RESILIENCE, MENTAL HEALTH & CROSS-COUNTRY COMPARISONS: THE OECD'S EXPERIENCE

MENTAL HEALTH AND RESILIENCE IN TIMES OF POLYCRISIS: 22 MARCH 2023

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BETTER POLICIES FOR BETTER LIVES

Overview

- **Pre-pandemic mental health** was a priority area for research and policy development in the OECD

- During the pandemic, resilience and **health systems resilience** came to the fore as a policy priority

- What experiences and lessons can be taken from the pandemic and applied to **improve mental health and resilience in the future**?

Making mental health count

OECD brings together 38 countries from across the world – including 26 European countries

"The OECD brings together Member countries and a range of partners that collaborate on key global issues at national, regional and local levels. Through our standards, programmes and initiatives, we help drive and anchor reform in more than 100 countries around the world, building on our collective wisdom and shared values."[1]

Mental health is a high-level OECD priority

"[The OECD Council] recommends that Members and non-Members…seek to improve their mental health care systems in order to promote mental wellbeing, prevent mental health conditions, and provide appropriate and timely services..."[2]

OECD has been leading efforts to develop internationally comparable indicators on mental health system performance

The OECD collects some of the only internationally comparable measures of mental health care quality, has developed a framework to understand mental health performance *('A New Benchmark for Mental Health Systems'),* and is supporting countries to harmonise and advance patient-reported outcome and experience measures

Over 20 **variables** of mental health and mental health systems collected annually

| Category	Indicator

Causes of mortality
 	
Potential years of life lost
	Mental and behavioural disorders
	  • Dementia
	  • Alcohol use disorders
	  • Drug use disorders
	External causes of mortality
	  • Intentional self-harm

Physicians	Psychiatrists
Hospital beds	Psychiatric care beds

Hospital discharges by diagnostic categories
Average length of hospital stay by diagnostic categories
	Mental and behavioural disorders
	  • Dementia
	  • Mental and behavioural disorders due to alcohol
	  • Mental and behavioural disorders due to use of other psychoactive subst.
	  • Schizophrenia, schizotypal and delusional disorders
	  • Mood [affective] disorders
	  • Other mental and behavioural disorders

Pharmaceutical consumption and sales	• N – Nervous system • N02 – Analgesics • N05B – Anxiolytics • N05C – Hypnotics and sedatives • NO6A - Antidepressants
Health care quality and outcomes	• In-patient suicide among patients diagnosed with a mental disorder • Suicide within 1 year after discharge among patients diagnosed with a mental disorder • Suicide within 30 days after discharge among patients diagnosed with a mental disorder • Excess mortality for patients diagnosed with schizophrenia • Excess mortality for patients diagnosed with bipolar disorder • Excess mortality for patients diagnosed with severe mental illness

Quality and patient safety **indicators**

In-patient suicide amongst patients with a psychiatric disorder, 2017-2019 (or nearest years)
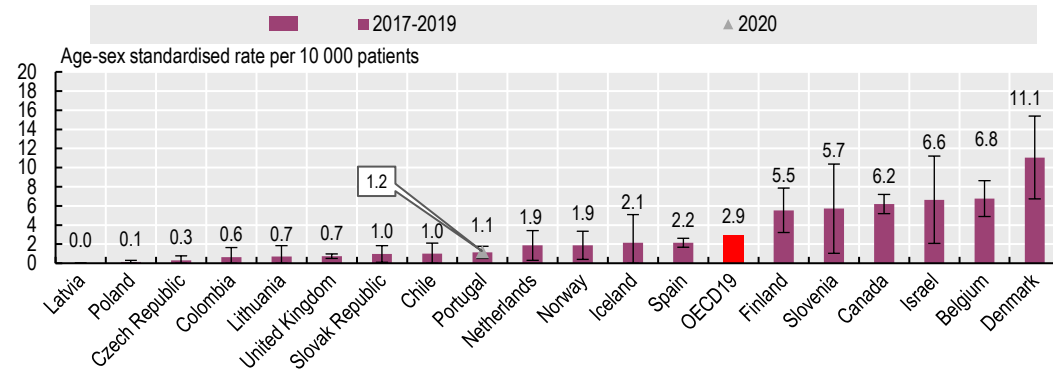
Note: H lines show 95% confidence intervals. Three year average except for Lithuania, Poland and the Slovak Republic (2 years average).
Source: OECD Health Statistics 2021.

Suicide following hospitalisation for a psychiatric disorder, within one year of discharge, 2017-2019 (or nearest year)
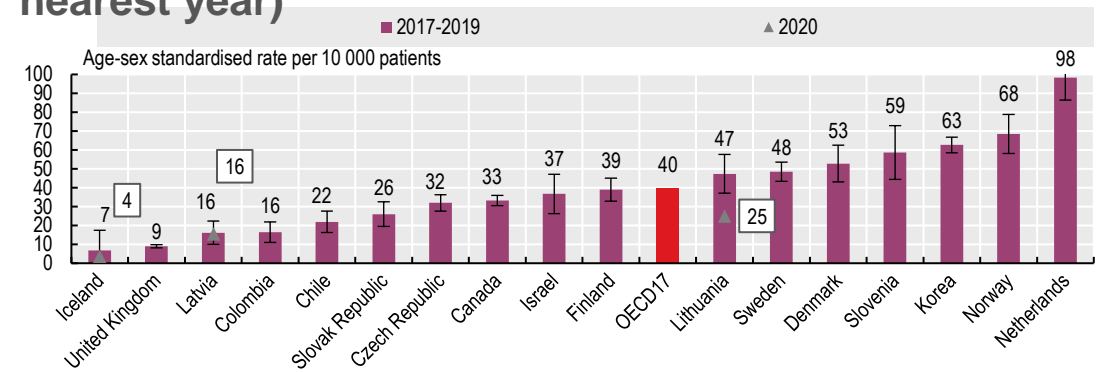
Note: H lines show 95% confidence intervals. Three year average except for Canada and Norway (two year average).
Source: OECD Health Statistics 2021.

