

Executive summary

Despite the enormous epidemiological, social and economic burden of mental ill-health, mental health care is still not a priority in most health systems. The current weak state of mental health care is unacceptable. More must be done to make mental health count and improve the lives of those suffering from mental ill-health: policy makers must give mental health the importance it demands in terms of resources and policy prioritisation.

The over-arching policy direction for mental health systems in OECD countries in the last few decades has been “deinstitutionalisation”: moving people out of mental hospitals, towards care in the community. While many countries – such as Australia, Italy, the United States, the United Kingdom, Norway and Sweden – have made significant strides in shifting care delivery from psychiatric institutions to community-based settings, in some countries inpatient care still remains dominant, for example in Korea and Japan. Despite this change, the care provided for mental disorders in most OECD countries leaves much to be desired. Policy makers continue to struggle with finding the right balance between hospital and community-based care, services for common mental disorders such as depression are weak and under-provided, and the unmet need for treatment for mental disorders remains high.

A clear picture of the status of mental health systems is lacking. Few countries can reliably measure the resources they devote to mental health care, in particular to primary care and other forms of community-based services, meaning that governments cannot fully quantify the cost of mental illness. The absence of comprehensive data on quality and outcomes, in turn, inhibits a full assessment of mental health system performance. The result is poor policies – in particular, an inability to focus scarce resources on those areas of care that will lead to improved functioning and better outcomes, including under-treated mild-to-moderate disorders such as depression and anxiety.

With many countries facing cuts to public budgets and a difficult fiscal environment, a report pointing out major gaps in the provision of mental health services may seem ill-timed. Yet, difficult economic times accentuate the need to treat mental disorders. There is evidence that mental well-being has fallen in the past three years – Europeans were reporting feeling “more negative” in 2010 than in 2005-06, according to the Eurobarometer Survey – but the more convincing and important consideration is the effect of untreated mental disorder on economic productivity. Mental disorders have a huge labour market cost: OECD data suggests that one in five working age people have had a mental problem at some point in time, reducing their employment prospects, productivity and wages. The high costs of mental ill-health for society suggest a strong need for better services.

Despite this bleak picture, progress in some countries suggests what a modern, high-quality and cost-effective mental health care system would look like. Indicators of mental health care quality and outcomes are slowly being developed, for example in

Australia, Sweden and the United States. Payment systems are being reformed in England and the Netherlands to promote good care co-ordination, cost-efficiency and good outcomes. Workforce configurations are evolving to become more flexible and responsive to changing patient needs and models of care in many OECD countries. Greater attention to mild and moderate disorders – and their prevention – is proving to be good value for money. And yet, in the future, more can and must still be done.

Key findings and recommendations

The burden of mental ill-health is very high

- The direct and indirect costs of mental ill-health are very high, and can amount to over 4% of GDP.
- Mental disorders have a significant societal impact, contributing to unemployment, sickness absence, and lost productivity at work.
- Mild-to-moderate disorders affect around 20% of the working-age population in the average OECD country, and are predominantly highly treatable disorders such as anxiety and depression.
- People with severe mental illness die up to 20 years younger, have much higher unemployment, and are poorer than the general population.

Better measurement of mental health and mental health systems is needed

- Improving the mental health of the population and mental health systems depends upon good information about mental wellbeing and the prevalence of mental ill-health.
- There is a need for better internationally comparable cost data and better data on spending outside of hospitals.

Evidence-based treatments should be scaled-up

- Increased use of innovative evidence-based treatments, such as psychological therapies and eMental Health will help address the treatment gap for mild-to-moderate disorders.
- Scaling-up effective treatments can represent good value-for-money, as the economic benefits of spending on better mental health care will be seen in increasing productivity and helping people with mental illnesses go back to work.
- Countries must ensure that treatment efficacy drives decisions about which services to put in place, rather than historical or social trends in the mental health care sector.

The primary care sector can play a bigger role in securing better mental health

- Care for mild-to-moderate disorders in primary care should be strengthened through training for primary care practitioners, promoting collaboration between primary care and specialist services, putting in place primary care-appropriate clinical guidelines, and using financial incentives to promote care provision.
- A stronger co-ordinating role for primary care is a key way that OECD countries should look to deliver more integrated care for severe mental illness.

Provider incentives should be aligned with desired outcomes

- Conceptual frameworks and measurement tools are needed to define good outcomes for mental health care, and should be used to track and benchmark services.
- Data should be used as part of provider contracts and payment systems, to define policy, and to monitor targets.
- Provider payment systems that encourage desirable provider behaviour and good outcomes should be used much more widely.



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