

Chapter 2

Working conditions and sickness management in Switzerland

Employers are ideally placed to help people in the workforce to deal with mental health problems and retain their jobs. This chapter first describes the link between mental ill-health and working conditions, reduced productivity and sick leave. It then discusses prevention strategies to address psychosocial risks at work as well as sickness management strategies of Swiss companies. The chapter ends with a review of the financial responsibility of Swiss employers in the case of sickness absence.

There is increasing evidence that employment has positive effects on people's mental health by providing a social status, income security, a time structure and a sense of identity and achievement. Yet, jobs of poor quality or a psychologically unhealthy work climate can erode mental health and, in turn, lead to a more precarious labour market situation. Therefore, the working environment is a key target for improving and sustaining labour market inclusion of those with mental illness, and fast action in case of sickness absence is critical.

Working conditions and mental ill-health

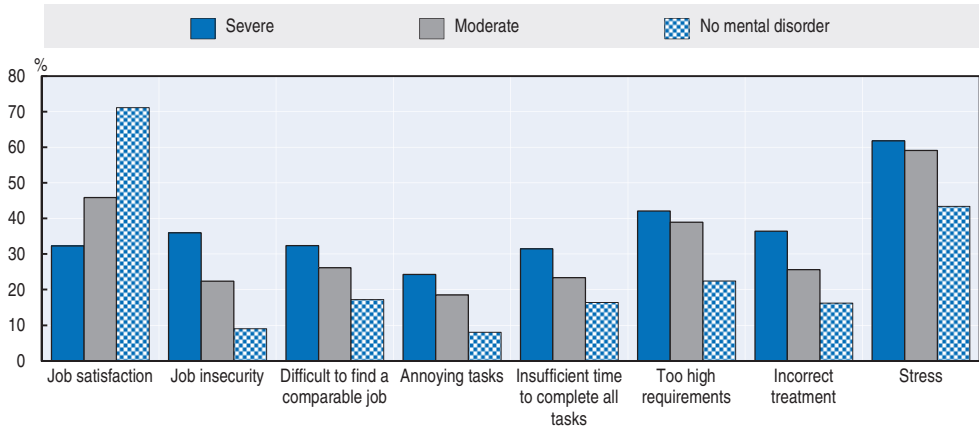
Based on the evidence available for a range of OECD countries, the OECD's report on mental health and work, *Sick on the Job?* (OECD, 2012) concluded that: i) workers with a mental disorder perceive their jobs as qualitatively poor; ii) job strain can have a significant negative impact on the worker's mental health; iii) self-reported job strain has increased in most occupations over time; and iv) good management is one of the key factors in assuring quality employment and mitigating workplace mental health risks.

Data from the Swiss Health Survey of 2007 are in line with these findings. People with a severe or moderate mental disorder are on average much less satisfied with their jobs, they feel higher job insecurity and they seem to experience stress at work more often (Figure 2.1). They are also more likely to report that it would be very difficult to find a comparable job in case they were dismissed. Moreover, workers with a mental disorder more often report doing annoying or repetitive tasks; having insufficient time to complete all tasks; facing job requirements that are too high; and being treated incorrectly.


Simple associations between working conditions and the mental health status, however, do not prove causality. They could instead illustrate that workers with poor mental health are less likely to find high-quality jobs or perceive their working conditions to be of poorer quality. Nevertheless, extensive academic literature on this topic (see for example the meta-analysis by Stansfeld and Candy, 2006) provides consistent evidence for the causal effects of high job-strain and other working characteristics on mental health.

Figure 2.1. **Workplace factors show a systematic link with mental health**

Share of persons who replied positively to various working conditions, by mental health status, 2007



