

Regio 2017

**Arbeit sichern
Fähigkeiten stärken
Möglichkeiten schaffen**

29.4.2017, Stuttgart

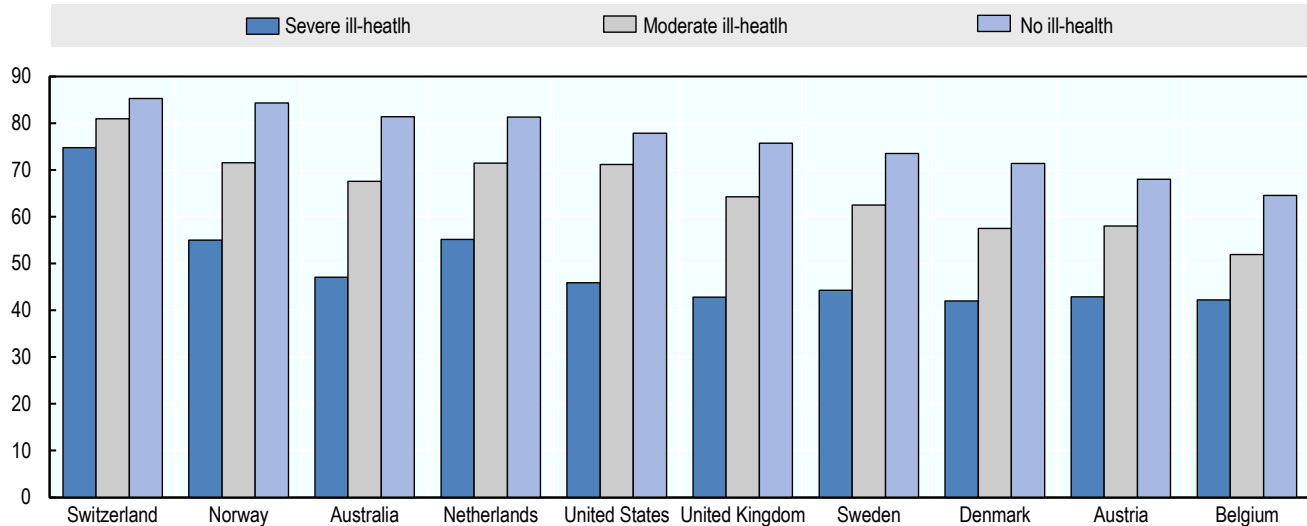
Ziel allgemeiner Arbeitsmarkt – Daten und Fakten zur beruflichen Teilhabe psychisch kranker Menschen und was wir daraus lernen können

Niklas Baer

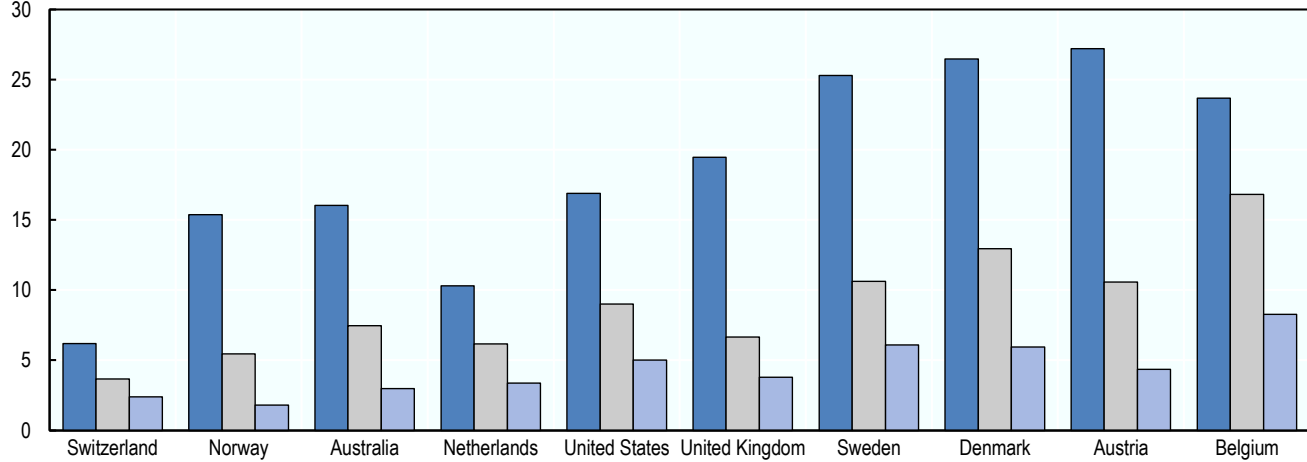


Deutlich geringere Erwerbsquoten bei psychisch Kranken

A. Employment-population ratio (employed people as a proportion of the working-age population), by severity of mental ill-health, latest available year



