

## Return to work of mentally ill persons in Germany: A systematic review

**Introduction:** According to a study by survey conducted by the German federal health department conducted in 1998/99, 41 % of all German people suffer from a mental illness in the course of their lifetime, and due to that, every third enlists for professional assistance. According to those studies, the 12-months overall prevalence, is 32.1 % in the 18 - 65 year-olds, i.e. within a year, about 15.6 million German citizens are affected by these illnesses. Due to their frequent occurrence, their oftentimes chronic course, their functional impairments they cause, as well as the loss in life quality as far as health is concerned, mental illnesses, pose a significant burden. Those people affected can oftentimes only meet their social commitments (family, job etc.) in a limited way. The limitations, in working life for example, can be seen in the absence analysis of the past years and in the early retirement statistics of the German statutory pension insurance scheme. While the absence due to mental illness is constantly increasing, absence from work due to physical illnesses is declining. The oftentimes chronic course of mental illnesses leads to an early retirement of affected people, which can also be deduced from the retirement statistics of the German statutory pension insurance scheme. About 33 % of early retirements in the year 2009 were motivated by mental health disorders (without addiction) – this corresponds to 56,370 cases and represents the main motivation for early retirement in Germany. In 2009, the average retirement age of those affected by mental health disorders was 48.05 years (Women: 48.35; Men: 47.68). Those affected, retire from working life about 20 years before the legal, and about 13 years before the real average retirement age. According to forecasts, mental health disorders will continue to gain importance. In times of demographic change and the raising of the legal retirement age to 67, the (vocational) rehabilitation of mentally ill people and the prevention of mental illnesses are of particular importance.

Since the publication of the German 'Psychiatrie Enquête' in 1975, there has been an important change in the care system for mentally ill people. Out of this, efforts increased to rehabilitate people affected by the threat of or by an already existing impairment, and to re-integrate them into every day (working) life.

The benefits of vocational reintegration are already documented by many studies in different settings. In Germany, a special return to work concept for patients with mental disorders does not exist yet – although the number of mentally ill people has undeniably increased over the last years. There are several model projects, but most of these approaches only try to adapt strategies from the rehabilitation of physically-ill patients. Oftentimes, they are only partly focused on the needs of mentally ill patients.

The question therefore arises which specific factors are really suitable for an effective and sustainable vocational rehabilitation. The aim of this systematic literature review is to discover individual and structural factors of a successful return to work-concept for personnel with psychological disorders in Germany.

**Materials and methods:** A systematic literature review was conducted using literature databases such as MEDLINE, EMBASE, PsycINFO, PSYINDEX as well as several publisher databases (Springer, Thieme etc.). The search focused particularly on studies analyzing vocational rehabilitation/return to work of mentally-ill persons in Germany. Articles published in English or German language during the period from 1990 to 2009 were included in this review. Only articles regarding psychological disorders as a whole (as opposed to focusing on a single mental disease) were included, and, therefore, publications on specific types of disorders (such as schizophrenia) were excluded.

**Results:** Initially, 277 studies were identified. After the exclusion of non-appropriate publications, a number of 17 studies remained. Findings of the literature search show that most studies focused on structural conditions of effective vocational rehabilitation. A consistent participatory management is therefore fundamental in rehabilitation support. Apart from some conditions that are as well very important in the vocational rehabilitation of physically ill people, – such as the participation of all people concerned (besides the family also the employer) or the vicinity of rehabilitation support to the patients' place of residence – some special characteristics should be considered related to the measures taken for mentally ill people.

Apart from these conditions, which are also important in the vocational rehabilitation of physically-ill patients, some special characteristics should be considered in the vocational rehabilitation of mentally-ill patients: the measures should be aligned more intensively to the particular needs of the patient concerned, and they should be more strongly linked with medical rehabilitation. Specifically, a close link between acute treatment and relapse prophylaxis is very important for these patients. Results of the literature research show that difficulties arise particularly in patients with long-term chronic mental disorders. Rehabilitation successes usually cannot be regarded as permanently secured; this is why a cascaded procedure – which is typical for other kinds of illnesses – does not fit for mentally-ill persons. Individual work offers and integration measures have to be rearranged consistently, so that they fit the individual profile appropriately, e. g. patients either can either drop or repeat certain stages several times. This can be achieved either by a community-based support connecting in-patient, semi-residential and out-patient care, or by a close co-operation and a well functioning network of all participants.

Only a few studies focus on individual conditions of the patient for an effective vocational rehabilitation and return to work. Three important individual factors for a successful process were identified: education, “aim of the patient” for the reintegration, and motivation. This personal motivation is not affected by age or severity of illness impacts, but rather by somatization and limitations in daily activities.

**Conclusion:** For the German context – in order to optimize the rehabilitation and reintegration of mentally-ill patients into daily work environment – a stronger combination of medical, vocational and working measures has to be developed. In the U.S. suitable approaches already exist quite in detail. The concept of the „place and train“-approach (supported employment) should be used instead of the „train and place“-approach customarily used in Germany. This concept of “train and place” is aimed at developing the abilities of the mentally-ill persons before they are tested and transferred to the job. According to this model, training and assistance leads to a final reintegration – which also means that usually no follow-up assistance takes place.

As a first step to changing this situation, a ‘workplace-integrating’-vocational rehabilitation concept was conceded in Germany at the end of 2008. A law was passed to implement supported employment. One of the main goals according to the new law is that a quick placement on the job market should be realized, so that the training can be provided directly during the normal work activities. This also allows mentally-ill patients to remain in care for longer periods of time. A direct support at the patient’s place of residence and place of work within a familiar social surrounding and with a focus on individual needs, would increase the chance of an efficient and sustainable (vocational) rehabilitation.

The first implementations of this supported employment model began in the middle of 2009. This created the conditions for an effective and sustainable reintegration of people affected by a mental illness. Further results regarding the co-operation between the different participants, as well as regarding economical and social statutory frameworks will demonstrate further needs for modification of this new model.