# Integrated Mental Health, Skills and Work Policy

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On December 2015, the OECD Council adopted a Recommendation that calls for governments to promote the provision of early and fully integrated services to improve social and labour market outcomes for people with mental health problems

## Why is action needed?

Mental health is an issue that has long been neglected in our societies and by policy makers because of widespread stigma and preconceptions. This matters for two important reasons: first, mental health problems are common, affecting one in five people at any moment in time; second, mental health problems lead to poor education and labour market outcomes and a high dependence on social benefits, and exacerbate physical health problems, thereby lowering well-being even further.

The social and economic costs of mental health problems are high for individuals, employers, and the economy at large – amounting to at least 3½-4% of GDP every year, including direct costs (especially for the health system), indirect costs (especially for the welfare system) and intangible costs (especially productivity losses).

The relationship between mental health and employment is complex. While a heavy workload and work-related stress may contribute to mental health problems, the evidence shows that staying at or returning to work is part of the recovery for people facing mental health problems if appropriate support is provided. Quality jobs, involving good management, appreciation of achievements, support from colleagues, and being able to work autonomously, contribute to better mental health and well-being. The relationship between mental health and education is similarly complex.

## Facts and Figures: What do we know?

Myths around mental health and its relationship with work are widespread. Establishing the facts is critical for policy makers but difficult because of scarce data.

Some facts are clear and they change the perception of the problem and what should be the solutions. First, mental health problems start very early in life (Figure 1). Second, the majority of people with mental health problems are in work, but face barriers to finding and keeping jobs (Figure 2). Third, many workers with mental health problems struggle in their jobs (Figure 3). Fourth, mental health problems are a key driver of inactivity and the prevalence of mental health problems is therefore very high among recipients of welfare benefits (Figure 4).

**Figure 1. Mental health problems start very early in life**

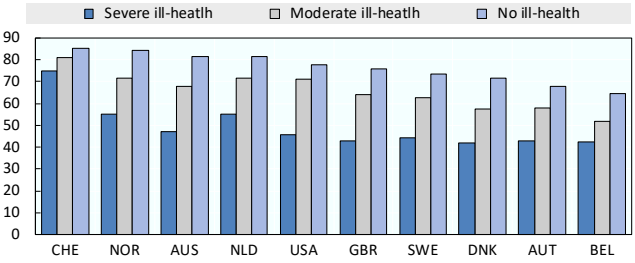
Typical age at onset for selected mental health conditions

| | Median age of onset | Age of onset distribution ($25^{th}$-$75^{th}$ percentile) |
|---|---|---|
| Anxiety disorder | 11 years | 6-21 years |
| Mood disorder | 30 years | 18-43 years |
| Impulse-control disorder | 11 years | 7-15 years |
| Substance use disorder | 20 years | 18-27 years |
| **Any mental disorder** | **14 years** | **7-24 years** |

*Source: OECD (2012), Sick on the Job? OECD Publishing, Paris.*

**Figure 2. Maintaining work contact is important but many people with mental health problems face employment barriers**

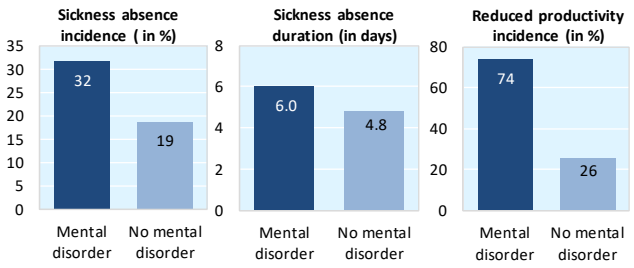
Employment rates by mental health status




*Note:* The data refer to various years between 2006 and 2012.
*Source: OECD (2015), Fit Mind, Fit Job, OECD Publishing, Paris.*

**Figure 3. Large productivity losses**

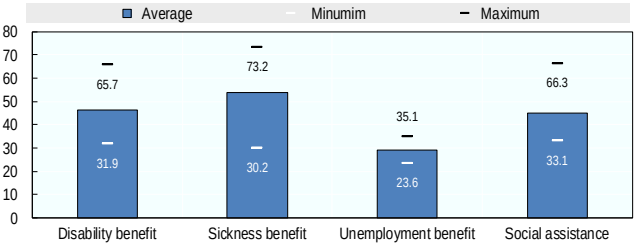
Absenteeism and presenteeism in EU countries




