Health system responses to mental health-related disability

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Population mental health

- Increasing share of burden of illness in developed economies

- Costs of mental disorders are estimated to be 3-4 % of GDP, mainly due to loss of productivity\(^1\)

- Emerging mental health risks: economic downturn, transnationalism, diversification of life styles

\(^1\) ILO, 2003
Trends in mental health systems

- Deinstitutionalisation
- Development of community care
- Closer integration with other health care
- Increased demand for services in the population
- Modest steps to empower service users
- Increased focus on promotion and prevention

Disproportionate funding of mental health services

- Mental disorders constitute more than a fourth of the burden of illness
- In many countries, one in three disability pensions is due to mental disorders
  
  BUT....

- Mental health care share of total health care funding in European countries is 2-10 %.
The role of health system

Disability pension is the endpoint of a complex process, only partly amendable by health systems

- Socio-economic status
- Mental health
- Impairment
- Physical health
- Individual attitudes to work
- Work life requirements
- Disability pension
- Health care gatekeeping

Why physicians contribute to increase in mental health-related disability

- In many countries, GPs and specialist physicians are gatekeepers, with conflicting commissions from patients and from social protection agencies
- Sick-listing practices have been shown to vary between individual physicians
- The patient's wish or demand for sick-listing has been suggested to influence the physician’s decision to sick-list¹
- 39% of Norwegian physicians admit having written polished medical certificates, most commonly to help the patient getting a disability pension²
- Awareness among health care staff on the benefits of inclusion in working life needs to be improved: is a disability pension or sick leave always in the interest of the patient?

¹ Englund, ScandJPubH, 2000
² Gulbarandset, TidsskrNorLæge, 2004

www.oecd.org/els/disability
The role of occupational health care

• Employee mental health contributes strongly to productivity

• Risk of common mental health problems in workers with high job strain or poor effort-reward balance may be as much as 80% higher

• Occupational health services are key players in preventing work-related stress
  • by promoting a healthy work place
  • by monitoring mental health of employees
  • by supporting adaption to changes in working life
  • By early recognition of mental health problems

• In the WHO European Region, half of the workforce remains uncovered

1 European Survey on Working Conditions, 2007
2 WHO

A case study: the MASTO Project

Finland: The national Masto project supports people in remaining in and returning to work by furthering:

• practices that increase wellbeing at work
• early support at work to deal with problems
  • self-treatment and support groups
• effective treatment and rehabilitation for depression
  • capacity building in occupational health care
• rehabilitation and return to work
  • legislative measures to enable stepwise return
  • Improved helath care – employer liaison

The project is mainly implemented by the occupational health care services

Website: http://www.tartumasennukseen.fi/en
Conclusions

• Health systems have a role in mental health promotion and disorder prevention in work life

• The gatekeeping function of health care professionals is challenging

• Early recognition and treatment of mental disorders reduce absenteeism

• The role of health systems can be supported by legislation to increase access to occupational health services

• Implementation of health sector interventions can be supported by incentives for workplace health promotion and prevention

• Special outreach of health services to vulnerable groups at risk of being marginalised, such as unemployed people

• Improved liaison between health care and employers