





# Strengthening mental health in the Norden

– suggestions for initiatives for promotion of the  
exchange of knowledge and experience

*Report by the Nordic Expert Group on Mental Health, 2009–2010*

## **Strengthening mental health in the Nordic countries**

– suggestions for initiatives for promotion of the exchange of knowledge and experience

TemaNord 2011:514

© Nordic Council of Ministers, Copenhagen 2011

ISBN 978-92-893-2202-7

Print: Kailow Express ApS

Cover photo: Anna Hult

Copies: 200

Printed on environmentally friendly paper

This publication can be ordered on [www.norden.org/order](http://www.norden.org/order). Other Nordic publications are available at [www.norden.org/publications](http://www.norden.org/publications)

This publication has been published with financial support by the Nordic Council of Ministers. But the contents of this publication do not necessarily reflect the views, policies or recommendations of the Nordic Council of Ministers.

Printed in Denmark



### **Nordic Council of Ministers**

Ved Stranden 18

DK-1061 København K

Phone (+45) 3396 0200

Fax (+45) 3396 0202

### **Nordic Council**

Ved Stranden 18

DK-1061 København K

Phone (+45) 3396 0400

Fax (+45) 3311 1870

**[www.norden.org](http://www.norden.org)**

### **Nordic co-operation**

*Nordic cooperation* is one of the world's most extensive forms of regional collaboration, involving Denmark, Finland, Iceland, Norway, Sweden, and three autonomous areas: the Faroe Islands, Greenland, and Åland.

*Nordic cooperation* has firm traditions in politics, the economy, and culture. It plays an important role in European and international collaboration, and aims at creating a strong Nordic community in a strong Europe.

*Nordic cooperation* seeks to safeguard Nordic and regional interests and principles in the global community. Common Nordic values help the region solidify its position as one of the world's most innovative and competitive.



# Content

Preface.....	7
1. The Expert Group.....	9
1.1 Expert Group mandate and composition .....	9
1.2 The Group’s final composition: .....	10
1.3 The work of the Expert Group .....	10
1.4 The Expert Group’s suggestions .....	10
2. Nordic contribution to international efforts .....	13
2.1 Child and adolescent mental health.....	13
2.2 Working life and mental health .....	14
2.3 Mental health of older people.....	14
2.4 The primary care sector.....	14
2.5 User and carer influence.....	15
2.6 Voluntariness and coercion .....	15
3. Appendix .....	17
3.1 Introduction.....	17
3.2 Nordic contribution to international efforts.....	17
3.3 Child and adolescent mental health.....	18
3.4 Working life .....	19
3.5 Mental health of older people.....	20
3.6 Primary care .....	21
3.7 User and carer influence.....	21
3.8 Voluntariness and coercion .....	22



# Preface

In recent years, the Nordic countries have placed great emphasis on Nordic co-operation and the exchange of experience in the health sector. In 2009–2010 the countries prioritised the theme “improvements and development work in the social and health care service” focusing on mental health, and allocated DKK five million of the sector’s project funds to co-operation in mental health. A Nordic forum on mental health, made up of national experts and a representative from the Nordic School of Public Health, was set up. The forum was asked to present a report which would provide the basis of future Nordic co-operation in this field. The report was presented to the Nordic Council of Ministers for Health and Social Affairs and the Committee of Senior Officials for Health and Social Affairs in June 2010, and it was decided to use the report as the basis for co-operation in the field of mental health in 2011.

This pamphlet contains the expert forum’s report in which six areas of importance for all the Nordic countries have been identified, in which joint Nordic efforts to improve shared knowledge and experience will be able to support the individual Nordic country’s national measures to improve mental health.



*Halldór Ásgímsson*

Secretary General

Nordic Council of Ministers





# 1. The Expert Group

## 1.1 Expert Group mandate and composition

In March 2009, a Nordic Expert Group was established with the following mandate:

“An expert Group comprised of participants from all the Nordic countries is appointed for the period 2009–2010. The Group should by the 2010 Nordic Council of Ministers for Health and Social Affairs (MR-S) meeting provide suggestions for themes for a wide exchange of knowledge and experience with a clear Nordic added value about common problems and challenges in the area of mental health.”

The Group was constituted at a meeting in Copenhagen, Denmark, on March 31, 2009. It established its overall activity plan later that same year on May 7–8 at the conference New Perspectives – Best Mental Health Practices in Akureyri, Iceland. In connection with the meeting in Akureyri, it was also established that the responsibility for execution of the Action Plan on Mental Health, as decided by the Nordic Committee of Senior Officials for Health and Social Affairs (EK-S), lies with the Nordic School of Public Health. The Expert Group can give opinions on the content, but is responsible for neither said content nor execution.

