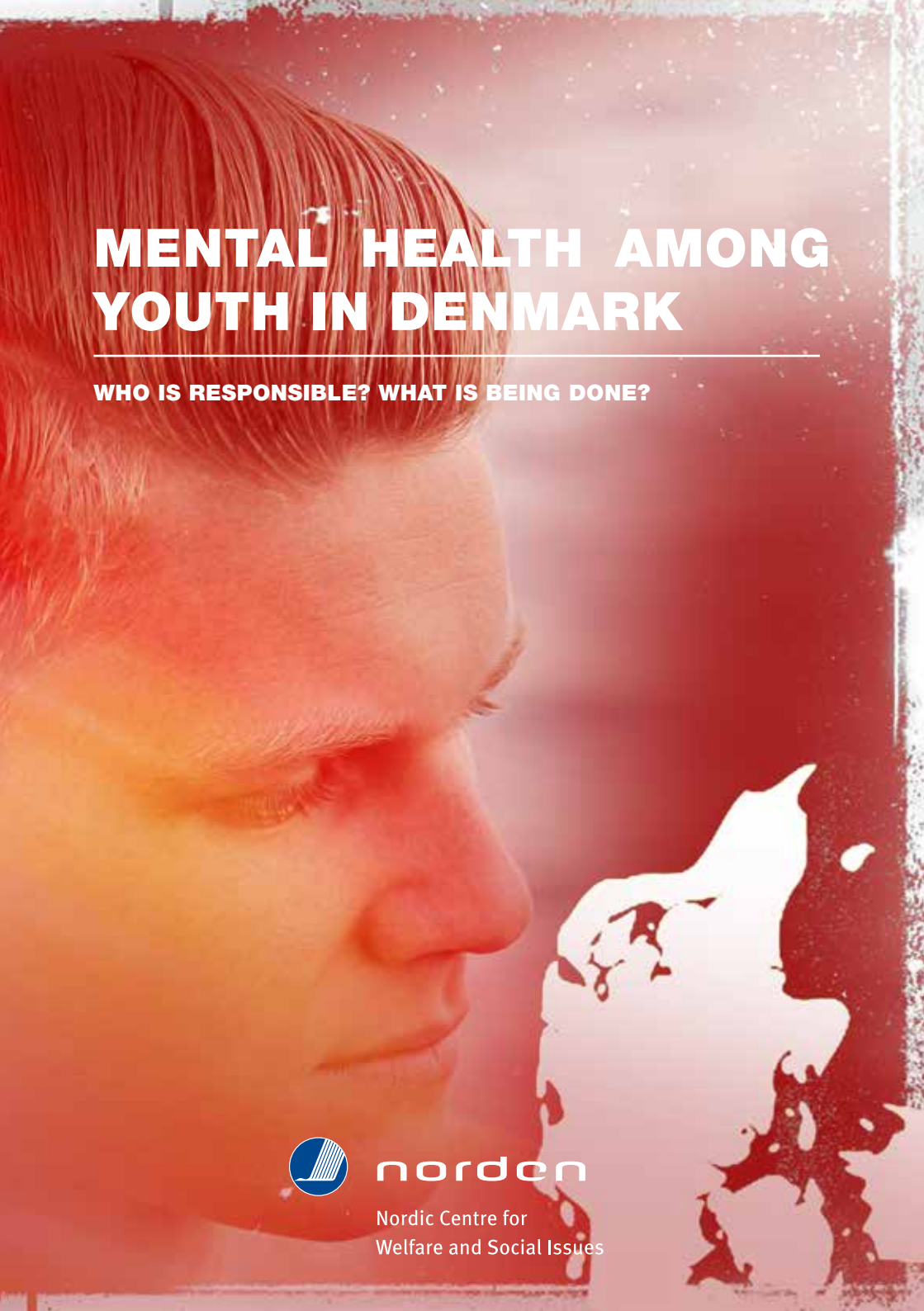

MENTAL HEALTH AMONG YOUTH IN DENMARK

WHO IS RESPONSIBLE? WHAT IS BEING DONE?

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FOREWORD

Youth in the Nordic Region - Mental Health, Work and Education

All children and young people are a huge resource. We have never had such well-educated and competent youngsters in the Nordic countries as we do today. At the same time there are all the more young persons who claim to be suffering from mental illness, and young persons who, for various reasons, risk ending up in vulnerable situations. Growing mental illness amongst young people is one of the most serious public health challenges facing our Nordic society.

The project Youth in the Nordic Region focuses on young persons who suffer from or are at risk of suffering from mental illness, as well as their situation at school and their later transition to work and providing for themselves. A further important topic of the project is early retirement and retirement on mental health grounds amongst young adults.

As part of the project we have produced reports which shed light on various aspects of these areas. The report you are holding in front of you aims to give a quick, clear overview of who does what in Denmark in matters concerning young persons who suffer from or risk suffering from mental illness, and end up in long-term unemployment and with no meaningful purpose in life.

We have produced summaries of all the Nordic countries plus Greenland, the Faroe Islands and Åland. All summaries can be ordered or downloaded from www.nordicwelfare.org. We would like to point out to our readers that the summaries do not include everything that is done and that important and useful contributions may be lacking.

The Nordic countries have a lot of challenges in common; one of these is to ensure that all children and young persons enjoy good living conditions. We also know that particular efforts and investments are required for a heterogenous group of young people who are at risk of exclusion owing to mental illness, dropping out of their studies, long-term unemployment and other factors.

We can learn a lot from each other's different solutions and contributions. So let yourself be inspired!

CONTENTS

MENTAL HEALTH PROBLEMS OF YOUNG PEOPLE IN DENMARK

Many people in Denmark are affected every day by mental health problems, either because they suffer from mental health problems themselves or because they are closely related to people who suffer from such disorders. Mental health problems comprise a significant proportion of the causes of overall sickness leave. Included in this is a growing proportion of young people who never get a foothold on the labour market because of mental health problems. Seventy percent of all young people under 30 who were granted disability/early retirement in 2008, were granted this on account of mental health problems (OECD, 2013). These figures underline the importance of strengthening measures to support this target group.

Each year, approximately 650 people in Denmark commit suicide. Approximately 300 of these people are, or have been, admitted to hospital for mental health problems. The remainder may also have mental health problems, without this being registered[1]. The rate of suicide attempts is highest among women aged 15-29 and among men aged 20-49[2]. For women, the rate of suicide attempts increased by almost 20% over a ten-year period from 1999 to 2009. In 1999, the number of suicide attempts for women aged 15-19 was 379.1, while in 2009 the number was 449.5 for the same age group. Mental health problems are a significant risk factor for committing suicide.

Self-mutilating behaviour, an act of self-harm where the aim is not to commit suicide, has traditionally been associated with mental disorders. In 2011, a questionnaire survey of 1480 pupils in the 13-19 age group showed that more than 13% of the young people have harmed themselves one or more times. Approximately four times more girls than boys carry out self-harm (Centre for Suicide Research, 2012). Of the young people who harm themselves, very few have a diagnosis or have been admitted to hospital.

1 www.psykiatri-regionh.dk

2 www.selvmordsforskning.dk

The share of people under treatment for mental health problems has increased considerably in recent years, particularly among children and young people. There is no doubt that mental health problems (both those that are diagnosed and those that are self-reported) are associated with major human and economic consequences (Regeringens udvalg om psykiatri, 2013a), and the growth in the number of cases places major demands on developing measures that address treatment and follow-up of people with mental health problems. However, what cannot be seen with certainty is whether there really are more people with mental health problems today than in the past. Many researchers argue, for example, that the increase in the number of registered people who are given healthcare for mental health problems could also be attributed to greater focus on mental health problems and better diagnostic systems (Greve, 2012).

The 'How Are You?' survey, the largest study of public health ever conducted in Denmark, was carried out in 2010 (Sundhedsstyrelsen, 2010). The survey was administered in all municipalities and regions at the same time and nearly 180,000 people answered questions about their health, wellbeing and sickness. The results show that most Danes (85%) report that they are in good health, but the survey also shows that self-experienced poor health is associated with socioeconomic factors when considering the population as a whole.

According to the Danish National Institute of Public Health, approximately 20% of the Danish population, or 700,000 - 800,000 adult Danes, will experience mental health problems during the course of one year. It is young adults aged 16-34 that are most likely to be affected, with women overrepresented. Depression and anxiety disorders, along with drug addiction, are the most prevalent causes of mental health problems. Measured in terms of lost good years of life, depression is the most burdensome disease in Denmark. Together, across all age groups and at any one time, 200,000 Danes are suffering from depression, 200,000 people have anxiety disorders, and 200,000 people have drug and addiction problems (Statens Institutt for Folkesundhed, 2010). On top of these figures, 40,000 people are suffering from serious mental health disorders at any one time. Every other Danish family will come into contact with the healthcare system as a result of mental health problems.

