004 versus wave 2007

Status in 2004	Status in 2007			
	Severe	Moderate	No disorder	<i>Total</i>
Severe	28.3	34.2	37.5	100.0
Moderate	10.9	34.0	55.2	100.0
No disorder	2.6	10.6	86.8	100.0
Total	5.3	15.7	79.0	100.0
Severe	27.2	11.1	2.4	5.1
Moderate	34.3	36.1	11.6	16.7
No disorder	38.5	52.9	86.0	78.3
<i>Total</i>	100.0	100.0	100.0	100.0



Outcome 1: Most people with a mental disorder are in work

Employment/population ratio (in %), latest year available

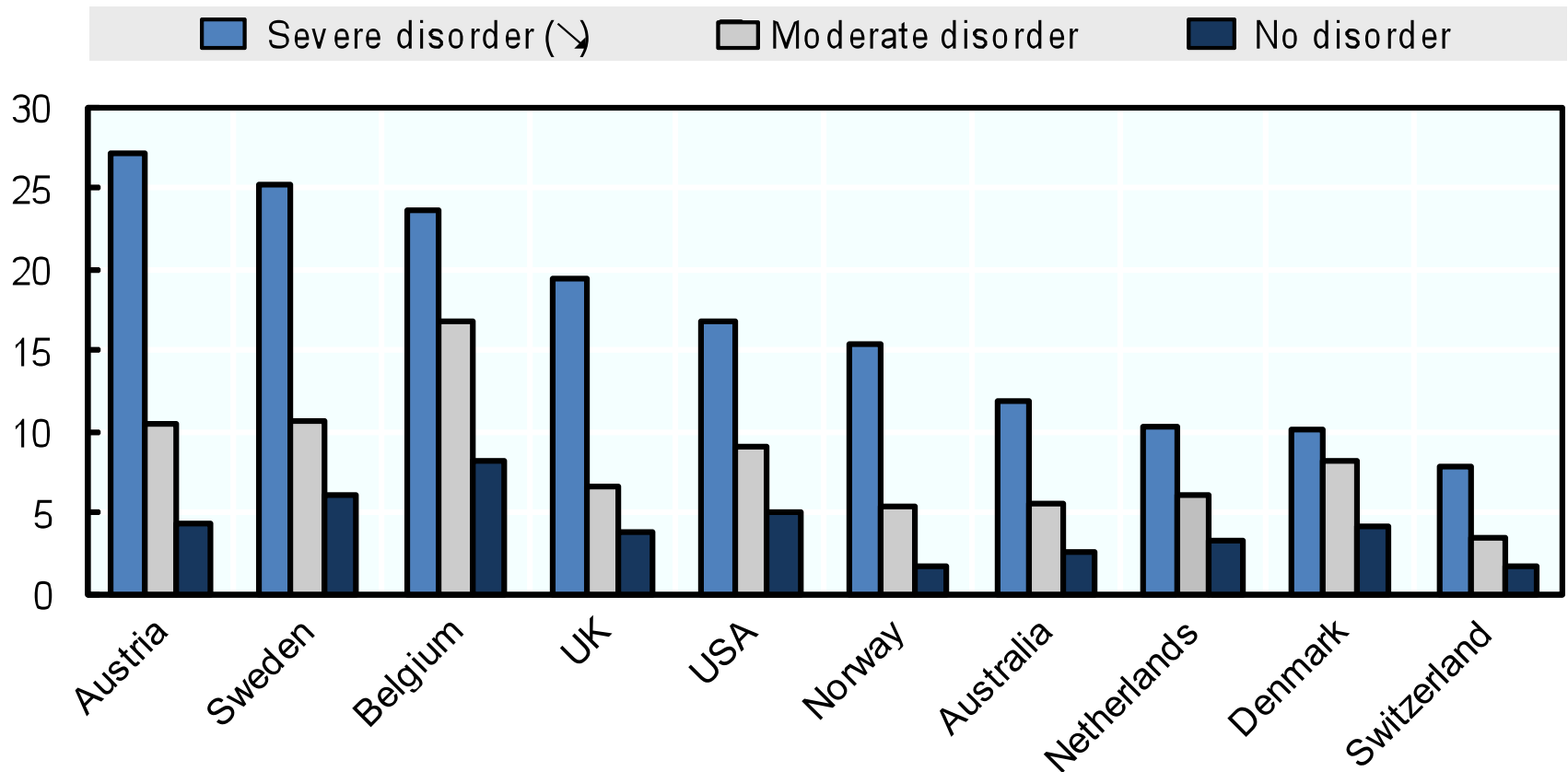


Source: OECD (Sick on the Job?: Myths and Realities about Mental Health and Work).



