

Assessment and recommendations

People with mental disorders underperform in the labour market. In Belgium, their employment rates are 15 percentage points lower and their unemployment rates 10 percentage points higher than those of people without mental disorders. Many of those who are employed struggle in their jobs (four in five workers with a mental disorder report reduced performance at work) and disability claims based on mental ill-health are frequent and rising. About one third of the 260 000 disability insurance beneficiaries and a significant proportion of the 160 000 disability allowance beneficiaries have a mental disorder as primary cause for their benefit claim. In sum, the total costs for the society, employers, individuals and their families are large, amounting to an estimated 3.4% of GDP in Belgium.

The Belgian system has much potential to address the challenges of mental ill-health and work

Belgium can build upon an institutional set-up system with a number of structural strengths that are not yet exploited to the best possible extent. In particular, the obligation for employers to have an occupational health service and the integrated sickness and disability benefit system with unified funding schemes and assessment procedures provide ideal conditions for close sickness monitoring, early intervention and effective return-to-work mechanisms. In addition, Belgium is one of the few countries with explicit instructions in the labour legislation concerning the need to prevent mental ill-health at work and all key players, including employers, occupational doctors, and sickness insurance companies (called mutualities), are required to be actively engaged in reintegrating sick employees. However, the practical implementation of the legislation is far from optimal and the system is currently not used to prevent labour market withdrawal of people with mental illness. A more pro-active approach of all key stakeholders would greatly improve the labour market inclusion of people with mental disorders.

Activating employers, occupational doctors and mutualities

First, financial incentives for employers to prevent mental illness and retain employees with a mental disorder are weak due to a relatively short period of continued wage payment in case of sickness absence. As a result, employers generally do not play an active role in sickness and disability management and rarely engage their occupational health services for job retention or reintegration of sick employees. Few companies see the benefit of undertaking the legally required psychosocial risk assessment and sanctions for non-compliance with the law are too low to motivate employers.

Second, occupational health services in Belgium employ both occupational doctors specialised in medical surveillance and prevention advisors specialised in risk management (including for mental health issues). They are thus in an ideal position to support employers in sickness and disability management of their workforces. Yet, conflicting responsibilities for occupational doctors generate mistrust among both employers and employees, thwarting their co-operation. For instance, while occupational doctors are supposed to help sick employees returning to their job, they can also declare an employee disabled and give the employer the right to dismiss the worker in question without entitlement to a notice period or severance payment. Employers from their side seldom know the prevention advisor responsible for psychosocial issues until they are contacted with respect to a complaint made by one of their employees and regard this as an intrusion of their domain.

Third, mutualities remain quite passive and strongly focussed on controlling their clients' sickness status, despite their legal obligation to assist sick workers in their return to work. The few integration measures at their disposal are not always suitable for people with mental health problems and there is no systematic communication between the mutualities and occupational doctors. Recent initiatives of the public employment services (PES) to provide activation services to sickness and disability beneficiaries are a promising trend, but so far there is very little take-up as the lack of a legal framework creates too much uncertainty for beneficiaries about their benefit entitlement. For the co-operation between the PES and mutualities to become successful, a clear change in the mindset among both the mutuality doctors and their clients is necessary which could be achieved through the provision of better training and information for mutuality doctors and the development of a legal framework in which inconsistent rules are removed.

Addressing mental ill-health among unemployment beneficiaries

Belgium faces a unique situation in the activation of people with a mental disorder relying on working-age benefits. Contrary to many other OECD countries where jobless people with a mental disorder are predominantly found in the disability benefit system, in Belgium, a large proportion of them remain in the unemployment benefit system. Spending on sickness and disability is also lower than spending on unemployment while the opposite is true in nearly all OECD countries.

The prominent role of the unemployment benefit system for people with a mental disorder is related to a number of factors. First, the time-unlimited unemployment benefit renders the more stringent disability benefit less attractive for people with mental ill-health. While there are strict job-search and availability requirements for job seekers, mental ill-health is a valid reason for refusing job offers and long-term unemployment beneficiaries with multiple problems (including mental ill-health) are seldom suspended from the system. In addition, the unemployment benefit system could be perceived as more permanent and secure than the sickness and disability system as disability beneficiaries are regularly controlled for health improvements while this is not necessarily the case for unemployment beneficiaries. Finally, until very recently the financial incentives to apply for disability benefits were limited as benefit levels of both systems were comparable. Yet, since November 2012, unemployment benefits have become more degressive and less generous, which could potentially generate a higher demand for disability benefits, as has been the case in many other OECD countries where unemployment benefits have become more tightly managed, including, for instance, stricter job-search monitoring and requirements.

The advantage of the current situation in Belgium is that people with mental health problems losing their job remain closely attached to the labour market, hence promoting their re-activation. Harvesting the potential of this setup requires more attention to the needs of this group. The recent awareness in the PES of mental health problems among unemployment beneficiaries is a promising start to improve the labour market outcomes and social well-being of people with mental ill-health. Pilot projects for people with severe mental disorders have been developed in co-operation with the mental health and welfare sector, and programmes are gradually being opened to beneficiaries of the disability and social welfare systems. However, to further develop the co-operation a more active stance is required of employers, occupational health services, and mutualities. Also systematic co-financing mechanisms between the different sectors are needed to share the activation costs according to the accrued benefits.

