Welfare policy and Mental Health Policy in Norway

“A presentation on the approaches to supporting wellbeing being pursued by our northerly neighbour”

Dundee 26.02.09
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Main subjects

• Welfare policy and poverty in Norway
• National escalation plan for Mental Health 1998-2008
• National strategy on Mental health and the Work-place 2007-2012
• National Action Plan on Alcohol and Drugs 2007-2010
• Rehabilitation of Inmates (White paper 2008: Punishment that works)
A few facts about Norway

- Population 4,7 mill – 90% of Scotland
- Area – 4 x Scotland

- 430 municipalities – a key role within primary health care and social services - responsible for preventive efforts and for providing most primary health care and social services. The services provided include GP services, health visitors, support for children and their families, housing, supportive services in the homes
A small, fortunate country

• GDP per capita 2007:
  – NOK 482,000
  – € 61,000

• Employment rate (20-74):
  – All: 75 %
  – Men: 77 %
  – Women: 72 %

• Unemployment rate 2007
  - ca 4% (surveys)

• Stable growth
However – Still Poverty in Norway

Most of the population have good living conditions and a high standard of living

A small minority live in a situation characterized by poverty (groups at risk)

Poverty is mainly measured in relative terms and with some permanency

3 % below 50 % of the median income 3 years
6 % below 60 % of the median income 3 years
Main Policy Principles

- Universal & quite generous Social Insurance Scheme
- Open market economy + public regulations
- Tripartite public and corporative consensus policy
- Active labour market policy
  - high participation rates and low unemployment
- Balance of individual rights and obligations
- Public responsibility and general taxation
- Support to combine work and family life / care
The National Insurance System (NIS)

- All inhabitants and firms are mandatory members

- Social insurance in case of
  - Unemployment
  - Pregnancy, birth and child care
  - Sickness
  - Rehabilitation (medical & vocational)
  - Disability
  - Old age, death/survivors
Expenditure and contributions

• Total expences: NOK 250 Billion

• 11.2 per cent of GDP

• 36 per cent of the total expenditure of the state`s fiscal budget

Contributions

• Employees, farmers & fishermen: 7, 8 %
• Pensioners: 3 %
• Self-employed: 10.7 %
• Employers: 0 – 14,1 %, regionally differentiated
## Income compensation within the NIS

<table>
<thead>
<tr>
<th>Type of risk</th>
<th>Compensation ratio*</th>
<th>Min**</th>
<th>Max**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
<td>62%</td>
<td>120.000</td>
<td>245.000</td>
</tr>
<tr>
<td>Birth leave</td>
<td>80%/ 100%***</td>
<td>33.000</td>
<td>400.000</td>
</tr>
<tr>
<td>Sickness leave</td>
<td>100%</td>
<td>33.000</td>
<td>400.000</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>66%</td>
<td>120.000</td>
<td>400.000</td>
</tr>
<tr>
<td>Disability pension</td>
<td>50-60%</td>
<td>120.000</td>
<td>265.000</td>
</tr>
<tr>
<td>Old age pension</td>
<td>50-60%</td>
<td>120.000</td>
<td>265.000</td>
</tr>
</tbody>
</table>

* Per cent (%) of previous income from work

** NOK per year 2007. 1 EUR = 8 NOK.

*** 42 weeks: 100%. 52 weeks: 80 %
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"Openess and comprehensivness”
A national Mental Health Programme
1999 – 2008

• Primary goal:

  - *Increase the ability of people with mental problems to master their own lives and strengthen their independence* -
WHO-Declaration for Europe

“We believe that the primary aim of mental health activity is to enhance people’s well-being and functioning by focusing on their strengths and resources, reinforcing resilience and enhancing protective external factors.”

…signed by the 52 health ministers of Europe, Helsinki Jan. 2005
Basic principles

• A normal life – also for people with mental illness
• Prevention, early intervention + local based services
• Voluntary treatment – as far as possible
• User involvement and participation
• Acceptance of mental health and mental illness as topics equal to other health topics
• Openness and knowledge among people - stigma
• Social inclusion -The link to poverty and drug abuse
• All sectors in society should take responsibility

…and some strategies to meet the challenges…
What is needed for a normal life?

- A place to live – a home
- Something to live for
- Something to live of
- Someone to live together with
  ...and
- Treatment from local services
  - or in a few cases in a hospital
- WHO: ”Community based services also for people with severe mental illness.”
Local based services

- Municipality services
  - housing, participation, daily assistance and follow up, access to local health services, GP’s etc
- Specialist services from the local District Psychiatric Centre

But also..

