Executive summary

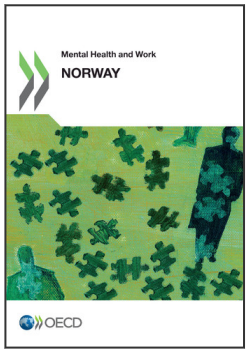
Throughout the OECD, mental ill-health is increasingly recognised as a problem for social and labour market policy; a problem that is creating significant costs for people, employers and the economy at large by lowering employment, raising unemployment and generating productivity losses. This also applies in Norway which has the highest sickness absence incidence and disability benefit caseload in the OECD despite a traditionally strong work-first approach. In view of Norway's economic performance as well as the high level of spending on health care and education, mental health-related inequalities seem very high. Norwegian policy makers recognise the need for action to prevent people from dropping out of the labour market with a mental illness and help those with a mental disorder in finding jobs. Accordingly, Norway has established a broad range of policies and reforms to tackle the exclusion of people with mental ill-health. These include a national strategy on work and mental health, developed jointly by the Ministry of Health and the Ministry of Labour; and the integration of the public employment service, the social insurance and parts of the municipal social assistance into a Labour and Welfare Administration (NAV), thus offering a strong structure for early intervention and co-ordinated support.

Despite sound policies and support services, however, fundamental change is needed in order to improve the situation for the people concerned. Change will need to include the recognition that the perspective of an easy access to sickness absence and permanent disability benefit play to the characteristics of most people with mental health problems, namely fears and avoidant behaviour. Further changes should include improving the cooperation between mental health care and NAV services; supporting employers at an early stage of a mental health-related workplace problem; and tackling the high rate of dropout from upper secondary education due to mental health problems.

The OECD recommends to Norway to:

- Take action to avoid sickness absence of workers with mental health problems as much as possible and instead solve the problems at the workplace.

- Expand the Employment Support Centres of NAV to fill the wide gap between general prevention and rehabilitation by introducing and expanding early intervention measures.
- Stop the fragmentation of services in mental health care and rehabilitation and the disconnection between treating physicians and NAV by developing integrated support models.
- Minimise school dropout and improve the transition to employment by defining clear responsibilities for on-going individual follow-up for students at risk.



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