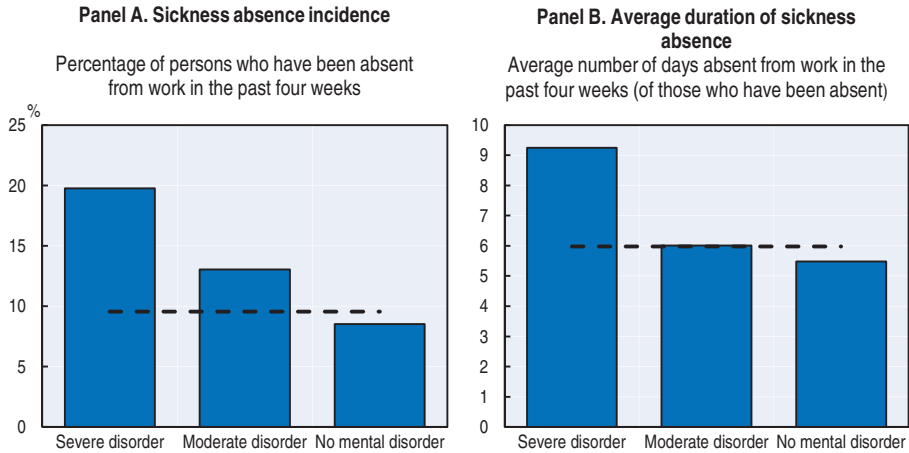
Source: OECD calculations based on the Swiss Health Survey, 2007.

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In turn, mental ill-health has a number of repercussions on workers' productivity. Data from the Swiss Health Survey illustrate that workers with a severe mental disorder take more sick leave than people without mental health problems: in a period of four weeks, the incidence of sick leave is higher (20% compared to less than 10% for those without a mental disorder) and its duration longer on average (nine days compared to 5.5 days) (Figure 2.2). However, for employees with moderate mental disorders, the incidence and duration of sick leave is much closer to those of people without mental disorders. Data for other OECD countries further suggest that reduced productivity while at work (i.e. for people not taking sick leave) is much more frequent among people with a severe or moderate mental disorder (OECD, 2012). Moreover, their managers come under greater strain and team cohesion is affected (Baer et al., 2011).

Figure 2.2. **Absence incidence and duration increase with mental ill-health**

Incidence of sickness absence (in percentage) and average absence duration (in days), by mental health status, 2010



Source: OECD calculations based on the Swiss Health Survey, 2007.

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As a result of little understanding by management and co-workers (and often also by the individuals concerned themselves) of mental illness and the needs of workers with a mental disorder, their weaker performance is often interpreted as a lack of motivation or competence, thus increasing the risk of dismissal. Yet, good leadership and appropriate management have been recognised as some of the most critical factors in promoting a good working environment (Kelloway and Barling, 2010), a finding which is echoed in a recent newsletter of the Swiss Federal Coordination Commission of Occupational Safety (CFST, 2012). As discussed in *Sick on the Job?* (OECD, 2012), the role of the manager is even more critical for people with mental disorders as they are more likely to feel that they receive little respect and recognition at work. Yet, a survey among managers in the Cantons Basel-Stadt and Basel-Landschaft by Baer et al. (2011) illustrates that managers have great difficulties in dealing with employees with mental issues and too often “solve” the situation by dismissing the worker. Their study also suggests that managers lack support and information on how to retain employees with psychological problems.

Addressing psychosocial risks at work

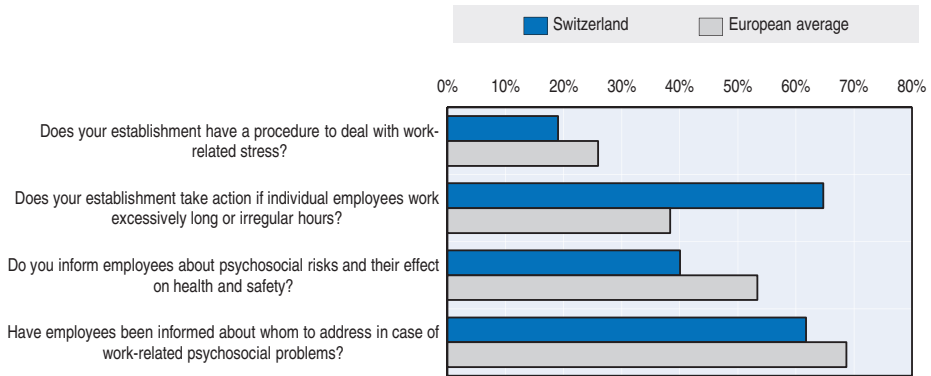
Employers are required by law to take all appropriate measures that are necessary to protect the health of employees (Art. 6 of the Swiss Federal Labour Act). The protection of *mental* health is specifically mentioned and risk factors for psychosocial problems, including job strain, and their potential effect on mental health are discussed in detail in this legislation (Ordinance 3 relative to the Federal Labour Act, Art. 2).¹ Yet, contrary to physical risks, there are no explicit provisions in the labour law on how employers should identify or evaluate mental health risks in the workplace. Practices thus vary greatly across firms.