A correlation can be seen between level of education and mental health problems. The prevalence of mental health problems is highest among people with compulsory school as their highest level of education (15.1%), and lowest among people with a higher level of education (7.5%) (Sundhedsstyrelsen, 2014). For both men and women, the prevalence of poor mental health is greatest among people with ten or less years of combined school education and vocational training and people outside the labour market have a distinctly higher proportion of mental health problems than people who are in work. The proportion of people with mental health problems is greatest among unemployed people (13.2%), those on early retirement (29.8%) and others outside the labour market (42.8%), compared with people in work (7.3%). More single people (including those separated and divorced) have poor mental health compared with those who are married or who live with a partner. People with a non-Western background report worse mental health than people with a Danish background. There is also strong evidence that under-treatment (people who do not seek treatment or who, for other reasons, are not treated) especially affects young people outside education and employment (Sundhedsstyrelsen, 2010).

The mortality rate is higher for people with mental health problems and life expectancy is shorter. The life expectancy for women with mental health problems is 17.1 years shorter than the rest of the population and 21.9 years shorter for men with mental health problems. The increased mortality rate is attributed both to an increased risk of dying from lifestyle-related diseases and to the side effects of medication, which bring a greater risk of accidents and suicide.

Significance of gender and ethnic background

Across all age groups, the percentage of women (12.8%) with mental health problems is greater than men (8.7%). The percentage of women aged 16-24 with mental health problems is twice as large (17.5%) as the percentage of men in the same age group (8.2%) (Sundhedsstyrelsen, 2014). However, men are more at risk of under treatment for their mental health problems than women. The risk of under-treatment is also greater the younger the man is (Borg et al, 2010). A study of the mental health of young people aged 15-24 in Denmark shows a distinct difference between the genders in terms of the young

people's self-assessment of their own mental health (Helweg-Larsen, Flachs & Kastrup, 2007). Twice as many girls as boys report that they have experienced periods of sadness and/or depression. Young women generally report more wellbeing problems in the form of sadness, anxiety, nervousness and eating disorders than men, and they more often have contact with the psychiatric services for these problems. In contrast, young men have more frequent contact with psychiatric services because of drug-related problems (ibid).

With regard to ethnicity, a greater percentage of people with non-Western backgrounds (20.4%) have mental health problems than people with Danish (9.3%) or other Western (11.8%) backgrounds. There are distinct ethnic differences in young people's self-reported problems and in their contact patterns with psychiatric services. The contact rate is significantly higher among young second-generation immigrants than among young immigrants. This is particularly the case for women. This indicates that it is more difficult to relate to cultural differences within the family than when cultural conflicts are between the family and the society outside (Helweg-Larsen et al. 2007). Young women who grew up in families characterised by several cultures are seen in several ways to be at particular risk of developing mental health problems (ibid). In another study, Helweg-Larsen and colleagues (2007) found that a worrying number of adopted children in Denmark have mental health problems, and have a relatively large amount of contact with psychiatric services in comparison to other young Danes.

A considerable high share of Greenlanders moving to Denmark will suffer from homelessness, alcohol- and substance abuse, mental ill health and poverty (Rådet for Socialt Udsatte 2014). Danish social workers and other support services find that their general approach and working methods are less well functioning regarding socially vulnerable young Greenlanders than for other target groups. The National Board of Social Services (2016) recommends social workers to pay extra attention to written and oral communication, making sure that the young Greenlanders fully understand what is being said. The board also highlight the importance of understanding and adapting to cultural differences in order to strengthen the relation between professionals and clients and improve the outcome.

OVERALL RESPONSIBILITY AND NATIONAL GUIDELINES

The overall responsibility for services and support for people with mental health problems is shared between the Danish Ministry of Health and the Ministry of Children, Gender Equality, Integration and Social Affairs. Ministry of Health is responsible for hospital psychiatry, which is provided by the regions and is primarily governed by the Danish Health Care Act and the Danish Psychiatry Act. The role of hospital psychiatry is to provide examinations, diagnoses and treatment, and to administer the procedures for admission of inpatients. District psychiatry is a part of hospital psychiatry, offering outpatient and interdisciplinary psychiatric treatment. Social psychiatry is the responsibility of the Ministry of Children, Equality, Integration and Social Affairs, and is primarily governed by the Danish Service Act. Social psychiatry offers various forms of social services and is provided by both regions and municipalities.

In Denmark, as in the other Western countries, mental health services have undergone a restructuring process in the past three decades. The key changes have been the dismantling of institutional psychiatry; the building up and strengthening of locally based mental health services, and the development of measures to serve the target group in the social sector. This reorganisation is in line with the objectives that people with mental health problems will be able to live in a local environment, and have a sense of belonging on an equal footing to that of other citizens. Accordingly, the Danish Health and Medicines *Authority's National Strategy for Psychiatry* highlights five focus points for action: 1) It must be easier to be mentally ill, meaning changing attitudes and fighting stigma. 2) It must be possible to get rapid help. 3) There must be a range of services adapted to the individual citizen's needs. 4) There must be sufficient qualified labour force. 5) New knowledge will be made easily available. These focus areas were largely extended in the Danish Government's action plan from 2014: *Equality - new focus on treatment initiatives concerning people suffering from mental illness*. This action plan also adds a new focus for the services; that people with mental health problems

will have the same range of services and the same rights as people with somatic disorders, which has not traditionally been the case in Denmark (Ministry of Health, 2014).

Following the Danish municipality reform in 2007, the municipalities took overall responsibility for providing services for people with mental health problems. The regions are now responsible for hospital care, including mental health care delivered by general practitioners, psychiatric specialists and psychologists. They must provide sufficient capacity and ensure that there is a range of necessary and relevant treatment services for people with mental health problems. 'Health agreements' are an important tool in ensuring holistic help and support from both the health and social services. These are agreements between municipalities and regions, aimed at securing obligatory coordination and collaboration across sectors (Regeringens udvalg om psykiatri, 2013b).

WHO IS RESPONSIBLE FOR FOLLOWING UP YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS?

In Denmark, there is a distinction between health services and social services, where specific types of expertise and measures are gathered under the respective professional areas. Young people with mental health problems are likely to be users of both the health service and the social service.

The health service involves prevention, diagnostics, treatment, monitoring and rehabilitation of people with mental health problems, and mental health problems combined with drug problems. The treatment includes medicinal treatment, psychotherapy and psychosocial methods, as well as psycho-education, environmental therapy, support, care and rehabilitation. A basic principle is to offer a treatment that is effective and sufficient, and that involves least intervention in the person's existence and integrity (Regeringen, 2013b). The health service is primarily a regional responsibility, but there are also health services in the municipalities, such as Educational Psychology Counselling (PPR). Much of the psychiatric treatment takes place in the primary care sector, via practicing doctors, psychologists and practicing specialist doctors in the psychiatry service for adults, children and young people's psychiatry, and PPR.

The social service can be divided into a series of early measures aimed at prevention and detection of symptoms, a series of measures for the early stages of mental problems, and a series of later measures with social support to citizens with mental health problems. Here, social support means support that extends of a broad range of measures, such as therapeutic measures, social measures, work and educational measures (Regeringen, 2013b). The social service is primarily a municipal responsibility. The core tasks for the social service regarding people with mental health problems are rehabilitation and inclusion. The service may be organised differently in the municipalities, and the competency and experience base of the individual municipalities varies. In some

municipalities, the service for people with mental health problems is a separate unit, while in other municipalities the service is placed together with the other services in the health, disability or social areas. A typical situation is that larger municipalities have a greater breadth and variation and more specialised range of services than smaller municipalities. Municipalities can collaborate in the services, for example a municipality may purchase a residential place in another municipality.

At the intersection between the social/psychosocial and the health service, situations may arise where people with mental health problems are too unwell to live in their own home, but not poorly enough to be admitted to hospital, or do not wish to be admitted. Some municipalities have set up an emergency overnight service, either in connection with the already existing service like accommodation or support and contact person arrangements, or as a separate service.

Apart from the changes in responsibilities that came with the municipal reform, the municipalities' responsibility for people with mental health problems in general have become greater in number and more complex. Furthermore, there is now a greater focus on young people with mental health problems who find it difficult to remain in work or education, and who therefore increasingly receive a complementary offer from the social services for people with mental health problems or benefits from other municipal services. The primary benefits to citizens with mental health problems are socio-educational and psychological support, housing support, outreach, accommodation, and day and activity services. The municipalities also offer home help and advice on housing, maintenance and education.

The practice sector

The practice sector's services for people with mental health problems comprise general practice doctors (GPs), practicing psychologists and practicing specialist doctors in psychiatry and paediatric psychiatry.

GPs are the citizens' primary entrance to health services. In Denmark, GPs have functions in relation to primary treatment and prevention of disease, and also serve as family

doctors and generalists. Apart from this, general practitioners have a task as gatekeeper to specialist treatment in the health service. General practice can refer patients with mental health problems to practicing specialist doctors in psychiatry or paediatric psychiatry, practicing psychologists, district psychiatry and psychiatric hospital wards.