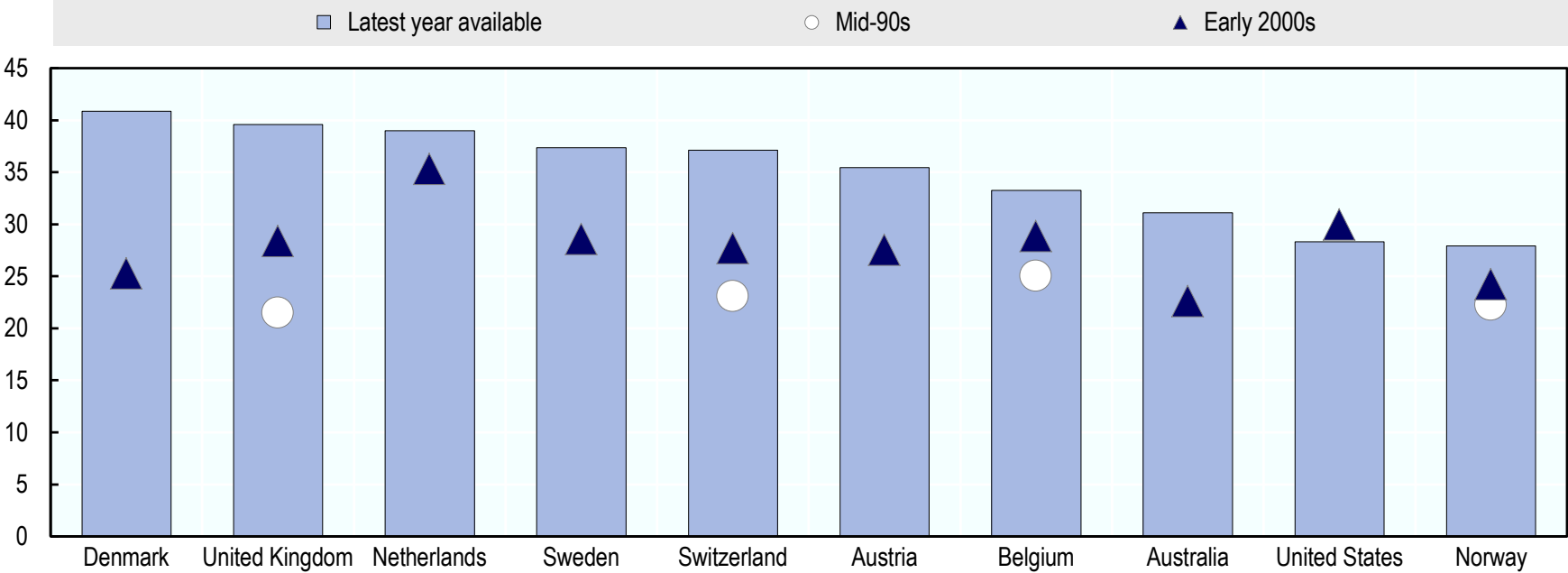
B. Unemployment rate (unemployed people as a proportion of the labour force), by severity of mental ill-health, latest available year



Source: National health surveys. Australia: National Health Survey 2011/12; Austria: Health Interview Survey 2006/07; Belgium: Health Interview Survey 2008; Denmark: Daneish National Health Survey 2010; Netherlands: POLS Health Survey 2007/09; Norway: Level of Living and Health Survey 2008; Sweden: Living Conditions Survey 2009/10; Switzerland: Health Survey 2012; United Kingdom: Adult Psychiatric Morbidity Survey 2007; United States: National Health Interview Survey 2008.

Immer mehr psychiatrische Frühberentungen

A. Rising share of disability benefit caseload due to mental ill-health
 Share of disability caseload with mental ill-health over time

