Care for people with mental health disorders

The burden of mental illness is substantial, affecting an estimated one in four of the OECD population at any time, and one in two across the life course (OECD, 2014a). High quality, timely care has the potential to improve outcomes and may help reduce suicide and excess mortality for individuals with psychiatric disorders.

High quality care for mental disorders in inpatient settings is vital. Figure 8.21 shows rates of inpatient suicide amongst all psychiatric hospital admissions. Inpatient suicide is a 'never event', which should be closely monitored as an indication of how well inpatient settings are able to keep patients safe from harm. Most countries report rates below 0.1 per 100 patients; Denmark and Estonia are exceptions with rates of 0.1 and 0.3 respectively. Steps to prevent inpatient suicide include identification and removal of likely opportunities for self-harm, risk assessment of patients, monitoring and appropriate treatment plans.

Suicide rate after discharge can be an indicator of the quality of care in the community, and co-ordination between inpatient and community settings. The risk of suicide in the first year after discharge from psychiatric inpatient care is much greater than for the general population. Suicide rate amongst patients who had been hospitalised in the previous year was 0.43 per 100 patients, compared to a suicide rate of 0.01 per 100 for the general population in 2012 across OECD countries for which these data are available. Patients with a psychiatric illness are particularly at risk immediately following discharge from hospital; in all countries suicide within 30 days of discharge amounted to at least one quarter of all suicides within the first year following discharge (Figure 8.22). Good discharge planning and follow-up, and enhanced levels of care immediately following discharge can help reduce suicide in the high-risk days immediately following discharge (OECD, 2014a).

Individuals with a psychiatric illness have a higher mortality rate than the general population. An 'excess mortality' value that is greater than one implies that people with mental disorders face a higher risk of death than the rest of the population. Figures 8.23 and 8.24 show the excess mortality for schizophrenia and bipolar disorder, which is above two in all countries. A higher rate of physical illness and chronic disease related to risk factors such as smoking, drug and alcohol abuse, side effects of psychotropic treatment and poor physical health care and increased risk of suicide contribute to excess mortality. A multifaceted disease-related approach is needed to reduce this excess mortality, including primary care prevention of physical ill health among people with mental disorders, better integration of physical and mental health care, behavioural interventions, and changing professional attitudes. For example, Sweden monitors the use of inpatient physical care for patients with a mental disorder diagnosis that could have been avoided if primary care and/or primary or secondary prevention was sufficient (OECD, 2014a; OECD, 2014b).

Definition and comparability

The inpatient suicide indicator is composed of a denominator of patients discharged with a principal diagnosis or first two listed secondary diagnosis code of mental health and behavioural disorders (ICD-10 codes F10-F69 and F90-99) and a numerator of the number of patients who committed "suicide" (ICD-10 codes: X60-X84). There are often fewer than ten inpatient suicides in a given year, meaning that reported rates can vary. Where possible a 3-year average has been calculated to give more stability to the indicator. This was not possible for the Czech Republic, Portugal, and Switzerland. The data should be interpreted with caution due to a very small number of cases.

Suicide within 30 days and within one year of discharge is established by linking discharge following hospitalisation with a principal diagnosis or first two listed secondary diagnosis code of mental health and behavioural disorders (ICD-10 codes F10-F69 and F90-99), with suicides recorded in death registries (ICD-10 codes: X60-X84). In cases with several admissions during the reference year, the follow-up period starts from the last discharge.

For the excess mortality indicators the numerator is the overall mortality rate for persons aged between 15 and 74 years old ever diagnosed with schizophrenia or bipolar disorder. The denominator is the overall mortality rate for the general population aged between 15 and 74 years old. The relatively small number of people with bipolar disorder dying in any given year can cause substantial variations from year to year in some countries. The available data in most countries did not allow the calculation of 2-year averages.

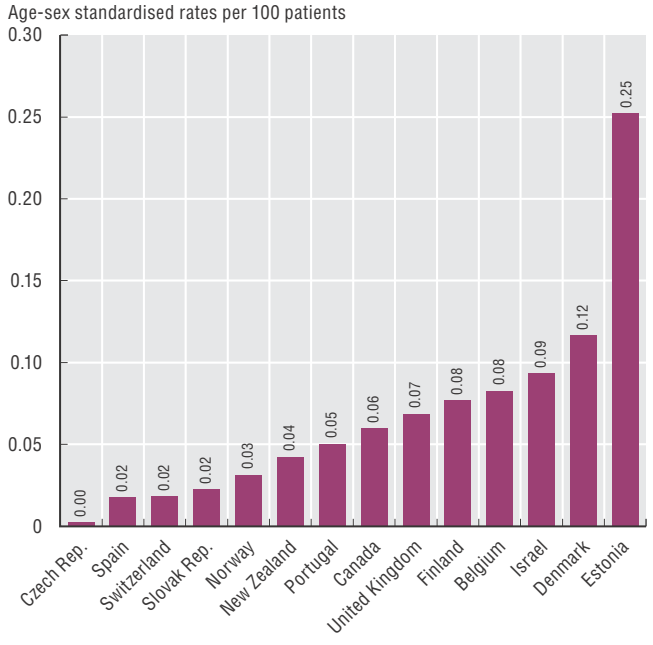
The data have been age-sex standardised to the 2010 OECD population structure, to remove the effect of different population structures across countries.