The severity of the mental health problem is very significant for what services the patient should be offered. People with slight and moderate anxiety and depression disorders are normally treated by general practice, while more serious disorders are referred to psychologists, practicing psychiatrists and mental health care in the specialist health service (hospital psychiatry). There may also be a need for shared treatment, *shared care*, and an agreed and structured collaboration between the general practitioner, psychologist and/or specialist doctor in psychiatry. Shared care is an evidence-based model for treatment of people with non-psychotic disorders. The treatment, which is anchored in general practice, is based on close collaboration between psychiatry and general practice (Regeringen, 2013b). Because of long waiting times, GPs can experience that a referral to a practicing psychiatrist is not an effective possibility. If the GP is of the opinion that a person needs to be examined by a psychiatrist, it may therefore be necessary to refer the patient to district psychiatry. However, this requires that the person meets the admission criteria.

As a rule, children and young people with mental health problems, according to National Board of Health guidelines, are referred to child and adolescent psychiatry, when they have serious mental problems, or when the overall issue is too complex for the child / young person to get adequate help from their GP or in the municipality.

Practicing psychologists provide individually designed courses of treatment, as well as couple, family or group treatment. A number of tasks are addressed in psychological treatment: psychotherapy, conversation therapy, psycho-education, counselling and guidance, addressing as range of needs from slight psychological problems to genuine mental disorders that can be treated in an outpatient setting.

Practicing specialist doctors in psychiatry or child and adolescent psychiatry provide individually-designed courses of treatment, and couple, family or group treatment. Some patients with special need for continuity will benefit from being treated in a specialist doctor's practice, because at every consultation the same specialist doctor treats them. However, patients in need of multidisciplinary treatment do not benefit from specialist practice, because interdisciplinary treatment is rarely offered there (Regeringen, 2013b).

Educational psychological counselling (PPR)

Every municipality is responsible for setting up an interdisciplinary collaboration for children and young people with special needs. PPR is the individual municipality's counselling and advisory service for children, young people, families, schools and day-care institutions for children and young people aged 0-18. A patient can be referred to PPR through school and other institutions, or parents and other adults can refer directly. Mental health problems can be one of the reasons why PPR is contacted, but other reasons, such as school problems, distress, and family problems are also frequent causes of contact with PPR. The service includes broad educational, psychological and clinical expertise, and in some municipalities PPR can enter into short courses of treatment concerning, for example, anxiety problems in children and young people (ibid).

PPR plays a central role in terms of early intervention and preventive work among children and young people in vulnerable situations, as they have co-responsibility for ensuring adequate development opportunities for the individual. PPR offers educational and psychological investigation, counselling, guidance, referral to treatment or special education institutions and individual guidance. PPR also has great responsibility for collaborating with child and adolescent psychiatry, and is also partly responsible for follow up when a young person, after examination, returns to PPR's care.

Nurses in the school health service play a central role in relation to detecting distress and mental health problems in children and adolescents aged 6-16.

Regional psychiatry

The hospital-based mental health work, which in Denmark is called 'the regional psychiatry' and 'hospital psychiatry' is anchored in the regions, and is involved in diagnostics, treatment and prevention of mental health problems.

Hospital psychiatry is organised into adult psychiatry and child and adolescent psychiatry. Adult psychiatry is often simply called 'psychiatry'. People with mental health problems often encounter a combination of services in regional psychiatry. A patient's course of treatment may therefore comprise several different regional services. The trend in psychiatry is towards increasingly more services being specifically directed at particular patient groups and towards more specialisation. The increased specialisation places greater requirements for coordination and collaboration on the patient's episode of care (Regeringen, 2013b).

In Denmark, 'outpatient treatment' is treatment that does not involve admission to hospital (Danske Regioner, 2008). Persons treated as outpatients remain in their normal surroundings, and treatment can be likened to 'polyclinical treatment' in Norway and 'specialised non-institutional care' in Sweden. Polyclinical treatment takes place in varying degrees of intensity, is individually adapted according to needs, and takes place several times a week, weekly or at intervals of several weeks. The target group for the regional polyclinical investigation and treatment is broad. Young people and young adults with moderate to severe symptoms of depression and anxiety are included here.

Polyclinical treatment generally involves outpatient units, clinics, district psychiatry centres, trauma centres and practicing specialist doctors. Psychiatric outpatient units are often linked to a psychiatric hospital ward. In relation to people over 18, the treatment will often be a follow-up after the patient has been treated in a psychiatric ward. Most children and young people under 18 are treated in outpatient units, even without this being preceded by admission to hospital. In relation to this target group, the treatment is highly interdisciplinary, and also involves collaboration with other relevant players from other sectors, such as the education and social sectors.

Polyclincal treatment also takes place in clinics with treatment services for special target groups, such as clinics for depression, anxiety, and ADHD. The duration and time of treatments is often determined in advance, for example 12 weeks. District psychiatric centres are situated in local environments, and provide treatment for adults with mental health problems who live in the area. The local anchoring gives great opportunity for collaboration with other players in the local environment, and has a special focus on creating a networked approach to mental health work, via an interdisciplinary and cross-sectoral perspective. Outreach outpatient treatment, and offers of treatment in the person's own home, will often be anchored here.

Psychiatric trauma units offer acute treatment. Examples of this are acute help after a suicide attempt or self-harming episode.

Child and adolescent psychiatry addresses tasks that involve emergency and scheduled investigation and treatment. Investigation and treatment generally take place polyclinically. The age limits vary between the regions, but in most regions the current age limits are 0-17 years. The organisation of child and adolescent psychiatry is being challenged by the increasing number of young people needing treatment, and the steady increase in the number of referrals. The waiting lists for paediatric psychiatry services are increasing, the treatment is becoming concentrated to fewer units, and is more geographically spread than adult psychiatry (Danske Regioner, 2008).

Other key players

In Denmark, education is the main alternative for young people who are out of work, and not activities to counteract unemployment and social marginalisation. All young people in Denmark aged 15-17 are obliged to be in education, activity or education-related activity[3]. All young people under 30 without education are given an education supplement. From 1 January 2014, the economic benefit was abolished, and replaced with education support to all young people under 30 without education. For young people who do not have immediate opportunities to start education, the supplement

3 www.retsinformation.dk

4 www.bm.dk

means that they shall be available for measures that are directed towards education[4]. A number of players are responsible for ensuring young people find their way into education or the labour market. Legislation gives many players joint responsibility. A successful effort to ensure young people's opportunities will often require close collaboration between the players.

Ungdommens Uddannelsesvejledning (**UU**) 'Educational Guidance for Young People' operates mainly on the municipal level and is responsible for all young people aged 15-17 who are not in education or work. UU evaluates the young person's motivation and ability to get started with education, prepares an education plan together with the young person and their parents, and follow up to ensure that the young person meets the educational obligation[5]. After the young person's 18th birthday, UU still has an advisory task for young people under 25 who are not engaged in an ordinary educational programme or at work, and who are not receiving counselling from other authorities working with young people (such as job centres or social authorities). Counselling will be given continuously until the young person's 25th birthday, until the person has got started with education or is following an education plan that leads to ordinary education. If it is not possible to contact the young person in writing or by telephone, UU is to personally find the young person.

Kommunenes barne- og ungdomsavdeling (**B&U**) 'the municipal child- and youth department' is responsible for offering necessary support to vulnerable young people under 18-years-old with special mental health and/or social problems. In most cases, B&U will already be in contact with the young person before UU comes into the picture. UU will always carry out an 'education readiness assessment' and, here, B&U's information about the young person is relevant. Consequently, collaboration between B&U and UU is crucial. B&U can offer the young person a work experience placement with public or private employers. UU can offer bridge-building activities (more about this below) and special support arrangements within the frameworks of the ordinary educational system. If this is not deemed sufficient, the job centre can be brought in.

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5 www.cabiweb.dk

6 www.cabiweb.dk

When the young person becomes 18, the job centre takes over main responsibility[6]. **The job centre's** main task is to get unemployed adults into work (Beskæftigelsesministeriet). The job centres are run by the municipalities. There are job centres in virtually all municipalities in Denmark, and they are to maintain a constant focus on the citizens' job opportunities. Everyone can receive guidance in the job centre. For people who are ready to start work, the task is to secure the fastest route to a job. For people with reduced working capacity, whether temporary or permanent, the task is to open as big a connection to the labour market as possible. Young people aged 18-24 who are not in education or work, and who receive state benefits, come into the area of responsibility of the job centre. As part of the continual contact with the young person, the job centre will assess whether the young person is 'suitable for education', i.e. whether the young person can complete an ordinary educational programme on normal terms. All young people who are suitable for education are instructed by the job centre to apply for admission to one or more educational programmes, and then required to begin and complete the educational programme. If the job centre's assessment is that the young person is not suitable for education, the job centre will try all possibilities so that the young person is ready to start an educational programme. The job centre will also provide guidance, specially organised measures, educational agreements with companies, support to mentors, and help instruments, etc. Young people who are notified to the job centre must contact the centre no later than one month after the notification.

