Mental health care

For the first time, world leaders have recognised the promotion of mental health and well-being, and the prevention and treatment of substance abuse, as health priorities within the global development agenda. The inclusion of mental health and substance abuse in the Sustainable Development Agenda, which was adopted at the United Nations General Assembly in September 2015, is likely to have a positive impact on communities and countries and territories where millions of people will receive much needed help. A particular prevention priority in the area of mental health concerns suicide, which accounted for an estimated 793 000 deaths in 2016 (WHO, 2018[1]). Target 3.2 of the Mental Health Action Plan 2013-20, calls for a 10% reduction in the rate of suicide in countries by 2020. The UN Sustainable Development Goals include target 3.4 to address non-communicable diseases and mental health with an indicator to reduce suicide mortality by a third by 2030.

In many parts of the Asia-Pacific region, appropriate care may not be available and access to mental health care may be limited for people with mental health problems. Access to mental health care can be assessed by the supply of professionals and the availability of psychiatric beds in different settings such as general hospitals, mental health hospitals and community facilities.

Psychiatrists are generally responsible for the prevention, diagnosis and treatment of a variety of mental health problems, including schizophrenia, depression, learning disabilities, alcoholism and drug addiction, eating disorders and personality disorders. The number of psychiatrists is lower in all countries and territories in Asia-Pacific, except New Zealand, than the OECD average of 18.1 per 100 000 population (Figure 5.22). Developed OECD countries in the region such as New Zealand, Australia, Japan and Korea, report the highest number of psychiatrists, whereas in middle- and low-income Asia-Pacific countries and territories there is fewer than one psychiatrist on average per 100 000 population. This suggests that many countries and territories in the region may underinvest in mental health care. As is the case for many other medical specialties (see indicator "Doctors and nurses" in Chapter 5), psychiatrists are not distributed evenly across jurisdictions within each country and territory. For example, in Australia, when considering time spent as a clinician, there were 11 clinical full-time equivalent psychiatrists per 100 000 population, with rates ranging from 6.6 in the Northern Territory to 12.3 in South Australia (Australian Institute of Health and Welfare, 2019[2]).

Mental health nurses play an important and increasing role in the delivery of mental health services in hospital, primary care, or other settings, but in many Asia-Pacific countries and territories, their number is still very low (Figure 5.23). Australia has the highest rate with almost 90 mental health nurses per 100 000 population, followed by New Zealand with more than 70 nurses per 100 000 population. However, there are fewer than five mental health nurses – on average – per 100 000 population in middle- and low-income Asia-Pacific countries and territories, and less than one nurse per 100 000 population in Pakistan, Cambodia, Bangladesh, Nepal, Myanmar and the Philippines, suggesting again the need for an appropriate supply of mental health care workforce to guarantee access.

Some countries, such as Australia, have introduced programmes to improve access to mental health care by extending the role of mental health nurses in primary care. Under the Mental Health Nurse Incentive Program launched in 2007, mental health nurses in Australia work with general practitioners, psychiatrists and other mental health professionals to treat people suffering from different mental health conditions. An evaluation of this programme found that mental health nurses have the potential to make a significant contribution to enhance access and quality of mental health care through flexible and innovative approaches (Australian Department of Health and Ageing, 2012[3]).

For the last decade, WHO flagship programme for mental health is the "mental health Gap Action programme (mhGAP)" (WHO, 2016[4]). The programme includes the scaling up of care for priority mental, neurological and substance use conditions in non-specialised care settings, such as PHC. The programme has produced WHO-Guidelines Review Committee (GRC) approved recommendations for the management of above mentioned priority conditions. The programme also produced the mhGAP Intervention Guide, which is a practical tool for non-specialist clinicians, and which comes with a relevant set of implementation tools as well as a further simplified version for humanitarian and health emergency settings. Currently, mhGAP is implemented in 90 countries.

There are 7.5 and 19.9 mental health beds per 100 000 population on average in lower-middle- and low-income, and upper-middle-income Asia-Pacific countries and territories, respectively, with Bangladesh, Papua New Guinea and Nepal reporting less than two psychiatric beds per 100 000 population (Figure 5.24). The large majority of beds in middle- and low-income countries and territories are available in mental health hospitals.

Definition and comparability

Psychiatrists have post-graduate training in psychiatry and may also have additional training in a psychiatric specialty, such as neuropsychiatry or child psychiatry. Psychiatrists can prescribe medication, which psychologists cannot do in most countries and territories. Data include psychiatrists, neuropsychiatrists and child psychiatrists, but psychologists are excluded. Mental health nurses usually have formal training in nursing at a university level.

Data are based on head counts.

