5.7. Unplanned hospital re-admissions for patients with mental disorders

The burden of mental illness is substantial. Mental and behavioural disorders, including major depressive disorder, anxiety disorders, and schizophrenia accounted for 7.4% of healthy years lost due to disability worldwide in 2010. Furthermore, the burden attributable for this group of diseases grew by 5.9% between 1990 and 2010, with schizophrenia and bipolar disorders among the major contributors to this growth (Murray et al., 2013).

Improving mental health care is a policy priority in many OECD countries, with countries seeking the most effective and efficient ways to deliver care to patients. Most OECD countries are moving away from hospital care as the main way of delivering care and towards community-based integrated care that involves a multidisciplinary team (OECD, forthcoming). Patients with severe mental disorders still receive specialised care at hospitals but, if deemed appropriate, coordinated follow-up is provided after discharge and patients are not usually re-admitted to hospital within 30 days without any prior plan to do so. The proportion of patients with within 30-day re-admissions is therefore used as an indicator of the lack of proper management of mental health conditions outside of hospital.

Over 15% of patients with schizophrenia were re-admitted to hospital within 30 days in 2011 in Israel, Korea, Australia, Denmark and Sweden, while the rate was around 5% in Mexico and Portugal (Figure 5.7.1). Relative positions of countries are similar between schizophrenia and bipolar disorder and the difference in re-admission rates was less than 3% in all countries except for Korea (Figure 5.7.2).

Countries show diverging trends over time for both schizophrenia and bipolar disorder re-admissions. The United Kingdom experienced an increase in re-admissions, whereas in Italy rates declined for both disorders between 2006 and 2011. In Italy, efforts have been made to reduce inappropriate use of inpatient services for patients with mental disorders, and re-admissions are monitored and used to improve organisation and clinical effectiveness of mental health care.

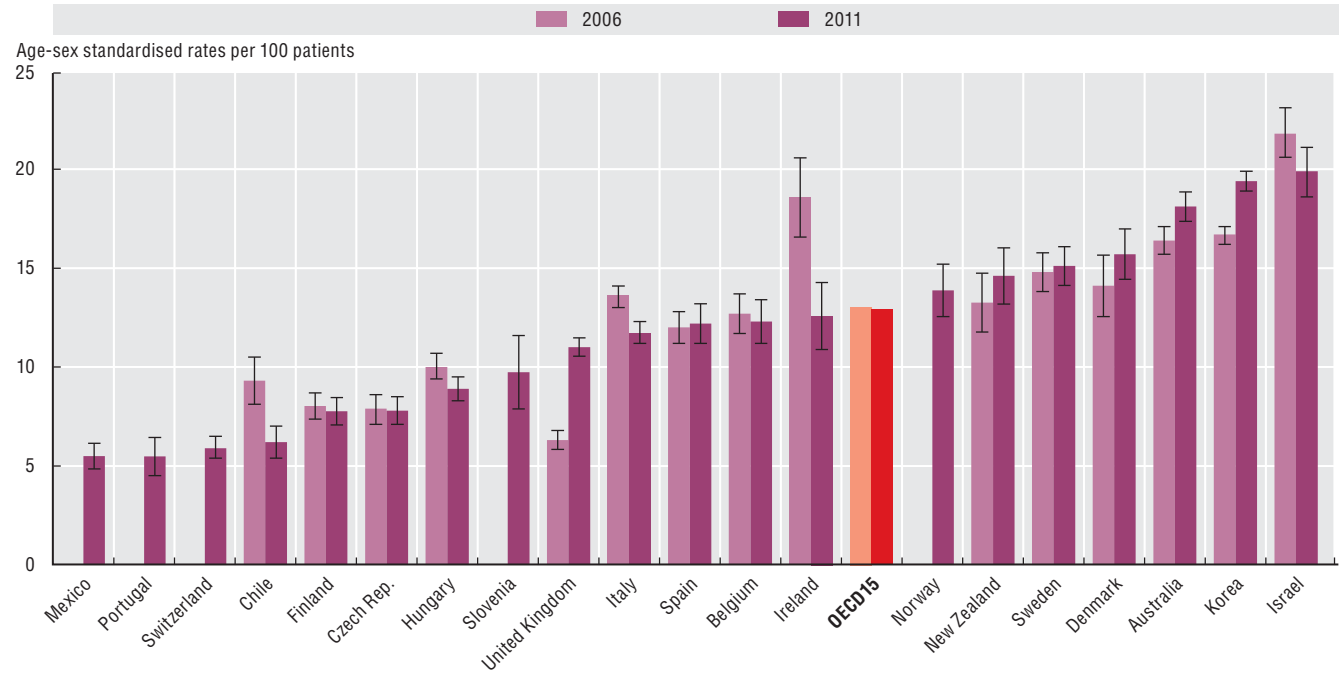
Mental health care systems have developed new organisational and delivery models over the past few decades. For example, community-based "crisis teams" are used to stabilise patients in outpatient settings in a number of countries such as Italy, Norway and the United Kingdom. Other countries, such as Denmark, use interval care protocols to place unstable patients in hospital for short periods, whilst being proactive in identifying patients in need of care through outreach teams following discharges. A more patient-centred approach is becoming commonplace, with patients involved in care and service plan development (OECD, forthcoming). The differences in mental health care delivery models may be a contributor to the cross-country variation in the proportion of re-admissions that are planned and unplanned, with only the latter indicating poor quality. However, our ability to identify between planned and unplanned re-admissions in the data is limited. At this stage, only a few countries have the capacity to distinguish between the two types of re-admissions in their administrative data.

