

RECONCILING MENTAL-ILL HEALTH AND EMPLOYMENT

Paris, 12-13 December 2011

WORKING MEETING SESSION 1: WORKPLACE INTERVENTIONS - BALANCING RESPONSIBILITIES AND SUPPORTS

Today, employers, employees and the economy are all paying a high price for the failure to deal with mental ill-health in the workplace. Mental health problems in the workplace can be disruptive – for both individuals and employers. As well as affecting people's personal lives, wellbeing and morale, it also impacts their performance at work and is a costly burden for employers.

There are substantial costs associated with mental ill-health arising from absenteeism, reduced productivity while at work, the impact on the productivity of peers, and the training and recruitment of new staff. According to the latest evidence, workers with a severe mental disorder (5% of the workforce) are twice as likely to take sick leave; the average duration of their absences is 50% higher; and the likelihood of reduced productivity is a multiple of those with good mental health. Outcomes for those workers with a mild or moderate (also known as “common”) mental disorder – another 15% of the workforce – are better but productivity losses while at work are also very high.

Despite these considerable costs, a large part of which are borne by the employer, companies tend to do very little to prevent mental health problems in the workplace and to manage them quickly when they arise. This suggests that costs are largely invisible, partly because problems are hidden, and/or financial incentives to react to problems are insufficient. Countries differ widely in responding to this challenge, with some shying away from any new responsibilities and costs for the employer and others handing over to employers large parts of the sickness management role and costs.

While there are many different causes for mental illness, a positive working environment and appropriate support by, and for, employers can have a significant impact on reducing stress-related sickness absence and improving long-term outcomes, for employees experiencing mental illness. Early identification of mental health problems and early intervention at the workplace, for example involving occupational doctors, can prevent workers from leaving the labour market permanently and moving onto long-term sickness and disability benefits. However, so far, too little is done in most countries for workers with mental illness struggling at work. The means to intrude into workplace matters and the willingness to monitor workplace actions and to sanction non-compliant employers are very limited. The latter is of major concern, given that the large majority of people with mental illness have a job.

Job retention is only one side of the coin. The other side is stimulating labour demand and encouraging recruitment of workers with poor mental health. Evidence shows that securing mainstream employment is very difficult for such individuals and this becomes even more of a problem when unemployment is high, or rising. Among other barriers, stigma towards workers and job applicants with a mental disorder is pervasive, caused by a lack of knowledge on the side of employers and middle management about mental illness and fears around having a worker with mental illness in the team, including fears about the consequences on other workers and team members of hiring such a worker.

Stimulating the demand for workers with mental illness will require more than better incentives. In particular, public employment services helping jobseekers with mental health problems find a job will need to cooperate with employers and possibly support them before, during and after placement. Post-placement support in particular is not well developed in many countries or used very little.

Topics for discussion

- How can common mental illnesses such as depression and anxiety be recognised early at workplaces and disabling courses of such illnesses be prevented? How can employers and managers be supported more effectively in keeping those employees at the workplace?
(Group 1)
- How far can employer obligations be increased in regards to (i) keeping employees with mental health problems at work and (ii) ensuring better follow-up and monitoring of sickness absence in the context of a hiring and firing culture?
(Group 2)
- How can co-operation between public employment services and employers be strengthened to facilitate early return to work and finding jobs for people with common mental disorders who are outside the labour market?
(Group 3)
- What follow-up service, and for how long, is needed for newly-hired workers with a mental disorder? How can such follow-up service be organised and financed? How important is this type of intervention for what type of (common) mental disorders?
(Group 4)
- What can social partners do to ensure that employers address mental health issues at an organisational level from perspectives including prevention, awareness and early intervention?
(Backup question)