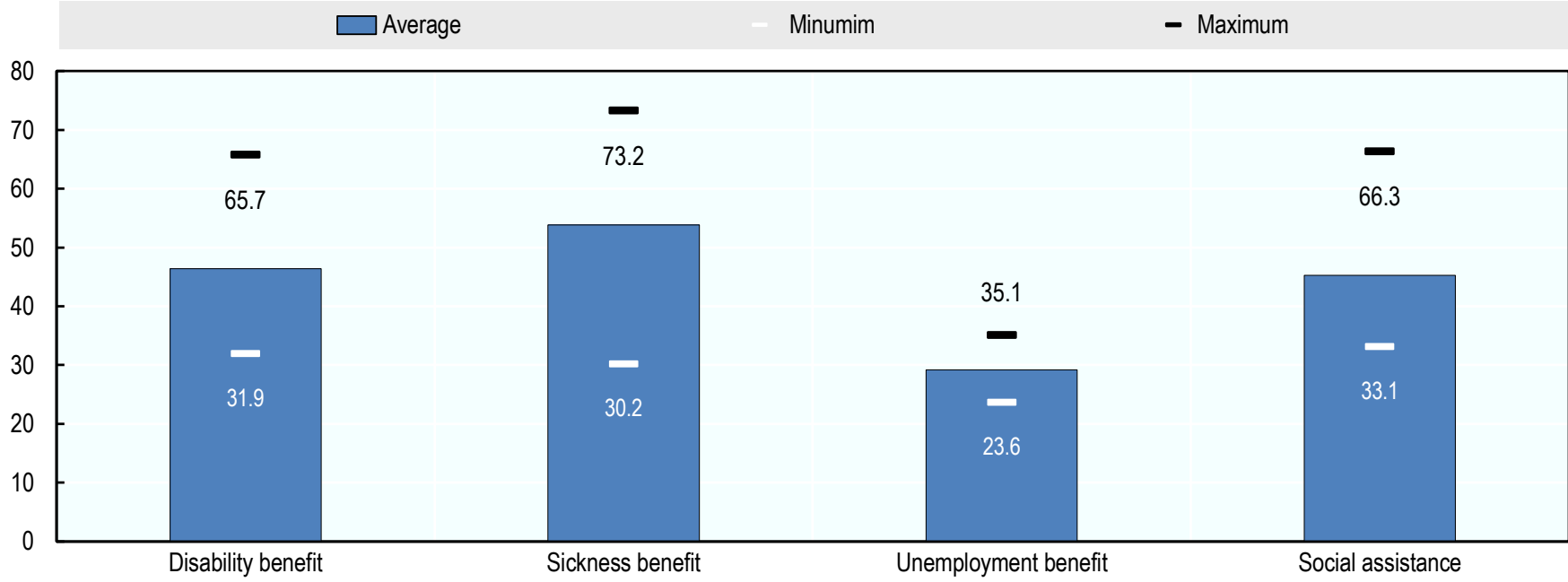


Note: Data in Panel A refer to new claims for Denmark and the United States (caseload data are unavailable). They exclude the temporary benefit in Norway and the special benefit for people with congenital or adolescent disability in the Netherlands.

Source: Panel A: OECD questionnaire on mental health and Panel B: National health surveys. Australia: National Health Survey 2011/12; Austria: Health Interview Survey 2006/07; Belgium: Health Interview Survey 2008; Denmark: Danish National Health Survey 2010; Netherlands: POLS Health Survey 2007/09; Norway: Level of Living and Health Survey 2008; Sweden: Living Conditions Survey 2009/10; Switzerland: Health Survey 2012; United Kingdom: Adult Psychiatric Morbidity Survey 2007; United States: National Health Interview Survey and 2008.

Hohe Prävalenz psychisch Kranker in allen Sozialversicherungssystemen

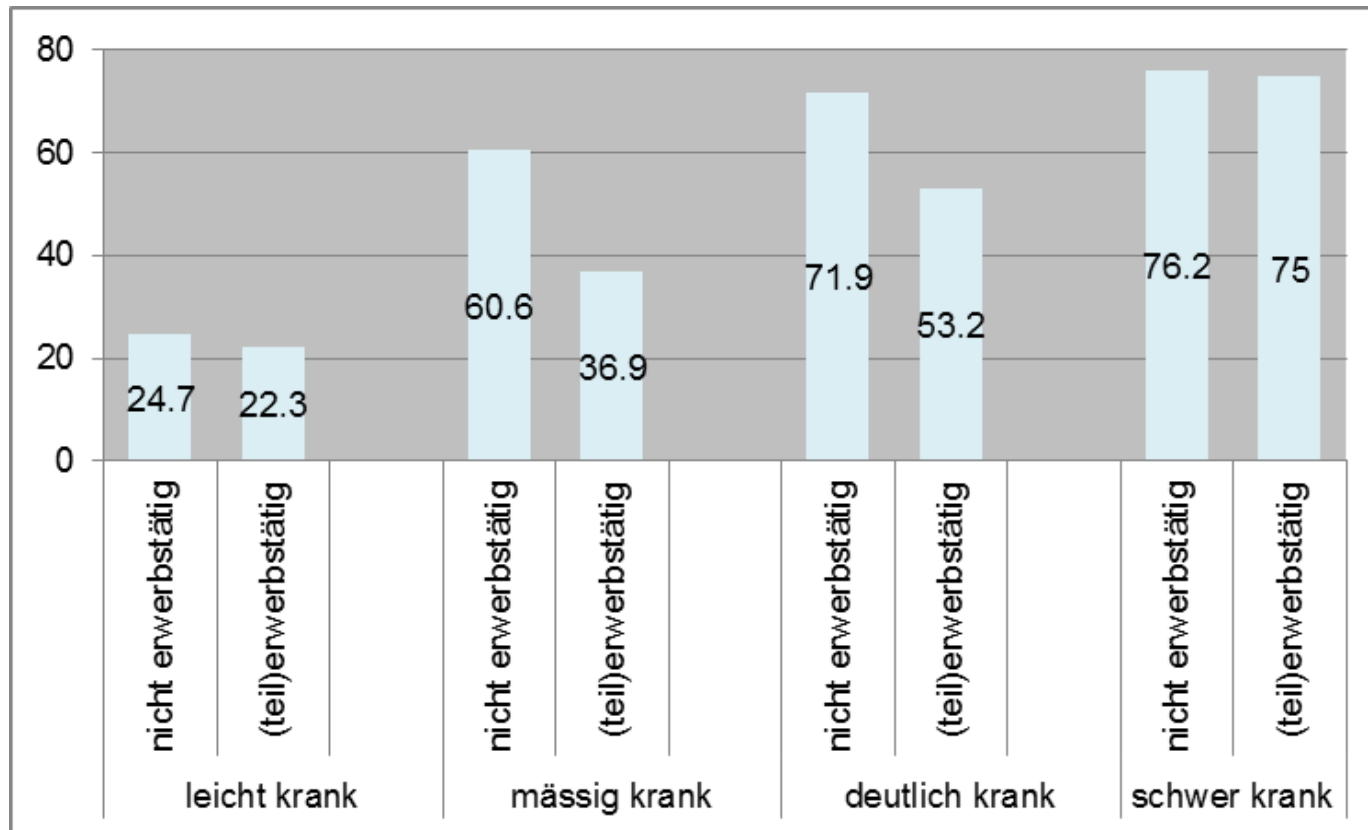
B. Share of people with mental ill-health on the main social benefits
Average, maximum and minimum of the ten countries above



