



Recommendation of the Council on
Integrated Mental Health, Skills
and Work Policy

**OECD Legal
Instruments**

This document is published under the responsibility of the Secretary-General of the OECD. It reproduces an OECD Legal Instrument and may contain additional material. The opinions expressed and arguments employed in the additional material do not necessarily reflect the official views of OECD Member countries.

This document, as well as any data and any map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

For access to the official and up-to-date texts of OECD Legal Instruments, as well as other related information, please consult the Compendium of OECD Legal Instruments at <http://legalinstruments.oecd.org>.

Please cite this document as:

OECD, *Recommendation of the Council on Integrated Mental Health, Skills and Work Policy*, OECD/LEGAL/0420

Series: OECD Legal Instruments

© OECD 2020

This document is provided free of charge. It may be reproduced and distributed free of charge without requiring any further permissions, as long as it is not altered in any way. It may not be sold.

This document is available in the two OECD official languages (English and French). It may be translated into other languages, as long as the translation is labelled "unofficial translation" and includes the following disclaimer: *"This translation has been prepared by [NAME OF TRANSLATION AUTHOR] for informational purpose only and its accuracy cannot be guaranteed by the OECD. The only official versions are the English and French texts available on the OECD website <http://legalinstruments.oecd.org>"*

Background Information

The Recommendation on Integrated Mental Health, Skills and Work Policy was adopted by the OECD Council on 14 December 2015 on the proposal of the Employment, Labour and Social Affairs Committee and the Health Committee in consultation with the Education Policy Committee. Building on 10 country reviews, synthesis publication, and High Level Policy Forum involving health and employment Ministers on 4 March 2015; this instrument recommends that Adherents follow a set of policy guidelines for an integrated approach to address the impact of mental health problems on health, education, employment and social outcomes.

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.

About the OECD

The OECD is a unique forum where governments work together to address the economic, social and environmental challenges of globalisation. The OECD is also at the forefront of efforts to understand and to help governments respond to new developments and concerns, such as corporate governance, the information economy and the challenges of an ageing population. The Organisation provides a setting where governments can compare policy experiences, seek answers to common problems, identify good practice and work to co-ordinate domestic and international policies.

The OECD Member countries are: Australia, Austria, Belgium, Canada, Chile, Colombia, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, the Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, the United Kingdom and the United States. The European Union takes part in the work of the OECD.

OECD Legal Instruments

Since the creation of the OECD in 1961, around 480 substantive legal instruments have been developed within its framework. These include OECD Acts (i.e. the Decisions and Recommendations adopted by the OECD Council in accordance with the OECD Convention) and other legal instruments developed within the OECD framework (e.g. Declarations, international agreements).

All substantive OECD legal instruments, whether in force or abrogated, are listed in the online Compendium of OECD Legal Instruments. They are presented in five categories:

- **Decisions:** OECD legal instruments which are legally binding on all Members except those which abstain at the time of adoption. While they are not international treaties, they entail the same kind of legal obligations. Adherents are obliged to implement Decisions and must take the measures necessary for such implementation.
- **Recommendations:** OECD legal instruments which are not legally binding but practice accords them great moral force as representing the political will of Adherents. There is an expectation that Adherents will do their utmost to fully implement a Recommendation. Thus, Members which do not intend to do so usually abstain when a Recommendation is adopted, although this is not required in legal terms.
- **Declarations:** OECD legal instruments which are prepared within the Organisation, generally within a subsidiary body. They usually set general principles or long-term goals, have a solemn character and are usually adopted at Ministerial meetings of the Council or of committees of the Organisation.
- **International Agreements:** OECD legal instruments negotiated and concluded within the framework of the Organisation. They are legally binding on the Parties.
- **Arrangement, Understanding and Others:** several ad hoc substantive legal instruments have been developed within the OECD framework over time, such as the Arrangement on Officially Supported Export Credits, the International Understanding on Maritime Transport Principles and the Development Assistance Committee (DAC) Recommendations.