References

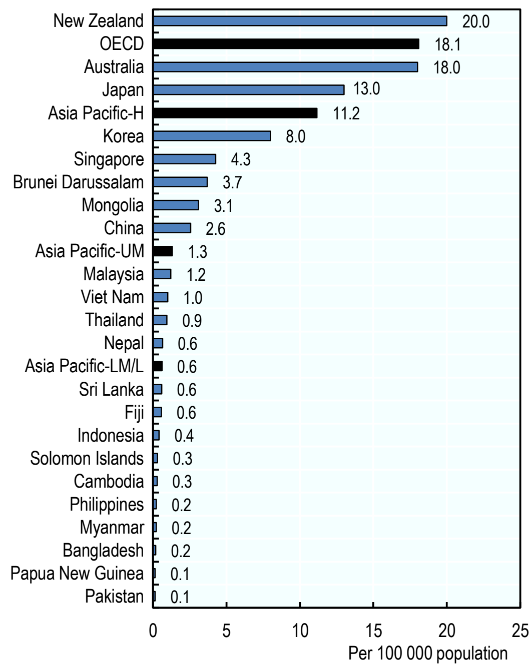
Australian Department of Health and Ageing (2012), *Evaluation of the Mental Health Nurse Incentive Program Final Report*. [3]

Australian Institute of Health and Welfare (2019), *Mental health services - in brief 2019*. [2]

WHO (2018), *Mental health atlas 2017*, World Health Organization, https://apps.who.int/iris/handle/10665/272735. [1]

WHO (2016), *mhGAP intervention guide for mental, neurological and substance use disorders in non-Specialized health settings : mental health gap action programme (mhGAP)*, World Health Organization, https://apps.who.int/iris/handle/10665/44406. [4]

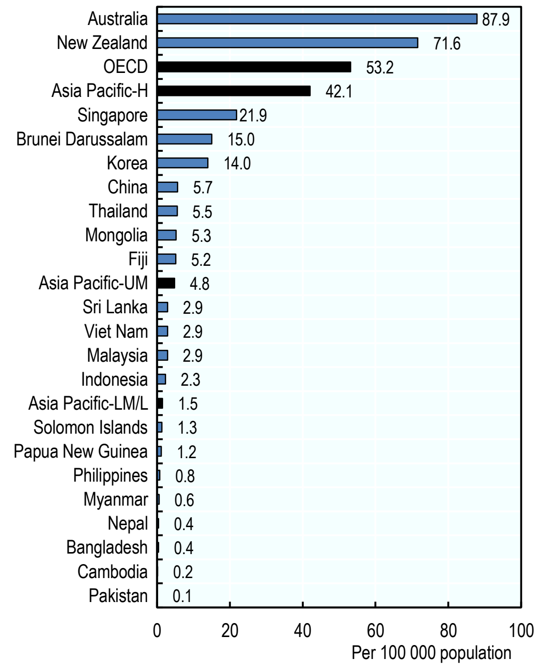
Figure 5.22. Psychiatrists, per 100 000 population, 2020 or latest year available



Source: OECD Health Statistics 2022; WHO Mental Health Atlas 2020.

StatLink https://stat.link/wkbvh5

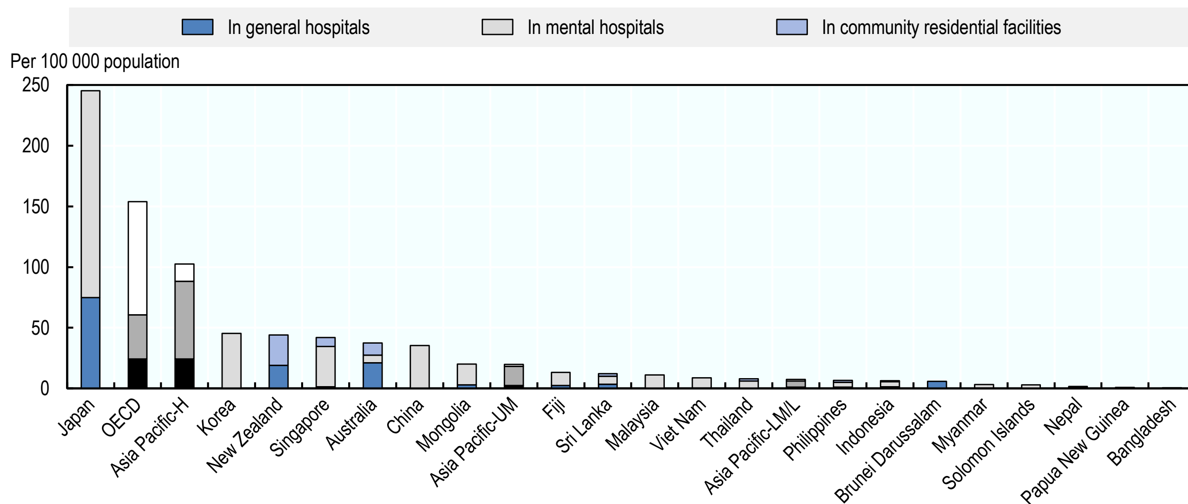
Figure 5.23. Nurses working in mental health sector, per 100 000 population, 2020 or latest year available



Source: OECD Health Statistics 2022; WHO Mental Health Atlas 2020.

StatLink https://stat.link/70if6y

Figure 5.24. Mental health beds, per 100 000 population, 2020 or latest year available



Source: OECD Health Statistics 2022; WHO Mental Health Atlas 2020.

StatLink https://stat.link/q957hc

From:
Health at a Glance: Asia/Pacific 2022
Measuring Progress Towards Universal Health Coverage

Access the complete publication at:
https://doi.org/10.1787/c7467f62-en

Please cite this chapter as:

OECD/World Health Organization (2022), “Mental health care”, in *Health at a Glance: Asia/Pacific 2022: Measuring Progress Towards Universal Health Coverage*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/51a53e13-en

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. Extracts from publications may be subject to additional disclaimers, which are set out in the complete version of the publication, available at the link provided.

The use of this work, whether digital or print, is governed by the Terms and Conditions to be found at http://www.oecd.org/termsandconditions.

OECD