



SICK ON THE JOB? Myths and Realities about Mental Health and Work

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Release seminar
12th December 2011

www.oecd.org/els/disability

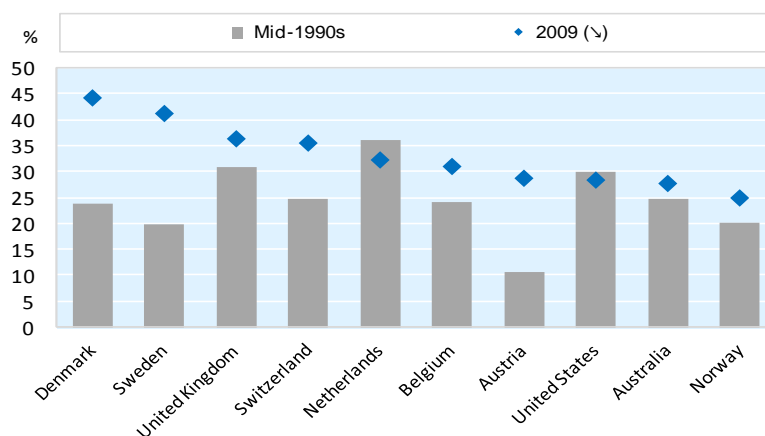
Outline of Presentation

- Rationale: OECD reviews on working-age disability and mental health & work
- Definitions – who are we talking about?
- Main labour market outcomes
- Key policy challenges and policy directions
- Main conclusions



Fast increase in disability benefit claims caused by mental-ill health

Newly granted disability benefits for people with a mental health condition as a proportion of all disability benefit grants



Source: OECD (Mental Health and Work review)

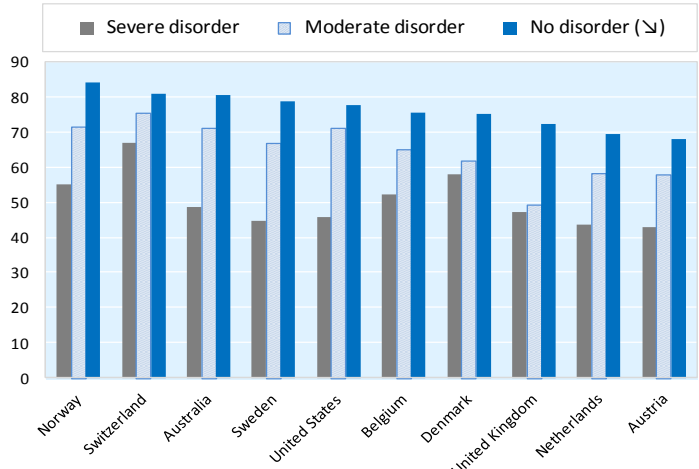
Identifying the population affected by mental-ill health

- **Defining mental ill-health**
 - Severe and common mental disorder
 - Sub-threshold mental illness
- **Measuring mental ill-health**
 - Validated mental health instruments are good proxies for an in-depth clinical interview
- **Prevalence of mental ill health is high**
 - One in four affected over a 12-month period
 - No indication that prevalence is increasing



Most people with common mental disorders are at work

EMPLOYMENT (in %)
(Mid to late 2000s depending on country)



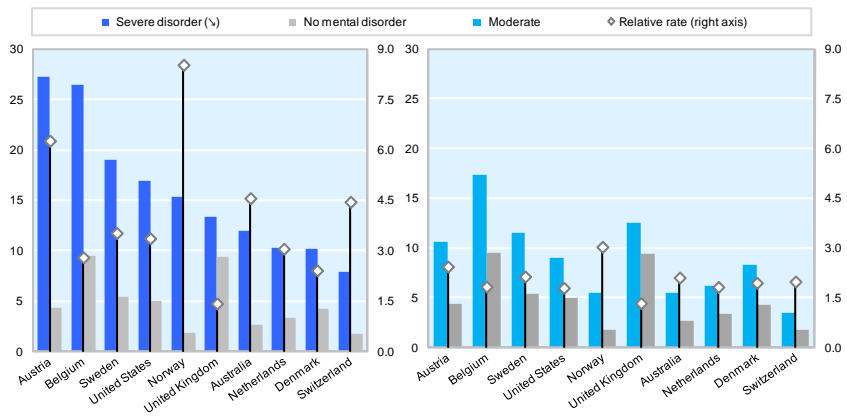
(↘) Ranked by no disorder

Source: OECD (Mental Health and Work review)



People with a mental disorder have a higher risk of job loss

UNEMPLOYMENT RATE (in %)
(Mid to late 2000s depending on country)



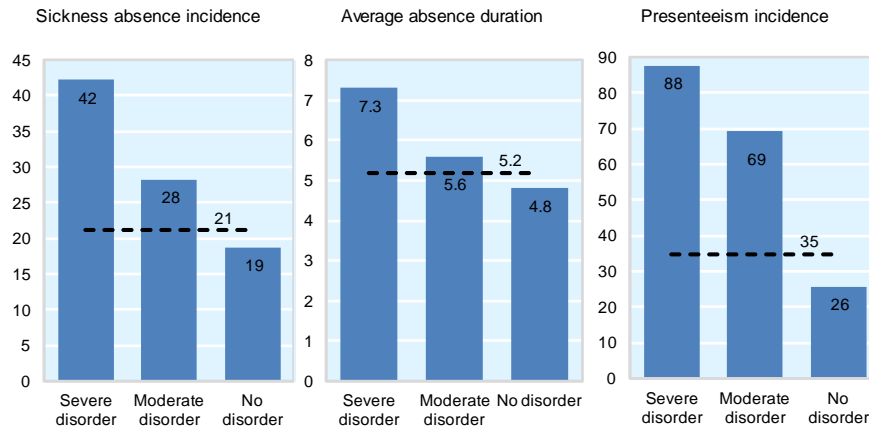
(↘) Ranked by severe disorder

Source: OECD (Mental Health and Work review)



Productivity losses through mental-ill health are large

MEASURES OF PRODUCTIVITY: ABSENTEEISM AND PRESENTEEISM



Source: OECD (Mental Health and Work review)

Policy challenges and policy directions

• Several policy areas fail to address effectively the problems of people with mental illness:

- Workplaces & Employers
- Benefit System & Employment Services
- Health System
- Education System



Workplaces and Employers

- Securing good working conditions and developing sound management practices
- Systematic monitoring of sick-leave behaviour
- Working closely with employers to bring people with mental illness back to work
- Addressing stigma and discrimination



The Social Protection System

- Identify the long-term unemployed with mental ill-health and their support needs
- Adapt disability/work-capacity assessment tools and procedures
- Better link return-to-work interventions with other services and areas



Mental Health System

- 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



The Education System

- Youth are in need of multi-disciplinary services
- Provide support to employers and employees during the very critical *first* job
- Do not grant disability benefits (which are quasi-permanent) too early in life



MAIN CONCLUSIONS

- 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 school authorities, managers, general practitioners, PES caseworkers and social partners

