GGZNEDERLAND Dutch Association of Mental Health and Addiction Care

Advocacy in mental health

The (ab)use of data and indicators for (inter)national advocacy and lobby

Mental Health Europe

Capacity Building Seminar

Brussels, December 11, 2015

What are we going to do in the next 1,5 hours

- Advocacy, lobby, framing
- Example 1: Getting rid of one single graph
- Indicators
- Example 2: Impact of mental ill health
- Available data sources and benchmarks

Advocacy, lobbying and framing

- **Advocacy**
  - Influencing (a group of) policies
  - In political, economic and social systems/institutions
- **Lobbying**
  - Influencing a specific decision or outcome
  - By legislators or agencies.
- **Framing**
  - Influencing individuals, groups and societies how they perceive and communicate about reality.
  - Using existing clusters of meaning to place a message, issue or fact in a certain perspective

Frame: Mental resilience determines the future of our European society

- well-educated children, productive adults and active senior citizens increase the cohesion, stability and security;
- mentally well-functioning people are in better physical health, are more productive, earn higher incomes on average and hence have a higher socioeconomic status;
- higher productivity, lower absenteeism and less work accidents lead to lower costs for healthcare and social security systems, thus increasing GDP growth in Europe.

Source:

Could efficiency really be determined only by counting the number of beds and psychiatrists?

"In contrast Netherlands, Ireland and Czech Republic tend to emerge relatively consistently as the poorer performers".

1.20
1.00
0.80
0.60
0.40
0.20
0.00

France, Sweden, Korea, Hungary, United States, Finland, Austria, Italy, Germany, Norway, Poland, Luxembourg, New Zealand, Turkey, Slovak Republic, Australia, Estonia, Switzerland, Denmark, Mexico, Canada, Belgium, Greece, Czech Republic, United Kingdom, Portugal, Israel, Ireland, Slovenia, Netherlands

Source: OECD: (2012) draft paper

Compared to OECD average, Dutch mental health care does indeed have a huge professional staff

Poland
Spain[1]
Hungary
Portugal
Slovenia
Japan
Slovak Republic
Estonia
United States
Czech Republic
New Zealand
Austria
OECD 15.64
Australia
Canada
Greece
Israel
Denmark
Belgium
Italy
United Kingdom
Finland
Luxembourg
Norway
Netherlands 20.46 15
Germany
Ireland
Sweden
France
Iceland
Switzerland

0 5 10 15 20 25 30 35 40 45 50

Between 2000 and 2011, the number of psychiatrists per 100,000 population increased from 15,00 to 20,46 in the Netherlands

Source: OECD health database. [Online] Available http://dotstat.oecd.org/Index.aspx. Accessed 05 October 2013.

Compared to OECD average, Dutch mental health care does indeed have a huge professional staff

Mental health nurses per 100 000 population, 2011 (or nearest year)

140
120
100
80
60
40
20
0

132.3
49.7

Netherlands
Ireland
Japan
Norway
New Zealand
Switzerland
United Kingdom
Australia
Canada
Sweden
Germany
Finland
OECD
Austria
Iceland
Luxembourg
Slovenia
Czech Republic
Estonia
Italy
Slovakia
Poland
Korea
Portugal
Hungary

Source: OECD (2013), Health at a Glance 2013: OECD Indicators, OECD Publishing.

And also still a high number of psychiatric beds...

3
2,5
2
1,5
1
0,5
0

1,56
1,39
0,89
0,68

2000
2011

Japan Belgium Netherlands Germany Czech Republic Switzerland France Korea Luxembourg Norway Greece Austria Slovak Republic Finland OECD Ireland Slovenia Poland Denmark Portugal Estonia United Kingdom Iceland Sweden Israel Australia Spain Canada Hungary United States New Zealand Chile Italy Turkey Mexico

Source: OECD health database. [Online] Available http://dotstat.oecd.org/Index.aspx. Accessed 05 October 2013.

… with a strong focus on assisted independent living and sheltered housing.

The popularity of other residential facilities (*e.g.* sheltered houses, group homes) is demonstrated by the sharp increase in the places used: from 4 000 places in 1993 to approximately 13 000 in 2009

Types of residential services for people with mental health problems in 2009

Type of service	Total number of beds	Rate per 100 000
Clinical beds (cure) out of which:	21 596	131.0
- **Adults and elderly**	17 786	107.9
- **Children and youth**	1 772	10.7
- **Addiction care**	2 038	12.4
Sheltered housing, mainly group homes (care)	12 978	78.7

Source: Van Hoof F. et al. (2012), Bedden tellen – afbouw van de intramurale ggz [Counting the number of beds, phasing out institutional mental health care], MGv, jaargang 67 (2012) 6, 298-310. [In Dutch].

March 2012: are the number of beds / psychiatrist per 100 000 population a measure for efficiency ?

“In contrast Netherlands, Ireland and Czech Republic tend to emerge relatively consistently as the poorer performers”.