Excess mortality from bipolar disorder and schizophrenia, 2017-19 (or nearest year) and 2020
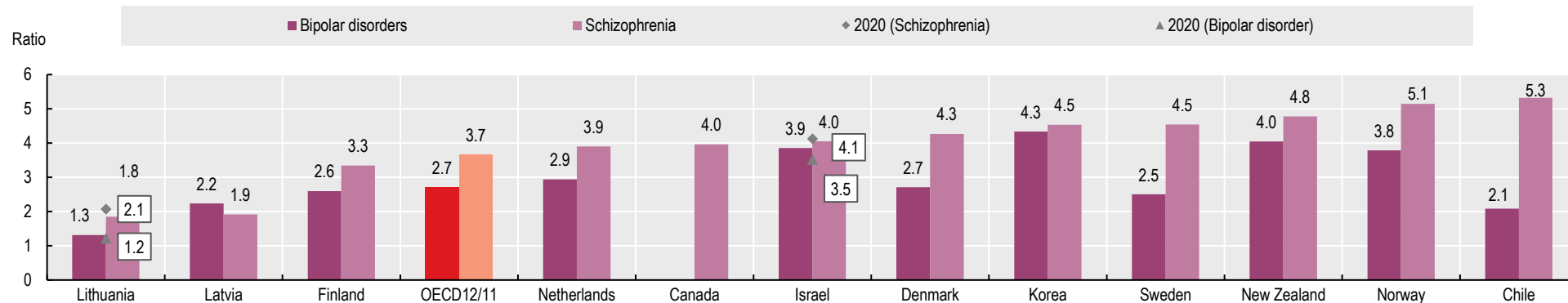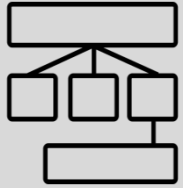

Note: Three year average except for Colombia bipolar disorder (2014). Netherlands: schizophrenia and other psychotic disorders, respectively bipolar disorder and other mood disorders (excluding depressive disorder).
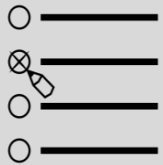Source: OECD Health Statistics 2021.
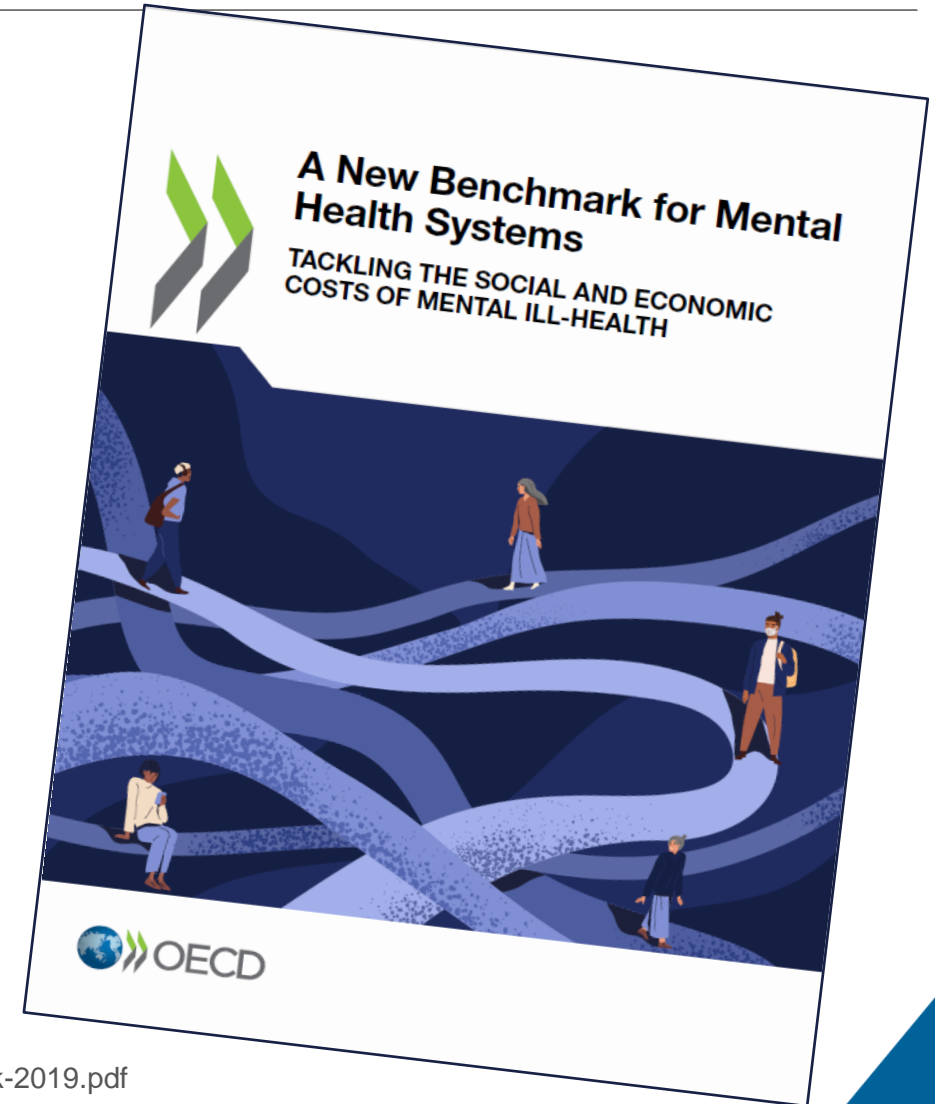
A **New Benchmark** for Mental Health Systems

1. Development of an OECD Mental Health Performance Framework

2. Collection of measures to understand performance in each domain of the OECD framework

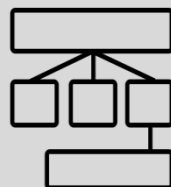3. Identifying promising policies to improve performance

A New Benchmark for Mental Health Systems
TACKLING THE SOCIAL AND ECONOMIC COSTS OF MENTAL ILL-HEALTH

OECD

Available at: https://www.oecd.org/health/health-systems/OECD-Mental-Health-Performance-Framework-2019.pdf

A **New Benchmark** for Mental Health Systems

1. Development of an OECD Mental Health Performance Framework
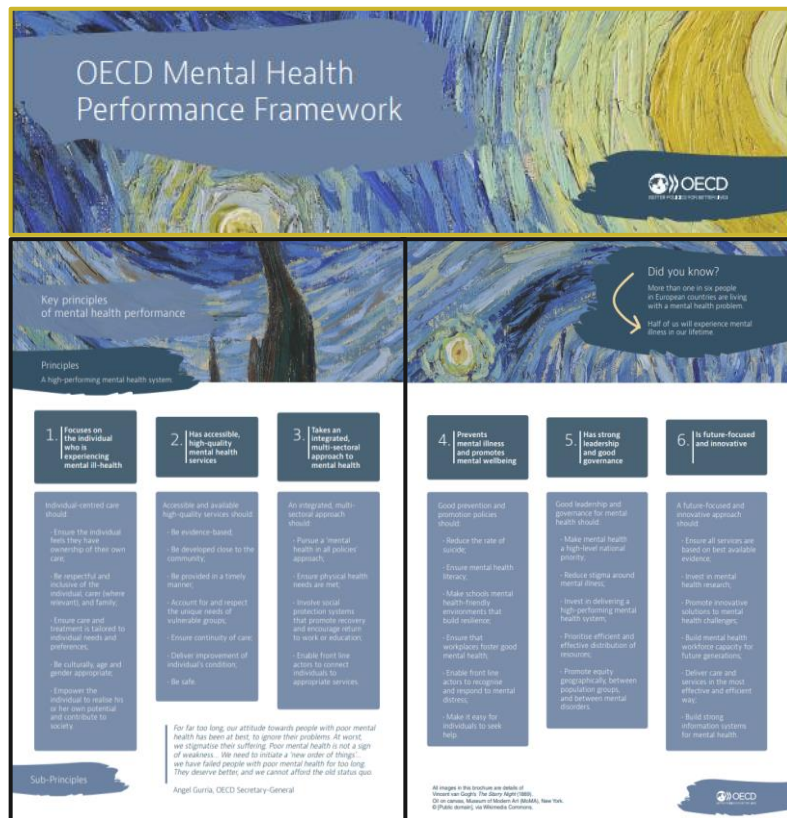
A high performing mental health system…

