

MENTAL HEALTH AMONG YOUTH IN THE FAROE ISLANDS

WHO IS RESPONSIBLE? WHAT IS BEING DONE?



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Nordic Centre for
Welfare and Social Issues



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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 The Faroe Islands 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

FOREWORD	3
BACKGROUND	6
Mental health in Faroese 16-29-year-olds	6
Bullying in school	8
Scientific studies of mental health	8
Suicide attempt rates	11
Disability pensions	11
WHAT IS BEING DONE	14
Municipal child welfare services	14
Educational counselling	14
Interagency collaboration	15
Initiatives to include everyone	15
The challenge of collaboration in critical transitional stages	16
CONCLUSION	21
REFERENCES	23
INSTITUTIONS, AUTHORITIES AND ORGANISATIONS	
WORKING WITH YOUNG PEOPLE	28
ABOUT NORDIC CENTRE FOR WELFARE AND SOCIAL ISSUES	34

BACKGROUND

The Faroe Islands are an autonomous country within the Kingdom of Denmark, with a population of just 48,693. The problem of young people's mental health is attracting increasing attention. In 2008, the European Commission stipulated that prevention and treatment of mental health problems among young people must be given a higher priority, along with lowering the risk of vulnerable young people being excluded from the educational system and labour market (European Commission, 2008). Research into the mental health of the Faroese population remains relatively sparse. However some data is available that directly addresses the state of mental health in Faroese young people.

Mental health in Faroese 16-29-year-olds

ESPAD findings on substance abuse and mental health

For several years, the Faroese Work and Public Health Institute (Deildin fyri Arbeiðs og Almannaheilsu) has been participating in the European School Survey Project on Alcohol and Other Drugs (ESPAD), studying substance use among students aged 15-16. In addition to statistics on young people's substance abuse in the Faroe Islands, a report from 2011 shared the findings of a survey that assessed some direct parameters for mental health. In the week before the questionnaire was completed 9% of students often or constantly had no appetite and had not eaten, 25% often or constantly had problems concentrating, 16% often or constantly felt depressed, 13% often or constantly had not been able to do their schoolwork or other work. More than 32% of those surveyed reported thoughts of harming themselves at some time during their lives and 8.4% reported that once or more they had tried to commit suicide, although only 3% had been treated for their suicide attempt. (Deildin fyri Arbeiðs- og Almannaheilsu, 2012). According to the Chief Medical Officer in the Faroe Islands, the official number of suicides has varied between 1 and 6 per year since 1997. Three suicides were registered in 2012 (Joensen, 2013).

Nordic Ministers' programme study on young people's wellbeing

In 2009, a research project supported by the Nordic Council of Ministers, examined a number of important aspects relating to the life and well being of young people in the Nordic countries including substance use and abuse, physical health and mental health. (Guðmundsdóttir, Sigfússon, Kristjánsson, Pálsdóttir & Sigfúsdóttir, 2010).

The Faroese population participating in the study consisted of almost 1500 students aged 16-21 and constituted the entire secondary school population of the Faroe Islands plus the students from one establishment of higher education. The results showed differences between Faroese students and students from neighbouring countries in a number of areas, as well as gender differences.

With regard to mental health, 74.6% of the Faroese students described their mental health to be good or very good, 20.2% as fair, and 5.2% as bad or poor. The analyses showed a significant gender difference as significantly more girls described their mental health as bad or poor or fair, and significantly fewer girls described their mental health to be good or very good when compared to boys. Almost 74% of the students were satisfied with their body and almost 88% were content with their lives. More than two-thirds of the students reported sleeping difficulties in the previous six months (ibid, 2010).

It is worth noting that this data may not give a clear picture of the vulnerable young people who do not complete ordinary education.

Although the clear majority of Faroese young people seem to be in good health and have a sense of well being, a small but significant proportion of young people have mental health problems even before the age of 16 that can be described as a high-risk. This group requires extra attention and special arrangements in order to complete education or find a job and become financially independent. The data collected in this study may help to identify those young people who are at risk of dropping out of education and the importance of more studies of this group is strongly underlined by Faroese researchers (Gaini, 2013; Petersen et al., 2013).

Bullying in school

Very recently, a study of bullying among school students was conducted by the Faroese Ministry of Education, Research and Culture (Fróðskaparsetur Føroya, 2015). It involved all Year 5 (aged approximately 11), Year 7 (aged approximately 13) and Year 9 (aged approximately 15) students in Faroese compulsory education (in total around 2200 students). The results showed that 13% of the students reported having been bullied, which is similar to results from neighbouring countries. The results showed that the rate of bullying had decreased by 2% when compared to a study conducted in 2007. Not surprisingly, the study showed a clear association between bullying, the students' well-being and achievement at school. The Faroese Minister of Education, Research and Culture intends to continue working with initiatives to counteract bullying (ibid.).