The control of labour law compliance is largely in the hands of the cantons,² but their monitoring of psychosocial aspects in the workplace is very limited. The cantons employ 194 labour inspectors and are co-ordinated by the State Secretariat for Economic Affairs (SECO). Following a number of studies on the negative consequences of a psychologically unhealthy work climate (e.g. Ramaciotti and Perriard, 2000, and Strub and Schär Moser, 2008), SECO developed in 2009 a guide for cantonal labour inspectors to train them in identifying mental health risk factors in a company and dealing with enterprises in breach of the labour legislation (SECO, 2009). When there is evidence that the health of employees is negatively affected by working conditions, the labour inspector can request a consultation with a prevention specialist. However, as psychosocial stress factors are generally not easily identified by inspection methods, it remains very difficult for labour inspectors to detect problems during their control visits and it is rarely possible to prove inappropriate management practices or negligence by the employer. In addition, only about 7% of the firms are visited by labour inspectors each year, mainly in sectors with a high accident risk. Overall, pressure from the labour inspectorate in urging companies to address psychosocial risks at work is perceived much less important than in other EU countries (European Agency for Safety and Health at Work, 2010).


A survey conducted by the European Agency for Safety and Health at Work (2010) explores the extent to which companies in Switzerland and other European countries manage psychosocial risks at work. The results illustrate that less than one in five Swiss companies have a procedure to deal with work-related stress, compared to one in four companies in Europe on average (Figure 2.3). Swiss companies are also less likely than elsewhere to inform their employees about psychosocial risks at work and their effect on health or on whom to contact in case of work-related psychosocial problems. On the other hand, Swiss companies much more often undertake action if employees work excessively long or irregular hours.

Figure 2.3. **Swiss companies devote less attention to the management of psychosocial risks than companies in other countries**

Share of companies which replied positively to the respective questions, 2009



Source: OECD compilation based on the 2009 European Survey of Enterprises on New and Emerging Risks (ESENER) of the European Agency for Safety and Health at Work; <https://osha.europa.eu/sub/esener/en>.

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The report also mentions that on average only 3% of all companies in the sample (all EU countries taken together) report implementing a full range of psychosocial risk management,³ while establishments not implementing any aspect account for 12%. For the management of physical risks, the percentages are respectively 13% and 2%. The management of psychosocial risks thus appears to be less well addressed at an organisational level than general risks.

Several country-wide awareness campaigns and initiatives on stress and sexual harassment at work have been organised in Switzerland in the past, but very little is done around mental health and work issues more broadly. In 2008, SECO, SUVA and the Swiss Federation of Psychologists (FSP) created an internet platform dedicated to stress at work with information for employers and employees.⁴ In addition, Health Promotion Switzerland – a public semi-autonomous foundation active in health promotion – and the accident insurer SUVA provide management guidelines and courses on dealing with stress at work and on burnout prevention. SUVA also offers a company-specific resource and stress analysis which would form the basis for preventive management actions. Finally, Health Promotion Switzerland introduced a “Friendly Work Space” label for firms that are particularly active and successful on this front,⁵ and supports a network where companies can share good practices in the field of health promotion at the workplace (including psychosocial health aspects).⁶

Despite these initiatives, there is still room for improvement. Swiss accident insurers do not in general deem mental disorders as a compensable occupational illness (i.e. eligible for compensation). In fact, a mental illness could only be judged as occupational if it can be proven that work is the dominant cause of the illness – dominant meaning at least 75% of the cause (compared to 50% for recognised occupational diseases). This is virtually impossible to prove for almost any mental illness, including all stress-related illnesses (for the same reason, muscular-skeletal complaints are also seldom recognised in Switzerland as an occupational disease). SUVA refers to these illnesses as “work-associated health complaints”, i.e. health problems which are affected and potentially worsened but not caused by work. For all these illnesses, the focus is on prevention whereas they do not generate any work injury payments. This is quite different in some other countries, which have seen a gradual shift in recent years towards mental illnesses becoming the main compensable occupational illnesses. In Australia, for example, one-third of the costs of the workers compensation schemes in 2011 were due to mental illness.