Outcome 2: People with a mental disorder are at a higher risk of job loss and unemployment

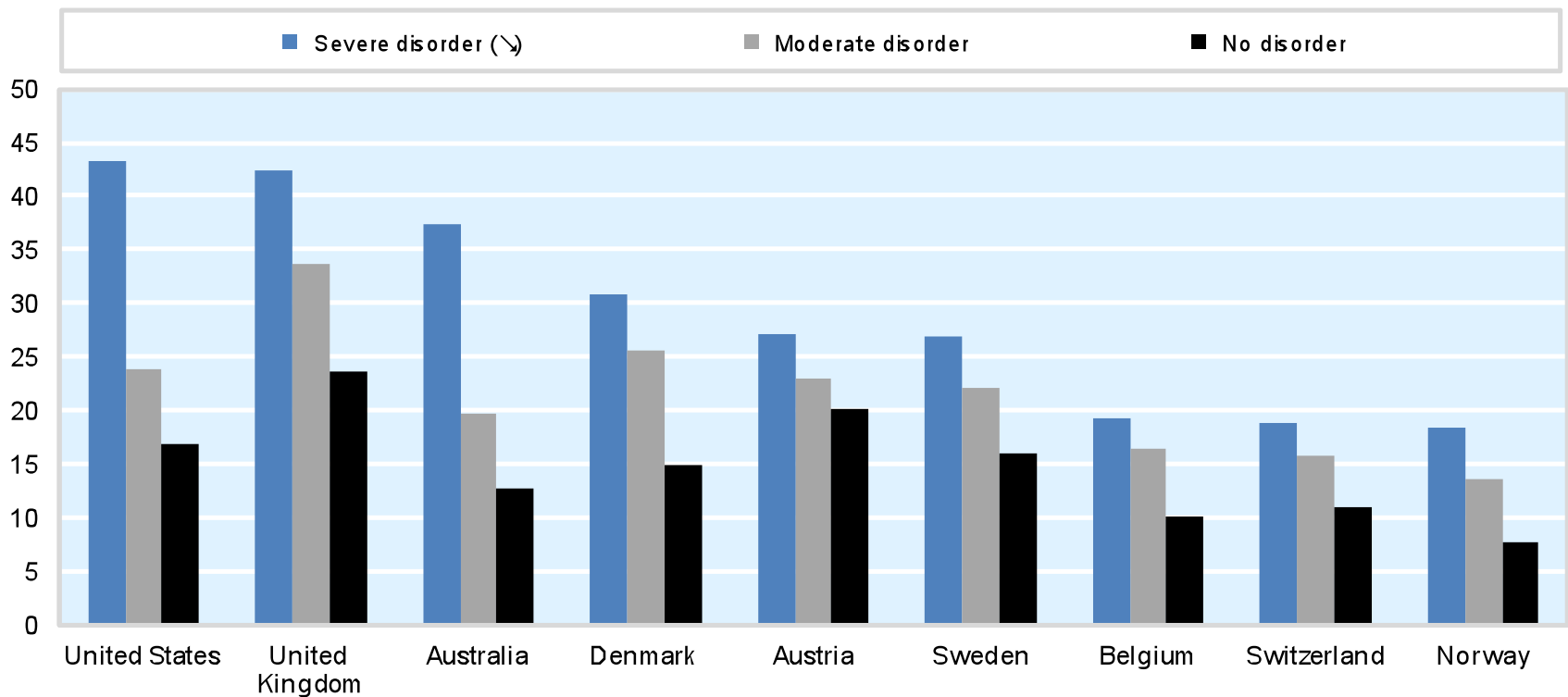
Unemployment/labour force (in %), latest year available





Outcome 3: People with a mental disorder face a much larger poverty risk

Share of people with a household-size adjusted net income below 60% of the median income, latest year available





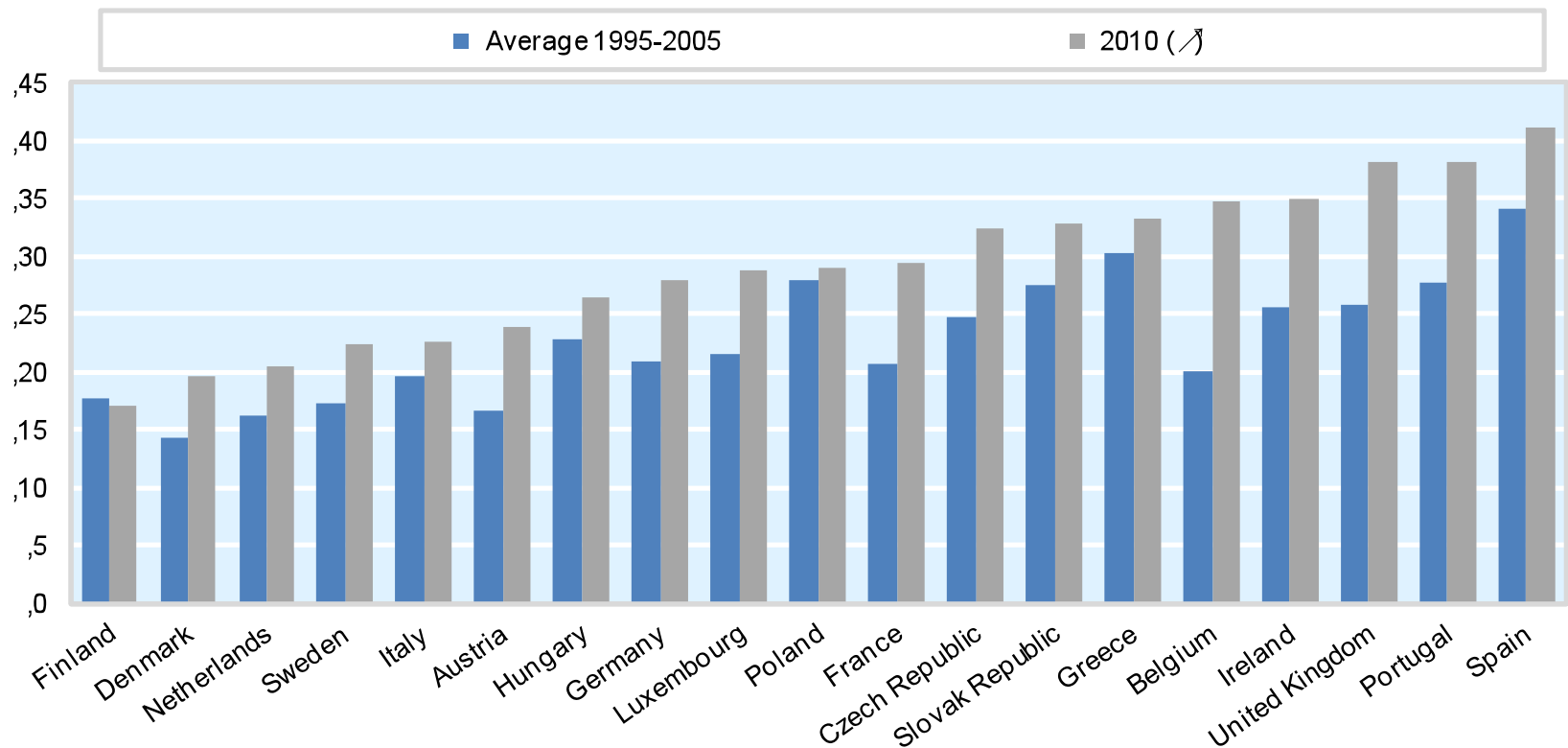
Mental health and the workplace: what do we know?