## 1.2 The Group's final composition:

*Marianne Jespersen*, National Board of Health, Denmark (Chairperson)  
*Kristian Wahlbeck*, National Institute for Health and Welfare, Finland  
*Jan Tvedt*, Norwegian Directorate of Health, Norway  
*Susanne Rolfner Suvanto*, National Board of Health and Welfare, Sweden  
*Hedinn Unnsteinsson*, Ministry of Health, Iceland  
*Lars Fredén*, Nordic School of Public Health (Group Secretary)

## 1.3 The work of the Expert Group

The Group has held a total of eight meetings, during which national plans and reports, current challenges and experiences from each Nordic country, as well as new initiatives in the area of mental health, including psychiatric services and mental health promotion in each country, were presented and discussed. The Group concludes that the significance of mental health for public health is in focus in all the Nordic countries and that there is an interest for a wide exchange of knowledge and experience comprising both the collection and conveyance of knowledge within the area.

In connection with this, the Group has discussed possibilities and perspectives regarding future common Nordic initiatives that will support and promote developments in the area in all the Nordic countries.

With this background, the Group hereby presents a brief report with concrete suggestions for future Nordic cooperation within the area of mental health. The selected areas have a common feature, namely that they represent significant challenges for all the Nordic countries.

## 1.4 The Expert Group's suggestions

Based on the discussions described above, the Group has identified the areas presented below as being of significant importance for all the Nordic countries, where a joint Nordic effort with the aim of increasing common knowledge and experience will be able to support each individual country's national efforts for strengthening mental health. After the presentations and discussions held at the Nordic Committee of Senior Officials for Health and

Social Affairs (EK-S) meeting on April 19, 2010, the Expert Group has formulated more concrete and specific suggestions and recommendations, paying particular attention to build Nordic common knowledge in the six selected areas via the establishment of networks or similar initiatives between the existing competency environments in the Nordic countries.

In relation to the area of child- and adolescent health, the Expert Group however finds it important that a Nordic Centre assigned with the responsibility for collection and conveyance of knowledge be established.

The Expert Group further recommends that the highest priority be given the suggestion regarding a Nordic contribution to international efforts in the area of mental health, referring specifically to the initiative by Nordic Council of Ministers in cooperation with the WHO for an intergovernmental meeting as described below.



## 2. Nordic contribution to international efforts

In 2005, all the Nordic countries signed the WHO Helsinki Mental Health Declaration for Europe and Mental Health Action Plan for Europe. According to the declaration, each member state is committed to report back to the WHO on the progress of implementation of the Declaration at an intergovernmental meeting. The Expert Group suggests that the Nordic Council of Ministers in cooperation with the WHO take the initiative for such an intergovernmental meeting. The Expert Group suggests a preparatory working meeting during the spring of 2011 with the aim of providing an important and cohesive Nordic contribution, as a step in preparations in the event of a European intergovernmental WHO meeting in a Nordic country being arranged later that same year or in 2012.

### 2.1 Child and adolescent mental health

In all Nordic countries, signs of poor self-assessed mental health among children and adolescents is found, as well as an increased demand for child and adolescent psychiatric services. There is currently only limited knowledge about the reasons behind this development. Increased knowledge about the issue and more effective measures will have a great impact for the prevention, early intervention, reduced incidence and severity of mental disorders and thus also have a great individual as well as societal significance. The assignment of a Nordic centre assigned with the task of coordinating the collection, development and dissemination of knowledge about methods and measures to promote mental health, prevent mental health problems and

develop early interventions among children and adolescents is therefore suggested.

## 2.2 Working life and mental health

To promote the inclusion of individuals with mental health disabilities in working life is of high importance as working life is an important element in each individual's life. It is also of high importance for society, inter alia due to mental health problems being a significant reason for early retirement and sick leave. A suggestion is made to establish a Nordic network for the exchange of knowledge and ideas between all relevant actors.

## 2.3 Mental health of older people

There is currently not enough attention being paid to the importance of focusing on the mental health of older people, both in general and in relation to prevention and treatment of mental disorders among the elderly. An initiative for the exchange of knowledge and experience via the establishment of a Nordic network that can contribute to the collection and dissemination of experiences of measures will strengthen this area in all the Nordic countries.

## 2.4 The primary care sector

In all the Nordic countries, the primary health care sector has the responsibility for the broad provision of services regarding the frequent, more general and less complicated tasks within the mental health care, including mental health promotion, prevention, diagnosis and treatment. It also acts as a gate keeper and cooperation partner for the specialist health care sector. Therefore there is a need for capacity building, increased knowledge and improved possibilities to encounter and manage the majority of people with mental problems in the primary care sector. The establishment of a Nordic network between select settings of excellence can promote these efforts.

