

Netherlands: Helping employees with mental health issues get back to work

About

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Employees with mental health problems are more likely to succeed in returning to work if they have active support from a supervisor, and if they can access cognitive behavioural therapy. New measures supporting such workers in the Netherlands are promising, but there needs to be an overall growth in jobs for these to be effective.

Introduction

Poor mental health is the main cause of long-term work absence in the Netherlands. According to the Netherlands Organisation for Applied Scientific Research (TNO) mental health problems account for [about 43% of the disability inflow in the Netherlands \(in Dutch, 3.13 MB PDF\)](#).

The cost of long term absence (and disability) is estimated to be high, with the cost to Dutch employers for sickness absence generally being recently estimated at almost €12 billion per year. The costs of sickness absence that is considered to be the result of work have been estimated at about €6.6 billion a year, of which the costs related to [psychosocial risks at work are estimated at €2.74 billion a year \(in Dutch, 7.21 MB PDF\)](#). In response, the Ministry of Social Affairs and Employment in 2014 launched a campaign aimed at raising awareness about risk factors for mental health.

In the Netherlands, discussion has centred both on preventing absenteeism and stimulating people's return to work. This can be quite problematic given the workings of the Dutch social security benefit system; decisions taken can depend on the following factors:

- whether an employee has been sick two years or more;
- the nature of the employee's contract – temporary or permanent;
- whether they are self-employed.

Increasing the chances of a successful return to work

The European Agency for Safety and Health at Work (EU-OSHA) has published a webpage detailing research findings on [returning to work after absence caused by poor mental health](#). It concludes that there is a much greater chance of the employee successfully returning to work if the following conditions are met:

- individual attention;
- active support from the employee's supervisor;
- an early, graded return to work;

- activating cognitive behavioral therapy (CBT) based on learning problem-solving techniques (for instance, coping skills) that facilitate greater self-efficacy.

In addition, the less serious the problem, the easier it is for the employee to return to work.

The Dutch social benefit system

Under the Dutch social benefit system, an employer is responsible for helping an absent worker return to work. The employer has eight weeks to make an action plan to facilitate this. If this plan is not drawn up, is not implemented or does not work, after two years the employee and all the factors involved in their absence are assessed by the Social Security Institute ([UWV](#)). This body decides whether the employee receives a disability benefit, the lower-paid unemployment benefit or the even lower welfare benefit. However, the employer can be penalised if the UWV rules that the employer has failed to help the worker sufficiently or to draw up a plan of action; the employer can be ordered to pay the employee's wages for a further year before the case is reassessed.

Welfare legislation specifically covers employees with temporary contracts. As employers do not benefit from encouraging these types of workers to return to work, the UWV acts as an employer in these cases and pays the employee for a maximum of two years of sickness absence. It has been shown that the rate of return to work in this group is much lower than among those with a 'real' employer, probably because of a lack of workplaces these recovering employees can return to. According to a report by the UWV, which compares figures for 2007 (from just before the global financial crisis) with those for 2011, the loss of workplaces in the recession were resulted in [temporary workers in particular suffering mental health problems \(in Dutch, 1.4 MB PDF\)](#).

Returning to work after receiving disability benefits

There are no overall figures in the Netherlands for employees returning to work after receiving benefits. The UWV's figures show that in 2013, 9% of those who received full benefit for mental health problems (being more than 80% disabled by their condition) returned to work. According to figures from the Dutch Labour Inspectorate ([Inspectie SZW](#)), 37% of those who received partial benefit (35%–80% disabled) because of mental health problems returned to work. This is considerably fewer than the total group of all people receiving full or partial benefits (11% and 47% respectively) (I-SZW, 2015). There are many reasons for this.

There is evidence, according to a 2014 Eurofound report [Health matters in hiring and retaining personnel](#), that employers are reluctant to offer jobs to people who report (mental) health problems and are reluctant to support the return to work of employees who have been absent with such problems. In addition, professionals in occupational health services tend to choose not to help such workers, finding it difficult to mediate between them and employers (I-SZW, 2015). The report says other problems that hamper a return to work include the failure of assessments to identify severe mental health problems; some workers' lack of professional skills; and a lack of collaboration between the affected parties in the return to work process.

The Participation Act

The Participation Act (*Participatiewet*) came into force from 1 January 2015. It covers anyone with an illness or disability who can and wants to work, but needs support to do so. The main responsibility for implementing this legislation falls on municipalities. The target group consists of people who benefit from:

- the WWB (the law on work and assistance);
- the WSW (the law on sheltered employment);
- the Wajong (the Work and Employment Support Act for the Disabled), which covers young people with reduced working capacity.

From 2015, young people can claim on the Wajong if they are aged between 18–30 with a long term illness or handicap, and were in full-time education for at least six months.

Although the Participation Act is mainly intended to help people with mental health problems return to work, its success will probably depend on job growth in the Netherlands overall, so that the labour market can accommodate these vulnerable groups.

Pact between welfare agency and GGZ Nederland

The Dutch Association of Mental Health and Addiction Care ([GGZ Nederland](#)) made a pact in 2012 with the Social Security Institute to strengthen collaboration on [support for people with mental health problems returning to work \(in Dutch, 23.86 Kb PDF\)](#)

The pact sets out to:

- give professional groups in mental health care more knowledge about social security regulations;
- give social security professionals more knowledge about mental health;
- facilitate the exchange of best practices.

A report by the University Medical Centre, Groningen, evaluated [how well the two organisations collaborated \(in Dutch, 1.26 MB PDF\)](#). Respondents from both organisations confirmed that collaboration was important but problematic, and contacts were often unavailable or unknown. The report suggested remedying this by appointing first-stop fixed contact points and by organising structural regional dialogue between professionals of both organisations. The evaluation also suggested some standardised procedures and suggested further evaluation as collaboration grows.

A UWV press release [praised the report \(in Dutch\)](#) and noted that the consultation between the partners was an important factor in maintaining the pact.

References

I-SZW (2015), *Psychosociale arbeidsbelasting en psychische problematiek*.