1.20
1.00
0.80
0.60
0.40
0.20
0.00

France
Sweden
Korea
Hungary
United States
Finland
Austria
Italy
Germany
Norway
Poland
Luxembourg
New Zealand
Turkey
Slovak Republic
Australia
Estonia
Switzerland
Denmark
Mexico
Canada
Belgium
Greece
Czech Republic
United Kingdom
Portugal
Israel
Ireland
Slovenia
Netherlands

Source: OECD: (2012) draft paper

On the basis of other OECD research, the question was: "Are outcomes not relevant at all ?"

Suicide deaths per 100 000 population (standardised rates) in OECD countries, 2011 (or latest available).

Age-standardised rates per 100 000 population

35
30
25
20
15
10
5
0

Greece, Turkey, Mexico, Brazil, Italy, Spain, United Kingdom, Israel, Portugal, Netherlands, Australia, Denmark, Luxembourg, Germany, Ireland, Canada, Slovak Rep., Sweden, Iceland, Switzerland, New Zealand, Norway, OECD, United States, Chile, Austria, Czech Rep., Poland, Estonia, France, Finland, Belgium, Slovenia, Japan, Russian Fed., Hungary, Korea

Source: OECD (2013), Health at a Glance 2013: OECD Indicators, OECD Publishing.

Such as a very low percentage of unmet need?

Self-reported utilisation of medication and any form of health care because of psychiatric problems, alcohol or drug related problems by the Dutch population between 18 – 64 years old.

	Medication (%)	Any form of mental health care (%)	Unmet need (%)
Mood disorder	36.8	58.7	8.7
Anxiety disorder	20.5	34.8	5.9
Substance abuse	15.3	29.0	5.3
ADHD	24.9	35.2	5.1
Any Axis-1 disorder	19.6	33.8	5.6
No axis-1 disorder	2.7	6.5	1.0
Total population	5.7	11.4	1.8

Source: de Graaf, R., M. ten Have and S. van Dorsselaer (2010), De psychische gezondheid van de Nederlandse bevolking. Nemesis-2: Opzet en eerste resultaten. [The mental health of the Dutch population. Nemsis-2: design and preliminary results]. Utrecht: Trimbos Instituut.

The paradox when it comes to international indicators and benchmarks

- Indicators are not reality, nor truth
- It is a simplification, a model
- International indicators are NOT reliable
- International benchmarks are NOT reliable

- We need indicators to measure
- We need international benchmarks to learn
- We need to know what the data represent

Already in 1863, Florence Nightingale introduced outcome measurements for hospitals

"It is proposed that one and the same form should be used for each statistical element. Seven elements are required to enable us to tabulate the results of hospital experience:

1. Remaining in hospital on the first day of the year.
2. Admitted during the year.
3. **Recovered or relieved** during the year.
4. **Discharged** incurable, **unrelieved**, for irregularities, or at their own request.
5. **Died during the year**.
6. Remaining in hospital on the last day of the year.
7. Mean duration of cases in days and fractions of a day."

Source: Nightingale F (1863). *Notes on hospitals*, 3rd Edition. London: Longmans (page 161).

European Alliance for Mental Health in All Policies

Mental ill health is very common …

In the Netherlands — population 16.8 million

- Mental ill health in lifetime: 43,5% of population
- People with mental ill health in lifetime: 7.3 million
- People with mental ill health in a year: 1.9 million
- People using specialist mental health care: 0.8 million

In WHO Europe:

- affect more than a third of the population every year
- 1-2% of population with diagnosis psychotic disorders
- 5.6% of men and 1.3% of women have substance abuse disorders

Sources: GGZ Nederland (2013), GGZ in de Zorgverzekeringswet; WHO (2013), European Mental Health Action Plan; De Graaf et al (2010), De psychische gezondheid van de Nederlandse bevolking (Nemesis-2).

… starting in youth where 15 – 25 % of adolescents have had experience with mental ill health…

People aged 15-24 with a mental disorder as a percentage of the total youth population, late 2000s and mid-1990s

Severe (late 2000s) | Moderate (late 2000s) | ◇ Mid-1990s (severe and moderate combined)

35
30
25
20
15
10
5
0

Austria, Switzerland, United Kingdom, Netherlands, Belgium, Sweden, Australia, Denmark, United States, Norway

Source: OECD (2012), Sick on the job? Myths and realities about mental health and work, page 178.

… affecting their education.

Share of people who stopped full-time education before age 15, by severity of mental disorder, 2010

◆ Severe disorder ◼ Moderate disorder ○ No mental disorder (↗)

35
30
25
20
15
10
5
0

Denmark | Netherlands | Sweden | Belgium | United Kingdom | EU-21 | Austria

Source: OECD (2012), Sick on the job? Myths and realities about mental health and work, page 138.