Sickness management at the workplace

Most often, problems only become visible when employees take repeated and/or extended work absences. Yet, frequent and prolonged sick leaves can easily become a main hindrance for beneficiaries to remain in, or return to, the workplace. An in-depth analysis of the disability beneficiary stock with mental disorders by Baer et al. (2009) illustrated that the most common early warning signals for future disability benefit claims were, besides the onset of psychological or somatoform symptoms, absenteeism, interpersonal problems with co-workers and unusually frequent changes of employer. Systematic monitoring of sick-leave behaviour and early intervention are thus needed to prevent labour market detachment and potentially long-term disability benefit dependence of people with mental disorders. The earlier support is given, the more likely it is that higher severity of mental illness and co-morbidity with somatic or other mental illness can be avoided – two factors making labour market reintegration particularly difficult. Acknowledging this, the recent reforms of the disability insurance focused on early identification and early intervention (see Chapter 3).

In Switzerland, there are no legal requirements for employers to actively engage in sickness management or support employees in their return to work after a long period of sickness absence. While sickness and disability management is becoming increasingly widespread in Switzerland, human resource practices vary greatly across companies. A survey among eight companies from different sectors and of varying sizes suggests that, while many companies may start case management after around one month of absence, others may wait two or even three months before taking any action (Geisen et al., 2008). The study also found that it is very important for

companies to systematically register and monitor sickness absences of their employees. Yet, research on sickness management illustrates that multiple short-term absences are often not registered (Kern et al., 2009).

Sickness insurance providers often offer a range of prevention and reintegration services – see Box 2.1 for one good-practice example from Helsana, the largest Swiss health insurer. However, anecdotal evidence suggests that with the recent strong focus on early detection by the public disability insurance (see Chapter 3), private sickness insurers have become less active again.

Box 2.1. Prevention and reintegration services offered by Helsana

Helsana, the largest private health insurer in Switzerland, provides prevention and reintegration services to its clients, i.e. enterprises. Companies are offered support to develop a healthy work environment through the assessments of risk factors (including factors that can generate mental health problems) and the development of a prevention plan. Helsana also provides case management for employees who face difficulties in returning to work after an accident or sickness, on demand of either the employer or the employees themselves. After 30 days of sickness absence, a case manager of Helsana would typically contact the employee to support him or her in the return to work. Such support mainly consists of ensuring co-ordination between the different players involved, i.e. the employee, the employer, the doctors and the relevant insurance provider, as well as job coaching (partly in collaboration with the disability insurance offices), adaptation of the job or the work environment, support in career transitions and retraining.

There are no statistics on the number of companies making use of these services offered by Helsana, but anecdotal evidence suggests that mainly companies with high costs due to high absence rates, high staff turnover, high health care costs or recruitment problems are interested in their insurer's prevention and reintegration services.

Companies now have the possibility to inform the disability insurance about potential disabling illnesses. Despite the potential benefits – employers can expect a reduction in absence rates and a faster return of sick employees (Müller, 2007) – this option is rarely used in the case of psychological problems (Baer et al., 2011). A representative survey undertaken by the Swiss Federal Social Insurance Office suggests that the majority of Swiss employers are aware of the reintegration role of the disability insurance, but only few of them have a good knowledge of the incitements to reintegration from which they can benefit (OFAS, 2012). In particular, disability insurance offices can give advice and support, as well as a reimbursement of the increase in premium rates for the daily sickness insurance (see below). Since personal contact with the cantonal disability offices seems to positively affect the reintegration rates, the Federal Social Insurance Office has started an information campaign for employers to

improve their knowledge of the vocational reintegration instruments, their image of the disability insurance and their personal contacts with the offices.⁷

Financial responsibility of the employer

When an employee becomes sick, the employer is obliged to continue paying the employee's wage, with the minimum duration depending on the employee's tenure (Table 2.1). The continued wage payment cannot be cut in case of dismissal, unless the dismissal is the employee's fault. At the same time, the Swiss Civil Code (Art. 336c) does not allow an employer to dismiss an employee – after the probation period – if the employee is fully or partially unable to work due to an illness or an accident during: i) 30 days for employees with a tenure of less than one year; ii) 90 days for employees with a tenure of one to five years; and iii) 180 days for employees with a tenure of six years and more. These periods are as long as, and typically longer than, the continued wage payment period.