Note: Data in Panel A refer to new claims for Denmark and the United States (caseload data are unavailable). They exclude the temporary benefit in Norway and the special benefit for people with congenital or adolescent disability in the Netherlands.
Source: Panel A: OECD questionnaire on mental health and Panel B: National health surveys. Australia: National Health Survey 2011/12; Austria: Health Interview Survey 2006/07; Belgium: Health Interview Survey 2008; Denmark: Danish National Health Survey 2010; Netherlands: POLS Health Survey 2007/09; Norway: Level of Living and Health Survey 2008; Sweden: Living Conditions Survey 2009/10; Switzerland: Health Survey 2012; United Kingdom: Adult Psychiatric Morbidity Survey 2007; United States: National Health Interview Survey and 2008.

Erwerbstätige Depressive haben kürzere Behandlung

Behandlungsdauer (Total der effektiven bisherigen und der voraussichtlichen künftigen Behandlungsdauer) depressiver Patienten in der psychiatrischen Praxis in Monaten, nach Erwerbsstatus und Schweregrad 2009, in Prozent



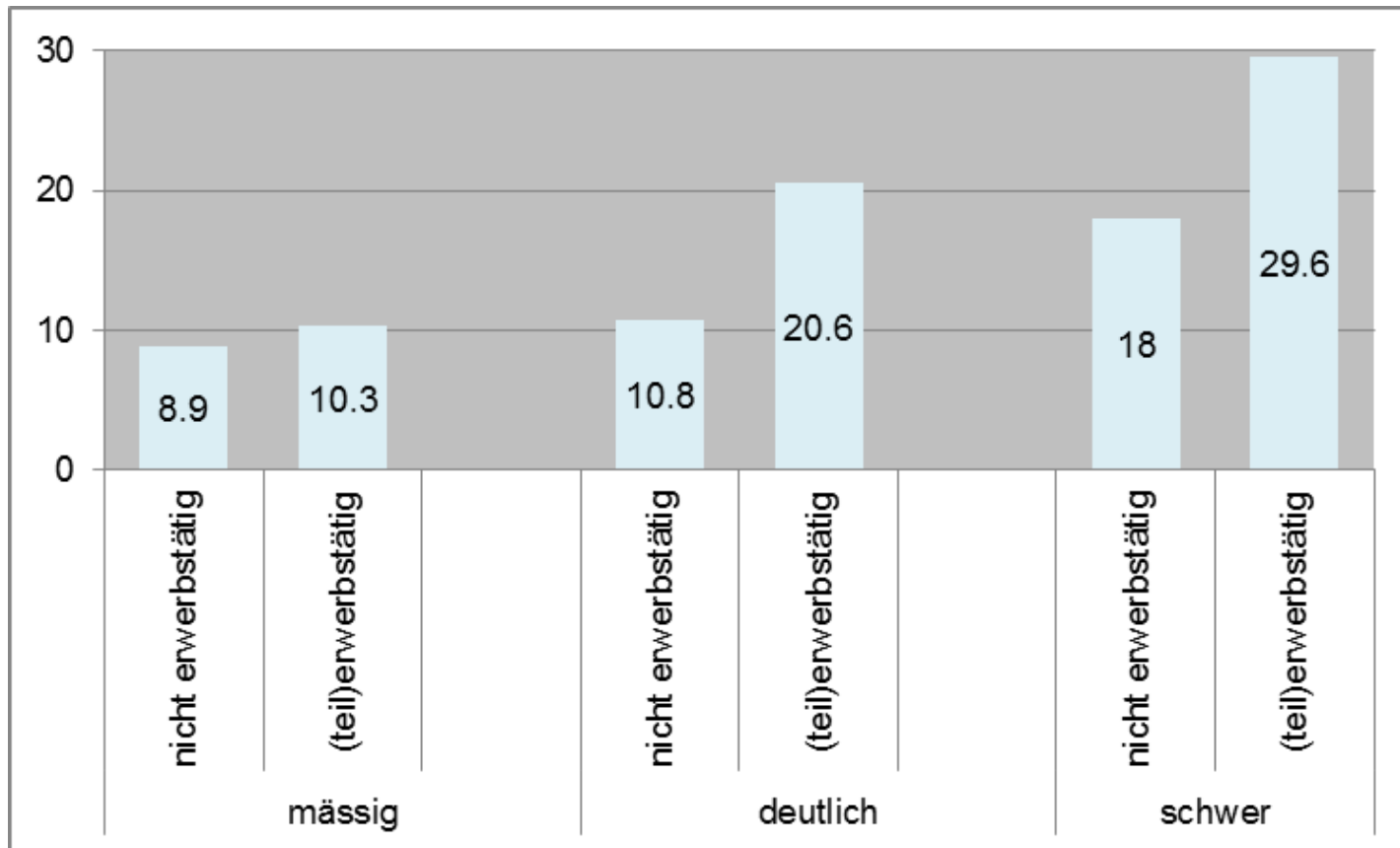
Datenquelle: Amsler et al., 2010, Befragung niedergelassener Psychiater im Kanton Bern

