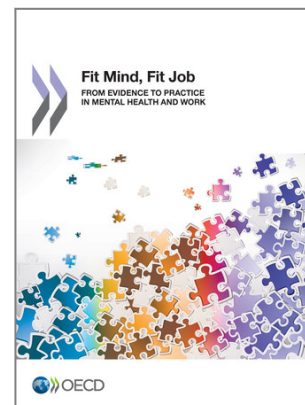


OECD *Multilingual Summaries*

Fit Mind, Fit Job

From Evidence to Practice in Mental Health and Work

Summary in English



Read the full book on: [10.1787/9789264228283-en](https://doi.org/10.1787/9789264228283-en)

Mental ill-health exacts a high price – on individuals, employers, and the economy. Apart from the distress they suffer individually, people with mental health problems also suffer economically through lower employment, higher unemployment and a high risk of poverty. Employers struggle with significant losses in productivity at work and high rates of sickness absence. And the economy at large bears the costs in the form of elevated social and health care expenditures.

These heavy costs are a direct consequence of the high prevalence of mental ill-health, especially of the mild-to-moderate kind. It affects one-fifth of the working-age population at any given moment, and one person in two will suffer a period of poor mental health during their lifetime. While there has been no long-term increase in prevalence, it is only recently that policy makers and society in general have begun to realise the scale of the economic, employment and social challenges that mental ill-health represents.

To address the high costs of mental ill-health it needs to become a priority for stakeholders in the workplace, in the health system, and in every branch of social policy, including unemployment and disability. Policy has been slow to react, however. The big issues are clear:

- The early onset of mental ill-health that affects negatively education outcomes and the transition into employment;
- High levels of under-treatment and unmet health care needs;
- Significant stigma associated with mental ill-health which harms employment prospects of people affected;
- The high prevalence of mental ill-health among all working-age benefit claimants, including recipients of unemployment benefit.

OECD policy principles

Drawing on available evidence of the links between mental health and work in nine OECD countries, this report concludes that a policy transformation is needed in regard to when and what type of intervention is needed and who should carry it out. Currently intervention often comes too late, key stakeholders are left out, and different institutions and services tend to work in isolation. Changing the three parameters – when, what, who – could go a long way towards improving the labour market inclusion of people with mental ill-health.

- **When** : The timing of intervention is critical. Interventions often come too late, once people have been out of the labour market for years. Even comprehensive measures have limited impact if delayed. Any action taken in school or the workplace will have a better, more lasting impact than waiting until people have dropped out of education or the labour market. Sickness and unemployment schemes also need to react quickly to help the excluded back into work.
- **What** : Current policies are often delivered in silos. Health, employment, and education policies generally consider only their sectorial outcomes. Such isolated support is not good enough. People with mental ill-health struggling to keep, return to or find a job often have inter-linked social, health and employment problems which policy must address in an integrated way. Integrated service provision delivers significantly better, faster outcomes.

- **Who** : Progress will not be made in meeting the challenge of mental ill-health if it is left to specialist mental health care workers and institutions. Mental ill-health is a mainstream issue that many stakeholders must address. Front-line actors outside the mental health sphere have a key role to play in securing better education and labour market outcomes for people with mental ill-health. Teachers, line managers, general practitioners, and employment service caseworkers are confronted with the effects of mental ill-health among their students, workers, patients, and customers on a daily basis. They are best placed to identify issues, to address impacts and implications, and to involve professionals as necessary.

None of the countries reviewed by the OECD has put in place an integrated approach across the different policy domains that successfully address mental health and work problems at an early stage. But plenty of promising examples can be found in different fields from which lessons can be drawn for a change in policy approach. Many of the examples, however, are short-lived pilot projects that have often not been rigorously evaluated. Better measurement and monitoring of policies and outcomes will allow better learning from promising examples.

A few universal policy elements are required to shift towards an integrated policy approach to promoting better mental health and employment outcomes:

- Key first-line actors, especially those outside the mental health field, need better competences to deal with mental ill-health; operational guidelines on how to identify mental health problems; and stronger tools and referral structures to tackle problems and their implications quickly when they arise.
- Responsibilities of the primary actors need to be spelled out more clearly. This is important for people concerned – employers, doctors and service providers – but equally for public actors such as benefit authorities, employment services, education authorities and the health care system.
- Financial incentives can provide an effective way to ensure that the interested parties live up to their responsibilities. Policy should seek to change systems so that all stakeholders are stimulated into or paid for doing the right thing. Incentives are needed to promote the early identification of mental ill-health, swift action to deal with it, and the integrated delivery of health care and employment services.
- Lastly, rigorous policy implementation is crucial. For instance, a number of guidelines and regulations already exist for employers, doctors, and other actors. But they will have little impact unless their use is systematically monitored and non-compliance sanctioned, which calls for much stronger leadership at both the political and managerial level.

The ultimate goal of policy should be to ensure that people receive quick and integrated support wherever and however they seek help, be it by seeing: a social worker or a teacher because of difficulties at home; a human resource professional to discuss trouble at work; a general practitioner to ask for a sickness certificate; a psychologist to look for help with a mood or anxiety problem; or an employment service counsellor to find a new job.

The OECD Mental Health and Work Policy Framework, consequently provides a series of general policy conclusions for all OECD countries under four headings:

- Help young people through mental health awareness and education policies.
- Strive for an employment-oriented mental health care system.
- Improve workplace policies and employer supports and incentives.
- Make benefits and employment services fit for people with mental ill-health.

© OECD

Reproduction of this summary is allowed provided the OECD copyright and the title of the original publication are mentioned.

Multilingual summaries are translated excerpts of OECD publications originally published in English and in French.

They are available free of charge on the OECD Online Bookshop www.oecd.org/bookshop

For more information, contact the OECD Rights and Translation unit,

Public Affairs and Communications Directorate at: rights@oecd.org or by fax: +33 (0)1 45 24 99 30.

OECD Rights and Translation unit (PAC)

2 rue André-Pascal, 75116

Paris, France

Visit our website www.oecd.org/rights



[Read the complete English version on OECD iLibrary!](#)

© OECD (2014), *Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work*, OECD Publishing.

doi: 10.1787/9789264228283-en