- When leaving employment, mental health tends to worsen
 - Impact varies with type of non-employment
- When finding employment, mental health tends to improve
 - Impact varies with the type of employment, i.e. the quality of employment matters
- Stress can translate into job strain (high demands with low control)
- Job strain can translate into mental ill-health



Job strain has increased over the past decade in all European OECD countries

Trends in the proportion of workers in the job-strain quadrant, based on the 2010 job-strain threshold in each country





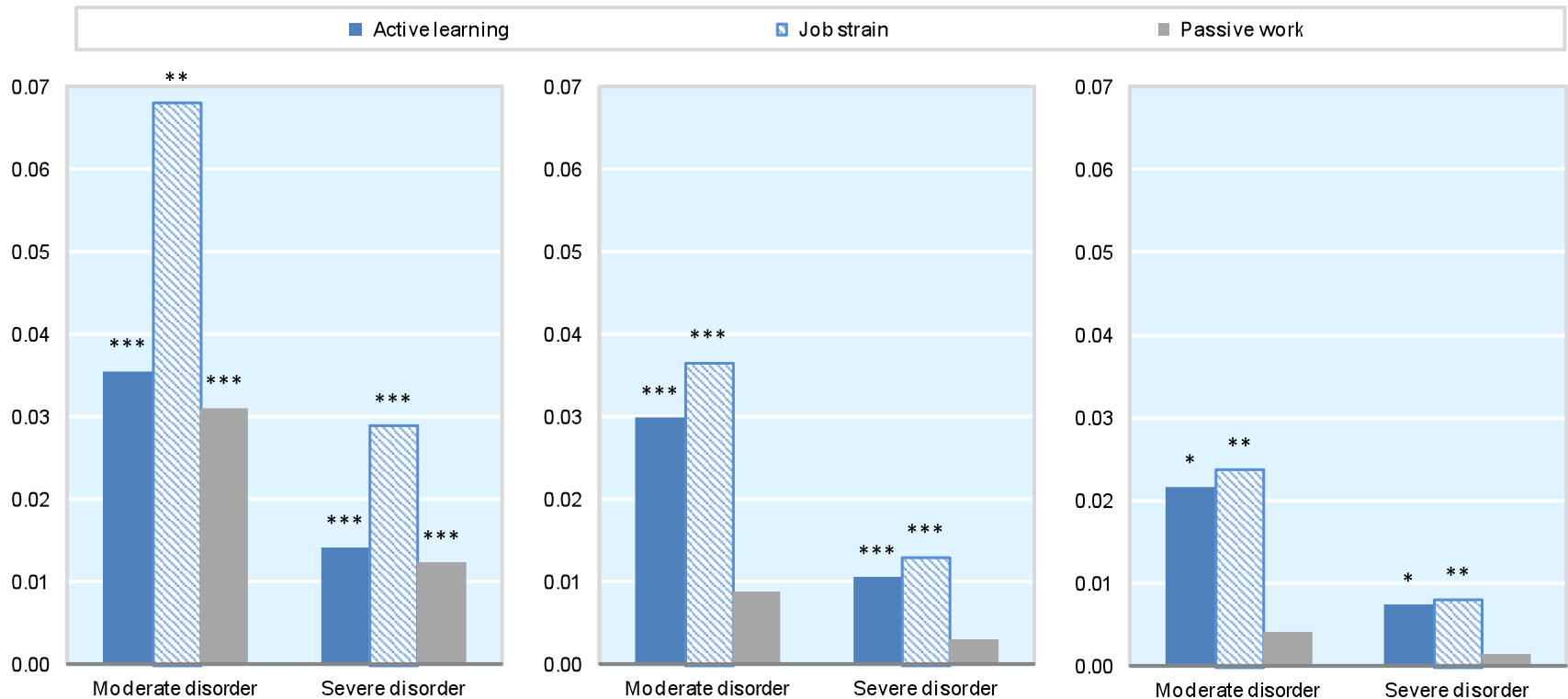
Job strain increases significantly the chances of having a mental disorder

