

Mental illness, people's suffering, and the responsibility of the welfare state: some personal reflections

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Some standpoints

- My presentations is political, but not a right or left issue
- There is a crossroad how to handle these issues
- A inclusive working life is not a question about mental illness, it is about human rights
- This reflections is based on my own experiences of being a person with periods of serious mental illness

My own experiences

- 20 years experiences of mental illness
- ADHD, Generalized Anxiety, and periods of depressions
- Periods of sick leave and periods of compulsory care due to suicide attempts
- Bachelor, Master and a PHD- grade in Social Work

The Swedish system in a comparative perspective

- The liberal welfare system (strong emphasis on individual private insurances often paid by the employer)
- The conservative welfare system (private and public insurances, often paid by both the individual and the employee)
- The Nordic/Scandinavianwelfare system (A public funded insurance system, the compensation is based on your salary/position on the labour market.

The system – called rehabilitation chain

- The first 14 days – the employer pays for the sick leave
- Day 15-90 days, the Swedish Social Insurance Agency (SSIA), assesses the right to sickness benefit (if you cannot do your ordinary work, based on your doctor's assessments)
- Day 90-180 ISSA assesses if the employer can offer you another kind of work at your work place)
- Day 181-365, ISSA assesses if you manage to do some other work, which exists on the labour market (so called simple jobs)

Harder demands for sick leave

- Harder demands for sick leaves over 14 days
- The medications certificate from your doctor about your health must be detailed
- The national board of health and welfare has developed national guidelines for sick leave
- More people, especially with milder forms of mental illness get their application for sick leave rejected by the Social Insurance Agency .

Challenges

- National guidelines for sick leaves might be good – but where is the individual perspective? (easier to use for physical illness).
- People with mental illness often get stuck in the system between their doctors assessment and the Social Insurance Agency's assessment (the agency's assessment is superior to the doctor's recommendations).
- What constitutes a "simple work" for people with mental illness?

The care system: my personal experiences

Case one: broken achilles after a sport injury

- Emergency (bandage, pain killers and remittance for operation)
- Meeting with the othopedist to discuss alternatives
- Operation at the , sick leave and remittance to rehabilitation
- Rehabilitation and physiotheraphy

The care system: my personal experiences

Case 2, suicide feelings and panic attacks

1. Primary care – we do not have time in three weeks
2. Acute psychiatric care: only in case of emergency and nearly no responsibilities to follow up patients
3. The specialist psychiatric care – long waiting times, few or no emergency times)
4. Low degree of cooperation between the primary care, the specialist care and the Social Insurance Agency

Challenges

- Less structures in the care system
- Easier to get help with mental illness
- More cooperation between different actors
- Less demands on the individual to alone navigate in the care system

More cooperation between the individual, the workplace the Social Insurance Agency and the Health Care System – is crucial to break the trend with higher sickleaves without loosing the individual perspective of living with different forms of mental illness in Sweden

Thank you!