## Foreword

Mental ill-health imposes a huge burden on individuals, their families, society, health systems and the economy. Yet mental health care remains a neglected area of health policy in far too many countries. This state of affairs should not be accepted. The social and economic costs of neglecting mental health care are too high. More must be done to make mental health count.

Making Mental Health Count examines mental health, mental disorders, and mental health systems across OECD countries, and argues that there is still a long way to go to secure high-quality mental health care. Indicators of mental health care quality and outcomes are slowly being developed, and new payment systems are promoting care co-ordination at the primary care level. The workforce is becoming more flexible and responsive to changing patient needs and models of care. Greater attention to mild and moderate disorders – and their prevention – is proving to be good value for money. However, more must be done to improve services for people with mental health problems, for example by further improving measurement of quality in mental health, setting payment incentives that reward better integration of services, and developing appropriate workforce skills to meet mental health needs.

This book is the result of a project conducted between 2010 and 2013 by the OECD. Using a mix of quantitative and qualitative methods, including information collected through a fact-finding and policy questionnaire covering 37 countries, this report suggests key polices and strategies that can help deliver better mental health care, and help create stronger mental health systems. It highlights examples of useful country experiences, but it also warns about the lack of data and empirical evidence, especially internationally comparable data, for many aspects of mental health. Making Mental Health Count makes a strong argument for investing in improved data on costs, outcomes, and quality, in order to better understand the state of mental health in OECD countries. Policy makers and practitioners often know what needs to be done to improve mental health care: more information resources, more evidence-based services, more co-ordinated care, more incentives for good outcomes. What blocks them is a combination of a lack of resources and misplaced priorities. The cost to our economies and societies is too high for this to continue to be tolerated.

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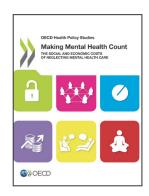
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