- An understanding/a way of thinking flowing through all services…
User and carer involvement

• recognition of users knowledge as equal worthy as the professional knowledge (but not instead of…)
• recognition of the users right to take part in all decisions regarding him/herself
• recognition of the position of NGOs in all planning processes
• A shift of paradigm: from power – non power positions to equality
User’s statements

• Mental Health Norway (NGO):
  - *We want to participate – not only to receive services!*

• Carers association (NGO):
  - *We want to be a part of the solution – not a problem!*
Strategies and instruments

- Municipal services
  - earmarked funding and requirements
- Information and communication strategy
  - the fighting against stigma
- Integration in labour market – vocational training
- Educational programmes, recruitment
- Research and building competence
- Destralization – outreach team
- Comprehensivness – individual plans and written agreements comprising relevant partners
- Partnership and supporting NGOs
- Funding (6 bill running costs + 9 bill invest)
Stigmatisation

• The fight against stigma is of major importance to secure a people with mental illness a worthy life
4 Major experiences

• Fighting against stigma works!
• Clear goals, good structures and money don’t work alone!
  - A strong policy, Leadership, attitudes and good processes are needed!
  - implementation strategies as well!
• Build partnership
  - who are major stakeholders?
  - users associations!
• School+workplace important arenas
What are our successes?

• Increased focus on mental health
• Increased focus on user involvement
• Increased openness on Mental Health
• Local structures within municipal and specialised services are established:
  - 3400 apartments + supporting services
  - 75 district mental health centres
  - major increase in number of staff
• Capacity within all parts of services doubled
  - 1998: 2% coverage children and adolescents
  - 2007: 4.5%
Where do we still have a way to go?

- Access to services
- Bottlenecks in all parts of services
- Many municipalities still giving to low priority
- Services are still too fragmented
- The perspectives of mastering life and of user involvement are still too weak
- Lack of knowledge and methods – what do really work?
- To much resources tied up in inpatient services
Some further strategies

• A strategy for stimulating low threshold services

• The ministers project 2009: Interaction!

• Establishing accountable goals and indicators for all perspectives of quality

• …all followed by national guidelines
Change of priorities needed!

- Resources
- Personell
- Competence

In-patient services: 80-85%
Outpatient and outreach services: 15-20%

Municipalities: 25%
Regional health authorities: 75%
...alwayyss givving hoppe...
A shift of paradigm

- From institutions to local based services
- From focus on illness to focus on mastering life
  - normalisation and participation
- From stigma, detention and inv. treatment to openness and cooperation
- From powerlessness to equality
- From quantity to quality
- From ideology to knowledge
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The Margin of the Workforce

- Norway has a very high percentage of the population on the margin of the workforce due to illness or disability.

- > 20 pct of the population 18-66 years are receiving social security benefits.
  - About half of them are within the workforce, on unemployment-, sickness- or rehabilitation allowances.
  - The other half are more permanently outside the labour market: App. 335,000 persons or 11 pct of the working age population (18 – 66 years) receive a disability pension.
Sickness leave – close follow-up

App. $\frac{1}{2}$ million man-years are lost due to sickness absence and disability every year.
Mental Health disorders causes:

• One sick leave day in five

• One in four newly granted disability benefits

• One recipient in three receiving disability benefit
National Strategic Plan for Work and Mental Health 2007-12

• A key arena for mental health promotion
  - prevent exclusion from working life
  - facilitate inclusion in working life

• A bridge between Health services and labour market authorities

• A tripartite responsibility
  - employers – employees – government

• Annually 250 mill NKR (30 mill euro)
  - anchored by Labour and Welfare administration (NAV)
  - funded by the Mental Health escalation plan
Labour market and Mental Health

• Close following up – staff dedicated to this task
• Coordination of services – collaboration with employers + with labour market authorities
• Flexible arrangements on job
• User involvement – individual plan
• Stimulating self help
• Building knowledge and competance in all services
Work and Mental Health - Measures

• Building on and extending the general measures run by the Labour and Welfare administration
  - Collaboration and coordination
  - User involvement and self-help
  - Measures and services
  - competence, networks, information and attitudes
  - knowledge, research and development

• Close follow-up
  - guidance to all parties involved and close follow-up of persons at risk
  - follow-up guides
  - individual placement and support (by DPC)
  - flexible work exp. – ordinary and sheltered workplaces
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Some estimates

• 60,000 heavy consumers of alcohol
• 10,000 intravenous drug users
• 4000 with severe mental illness and drug dependence
• 5000 on medical assisted treatment
• 1900 on non medical assisted treatment programs (collectives etc)
• Outpatient clinics, low threshold services, outreach services
• Intradisiplinary specialized service
Alcohol and drug abuse

• 2004 reform on responsibility of services
  - regional health authorities
  - patient rights also for abusers

• National action plan on alcohol and drugs 2007-2010
National plan on Alcohol and Drugs

• Focus on public health and prevention
• Better quality and more expertise
• More accessible service
• Social inclusion
• Binding collaboration
• User involvement
• Better care for children and next of kin
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Punishment that works

Less crime
- a safer community
Welfare policy and criminal policy

- Drug and alcohol abuse: 60%
- Family in prison: 30%
- Low education: 40%
- Unemployment: 80%
- Chronic diseases: 50%
- Homelessness: 65%
- Child Protection client: 30%
- Below poverty line: 40%
Reintegration guarantee

- A place to live
- A form of income
- Education
- Employment
- Health services
- Addiction treatment
- Debt counselling
- ID-papers
Some links

• National strategic Plan for Work and Mental Health 2007-2012

• Norwegian National Action Plan on Alcohol and Drugs

• Punishment that works (White paper)
  http://www.kriminalomsorgen.no/propositions-to-the-storting.112048.en.html