MENTAL HEALTH AND WORK
Policy challenges and policy developments in OECD countries

Shruti Singh, Labour Market Economist
Directorate for Employment, Labour and Social Affairs

Global Healthy Workplace Awards
Florianopolis - Brazil, 18-19 May 2015
Outline of the presentation

- Background: OECD reviews
- What is mental ill-health?
- Why do we care?
- Links between work, working conditions and mental health
- Policy responses and examples
- Conclusions
OECD policy reviews on (i) Disability and Work and (ii) Mental Health and Work

- **Sickness, Disability and Work: 2006-2010**
  - Review of policies in 13 Member countries
  - High-Level Forum in Stockholm in May 2009
  - Conclusion: Mental health biggest unresolved challenge

- **Mental Health and Work: 2011-2015**
  - Analytical report to build evidence base
  - Identified 4 key policy areas: Education; Workplace; Benefit systems; Health system
  - Review of policies in 9 countries

- **Fit mind, Fit Job: 2015**
  - High-level Forum in the Netherlands in March 2015
  - Ministers of Employment and Health from 30 OECD countries
• People with mental illness reaching clinical threshold (mostly depression and anxiety)
• Identified by validated mental health instruments used in population health surveys as a proxy for in-depth clinical interviews
• Prevalence of mental ill-health is very high
THE CASE FOR POLICY ACTION
Economic costs of mental ill-health are enormous

Costs of mental disorders as a percentage of the country’s GDP, 2010

Source: OECD (Mental Health and Work review)
Most people with a mental disorder are in work but the employment gap is significant…

Employment rate (in %), latest available year

- **Severe disorder**
- **Moderate disorder**
- **No mental disorder**

Source: OECD (2012), Sick on the Job? Myths and Realities about Mental Health and Work. For more information: [www.oecd.org/els/disability](http://www.oecd.org/els/disability)
... and the risk of becoming unemployed is high

Unemployment (in %), latest year available

[Bar chart showing unemployment rates for different countries with categories for Severe disorder, Moderate disorder, and No disorder]

Source: OECD (2012), Sick on the Job? Myths and Realities about Mental Health and Work.
Mental ill-health is a key driver of inactivity

New disability benefit claims due to mental disorders (in % of total claims)
Productivity losses at work are large

Measures of productivity loss: Sickness absence incidence and duration and proportion of workers accomplishing less than they would like because of a health problem, 2010

Source: OECD (2012), Sick on the Job? Myths and Realities about Mental Health and Work. For more information: www.oecd.org/els/disability
WORKING CONDITIONS AND WORK-RELATED STRESS: WHY DO THEY MATTER?
Have working conditions changed over time?

Percentage-point change in selected labour market outcomes and working condition indicators in the period 1990-2010

Note: Values within parenthesis are the OECD average in the last year

Association between percentage-point change in exposure to selected working conditions and change in perceived work-related stress, 1995-2005

Low job satisfaction

Correlation: 0.44 *

Low autonomy at work

Correlation: -0.69 ***

* significant at 10%; *** significant at 1%.

Some stress can translate into job strain, i.e. a situation of high demands and low control

Job strain can translate into mental ill-health

Mental ill-health results almost always from a combination of personal characteristics, non-work factors and workplace factors
Having a job is important for mental well-being …

Persons with a mental disorder by labour market status, relative to the overall prevalence in the working-age population, latest year available

Source: OECD (Mental Health and Work review)
Mental health suffers when individuals move from employment to unemployment or inactivity.

But the type of employment has a substantial impact on the person’s mental health.

A change from standard to “non-standard” employment tends to reduce mental well-being.

- temporary contract,
- long working hours,
- shift work,
- low job security.
WHAT CAN EMPLOYERS DO?
POLICY RESPONSES AND EXAMPLES
Elements for good workplace policies

- Attention to psychosocial workplace risks, e.g. work pressure, working hours etc.
- Multidisciplinary support at the workplace
  - e.g. occupational health + psychological services
- Addressing stigma and discrimination
- Raising awareness and competence among management and employees
- Systematic monitoring of sick-leave behaviour with return-to-work support
Interesting workplace policies: Belgium, Denmark, Netherlands and the UK

- **Belgian labour law on dealing with mental health risks**
  - Psychosocial risk assessments; occupational doctors and psychosocial prevention advisors

- **In Denmark, Sector and job-specific guidance tools**
  - Describe (i) risk factors; (ii) ways to prevent problems; (iii) consequences of unawareness

- **Employer responsibility for sick workers in Netherlands**
  - Two-year sick-pay by the employer; mandatory reintegration plans; significant sanctions; OHS

- **Supporting line-managers**
  - Mental health first aid kit in the UK
  - Training for line managers
• Topic neglected for too long due to widespread stigma, fears and taboos

• Countries increasingly recognising this as an issue for public policy

• Policy action calls for an integrated response to improve outcomes.
THANK YOU

For further details and OECD publications:

www.oecd.org/els/disability
https://twitter.com/OECD_Social