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**English - Or. English**

**COUNCIL**

**Council**

**DRAFT RECOMMENDATION OF THE COUNCIL ON INTEGRATED MENTAL HEALTH, SKILLS  
AND WORK POLICY**

**(Note by the Secretary-General)**

**JT03387844**

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1. This document presents the draft *Recommendation of the Council on Integrated Mental Health, Skills and Work Policy* (hereafter the “draft Recommendation”), jointly developed by the Employment, Labour and Social Affairs Committee (hereafter “ELSAC”) and the Health Committee (hereafter “HC”) in consultation with the Education Policy Committee (hereafter “EDPC”), which is submitted to the Council for adoption.

### **Rationale for developing the draft Recommendation**

2. Mental illness is an issue that has long been neglected in our societies and by policy makers because of widespread stigma and preconceptions. The limited attention to this issue is problematic for two reasons: first, mental illness is common, with one in five people experiencing it at any moment in time; second, mental illness leads to poor education and poor labour-market outcomes and a high dependence on social benefits. It exacerbates physical health problems, thereby further lowering well-being. The cost of mental illness is high for individuals, for employers and for the economy at large – totalling at the very minimum 3.5-4% of a country’s GDP every year, including direct costs (especially for the health system), indirect costs (especially for the benefit system) and intangible costs (especially productivity losses).

3. The relationship between employment and mental health is complex. While a heavy workload and work-related stress may add to mental health problems, the evidence shows that staying at work or returning to work is part of the solution if appropriate support is provided. Quality jobs, involving good management, appreciation of work achievements and being able to work autonomously, contribute to better mental health and well-being. The relationship between education and mental health is in many ways similar and similarly complex.

4. Over the past years, the OECD has carried out a number of in-depth studies of mental health and its consequences for health, education, employment and social outcomes.<sup>1</sup> The main findings are summarised in “*Fit Mind, Fit Job*”, which was launched at a High-Level Policy Forum in The Hague in March 2015, and in “*Making Mental Health Count*”, released in 2014. At this High-Level Policy Forum, Ministers and senior officials welcomed the comprehensive framework for guiding future policy development presented in “*Fit Mind, Fit Job*” and agreed on the need to pursue mutual learning on good practices in mental health and work and to adopt common policy principles.

### **Scope of the draft Recommendation**

5. The draft Recommendation responds to this request and presents a set of policy principles in a number of fields – including youth policy, employment policy, social policy and health policy – to achieve the necessary policy change. Providing more effective health care, employment and education support to the large number of people struggling with mental health conditions is a big challenge, shared by all OECD Members, Accession countries and Partners. Policy solutions are evolving gradually in many countries. Benchmarking, learning from innovations and reform experiences in other countries, and sharing the success of effective approaches in a new field can spur faster progress.

6. The draft Recommendation takes into account and complements the important work undertaken by other international organisations, in particular the World Health Organisation; especially work on the need for integrated health and social care services in community-based settings.

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<sup>1</sup> See more on [www.oecd.org/employment/mental-health-and-work.htm](http://www.oecd.org/employment/mental-health-and-work.htm)  
See also [www.oecd.org/els/health-systems/mental-health.htm](http://www.oecd.org/els/health-systems/mental-health.htm)

7. The draft Recommendation promotes a process of mutual learning on policies to support people living with mental illness and provides guidance to national policy development in a complex field that is essential for achieving better social, education and labour market outcomes and thereby more inclusive growth. It does so by recommending change in different policy fields along the same lines of thinking – to change *when, how* and *by whom* people are best supported – and towards a common goal:

- Change in health policy to promote timely and effective treatment which recognises the value of work in the process of recovery from mental health conditions (see Section I);
- Change in youth policy to promote good education outcomes and strong transitions into the labour market for young people living with mental health conditions (see Section II);
- Change in workplace policy to promote performance, job retention and return-to-work of workers living with mental health conditions (see Section III);
- Change in social protection policy to promote adequate and affordable integrated support to jobseekers living with mental health conditions (see Section IV).

8. In line with the usual practice, the draft Recommendation contains a provision by which the Council would instruct ELSAC and the HC to monitor progress and policy development in the follow up to this Recommendation and report thereon to the Council no later than five years following its adoption and regularly thereafter. This follow-up would allow the assessment of the continuing relevance of the Recommendation and could include, if appropriate, consultation with the EDPC on relevant issues.