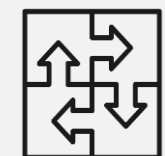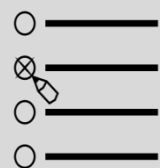|	
Focuses **on the person** who is experiencing mental ill-health	**Prevents** mental illness and **promotes** mental wellbeing
Has **accessible, high-quality** mental health services	Has **strong leadership** and **good governance**
Takes an **integrated, multi-sectoral** approach	Is **future-focused** and **innovative**

A **New Benchmark** for Mental Health Systems

2. Collection of measures to understand performance in each domain of the OECD framework

Table 1.1. OECD Mental Health System Performance Benchmark – Principles 1 and 2: Person-centred, high quality and accessible services
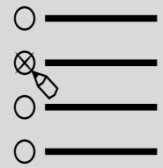
Benchmarking Indicators	Principle 1. Focuses on the individual who is experiencing mental ill-health				Principle 2. Accessible, high-quality mental health services						
	· individual ownership of care · respectful of user, carer, family · treatment tailored to individual's wishes, age, gender, culture · empowers the individual				· evidence-based · community-based · timely · accounts for needs of vulnerable groups · continuity of care · delivers improvement · is safe ·						
	Care Plans in mental health service involve[1]:		Patient-reported outcomes – OECD PROM Pilot	People with a mental health problem who reported being treated with courtesy and respect by doctors and nurses during hospitalisation [%][2,3]	Unmet needs for mental health care due to financial, wait times, or transport [%][4]	Repeat admissions to inpatient care [3 or more times in 1 year, %][4]	Number of people in who accessed specialist mental health services, per 1 000 population[1]	Mental health services covered in full or in part by basic health[1]		
	Service User	Carer or Representative						Psychological Therapies	Drug or Alcohol Counselling	Outpatient Services
OECD	22	20	—	80.6%	67.20%	12.11%	31.5	25	25	25
Australia	✓		—	84%				PART	PART	FULL
Austria	✓	✓	—		56.70%			PART	FULL	FULL
Belgium	✓	✓	—			4.80%		PART	PART	PART
Canada	✓	✓	—	78%		12.80%	37.2	PART	PART	PART
Chile			—							
Colombia			—							
Costa Rica			—							
Czech Republic			—		59.70%			FULL	FULL	FULL
Denmark	✓	✓	—		75.80%	34.50%	21.9	PART	FULL	FULL
Estonia	✓	✓	—					PART	FULL	FULL
Finland			—		59.50%					
France			—	89%	66.00%					
Germany			—	76%	73.50%					
Greece	✓	✓	—		70.00%		4.6	PART	FULL	PART
Hungary			—		70.60%					
Iceland	✓	✓	—		79.50%			PART	PART	PART
Ireland	✓	✓	—		84.30%		7.6	FULL	FULL	FULL
Israel	✓	✓	—			12.30%		FULL	PART	FULL

Table 1.2. OECD Mental Health System Performance Benchmark – Principles 3 and 4: Integrated and multi-sectoral, prioritises prevention and promotion

Benchmarking Indicators	Principle 3. Takes an integrated, multi-sectoral approach to mental health · mental health in all policies · physical health needs met · involves social protection systems · promotes return to work or education · front line actors to connect individuals to appropriate services ·									Principle 4. Prevents mental illness and promotes mental well-being						
			· reduce suicide · ensure mental health literacy · mental health friendly schools that build resilience · workplaces foster good mental health · easy to seek help ·													
	Rate of higher education (ISCED three educational groups) of those with mental distress to those without other disabilities or mental distress [Value of 100 means that people with mental distress are equally likely have higher education as those without][3]	Employment rate of those with mental distress to those without other disabilities or mental distress [Value of 100 means that people with mental distress are equally likely to be employed as those without][3]	Mental health training is provided to front line actors[1]							Life Satisfaction (Average score) – OECD Better Life Index[4]	Death by suicide, rate per 100 000 population[2]	Services that can be accessed without referral[1]:			
			Teachers	Emergency Department Staff	Paramedics	General Practitioners/Family Doctors	Fire Department	Police	Unemployment Staff/Counsellors			Self-referral directly to services	National telephone hotline	Web-based information	Emergency Department
OECD	78.7	79.8	19	21	16	23	18	19	16	7.2	11.07	24	19	19	20
Australia			✓			✓	✓	✓		7.6	12.80	✓	✓	✓	✓
Austria	74.9	76.2	✓	✓	✓	✓	✓	✓	✓	8.0	12.40	✓			
Belgium	71.0	78.0								7.6	15.90				
Canada	81.9	85.4	✓	✓	✓	✓	✓	✓	✓	8.1	11.00	✓	✓	✓	✓
Chile	65.4	81.1								-	10.70				
Colombia										8.3	5.70				
Costa Rica										-	5.70				
Czech Republic	79.7	87.4		✓		✓		✓	✓	7.4	12.40	✓	✓	✓	✓
Denmark	83.3	73.8		✓		✓	✓	✓	✓	8.0	9.40	✓	✓	✓	✓
Estonia	84.6	84.4	✓	✓	✓	✓	✓	✓		7.0	13.60	✓		✓	✓
Finland	86.7	75.1								8.1	14.60				
France	90.1	85.5								7.3	12.30				

A **New Benchmark** for Mental Health Systems

2. Collection of measures to understand performance in each domain of the OECD framework

Table 1.3. OECD Mental Health System Performance Benchmark – Principles 5 and 6: Mental health leadership and governance that prioritises innovation and sustainability

