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

Source: OECD (Sick on the Job: Myths and Realities about Mental Health and Work).
New disability benefit claims due to mental disorders (in % of total claims)

Source: OECD (Sick on the Job: Myths and Realities about Mental Health and Work).
Mental disorders are very costly to the economy.

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

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

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

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

<table>
<thead>
<tr>
<th>Status in 2004</th>
<th>Severe</th>
<th>Moderate</th>
<th>No disorder</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>28.3</td>
<td>34.2</td>
<td>37.5</td>
<td>100.0</td>
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<tr>
<td>Moderate</td>
<td>10.9</td>
<td>34.0</td>
<td>55.2</td>
<td>100.0</td>
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<tr>
<td>No disorder</td>
<td>2.6</td>
<td>10.6</td>
<td>86.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>5.3</td>
<td>15.7</td>
<td>79.0</td>
<td>100.0</td>
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</tbody>
</table>

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<th>Status in 2004</th>
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<th>Moderate</th>
<th>No disorder</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>27.2</td>
<td>11.1</td>
<td>2.4</td>
<td>5.1</td>
</tr>
<tr>
<td>Moderate</td>
<td>34.3</td>
<td>36.1</td>
<td>11.6</td>
<td>16.7</td>
</tr>
<tr>
<td>No disorder</td>
<td>38.5</td>
<td>52.9</td>
<td>86.0</td>
<td>78.3</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

<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 (Sick on the Job: Myths and Realities about Mental Health and Work).
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

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

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

Source: OECD (Sick on the Job: Myths and Realities about Mental Health and Work).
...and treatment received is not always adequate

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

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