*Note:* The data refer to 2010.
*Source: OECD (2012), Sick on the Job? OECD Publishing, Paris.*

**Fig. 4: Many benefit claimants have mental health problems**

Average, minimum & maximum share across 10 OECD countries




*Note:* The data refer to various years between 2006 and 2012.
*Source: OECD (2015), Fit Mind, Fit Job, OECD Publishing, Paris.*

## Objectives: What should be done?

A policy transformation is needed in regard to when intervention is needed, what type of intervention is needed, and who should carry it out. Currently intervention often comes too late, key stakeholders are left out, and different institutions and services tend to work in isolation. Changing when, what and who will go a long way in achieving better social, education and labour market outcomes for people with mental health problems and thereby more inclusive growth.

**When**
Timing of intervention is critical. Interventions often come too late, once people have been out of the labour market for years. Even comprehensive measures have limited impact if delayed. Any action taken in school or the workplace will have a better, more lasting impact than waiting until people have dropped from education or left work. Sickness and unemployment schemes also need to react quickly to ensure a fast return to work.

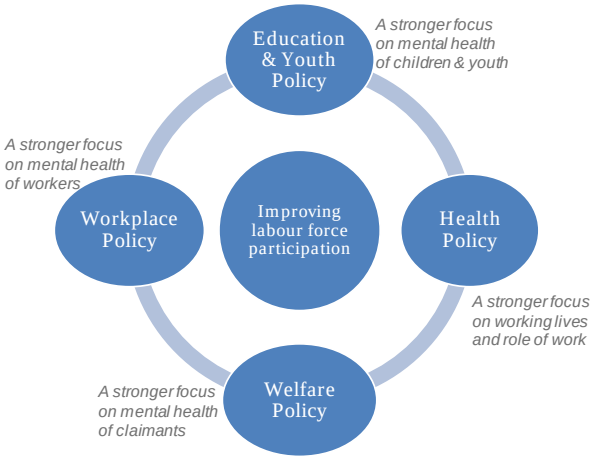
**What**
Policies are often delivered in isolation. Employment, health and education policies generally consider only outcomes in their own areas of responsibility. Such isolated support is not good enough. People with mental health problems struggling to keep or find a job often have inter-linked social, health and employment problems which policy must address in an integrated manner. Integrated service provision delivers significantly better and faster outcomes.

**Who**
Mental ill-health is a mainstream issue that many stakeholders must address. Front-line actors outside the mental health sphere have a key role to play in securing better education and labour market outcomes for people with mental health problems. Teachers, line managers, general practitioners, and employment service caseworkers are confronted on a daily basis with the effects of mental health problems among their students, workers, patients, and customers. They are best placed to identify issues, address implications, and involve professionals as necessary.

Coordinated policy action is therefore required across the following policy areas towards a common goal:

- Change in health policy to promote timely and effective treatment which recognises the value of work in the process of recovery from mental health conditions;
- Change in youth policy to promote good education outcomes and strong transitions into the labour market for young people living with mental health conditions;
- Change in workplace policy to promote performance, job retention and return-to-work of workers living with mental health conditions;
- Change in social protection policy to promote adequate and affordable integrated support to jobseekers living with mental health conditions.

**Coherent policy in four broad sectors**




## Monitoring progress and providing support

Policy solutions for dealing with mental health problems are evolving gradually in many countries. Learning from innovation and reform experience in other countries, and sharing the success of effective approaches can spur faster progress. The endorsement of this Recommendation by Health and Employment Ministers from all OECD countries promotes a process of mutual learning and provides guidance to national policy development in a complex field.

The Employment, Labour & Social Affairs Committee together with the Health Committee will monitor progress in policy developments and in social and labour market outcomes every five years and continue to provide countries with support in implementing the recommendations, including through the creation and use of relevant indicators, comparative data and analytical studies.