… their employability …

Employed people as proportion of the working-age population in 10 OECD countries, by severity of mental disorders, latest available year

Severe disorder
Moderate disorder
No disorder (↘)

90
80
70
60
50
40
30
20
10
0

Norway
Switzerland
Australia
Sweden
United States
Belgium
Denmark
United Kingdom
Netherlands
Austria

Source: OECD (2012), Sick on the job? Myths and realities about mental health and work, page 30.

… and their income.

Poverty risks for people with a severe, moderate or no mental disorder in 9 OECD countries, latest year available

Severe disorder (↘) | Moderate disorder | No disorder | ◇ Total

50
45
40
35
30
25
20
15
10
5
0

United States | United Kingdom | Australia | Denmark | Austria | Sweden | Belgium | Switzerland | Norway

a) Per person net income adjusted for household size. For Australia and Denmark, data refer to gross income.
b) The low-income threshold determining poverty risk is 60% of median income.

Source: OECD (2012), Sick on the job? Myths and realities about mental health and work, page 31.

Mental ill health leads to productivity loss …

Workers who have not taken sick leave, but show reduced productivity due to an emotional problem (in the previous four weeks) by mental health status and country.

Mental ill-health | None | Mental ill-health (Europe) | None (Europe)

%

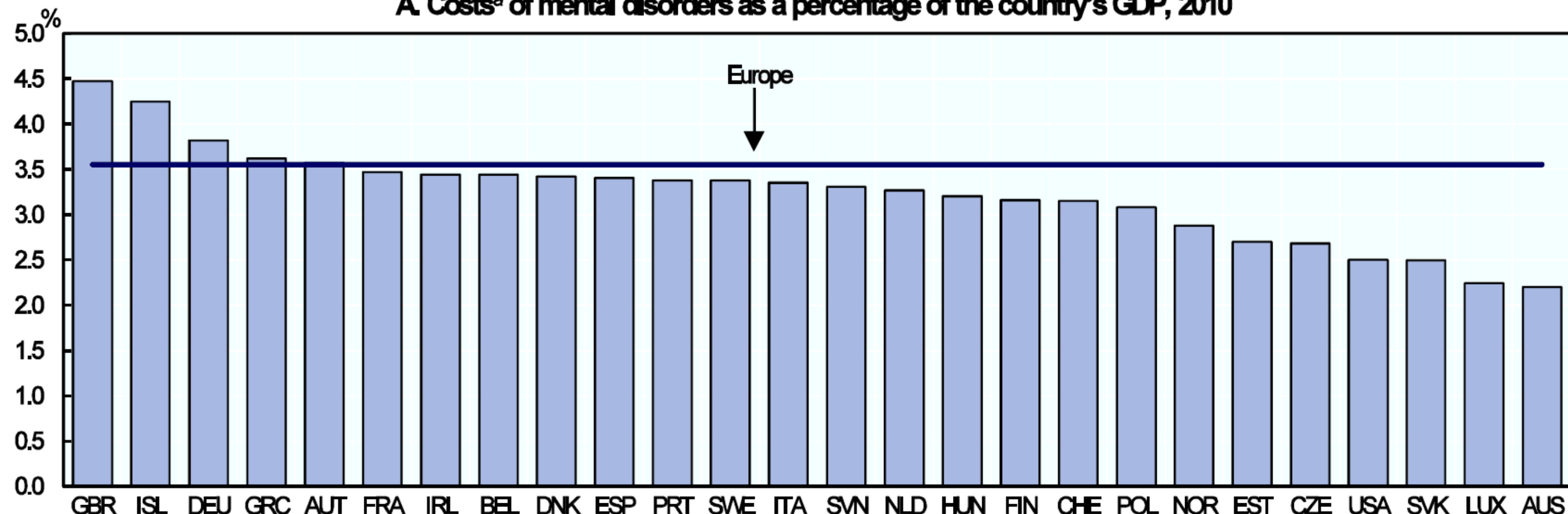
90 80 70 60 50 40 30 20 10 0

POL AUT BEL HUN CZE DNK NLD DEU LUX SWE FRA SVK IRL ESP EST GBR FIN ITA PRT SVN GRC

Source: OECD (2015) Fit Mind, Fit Job

… this makes the impact of mental ill health on Europe's economy huge.

Annual direct costs (work-related)	**€ 610 billion**
• employers (absenteeism and presenteeism)	€ 270 billion
• economy (lost output)	€ 240 billion
• healthcare systems (treatment)	€ 60 billion
• social welfare (disability benefit payments)	€ 40 billion



Sources: Matrix (2013), Economic analysis of workplace mental health promotion and mental disorder prevention programmes and of their potential contribution to EU health, social and economic policy objectives; OECD (2015) Fit Mind, Fit Job.

