

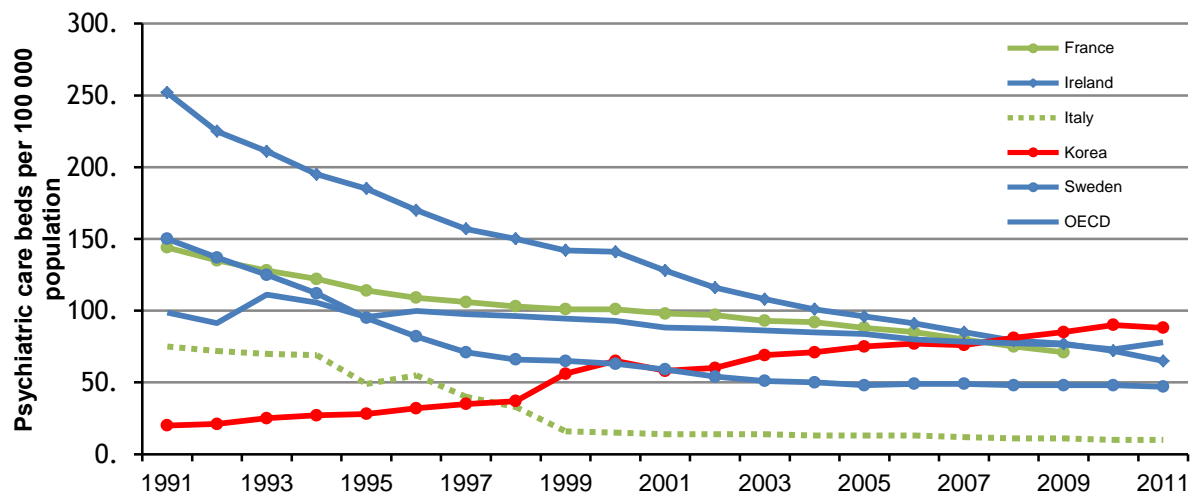
Korea's increase in suicides and psychiatric bed numbers is worrying, says OECD

Korea is bucking the OECD trend on mental health, with more inpatient psychiatric beds and a worrying rise in suicides, according to the OECD Making Mental Health Count report.

Hospitals dominate Korea's mental health care

Over the past 20 years, there has been a general trend of fewer psychiatric care beds in OECD countries, as mental health care has shifted to the community. Korea is the exception to this trend, and psychiatric bed numbers have been rising (Figure 1). Korea's long average length of stay for psychiatric disorders – the highest in the OECD at 116 days in 2011, compared to the OECD average of 27.5 days – raises questions about the effectiveness of treatment in hospitals.

Figure 1. Psychiatric care beds per 100 000 population, selected OECD countries, 1991-2011



