



FOLKETINGET  
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FOLKETINGET  
RIGSREVISIONEN

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# **The work reintegration services offered to citizens who are on sick leave and who receive psychiatric treatment**

# 1. Introduction and conclusion

## 1.1. Purpose and conclusion

1. This report concerns the effort of the Danish Ministry of Employment and the five Danish regions to ensure that citizens, who are on sick leave and who receive psychiatric treatment, can be reintegrated in the labour market.

2. The prevalence of mental health disorders is growing and so is the number of citizens in psychiatric treatment. The regional mental health services provide care to citizens with severe mental disorders like stress, anxiety and depression. Mental health disorders are the cause of approx. half of all long-term sick leaves and entail a very high risk of permanent exclusion from the labour market. Currently, 71 per cent of all citizens with mental health disorders are not part of the labour force. According to the OECD, the reason is that regional health services and municipal employment services work in isolation. The Danish national health service has attempted to address this problem by setting a number of national goals for coherent patient pathways, including goals with focus on labour market reintegration. At the same time, the municipal job centres are required to provide tailored and coordinated services that will help the citizens' return to the labour market. The municipal job centres are responsible for helping people find work, while it is the responsibility of the Ministry of Employment to support and monitor the performance of the job centres in this respect.

Several of the requirements that the job centres need to fulfil, flow from the reform of the Danish sickness benefit system in 2014. The reform established that citizens on sickness benefits typically have an attachment to the labour market and should therefore receive an early and work-place based offer to return to the labour market as soon as possible.

In 2019, approx. 160,000 citizens were on long-term sick leave, while approx. 22,000 citizens left the sickness benefit system and were transferred to the work reintegration benefit system.

3. The target group of this study is citizens on sickness benefits who are expected to be on sickness leave for more than eight weeks, and who have therefore been referred to category 2, and citizens who receive work reintegration benefits. All the members of the target group receive psychiatric treatment provided by the regional health services. In this report, the target group will be referred to as the citizens. The target group of this study is the approx. 5,000 citizens who, annually, receive sickness benefits. One third of the 5,000 citizens are transferred to work reintegration benefits every year.

### Extension of sickness benefits

The period of sickness benefits can be extended, if:

1. rehabilitation is the most likely outcome;
2. a traineeship is considered necessary to determine the citizen's working capacity;
3. the citizen is waiting for or in medical treatment, and a medical assessment concludes that the citizen will be able to resume work;
4. the citizen suffers from a life-threatening disease;
5. a lawsuit has been filed concerning a work-related injury;
6. the municipality has received an application for early retirement.

### Categories of referrals

**Category 1:** The date of full recovery is expected to occur within eight weeks, counting from the first day of absence from work.

**Category 2:** Full recovery is expected to occur later than 8 weeks after the first day of absence from work.

**Category 3:** Full recovery is expected to occur later than 8 weeks after the first day of absence from work. However, in addition to the health-related issues, the citizen's return to work is also affected by social conditions that require the implementation of a multidisciplinary approach.

4. This is a cross-sectoral study designed to assess the effort made by the authorities to ensure that citizens on sick leave and in psychiatric treatment, are offered a coherent plan for their return to work.

The report answers the following questions:

- Has the Ministry of Employment followed up on the effort of the job centres to ensure that the citizens are offered statutory follow-up interviews and other services?
- Have the regions ensured, and the Ministry of Employment supported, that the regional mental health services and the job centres coordinate their efforts to ensure that the citizens can return to the labour market as quickly as possible?

Rigsrevisionen initiated the study in September 2020.



## Main conclusion

**The authorities' effort to ensure that citizens on sick leave and in psychiatric treatment are offered a coherent plan for their return to work, has not been satisfactory. As a consequence, vulnerable citizens in psychiatric treatment risk losing their attachment to the labour market.**

**The degree to which the Ministry of Employment has followed up on the effort of the job centres to deliver the services the citizens are legally entitled to, including statutory follow-up interviews, has been unsatisfactory**

The Ministry of Employment has for a number of years, through its supervision, been aware that the job centres fail to deliver the follow-up interviews and other services that the citizens are legally entitled to. The initiatives launched by the ministry have not resolved the problems in the job centres. Only since August 2021 has the ministry employed more severe measures against the municipalities that fail to comply with the regulations.

The study found that just under half of the citizens on sickness benefits and a quarter of the citizens receiving work reintegration benefits are not offered follow-up interviews within the statutory deadlines. For three quarters of the citizens, the job centres have either failed to put together the plans altogether, or the plans have only been partially completed.

The study also found that 35 per cent of the citizens on sickness benefits and 20 per cent of the citizens who participated in work reintegration programmes did not receive any offers of services at all. Documentation that can explain why this is the case for 40 per cent of the citizens on sickness benefits and 25 per cent of the citizens who participate in work reintegration programmes, is not available. The job centres fail to establish the statutory contact with the employers of 41 per cent of the citizens on sickness benefits, who, at the time of the first follow-up interview, have a job.

**The regions have not to a satisfactory extent ensured, and the Ministry of Employment has not to a satisfactory extent supported, that the regional mental health services and the job centres coordinate their effort to ensure that the citizens return to the labour market as quickly as possible**

The regions have been aware that the efforts made by the psychiatry and the job centres are not coordinated and lack coherence. The regions have also been aware that digital exchange of data between the job centres and the psychiatry has been inadequately supported. The Ministry of Employment has not specifically looked into coordination with the psychiatry. The regions have taken several steps to address the issues, and the ministry has taken a few, but the problems persist.

The study shows that the regional mental health services and the job centres have no direct contact with well over three quarters of the citizens who are on sickness benefits or receiving work reintegration benefits. Moreover, the psychiatry and the job centres make only limited use of the instruments that are legally available to them to obtain information and deliver a coordinated and coherent effort. These instruments include, for instance, assigning mentors to citizens, who are discharged from hospital.

### Offers of services

Cf. the Danish act on active employment measures, the job centres can offer the citizens various services, like traineeships, phased return to work, guidance and skills development, mentor support or other tailored services. The purpose of these services is to bring the citizen closer to the labour market.

### Direct contact

Direct contact includes all contact between the job centres and the regional mental health services, except for medical certificates. Direct contact can take form of phone calls, emails and meetings.

The source of information that is most frequently used by the job centres, is medical certificates. However, the job centers request the certificates towards the end of the sickness benefit period, and the certificates are often delayed. This means that the job centres are in a poor position to coordinate their effort with that of the psychiatry. Inadequate digital support of the exchange of information could be a contributory factor to the belated medical certificates.

In the study, eight of ten citizens on sick leave received sickness benefits for more than 22 weeks. Only one third of the citizens had a job six months after completing the course in the job centre. This means that the sickness benefit period had to be extended and resulted in increased expenditure for the municipality and government.