Core messages in every presentation of the Alliance

- **Mental ill health is common (part of human condition)**
- **Mental ill health does have a huge social and economic impact**
- **This impact will only increase in the next few years**
- **Mental health in all policies is not a luxury, it is a necessity**

The data of WHO is limited in scope, not always accurate en often too old

Health topics | Data | Media centre | Publications | Countries | Programmes | Governance | About WHO | Search

Global Health Observatory (GHO) data

- Global Health Observatory data
- Data repository
- Reports
- Country statistics
- Map gallery
- Standards

Mental health

Age-standardized suicide rates: There were an estimated 804 000 suicide deaths worldwide in 2012. This indicates an annual global age-standardized suicide rate of 11.4 per 100 000 population (15.0 for males and 8.0 for females). The major differences between high-income countries and low- and middle-income countries (LMICs) are that young adults and elderly women in LMICs have much higher suicide rates than their counterparts in high-income countries, while middle-aged men in high-income countries have much higher suicide rates than middle-aged men in LMICs.

View interactive graph

Read more

Suicide

>800 000

persons approximately die from suicide globally each year (one death every 40 seconds)

Suicide prevention

Financing

2.8%

was the median amount of the health budget allocated to mental health in 2011

Mental Health Atlas 2011

Human resources

60 countries

had less than 1 psychiatrist per 100 000 population in 2014

Rate of psychiatrists and nurses

MENTAL HEALTH ACTION PLAN 2013 - 2020

Policy and financing
Existence of mental health policy and plan

Human resources
Psychiatrists and nurses (per 100 000 population)

Contact us

Please send us your comment or question by e-mail.

http://www.who.int/gho/mental_health/en/

WHO Mindbank is a recent expansion …

عربي 中文 English Français Русский Español

World Health Organization

Health topics | Data | Media centre | Publications | Countries | Programmes | Governance | About WHO | Search

Mental health

- Mental health home
- Mental Health Action Plan 2013-2020
- mhGAP
- Evidence and research
- Policy and services
- Maternal and child mental health
- Neurology and public health
- Disorders management
- Suicide prevention
- Mental health in emergencies
- Mental health publications
- Media centre

WHO MiNDbank

WHO MiNDbank: More Inclusiveness Needed in Disability and Development

QualityRights

WHO MiNDbank is an online platform bringing together country and international resources, covering mental health, substance abuse, disability, general health, human rights and development. It is part of WHO's QualityRights campaign to end violations against people with mental disabilities. MiNDbank aims to facilitate dialogue, advocacy and research, to promote reform in these areas in line with international human rights and best practice standards.

Visit the WHO MiNDbank online database

Mindbank includes easy and free access to the following resources:

- National mental health policies, strategies and laws
- National disability related policies, strategies and laws
- National general health policies, strategies and laws
- National non communicable diseases policies and strategies
- National alcohol and substance abuse policies, strategies and laws
- National child and youth general, mental health, health, disability and substance abuse policies, strategies and laws
- National older persons general, mental health, health, disability and substance abuse policies, strategies and laws
- National mental health, general health, child/youth and older persons service standards
- Evaluations of policies, strategies, laws and services for mental health, disability, general health, substance abuse, child/youth and older persons
- National constitutions, human rights and child rights laws
- National poverty reduction and development strategies
- International and regional human rights conventions and treaties
- CRPD Member States reports, Shadow Reports and Concluding Observations

Note for the media: MiNDbank launch

Download the WHO MiNDbank flyer

Download the WHO QualityRights Tool Kit

http://www.mindbank.info/collection/region/europe

With information on legislation, policies and so on

Home | About | Country Resources | WHO Resources | Human Rights Resources | UN & WHO Resolutions | Contribute | Links | Accessibility | Search

European Region: Country Resources

Countries in WHO MINDbank are categorised according the six WHO regions. Alternatively, you may also browse by country, the resource type or topic or conduct a more detailed search for resources.

- Albania
- Andorra
- Austria
- Azerbaijan
- Belarus
- Belgium
- Bosnia and Herzegovina
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Georgia
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Israel
- Italy
- Kyrgyzstan
- Latvia
- Lithuania
- Luxembourg
- Malta
- Monaco
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Principality of Liechtenstein
- Republic of Moldova
- Romania
- Russian Federation
- San Marino
- Serbia
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- The former Yugoslav Republic of Macedonia
- Turkey
- Ukraine
- United Kingdom
- Uzbekistan

Show all resources from countries in the European Region

http://www.mindbank.info/collection/region/europe

… but is also severely limited.