The report *Mulige veje til uddannelse og job for unge med psykiske barrierer 'Possible routes to education and work for young people with mental health barriers'* (New Insight, 2009), shows that the job centres lack services for young people who are outside education and work because of mental health problems. This means that many young people with mental health problems are not offered measures that adequately address their problems.

The social services department, which is part of the municipal administration, is to provide guidance and support to young people who have a special need for this. The social administration has specific measures for young people up to the age of 29 with impaired physical or mental functional capabilities or social problems. The aim of sup-

port from the social services department is to help the young person manage on his/her own, to simplify the everyday challenges, and to improve the quality of life for those people.

In many cases, it is of greatest benefit when the job centre and social services department initiate a parallel or joint effort to assist a young person. In such a parallel effort, the social services department can supplement the work of the job centre with, for example, guidance or treatment. In the job centre's work with young people with mental health difficulties, they often come across young people who have problems or needs that can only be solved within the legislative area of the social services department. Despite this, collaboration between the job centre and the social services department is not a legal obligation. Nevertheless, some have entered into agreements that ensure cooperation between the relevant players (Beskæftigelsesregion Midtjylland, 2011).

It must be pointed out that Denmark's 98 municipalities organise their administrations and departments differently. For example, Copenhagen municipality has a social services department and a separate unit for children and young people, but in other municipalities, children and young people come under the social services department. In some places, the employment area and social area are put together, while in others they are separate. So there is no single model for organisation, and none of the municipalities are organised in exactly the same way. Similarly, the various administrations in different municipalities are named very differently. These large organisational differences can make it difficult for service users to understand what is offered by whom.

As already indicated in this chapter, the situation changes when the young person reaches their 18th birthday. For many young people, it can be a major challenge that after their 18th birthday, many rights and benefits change. When the young people are under 18, they can receive benefits from Barne- og ungeforvaltningen, UU, PPR and Barne- og ungdomspsykiatri, but when they become 18, they are transferred to other administrations, such as the job centre, where different requirements have to be fulfilled. These transitions place major requirements on players in the different administrations, so that the transition does not become an unnecessary burden for the young people who are in need of help.

WHAT IS BEING DONE? CENTRAL MEASURES

The services described in the previous section, provided by UU, B&U, the social services department and the job centre, are all central measures targeting young people who struggle to engage with education and employment. However, they are not specifically directed towards young people with mental health problems. Here we also describe some central measures that are particularly relevant for young people with mental health problems. Where possible, evaluations of the individual initiatives are included, however some measures are so new that it is too early for evaluation.

Mentor support

The aim of mentor support is to help the individual more intensively and closely in relation to work and education. The mentors can have many different tasks, depending on what the person receiving mentor support needs. The job centres assess which people need a mentor. Young people under 30 can, if they satisfy the conditions, receive support for a mentor if they are starting an ordinary educational programme (Regeringen, 2013a). A mentor can, for example, also help the young person get started at a work experience placement or an ordinary job. For young people who are to start an educational programme, a mentor can discuss educational wishes, accompany the young person to a study counsellor, help with the application for the educational programme, and provide assistance in finding relevant help and support.

An evaluation of mentor support shows that the young people themselves feel the measure is of help (Olesen & Bach, 2011). The mentor arrangement has given them crucial security while learning new things in a new work situation with new requirements and new people. The young people report that their mentors help them to adapt to the workplace and to adapt the workplace to themselves. The effect has been that the young people have remained in the project (ibid).

Education with young people with special needs (STU)

This initiative is for the benefit of young people who are unable to complete upper secondary studies. The law about upper secondary education for young people with special needs was introduced in 2007 as a municipal responsibility. The aim is that young people with special needs attain personal, social and professional skills to become as independent and active a participant in adult life as possible, and potentially continue on to higher education and work. Young people with mental health problems are entitled to individually adapted three-year education programmes according to this legislation[7].

Psykiatrifonden

Psykiatrifonden[8] 'the Psychiatry Fund' is a private humanitarian organisation that helps people with mental health issues, and puts mental health on the agenda - both at indi-

7 www.uvm.dk

8 www.psykiatrifonden.dk

vidual and society level. *The Psychiatry Fund for Children and Young People* is a part of the fund that works in a target-oriented way to break down taboos and prejudices among children and young people in Denmark. The organisation teaches and informs young people about mental health in order to prevent and counteract the taboo associated with mental health problems. They travel round to compulsory and upper-secondary schools, teaching pupils and training teachers and study counsellors in how to work with vulnerable young people. They also offer psychological counselling to pupils on vocational educational programmes, and offer discussion groups to children whose parents have mental health issues.

Voluntary organisations

The many voluntary organisations include *SIND Ungdom* and the *Social Network*. SIND is the Danish Association for Mental Health, and the youth organisation is directed towards young people aged 16-35 with an interest in promoting good mental health. The organisation offers activities for young people, and is organised by young people. SIND Youth works to create a meeting place for young people who are mentally vulnerable and young relatives of people with mental health issues, where people can learn from one another and counteract any feelings of being alone with the problems. An important objective is to counteract the taboo associated with mental health problems and loneliness among the young people[9].

The Social Network is made up of two elements: a) The Social Network Association, which initiates various measures in the field of young people and psychiatry, and b) The Psychiatry Network, which consists of 14 organisations in the mental health field. The network serves as a support for people with mental health problems, relatives and other interested parties. The network also works to ensure that the mental health field is always on the political agenda[10].

Psychiatry Agreements 2011-2014

The Psychiatry Agreements 2011-2014 consist of a number of targeted measures to

9 www.sindungdom.dk

10 www.psykisksaarbar.dk

support the social initiative regarding children, young people and adults with mental health problems. The aim of the measures is to secure a more cohesive and individually adapted social initiative that helps to strengthen the individual's possibilities to live an independent life with their own home, family, network, education and job. One initiative resulting from the agreements is the *Focus on transition from child to adult*, particularly on the work to ensure good transitions between the various administrations and players. This also includes a focus on education and work, which is an important part of the young person's journey towards an independent life[11]. In this project, mental health problems are interpreted broadly, and cover the entire spectrum from diagnosed disorders, both psychotic and non-psychotic disorders, and young people with mental health problems who have not yet been diagnosed.

Psychologist help in municipalities and in upper secondary education

In conjunction with 'the Psychiatry Agreements for 2007-2010', it was decided to allocate funding over four years for the provision of psychological treatment in municipalities and in upper secondary education. The idea behind this funding was that, in some cases, psychological treatment would be sufficient to address emerging mental health problems among children and young people, and that this would reduce the number of cases where young people's mental health problems became so serious that they required psychiatric investigation and treatment (Rambøll Management, 2011). The funds were allocated mainly to municipality-oriented projects and a project in upper-secondary education:

Municipality-oriented projects: The development and establishment of psychological treatment services for children and young people, who are not being treated in child and adolescent psychiatry, but who may need psychological investigation and treatment. The target group for these services is children and young people who are beginning to experience mental health problems, and who have received an assessment indicating that preventive psychological help may address their problems before they develop in a negative or more serious direction. It also applies to children and young people with

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slight mental health problems, such as slight depressions and phobias. The target group can also include children and young people who have been refused treatment by child and adolescent psychiatry, those on a waiting list, or children and young people who have completed treatment and need follow-up psychological treatment.

The overall goal of the municipality-oriented projects was to reduce the waiting times for child and adolescent psychiatry by giving help at an early stage and thereby reducing the need for psychiatric treatment later.

Project in upper-secondary education: The overall objective of the project in upper-secondary schools is to reduce dropout from educational programmes, where the cause for dropping out can be attributed to mental health problems. This has been achieved by the development and establishment of preventive psychological support that can help to prevent dropout from education and the worsening of young people's mental health problems. The target group for these initiatives is pupils in upper-secondary education who have emerging or slight mental health and existential problems. Problems may be expressed through low self-esteem, mood swings, loneliness, bullying or aggressive behaviour.

