

Executive summary

Tackling mental health consequences needs a whole-of-government approach

The OECD publication *Fit Mind, Fit Job*, published in 2015, concluded that an integrated whole-of-government approach was needed to tackle the poor social, education and employment outcomes of individuals with mental health conditions. Living with such conditions makes it harder to stay and do well in school, to transition to higher education or work, to work effectively and productively, and to stay employed. Changing this is not a task for the health system alone but one that must involve all policy fields. Particularly large improvements can come from measures in four policy areas, namely youth, workplace, welfare and health policy. The importance of policy interventions in these four policy areas was already recognised across OECD countries, all of whom have adhered to the *OECD Recommendation on Integrated Mental Health, Skills and Work Policy*. This Recommendation sets out principles on how countries can strengthen mental health policies through coherent action across three dimensions, including: i) the involvement of front-line stakeholders not normally seen as mental-health actors (the “*who*” of a good policy approach), ii) a focus on early identification and early intervention in all policy areas (the “*when*”), and iii) the provision of integrated health, education and employment services (the “*what*”).

Countries are in different stages in their development of integrated policies

This new publication, *Fitter Minds, Fitter Jobs*, looks at improvements in policies in the five years since the adoption of the Recommendation. An assessment of the implementation of the Recommendation makes clear that OECD countries are in different stages in their development towards integrated mental health, skills and work policy. The four stages of development typically include: i) developing the right rhetoric; ii) building the foundations for a more integrated approach; iii) shifting from trials to a scaled-up integrated approach; and iv) providing integrated mental health, skills and work plans in practice. It is not necessary but quite common for countries to go through all steps to reach the final stage. To date, few countries have reached the final stage in any of the four policy areas, and progress is also uneven across the three dimensions of an integrated policy approach (the “*who, when and what*”).

Progress towards integrated approaches is uneven across the four policy areas

Progress in policies to improve the mental health of young people has been considerable in many countries, with increasing attention to more integrated services. This change is reflected in widespread efforts to increase the understanding of mental health among teachers and educators, and in dedicated funding to strengthen mental health supports available to young people. On the contrary, welfare systems have shown the least progress across OECD countries. The potential role of the social protection system and employment services in fostering an integrated approach remains unfulfilled. Programmes for individuals with mild-to-moderate mental health conditions, who would typically be in the unemployment system, are especially rare. Mental health care is recently expanding in some countries following years of chronic underinvestment in mental health services. However, initiatives to involve work and employment considerations when designing health systems remain limited. Finally, workplace policies show advances

in many countries through a mix of regulations relating to psychosocial risk assessment and prevention but tend to be disconnected from the mental health care and the social protection system. In particular, policies to support the mental health and return to work of employees on sick leave are lacking.

Progress is uneven across the three dimensions of an integrated policy approach

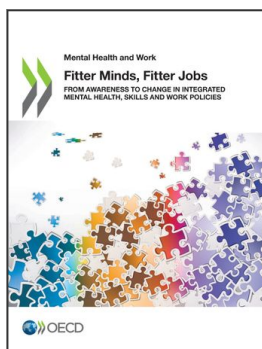
OECD countries have made substantial progress in equipping front-line stakeholders such as teachers, managers, caseworkers or general practitioners (the “*who*”) with an understanding of mental health and increasingly also with knowledge on the critical links between mental health, education and employment. Yet, structural barriers to implementing a whole-of-government approach and the continued shortage of finances dedicated to mental health in all policy areas continue to hamper efforts to develop more integrated interventions for people experiencing mental health issues (the “*what*”). Countries are also shifting to prevention, promotion, and early identification of mental health issues, but timely intervention is often still confined to silos (the “*when*”). Such uneven progress across the “*who*”, the “*when*” and the “*what*” can be problematic as effective and timely support is reliant on success in each of the three dimensions.

Policy changes have so far not translated into better labour market outcomes

Policy changes in the past five years have not been enough to improve the labour market and income position of persons with mental health conditions. Data for a five-year period prior to the COVID-19 pandemic for 25 European OECD countries suggest that individuals with mental health conditions have benefitted from the strong economic and labour market conditions during this period, but not as much as their peers without mental health conditions in most countries. There remains a 20% employment gap and a 17% wage gap (on top of the employment gap) between individuals with and without mental health conditions across those countries. However, the unemployment gap has increased in almost all of these countries, suggesting that jobseekers without mental health conditions have been able to find work more easily; persons with mental health conditions are now almost three times as likely to be unemployed. The strong labour market has also not helped inactive persons with mental health conditions into work; the share receiving out-of-work benefits is now 45% higher among individuals with mental health conditions than among individuals without mental health conditions.

The COVID-19 crisis made integrated whole-of-government approaches more urgent

The sudden change in the way we live, learn and work due to COVID-19 is creating new mental health challenges, which again require a response that goes beyond the health system. While it is too early to assess the long-term impact of the COVID-19 experiences, and the possibility of mental health impacts turning into higher long-term prevalence of mental health conditions, specific groups – including young people and workers who lost their jobs – are reporting disproportionate declines in mental health status, and need to be supported through the crisis and beyond. A silver lining of the mental health impacts of the COVID-19 crisis has been a breakdown of the stigma associated with poor mental health, which has triggered discussions on the impact of good mental health for life, education and employment. This sudden awareness of the importance of good mental health for all life domains presents a window of opportunity for policy makers to implement a policy transformation. The next policy reassessment five years from now will show how countries have reacted and how far they have come in developing an integrated approach to mental health policy.



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