

Japan trails other countries in ‘deinstitutionalisation’, but there are signs of progress, says OECD

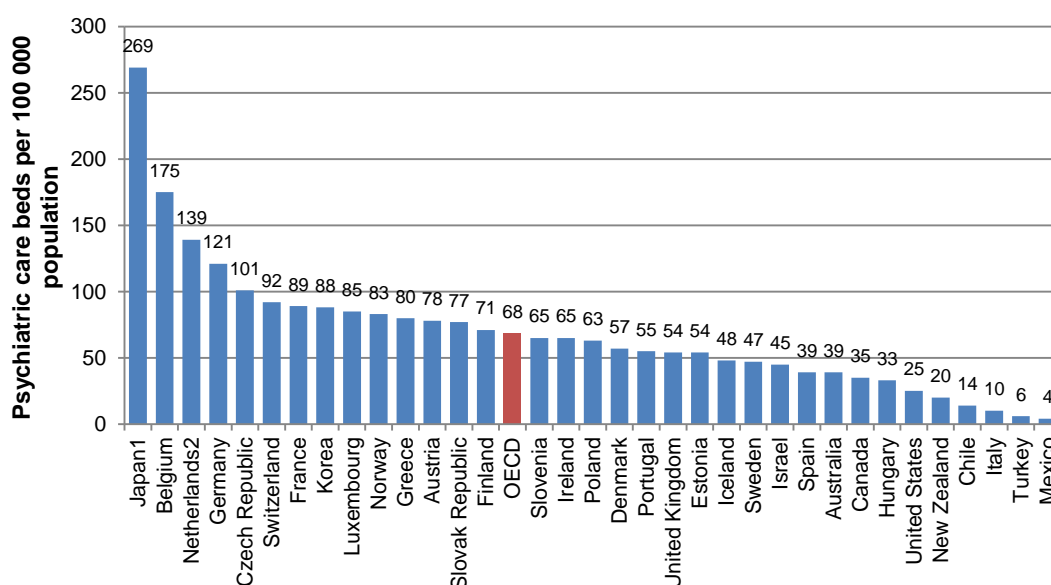
Japan’s mental health system stands out amongst OECD countries for all the wrong reasons: high numbers of psychiatric beds and a high suicide rate. However, this hides a more positive story, according to the OECD’s *Making Mental Health Count* report. Japan is making good progress in reforming the mental health system, and introducing more patient-centred care. Falling numbers of psychiatric beds and a more stable suicide rate are testament to a recent commitment to change.

Hospital care still dominant, but clear signs of change

In almost all OECD countries, the dominant trend has been ‘deinstitutionalisation’ – the shifting of care away from hospitals and towards the community. This shift aims to promote patient-centred treatment. Patients often prefer care provided in the community to long hospital stays.

Japan has lagged behind the deinstitutionalisation trend, and still has the highest number of psychiatric beds in the OECD, with 269 beds compared to the OECD average of 68. It is important to note that some of these beds are ‘long-stay beds’, which might not be reported as psychiatric beds in other OECD countries. Nonetheless, there is reason to believe that patients in long-stay beds could be effectively cared for in their homes or in the community.