Benchmarking Indicator	Principle 5. Has strong leadership and governance				Principle 6. A future-focused and innovative approach					
	• make mental health a high-level national priority • reduce stigma around mental illness • invest in mental health • efficient and effective use of resources • promote equity - geographically, between populations, between disorders•				• services based on best available evidence • invest in research • promote innovative solutions • build a sustainable workforce • good mental health data •					
	Spending on mental health as % of total government health spending [1][2]	Levels of stigma attitudes towards mental health		National strategy for key population groups – one or more [1]	Use of telemedicine in mental health services – indicator not internationally available	Workforce capacity [per 1 000 population] [1][2][3]			Availability of mental health indicators [1][4]	
		National or regional attitudes or stigma survey[1]	Attitudes towards mental health – indicator not internationally available			Psychiatrists	Psychologists	Mental Health Nurses	National Mental Health Data Set	OECD HCQO Mental Health Indicators
OECD	6.7%	22		19		0.18	0.53	0.52	19	22
Australia	7.6%	✔	---	✔	---	0.17	1.03	0.91	✔	
Austria		✔	---	✔	---	0.18	1.18		✔	
Belgium			---	✔	---	0.17	0.10	1.26	✔	✔
Canada	10.6%	✔	---	✔	---	0.18	0.49	0.69	✔	✔
Chile	2.1%		---	✔	---	0.10				✔
Colombia		✔	---		---					
Costa Rica										
Czech Republic	4.0%	✔	---	✔	---	0.15	0.03	0.31	✔	✔
Denmark		✔	---	✔	---	0.19	1.62		✔	✔
Estonia	2.9%		---		---	0.19	0.06	0.23		
Finland	5.6%		---		---	0.24	1.09			✔
France	15.0%		---		---	0.23	0.49	0.98		
Germany	11.3%		---		---	0.27	0.50			
Greece	3.9%		---	✔	---	0.26	0.09	0.13	✔	
Hungary			---		---	0.15	0.02	0.34		
Iceland	5.7%	✔	---	✔	---	0.21	1.37	0.00	✔	✔
Ireland	6.0%	✔	---		---	0.19			✔	

Establishing standards for **patient-reported outcomes and experiences** of mental health care

Patient-reported measures are a critical tool for **improving policy and practice** in mental health care.

What was learned from the OECD PaRIS pilot data collection on mental health?

1 There is a pressing need, both within and across countries, to **consistently and effectively measure** the effects and impact of mental health care from the **patient perspective**.
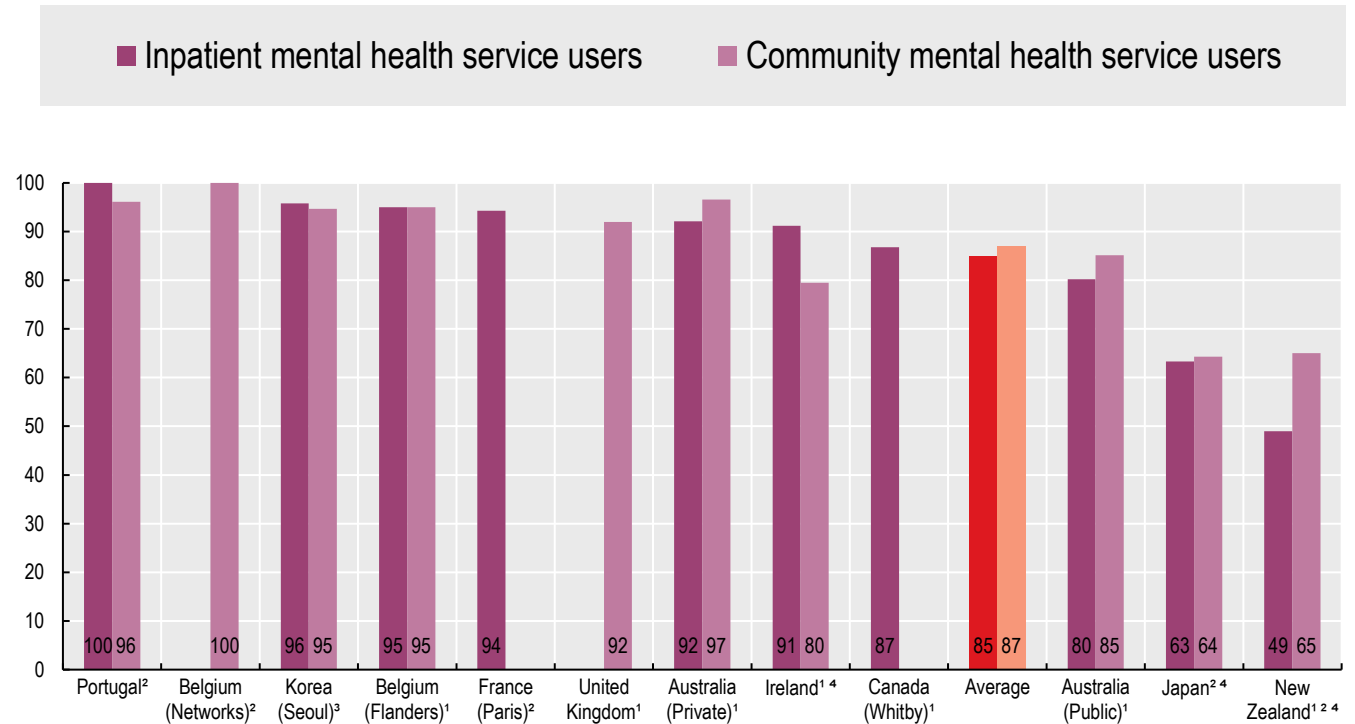
2 While the scope of data available at the national and subnational levels varied, the results demonstrate **increased adoption** of efforts to capture patient-reported information in mental health care systems.

3 Analysis found overall **positive patient-reported experiences** of mental health care. The results also suggest **improvement** in patient-reported outcomes for those receiving mental health care services.

Proportion treated with courtesy and respect by providers

- Inpatient mental health service users
- Community mental health service users

Country	Inpatient	Community
Portugal[2]	100	96
Belgium (Networks)[2]		100
Korea (Seoul)[3]	96	95
Belgium (Flanders)[1]	95	95
France (Paris)[2]	94	
United Kingdom[1]		92
Australia (Private)[1]	92	97
Ireland[1,4]	91	80
Canada (Whitby)[1]	87	
Average	85	87
Australia (Public)[1]	80	85
Japan[2,4]	63	64
New Zealand[1,2,4]	49	65

1. Information mapped from existing survey program. 2. Sample size between 500-100. 3. Sample size smaller than 100. 4. Web-based survey

Source: PaRIS Mental Health Pilot Data Collection 2020-2021

Summary: **pre-pandemic** mental health services

- Many **data limitations** in international comparisons
  - a focus on hospital and administrative data in annual data
  - a small number of countries have greater data
- Despite this**, valuable to have international comparisons** of linked data
- Emphasis on a **whole-of-society approach**
- Heterogeneity and **equity very important**
  - evident that many people were not getting the support they needed, even before the start of the COVID-19 pandemic

What is health systems **resilience**?

