

## Mental disorders

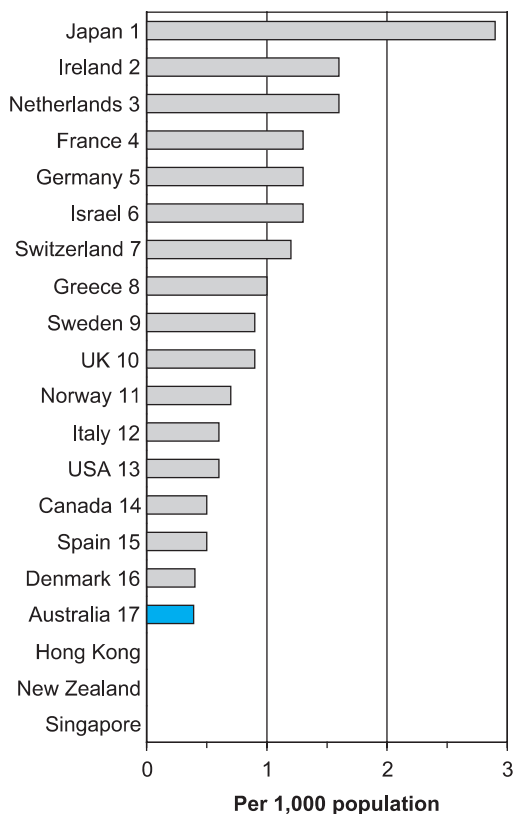


Figure 1: Psychiatric beds, 1995

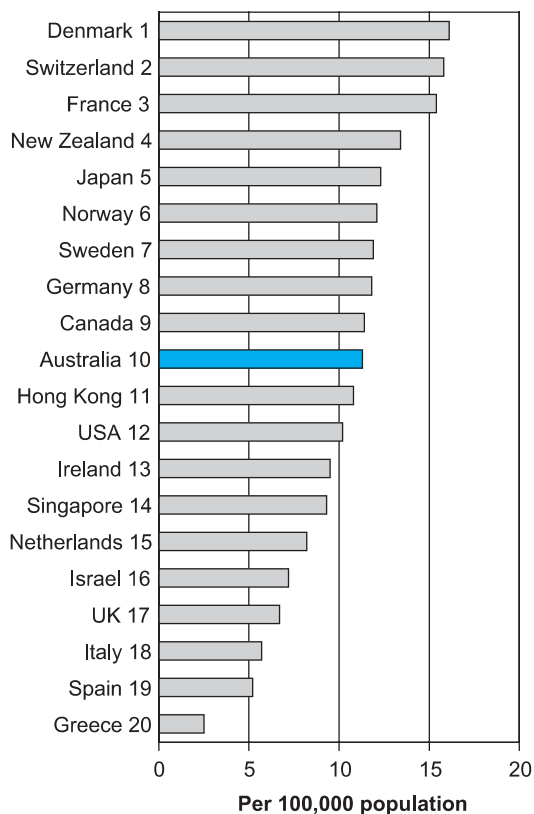


Figure 2: Age-standardised suicide rates, 1992

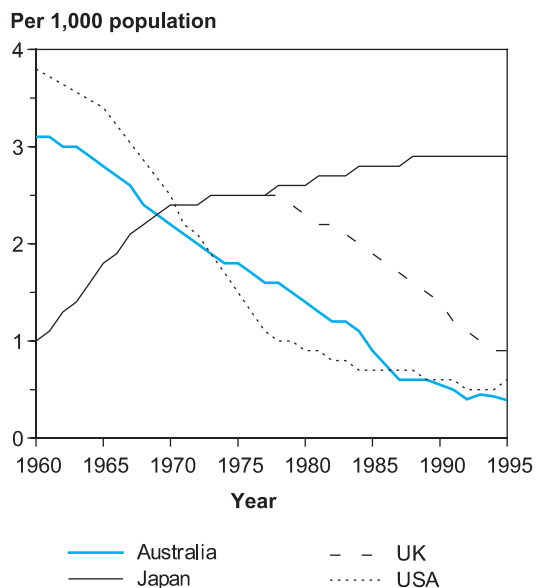


Figure 3: Trends in psychiatric beds, 1960 to 1995

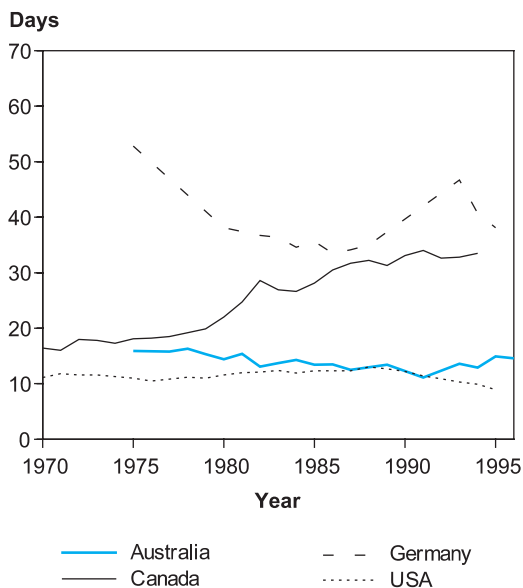


Figure 4: Trends in average length of hospital stay for mental disorders, 1970 to 1996