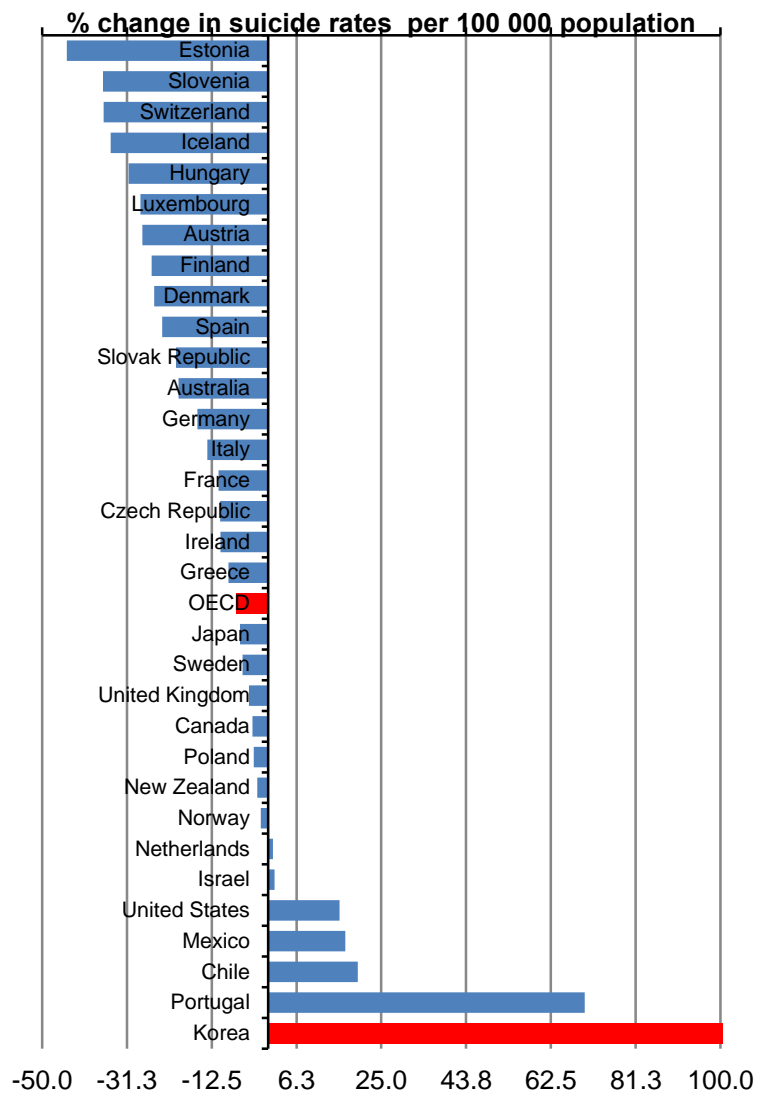
Source: OECD (2013), *OECD Health Statistics 2013*, OECD Publishing, Paris.

Making Mental Health Count found that low reimbursement rates for hospital inpatient care limit therapeutic treatment for patients, and per diem payments do little to discourage long hospital stays. Low reimbursement rates for outpatient care, especially for poorer patients covered by Medicaid insurance, also undermine community services and reinforce the role of the hospital as the primary care provider.

Highest suicide rate in the OECD

Korea's suicide rate is the highest in the OECD. Contrary to patterns seen in most OECD countries, it has risen significantly in the last decade. While suicide rates have stabilised slightly since 2009, after reaching a high of 33.3 deaths per 100 000 in 2011 compared to the OECD average of 12.4, recently released data shows a drop in suicide to 29.1. This change is very promising, but the still very high rate of suicide nonetheless suggests there is still real cause for concern.

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



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

Suicide is often used as a proxy indicator of the mental health status of a population. It can play an important role in better understanding the weaknesses of the mental health system, in particular surrounding access to services and combating stigma. While care should be taken in drawing too many inferences from suicide rates, Korea’s very high suicide rate should be seen as a call for action around mental ill-health.

Signs of progress and commitment to change, but more services needed

Korea is taking some good steps towards improving care for mental disorders. The Mental Health Promotion Comprehensive Plan outlines an intention of improving the efficacy of hospital treatment, promoting early discharge and expanding community and rehabilitative facilities.

Nonetheless, improvements will demand investment in the right kind of mental health services. Excluding dementia, public mental health expenditure in Korea was just 3%; to secure a high-quality mental health system, Korea will likely have to increase spending on mental health. Increased

spending should be directed at services outside of hospitals; at present Korea spends 66.4% of the mental health budget in hospitals, which perpetuates reliance on inpatient care.

Making Mental Health Count found that in most OECD countries treatment for mild-to-moderate disorders such as depression is under developed. Korea is no exception. Korea should seriously consider making psychological therapies widely available, for example in the outpatient clinic or community facilities, and could follow examples such as the United Kingdom's Improving Access to Psychological Therapies programme or Australia's Better Access services, both of which increase availability of evidence-based therapies for mild and moderate mental illnesses.

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

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