

RECONCILING MENTAL-ILL HEALTH AND EMPLOYMENT

Paris, 12-13 December 2011

WORKING MEETING SESSION 2: THE TRANSITION FROM EDUCATION INTO THE LABOUR MARKET

Moving from adolescence to adulthood often implies leaving home to live independently, going to university or work, and possibly starting a family. These are all challenging aspects of life, but for young people with mental health issues the transition to adulthood is made more difficult by the complexity of both their individual conditions and the systems involved. Without proper intervention, mental ill-health can have substantial and long-lasting effects on the economic and social status of these youngsters.

A first challenge is that young people are often unaware of their mental health problem. Instead their problems express themselves through early school drop-out, social problems, difficulties in finding or keeping a job, etc. Reaching the group of youth with (unidentified) mental disorders is a big challenge which is not easy to solve. Yet, early intervention is crucial to prevent these youngsters from sliding into long-term unemployment and inactivity which not only implies considerable individual distress, but also a lasting cost for the society.

School drop-out is a good early-warning indicator, and early school-leaving is quite frequent in most OECD countries. Most countries have programmes in place to minimise school drop-out or to reconnect school leavers with education or training. However, little attention is devoted to mental health problems as a possible cause for drop-out, and no data is available on the share of school drop-outs who have a mental disorder. Survey-based evidence for European countries suggests that the proportion of youth with a severe mental disorder leaving full-time education before the age of 15 is around 26%, compared to 20% for those with a moderate mental disorder and 14% for those without a mental disorder.

Young people can obtain job-search assistance through the Public Employment Service (PES). Yet, only the most motivated tend to voluntarily come to the PES also because young people without, or with insufficient, work experience are not entitled to unemployment benefits in most OECD countries and thus have no incentives to register at the PES. Besides, standard active labour market programmes (such as job-search assistance, vocational guidance, internships, and training programmes) are unlikely to be successful for young people with a mental disorder (identified or not) as they tend to accumulate several social risk factors such as low education, drug use and poverty. Research has shown that services and supports for people with a mental disorder need to integrate not only training/activation measures, but also close mentoring, work and income support, health services, and mobility and housing assistance. As keeping the job is often the real challenge, support should continue even after the person is placed in a job.

For young people with an identified (severe) mental disorder, adulthood often means a break in access to support and services. Until the age of 18-21 or as long as they are in secondary education (depending on the country) young people with a mental disorder typically fall under the responsibility of the Ministry of Education. After leaving secondary education, different systems become involved and more than before the extent to which young adults receive support will depend on their own ability to demonstrate their needs and to find out themselves about the available services and arrangements.

In many countries, too many and often increasing numbers of these young people are moving onto disability benefit very early in life, without or with only limited work experience. The share of the 20-34 year-olds in the ten countries under study receiving a disability benefit is around 2% of the population, up

from 1.6% a decade ago, despite no evidence of an increase in the prevalence of mental disorders among youth over time. Three in four of those claims are due to a mental disorder. Yet, it is not a good solution to grant a disability benefit so early in life, knowing that *i*) with appropriate services and supports, most mental health problems in youth and adolescence can get much better, and *ii*) there is almost no way back into the labour market once in the benefit system.

Topics for discussion

- How can youth with unidentified and non-diagnosed mental health problems be reached? Is labelling necessary to offer support?
- How can those dropping-out of the education system be followed-up and helped in a better way? Who is best placed to take responsibility for such follow-up?
- How can active labour market programmes (and access to these programmes) be improved to serve the needs of youth with a mental disorder?
- How can the fragmentation of services for young adults with a mental disorder be addressed? Who should take the responsibility to co-ordinate the different service components?
- Which alternatives exist to granting a (full) disability benefit to young people?