Grenzfall/leicht krank: n=5; mässig krank: n=27; deutlich krank: n=92; (extrem) schwer krank: n=56

Baer, N., Schuler, D., et al. (2013)

Erwerbstätige Depressive genesen besser

Verbesserung der Funktionsfähigkeit (GAF-Punkte; 0-100) seit Behandlungsbeginn nach Erwerbsstatus und Schweregrad 2009, in Prozent



Datenquelle: Amsler et al., 2010, Befragung niedergelassener Psychiater im Kanton Bern

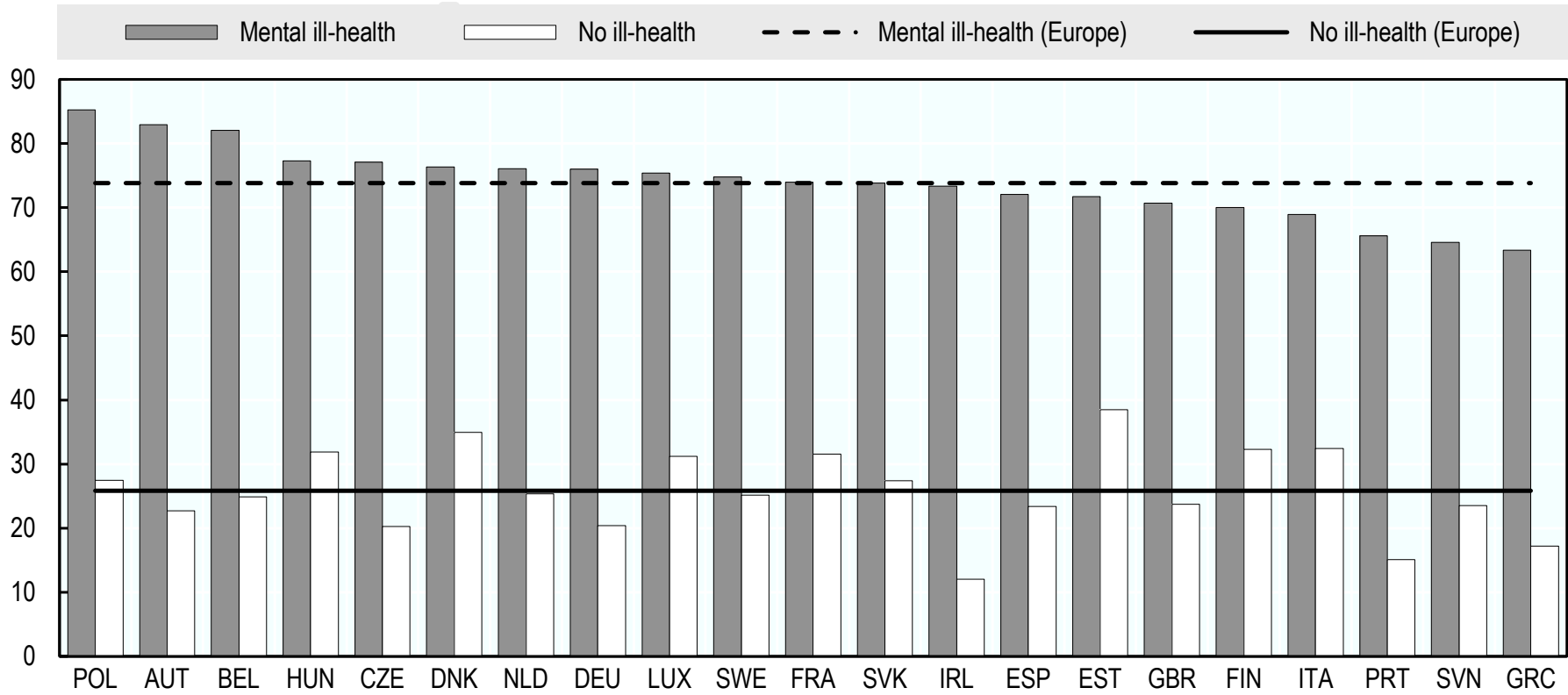
Leicht-mässig krank: n=32; deutlich krank: n=92; (extrem) schwer krank: n=56