Table 2.1. **Continued wage payment in case of sickness varies with tenure**

Duration of continued wage payment in Switzerland by tenure, three different scales

Tenure	Bern scale ^a	Zurich scale ^b	Basel scale ^c
3-12 months	3 weeks	3 weeks	3 weeks
2 years	4 weeks	8 weeks	9 weeks
3 years	9 weeks	9 weeks	9 weeks
4 years	9 weeks	10 weeks	13 weeks
5 years	13 weeks	11 weeks	13 weeks
6 years	13 weeks	12 weeks	13 weeks
7 years	13 weeks	13 weeks	13 weeks
8 years	13 weeks	14 weeks	13 weeks
9 years	13 weeks	15 weeks	13 weeks
10 years	17 weeks	16 weeks	13 weeks
11 years	17 weeks	17 weeks	17 weeks
15 years	22 weeks	21 weeks	17 weeks
20 years	26 weeks	26 weeks	22 weeks
21 years	26 weeks	27 weeks	26 weeks
25 years	30 weeks	31 weeks	26 weeks
30 years ³	33 weeks	36 weeks	26 weeks
35 years	39 weeks	41 weeks	26 weeks
40 years	39 weeks	46 weeks	26 weeks

- The Bern scale is used in the following cantons: Bern, Lucerne, Zug, Fribourg, Solothurn, St. Gallen, Aargau, Vaud, Valais, Geneva, Neuchâtel, Jura, Obwalden, Nidwalden, Schwyz, Glarus, Uri, Ticino, Graubünden.
- The Zurich scale is used in the following cantons: Appenzell Inner Rhodes, Appenzell Outer Rhodes, Zurich, Schaffhausen, Thurgovia.
- The Basel scale is used in the following cantons: Basel-Country, Basle-Ville.

Source: Conseil Fédéral (2009), *Évaluation du Système d'Assurance d'Indemnités Journalières en Cas de Maladie et Propositions de Réforme*.

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Better conditions than those required by law with respect to both the continued wage payment and protection against dismissal can be fixed in individual employment contracts or collective labour agreements. According to the Federal Statistical Office's 2009 Survey on Collective Labour Agreements in Switzerland, 67% of the collective agreements covering at least 1 500 employees (not necessarily in the same company) offer better conditions in terms of continued wage payment. They apply to 74% of employees covered by such agreements, representing about 25% of all employees in Switzerland. In most cases, the duration of continued wage payment would be independent of tenure and cover either the full wage (in 27% of all collective agreements covered in the survey) or a decreasing part of it (in 28% of all agreements). Additional protection against dismissal in case of sickness is less widespread: only 31% of collective agreements offer better conditions in this regard, applying to barely 7% of all employees in Switzerland (Table 2.2).

As a result of the potentially long financial responsibility for sick employees, the employer is typically insured against the risk of continued wage payment through a collective insurance contract, even though some large firms and government departments opt not to insure themselves as they can manage the risk internally (Conseil Fédéral, 2009). Daily sickness allowance insurance is regulated by two legislations, the Federal Law on Sickness Insurance (LAMal) and the Federal Law on Insurance Contracts (LCA), but there is no “standard” case as the insurance provisions vary substantially across companies and employees, depending on the insurance and employment contract, as well as collective agreements (see Box 2.1 for more details). It is also not possible to estimate a coverage rate of daily sickness allowances among employees, since insurers only receive information on the total wage bill of the company. Nevertheless, from the 2009 Survey on Collective Labour Agreements it is known that 82% of the collective agreements covering at least 1 500 employees oblige companies to take out a collective insurance contract, which applies to about 22% of all employees in Switzerland (see the table in Box 2.2). Another 13% of collective agreements recommend such collective insurance to its member companies.

Individuals may also voluntarily take out an individual insurance for daily sickness allowances – for instance, self-employed people who are not covered by a collective insurance or employees who want additional coverage – but premiums are typically much higher for individual contracts than for collective contracts since the risk can be spread over a large group in the latter case (Conseil Fédéral, 2009). As a result, individual insurance plays only a minor role. In 2010, 18% of all premiums paid for insurance contracts based on LAMal were for individual contracts (OFSP, 2012) and

an *ad hoc* survey among the major sickness insurers undertaken by the Federal Office of Public Health in 2007 suggests that individual insurance plays an even smaller role among LCA contracts (Conseil Fédéral, 2009).

