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EXECUTIVE SUMMARY

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Phases preceding disability pension

A study based on documentary data

Decreasing the number of disability pensions has been one of the recurring themes in the discussion on how to extend working lives. To correctly target the measures for maintaining working capacity and preventing disability, we need information on the process leading up to the application for disability pension. In this study, we describe the phases that applicants for disability pension have gone through in the five years preceding pension application. The study examines the sickness history of the pension applicants, the treatment and rehabilitation they have received, and the issues of work, unemployment and the possibilities of returning to work.

The research data consist of 300 applicants for disability pension. The pension applicants were between 20 and 59 years of age and had applied for disability pension on account of either mental disorders or diseases of the musculoskeletal system. A positive or negative pension decision had been issued in 2010. At least for periods of time, all applicants had been in employment or self-employment in the years 2005–2010. Information on the phases preceding pension application was collected from the application form for disability pension, as well as from the medical certificates and existing employer statements that were appended to the applications. Some of the information was taken from registers available at the Finnish Centre for Pensions.

The process preceding pension application was mainly examined in three disease categories: musculoskeletal diseases, depression and other mental disorders. The category 'Other mental disorders' deviated from the two other groups as for earlier onset of illness, lower

socioeconomic status and a background of more frequent unemployment. Of all pension applicants included in the study, approximately half had been unemployed at some point between the years 2005–2009. Categorized according to their background in employment vs. unemployment, roughly half of the pension applicants were placed in the group 'continuously employed', a quarter in the group 'unstable working background' and just under a third in the group 'often unemployed'. Two years prior to applying for pension, the earnings of the 'often unemployed' group were, on average, roughly a tenth of the income of the 'continuously employed' group.

The classification of pension applicants according to disease category was based on the disease that most affected work ability. However, most applicants had at least two diseases that weakened their work ability. A little less than a third had a musculoskeletal disease as well as a mental disorder. According to the documents, the diseases had been investigated and treated in many ways. Hospital treatment, imaging and outpatient clinic examinations as well as physiotherapy were common concerning musculoskeletal diseases. In the depression category, for almost everyone the medication had been adjusted, and approximately half had undergone psychotherapy. Rehabilitation had not been used very much prior to applying for pension. Out of three hundred pension applicants, only nine had received vocational rehabilitation within the earnings-related pension scheme during the five years preceding the application.

One focus of interest in our study was connected to the pension applicants' possibilities of returning to work. With the help of document data, we examined whether the possibilities of a return to working life had been investigated, whether something had been done to promote a return to work, and whether something could still be done. First we examined the treatment and rehabilitation plans. At the pension application stage, three out of four pension applicants had a treatment plan in place, and over half had a medical rehabilitation plan. Vocational rehabilitation plans, on the other hand, had only been drawn up for just under a fifth of all applicants. Vocational rehabilitation plans were more common in the group that had been continuously employed.

Regarding the possibilities of returning to work, we also reviewed the actions of the occupational healthcare and the employer. Approximately two thirds of the pension applicants that had been employed were estimated to be covered by occupational healthcare. For just under a third of them, occupational healthcare had, according to documentation, actively promoted staying at or returning to work. In order to promote staying at work, the work or working hours had only been adapted for a very small number of pension applicants. However, some employers did consider it possible to make such changes, in case the pension applicant would return to work. Occupational healthcare actively promoting a return to work and changes at work were more frequent among those working for large employers.

At the time of applying for pension, every fifth pension applicant in this study estimated that a return to work may still be possible, at least to a certain degree. Factors such as young age,

being female, having a higher education and some remaining work ability were associated with positive evaluations of chances of returning to work. Moreover, if occupational healthcare had actively promoted returning to work, the likelihood for the pension applicant to positively rate the chances of returning was five times as high as for those applicants whose occupational healthcare was more passive.

Concerning those whose application had been rejected, it was possible to also examine the actual return to work following the pension decision. Since the number of rejected applications in the data was small (93), the results can only be considered indicative at best. Of those whose pension application had been rejected, 43 per cent were working during the year following the decision. Returning to work was clearly more common among those who had been issued a plan, application, offer or decision on vocational rehabilitation. In the same way, the clients of an occupational healthcare that had actively promoted a return to work were more likely than others to return to work following a negative pension decision.

According to the results of our study, disability pension applicants make up a fairly heterogeneous group, in view of both disease background and employment background. Some had a fairly well-knit working life, others had seen a lot of unemployment, some experienced a straightforwardly progressing illness whereas others suffered from a variety of symptoms and illnesses. These factors greatly impact the need for and functioning of measures to support returning to work. The results showed that the supportive measures worked better for those with an employment contract than for the unemployed.

The scarcity of vocational measures was emphasised in the phases preceding application for a disability pension. There was not a lot of vocational rehabilitation, and only few changes in the work and working hours were implemented in the workplaces. The scarcity of these measures may be connected to a lack of knowledge of existing measures, difficulties in the cooperation between various parties in the work disability process, or delays in the process. Despite the lack of vocational support measures, pension applicants had still not completely ruled out the possibility of returning to work. The implementation of vocational measures and the inclination of the pension applicant to return to work were both connected to the rate of involvement by the occupational healthcare. According to results, however, a strong involvement by the occupational healthcare only affected a small share of all pension applicants. It is therefore evident that it is not enough to improve the monitoring of work ability only from the point of view of occupational health. Interventions for promoting possibilities of returning to work are needed also for the unemployed and those with an unstable working background.

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