An evaluation of the project concluded that, overall, they have had good effect (Rambøll, 2011). Part of the assessment involved comparing two groups of young people with mental health problems: those who had been given psychological help in the project and a control group who did not have access to the help. However, they did have access to the ordinary support system. In terms of the project's long-term goal of reducing the waiting lists to child and adolescent psychiatry, there were a number of indications suggesting that the project reached the goal. In five of seven project municipalities, there was a larger decrease in the number of patient days (inpatients) in child and adolescent psychiatry and a slower increase in the number of patients, compared with the national average. The evaluation indicates an improved feeling of wellbeing and a reduced need for mental health follow-up. The data analysis also shows that the control group's use of psychologists and psychiatrists in private practice in 2009 was three times higher than for the group that received the special support. The control group made much greater use of their own GPs, specialist doctors and doctor-prescribed

psychologists' help than those who received psychological support in the project. The evaluation shows that 77% of the young people in upper secondary education had a greater feeling of wellbeing after receiving psychological support (ibid). They experienced improvements in anxiety, worry, mental wellbeing, self-control, general perception of health, and energy/vitality. Overall, the evaluation indicates that many of the participants experienced a number of immediate positive effects from the initiative. When the effects were compared with the control group, the analysis indicated that the control group did not experience any noticeable success in terms of wellbeing before and after the measurement. Much of the improvement in wellbeing can therefore be attributed to the initiative. When evaluating the overall objective of the project in upper-secondary schools - to reduce dropout from educational programmes, where the cause for dropping out can be attributed to mental health problems – the analysis showed that 43% of the group were outside education at the start of 2011, while the corresponding figure for the control group was 67%. Recipients of psychological support therefore had a significantly lower dropout rate than young people who did not participate in the initiative. The results indicate that the measures have had tangible effects in reducing dropout in upper secondary education (ibid).

Since the project's beginning in 2007, a development has taken place in that many upper secondary schools now offer psychological counselling of their own accord. Consequently, it seems that this initiative will continue in the future.

More young people in education and work

In 2009, the Danish Government entered into a broad political agreement promising 'More young people in education and work'. The agreement provides better opportunities for an active and targeted initiative to get more young people into education or work. It includes a number of initiatives for young people in the 15-27 age group who are neither in education nor work, as well as some initiatives for unemployed people in the 18-30 age group (Nordic Council of Ministers, 2012).

Initiatives directed towards 15-17-year-olds is a collaboration between UU, educational institutions and job centres to coordinate measures for 15-17-year-olds who need additional support to get back into education or work. UU is taking the lead on

this initiative. Trials are being carried out that will strengthen collaboration between these players, including developing a joint database to improve data exchange between authorities and institutions (ibid). For young people between 15 and 17 who are neither in education nor work, the provisions in the *Employment Act* are extended, so that these young people can be included in an active support measures from the job centre in the form of work experience, skills training, guidance and mentor support (ibid).

Initiatives directed towards young people between 18 and 30 consist of a number of measures. Those most relevant to young people with mental health problems are as follows:

Strakstillbud 'Fast intervention': young people aged 18-29 who receive cash benefits and unemployment benefit must be given very early and individual help; this help comprises a discussion within one week of first receipt of benefits, followed by an assessment, frequent individual discussion and early activation measures (Nordic Council of Ministers, 2012).

'New chance for young people': grants are given to job centres who put in extra effort and get more young people under 30 with more than 12 months consecutive state support into active measures related to work.

Den Nationale Ungeenhed[12] *'the national Youth Unit'* 2010-2012 aimed to strengthen the knowledge of job centre employees regarding unemployed young people. The unit, which was set up under the employment system, supported the job centres' facilitation of measures for young people, so that the individual could be given target-oriented and cohesive help that was directed towards education and work. The National Youth Unit did set up a website, where knowledge was shared by providing good examples of how municipalities were helping young people into work or education. The unit also started 12 projects anchored on the local level in job centres, municipalities in order to promote cooperation between relevant actors to help the young people into education or employment.

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'Young people – well underway' was a research project designed to test the effect of early and active measures to find out how best to help young people into work. The target group for the project was 18-29 year-olds receiving unemployment benefit and cash benefits. A total of 14 job centres took part in the project, which ran from November 2009 to December 2010. The project comprised intensive discussions, early activation measures, greater use of educational and business-related services, and greater use of mentors (Rambøll Management, 2011).

The project has been successful in getting young people with education into work: they get jobs faster than the control group that was not given this extra intensive attention. For young people without education, the project had a good effect on education: the project group got started faster on education than the control group. However, the employment effect was negative for this trial group, which can probably be explained by the greater focus on getting started with education than on work for the project group without education. Overall, the project shows that, although it was a result of legal requirements and the job centre's existing priorities to intensify measures to support this group of young people, it can still give employment and educational benefits to further strengthen the work. This applies to young people both with and without education (Rambøll Management, 2011).

'New Ways To Work'

'New Ways To Work' was initiated and funded by the Danish Ministry of Children, Gender Equality, Integration and Social Affairs and the Ministry of Employment in 2007. The initiative put the focus on people with mental health problems and other vulnerable citizens who need special support to find ways in to the labour market or the educational system (Socialstyrelsen, 2011). The aims of the initiative were: 1) to strengthen the individual participant's personal, professional and social skills, so that they can cope in the labour market or the educational system; 2) to secure necessary help and support in workplaces, so that people with mental health problems and other vulnerable citizens are given the opportunity to establish a link to the workplace; and 3) to improve and direct the state initiative, so that people with mental health problems and other vulnerable citizens are given the precise service and help they need to enter or strengthen their link to the labour market and the educational system. The overall

objective of the initiative was that more people would have a meaningful life with work or education. This did not need to be full-time. The important thing was that those who could, be given the opportunity for a life where work was a natural part of life. Another important goal of the initiative was to develop knowledge about the experiences of people with mental health problems with regard to the different ways into work and education.

Many projects were started under the umbrella 'New Ways to Work' in the course of 2007. Experiences and evaluation of the project are presented in the report 'Evaluation of New Ways to Work' (Socialstyrelsen, 2011). The evaluation shows that the participants have developed personally, professionally and socially by being linked to targeted education or through participation in work-promoting activities. In summary, it can be said that the individual participants:

- feel they have developed
- have changed their self-understanding
- have become aware of new alternatives to their current situation and have reoriented themselves
- have redefined themselves and their life goals
- have become better at handling social situations
- have regained control and power over their own lives
- have developed their personal and social skills
- have built up relevant professional skills
- have, in many case, become integrated in the labour market or in the educational system.

The evaluation shows that employees are put into complex and problematical situations when people with mental health problems or other vulnerable citizens are to be helped in relation to the labour market or the educational system. It concerns more than just 'finding a job'. The problems can rarely be defined and solved with a simple technical solution or a simple act. It makes it difficult to set up standardised and precise criteria for an optimal solution. The solution is connected to the individual and their life history. Helping people with mental health problems or other vulnerable citizens

successfully find their way into the labour market and the education system appears to hinge on the level of support their receive to meet challenges in several aspects of their lives simultaneously. At the same time as engaging in labour market opportunities or the challenges of the education system, they must also be given the help and support they need to resolve challenges in other areas of life, both personal and practical. Simultaneous support for several parallel processes leads to the best integration in the labour market or in the educational system.

Brug for alle unge – Vejledningsindsats 2015-2018

Brug for alle unge (BFAU)[13] 'We Need All Youngsters' is an administrative working group under the Ministry of Children, Education and Gender Equality, set up with the aim to increase the number of young people who starts an upper secondary education. Currently BFAU is working together with UU in Vejledningsindsats 2015-2018 'Councelling and Gudiance Measure 2015-2018' in modifying the existing counselling and guidance services. The goal is to adapt the services in order to help all young people, regardless of their backgrounds and circumstances, getting ready to start an upper secondary education. The initiative is funded by the government's social investment fund 'satspuljen', with a budget of 28 million DKK. Vejledningsindsats 2015-2018 primarily focuses on strengthening existing services and support for young people in a vulnerable position, e.g. due to mental health issues. Strengthening the collaboration between relevant actors, including involvement of the parents, is one of the objectives.

Models for inter-professional collaboration

The division between region and municipality presents major challenges in relation to comprehensive and inter-professional treatment and follow-up. Because of this, in Denmark there is a strong focus on the development of initiatives and models that can help to improve collaboration between region and municipality. The report 'Integration of treatment and social measures for people with mental health disorders' (SFI, 2013), gives examples of these initiatives. The report evaluates projects for children and adults, and points out that the biggest challenges relate to adults from 18 years. Here, there can be many long-term initiatives initiated by both regions and the municipalities. The

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division of roles is unclear and many types of initiative are performed by both region and municipality, with the same professional groups being found in both. An evaluation of six trial models for integrating the services provided at region and municipality level shows that both citizens and employees experience the services as better than before the trial.

How can the help be made more effective?

A report about youth unemployment among under-30s, which has examined existing knowledge about young people with mental health problems, indicates a need for interdisciplinary coordinated collaboration, so that young people with mental health problems can gain a foothold in the education system and the labour market. Close collaboration with the Social Services Department is often necessary in order to bring this group closer to the labour market (Olesen & Bach, 2011).

The report, *Mulige veje til uddannelse og job for unge med psykiske barrierer'Possible Routes to Education and Employment for Youth with Mental Health Barriers"* (New Insight, 2009), contains a key conclusion that, if the coordination between job centres, employment and social services departments is to be effective, collaboration is needed at political and management level in the departments. It is not always sufficient for the coordination to take place at employee level. The report gives examples of how the collaboration can be arranged, such as through institution-based coordination, so that it does not become an issue of prioritisation of the individual employee's resources but an integral part of the everyday work. It is also important that the coordination takes place with the young person at the centre.