- Resilience is a **cross-disciplinary** concept

- **Applied to health systems**:
  - wide variety of frameworks, models and attributes
  - prepare and respond to shocks and stresses
  - prepare, absorb, recover, adapt

- Closely related health system characteristics
  - agility, adaptability, security, sustainability, safety, reliability etc.
    - some are supported by resilience (e.g. sustainability and reliability)
    - some support resilience (e.g. agility and adaptability)

Resilience in systems usually involves thinking about three issues:
1. **Time** – it is dynamic

2. **Space** – how big should we be thinking?

3. **Systems** – what are the feedback loops?

Resilience: consider the whole disruption cycle
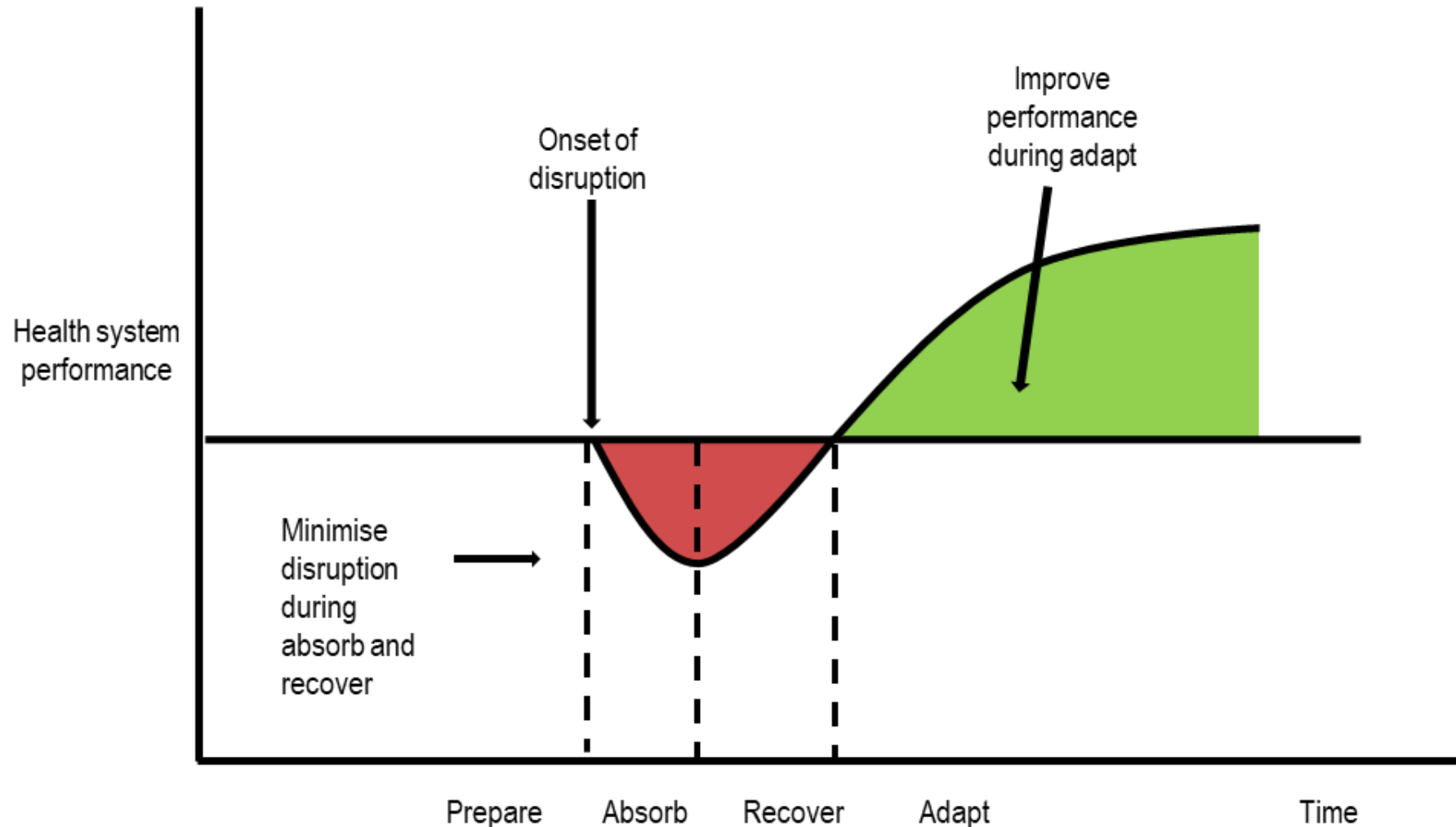
Interconnecting systems impact upon resilience

- **Health system impacts upon, and is impacted by, other systems**
  - broader society
  - social care system
  - education system
  - government systems
  - systems of production and trade
  - investment system

The feedback loops between these systems and the health system were critical during the pandemic - and will be again

For example:
- antimicrobial resistance and the livestock sector
- climate change

Feedback loops and decisions
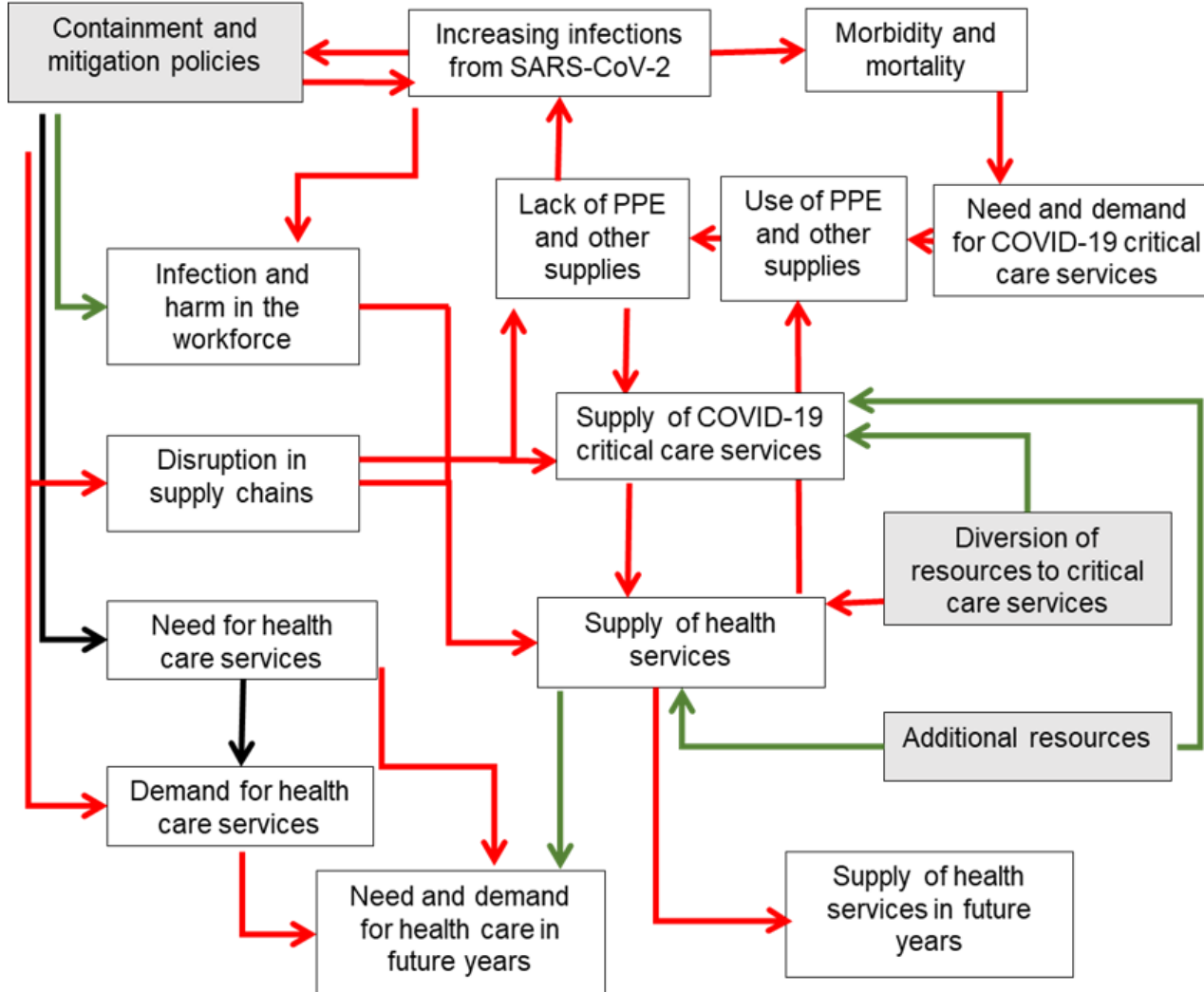
Consider feedback loops