## 2.5 User and carer influence

People with personal experience of mental health problems have knowledge that can significantly contribute to the development of services offered. User and informal carer peer support is an important resource, e.g. in the work against stigma. Initiatives that support the following are therefore suggested: 1) Nordic exchange of knowledge and experience, 2) Support to Nordic user organization networks, and 3) Seminars and conferences for the exchange of experiences regarding information and anti-stigma campaigns.

## 2.6 Voluntariness and coercion

It is a common goal in the Nordic countries to reduce the use of coercion in the mental health services, as well as to promote the development of alternatives to coercion. It is thereby suggested that: A Nordic network be established with the purpose of 1) Exchange of experiences regarding alternatives to coercion and 2) Development of relevant and comparative Nordic statistics in the area focusing on quality assurance work in a long-term perspective.

The suggestions above are further described in the appendix attached.

The Expert Group is willing and interested in continuing its work on these issues, for instance by concretising and anchoring the above listed recommendations and initiatives. The Expert Group also suggests that its mandate be extended to the end of 2011.

In connection with this, the Expert Group also suggests that the Group's suggestions be coordinated with the Nordic School of Public Health's action plan, including a possible extension of time limitations and further development of the action plan. The Expert Group suggests that current unused action plan funds be included in the realization of the Group's suggestions.

On behalf of the Expert Group

*Marianne Jespersen*  
Chairperson





## 3. Appendix

Suggestions from the Nordic Expert Group on Mental Health:  
*to strengthen mental health in the Nordic countries*

### 3.1 Introduction

We suggest a series of Nordic activities that support and supplement national strategies for mental health and support the development of relevant areas within mental health. The six areas chosen constitute challenges common to all the Nordic countries, where the differences between the countries constitute beneficial possibilities for mutual learning and the creation of Nordic added value. At the same time, national efforts are being undertaken and strategies have been drawn up in most Nordic countries, in accordance with the 2005 WHO Mental Health Declaration for Europe (the Helsinki Declaration).

The concrete suggestions have been chosen with the intent of stimulating developments by collecting, building and disseminating common knowledge. The suggestions can support comparisons between the countries and the use of common and precise targets, monitoring and evaluation of the work currently being done regarding mental health.

### 3.2 Nordic contribution to international efforts

In Helsinki in 2005, the member states of the WHO European Region signed a common declaration and action plan for mental health. According to the declaration, the member states commit themselves to report back to the

WHO on the progress of implementation of the declaration at an intergovernmental meeting.

The Expert Group recommends that the Nordic Council of Ministers, in cooperation with the WHO, take initiative to make preparations for such an intergovernmental meeting. International studies show that relatively speaking, the Nordic countries exhibit good mental health. The Nordic welfare model's positive effects on public mental health could be a central theme at such a meeting.

The Expert Group recommends that during the spring of 2011, a preparatory working meeting with the WHO be arranged. The goal of the meeting would be to present the progress and strategies for mental health in the Nordic countries, as a step in preparations in the event of a European intergovernmental meeting be arranged in a Nordic country.

### 3.3 Child and adolescent mental health

#### *3.3.1 Vision/Goal*

To promote mental health through early measures and thereby reduce the mental ill health among children and adolescents, as well as later in life. Efforts should be made in relevant arenas such as family, child day care, schools, education and the transition to working life. The goal is to prevent the high needs for child- and adolescent psychiatric diagnostics and treatment through relevant early measures.

#### *3.3.2 Basis*

The resources provided at an early age not only lead to reduced suffering but also reduced costs for society through reduced cost of care, social benefits, social services and potential addiction- and correctional treatment. It has become more common for adolescents to report depression, anxiety, sleeping difficulties and pain. When it comes to suicide, rates have gone down in most age groups except for young people. At the same time, increased referrals to and demand of child- and adolescent psychiatric care can be noted.

### *3.3.3 Suggestion for activities*

Assign a Nordic centre with the task of coordinating and supporting existing actors regarding the collected knowledge of mental health development, mental health and mental disorders among children and adolescents. The Centre's mission will be to take the initiative for and support the development of methods and strategies for promoting mental health among children and adolescents, preventive measures as well as identification and support of risk groups among children and young people. The development centre will be placed in an existing centre of excellence that will be given an expanded assignment.

## 3.4 Working life

### *3.4.1 Vision/Goal*

To include people with mental disabilities<sup>1</sup> in working life. To extend and improve the possibilities for a working life by reducing sick leave and early retirement due to mental ill health. To increase the acceptance and inclusion of mentally ill persons in the labour market.

