

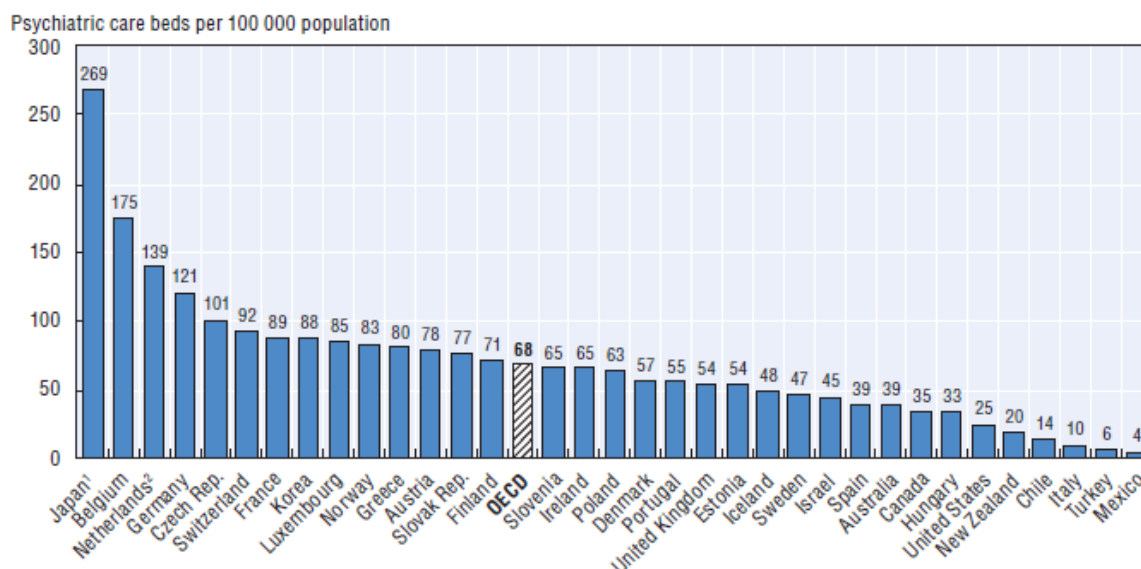
The Netherlands has an innovative mental health system, but high bed numbers remain a concern

High psychiatric bed numbers and productivity losses due to mental illness pose a challenge to the Netherlands, according to the OECD report *Making Mental Health Count*. Despite innovative payment systems providing incentives to GPs to co-ordinate mental health care, there is still a need to provide greater support to GPs.

High psychiatric bed numbers

Despite a shift towards deinstitutionalisation across OECD countries, the Netherlands continues to rely heavily on hospital mental health care. The Netherlands has 139 psychiatric care beds per 100 000 population, well above the OECD average of 68 as seen in Figure 1. However, by 2020, the Netherlands aims to cut the number of psychiatric beds by one-third in line with a shift towards a community-based approach to mental health services.

Figure 1. Psychiatric care beds per 100 000 population, 2011



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>.

Innovative approaches

The Netherlands is one of the few OECD countries that has implemented payment systems to promote and incentivise integrated care. One example is the “Diagnostic Treatment Combination”, an episode-based payment system that can include hospital admissions or outpatient contacts. Tariffs are determined by client profiles, functionality, and assessed service needs.

The Netherlands has also made progress in outcome-based mental health care pricing and reform. In addition, the development of the knowledge centre “Resultaten Scoren,” specialising in evidence-based mental and somatic health care to treat drug addictions, has become an internationally renowned initiative.

Danger signs

Rising suicide rates, high productivity losses and high depression-related burdens provide tell-tale warning signs for the Netherlands. While the OECD average suicide rate has fallen by 7%, the Netherlands has seen a reversal of this trend, with an increase of 1.1% from 2000 to 2011. Mental disorders in the Netherlands are responsible for 12 million sick days, costing EUR 2.7 billion, per year. Depression in the Netherlands has the highest burden of disease of all health conditions (8.2%), including cardiovascular diseases and cancer. This is despite the fact that the cost of treating depression for the whole population is comparatively small, at approximately 1% of the national health care budget.

Boosted support for GPs is necessary, given their important role as gatekeepers in mental health care in the Netherlands. This recommendation ties in with the OECD report findings that a strong primary care sector is vital to improving mental health care systems, particularly in relation to mild-to-moderate disorders. Support may include improving links between GP and specialist care through increased training by specialists and multi-disciplinary review meetings.

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

Contact: [Emily Hewlett](mailto:emily.hewlett@oecd.org) of the OECD's Health Division (tel. + 33 1 45 24 75 10).

For the OECD's soon to be released descriptive profile of mental health in the Netherlands – *Mental health Analysis Profile: the Netherlands* – please check back at <http://www.oecd.org/els/health-systems/healthworkingpapers.htm>