References

OECD (2014a), *Making Mental Health Count. The Social and Economic Costs of neglecting mental health care*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/9789264208445-en*.

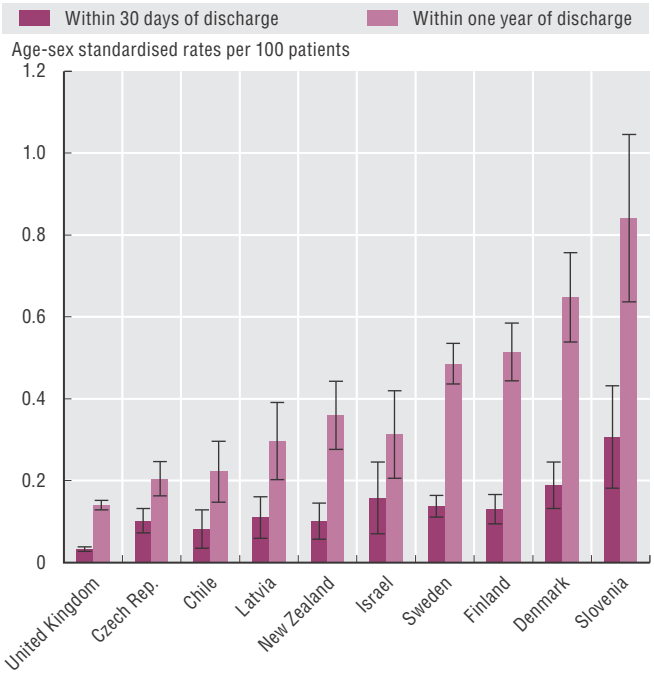
OECD (2014b), *OECD Reviews of Health Care Quality: Norway: Raising Standards*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/9789264208469-en*.

8.21. Inpatient suicide amongst patients with a psychiatric disorder, 2013 (or latest year)



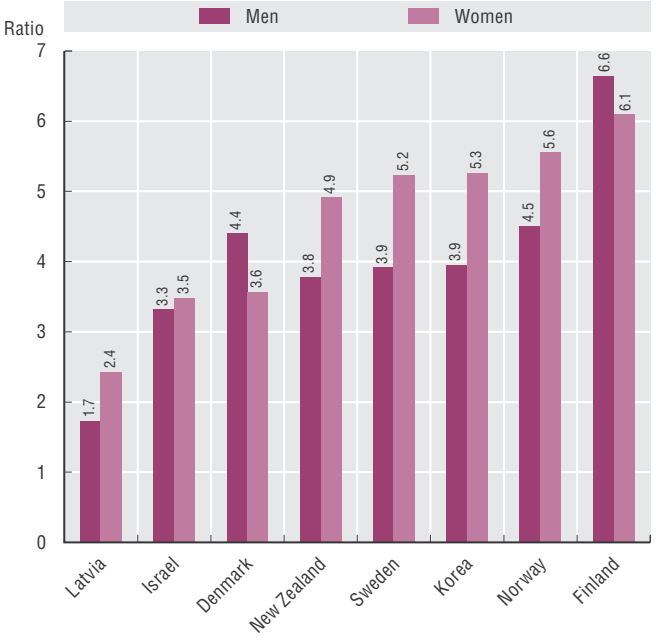
Note: Three-year average for most countries.
Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.
StatLink http://dx.doi.org/10.1787/888933281184

8.22. Suicide following hospitalisation for a psychiatric disorder, within 30 days and one year of discharge, 2012



Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.
StatLink http://dx.doi.org/10.1787/888933281184

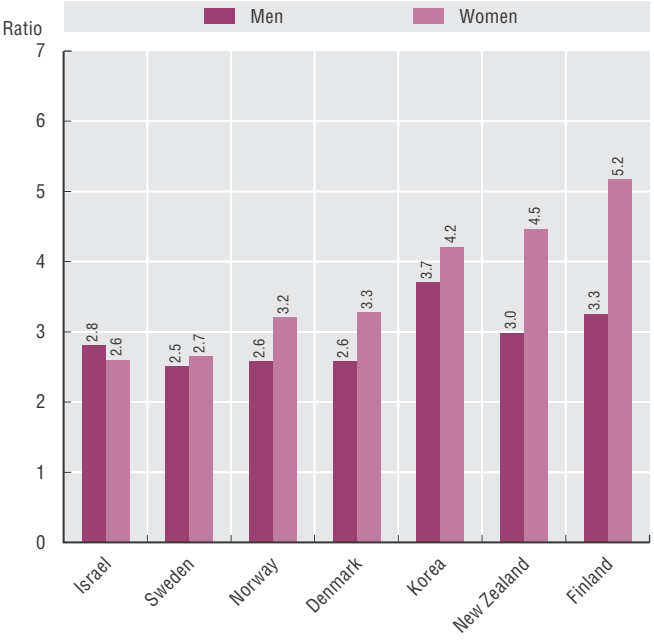
8.23. Excess mortality from schizophrenia, 2013 (or latest year)



Note: Excess mortality is compared to the mortality rate for the general population.
Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.
StatLink http://dx.doi.org/10.1787/888933281184

Information on data for Israel: http://oe.cd/israel-disclaimer

8.24. Excess mortality from bipolar disorder, 2013 (or latest year)



Note: Excess mortality is compared to the mortality rate for the general population.
Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.
StatLink http://dx.doi.org/10.1787/888933281184