Home | About | Country Resources | WHO Resources | Human Rights Resources | UN & WHO Resolutions | Contribute | Links | Accessibility | Search

Country Resources: Netherlands

» Show all 44 resources from Netherlands

» Browse by Resource Type:

- Mental Health Policies (2)
- Mental Health Strategies and Plans (2)
- Mental Health Legislation, Regulations and Implementation Guides (5)
- Substance Abuse Policies (2)
- Substance Abuse Strategies and Plans (1)
- Substance Abuse Legislation (2)
- Disability Strategies and Plans (1)
- Disability Legislation (1)
- General Health Policies (1)
- General Health Strategies and Plans (2)
- General Health Legislation (6)
- Constitutions (4)
- Human Rights Legislation (1)
- Capacity related legislation (1)
- Development and Poverty Strategies (2)

» Browse by Resource Topic:

- Child and Youth General Policies, Laws, Strategies & Plans, Service Standards (2)
- Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards (2)
- Child and Youth Disability policies/plans/legislations and service standards (2)
- Older Persons General Policies, Laws, Strategies & Plans and service standards (1)
- Older Persons General Health Policies, Laws, Strategies & Plans, Service Standards (1)
- Neurological disorders including dementia (2)
- Suicide Prevention (1)

» Browse by Administrative Region:

- National resources (25)
- Aruba (4)
- Curaçao (10)
- Sint Maarten (5)

http://www.mindbank.info/collection/country/netherlands

The HSPM is a cooperation between WHO and EU.

European Observatory on Health Systems and Policies

THE HEALTH SYSTEMS AND POLICY MONITOR

is an innovative platform that provides a detailed description of health systems and provides up to date information on reforms and changes that are particularly policy relevant.

THE HSPM PLATFORM FEATURES THE FOLLOWING SERVICES

COUNTRIES

By selecting a country you will access a dedicated page that provides systematic descriptions of its health system and features up-to-date information on ongoing health reforms and policies.

Please select a country from the list

COMPARE COUNTRIES

This engine allows you to select different countries and compare their health systems. The system will automatically extract and collate the content from the published HiT for the selected countries and the selected topic.

Compare countries

HEALTH POLICY ARTICLES

The Observatory grants open access to Elsevier Health Policy Journal's articles published by its HSPM members.

Read

ABOUT THE OBSERVATORY

The European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of health care systems in Europe.
Read more ...

ABOUT THE HSPM NETWORK MEMBERS

The HSPM network is an international group of high profile institutions with a prestigious reputation and academic standing in health systems and policy analysis.
Read more ...

Subscribe to the HSPM platform e-Bulletin

Follow us on twitter

Visit the Observatory website

http://www.hspm.org/mainpage.aspx

And a good instrument to compare countries on specific topics, such as mental health

2. SELECT TOPIC

- Introduction
- Organization and governance
- Financing
- Physical and human resources
- Provision of services
- Principal health reforms
- Assessment of the health system
- Conclusions

Please note that sections "Intersectorality" and "Transp

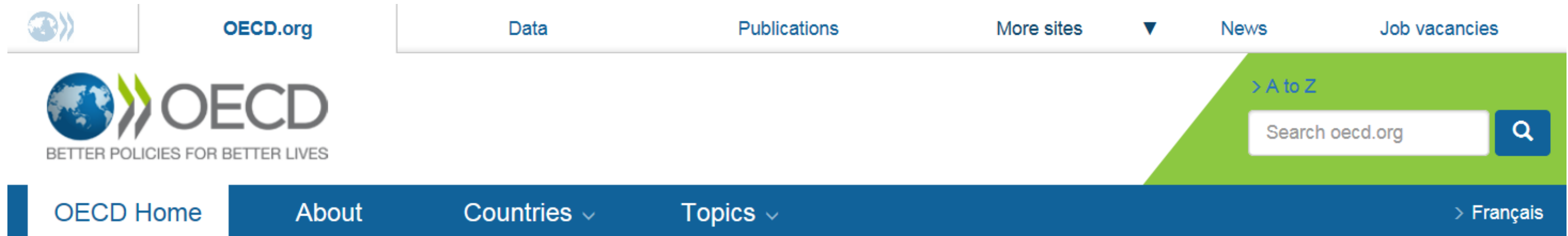
- ☐ Public health
- ☐ Patient pathways
- ☐ Primary / ambulatory care
- ☐ Specialized ambulatory care / inpatient care
- ☐ Emergency care
- ☐ Pharmaceutical care
- ☐ Rehabilitation / intermediate care
- ☐ Long term care
- ☐ Services for informal carers
- ☐ Palliative care
- ☐ Mental health care
- ☐ Dental care
- ☐ Complementary and alternative medicine
- ☐ Health services for specific populations

3. GENERATE PDF (PLEASE ALLOW 35 SECONDS FOR THE

Download PDF

http://www.hspm.org/searchandcompare.aspx

The OECD does have a health department with one person responsible for mental health



OECD Home > Directorate for Employment, Labour and Social Affairs > Health policies and data > Mental Health Systems in OECD Countries

- Employment policies and data
- Health policies and data
- Social policies and data
- Families and children
- Pension systems
- International migration policies and data

Mental Health Systems in OECD Countries

Mental disorders account for one of the largest and fastest growing categories of the burden of disease with which health systems must cope, often accounting for a greater burden than cardiovascular disease and cancer. As reliance upon inpatient care reduces – psychiatric inpatient beds are falling across most OECD countries – countries are often struggling to provide appropriate care in the community. Many mild to moderate mental disorders are under diagnosed and untreated, meaning that a significant proportion of the population suffering from mental ill health remains hidden. The indirect costs of mental ill health, for example in lost productivity, are significant.

