Sick on the Job?
Myths and Realities about Mental Health and Work

Factsheet

Highlights from OECD's Mental Health and Work Review

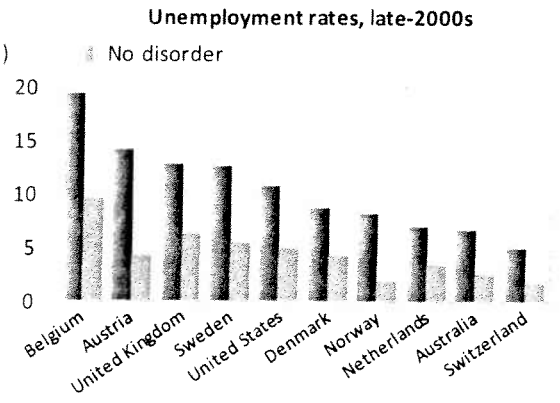
MAIN FINDINGS

Mental ill-health is widespread but not increasing

- One in five people of working age in the OECD area is currently suffering from a mental disorder. The lifetime prevalence is even twice as high. This implies that the risk of experiencing mental ill-health is high for everyone. Yet, contrary to widespread beliefs, the prevalence of mental disorders is *not* increasing. Typically, prevalence rates are higher for younger adults, women and people with low levels of educational attainment.
- Most mental disorders are mild or moderate, while severe mental disorders are relatively rare. Mental disorders start early in life: the median age at onset across all types of disorders is around 15 years of age. Anxiety disorders start particularly early in life.

Most people with mental disorders are in work and many more want to work

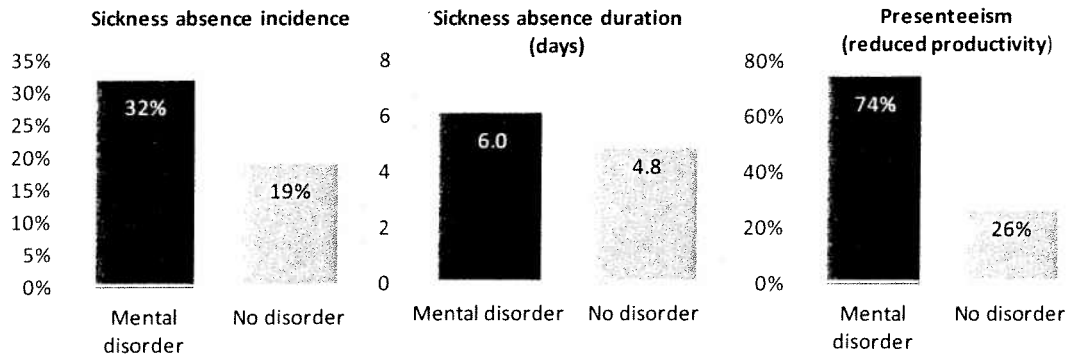
- The employment rate of people with a mental disorder is around 55-70%, or 10-15 percentage points lower than for people without a mental disorder, on average across the OECD. This employment gap reflects an enormous loss to the economy, as well as for the individuals concerned and their families.
- Many more people with a mental disorder want to work but cannot find jobs. People with a mental disorder are typically twice as likely to be unemployed as people with no such disorder.



Productivity losses through mental ill-health are large

- Workers with a mental disorder are absent from work for health reasons more often than other workers (32% versus 19%), and if they are, they are away for longer (6 versus 4.8 days of absence). Many workers with mental disorders do not take sick leave but instead may be underperforming in their jobs: 74% of all workers with a mental disorder report reduced productivity at work in the past four weeks, compared to only 26% of workers without a mental disorder.

Absenteeism and presenteeism for people with and without a mental disorder

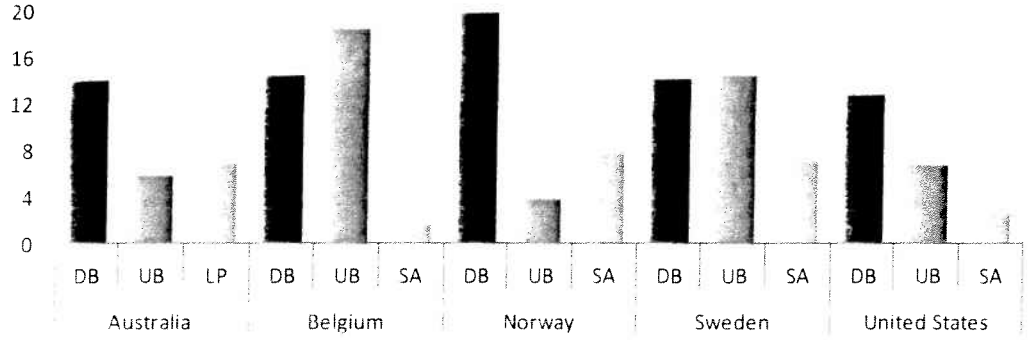


- Such high losses in productivity suggest that policies directed at sickness monitoring and management are essential. But this approach is not enough because it implies that intervention and support is in many cases coming too late. Good-quality jobs, good working conditions and, in particular, good management play a crucial role.