Table 2.2. **The majority of collective agreements offer better conditions in case of sickness than required by law**

Collective labour agreements (private and public sector)^a covering at least 1 500 employees with better conditions than the legal minimum in terms of continued wage payment and protection against dismissal in case of sickness, 2009

	Collective agreements		Employees covered		
	Number	% of total	Number ^b	% of employees covered by collective agreements	% of total number of employees in Switzerland
Total number of collective agreements ^a	98		1 390 900		
Continued wage payment ^c	66	67%	1 034 000	74%	25%
Depending on tenure	8	8%	338 900	24%	8%
Full wage for a limited time	26	27%	155 800	11%	4%
Partial or degressive wage for a limited time	27	28%	504 000	36%	12%
Other ^d	5	5%	35 300	3%	1%
Protection against dismissal in case of sickness	30	31%	294 000	21%	7%
For a limited time	3	3%	15 400	1%	0%
Depending on tenure	8	8%	83 000	6%	2%
Depending on the right of continued wage payment	4	4%	32 000	2%	1%
Depending on the right of insurance provisions	5	5%	82 400	6%	2%
Other ^e	10	10%	81 200	6%	2%

- This is a selection of collective labour agreements (private and public) with prescriptive provisions covering at least 1 500 workers (representing 98 collective agreements and 1 390 900 workers). In 2009 there were a total of 602 normative collective agreements in Switzerland covering 1 533 100 employees. Not included in the data: collective agreements without substantive provisions (12 collective agreements and 166 200 workers) and the field of temporary work.
- The provisions in the collective agreements may apply to all employees subject to the agreement or only to a particular group of employees. The statistics provided by Swiss Statistics do not permit such a distinction to be made.
- The differences in conditions can either be in combination with a daily sickness allowance (obligatory, possible or recommended) or as an alternative to it for all or a particular group of employees.
- Continued wage payment in collective labour agreements without provision for daily sickness allowance.
- The additional protection depends on a combination of factors, such as the age or tenure of the employee and insurance provisions.

Source: OECD Secretariat calculations based on the Survey on Collective Labour Agreements in Switzerland in 2009 (Federal Statistical Office, OFS); number of employees from the Swiss Labour Force Survey.

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Box 2.2. Daily sickness allowance system in Switzerland

Social sickness insurance includes compulsory health care insurance and optional daily allowance insurance. The latter is regulated by two legislations: the Federal Law on Sickness Insurance (LAMal) and the Federal Law on Insurance Contracts (LCA). Sickness insurance is mostly provided by private health insurers, who can offer either type of insurance.

Legislation

Daily allowance insurance based on LAMal is a social insurance and subject to a number of requirements: i) insurance companies cannot refuse to cover a person between 15 and 65 years interested in concluding a daily allowance insurance contract; ii) everybody should be treated in an equal way with respect to the premium, level and duration of sickness benefits; iii) the minimum duration of sickness benefits should be at least 720 days over a period of 900 days; iv) insurers may exclude pre-existing illnesses from coverage, but these reservations end after five years of coverage at the latest; and v) if a person has to change insurance companies because his or her labour contract ends, the new insurance company cannot impose new reservations. The law does not, however, impose a minimum benefit amount and in many cases the daily allowances are very modest (Conseil Fédéral, 2009).

Daily allowance insurances offered on the basis of LCA are private insurances and much more flexible as the conditions are to be negotiated with the insurance company. Providers have the right to deny applications and exclude certain illnesses without limitation in time, and premiums may vary depending on the age, sex, state of health and other criteria. Insurance companies also have the possibility to adjust their premiums according to the risk evolution. As LCA insurances are much more flexible and better targeted to the needs of employers than LAMal insurances, most daily allowance contracts are based on LCA, accounting for 92% of all sickness benefits in 2010 (OFSP, 2012).

Collective insurance contracts

Although daily allowance insurances are optional, an individual employment contract or a collective labour agreement may make the daily allowance insurance mandatory for employees. If the daily allowance insurance is mandatory for the employee, the Swiss Civil Code (Art. 324b) and jurisdiction impose that the employer pays at least 50% of the insurance premium (the rest is deducted from the employee's salary) and that the daily allowances are equal to at least 80% of the wage – after a maximum of three waiting days – for at least 720 days in a period of 900 days. The daily allowance insurance is then typically taken out as a collective insurance contract by the company with the same conditions for all employees (Conseil Fédéral, 2009).

Daily allowances in case of dismissal

While an individual insurance is independent of the employment status of a person, the coverage of a collective insurance usually ends with the end of the labour contract, although some alternative arrangements are possible. Under LAMal insurance contracts, employees have the option to switch to an individual insurance contract with the same conditions as long as they continue paying the insurance premium. With LCA contracts, this right of free passage does not exist, unless it is specified in the contract. Instead, if the employee is receiving daily sickness allowances at the moment of dismissal, the insurance company is obliged to continue paying benefits for the full period stated in the insurance contract. Nevertheless, the majority of LCA insurance contracts include a clause limiting the payment of daily allowances to 30 days after dismissal (Conseil Fédéral, 2009).