Marginal effects of working conditions in the demand-control model on the likelihood of having a mental disorder

Panel A. Sample average without controls

Panel B. After controlling for individual attributes

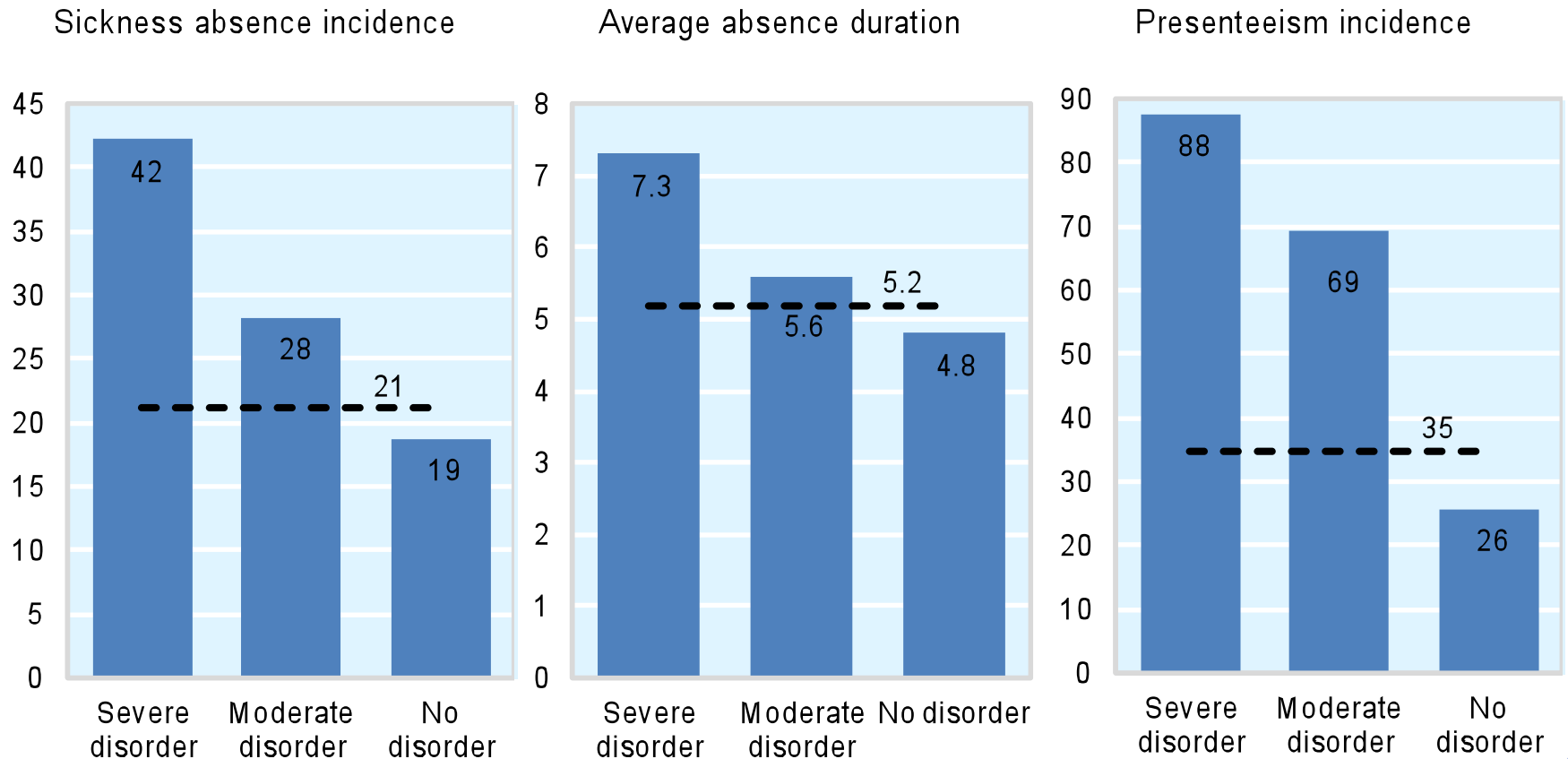
Panel C. After controlling for working conditions





Self-reported productivity losses through mental ill-health are very large

Measures of productivity: absenteeism (% and duration) and presenteeism (%)