### *3.4.2 Basis*

The number of individuals who are on sick leave or have retired early due to mental ill health has increased. Work and occupation constitute important parts of every individual's life. People with mental ill health or disabilities find themselves further away from the labour market than others. In times of high unemployment, this group is often affected even harder.

### *3.4.3 Suggestion for activities*

Establish a Nordic network assigned with the task of collecting and spreading knowledge about inclusive working life and the creation of a meaningful occupation. It will for instance entail taking the initiative for a Nordic ex-

---

<sup>1</sup> The term mental disability here refers to the social consequences of the mental health problem/disorder

change of knowledge and experience between users, labour market actors, researchers and other stakeholders.

## 3.5 Mental health of older people

### *4.5.1 Vision/Goal*

To promote mental health among older people by providing conditions for a life of integrity, autonomy and social participation. Increased awareness of the significance of the mental health of older people and access to adequate services. Public services should at all levels be adapted to correspond to the needs of the elderly.

### *3.5.2 Basis*

Older people with mental health problems constitute an invisible group. The actual access to psychiatric care as well as preventive measures aimed towards older people is limited at the same time as the older a person is, the more dependent on public services he or she becomes. Age limits may for those individuals with mental disabilities result in relevant efforts being cancelled for organisational purposes. Mental ill health is not uncommon among older people; a higher risk for depression for instance exists due to inter alia loneliness, losses and physical disease.

### *3.5.3 Suggestion for activities*

Establish a Nordic network with the task of collecting and disseminating knowledge about the specific problems of older people and with a primary focus upon intersectoral cooperation and preventive efforts.

## 3.6 Primary care

### *3.6.1 Vision/Goal*

Primary care should in cooperation with specialist health care services and other sectors contribute to people being able to manage their own lives in their local communities. Primary care should encompass capacity and resources to support and aid mental health. It should also include resources and knowledge to initiate and implement health promotion and preventive measures.

### *3.6.2 Basis*

In the Nordic countries, there is a common understanding that the majority of individuals with mental problems should be met in the primary sector. At the same time, there are both challenges and uncertainties regarding organisation and responsibility. Continuity should be established in inter-sectoral cooperation efforts.

### *3.6.3 Suggestion for activities*

To strengthen the quality of primary care services for mental health through Nordic knowledge exchange on different types of measures and organisation of care, as well as capacity building. Present and summarise methods for intersectoral cooperation between primary care, specialist care services and other agencies concerned with the aim of presenting successful solutions. The Nordic knowledge exchange can be developed by each Nordic country identifying centers of excellence, which in a network can analyse common issues, coordinated by the Nordic School of Public Health.

## 3.7 User and carer influence

### *3.7.1 Vision/Goal*

Users and their carers should have influence upon and rights to participate in the design of services offered. Patients with mental problems should

have equal rights and choice as patients being given somatic care. Individuals with mental problems should be integrated and offered active participation in society.

### *3.7.2 Basis*

People with personal experiences of ill mental health, their families and friends possess knowledge that is important for the development of services at all levels. User peer support is an important resource in mental health services. User participation and efforts to stop stigmatisation are two sides of the same coin. Ignorance and prejudice impede the possibilities for individuals with mental disabilities to obtain work, adequate education and social inclusion.

### *3.7.3 Suggestion for activities*

- The Nordic Council of Ministers actively support the user organisations' Nordic networks, for instance by supporting a Nordic conference on user influence.
- Take initiatives for a Nordic exchange of knowledge and experiences with the aim of strengthening current national initiatives to compile user knowledge, through the establishment of a Nordic network.
- Organise a conference in 2011 enabling the exchange of experiences regarding past and current public information- and anti-stigmatisation campaigns.

## 3.8 Voluntariness and coercion

### *3.8.1 Vision/Goal*

To minimize the use and need of coercion in mental health care and promote the development of alternatives to such practices.

### *3.8.2 Basis*

Compulsory care is always a departure from the principles of human rights. In a comparative study of the Nordic countries, it would be beneficial to map and analyse experiences of reduction of coercion, which coercive measures are being used and to what extent, consequences and if models exist for quality assurance.

### *3.8.3 Suggestion for activities*

- Create a Nordic knowledge exchange about alternative methods to coercion, consequences of coercion, as well as a description of the extent and in what contexts coercion is used in the mental health care services. Establish a Nordic network that can convey experiences through activities such as seminars about alternatives to coercion.
- Develop Nordic comparative statistics about the use of coercion in treatment of mental disorders to be used as a basis for the initiation of quality assurance work to prevent the need for coercion. The development work can be carried out for instance within the frame of the Nordic cooperation to develop quality indicators for the health care.