

Executive summary

Throughout the OECD, there is growing recognition that mental health is a major issue in social and labour market policy. Mental illness exacts a heavy price on people, employers, and the economy at large, affecting well-being and employment, and causing substantial productivity losses.

Austria has seen a rapid increase over the past 20 years in sickness absences and disability benefit claims attributable to mental disorders. Overall benefit dependency among the working-age population is high, with many claimants of all types of benefits, including unemployment benefit, reporting mental health problems.

Austria has a strong labour market, an easily accessible health care system, and a broad range of support services, all of which should yield fine opportunities for improving the labour market inclusion of the mentally unwell. However, the federal government's scope for developing coherent occupational health policies is curtailed by the structural and organisational fragmentation of responsibilities – with the nine regions having a strong say in health and education policies and the social insurance institutions being highly autonomous.

Successful reform requires that the wide range of institutions responsible for policy implementation co-ordinate closely. The 2013 disability benefit reform has considerable potential, for example. What it needs, though, is rigorous implementation accompanied by mutual knowledge-building and strong collaboration between the main institutions involved.

Further changes are also called for. The strong focus on prevention and health promotion in the workplace does not acknowledge employees' or employers' need for support. Mental health treatment is fragmented and the provision of care too far-removed from the labour market and the patients' workplaces.

The OECD recommends that Austrian policy makers:

- Implement the 2013 disability benefit reform rigorously for workers of all ages. There should be firm intervention in the periods they are receiving payments under the two new benefit schemes (rehabilitation and retraining). The reform should be extended to the entire labour force.
- Improve the competencies of the public employment service so that it can attend to clients who suffer from poor mental health. Free up the necessary case management time.
- Make sickness benefit payments part of an active system to foster a quick return to work by adjusting regulations accordingly and equipping the health insurance system with tools and competent staff to monitor risk groups and support doctors and patients.
- Develop workplace-related policies and interventions to support employers in retaining mentally unwell workers and further strengthen *fit2work* as an easily accessible active support service that has close links to other systems.
- Shift resources to increase mental health care to adequate levels, especially in outpatient and primary care, child psychiatry, and the provision for rural areas. Improve the continuity of care.
- Reorient education resources to increase qualified professional support for teachers and students, and ensure that teachers have a good grounding in mental-health knowledge and are well supervised.