Baer, N., Schuler, D., et al. (2013)

Produktivitätsverluste bei erwerbstätigen psychisch Kranken

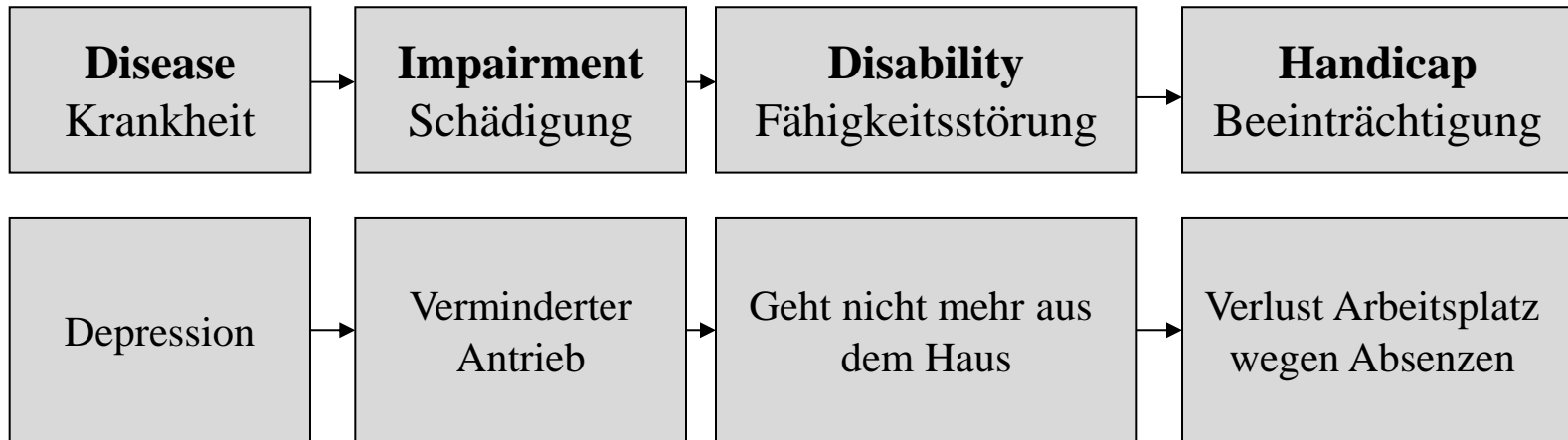
D. Productivity loss through mental ill-health

Workers who have not taken sick leave but show reduced productivity (in the previous four weeks), due to an emotional or physical health problem, by mental health status and country

