

## One of the most innovative mental health systems in the OECD, spending cuts in the UK risk undermining progress

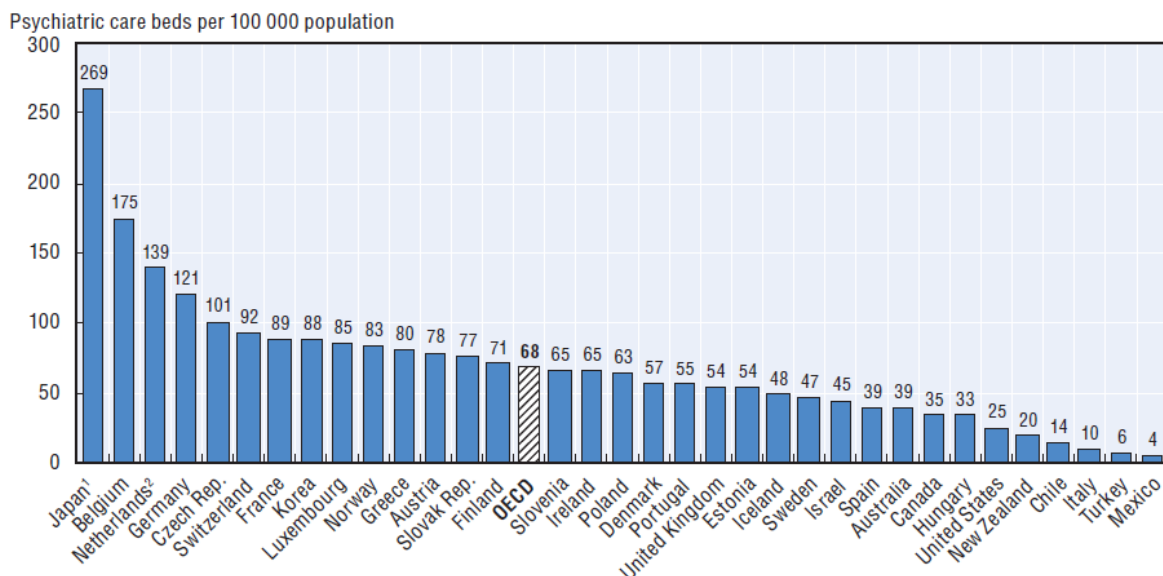
Mental health innovation has been significant in the United Kingdom. One of the first countries to close psychiatric institutions, the UK has developed impressive programmes that other countries can learn from. But, according to the OECD's *Making Mental Health Count* report, cuts to spending risk undermining the strength of the UK's mental health system.

Although investment in mental health in England rose by almost 60% in real terms between 2001/02 and 2011/12, it actually fell for the first time by 1% in 2011 in line with measures taken right across the NHS. Given that untreated mental ill health incurs significant social and economic costs, the impact of these cuts should be closely monitored.

The United Kingdom was among the first OECD countries to recognise and respond to the high burden - and high associated economic costs - of mild-to-moderate mental disorders. The expectation that better availability of evidence-based talking therapies would help people with mild and moderate mental disorders led to the development of evidence-based psychological therapies. Such therapies also help to reduce economic losses, because more people are able to return to work and their productivity is improved. This programme - Improving Access to Psychological Therapies (IAPT) - is a model that other OECD countries are encouraged to follow.

For severe mental illnesses, the UK was one of the countries that led the trend of deinstitutionalisation. Inpatient bed numbers have been falling steadily, from 93 beds per 100 000 population in 2000, to 54 beds per 100 000 population in 2011 - below the OECD average of 68.

### Psychiatric care beds per 100 000 population, 2011

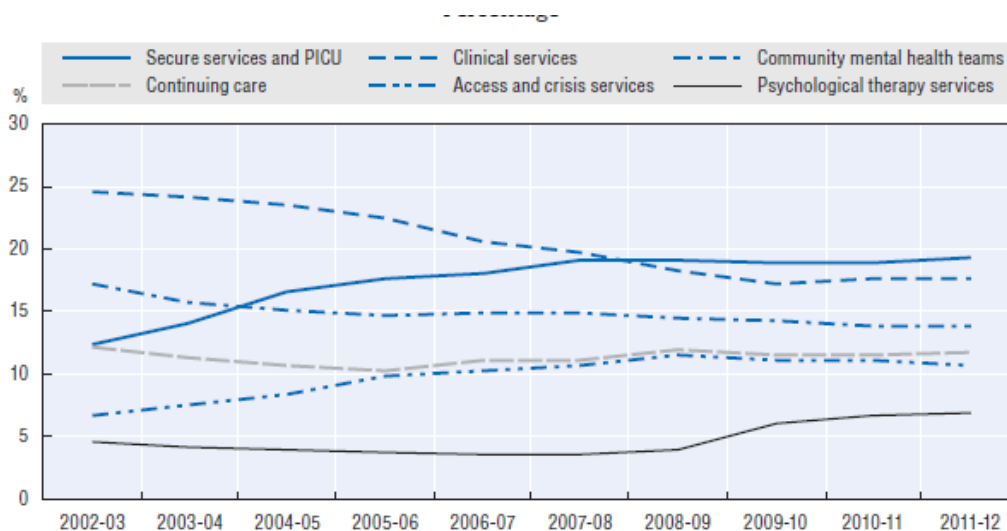


1. In Japan, a high number of psychiatric care beds are utilised by long-stay chronic patients.
2. In the Netherlands psychiatric bed numbers include social care sector beds that may not be included as psychiatric beds in other countries.

Community services need to be sufficient to cope with demand for acute care for severe mental disorders. Spending cuts on mental health risk undermining community care provision, driving up unmet need, and putting pressure on the low volume of hospital services.

The UK should have an appropriate balance of services: when money is tight, allocation of scarce resources can have a big impact on the shape and pattern of care. The *National Survey of Investment in Adult Mental Health Services 2011/12* suggests that as a percentage of all spending on mental health in England, spending on very acute and secure services has increased.

### Distribution of direct services investment, England, 2002/03 to 2011/12



PICU: Psychiatric Intensive Care Unit.

Source: Mental Health Strategies (2012), *National Survey of Investment in Adult Mental Health Services 2011/12*, available at [www.gov.uk/government/publications](http://www.gov.uk/government/publications).

Attention should be paid to this pattern of spending, and what it could suggest about care use. Greater demand for highly intensive - and more expensive - services could suggest unmet need for care earlier in the patient pathway. This could be delivered through more lower-intensity - and usually cheaper - services.

In other areas of mental health care, the UK has been an innovator. Outcome-based payment systems - used across the NHS for somatic disorders - are being introduced to mental health care, in the form of 'Care Clusters' for payment. This move is made possible by the longstanding use of frameworks to measure patient outcomes. The UK's Health of the Nation Outcome Scales (HoNOS) framework has been adapted and is in use in both Australia and New Zealand. The UK also has a good mix of quality and outcome indicators.

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

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