### **Process to develop the draft Recommendation**

9. The proposal to develop the draft Recommendation was first discussed by ELSAC at its 16-17 April 2015 meeting [[DELSA/ELSA\(2015\)9](#)] and by the HC at its 25-26 June 2015 meeting [[DELSA/HEA\(2015\)3](#)]. Several successive versions were shared with ELSAC<sup>2</sup> and HC<sup>3</sup> delegates for written comments. The draft Recommendation incorporates the comments from representatives of employment, health and education ministries of Members as well as Partners. The draft Recommendation also benefited from comments on the last revision received from the Business and Industry Advisory Committee to the OECD, the Trade Union Advisory Committee of the OECD and OECD's Human Resource Management (EXD/HRM).

10. The Directorate for Employment, Labour and Social Affairs worked in close co-operation with the Directorate for Education and Skills on the section of the draft Recommendation relating to the need to improve the educational outcomes and transitions into further and higher education and the labour market of young people living with mental health conditions. The EDPC was consulted on the relevant part of the draft Recommendation at its 16-17 April and 17-18 November 2015 meetings [[EDU/EDPC/M\(2015\)1](#) and [EDU/EDPC/M\(2015\)9](#), *forthcoming*]. The EDPC contributed to strengthening this aspect of the draft Recommendation through several rounds of written comments.

11. ELSAC approved the draft Recommendation for transmission to the Council on 3 December 2015 following discussions at its 5-6 November 2015 meeting [[DELSA/ELSA\(2015\)9/REV4](#)] and

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<sup>2</sup> See [DELSA/ELSA\(2015\)9/REV1](#), [DELSA/ELSA\(2015\)9/REV2](#) and [DELSA/ELSA\(2015\)9/REV3](#).

<sup>3</sup> See [DELSA/HEA\(2015\)3/REV1](#), [DELSA/HEA\(2015\)3/REV2](#) and [DELSA/HEA\(2015\)3/REV3](#).

[DELSA/ELSA/M\(2015\)2](#), *forthcoming*]. The HC approved the draft Recommendation for transmission to the Council at its 3-4 December 2015 meeting [[DELSA/HEA\(2015\)3/REV4](#) and [DELSA/HEA/M\(2015\)2](#), *forthcoming*].

12. It is proposed that the Recommendation be welcomed by the meeting of ELSAC at Ministerial level on 15 January 2016. It is therefore proposed that when the Council adopts the draft Recommendation, it also agrees on declassifying it on 15 January, so it can be publicly released at the ELSAC Ministerial meeting and included as an Annex to the Ministerial Statement. The draft Recommendation on Integrated Mental Health and Work Policy is highly relevant for the Ministerial Statement “Building more resilient and inclusive labour markets”. Timely and integrated measures by first-line actors are needed to help people living with mental health conditions access and stay in the labour market.

### **Proposed Action**

13. In light of the preceding, the Secretary-General invites the Council to adopt the following draft conclusions:

#### THE COUNCIL

- a) noted document [C\(2015\)173](#);
- b) adopted the draft Recommendation of the Council on Integrated Mental Health, Skills and Work Policy set out in the Annex to document [C\(2015\)173](#) and agreed to its declassification on 15 January 2016;
- c) recalled that the participation of non-Members in OECD bodies is governed by the Resolution of the Council on Partnerships in OECD Bodies [[C\(2012\)100/FINAL](#)].

## ANNEX

**DRAFT RECOMMENDATION OF THE COUNCIL ON  
INTEGRATED MENTAL HEALTH, SKILLS AND WORK POLICY**

**THE COUNCIL,**

**HAVING REGARD** to Article 5 b) of the Convention on the Organisation for Economic Co-operation and Development of 14 December 1960;

**HAVING REGARD** to the Recommendation of the Council on a General Employment and Manpower Policy [C(76)37];

**HAVING REGARD** to the OECD Action Plan on Giving Youth a Better Start [[C/MIN\(2013\)4/FINAL](#), Annex I];

**HAVING REGARD** to the important work done by the United Nations, the Council of Europe and the European Union on the rights and opportunities of persons with disabilities and mental illnesses;

**RECOGNISING** the important work undertaken by the World Health Organisation, especially on the need for integrated health and social care services in community-based settings, more generally and for children in particular, and to this end the World Health Organisation's "Comprehensive mental health action plan 2013-2020" which was adopted by the World Health Assembly on 27 May 2013;

**WELCOMING** the analyses and conclusions in three recently published OECD reports, notably "*Sick on the Job?*" (2012), "*Making Mental Health Count*" (2014) and "*Fit Mind, Fit Job*" (2015);

**HAVING REGARD** to the High-Level Policy Forum held in The Hague (Netherlands) on 4 March 2015, during which ministers and government officials representing 30 OECD Members concluded that it is timely and urgent to address mental health, skills and work issues in a more coherent and integrated way and to facilitate mutual learning across countries;