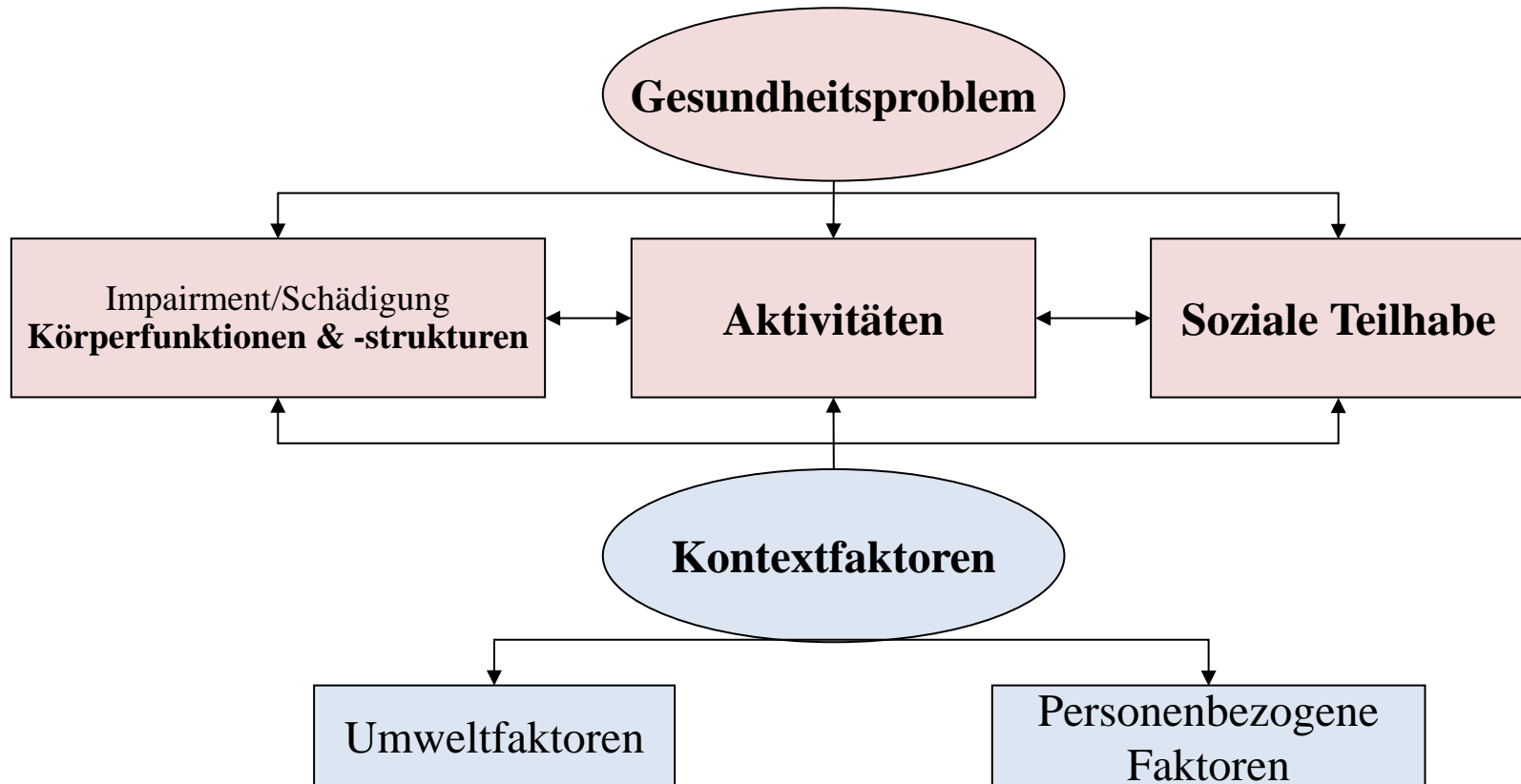


a. Percentage of workers not absent in the previous four weeks but who accomplished less than they would have liked as a result of an emotional or physical health problem. The data are an average of the 21 countries in the 2010 Eurobarometer.

Behinderungsmodell der WHO (1980)



Das Modell der ICF (WHO, 2001)