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## Indicators of mental health

Country	Suicide rate, 1992 <sup>(a)</sup>	Self-evaluation 'less than good' <sup>(b)</sup>		Psychiatric beds, 1995 <sup>(c)</sup> (per 1,000 pop.)	Discharge rate <sup>(d)</sup> (per 1,000 pop.)		Average stay <sup>(d)</sup> (days)	
Australia	11.3	1995	17%	0.4	1996–97	11.1	1996–97	14.6
Canada	11.4	1994	51%	0.5	1994	6.1	1994	33.5
Denmark	16.1	1994	20%	0.4	1993	2.9	1993	9.0
France	15.4	1991	27%	1.3	1993	5.2	1996	7.3
Germany	11.8	1995	54%	1.3	1995	9.4	1995	38.1
Greece	2.5	—	—	1.0	1991	3.0	1992	99.0
Hong Kong	10.8	—	—	—	—	—	—	—
Ireland	9.5	—	—	1.6	1996	1.2	1996	10.4
Israel	7.2	—	—	1.3	1994	2.6	1994	141.3
Italy	5.7	1995	38%	0.6	1994	5.6	1994	19.6
Japan	12.3	—	—	2.9	1996	2.8	1996	330.7
Netherlands	8.2	1996	18%	1.6	1991	1.5	1995	31.8
New Zealand	13.4	—	—	—	1996	2.9	1996	32.0
Norway	12.1	1995	8%	0.7	1996	1.7	1996	6.3
Singapore	9.3	—	—	—	—	—	—	—
Spain	5.2	1995	28%	0.5	1994	2.4	1996	27.8
Sweden	11.9	1995	23%	0.9	1996	11.7	1995	21.2
Switzerland	15.8	—	—	1.2	—	—	1993	16.5
UK	6.7	1991	36%	0.9	1993	6.5	1993	86.4
USA	10.2	1995	10%	0.6	1995	7.7	1995	8.9

(a) Per 100,000 population. Age-standardised to the World Standard Population.

(b) Per cent population aged 16 and over.

(c) Type of hospital varies. Most countries, including Australia, count beds both in stand-alone psychiatric hospitals and psychiatric units co-located in public or private hospitals.

(d) Discharge rate and average length of stay for ICD 290–319 Mental disorders. Type of hospital varies between countries, and is mainly public acute; Australian data are for public acute and private hospitals, and exclude psychiatric hospitals.

Sources: WHO 1994, 1995a, 1996d; OECD 1998.

- Few reliable indicators are available for measuring the incidence of mental disorders in a community. The rate of suicide (Figure 2) is often cited as a proxy measure of psychological distress. Hospital data provide information on the treatment of severe mental illness, but cannot be used as incidence measures. Monitoring drug usage for the treatment of psychiatric disorders might also be a relevant indicator.
- Many countries routinely include self-evaluation questions in their health surveys. The distribution of various categorical perceptions of health status provide some insight into the mental health status of a community. It should be noted, however, that survey methodology varies between countries.
- Data regarding psychiatric services indicate that Australia has a low number of psychiatric beds per 1,000 population when compared to other developed countries (Figure 1). This reflects the policy of de-institutionalisation of psychiatric patients which has occurred in Australia since the mid-1980s, in favour of increased service provision in community settings. The fall in the number of beds

commenced in the early 1960s, and has been mirrored in the United States and United Kingdom. Japan, on the other hand, is increasing their number of psychiatric beds (Figure 3). The lower bed ratio is accompanied by higher discharge rates and lower average length of stay in public acute and private hospitals.

- One of the goals of the WHO mental health programme has been the development of reliable and cross-culturally applicable diagnostic criteria and instruments for mental health assessment. Newer measures of health, such as the Medical Outcomes Study Short-Form 36 (SF-36) are increasingly being adopted in population surveys of mental health.

#### For more information, see:

Bland RC 1996. International health and psychiatry. *Can J Psychiatry* 41: 11–5.

Pillay YG 1992. International comparisons: selected mental health data. *Psychol Rep* 71: 723–6.