Box 2.2. Daily sickness allowance system in Switzerland (cont.)

Sickness allowance regulations in collective labour agreements

Collective labour agreements (private and public sector)^a covering at least 1 500 employees, 2009

	Collective agreements		Employees covered		
	Number	% of total	Number ^b	% of employees covered by collective agreements	% of total number of employees in Switzerland
Total number of collective agreements ^a	98	100%	1 390 900	100%	34%
Collective agreements which oblige or recommend a collective daily allowance insurance	93	95%	1 355 600	97%	33%
Obligatory	80	82%	915 400	66%	22%
Recommended, possible	13	13%	440 200	32%	11%
Amount of daily allowances ^{c,d}					
Not defined	6	6%	107 400	8%	3%
Decreasing allowances	6	6%	117 500	8%	3%
100% of wage	7	7%	21 400	2%	1%
<100% of wage (fixed amount or minimum)	74	76%	1 109 200	80%	27%
Maximum duration of daily allowances ^{c,d}					
Not defined	8	8%	110 800	8%	3%
≤ 720 days	57	58%	963 100	69%	24%
>720 days	28	29%	281 700	20%	7%
Cost sharing of insurance premium					
Not defined	13	13%	104 600	8%	3%
Not defined but at least 50% for employer	13	13%	345 500	25%	8%
>50% for employer	11	11%	120 700	9%	3%
Equal share for employer and employee	47	48%	620 500	45%	15%
Other ^e	9	9%	164 300	12%	4%

- a) This is a selection of collective labour agreements (private and public) with prescriptive provisions covering at least 1 500 workers (representing 98 collective agreements and 1 390 900 workers). In 2009 there were a total of 602 normative collective agreements in Switzerland covering 1 533 100 employees. Not included in the data: collective agreements without substantive provisions (12 collective agreements and 166 200 workers) and the field of temporary work.
- b) The provisions in the collective agreements may apply to all employees subject to the agreement or only to a particular group of employees. The statistics provided by the Federal Statistical Office do not permit such a distinction to be made.
- c) Provisions (obligatory, possible or recommended) set in the collective agreements generally concerning workers with a contract of indefinite duration or more than three months after the trial period. The table does not include collective agreements fixing specific conditions for certain diseases or illnesses as defined for one or more groups and specific workers (fixed-term contracts or less than three months, auxiliary staff, during the trial period, etc.).
- d) Contractual arrangements and the general conditions of insurance (reserves, insurance coverage, waiting periods, bonuses, etc.) are crucial for the establishment of the content of insurance contracts and the full definition of benefits (amount/duration). The table does not take into account such variations related to agreed (salary components) reference wage per diems, the reference periods for benefits (e.g. 900 consecutive days), and specific limits and conditions marking the beginning or the end of the insurance benefits, etc.
- e) This category includes cost sharing in the form of a wage percentage or a possibility of reimbursement.

Source: OECD calculations based on the Survey on Collective Labour Agreements in Switzerland in 2009 (Federal Statistical Office, OFS); number of employees from the Swiss Labour Force Survey.

In sum, although the exact coverage of the daily sickness allowances system remains unclear due to a lack of data and the vast differences across companies and insurance contracts, the setup seems to imply that people with mental health problems are likely to be less protected in terms of sickness benefit entitlement and dismissal regulations in case of illness. People with a mental disorder have shorter tenure on average and are more likely to hold jobs with tenure of less than ten years (OECD, 2012), as they tend to have more difficulties in holding on to their job and are more likely to have frequent job changes (the latter especially among those with a moderate mental disorder). As such, both the period during which they are protected against dismissal and the duration of sickness benefit entitlements are shorter. This situation implies reduced responsibility for the employer as well as for the insurance provider, and therefore potentially a lower probability that such people are referred to the disability insurance at an early stage – unless they report their case themselves, which is not likely either, given the lack of self-awareness of mental ill-health.