Mental disorders also account for a significant share of health spending, particularly public health spending. OECD estimates of expenditure on mental and behavioural disorders show a wide variation between countries. There is also significant variation in inputs, clinical outcomes and health care quality indicators.

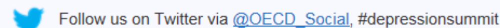
Given the large burden of disease and the variations in financing, delivery and outcomes, there is considerable interest in how to strengthen mental health systems, and measure performance in an objective and standardised way. There is also vast potential for cross-country learning and sharing of best practices between OECD members. Much still remains to be done to assure high-quality evidence-based treatment, appropriate outcome measurement, and good value-for-money in mental health systems across OECD countries.

THE GLOBAL CRISIS OF DEPRESSION

The Global Crisis of Depression - The Low of the 21st Century?
Tuesday, November 25th 2014 - Kings Place, London

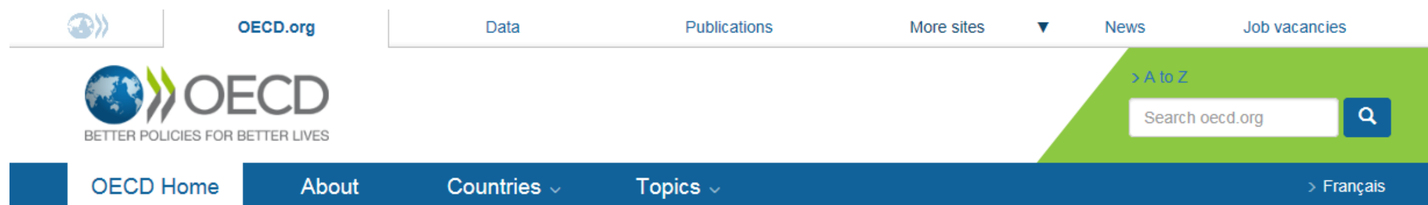
- Francesca Colombo, Head of the OECD Health Division, will participate in the panel discussion "Facing down depression; engendering a global response to a global public health crisis".
- The full programme is available online.

For more information, visit http://www.economistinsights.com/healthcare/event/global-crisis-depression.



http://www.mindbank.info/collection/country/netherlands

A second department of the OECD is working on Mental Health and Work



OECD Home > Directorate for Employment, Labour and Social Affairs > Employment policies and data > Mental Health and Work

- Employment policies and data
- Health policies and data
- Social policies and data
- Families and children
- Pension systems
- International migration policies and data

Mental Health and Work

Tackling mental ill-health of the working-age population is becoming a key issue for labour market and social policies in OECD countries. OECD governments increasingly recognise that policy has a major role to play in keeping people with mental ill-health in employment or bringing those outside of the labour market back to it, and in preventing mental illness.

Time to act on mental health

The costs of poor mental health are high: the total cost of mental illness is estimated at around 3.5% of GDP. People with mild to moderate disorders, such as anxiety or depression, are twice as likely to be unemployed. They also run a much higher risk of living in poverty and social marginalisation. The facts are clear: it's time to act.

KEY PUBLICATION ON MENTAL HEALTH AND WORK

- "Fit Mind, Fit Job - From Evidence to Practice in Mental Health and Work".

This report provides a synthesis of the findings of the OECD's four-year review. It concludes that a transformation is required in policy thinking about mental health and work and sets out the key elements for an integrated policy approach to promoting better mental health and employment outcomes.

COUNTRY REPORTS ON MENTAL HEALTH AND WORK

This series of reports is looking at how the broader education, health, social and labour market policy challenges identified in Sick on the Job? Myths and Realities about Mental Health and Work are being tackled in a number of OECD countries.

Nine countries reports are published:

- Australia | 7 December 2015
- Austria | October 2015
- Belgium | January 2013
- Denmark | February 2013
- Netherlands | December 2014
- Norway | March 2013
- Sweden | March 2013
- Switzerland | January 2014
- United Kingdom | February 2014

The EU does have a specific program on health indicators, including some on mental health.

About this site | Legal notice | Contact | Search | English (en)

PUBLIC HEALTH

European Commission > DG Health and Food Safety > Public health > Indicators > ECHI > List of indicators

INDICATORS

Search

All topics | Policy | ECHI | Healthy life years | Other indicators | International classification | Committees | Projects

Go back to Indicators > ECHI > List of indicators

ECHI - European Core Health Indicators

The European Core Health Indicators (ECHI), formerly known as European Community Health Indicators are the result of a long-term cooperation between the EU Member States and the European Commission. Three ECHI projects (1998-2001, 2001-2004, 2005-2008) funded under the EU Health Programmes established the first lists of ECHI indicators, aiming to create a comparable health information and knowledge system to monitor health at EU level.