The summary of knowledge indicates that there are great requirements for understanding young people's situations, and how mental health problems affect their everyday lives and possibilities to participate in education and work (Olesen & Bach, 2011). It requires understanding from both the agency official and from future employers. The evaluation emphasises, for example, that mentors can feel insecure when the young person has mental health issues. On the basis of the analysis, the report recommends

raising the level of expertise of the job centre employees' knowledge of young people with mental health problems, including knowledge about specific tools for dialogue and communication with young people. Another recommendation is knowledge development that can strengthen employees' knowledge about the significance of the different mental barriers to the young people's links to the labour market, and what type of measures are relevant.

As for the frameworks for the measures, it is recommended that organisations maintain flexible and individual measures that are adapted to the young people's wishes, capabilities and competence. It is also important to enable parallel measures, combining work-related measures with any necessary treatment measures.

As for the content of the measures, the report points to the importance of finding early solutions to any mental health problems that form barriers to building links to the labour market, as this step is crucial for the successful administration of a course of events. Another recommendation is that the young people get a fixed contact person who can ensure stability in the action and transitions to work or education. The report also indicates how important it is to create relationships that are based on trust and that show understanding for the young people's problems. Comprehensive measures are also required that include measures in relation to work, education, and social, personal, practical and professional development, housing and financial considerations, and treatment.

In its report, 'Mental Health and Work. Denmark', the OECD (2013) turns the spotlight on young people with mild and moderate types of mental health problems. Denmark has a well-developed range of services for young people with serious forms of mental health problems, but young people with mild and moderate disorders must depend on more general measures that are not necessarily aimed directly at young people with mental health issues. This places great demands on the coordination of services, so that the young people are not kept outside education or work for a long time.

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Civilstyrelsen www.retsinformation.dk

Det Sociale Netværk www.psykisksaarbar.dk

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  The Danish Agency for Labour Market and Recruitment: *http://star.dk*

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Ministry of Children, Gender Equality, Integration and Social Affairs: *www.sm.dk*

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- Skolehelsetjenesten/School Health Service: *www.sum.dk*
- Sykehus Psykiatri och dess underavdelningar: *www.sum.dk*
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CIVIL SOCIETY

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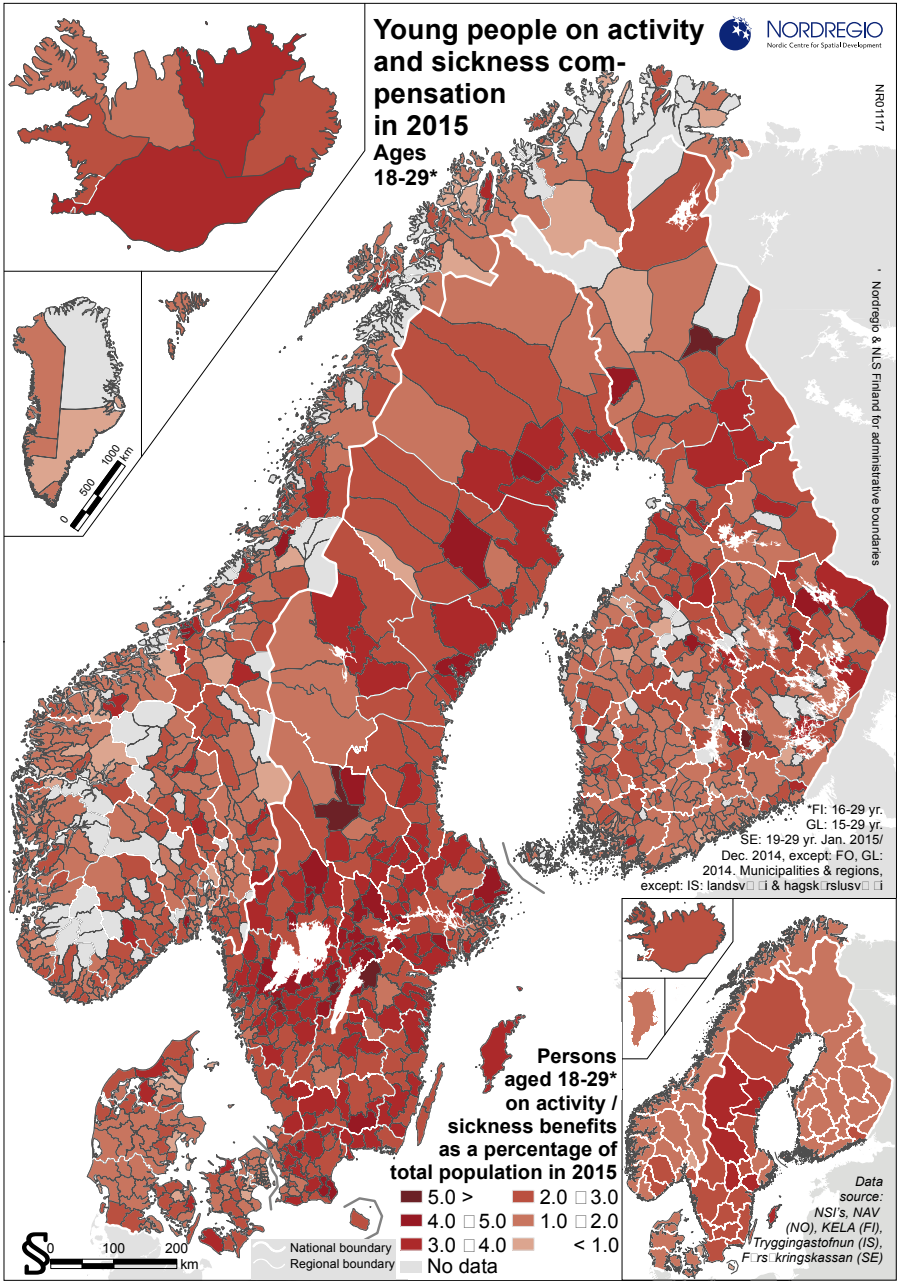
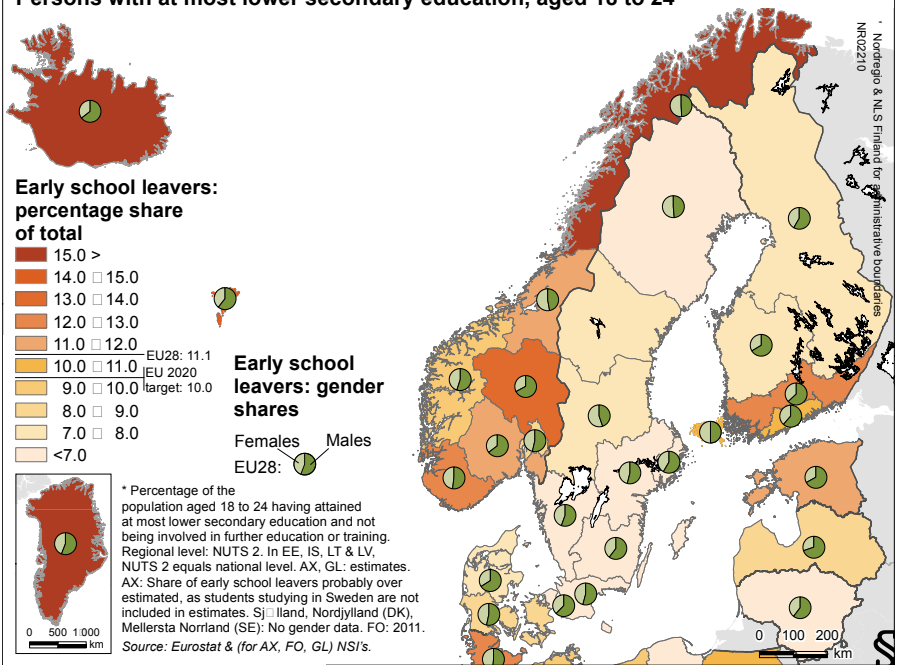

Young people on activity and sickness compensation in 2015
Ages 18-29*
NORDREGIO
Nordic Centre for Spatial Development
NR01117
Nordregio & NLS Finland for administrative boundaries
FI: 16-29 yr.
GL: 15-29 yr.
SE: 19-29 yr. Jan. 2015/ Dec. 2014, except: FO, GL: 2014. Municipalities & regions, except: IS: landsv□ □i & hagsk□rslusv□ □i
Persons aged 18-29* on activity / sickness benefits as a percentage of total population in 2015
5.0 >
4.0 □5.0
3.0 □4.0
2.0 □3.0
1.0 □2.0
< 1.0
No data
National boundary
Regional boundary
0 100 200 km
0 500 1000 km
Data source: NSI's, NAV (NO), KELA (FI), Tryggingastofnun (IS), F□rs□kringskassan (SE)

