

RECONCILING MENTAL-ILL HEALTH AND EMPLOYMENT

Paris, 12-13 December 2011

WORKING MEETING SESSION 4: THE EMPLOYMENT RESPONSIBILITY OF THE MENTAL HEALTH SYSTEM

The causes, manifestations and outcomes of mental disorders are closely related to socio-economic factors. This holds especially true for the working situation. To be in employment is a predominant factor for good mental health, a more benign course of the illness, and substantially reduced health care costs. On the flipside, to suffer from a mental disorder has increasingly become a predominant risk factor for dismissal, unemployment and disability.

Although psychiatric services have developed a wide range of work schemes for their patients, traditionally mostly in sheltered settings, work-related issues are still rarely focused in treatment. This holds for the individual treatment situation, where the working problems of the patients are very often not directly addressed, as well as for the system level, where employers and companies do not perceive the mental health system as a real partner. Accordingly, mental health care quality is measured mostly by symptom improvements or access indicators, while the system is not held accountable for the employment situation of the patients.

Mental health care has traditionally focused on the vocational rehabilitation of patients with the most severe mental disorders, such as schizophrenia or severe affective disorders. The majority of people with more moderate disorders have been largely overlooked – although this large population i) causes the main burden of disease, ii) in most cases still has a job (but with a lowered productivity), and iii) has a higher probability to exhibit good outcomes than clients with severe and enduring disorders. Moderate disorders, and even subclinical mental health problems, have a remarkable potential to result in reduced productivity, absences, and disability too. Accordingly, the rise in disability benefits in OECD countries in the past 15 years mainly has been due to moderate mental disorders.

In the last decades, effective treatments, as well as differentiated, community-based and more accessible mental health care systems have been developed, and it has been shown that adequate treatments can have beneficial effects on the working situation of the patients (e.g. resulting in shorter absences or fewer work-days with lowered productivity). However, these developments have so far not translated into a substantially broader inclusion of people with mental disorders into the workforce. While programmes with high rates of job placement (like e.g. supported employment programmes) have been developed, such measures have neither become the mainstream up to now, nor substantially reduced the disability status of the placed clients.

Moreover, under-treatment is high, both from a quantitative and a qualitative perspective. Only every second person suffering from a mental disorder in a given year is treated for his/her condition. Among those who are treated, many receive insufficient or inadequate treatment. For example, only 20% receive combined treatment, and even for depression medication is provided far more often than psychotherapy even though the latter has been shown to be more appropriate for milder forms. Moreover, treatment is mostly provided by general practitioners, and not by mental health specialists.

There are some intrinsic characteristics of mental disorders, which can worsen the employment outcomes. Among these are the generally very early onset of mental illness and its consequences – be it the development of a 'difficult' and inflexible personality, the failing in education and labour market integration, the enduring course of many (also milder) mental disorders, or the high co-morbidity with other mental and/or somatic illnesses.

Topics for discussion

- How much responsibility should the mental health care system take for the employment outcomes of the patients (instead of merely looking at symptom improvement)? How could such a new responsibility be implemented?
- How can the employment focus in mental health care be enforced? Why are effective, evidenced-based approaches like supported employment not implemented more widely?
- How can mental health specialists support employers? What types of systematic collaboration between employers and the health care system are promising?
- How can medical confidentiality be administered in a more flexible and useful way, in order to support job-retention – without hurting the core of the privacy principle?
- How can rates of *appropriate* treatment be increased (e.g. talking therapy; combined therapy; counselling of GPs by psychiatrists and employment specialists; etc.)?