Under the Second Programme of Community Action in the Field of Health 2008-2013, the EU funded the Joint Action (JA) on European Community Health Indicators Monitoring (ECHIM). The ECHIM JA built on previous achievements and developed more precise definitions of the indicators and continued the implementation of the indicators in the Member States. One of the aims of the ECHIM was to consolidate and expand the ECHI indicator system towards a sustainable health monitoring system in Europe supporting the EU Health Strategy The work was carried out in close collaboration with Member States, the European Commission, Eurostat, WHO, OECD and other international organisations. The JA came to an end in June 2012 were the main result was a shortlist of 88 health indicators (248 KB) classified by policy areas.

In May 2013, the Expert Group on Health Information agreed to rename the ECHI as the European Core Health Indicators.

Definitions and data collection are in place for over 50 of 88 ECHI indicators. Indicators under development still need further refinement before being accessible in the ECHI data tool. ECHI indicators are grouped below under five main chapters. To access data and metadata, click on the indicator to go to the ECHI data tool. This tool allows presenting the selected indicator in different layouts: line chart, bar chart, map or table.

Indicators are at the crossroads of policy questions and data sets. They reflect a policy interest as well as a selected set of possibilities in terms of what can be calculated. For these reasons, DG Health and Food Safety also presents other European health indicators that are not part of the ECHI system but are still useful to health stakeholders (see below). These indicators are identified with DG Health and Food Safety logo and are also directly accessible through the ECHI data tool.

Where considered useful or appropriate, stratification by gender and age is applied. Breakdowns by socio-economic or regional level are provided when available.

Demography and socio-economic situation

e-newsletter 26 November 2015

s for better and more accessible healthcare

Latest updates

Indicator on 'Selected communicable diseases' updated with 2013 data for Hepatitis B & C (ECHI 18)
Released 07 December 2015

Indicator on 'Vaccination coverage in children' updated with 2012 data (ECHI 56)
Released 07 December 2015

Commission launches new version of ECHI data tool
Released 12 November 2015

Follow us on twitter | More

Highlights

ECHI data tool

http://ec.europa.eu/health/indicators/echi/list/index_en.htm#id4

With options to select indicators, years and countries.

Contact English (en)

European Commission

Public Health

ECHI Data Tool

European Commission › DG Health & Consumers › Public health › ECHI Data Tool

ECHI Data Tool

Choose your indicator(s)

Select Indicators in chapters Reset

= ICD-10 codes C50), total female population
In-patient average length of stay (in days), for malignant neoplasm of uterus (ISHMT code 0205 = ICD-10 codes C53-C55), total female population
In-patient average length of stay (in days), for malignant neoplasm of prostate (ISHMT code 0207 = ICD-10 code C61), total male population
In-patient average length of stay (in days), for diabetes mellitus (ISHMT code 0401 = ICD-10 codes E10-E14), total population
In-patient average length of stay (in days), for mental and behavioural disorders (ISHMT code 0500 = ICD-10 codes F00-F99), total population
In-patient average length of stay (in days), for dementia (ISHMT code 0501 = ICD-10 codes F00-F03), total population
In-patient average length of stay (in days), for mental and behavioural disorders due to alcohol (ISHMT code 0502 = ICD-10 code F10), total population
In-patient average length of stay (in days), for mood [affective] disorders (ISHMT code 0505 = ICD-10 codes F30-F39), total population
In-patient average length of stay (in days), for diseases of the nervous system (ISHMT code

Select Countries

Minimum
Average
Maximum
Belgium
Bulgaria
Czech Republi
Denmark
Germany
Estonia
Ireland
Spain
France
Croatia
Italy
Cyprus
Latvia

Select Years

2013
2012
2011
2010
2009
2008
2007
2006
2005
2004
2003
2002
2001
2000
1999
all

Update

About | Line chart | Bar chart | Map chart | Table chart | Metadata

Welcome to the ECHI (European Core Health Indicators) data tool

The ECHI data tool is a graphic tool and an interactive application to present relevant and comparable information on health at European level. The tool presents a list of indicators, grouped in five chapters:

- demographic and socio-economic factors
- health status
- determinants of health
- health interventions: health services

