



## **RECONCILING MENTAL-ILL HEALTH AND EMPLOYMENT**

### **Paris, 12-13 December 2011**

#### **WORKING MEETING SESSION 3: ASSESSMENT, IDENTIFICATION AND PROFILING IN THE BENEFIT SYSTEM**

Work is the best way for people with mental ill-health to secure an income and avoid falling into poverty. But when losing a job or unable to enter the labour market people will rely on the public to provide an adequate transfer income. Data for a range of OECD countries suggest that for people with a severe mental disorder, disability benefit is the most frequently used social transfer. For the much bigger group with a common mental disorder, however, *other* working-age benefits, unemployment benefit especially but sometimes also social assistance and lone-parent benefit, play a much larger role as a source of income. This means that policies focussing on sickness and disability systems alone will not deliver.

Disability schemes are better aware of their claimants' mental ill-health (as part of the diagnosis which determines benefit eligibility), but in most countries very little is known about the mental health status of the (long-term) unemployed and social assistance clients. This lack of knowledge creates a big challenge for caseworkers in public employment offices, who are confronted with the task of providing the 'right' service to the large number of jobseekers with a mental disorder. In the first place this requires tools to identify who is in need of what type of help. Many countries rely on the caseworker for this matter, even though caseworkers tend to lack the necessary mental-health expertise. Only some countries have a more regulated structure for how to proceed in the case of a potential mental health problem, including e.g. a structured assessment by a psychologist or a referral to a specialist doctor.

In general, a big problem is the often very late identification of a mental disorder – in the worst case not before the worker is making the step towards disability. Early intervention on non-health related benefits is critical to avoid this but early disclosure and labelling can also be detrimental. This is one of the conflicting challenges in the mental-health-and-work sphere that has to be tackled: to help people quickly without stigmatising them.

The assessment of work capacity in the disability benefit system is also in need of improvement when it comes to mental disorders. The large increase in the share of claims caused by a mental disorder partly reflects a disabling interpretation of mental illness in the assessment process. As a result, those people are more often granted a full benefit, for example; their claims are less frequently denied; and once on benefit they are less likely than others to ever move off benefits.

This also raises questions about the flexibility of the benefit system. In many countries disability benefits are granted quasi-permanently which is unfortunate because most mental illnesses can get better over time. Similarly, there are limited possibilities in many cases for a partial benefit and where such benefit exists it is often not flexible enough to account for the fluctuating nature of mental ill-health.

Finally, evidence shows that persons with a mental disorder have not benefited as much as other groups from the support and interventions that have been available to them through the employment offices – as reflected in poorer employment outcomes for these customers and lesser take-up of services. In other words, mainstreaming of services has not led to mainstreaming of results. This can have many reasons, including for example the choice of an inadequate service and the need of a more specialist service in certain circumstances; additional problems caused by the mental illness but not addressed; and possibly a lack of flexibility and continuity of mainstream services.

### Topics for discussion

- How can barriers caused by a mental disorder among those receiving unemployment benefits and social assistance payments be identified more systematically?
- How can the mental-health knowledge of caseworkers be improved effectively?
- How can employment services cooperate better with the mental health sector, and how can mental health expertise be integrated into the employment service?
- How can the work capacity and the work deficits of people with a mental disorder be captured more adequately in the disability assessment and benefit eligibility process?
- What level of minimal treatment and rehabilitation, if any, should be required before a disability benefit can be granted?
- How can benefits and wage subsidies be made more flexible, in line with the work capacity of people with a mental disorder? How can partial and temporary benefits and subsidies be used more effectively for those people?