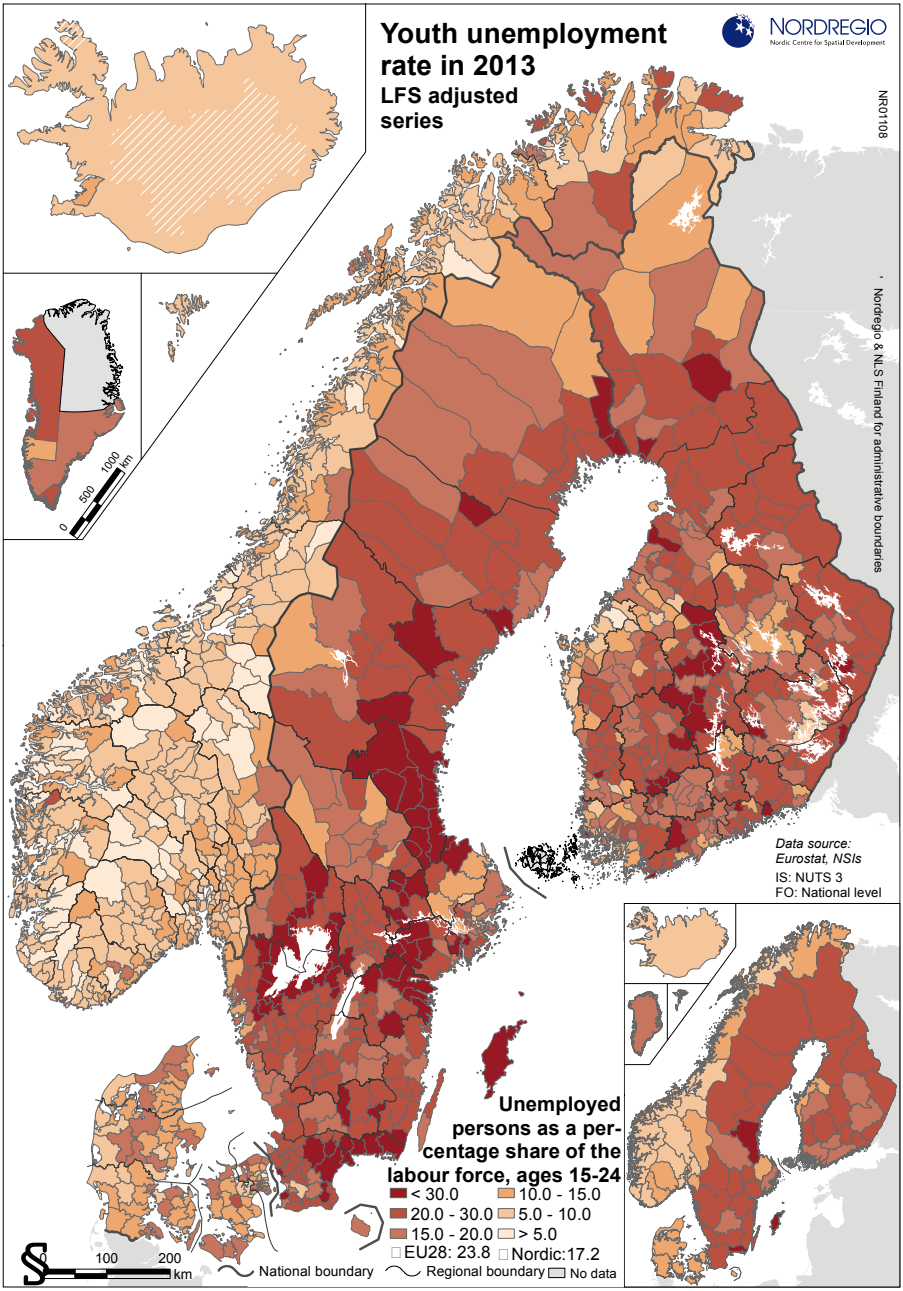
Early school leavers in 2014 by NUTS 2 regions

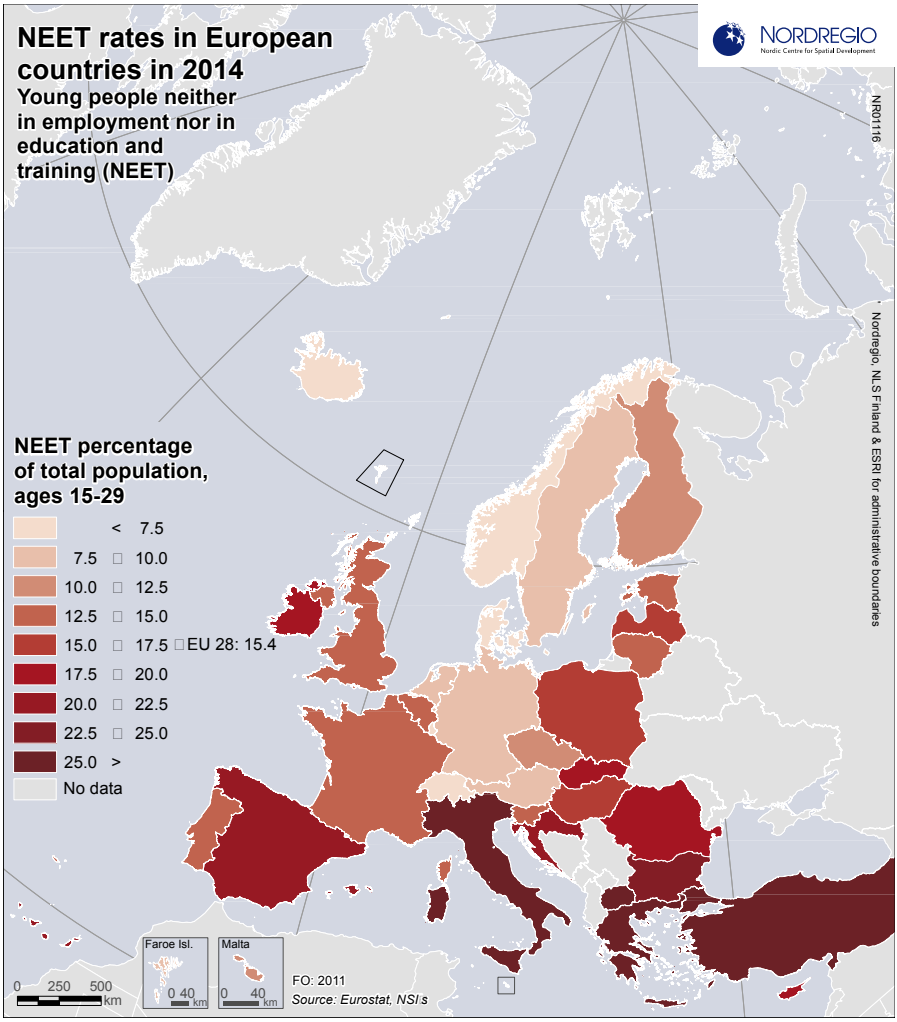
Persons with at most lower secondary education, aged 18 to 24*

