

Finland’s falling mental health spending and high suicide rates concerning, says OECD

Finland’s mental health expenditure patterns reveal a commitment towards community care for mental ill-health. Finland has developed impressive targeted mental health initiatives for at-risk young people and remote regional communities. Despite considerable progress, high suicide rates remain a cause for considerable concern, according to the OECD report *Making Mental Health Count*.

Spending commitment to community care

Finland has made a decisive transition from hospital-based to community-based mental health care. This shift is reflected in Finland’s patterns of expenditure by municipal authorities. Finland’s spending on outpatient mental health services in primary care increased from EUR 52.1 million to EUR 131.8 million from 2000 to 2010. Specialised psychiatric hospital inpatient treatment expenditure decreased from EUR 482.1 million to EUR 397.4 million, while specialised psychiatric outpatient and day treatment increased from EUR 129.3 million to EUR 200.8 million from 2000 to 2010. The number of psychiatric beds in Finland, at 71 per 100 000, still remains slightly higher than the OECD average of 68.

Despite the high burden of mental health on society, mental health spending as a share of total health expenditure fell from 5.5% to 4.5% between 2000 and 2010. While this has not meant a fall in spending in real terms, given the high indirect economic costs of mental ill health and gaps between need and availability of treatment, this fall in percentage of health expenditure could be a cause for concern. More encouragingly, the share of mental health spending has begun to rise again, and was 5.4% of total expenditure in 2012.

Figure 1. Expenditure on mental health care in municipal health services in Finland, 2000-10

Millions of euros, 2010 prices

	2000	2005	2010
Mental health outpatient treatment in primary care	52.1	79.3	131.8
Specialised psychiatric inpatient treatment	482.1	475.4	397.4
1. Long-term (>180 days)	149.3	112	82
2. Other inpatient treatment (>180 days)	332.8	363.4	315.5
Specialised psychiatric outpatient and day treatment	129.3	152.3	200.8
Other specialised psychiatric treatment	5.8	7.5	6.2
Total	669.3	714.5	736.3
Percentage of total health care expenditure	5.50%	4.80%	4.50%

Source: National Institute for Health and Welfare (2012), “Health Expenditure and Financing 2010”, National Institute for Health and Welfare (THL), Statistical Report No. 5/2012, Finland.

Innovations in mental health care

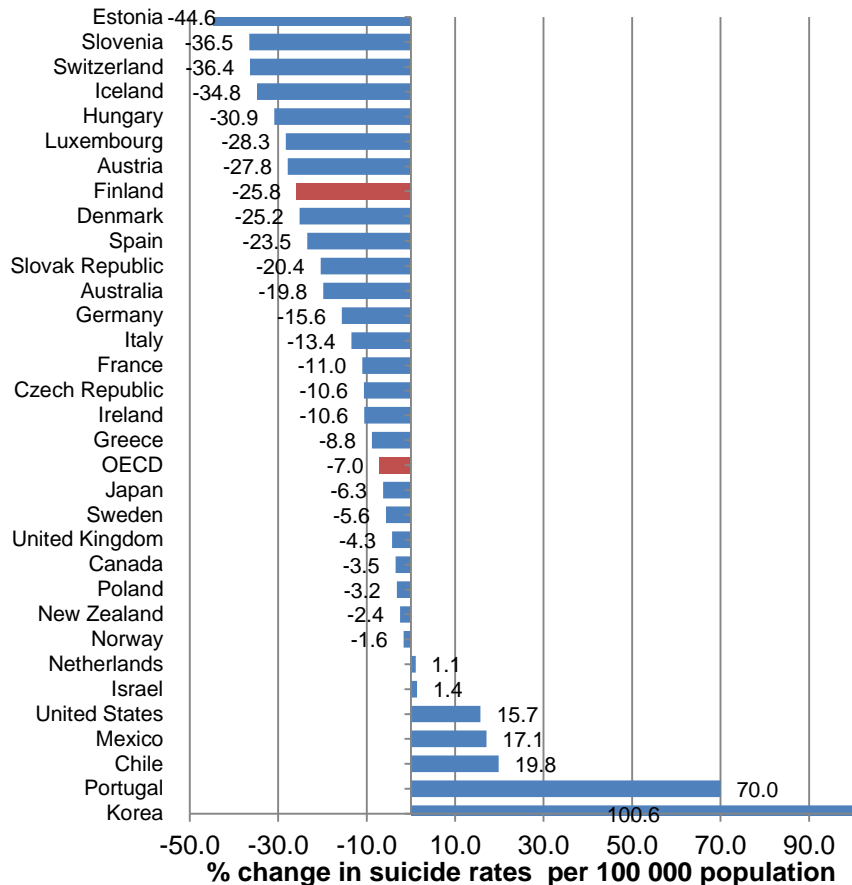
In Finland, regional variations in mental health service supply and delivery remain a challenge. However, Finland has responded to regional disparities by introducing innovative programmes such as consultation via video link, which has been used to support primary care physicians in remote areas.

Finland has also put in place targeted child and youth-based programmes, including child welfare clinics and mental health education in schools. A large-scale programme on bullying – the Kiva-school programme – funded by the Finnish Ministry of Education, has been found to reduce self and peer-reported bullying and victimisation.

Suicide rates falling yet remain high

Suicide rates in Finland fell by 25.8% from 2000 to 2011 compared to the OECD average reduction of 7% over the same period, and are still falling. Despite this impressive fall, Finland's suicide rates remain one of the highest in the OECD. In 2011, the suicide rate per 100,000 population was 16.4, with a particularly high prevalence of suicide amongst young male adults, compared to an OECD average of 12.4.

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



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

Finland's government has responded to high suicide rates with some success, by launching several tailored innovative programs, which target particularly high-risk groups. One example is the "Time Out! Aikalisä! Elämä raitelleen" ("Time Out! Back on the track!"), targeting young adult men aged 15-29, which is judged to have reached approximately 60% of the target group. The still-high rate of suicide, especially amongst men, suggests a need to continue with such approaches.

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 forthcoming descriptive profile of mental health in Finland, *Mental health Analysis Profile: Finland*, check back at <http://www.oecd.org/els/health-systems/healthworkingpapers.htm>.