Definition and comparability

The indicator uses within 30-day re-admissions as a proxy for unplanned re-admissions as many countries cannot differentiate these re-admissions. The denominator is the number of patients with at least one hospital admission during the year for schizophrenia or bipolar disorder as principal diagnosis or as one of the first two listed secondary diagnosis. The numerator is the number of these patients with at least one re-admission for any mental disorder to the same hospital within 30 days of discharge in the year. Patients with same-day admissions (less than 24 hours) are not included in the numerator. The data have been age-sex standardised based on the 2010 OECD population structure, to remove the effect of different population structures across countries.

Data presented in *Health at a Glance 2009* and *2011* refer to the number of within 30-day readmissions per 100 patients, which were slightly different from those presented in this edition of *Health at a Glance* which refer to the proportion of patients with at least one re-admission.

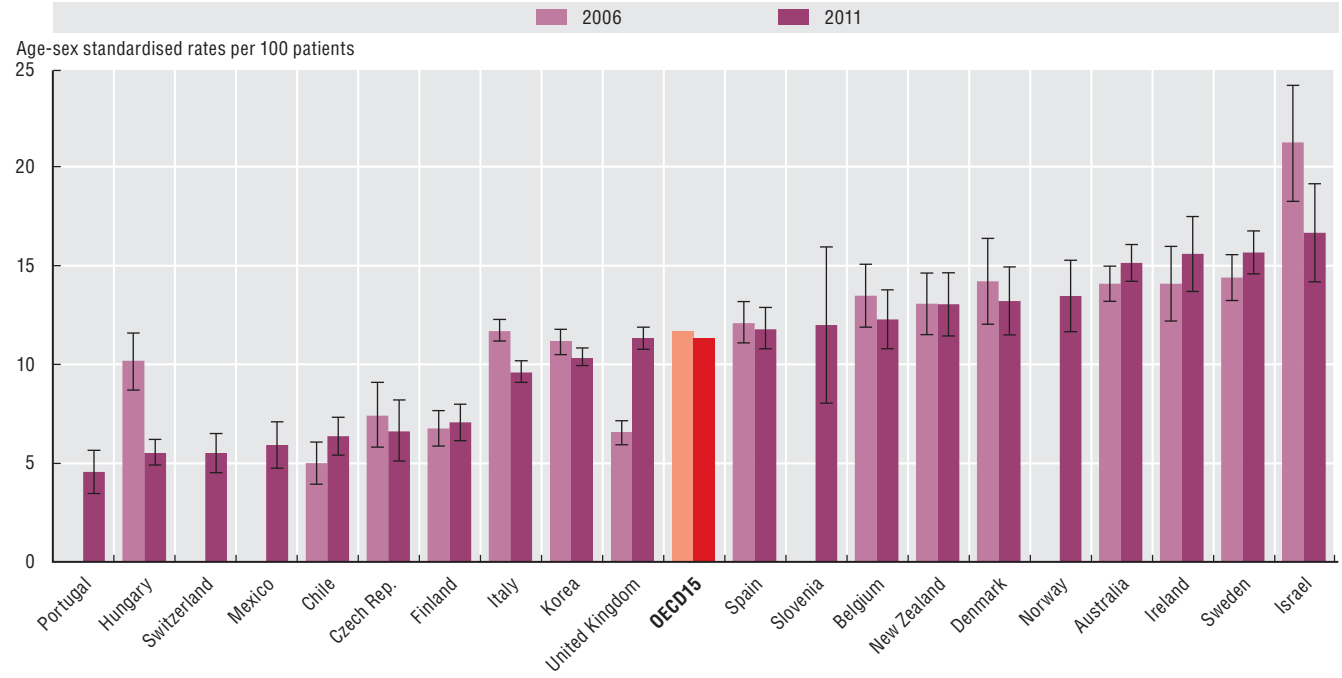
5.7.1. Schizophrenia re-admissions to the same hospital, 2006 and 2011 (or nearest year)



Note: 95% confidence intervals represented by |—|.
Source: OECD Health Statistics 2013, *http://dx.doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888932918073

5.7.2. Bipolar disorder re-admissions to the same hospital, 2006 and 2011 (or nearest year)



Note: 95% confidence intervals represented by |—|.
Source: OECD Health Statistics 2013, *http://dx.doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888932918092

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