- Increasing infections
  → decreased supplies
  → increased consumption
  → interrupted supply chains

- Increased workforce risk
  ➢ further infections, leading to worse conditions

- A vicious cycle

Avaliable online at www.oecd.org/health/ready-for-the-next-crisis-investing-in-health-system-resilience-1e53cf80-en.htm

What was the **impact of the pandemic** on mental health and resilience?

- Shocks affect mental health and disrupt health and non-health services
- COVID-19 impacted mental health, especially among young people, vulnerable groups and health care workers
- OECD countries introduced emergency mental health services but lack capacity and investment
- There was widespread diversion of resources to meet the critical care surge
- There was widespread disruption of social supports to promote mental well-being

Measuring population mental health

- Lack of real-time data on population mental health was a weakness in the COVID-19 context

- 20 of 26 responding OECD countries undertook mental health prevalence surveys

- Differences in measurement and sampling limit comparisons over time and between countries

Belgium – mental health symptoms
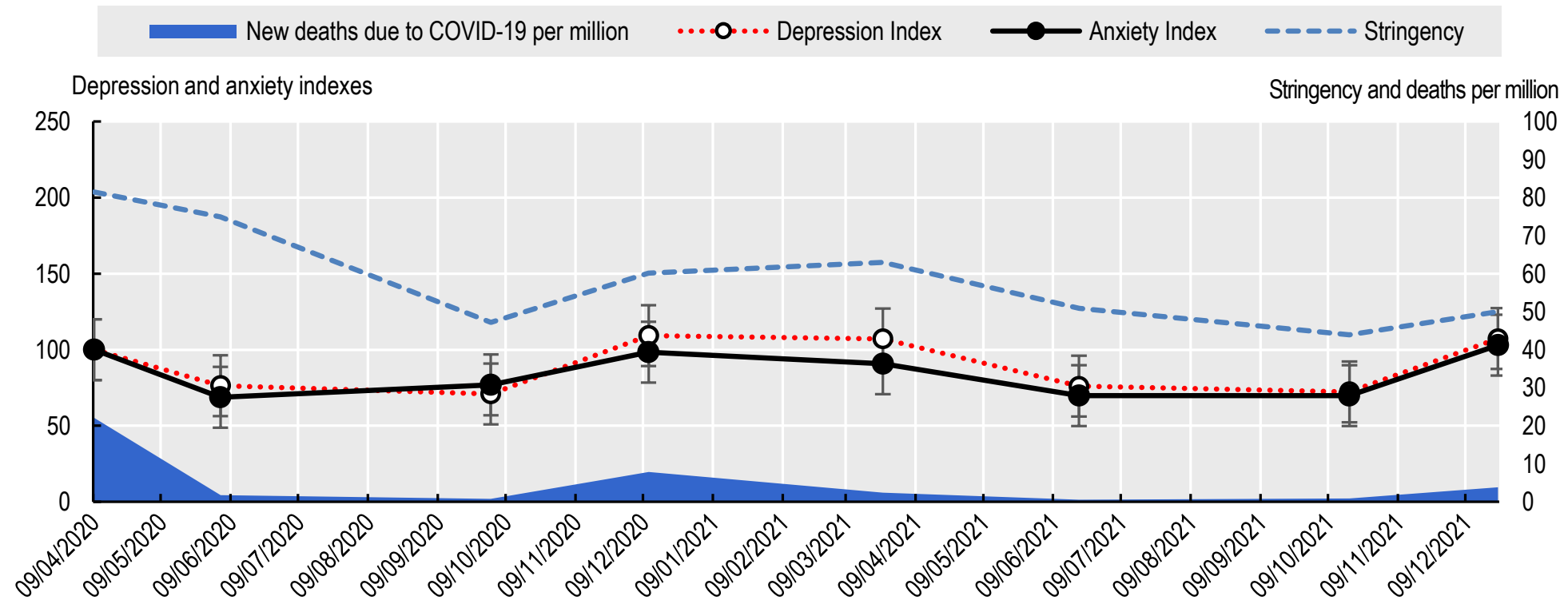
Note: PHQ-9 was used to assess depressive symptoms and GAD-7 to assess anxiety symptoms.
Source: Superior Health Council of Belgium (n.d.[26]), Belgium *COVID-19 Epidemiological Situation: Mental Health Studies*, https://datastudio.google.com/embed/reporting/7e11980c-3350-4ee3-8291-3065cc4e90c2/page/ykUGC.