**CONSIDERING** that improving education, health and labour market opportunities and outcomes of people living with mental health conditions needs concerted action in a range of policy fields – including health policy, youth policy, labour market policy and social policy – with a shift in three aspects, i.e. in the *timing* and in the *modalities* of policy intervention and in the *actors* needed for the policy change;

**ACKNOWLEDGING** the importance of prevention to reduce the incidence of mental illness and to ensure mental resilience and awareness early in life through action to address family disadvantage, social risk factors, domestic violence and intergenerational transmission of poor mental health and to provide family support in dealing with mental illness, aspects that go beyond the scope of this Recommendation;

**RECOGNISING** that mental illnesses are not evenly distributed between men and women and that policy responses therefore will have to take gender aspects into account;

**RECOGNISING** that, as for physical health needs of individuals, people living with mental illness need timely, adequate therapeutic and medical treatment in order to minimise the impact of the illness on their wellbeing and to prevent a further deterioration of their mental health, and that work can contribute to recovery and shorten the duration of treatment;

**RECOGNISING** that childhood and adolescence are crucial periods for promoting wellbeing and good mental health and addressing problems arising from mental illness, including poorer educational outcomes and greater difficulty in accessing further and higher education and the labour market;

**RECOGNISING** the importance of job quality for workers' wellbeing and mental health;

**RECOGNISING** that all areas of income support should be able to provide the support needed to people living with mental health conditions since these conditions are highly prevalent not only among people on sickness and disability benefits, but also among those on unemployment and social assistance benefits;

**RECOGNISING** the need to improve access to, and take-up of, treatment, social support and employment counselling for people affected by mild-to-moderate mental health conditions, predominantly stress-related illnesses and mood and anxiety disorders, which account for the bulk of people living with poor mental health;

**RECOGNISING** the considerable economic and social benefits that may be achieved, at all levels of government, from a coordinated and integrated policy approach to mental health that covers young people and people of working-age and links together employment, welfare benefit, health services as well as education;

**On the proposal of the Employment, Labour and Social Affairs Committee and the Health Committee in consultation with the Education Policy Committee:**

**AGREES** that, for the purpose of the present Recommendation, *mental health* – following the World Health Organisation's widely-accepted definition – refers to a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community;

**I. RECOMMENDS** that Members and non-Members having adhered to this Recommendation (hereafter "Adherents") seek to improve their mental health care systems in order to promote mental wellbeing, prevent mental health conditions, and provide appropriate and timely services which recognise the benefits of meaningful work for people living with mental health conditions. To this effect, Adherents should, as appropriate:

- a) **foster mental wellbeing and improve awareness and self-awareness of mental health conditions** by encouraging activities that promote good mental health as well as help-seeking behaviour when mental illness occurs and by building effective strategies to address stigma in consultation with a range of government and non-government stakeholders;
- b) **promote timely access to effective treatment of mental health conditions**, including mild-to-moderate mental illnesses, in both community mental health and primary care settings and through co-location of health professionals to facilitate the referral to specialist mental health care, while ensuring the involvement of people living with mental health conditions in decisions about the appropriate care and treatment plan;
- c) **strengthen the employment focus of the mental health care system**, particularly by carrying out awareness-raising activities to emphasise the positive contribution quality work can make to recovery, by introducing employment outcomes in the health system's quality and outcomes frameworks, and by fostering a better coordination with publicly- and privately-provided employment services;

- d) **expand the competence of those working in the primary care sector**, including general practitioners, family doctors and occupational health specialists, to identify and treat mental health conditions through better mental health training for health professionals, the incorporation of mental health specialists in primary care settings, and clear practices of referral to, and consultation with, specialists;
- e) **encourage general practitioners and other mental health specialists to address work (or school) and sickness absence issues** including by using evidence-based treatment guidelines which support return to work (or return to school) where possible and by ensuring that health professionals have the resources to devote sufficient time to address work issues.