## Contact

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For further information:

http://www.oecd.org/employment/mental-health-and-work.htm

# Abridged Text of OECD Council Recommendation on Integrated Mental Health, Skills and Work Policy

**The Council,**

**HAVING REGARD** to the important work done by the United Nations, the Council of Europe and the European Union on the rights and opportunities of persons with disabilities and mental illnesses;

**RECOGNISING** the important work undertaken by the World Health Organisation, especially on the need for integrated health and social care services in community-based settings;

**CONSIDERING** that improving education, health and labour market opportunities and outcomes of people living with mental health conditions needs concerted action in a range of policy fields – including health policy, youth policy, labour market policy and social policy – with a shift in three aspects, i.e. in the *timing* and in the *modalities* of policy intervention and in the *actors* needed for the policy change;

**ACKNOWLEDGING** the importance of prevention to reduce the incidence of mental illness and to ensure mental resilience and awareness early in life through action to address family disadvantage, social risk factors, domestic violence and intergenerational transmission of poor mental health and to provide family support in dealing with mental illness, aspects that go beyond the scope of this Recommendation;

**RECOGNISING** the considerable economic and social benefits that may be achieved, at all levels of government, from a coordinated and integrated policy approach to mental health that covers young people and people of working-age and links together employment, welfare benefit, health services as well as education;

**On the proposal of the Employment, Labour and Social Affairs Committee and the Health Committee in consultation with the Education Policy Committee:**

**AGREES** that, for the purpose of the present Recommendation, *mental health* – following the World Health Organisation's widely-accepted definition – refers to a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community;

**I.RECOMMENDS** that Members and non-Members having adhered to this Recommendation (hereafter "Adherents") seek to improve their mental health care systems in order to promote mental wellbeing, prevent mental health conditions, and provide appropriate and timely services which recognise the benefits of meaningful work for people living with mental health conditions. To this effect, Adherents should, as appropriate:

a) **foster mental wellbeing and improve awareness and self-awareness of mental health conditions** by encouraging activities that promote good mental health as well as help-seeking behaviour when mental illness occurs and by building effective strategies to address stigma in consultation with a range of government and non-government stakeholders;

b) **promote timely access to effective treatment of mental health conditions,** including mild-to-moderate mental illnesses, in both community mental health and primary care settings and through co-location of health professionals to facilitate the referral to specialist mental health care, while ensuring the involvement of people living with mental health conditions in decisions about the appropriate care and treatment plan;

c) **strengthen the employment focus of the mental health care system**, particularly by carrying out awareness-raising activities to emphasise the positive contribution quality work can make to recovery, by introducing employment outcomes in the health system's quality and outcomes frameworks, and by fostering a better coordination with publicly- and privately-provided employment services;

d) **expand the competence of those working in the primary care sector**, including general practitioners, family doctors and occupational health specialists, to identify and treat mental health conditions through better mental health training for health professionals, the incorporation of mental health specialists in primary care settings, and clear practices of referral to, and consultation with, specialists;

e) **encourage general practitioners and other mental health specialists to address work (or school) and sickness absence issues** including by using evidence-based treatment guidelines which support return to work (or return to school) where possible and by ensuring that health professionals have the resources to devote sufficient time to address work issues.

**II.RECOMMENDS** that Adherents seek to improve the educational outcomes and transitions into further and higher education and the labour market of young people living with mental health conditions. To this effect, Adherents should, as appropriate:

a) **monitor and improve the overall school and preschool climate** to promote social-emotional learning, mental health and wellbeing of all children and students through whole-of-school-based interventions and the prevention of mental stress, bullying and aggression at school, using effective indicators of comprehensive school health and student achievement;

b) **improve the awareness among education professionals** and the families of students, of mental health conditions young people may experience and the ability to identify signs, symptoms and problems and refer students for assessment and interventions appropriate to their needs, while ensuring an adequate number of professionals is available to all educational institutions with knowledge on psychological and behavioural adaptation and accommodations required in the learning environment;

c) **promote timely access to co-ordinated, non-stigmatising support for children and youth living with mental health conditions** or social-emotional problems by better linking primary and mental health services and reducing waiting times in the mental health care sector and by an easily accessible support structure, linked to preschools, schools, post-secondary institutions, and other youth and community services, which provides comprehensive assistance including treatment, counselling, guidance and peer support;

d) **invest in the prevention of early school leaving at all ages and support for school leavers living with mental health conditions** through appropriate follow-up with due regard to personal privacy of

those who have dropped out from school, or are at risk of doing so, with a view to reconnect those students with the education system and the labour market;

e) **provide non-stigmatising support for the transition from school to higher education and work** for students living with mental health conditions (or, for the return to education for those who have dropped out) through better collaboration and better integrated approaches by schools, post-secondary institutions, employers, employment services and the mental health care sector.