Canada – mental health symptoms
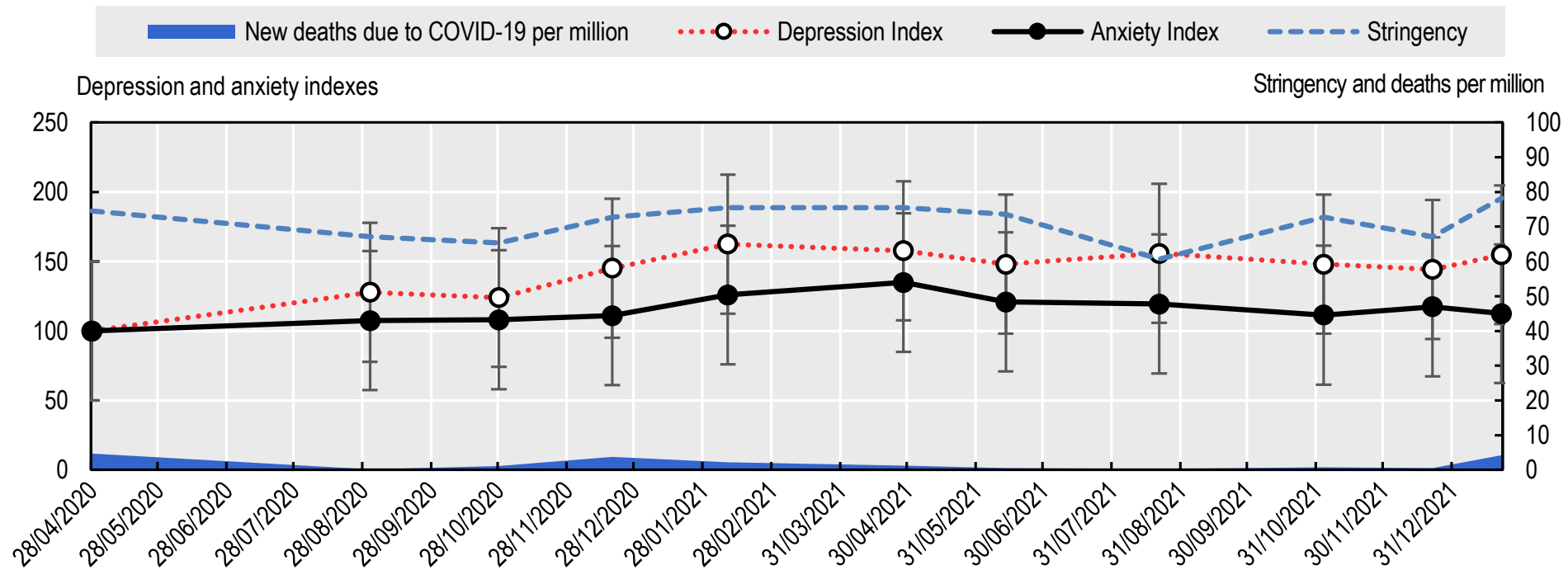
Note: Anxiety and depression indexes were calculated based on the self-rated levels of anxiety and depression in answer to the question: "Your level of anxiety/depression since the coronavirus (COVID-19) outbreak in Canada", on a 0 to 10 scale, where "10" is extremely high and "0" is none. Categories were low (0-4), medium (5-7) and high (8-10). The chart presents the high results. The data do not include Canada's territories (Yukon, Northwest Territories and Nunavut).

Source: Mental Health Research Canada, (2022[6]), Mental Health in Crisis: How COVID-19 Is Impacting Canadians National Poll (Poll 12), https://www.mhrc.ca/national-polling-covid.

Inequities and vulnerabilities abound

Share of young people with symptoms of depression doubled

Legend: Pre-pandemic (2019 or nearest year) | Pandemic (April 2020 - August 2021)

Country	Pre-pandemic	Pandemic
France	10.0	20.1
Denmark	16.2	21.1
Belgium	9.3	28.5
Estonia	6.6	30.7
Iceland	8.7	37.0
Sweden	14.8	38.5
Norway	9.5	42.5
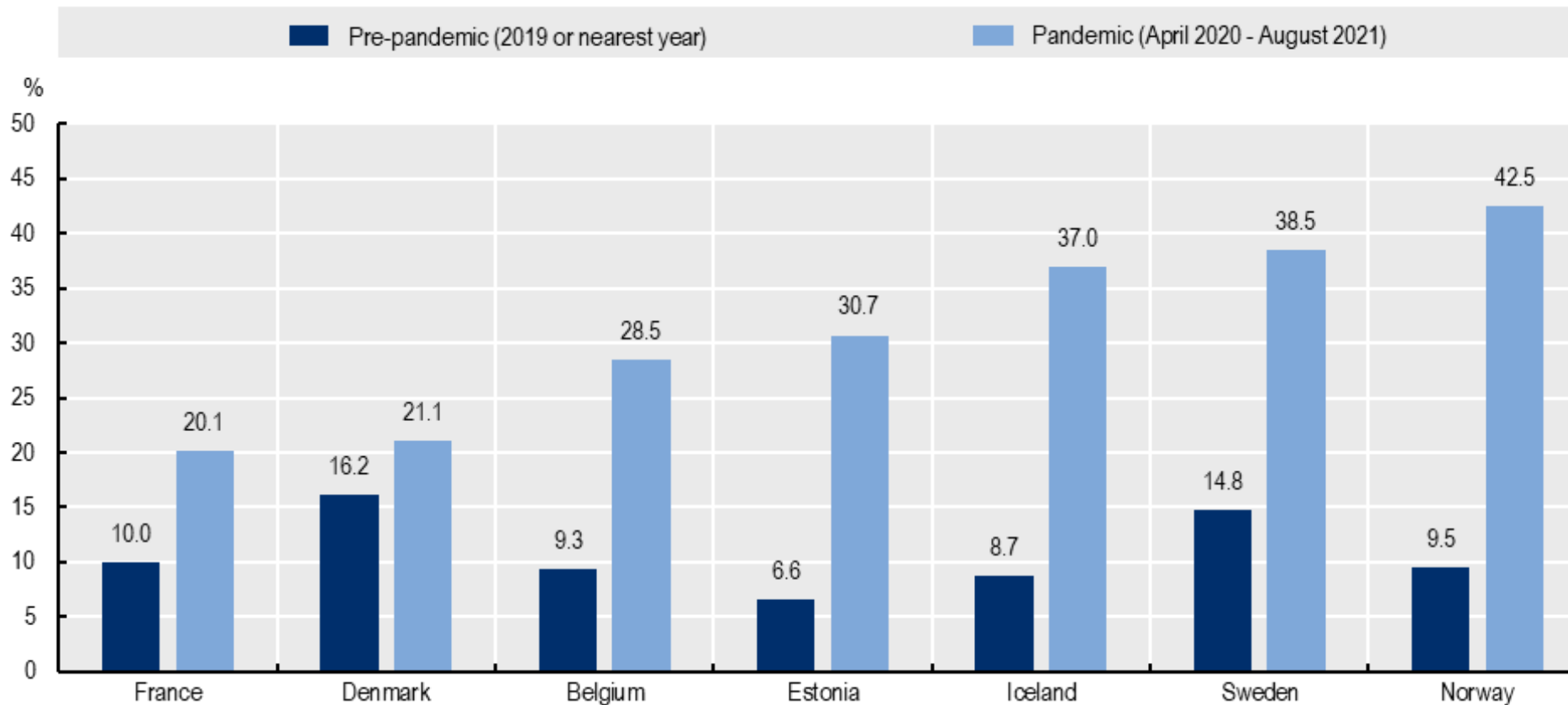
Socio-economic differences were evident