Figure 1. Psychiatric beds per 100 000 population, 2011 or nearest year

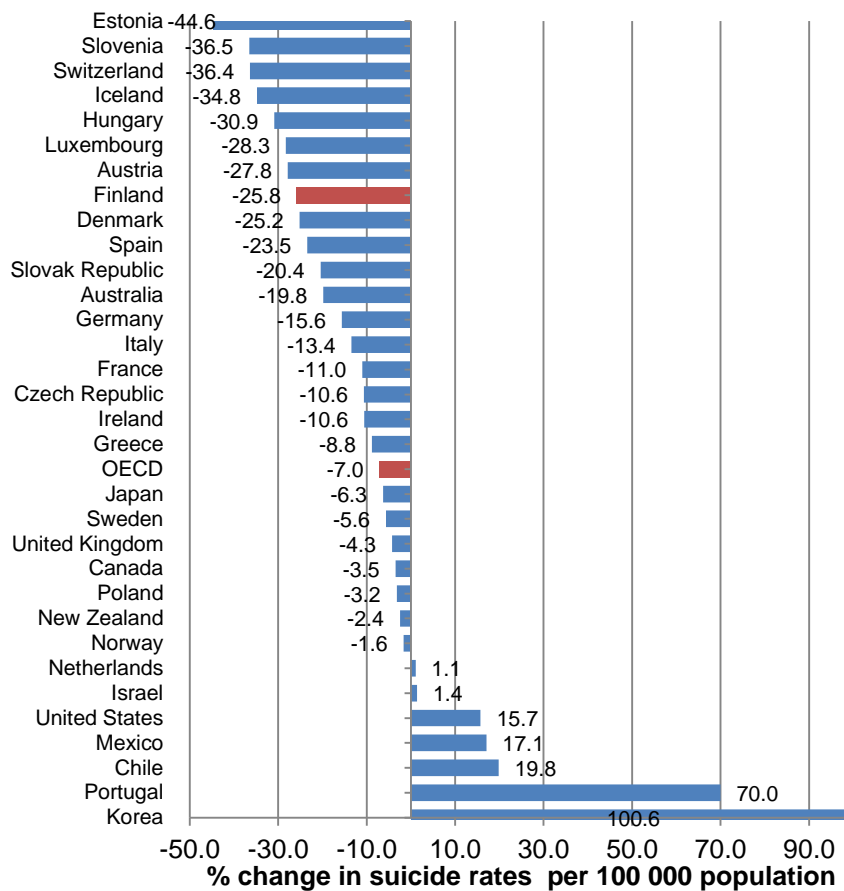


1. In Japan, a high number of psychiatric care beds are utilised by long-stay chronic patients
2. In the Netherlands, psychiatric bed numbers include social care sector beds that may not be included as psychiatric beds in other countries.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

While Japan may have been slower than other OECD countries in mental health reform, in recent years there have been positive signs of change. The number of psychiatric beds has fallen, from 290 per 100 000 population in 1993. After a sharp rise in suicide in the mid-1990s, coinciding with the Asian Financial Crisis, the suicide rate in Japan has stabilised, and fell by 6.3% between 2000 and 2011. Nonetheless, with a suicide rate of 20.9 per 100 000 population compared to the OECD average of 12.4, careful attention is clearly still needed.

Figure 2. Change in suicide rates, 2000 and 2011 (or nearest year available)



Source: OECD (2013), *OECD Health Statistics 2013*, OECD Publishing, Paris.

A focus on mild and moderate disorders is needed

Making Mental Health Count suggests that Japan should also turn attention to common mild and moderate disorders such as depression and anxiety. There are clear economic reasons to invest in treatment also: the economic burden of depression in Japan is about USD 11 billion; of which an estimated USD 6.91 billion is workplace costs (absence from work and reduced productivity due to depression).

While in other OECD countries general practitioners have a significant role in treating such disorders, Japan's primary care system is less developed. Japan should consider improving the mental health competency of all health professionals providing primary care-equivalent services. Japan could also consider establishing a broad programme of evidence-based treatment for mild and moderate disorders, focusing on psychological therapies, as has been done in Australia, the UK and Norway.

Using provider payment to drive change

Japan has clearly been committed to improving the mental health system in recent years. As well as making changes to the legal framework around mental health, Japan has been changing the way it pays providers of mental health care to promote policy objectives.

The spring 2014 revision of this fee schedule included a number of important provisions for mental health care which seek to promote care in the community, and encourage earlier discharge from hospitals. Additional payment is given if providers meet certain criteria, for example the allocation of a psychiatric social worker for discharge planning.

More information on **Making Mental Health Count** is available at <http://www.oecd.org/health/mental-health-systems.htm>.

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