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



Elements for good workplace policies

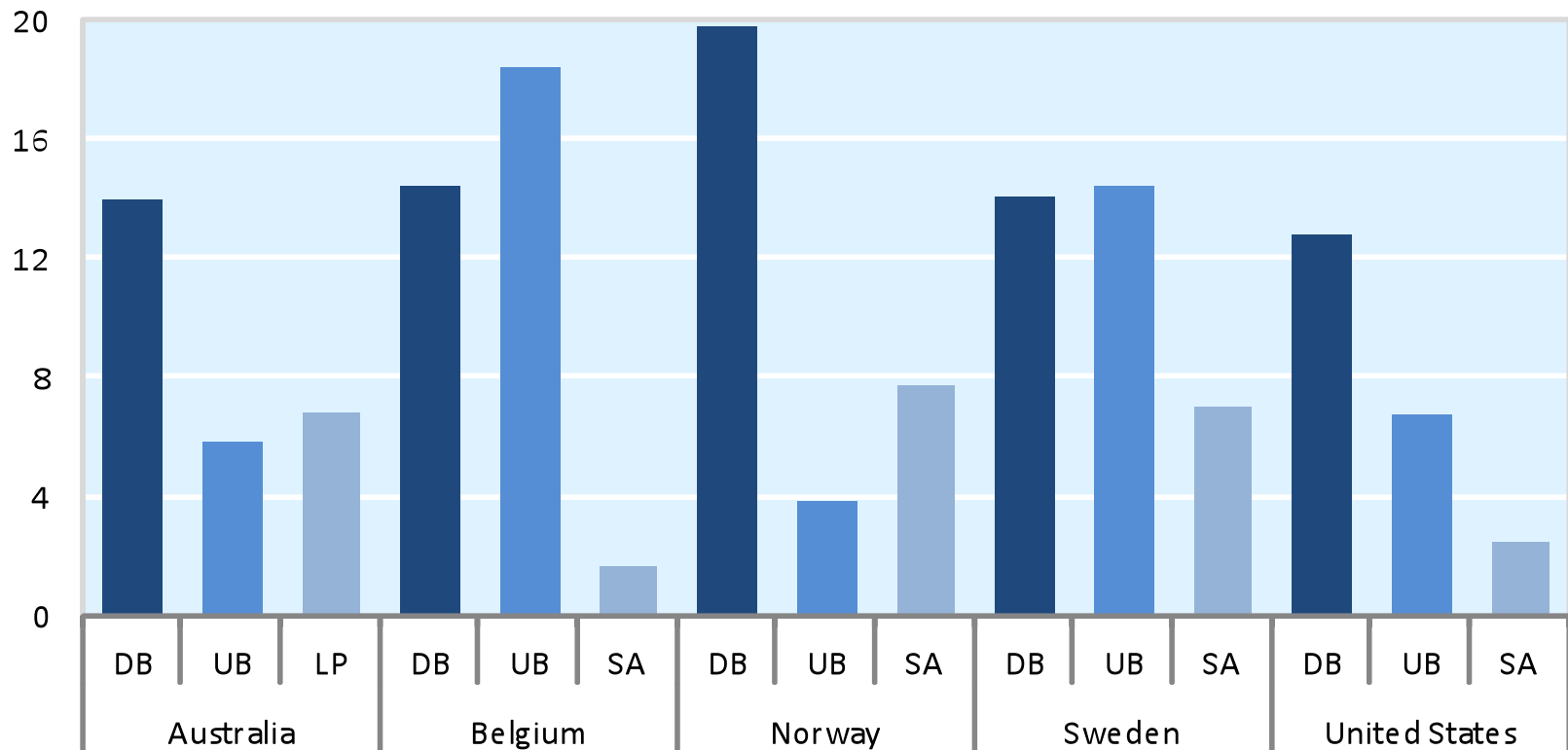
- Good working conditions and attention to psychosocial risks in the workplace
- Involvement of occupational health services
- Sound management practices
- Systematic monitoring of sick-leave behaviour
- Cooperation with employment services to bring people back to work



People with a mental disorder receive a range of different working-age benefits

Benefit dependency (in %)

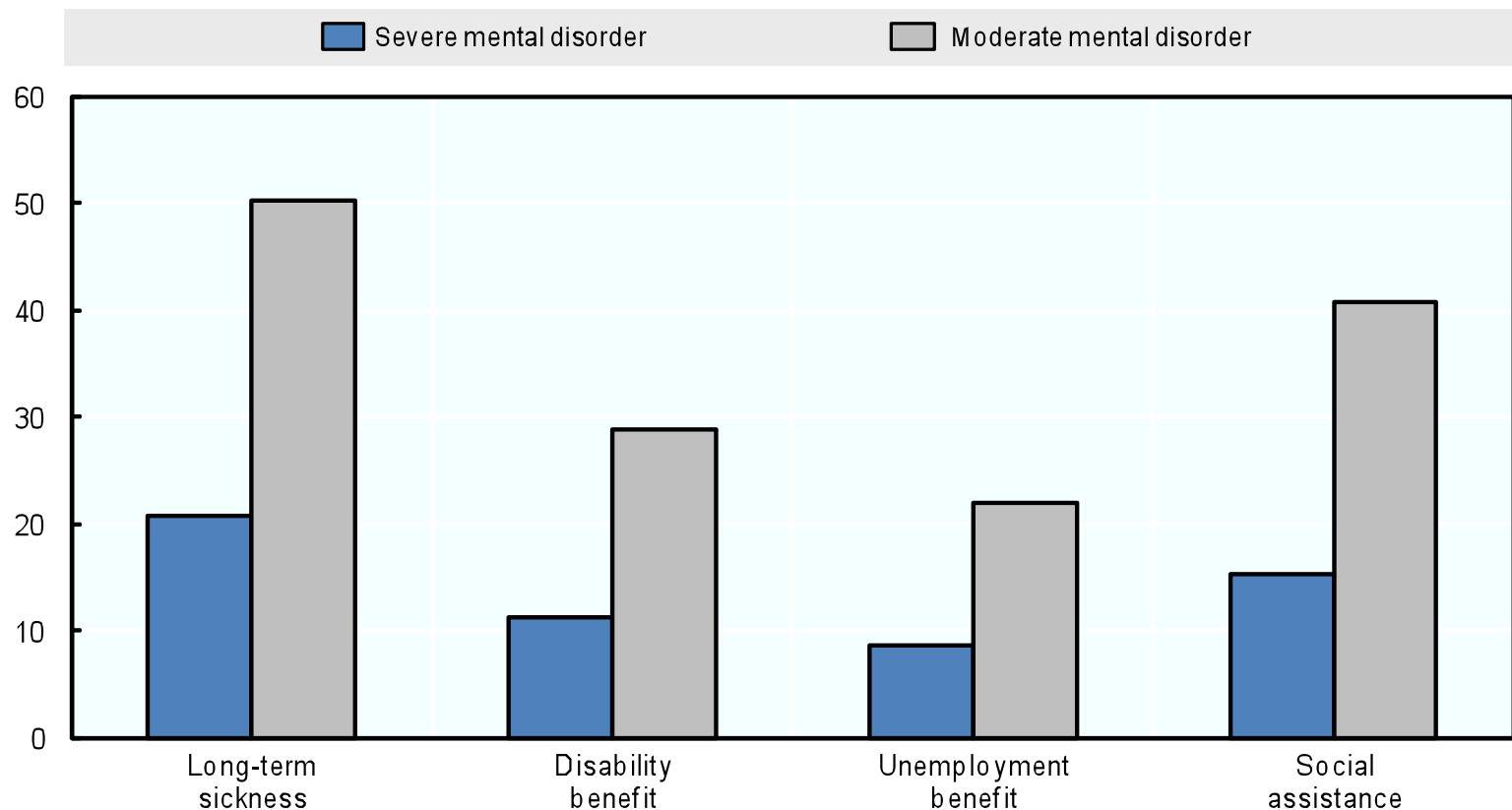
Proportion of people with a mental disorder receiving disability benefits (DB), unemployment benefits (UB), social assistance (SA) or lone parent benefits (LP)





