

MENTAL HEALTH CARE

For the first time, world leaders have recognized 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 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, 2018a). Target 3.2 of the Mental Health Action Plan 2013-2020, 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 not be assured for people with mental ill health. 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 in Asia-Pacific than the OECD average of 16.8 per 100 000 population (Figure 5.23). Developed OECD countries in the region such as New Zealand, Japan, Australia and the Republic of Korea, have the highest number of psychiatrists, but in middle and low income Asia-Pacific countries there is fewer than one psychiatrist per 100 000 population. This suggests that many countries 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 regions within each country. For example, in Australia, the number of psychiatrists per capita was two times greater in South Australia than in the Northern Territory (AIHW, 2018).

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, the number is still very low (Figure 5.24). Japan has the highest rate with over 100 mental health nurses per 100 000 population, followed by New Zealand and Australia with more than 70 mental health nurses per 100 000 population. But there are fewer than four mental health nurse – on average – per 100 000 population in middle and low

income Asia-Pacific countries, and less than one mental health nurse in India, Myanmar, Nepal, Lao PDR, Bangladesh, the Philippines and Cambodia, suggesting again the need for an appropriate supply of professionals in mental health care to assure access.

Some countries, such as Australia, have introduced new 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. A recent 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 (Happell et al., 2010).

For the last decade, WHO’s flagship programme for mental health is the “mental health Gap Action programme (mhGAP)” (WHO, 2016d). 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. mhGAP is currently implemented in 90 countries.

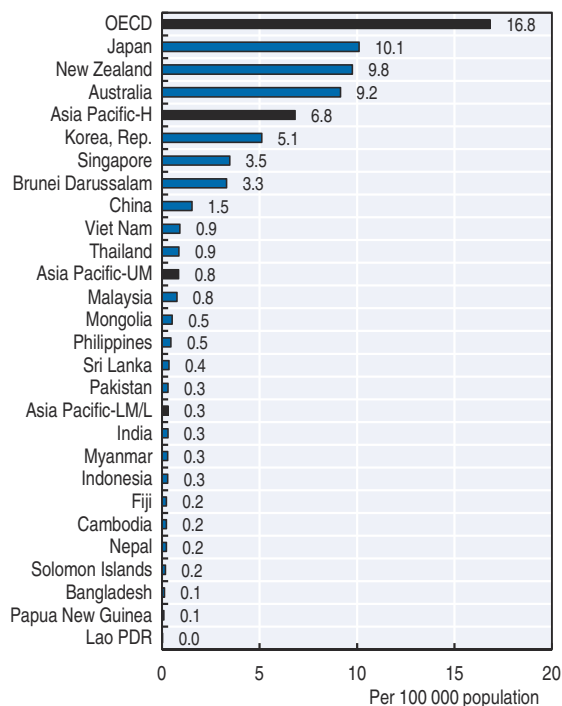
There are five and twelve mental health beds per 10 000 population in lower-middle and low income, and upper middle income Asia-Pacific countries respectively, with Lao PDR and Cambodia reporting less than one psychiatric bed (Figure 5.25). The large majority of beds in middle and low income countries 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. Data include psychiatrists, neuropsychiatrists and child psychiatrists, but psychologists are excluded. Mental health nurses usually have formal training in nursing at a university level.

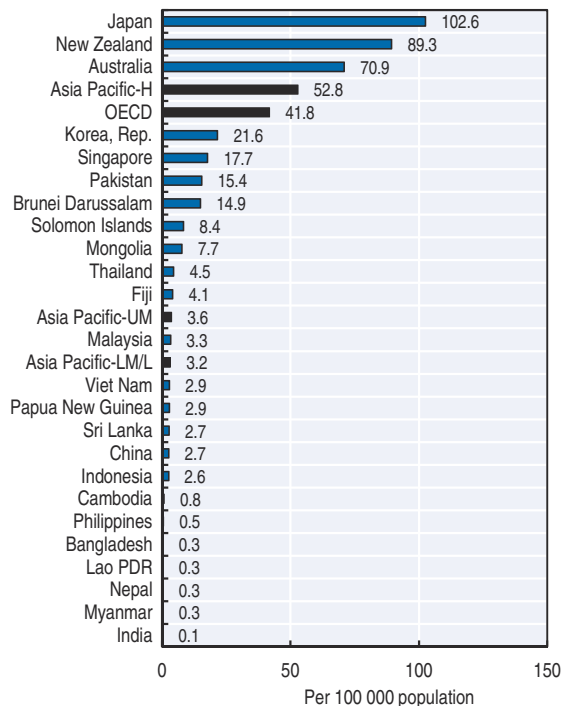
Data are based on head counts.

5.23. Psychiatrists, per 100 000 population, 2016 or last available year



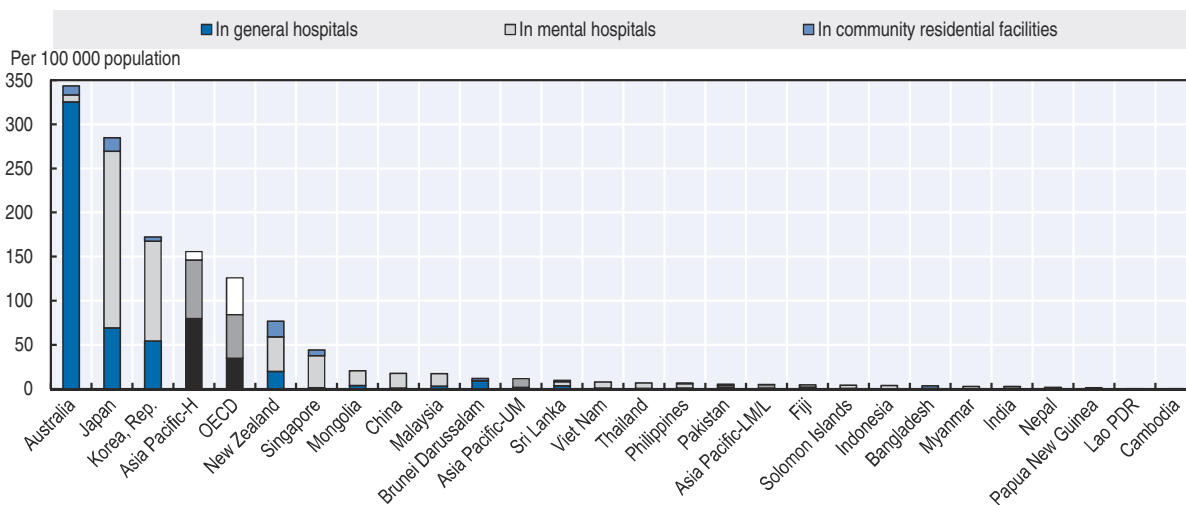
Source: OECD Health Statistics 2018; WHO GHO, 2018.
StatLink <http://dx.doi.org/10.1787/888933868538>

5.24. Nurses working in mental health sector, per 100 000 population, 2016 or last available year



Source: OECD Health Statistics 2018; WHO GHO, 2018.
StatLink <http://dx.doi.org/10.1787/888933868557>

5.25. Mental health beds, per 100 000 population, 2014 or last available year



Source: WHO GHO, 2018.
StatLink <http://dx.doi.org/10.1787/888933868576>



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