**II. RECOMMENDS** that Adherents seek to improve the educational outcomes and transitions into further and higher education and the labour market of young people living with mental health conditions. To this effect, Adherents should, as appropriate:

- a) **monitor and improve the overall school and preschool climate** to promote social-emotional learning, mental health and wellbeing of all children and students through whole-of-school-based interventions and the prevention of mental stress, bullying and aggression at school, using effective indicators of comprehensive school health and student achievement;
- b) **improve the awareness among education professionals** and the families of students, of mental health conditions young people may experience and the ability to identify signs, symptoms and problems and refer students for assessment and interventions appropriate to their needs, while ensuring an adequate number of professionals is available to all educational institutions with knowledge on psychological and behavioural adaptation and accommodations required in the learning environment;
- c) **promote timely access to co-ordinated, non-stigmatising support for children and youth living with mental health conditions** or social-emotional problems by better linking primary and mental health services and reducing waiting times in the mental health care sector and by an easily accessible support structure, linked to preschools, schools, post-secondary institutions, and other youth and community services, which provides comprehensive assistance including treatment, counselling, guidance and peer support;
- d) **invest in the prevention of early school leaving at all ages and support for school leavers living with mental health conditions** through appropriate follow-up with due regard to personal privacy of those who have dropped out from school, or are at risk of doing so, with a view to reconnect those students with the education system and the labour market;
- e) **provide non-stigmatising support for the transition from school to higher education and work** for students living with mental health conditions (or, for the return to education for those who have dropped out) through better collaboration and better integrated approaches by schools, post-secondary institutions, employers, employment services and the mental health care sector.

**III. RECOMMENDS** that Adherents, in close dialogue and co-operation with the social partners, seek to develop and implement policies for workplace mental health promotion and return-to-work. To this effect, Adherents should, as appropriate:

- a) **promote and enforce psychosocial risk assessment and risk prevention in the workplace** consistent with applicable privacy and non-discrimination laws, with the adequate support of occupational health services, to ensure that all companies have complied with their legal responsibilities;
- b) **develop a strategy for addressing the stigma, discrimination and misconceptions** faced by many workers living with mental health conditions at their workplace, with a focus on strong leadership, improved competencies of managers and worker representatives to deal with mental health issues, peer worker training, and active promotion of workplace psychological health and safety;
- c) **promote greater awareness of the potential labour productivity losses due to mental health conditions** by developing guidelines for line managers, human resource professionals and worker representatives to stimulate a better response to workers' mental health conditions, covering ways to best assist those workers, including recognition and intervention with co-workers and advice on when to seek professional support, with due regard to personal privacy;
- d) **foster the design of structured return-to-work policies and processes** for workers on sick leave, and their (prospective or current) employers, notably by promoting a flexible and gradual return to work in line with the worker's improving work capacity, with the necessary work and workplace adaptation and accommodations, and by using or experimenting with fit-for-work counselling services with a strong mental health component;
- e) **encourage employers to prevent and address overuse of sick leave** by facilitating dialogue between employers, employees and their representatives and treating doctors as well as other mental health practitioners on how an illness affects the work capacity and how adjusted working conditions can contribute to a solution, with due regard to medical confidentiality.

**IV. RECOMMENDS** that Adherents seek to improve the responsiveness of social protection systems and employment services to the needs of people living with mental health conditions. To this effect, Adherents should, as appropriate:

- a) **reduce preventable disability benefit claims for mental health conditions** through recognition of the (possibly reduced or partial) work capacity of those potentially claiming a benefit, using appropriate tools and methods to identify work capacity, and through a focus on early identification and early provision of medical and/or vocational support as necessary;
- b) **help jobseekers living with mental health conditions into work** through appropriate outreach tools to identify an adequate support process that facilitates access to employment services and training as well as services that address the labour market barriers associated with a jobseeker's mental health condition;
- c) **invest in mental health competences for those administering the social protection system** by providing training for caseworkers, social workers and vocational counsellors to improve their understanding of mental health issues and the health benefits of work and by ensuring adequate co-operation of benefits, social services and employment services offices with psychological coaches;



- d) **encourage the integration of mental health treatment into employment service delivery** by stimulating cooperation of employment services with the health sector, especially primary and community-based mental health professionals, and by encouraging the development of evidence-based vocational interventions for jobseekers with mild-to-moderate mental health conditions which combine psychological counselling with pre- and post-placement services or work experience programmes.

**V. INVITES** the Secretary-General to disseminate this Recommendation.

**VI. INVITES** Adherents to disseminate this Recommendation.

**VII. INVITES** non-Adherents to take account of and adhere to this Recommendation.

**VIII. INSTRUCTS** the Employment, Labour and Social Affairs Committee and the Health Committee to:

- a) serve periodically, or at the request of Adherents, as a forum for a structured exchange of views and sharing of experiences and good practices on matters related to the Recommendation;
- b) support the efforts of Adherents to implement this Recommendation as requested, e.g. through comparative data, analytical studies and measurable policy impact indicators;
- c) monitor progress and policy development, including through the use of relevant indicators, in the follow-up to this Recommendation and report thereon to the Council no later than five years following its adoption and regularly thereafter.