In Denmark, the majority of social assistance and long-term sickness recipients have a mental illness

Proportion of beneficiaries with a mental disorder, by type of benefit, 2005



Source: OECD (Mental Health and Work: Denmark)



Elements for good benefit policies

- Identify the long-term unemployed with mental ill-health and their support needs
- Invest in low caseloads and psychological knowledge of employment service staff
- Adapt disability/work-capacity assessment tools and procedures to mental disorders
- Avoid permanent and full benefit claims
- Better link return-to-work interventions with other services



Most mental disorders typically have their onset in childhood or adolescence

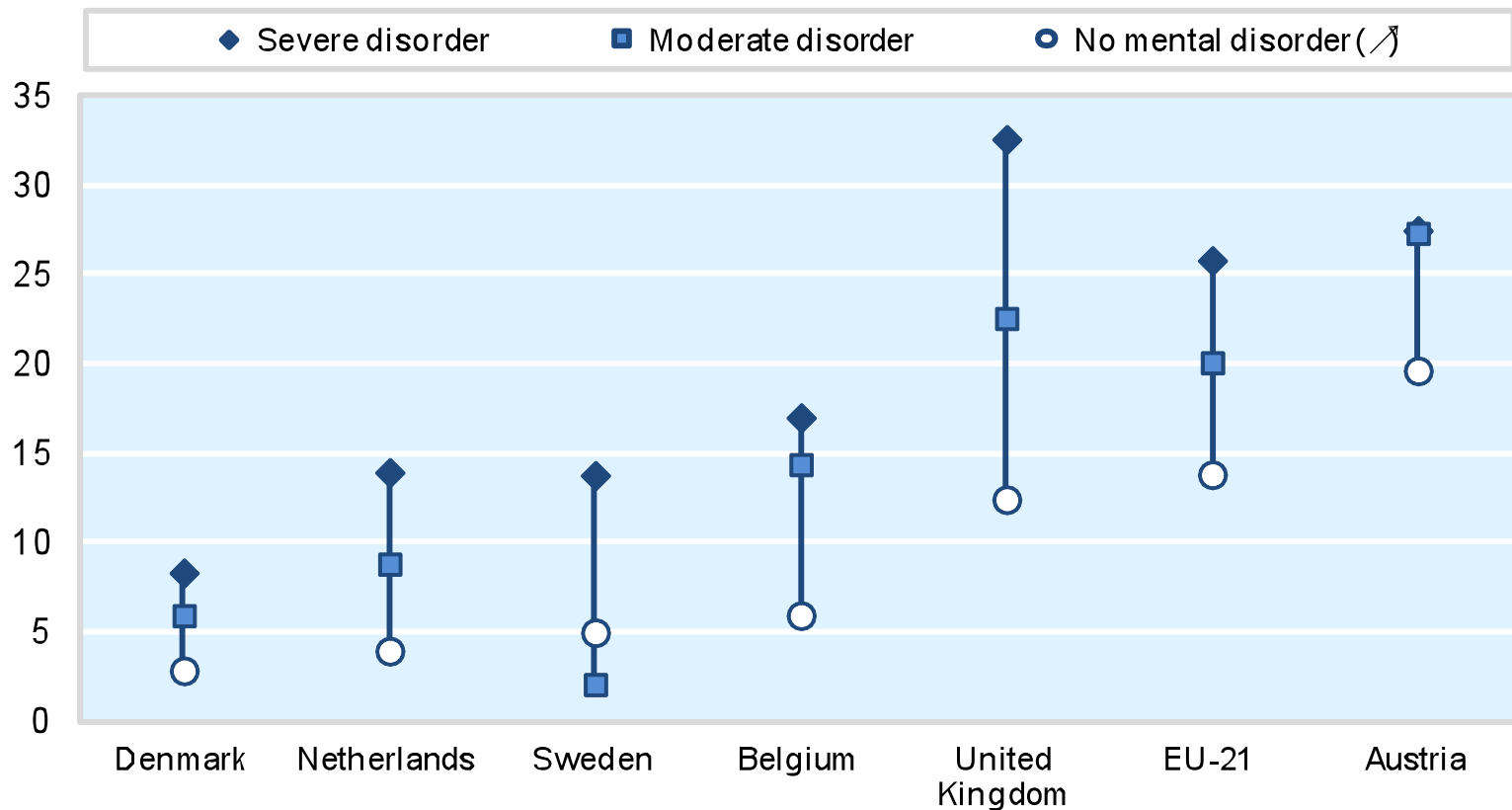
Age of onset of selected mental disorders, United States, 2001-2003

