

Sweden needs to target mild-to-moderate mental illnesses, says OECD

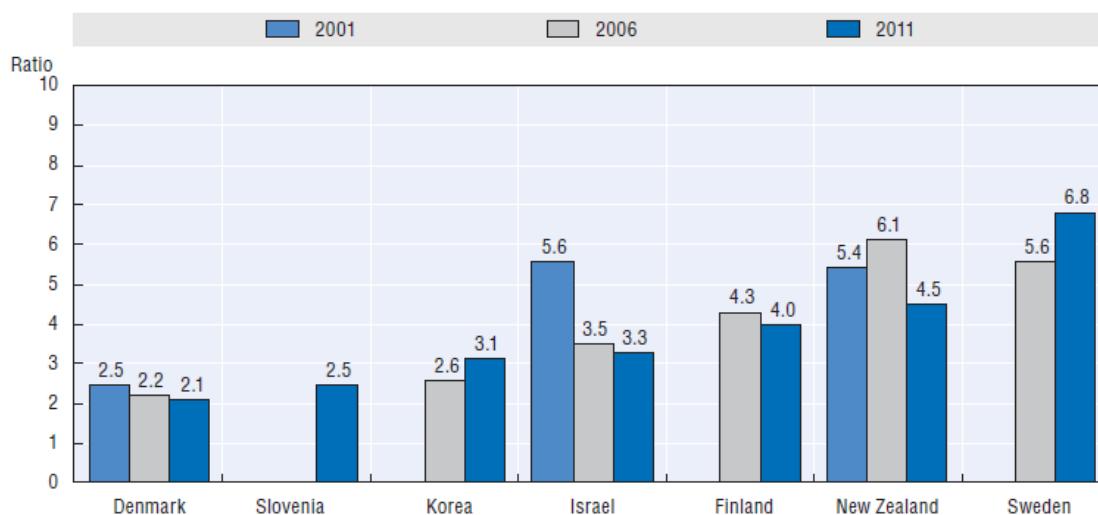
Sweden is working to improve mental health care for severe mental illness, and for children and young people. These steps are clearly in line with the key recommendations of the OECD report *Making Mental Health Count*. However, less attention in Sweden has been devoted to the effective treatment of mild-to-moderate illnesses.

Focus on severe mental illness

Although suicide rates in Sweden have fallen by 5.6% from 2000 to 2011, excess mortality from schizophrenia has increased by 11%, and excess mortality from bipolar disorder increased 21% from 2006 to 2011, according to data collected by the OECD.

Sweden is already responding to unmet need for care for severe mental illness. A commitment to tackling severe mental illness was one of the two priorities of the 2012-2016 Swedish Mental Health Action Plan, which was backed by funding of 96 million euros. This commitment is well placed, given the findings of *Making Mental Health Count*.

Excess mortality from bipolar disorder, 2006 and 2011 (or nearest year available)



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

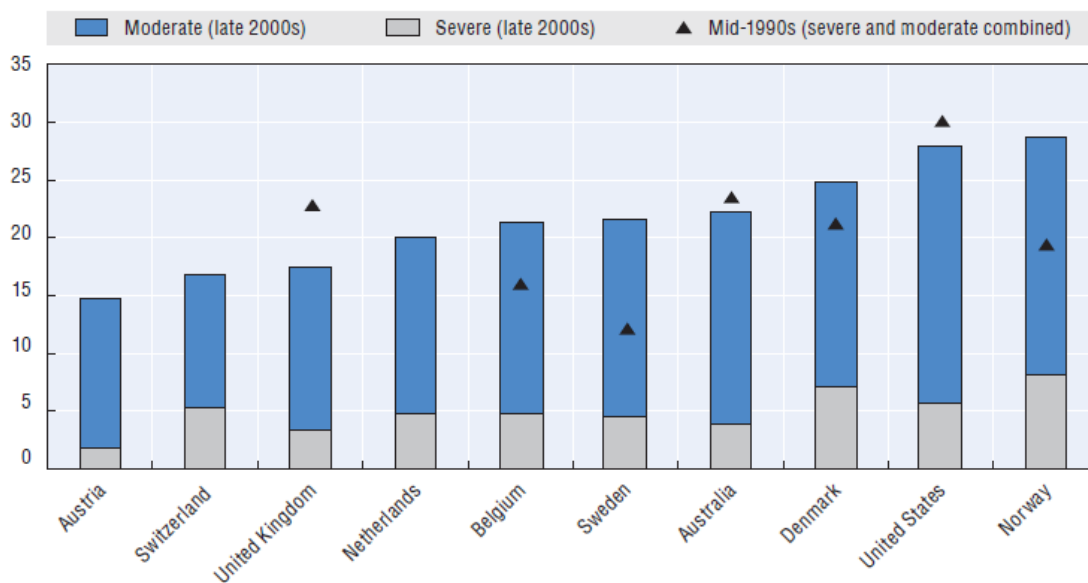
Focus on children and youth

The median age of onset for mental disorders in OECD countries is around 14 years old, with the onset of anxiety and personality disorders as early as age 11. In the late 2000s, more than 20% of young Swedes had a mental disorder. Mental disorders in young people can lead to higher rates of school drop out and more difficulties transitioning to the workplace. Sweden has recognised the need to provide good mental health care for children and young people, making it the second national mental health priority in the 2012-2016 Plan.

Though there remains work to be done, Sweden is already among a number of OECD countries focusing on school programmes. For example, along with Finland and Norway, Sweden is putting in place school-based educational programmes targeting stigma reduction around mental health. These programmes are seen as more effective at generating lasting change than population-level interventions.

Around one in four young people have a mental disorder

People aged 15–24 with a mental disorder as a percentage of the total youth population, late 2000s and mid-1990s



Source: OECD (2012), *Sick on the Job? Myths and Realities about Mental Health and Work*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264124523-en>.

Too little focus on mild and moderate disorders

Given the high economic and social costs associated with untreated mild-to-moderate disorders, *Making Mental Health Count* recommends that OECD countries take steps to address unmet need for care, especially for people with common disorders like depression and anxiety. Unfortunately, mild and moderate disorders are not a priority area in Sweden's mental health strategy. One exception is the Rehabilitation Guarantee initiative. Since 2008, the Swedish government has allocated 1.75 billion Swedish kronor towards this evidence-based programme, aimed at preventing absenteeism and facilitating return to work. It includes cognitive behavioural therapy for depression and anxiety.

While Sweden has been committed to increasing the delivery of psychological therapies, especially cognitive behavioural therapy, their accessibility in primary care may be a cause for concern. In Sweden, only 15% of patients with a moderate mental disorder were receiving specialist treatment. Financial barriers may also be a challenge; psychological therapies and cognitive behavioural therapies - though available in primary care - are not always fully reimbursed.

Nonetheless, in 2011, 24% of Swedish people consulting a health provider for a mental health problem reported seeking help from a psychologist, compared to the OECD average of 14%. This may suggest that psychologists are more accessible in Sweden than in other OECD countries, but this is difficult to assess without considering the overall need for treatment and rate of help-seeking behaviour.

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

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