People with mental disorders often receive unemployment benefits

- Jobless people with a mental disorder receive and depend on a range of working-age benefits. Disability benefit is only one of several options and in many countries not the most frequent one. Consequently, unemployment benefit schemes in particular, but also social assistance and possibly lone-parent benefits, are as important as disability benefits in designing better policies for people with a mental disorder.

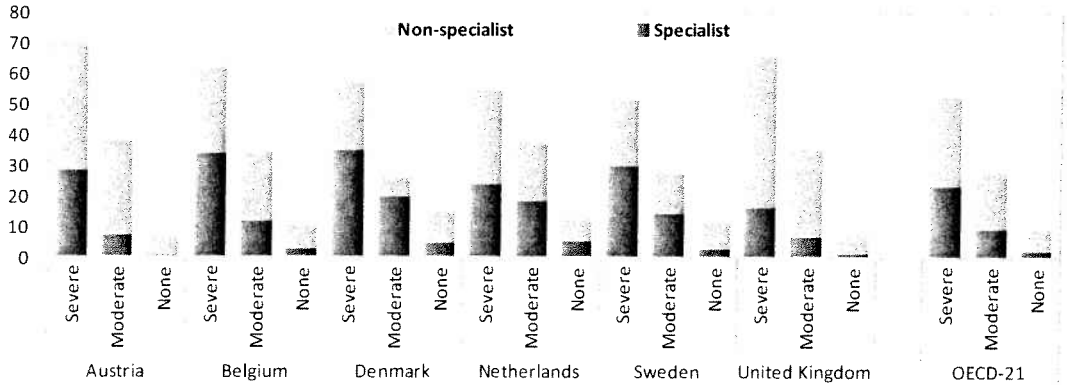
Proportion of people with a mental disorder receiving disability benefits (DB), unemployment benefits (UB), social assistance (SA) or lone-parent benefits (LP)



Adequate treatment can improve employment outcomes but under-treatment is pervasive

- With adequate treatment the chances to stay in, or return to, work are increased. This makes treatment a prerequisite to better employment outcomes for people with a mental disorder. But across OECD countries almost 50% of those with a severe mental disorder and over 70% of those with a moderate mental disorder do not receive any treatment for their illness.
- Not only are treatment rates very low, but among those who receive treatment many do not receive adequate treatment in line with minimum clinical guidelines. This is partly because about half of those with a severe mental disorder and some two-thirds of those with a moderate mental disorder receive treatment by a non-specialist (in most cases the general practitioner) who is often not trained enough to be able to treat mental illnesses adequately.

Proportion of people being treated by a specialist or non-specialist, by severity of their mental disorder



CONCLUSIONS

Policy can and must respond more effectively to the challenges for better labour market inclusion of people with mental illness

- **Prevent, identify and intervene at various stages of the lifecycle**

  Intervening in the right way at the right time is critical. Polices should prevent mental disorders during adolescence and at work and intervene quickly when problems arise, for example shown by school drop-out, sick-leave, job-loss or disability-benefit claims.

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- **Pay more attention to common mental disorders of workers and the unemployed**

  Systems are strongly focused on jobless people with a severe mental disorder, whereas those with a common mental disorder who often have a job or are unemployed are underserved.

- **Integrate various health, employment and sometimes social services**

  Silo-thinking must be replaced by strong coordination and integration of policies and services, e.g. by having employment specialists placed directly in the mental health service.

- **Inform, train and empower actors outside the mental health sphere**

  In view of the high prevalence and the frequent unawareness and non-disclosure of mental disorders, actors outside the mental health system – school authorities, managers, general practitioners and PES caseworkers in particular – will be critical to achieve better outcomes.

- **Improve the evidence base**

  There are too many blind spots in all of the data collection systems involved explaining why evidence on the link between health and employment outcomes is so poorly understood.

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Contact:
christopher.prinz@oecd.org
Tel: 33(1) 45 24 94 83
shruti.singh@oecd.org
Tel: 33(1) 45 24 19 48
veerle.miranda@oecd.org
Tel: 33(1) 45 24 18 73