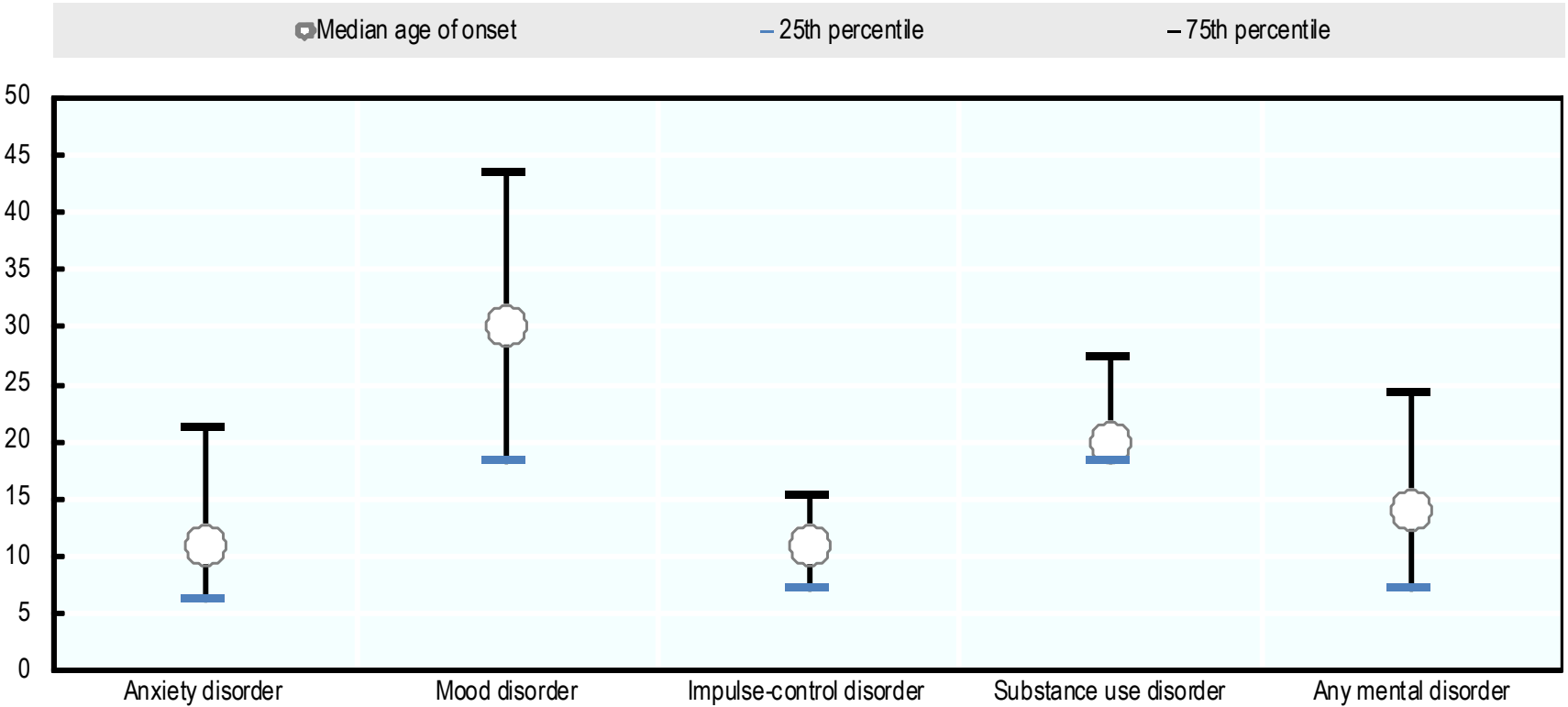
Einflussfaktoren: Krankheitsbezogen

Krankheit
Art
Schweregrad
Beginn und Verlauf
Komorbidität
Krankheitsverhalten
- Inanspruchnahme von Behandlung
- Dauer bis zur Behandlung
- Substanzkonsum
- «Disclosure»
- Körperliche Aktivität
- etc.

Eigene Zusammenstellung aufgrund
Forschung/Praxiserfahrung

Sehr früher Beginn psychischer Störungen

Figure 2.1. **Most mental illness has its onset in childhood or adolescence**
Median age of the onset mental ill-health in the United States, 2001-03



Source: OECD compilation based on Kessler, R., et al.(2005), "Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication", Archives of General Psychiatry, No. 62, pp. 593-603.

Einflussfaktoren: Personbezogen

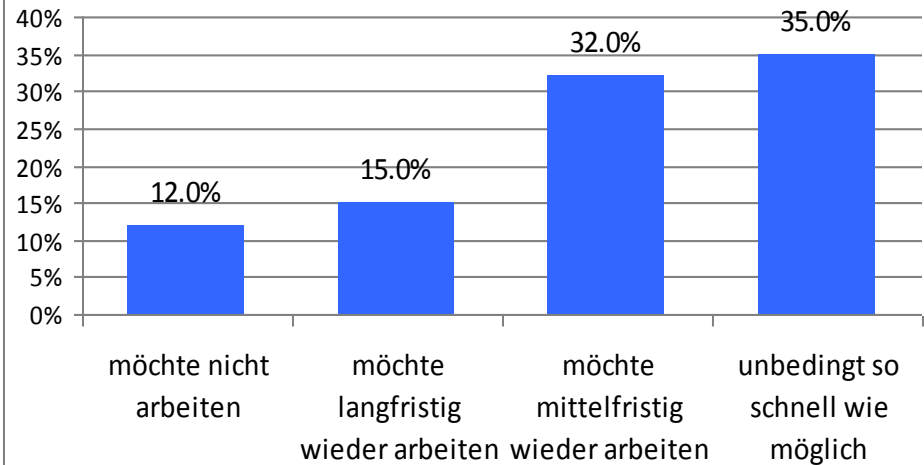
Person
Bildung
Arbeitsbiographie
Bewältigungsfähigkeit
Erwartungen
Ängste
Persönlichkeit
- Freundlichkeit
- Flexibilität
- Motivation
- Einsichtsfähigkeit
- Akzentuierungen
- etc.

Eigene Zusammenstellung aufgrund
Forschung/Praxiserfahrung

«Wie dringend möchten Sie arbeiten?»

Befragung Klinik- und Tagesklinikpatienten, Baselland 2007 (n = 166)

Arbeitswunsch



Angst vor Arbeitsaufnahme