	Median age of onset	Age of onset distribution (25 th -75 th percentile)
	<i>Years</i>	
Anxiety disorder	11	6 - 21
Mood disorder	30	18 - 43
Impulse-control disorder	11	7 - 15
Substance use disorder	20	18 - 27
Any mental disorder	14	7 - 24



People with mental health problems are more likely to stop full-time education early

Share of people who stopped full-time education before age 15, 2010





Elements for good education policies

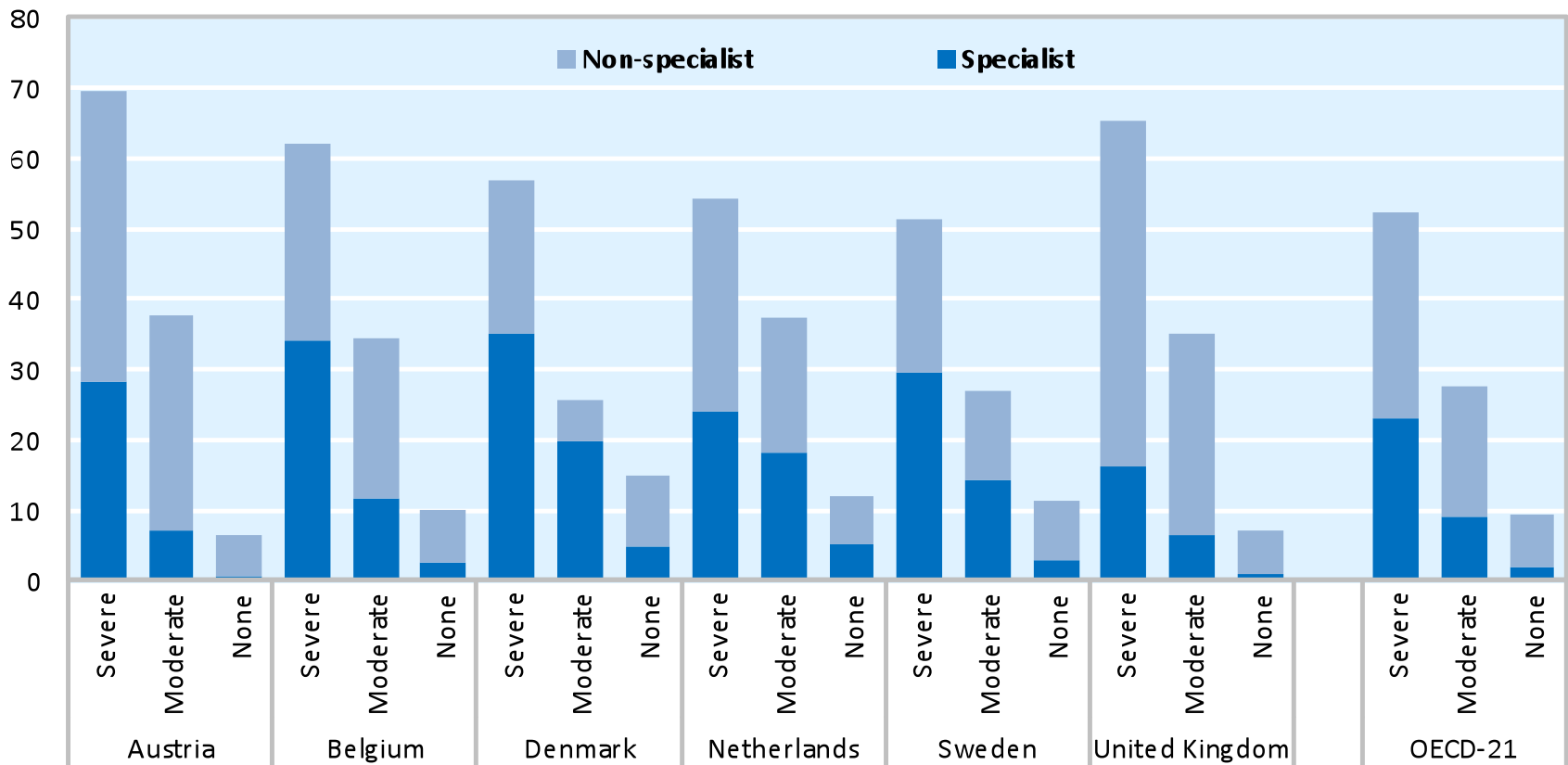
- Provide sufficient specialised supports to schools and vocational education institutions
- Make an agency responsible for youths at risk and especially school drop-outs
- Accompany students with mental ill-health in their transition into the labour market
- Provide support to employers and employees during the very critical first job
- Do not grant disability benefits too early in life



Adequate treatment can improve employment outcomes but under-treatment is pervasive...