Share of young people aged 18-29 at risk of depression (WHO-5 score <50 out of 100), by self-perceived difficulty to make ends meet, 2020-2021
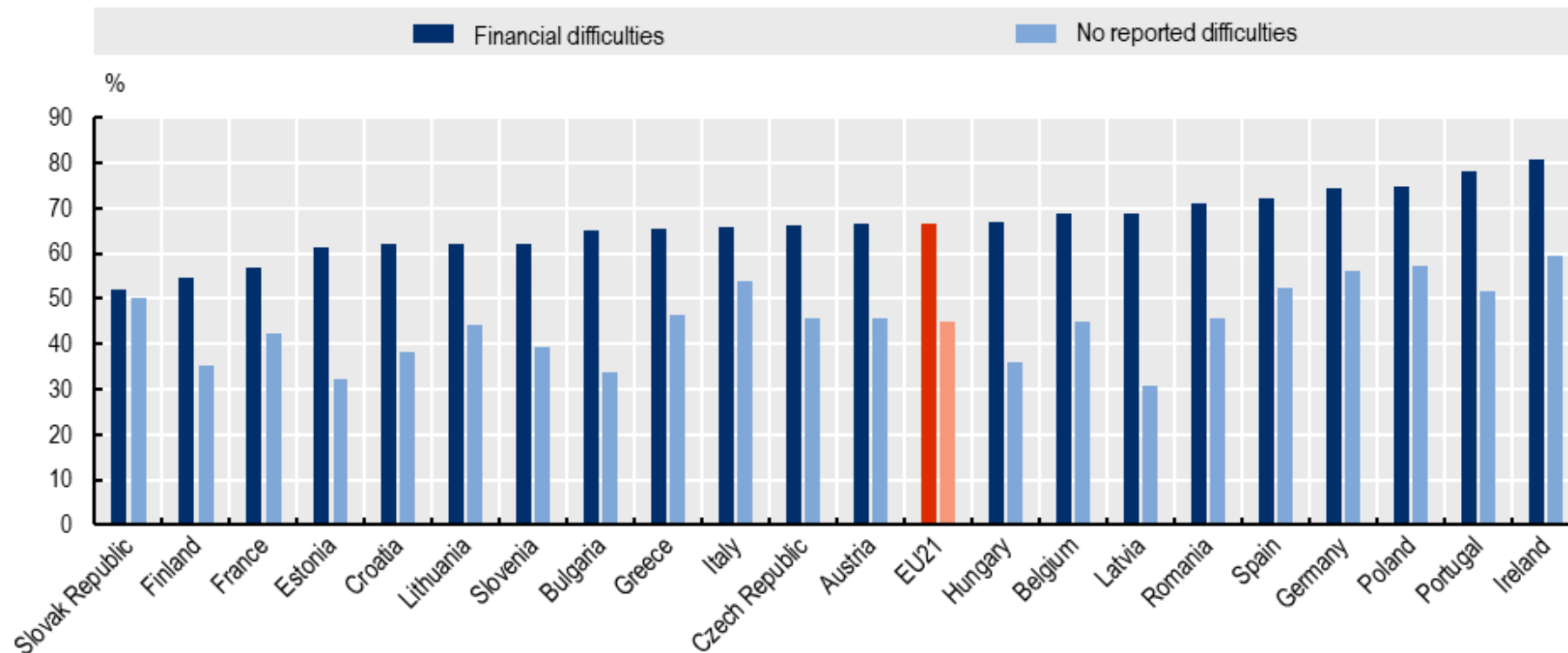
How can we improve mental health system resilience?

Promote key policies in:

1 Population Health

2 Health Workforce Retention
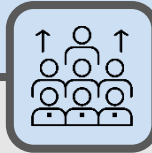
3 Data Collection & Use

4 Intersectoral co-operation
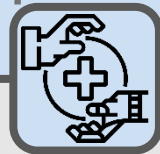
5 Trust in Leadership & Governance

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What policy options exist to improve **mental health resilience**?

- **Reduce burden** prior to shocks occurring
  - focus on prevention
- **Increase capacity**
- **Promote multi-sectoral approaches**
  - individual and population level approaches
- Improve collection and use of **population level data**
- **Plan for resilience**
  - include mental health

Are there trade-offs?

- Without investing in resilient health systems, interventions will be more costly and the impact on people greater

- Estimate 1.4% of GDP additional spending in health and social care relative to 2019

- Some policies to improve resilience will improve performance and efficiency, but not all

- Ongoing review and adaption will be required

Do we need to combine **efficiency and resilience** in societies facing polycrisis?
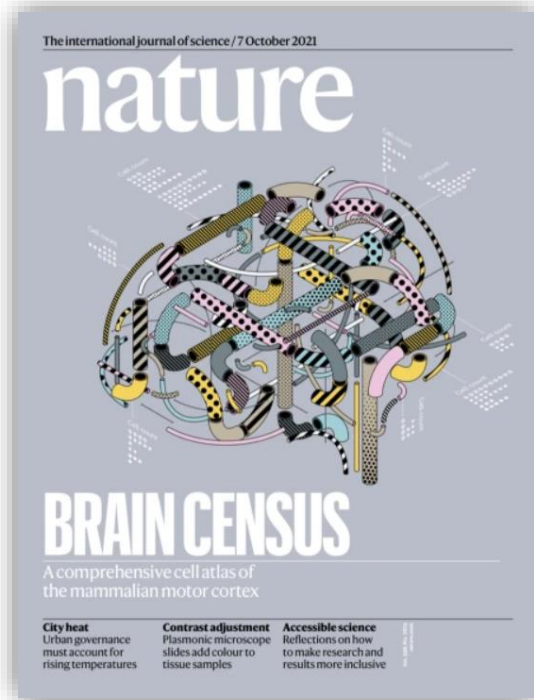
"To meet the rising demands of society, efficiency-based approaches often rely on increasingly complex and interconnected systems. But when a tightly interdependent society encounters acute or chronic stressors beyond its expectations or operating capabilities, such highly efficient systems are prone to catastrophic failure that can delay or prevent recovery.

More-resilient systems might be less efficient, but they recover better from systemic disruptions."

What's next?

- OECD Health Ministers to meet early in 2024
  - with an agenda to ready health systems for resilience and people-centered care
- PaRIS collecting data and Mental Health Benchmarking to be repeated in forthcoming years
  - better, more comparative international data
- Resilience testing under the EU Health System Resilience Testing and Support Programme

Thank you. Find out more at www.oecd.org/health