Although some progress has been seen in terms of a reduction in bullying among school students, data from the Faroese public student grant fund 'Studni' shows that the percentage of students dropping out from upper secondary school has increased since 2008. In 2014, 11.5% of students dropped out of upper secondary school. A clear gender difference was observed, as significantly more males than females have dropped out of upper secondary education in the past 10 years (Studni, 2015a). The majority of students in upper secondary education are younger than 18. Data from Studni shows that almost 12% of students younger than 18 and 10% of students aged 19-24 years dropped out of education. The highest dropout rate of 14.6% was seen among students aged 25 and older (Studni, 2015b).

Scientific studies of mental health

Gaini (2013) conducted a cohort study of the well-being of an entire year group of Faroese youths born in 1996. The study was conducted in 2012 when the subjects were aged 16. The results showed that the majority felt well provided for, had good social and cultural resources, and were well prepared for adult life. Most of the respondents expected to progress to higher education. However, some points of concern were identified: although the Faroese youths described their life circumstances as safe, they also felt they were only monitored to a minor degree by their parents and that they found it



difficult to obtain the necessary advice, concern and clear frameworks from their parents about personal matters and life in general (Gaini, 2013). Other studies have shown that a low degree of parental monitoring increases the risk of behavioural problems in young people. In the Faroese study from 2013, the majority also described themselves as physically and mentally well, and the results showed that behavioural problems and violence were concentrated in a small marginalised group (Gaini, 2013).

Petersen et al have carried out several studies on the experience of trauma and occurrence of posttraumatic stress disorder (PTSD) symptoms among Faroese youth. The symptoms of PTSD hinder an individual's ability to function normally on a daily basis. In 2006, a self-report questionnaire survey was administered to the total population of Faroese Year 8 school students aged 14-15. The findings revealed that 94% of the females and 89% of the males reported having been directly exposed to or having witnessed at least one traumatic event or a negative life event. Nineteen cases of traumatic events, negative life events and post-traumatic stress symptoms (PTSS) were identified. The lifetime prevalence of PTSD symptoms was experienced by 20% of the students, while another 14% reached a sub-clinical level of PTSD. A gender difference was also identified: after exposure, females had PTSD more than twice as often as males. Exposure to multiple traumatic events, living with a single parent, and experiencing a traumatic event or a negative life event within the past year were all associated with PTSD (Petersen et al., 2010).

In a paper published in 2008 (Elklit & Petersen), a cross-cultural analysis of Danish, Lithuanian, Icelandic and Faroese adolescents was conducted, showing that adolescent females from all four countries fulfilled the criteria for PTSD significantly more often than males. More detailed analysis revealed significant gender differences in only three of the countries. Lithuanian adolescents showed the greatest gender difference, with eight females and two males fulfilling the criteria for PTSD. Faroese adolescents followed, with 105 females fulfilling the criteria for PTSD compared to 32 males. Finally, among the Danish adolescents, 19 females and 11 males fulfilled the criteria for PTSD. The authors proposed that the gender difference variation between the four countries could be explained by social roles (model learning), and by gender differences in sensi-

tivity and relatedness. The authors also suggested that Lithuania and the Faroe Islands are countries characterised by traditional gender roles, which may influence the high degree of traumatised among females compared to males. It is noteworthy that the Faroese adolescents were shown to report the most lifetime PTSD symptoms (Elklit & Petersen, 2008).

Suicide attempt rates

Comparable to the ESPAD study (Deildin fyri Arbeiðs- og Almannaheilsu, 2012) also mentioned in this section, where 8.4% of a year group of school students reported having made a suicide attempt at least once, Petersen & Elklit found 9.9%¹ of the participants in their study reported having attempted suicide at least once. A gender difference was also identified here, as 28% were males and 72% were females. Analyses showed that anxious psychological attachment, negative affectivity or a feeling of being depressed, and lack of social support were among the most significant risk factors for suicide attempts among Faroese adolescents (Petersen & Elklit, 2014).

Disability pensions

Despite efforts to prevent young people being marginalised and ending up outside the educational system and the labour market, the number of Faroese citizens being granted disability pensions due to mental health problems is increasing, especially in the youngest group². In the Faroe Islands, it is the Social Insurance Agency (Almannaverkið), under the Ministry of Social Affairs (Almannamálaráðið) that is responsible for granting disability pensions.