Treatment rate (in %)

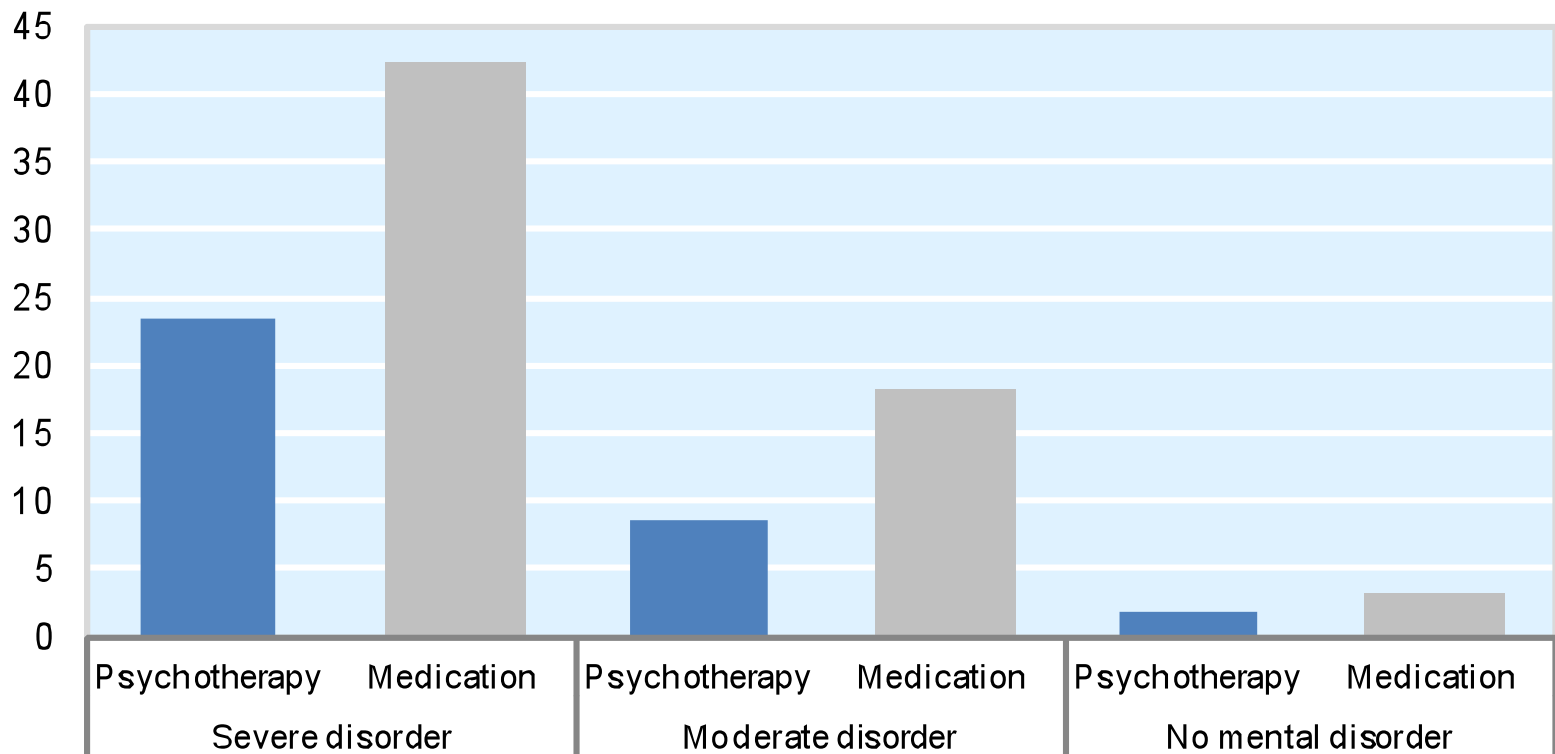
Proportion of people being treated by a specialist or non-specialist, by severity of their mental disorder





...and treatment received is not always adequate

Share of people who took antidepressant medication and/or undertook psychotherapy, 2005





Elements for good health policies

- Increase rates of adequate treatment for severe and common mental disorders
- Make employment an objective of the mental health system
- Integrate health and employment services



General policy directions for the future

- Prevent, identify and intervene at various stages of the lifecycle
- Pay more attention to common mental disorders of workers and the unemployed
- Integrate various health, employment and social services, and overcome silo-thinking
- Inform and train actors outside the mental health sphere, especially teachers, managers, general practitioners, caseworkers, and social partners



Illustrative good-practice examples

- The recent mental health focus of the Belgian Public Employment Service
- The employer support centres of the Norwegian Labour and Welfare Administration
- Replacing disability benefit for young people in Denmark by an integrated rehabilitation model
- The rehabilitation guarantee of the Swedish Social Insurance Agency
- Building employment service capacity into health services (fit-for-work services) in the UK



THANK YOU

For further details and OECD publications:

www.oecd.org/els/disability