Finally, more attention to mild and moderate mental disorders among job seekers is necessary to fully address the problem.

Developing employment-oriented mental health care

Better labour market inclusion of people with mental disorders will hinge to a certain extent on the implementation of the ongoing mental health reform and the attention the mental health sector will devote to employment. In particular, this sector in Belgium is still predominantly focussed on hospital care for people with a severe mental disorder and the referral to specialist services is problematic due to a complex system with long waiting lists for treatment and a lack of reimbursement of psychotherapy sessions. The introduction of continuous care networks, in which the different care levels (*i.e.* general practitioners and other primary care providers, the centres for mental health and the psychiatric hospitals or facilities) closely co-operate, will be vital for effective service provision.

So far, the Belgian health care system devotes little to no attention to employment. The recent invitation to the labour ministries to participate in the mental health care reform, therefore, is an ideal opportunity to start developing ways to integrate health and employment services.

Addressing the early onset of mental disorders

Mental illness often commences at an early age and requires adequate support to prevent negative repercussions during working life. The Belgian school system has comprehensive services for mental health promotion and school drop-out prevention. Yet, more efforts need to be made to keep children with behavioural and emotional problems in mainstream schools in order to promote their social integration and future chances in the labour market. The development of internal care structures in Flemish schools in recent years (in particular in primary education) with a key role for the teacher as primary actor supported by care teachers within the school and external centres for student guidance are a promising evolution to better address the needs of children within mainstream education and should be further developed at the secondary-education level. It could also serve as an example for the education policy in the French Community. Finally, the centres for student guidance, which are ideally placed to co-ordinate all external support and services, do not always have the authority and financial resources to do so.

An abrupt ending of the services provided by the school system at the moment of finishing education can be particularly harmful for youth with mental health problems who regularly accumulate several social disadvantages. The transition from school to work is often difficult in

Belgium in any case, with high unemployment rates among youth as a consequence. The regional PES have devoted a lot of attention to youth unemployment in recent years, but a more pro-active approach and close co-operation with schools and the centres for student guidance, as well as with the welfare and health services, are necessary to provide integrated support for youth with mental health problems.

Summary of the main OECD recommendations for Belgium

Key policy challenges	Policy recommendations
1. There is limited attention to mental health issues in mainstream education	<ul style="list-style-type: none"> • Provide specialised support in the mainstream school system; • Further develop internal care structures in schools and give centres for student guidance the authority and resources to co-ordinate all external support.
2. The transition from school to work is often difficult	<ul style="list-style-type: none"> • Ensure relevant work experience for all students before they leave education; • Develop a career guidance system with co-operation from the centres for student guidance and the PES; • Oblige the PES to assist school-leavers in their job search.
3. Incentives for employers to prevent mental illness and retain sick employees are weak	<ul style="list-style-type: none"> • The risk-assessment obligations should be rigorously implemented and monitored, and non-compliance sanctions should be raised significantly; • Make longer-term sick leave more costly for the employer.
4. Occupational health specialists are not involved in the retention and reintegration of sick employees	<ul style="list-style-type: none"> • Limit regular medical check-ups to free up resources for sickness matters; • Abolish the possibility of dismissal of a sick employee without a notice period; • Occupational health specialists should play a role in on-the-job coaching and continuous support.
5. Mutualities are too passive in managing sickness absences	<ul style="list-style-type: none"> • Make mutualities financially responsible for activating sickness and disability beneficiaries; • Strengthen their sickness monitoring obligations; • Systematise the co-operation between the mutuality doctor and the occupational doctor or, if reintegration is not possible, with the PES.

Summary of the main OECD recommendations for Belgium (cont'd)

Key policy challenges	Policy recommendations
6. There is no activation of disability allowance beneficiaries, many of who have a mental disorder	<ul style="list-style-type: none"> • Broaden benefit eligibility assessments to take into account the claimants' work capacity; • Strengthen reintegration measures for this group in co-operation with the PES; • Eliminate the strong disincentives to start working for child disability allowance beneficiaries.
7. PES awareness of mental disorders among job seekers is rising, but PES programmes to assist such job seekers have had limited success so far	<ul style="list-style-type: none"> • Develop a legal framework for better co-operation between the PES and the health and welfare sectors; • Provide funding to expand PES programmes to: <i>i</i>) employees; <i>ii</i>) people with moderate mental health problems; and <i>iii</i>) recipients of social assistance and disability benefits.
8. The mental health sector is predominantly focussed on hospital care for people with a severe mental disorder	<ul style="list-style-type: none"> • Make co-operation with the PES a part of the ongoing mental health reform; • Extend the continuous care networks throughout Belgium; • Introduce a legally protected title for psychotherapists and reimburse psychotherapy sessions.