RAPORTTEJA

Eläketurvakeskuksen raportteja 2007:1

EXECUTIVE SUMMARY

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Miksi masennus vie eläkkeelle?

In 2006 the number of persons that retired on a disability pension from the earnings-related pension scheme due to depression was 3,892. The number is 1.5 times that of the mid-1990s. The pension expenditure for disability pensions due to depression also increased: in 2006 it amounted to 398.9 million euros, 1.5 times that of 1998.

Although depression seems to cause incapacity for work more often than before, Finnish research findings related to depression indicate that depression as a disease has not become more frequent. The use of antidepressants has increased, however. Also the number of medical visits in primary health care due to mental problems and the number of psychiatrists has increased.

The report ponders the increase in incapacity for work due to depression. The first part of the report consists of a review of 1) the changes in pension and rehabilitation legislation, 2) numerical data on depression and related treatment, rehabilitation and pensions, 3) earlier research findings on depression and work ability and 4) measures already taken to prevent incapacity for work due to mental problems. The second part of the report relates the measures proposed by the Advisory Board on Disability Matters.

The recent changes in pension legislation have striven to promote continued work and postponing of retirement to later ages. The 1996 changes, for instance, adjusted the grounds for determining the projected pensionable service to favour continued work, the income during periods of active rehabilitation was improved and the switch to a partial disability pension was made more flexible through the possibility of receiving a preliminary decision. The employer's contribution shares were also adjusted to favour rehabilitation. The 2004 rehabilitation reform aimed at further emphasising the precedence of vocational rehabilitation over the disability pension. Rehabilitation within the earnings-related pension scheme was stipulated an entitlement which can be appealed, it is possible to receive a preliminary decision on the right to rehabilitation and it is possible to work during the period of active rehabilitation. In the 2005 pension reform the pension accrual was changed so that all work, for instance work alongside a partial disability pension, accrues new pension rights.

The features of the disability pension and rehabilitation legislation which support continued work are not emphasised as much in the disease category of mental disorders as in other disease categories. For instance, partial disability pensions are still used very rarely in mental disorders and in

rehabilitation within the earnings-related pension scheme the diagnosis of depression is clearly more infrequent than in new disability pensions.

People usually retire on disability pensions based on depression from the labour market after a fairly long work history. The persons who retire due to depression are also more highly educated than other disability pension recipients and, on average, they receive a higher pension.

The rupture in everyday wellbeing and changes at work are probably factors which partially influence the occurrence of disability due to depression. According to longitudinal studies, for instance lack of influence, a lot of bustle and haste, experiences of harassment and lack of fairness increase the risk of mental problems. The job can also support mental wellbeing and correspondingly the lack of a job can increase mental symptoms. In addition, practices in the labour market are highly significant when returning to work after a depression: trust, support and possibilities of modifying the job favour the success of the return to work.

According to studies, there are shortcomings in the treatment of depression, the functioning of the service chains and the effectiveness of rehabilitation. These shortcomings affect the prolonging of disability. The treatment is not always intensive nor the medication optimal, non-medicinal treatment is often completely absent, treatment starts too late and is interrupted too soon. There are problems in the cooperation between parties involved, the need for vocational rehabilitation is not always noticed, and the return to work after rehabilitation of depression patients is not as successful as that of other rehabilitees.

Important factors in preventing disability related to mental problems are preventive and supportive practices in the labour market as well as appropriate treatment and rehabilitation which support continued work. These issues have been promoted, for instance, through national action programmes and activities to promote wellbeing at work and through development of treatment practices for depression and new types of employment for mental rehabilitees.

The Advisory Board on Disability Matters put forward proposals for measures to be taken on the basis of the survey. The Advisory Board suggested, for instance, increasing the use of vocational rehabilitation and of the partial disability pension in cases of mental problems and emphasising support of mental health in rehabilitation at the workplace. The suggestions also underline the increasing of cooperation between the pension scheme and the healthcare system, development of practices related to sickness absences, promoting appropriate care, emphasising the rehabilitation viewpoint and spreading good working life practices.

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