http://ec.europa.eu/health/dyna/echi/datatool/index.cfm?indlist=70

Like Average Length of Stay

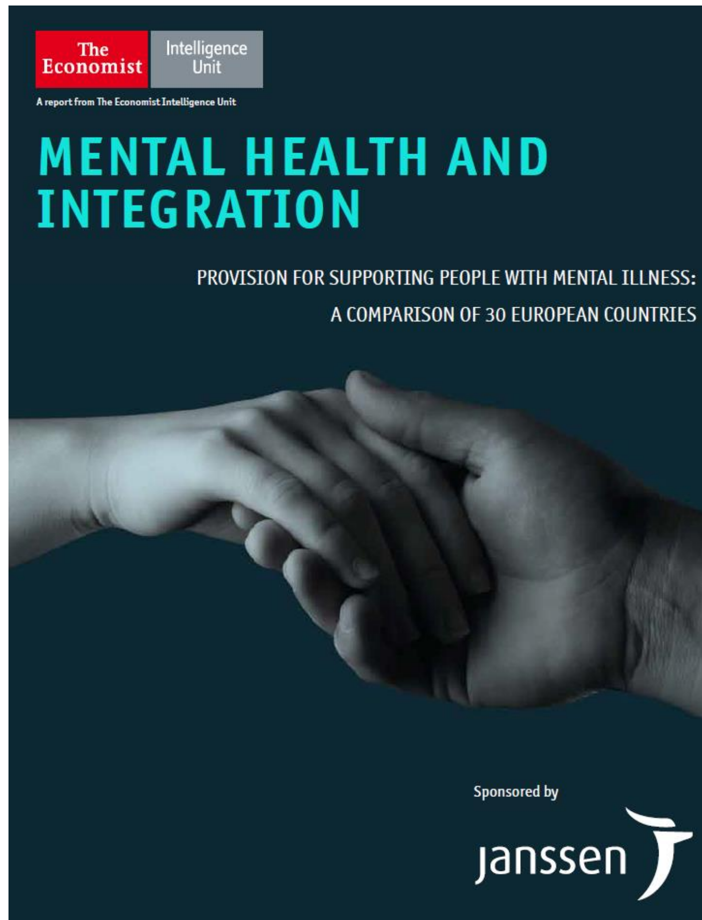
About | Line chart | Bar chart | Map chart | Table chart | Metadata

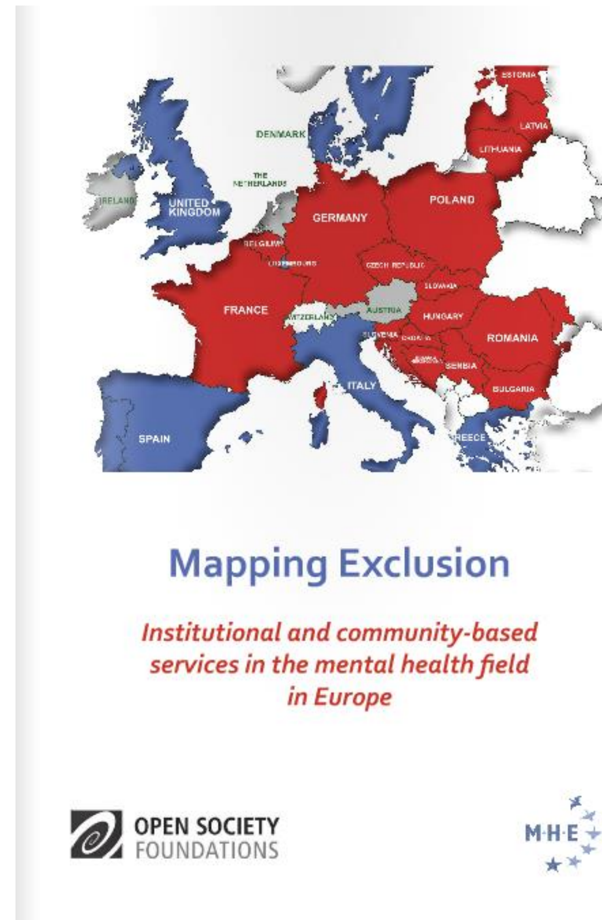
Indicators

HIHSI037190: In-patient average length of stay (in days), for mental and behavioural disorders (ISHMT code 0500 = ICD-10 codes F00-F99), total population

http://ec.europa.eu/health/dyna/echi/datatool/index.cfm?indlist=70

Private organisations and NGO's are also benchmarking more and more





http://ec.europa.eu/health/dyna/echi/datatool/index.cfm?indlist=70

GGZ NEDERLAND Dutch Association of Mental Health and Addiction Care

GGZ Nederland is the sector organisation of specialist mental health and addiction care providers in the Netherlands. The aim of GGZ Nederland and its members is to ensure the availability of high quality, accessible, affordable and sustainable mental health care.

In 2013, its 113 members employed 89,500 staff who provided specialist mental health care to 815,800 clients.

Together they have an annual turnover of € 5.66 billion (6.1% of Dutch health care expenditure and deliver a Return On Investment for the Dutch society of € 14.6 billion. This is a market share of 80.6% in the health insurance market and more than 90% in child and youth care, sheltered housing, addiction care and forensic care.

Source: GGZ Nederland (2013), GGZ in de Zorgverzekeringswet

GGZ NEDERLAND Dutch Association of Mental Health and Addiction Care

Seated in Amersfoort, its 60 employees represent the interests of its members in an on-going and constructive dialogue with client organisations, health insurers, national and local governments, professional associations and trade unions.

contact: GGZ Nederland
PO Box 830,
3800 AV Amersfoort

e-mail: cnas@ggznederland.nl

website: www.ggznederland.nl/pagina/english