In principle, large sickness absence costs would translate into higher premiums for the employer, thus in theory encouraging them to prevent long-term absenteeism and disabling health conditions among their employees.⁸ Yet, anecdotal evidence suggests that the impact of these experience-rated premiums on prevention and intervention is limited, as companies can apparently easily switch insurance companies and renegotiate their premium rates due to fierce competition in the insurance market.

Conclusion

The Swiss labour law requires employers to take appropriate measures necessary to protect the health of employees, including their mental health. However, available data suggest that Swiss employers overall devote less attention to the management of psychosocial risks at work than on average in EU companies and pressure from the labour inspectorate in urging employers to do so is perceived as less important. In the past couple of years, awareness of mental health issues at the workplace has risen among labour inspectors, but it is rarely possible for them to prove inappropriate management practices or negligence by the employer, rendering inspection a rather powerless prevention tool.

Sickness monitoring and management is a critical phase in dealing with mental health issues promptly and usefully. Yet, the Swiss setup does not guarantee that sickness absences are monitored and well managed. Employers have no legal requirements in this regard and their financial responsibility over sick employees depends on the employee's individual

contract and, if any, collective agreement and insurance contract. Many insurance providers (including the disability insurance offices) offer prevention and reintegration services, but available supports and their take-up differ widely across enterprises. Importantly, since insurance coverage – including the benefit payment level and duration – is affected by tenure, workers with mental health problems face disadvantages as they tend to have more frequent job changes than the average worker.

Better address psychosocial risks at work

- *Raise awareness about mental health and work links.* Organise country-wide campaigns on the causes and consequences of mental ill-health at work and provide information and training for enterprises and managers to deal with mental ill-health among their employees.
- *Develop support tools for employers.* Develop easily accessible tools and guidelines for employers about what and how to assess and how to remove or alleviate identified psychosocial risks. Provide support of external experts if necessary, especially for small and medium-sized enterprises.
- *Monitor compliance with labour law.* Rather than monitoring inputs such as working conditions and resources to tackle psychosocial risk factors at work, the Swiss authorities could monitor outputs such as staff turnover and sickness absence rates. Making this information widely available to the public would create incentives for the firms to properly address problems in this field.
- *Consider changing the accident insurance law.* Currently mental illness is not recognised as an occupational disease. A discussion should be started about the partial recognition of work-associated mental health complaints that are worsened by work, as is, for example, already the case in Australia. A stronger responsibility of the accident insurers – who have valuable experience and strong tools (including, for example, case management) in helping people stay in their job or return very quickly – would be desirable.

Reinforce sickness absence management and monitoring

- *Encourage sickness monitoring.* Introduce regular controls of sickness absence certificates as well as mandatory notification for employers to the disability insurance of workers with long (of 30 days in a row) or regular absences. Failure to do so should

automatically translate into a sanction paid directly to the disability insurance.

- *Strengthen financial incentives.* Encourage greater adoption of experience-related premiums for daily sickness benefit insurance to strengthen the incentives for employers to actively engage in sickness management. Give insurers the right to make premiums conditional on compliance with monitoring and following the advice of the insurer with respect to sickness and return-to-work management.
- *Improve access for employers to professional help.* Employers should have access to professional advice to help employees with mental health issues to stay in work or return to work quickly if off work sick. Occupational health services should be expanded in general and especially within private sickness insurance schemes as well as the public disability insurance system.

Notes

1. See SECO (2011) for a detailed discussion of the legislation.
2. SUVA, the main (semi-)private accident insurer in Switzerland, also employs around 150 inspectors to control labour law infringements in enterprises with a high safety risk (accounting for about 6% of all firms in Switzerland), but they are typically not trained in psychosocial risks and their role in this area is marginal.
3. The six aspects of psychosocial risk management that were included are: 1) changes to the way work is organized; 2) confidential counselling for employees; 3) setup of a conflict resolution procedure; 4) changes to working-time arrangements; 5) a redesign of the work area; and 6) provision of training.
4. www.stressnostress.ch (accessed 16 April 2013).
5. www.gesundheitsfoerderung.ch/pages/Betriebliche_Gesundheitsfoerderung/Tipps_Tools/label/unser_anliegen.php?lang=e (accessed 16 April 2013).
6. www.quint-essenz.ch/en (accessed 16 April 2013).
7. www.bsv.admin.ch/themen/iv/00023/03200/index.html?lang=fr (accessed 17 September 2013).

8. The variability of insurance premiums with a falling or declining number of sickness cases in a particular company – also referred to as experience-rating of premiums – is discussed in OECD (2006).

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