Too sick to work?
Mental ill-health as the biggest driver of inactivity and long-term unemployment

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• What is the problem?
  – High prevalence of mental ill-health

• What causes the problem?
  – Lack of awareness
  – Late intervention in all sectors

• What are we doing about it?
  – Wait and see, then panic and pay

• What should we do?
  – Towards integrated health and work policies
WHAT IS THE PROBLEM
High prevalence of mental ill-health on all benefits

Share of beneficiaries with a mental disorder, by type of benefit, around 2010

Source: OECD (various years), Mental Health and Work – country reviews.
WHAT CAUSES THE PROBLEM
Lack of awareness

• Awareness in unemployment system
  — Long-term unemployed (crisis)
  — Job-ready vs. harder-to-place clients
  — Shift in client structure (e.g. UK, AUT)

• Awareness in social assistance system
  — Limited means, urban vs. rural areas
  — Better placed to act? (e.g. Netherlands)

• Awareness in disability system
  — Sharp increase (discussed later)
WHAT CAUSES THE PROBLEM
Late intervention (if any)

• Late intervention in sickness system
  — Sickness management culture
  — Return-to-work strategies & partial benefit

• Late intervention in unemployment system
  — No identification or profiling tools
  — Job-search support only after about one year

• Late intervention in disability system
  — Benefit rejections and repeat applications
  — High eligibility barriers for rehabilitation
  — Temporary quasi-permanent payments
Measures of productivity loss: Sickness absence incidence and duration and reported performance losses at work because of a health problem, 2010

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

Mental disorders have their onset early in life

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

*Source: OECD (2012), Sick on the Job? Myths and Realities about Mental Health and Work.*
LATE INTERVENTION
Undertreatment for mental illness is widespread

Treatment rate (in %) in six OECD countries, 2010

Proportion of people receiving treatment for a mental illness by either specialist or non-specialist health care, by severity of their mental disorder

Source: OECD (2012), Sick on the Job? Myths and Realities about Mental Health and Work.
High prevalence of mental ill-health on all benefits

Share of beneficiaries with a mental disorder, by type of benefit, around 2010

Source: OECD (various years), Mental Health and Work – country reviews.
Disability beneficiary rates are rising fast …

Disability benefit recipients in % of the population aged 20-64 in 15 OECD countries, 1980, 2000 and 2012 (or latest available year)

Source: OECD (2010), Sickness, Disability and Work: Breaking the Barriers [updated].
WHAT ARE WE DOING ABOUT IT
... and increasingly because of mental ill-health

Share of new disability claims with a mental disorder in all new disability claims in 10 OECD countries, mid-1990s and latest available year

Source: OECD (2012), Sick on the Job? Myths and Realities about Mental Health and Work.
There is strong evidence on the multiple links between employment and mental health ...

- On the health benefits of work
- On the employment effects of mental illness
- On the impact of doctors’ behaviour (gatekeepers)

... but health and employment policy making and service delivery do not mirror the strong link

- Silo-thinking continues to dominate policy making
- Health is not addressed in employment policies, and employment is ignored in health policies
WHAT SHOULD WE DO
Good-practice policy examples

- High-level policy initiatives to foster co-operation
- Employment targets for the health system
- Purchasing services from other sectors
- Financial co-ordination and cost sharing
- Moving towards integration of services
  - E.g. PES involving health services; interdisciplinary rehab teams to tackle labour market exclusion
- Integrated services *within* sectors
  - E.g. health services hiring employment specialists; employment services hiring psychologists
Cross-sector service integration remains challenging

- Institutional view and incompatible objectives hinder the development of effective client-centred interventions
- Financial incentives are often lacking, or conflicting

Necessary to build up integrated capacity in both the health sector and the employment sector

- Both sides have an obligation to provide integrated services to assure the right support wherever clients enter the system
- Within-sector integration of services avoids some of the obstacles for cross-sector co-operation
For further details and OECD publications:

www.oecd.org/els/disability

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THANK YOU