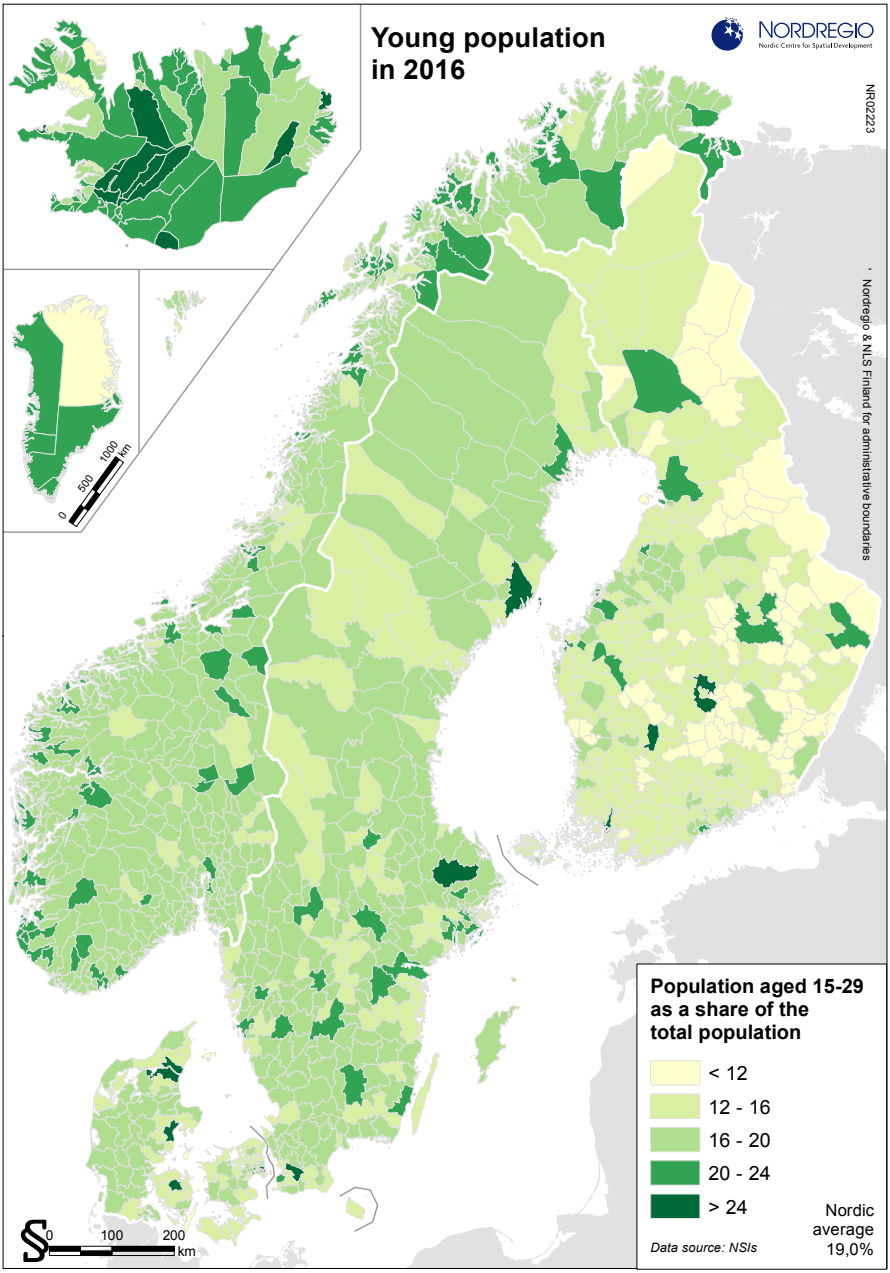


* Percentage of the population aged 18 to 24 having attained at most lower secondary education and not being involved in further education or training. Regional level: NUTS 2. In EE, IS, LT & LV, NUTS 2 equals national level. AX, GL: estimates. AX: Share of early school leavers probably over estimated, as students studying in Sweden are not included in estimates. Sjælland, Nordjylland (DK), Mellersta Norrland (SE): No gender data. FO: 2011.

Source: Eurostat & (for AX, FO, GL) NSI's.


Youth unemployment rate in 2013
LFS adjusted series
NORDREGIO
Nordic Centre for Spatial Development
NR01108
Nordregio & NLS Finland for administrative boundaries
Data source:
Eurostat, NSIs
IS: NUTS 3
FO: National level
Unemployed persons as a percentage share of the labour force, ages 15-24
< 30.0
20.0 - 30.0
15.0 - 20.0
10.0 - 15.0
5.0 - 10.0
> 5.0
EU28: 23.8
Nordic:17.2
No data
National boundary
Regional boundary
0 100 200 km
0 500 1000 km


NEET rates in European countries in 2014
Young people neither in employment nor in education and training (NEET)
NORDREGIO
Nordic Centre for Spatial Development
NR01116
Nordregio, NLS Finland & ESRI for administrative boundaries
NEET percentage of total population, ages 15-29
< 7.5
7.5 - 10.0
10.0 - 12.5
12.5 - 15.0
15.0 - 17.5
EU 28: 15.4
17.5 - 20.0
20.0 - 22.5
22.5 - 25.0
25.0 >
No data
Faroe Isl.
Malta
0 250 500 km
0 40 km
0 40 km
FO: 2011
Source: Eurostat, NSI:s


Young population in 2016
NORDREGIO
Nordic Centre for Spatial Development
NR02223
Nordregio & NLS Finland for administrative boundaries
0 500 1000 km
0 100 200 km
Population aged 15-29 as a share of the total population
< 12
12 - 16
16 - 20
20 - 24
> 24
Nordic average 19,0%
Data source: NSIs

The Nordic co-operation involves Denmark, Finland, Iceland, Norway and Sweden, as well as the Faroe Islands, Greenland and Åland.

NORDIC CENTRE FOR WELFARE AND SOCIAL ISSUES – AN INSTITUTION UNDER THE NORDIC COUNCIL OF MINISTERS

Although there are some national differences in the Nordic welfare systems, there are also great similarities between the countries. National differences provide opportunities for comparison and learning from each other's experiences. The Nordic Centre for Welfare and Social Issues is a key-actor in explaining, supporting and developing the Nordic welfare model.

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- Disability issues
- Labour market inclusion
- Alcohol and drug issues
- Welfare technology

Nordic Council of Ministers

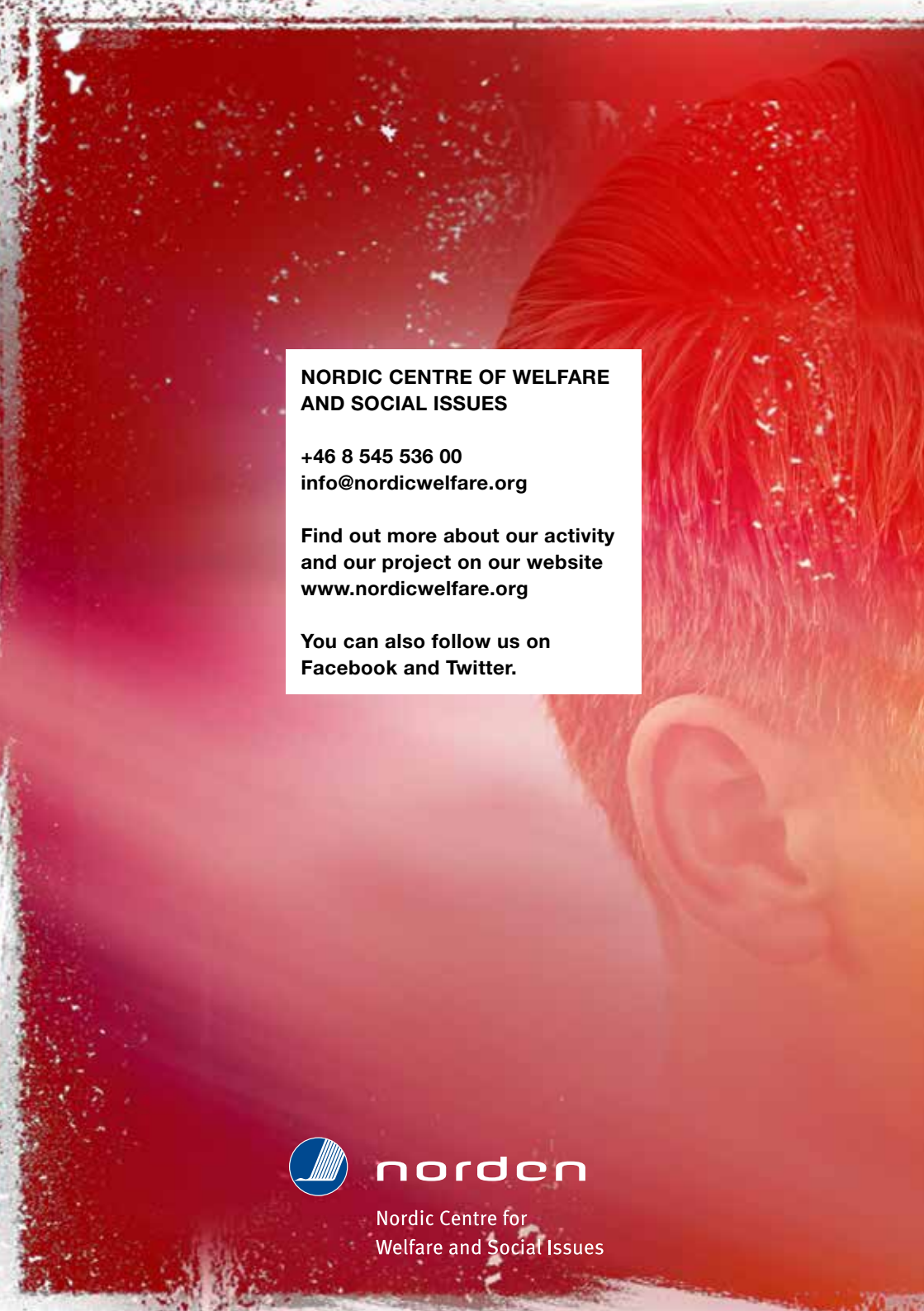
The Nordic Council of Ministers is the official inter-governmental body for co-operation in the Nordic region. The ministers within each specific policy area meet a few times a year to collaborate on matters such as working life issues, social and health policy, and education and research.

Within each policy area, there is also a committee of senior officials, comprising civil servants whose task is to prepare and follow up issues.

Nordic Council

The Nordic Council is the official parliamentary body of the Nordic co-operation. Members of the Nordic Council are members of parliament in the individual countries.

The Nordic Council meets twice a year. The decisions taken at the meetings are implemented by the Nordic Council of Ministers and the Nordic governments. The day-to-day political work is carried out in committees and political party groups.



NORDIC CENTRE OF WELFARE AND SOCIAL ISSUES

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