

The burden of mental illness is substantial, affecting an estimated one in five people among the population of OECD countries at any given time, and one in two across the life course (see indicator “Mental health” in Chapter 3). The total cost of mental ill health is estimated at between 3.5% and 4% of GDP in OECD countries (OECD, 2018[1]). High-quality, timely care has the potential to improve outcomes and may help reduce suicide and excess mortality for individuals with mental disorders.

High-quality care for mental disorders in inpatient settings is vital, and 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 inpatient suicide rates below 10 per 10 000 patients, but Denmark is an exception, with rates of over 10 (Figure 6.24). Steps to prevent inpatient suicide include identification and removal of likely opportunities for self-harm, risk assessment of patients, monitoring and appropriate treatment plans. While inpatient suicide should be considered a never event, some practices that reduce risk of inpatient suicide – such as use of restraints – may impede high-quality care.

Suicide rates after hospital discharge can indicate the quality of care in the community, as well as co-ordination between inpatient and community settings. Across OECD countries, suicide rates among patients who had been hospitalised in the previous year was as low as 10 per 10 000 patients in Iceland and the United Kingdom but higher than 50 per 10 000 in the Netherlands, Slovenia and Lithuania (Figure 6.25). Patients with a psychiatric illness are particularly at risk immediately following discharge from hospital, but it is known that suicide in the high-risk days following discharge can be reduced by good discharge planning and follow-up, and enhanced levels of care immediately following discharge.

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. Figure 6.26 shows the excess mortality for schizophrenia and bipolar disorder, which is above two in most countries. In order to reduce their high mortality, a multifaceted approach is needed for people with mental disorders, including primary care prevention of physical ill health, better integration of physical and mental health care, behavioural interventions and changing professional attitudes (OECD, 2014[2]).

Patient experiences can also shed light on the quality of care provided to individuals diagnosed with a mental problem. On average across OECD countries, patients diagnosed with a mental health problem are less likely to report that they were treated with courtesy and respect by doctors and nurses during hospitalisation than hospitalised patients never diagnosed with a mental health problem (Figure 6.27).

In addition, in several countries including Australia, Sweden and France, people diagnosed with a mental health problem are more likely to have received conflicting information from different health care professionals (see Chapter 2). This suggests that there is a room to improve the quality of care for people with mental health problems.

#### Definition and comparability

The inpatient suicide indicator is composed of a denominator of patients discharged with a principal diagnosis or first two secondary diagnosis code of mental health and behavioural disorders (ICD-10 codes F10-F69 and F90-99) and a numerator of these patients with a discharge code of suicide (ICD-10 codes X60-X84). Data should be interpreted with caution due to a very small number of cases. Reported rates can vary over time, so where possible a three-year average has been calculated to give more stability to the indicator, except for New Zealand.

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).

For the excess mortality indicators, the numerator is the overall mortality rate for persons aged between 15 and 74 diagnosed with schizophrenia or bipolar disorder. The denominator is the overall mortality rate for the general population in the same age group. The relatively small number of people with schizophrenia or bipolar disorder dying in any given year can cause substantial variations from year to year, so three-year averages were presented.

For information on patient experience monitoring see the 2016 Commonwealth Fund International Health Policy Survey of Adults. Differences between countries should be interpreted with care, given the heterogeneity in nature and the size of country samples.

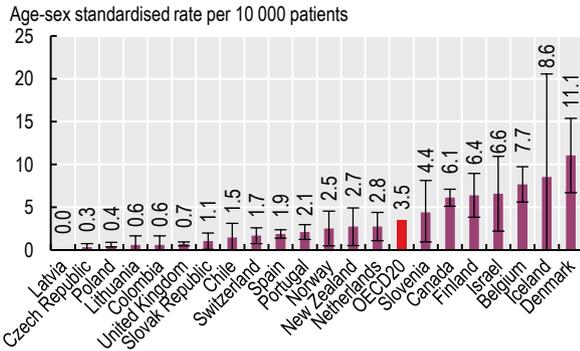
#### References

- [1] OECD (2018), *Health at a Glance: Europe 2018: State of Health in the EU Cycle*, OECD Publishing, Paris/European Union, Brussels, [https://dx.doi.org/10.1787/health\\_glance\\_eur-2018-en](https://dx.doi.org/10.1787/health_glance_eur-2018-en).
- [2] OECD (2014), *Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care*, OECD Health Policy Studies, OECD Publishing, Paris, <https://dx.doi.org/10.1787/9789264208445-en>.