**III.RECOMMENDS** that Adherents, in close dialogue and co-operation with the social partners, seek to develop and implement policies for workplace mental health promotion and return-to-work. To this effect, Adherents should, as appropriate:

a) **promote and enforce psychosocial risk assessment and risk prevention in the workplace** consistent with applicable privacy and non-discrimination laws, with the adequate support of occupational health services, to ensure that all companies have complied with their legal responsibilities;

b) **develop a strategy for addressing the stigma, discrimination and misconceptions** faced by many workers living with mental health conditions at their workplace, with a focus on strong leadership, improved competencies of managers and worker representatives to deal with mental health issues, peer worker training, and active promotion of workplace psychological health and safety;

c) **promote greater awareness of the potential labour productivity losses due to mental health conditions** by developing guidelines for line managers, human resource professionals and worker representatives to stimulate a better response to workers' mental health conditions, covering ways to best assist those workers, including recognition and intervention with co-workers and advice on when to seek professional support, with due regard to personal privacy;

d) **foster the design of structured return-to-work policies and processes** for workers on sick leave, and their (prospective or current) employers, notably by promoting a flexible and gradual return to work in line with the worker's improving work capacity, with the necessary work and workplace adaptation and accommodations, and by using or experimenting with fit-for-work counselling services with a strong mental health component;

e) **encourage employers to prevent and address overuse of sick leave** by facilitating dialogue between employers, employees and their representatives and treating doctors as well as other mental health practitioners on how an illness affects the work capacity and how adjusted working conditions can contribute to a solution, with due regard to medical confidentiality.

**IV.RECOMMENDS** that Adherents seek to improve the responsiveness of social protection systems and employment services to the needs of people living with mental health conditions. To this effect, Adherents should, as appropriate:

a) **reduce preventable disability benefit claims for mental health conditions** through recognition of the (possibly reduced or partial) work capacity of those potentially claiming a benefit, using appropriate tools and methods to identify work capacity, and through a focus on early identification and early provision of medical and/or vocational support as necessary;

b) **help jobseekers living with mental health conditions into work** through appropriate outreach tools to identify an adequate support process that facilitates access to employment services and training as well as services that address the labour market barriers associated with a jobseeker's mental health condition;

c) **invest in mental health competences for those administering the social protection system** by providing training for caseworkers, social workers and vocational counsellors to improve their understanding of mental health issues and the health benefits of work and by ensuring adequate co-operation of benefits, social services and employment services offices with psychological coaches;

d) **encourage the integration of mental health treatment into employment service delivery** by stimulating cooperation of employment services with the health sector, especially primary and community-based mental health professionals, and by encouraging the development of evidence-based vocational interventions for jobseekers with mild-to-moderate mental health conditions which combine psychological counselling with pre- and post-placement services or work experience programmes.

**V.INVITES** the Secretary-General to disseminate this Recommendation.

**VI.INVITES** Adherents to disseminate this Recommendation.

**VII.INVITES** non-Adherents to take account of and adhere to this Recommendation.

**VIII.INSTRUCTS** the Employment, Labour and Social Affairs Committee and the Health Committee to:

a) serve periodically, or at the request of Adherents, as a forum for a structured exchange of views and sharing of experiences and good practices on matters related to the Recommendation;

b) support the efforts of Adherents to implement this Recommendation as requested, e.g. through comparative data, analytical studies and measurable policy impact indicators;

c) monitor progress and policy development, including through the use of relevant indicators, in the follow-up to this Recommendation and report thereon to the Council no later than five years following its adoption and regularly thereafter.