## 6. QUALITY AND OUTCOMES OF CARE

### Care for people with mental health disorders

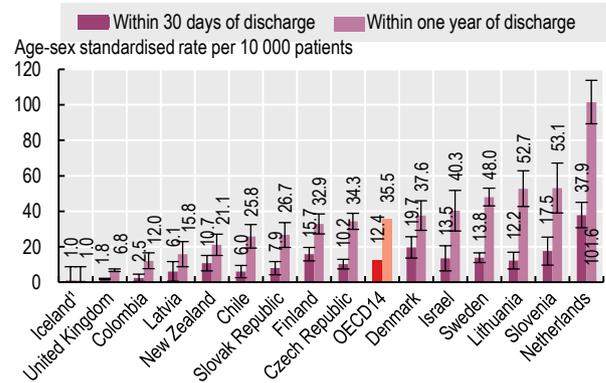
Figure 6.24. **Inpatient suicide among patients with a psychiatric disorder, 2015-17 (or nearest year)**



Note: H lines show 95% confidence intervals.  
Source: OECD Health Statistics 2019.

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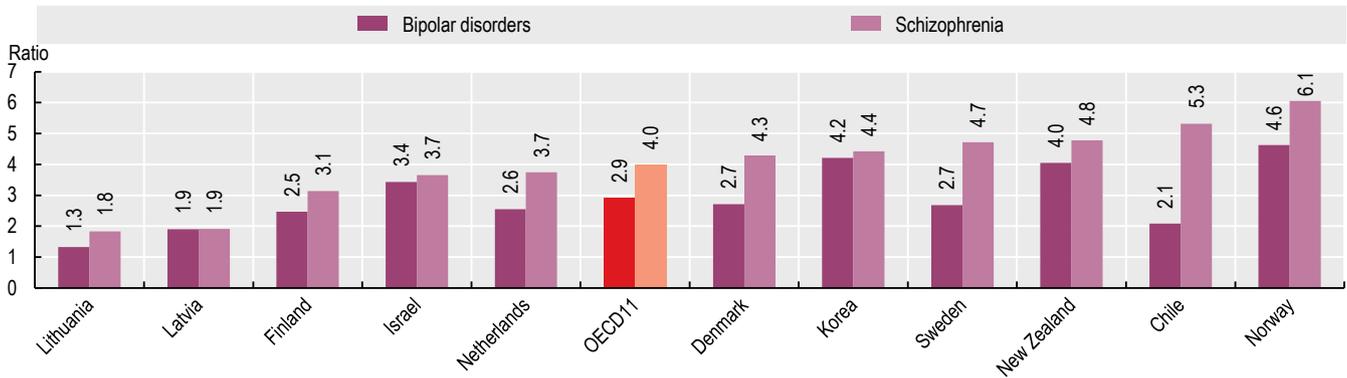
Figure 6.25. **Suicide following hospitalisation for a psychiatric disorder, within 30 days and one year of discharge, 2017 (or nearest year)**



1. Three-year average.  
Source: OECD Health Statistics 2019.

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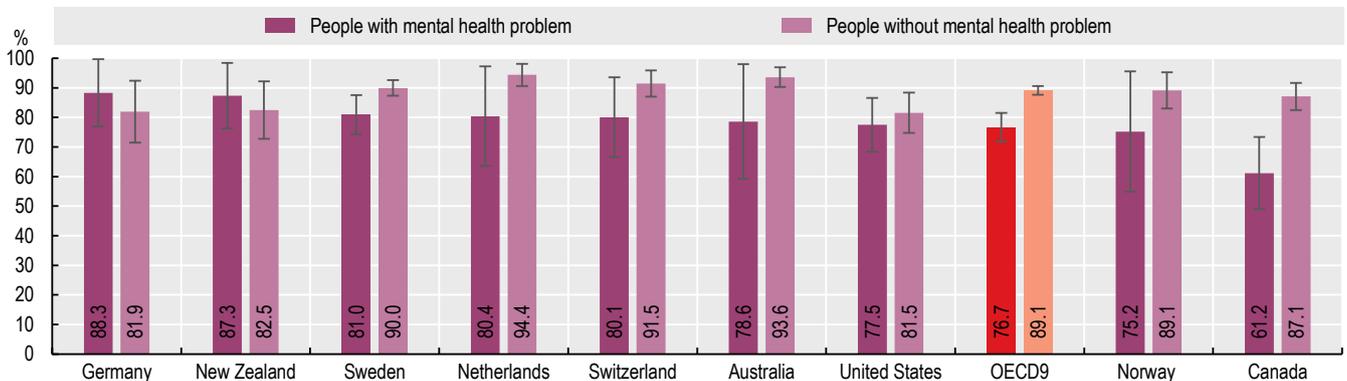
Figure 6.26. **Excess mortality from bipolar disorder and schizophrenia, 2015-17**



Note: Data represent a three-year average except for the Netherlands (two-year average).  
Source: OECD Health Statistics 2019.

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Figure 6.27. **Share of people who were treated with courtesy and respect by doctors and nurses during hospitalisation, 2016**



Note: H lines show 95% confidence intervals.  
Source: Commonwealth Fund International Health Policy Survey 2016.

StatLink <https://doi.org/10.1787/888934016455>



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