The reasons for becoming eligible for a disability pension are divided into physical, mental and social diagnoses. Applicants may have diagnoses in more than one of those groups but the diagnosis deemed to have the greatest influence on the applicant's ability to work will be registered as the main reason. Around 6% of people of working age

1 N=68

2 In 2009, 0.8% of the total population had their application approved, and in the years 2010 to 2013 the percentage remained stable, with 0.5% of the applications for disability pensions approved annually.

(aged 18 to 66), or 4% of the total population, receives a disability pension. The annual report from the Social Insurance Agency does not differentiate between mental diagnoses, but defines them as mental health problems, mental handicap, and senility. In the five-year period from 2009 to 2013, most of the diagnoses causing work disability, and therefore entitlement to a disability pension, are physical reasons, but there seems to be a trend towards mental health problems, which are increasing by 6 to 7 percentage points per year (Almannaverkið, 2014).

In 2013, 300 people had their application for a disability pension approved; of these, 71, around 24%, were granted on the grounds of mental health diagnoses. In the youngest age group (18 to 39 years) receiving a disability pension, most were registered as having mental rather than physical health diagnoses. A change in gender differences has appeared: between 2009 and 2012 more females than males received a disability pension because of mental health problems, but the situation reversed in 2013. Together with disorders and diseases in the motoric system, mental health problems and disorders are the main reasons for receipt of a disability pension, which suggests that these diagnoses are the most disabling (Almannaverkið, 2014).



WHAT IS BEING DONE

Municipal child welfare services

While not solely concerned with the mental health of young people, the Faroese Child Welfare Act places responsibility with the municipal child welfare authorities to ensure the welfare of every child between the ages of 0 and 18. Any measures instigated before a child reaches 18 may be continued until the young person becomes 21. One of the objectives of the act is to ensure help and care for children who live under conditions detrimental to their health and development. If an investigation of the child's situation concludes that action must be taken, a range of measures can be implemented. These can include finding an offer of suitable education, a workplace or some similar arrangement (Section 15, Chapter 4, Føroya Løgting, 2013). The annual report from 2012 (Barnaverndarstova Føroya, 2012), shows that 32.8% of resources were spent on psychological support and personal counselling or support for children, 28.7% was directed towards family therapy, 27% towards supporting children and families in the home, and 1.2% for the treatment of illness or substance abuse (ibid).

Educational counselling

According to Chapter 2 of the Faroese Compulsory Education Act, every pupil is to acquire knowledge and skills that support the individual pupil in his or her personal development (Føroya Løgting, 2011). The educational counselling system exists to provide any additional support pupils may need for successful personal development. A report from June 2014 shows that the number of pupils receiving educational counselling has increased from 380 pupils in 2011, to around 450 pupils in 2014. Despite this, the funding for the system has remained virtually unchanged. One of the conclusions of the report is that the system of educational counselling should be thoroughly re-examined and that structural changes should be made so that supply meets demand.

Interagency collaboration

Two reports, initiated by the Ministry of Education, Research and Culture, have emphasised the need for improvement in how the various initiatives are organised and how they coordinate their activities. One report focused on educational and pedagogical counselling in compulsory schools (Mentamálaráðið, 2014), while another focused on the upper secondary school as a comprehensive service for young people with special needs (Mentamálaráðið, 2015). As a result, recent collaboration agreements have been formed between the Social Insurance Agency (under the Ministry of Social Affairs) and the National Hospital (under the Ministry of Health), and between the Institution of Educational and Pedagogical Counselling (under the Ministry of Education, Research and Culture) and the National Hospital (under the Ministry of Health). The aim of the agreements is to improve collaboration between sectors, thereby guaranteeing that children and young people in psychiatric care receive the necessary guidance and joined-up support from the health care system, the social care system, and the educational counselling system. This will ensure that they are offered services adapted to their personal needs.

Initiatives to include everyone

For citizens who have not been able to acquire the work skills necessary for an ordinary job in the labour market, one option is to take a sheltered job, where the workplace plays an important role (Almannamálaráðið, 2015, a).

‘Dugni’ (meaning support or assistance) is one of the initiatives aiming to include citizens with mental disabilities and special needs in the labour market. Vulnerable young people can also be assisted by the scheme. Dugni is a self-governing institution under the Ministry of Social Affairs. The aim is to examine the work capacity of Faroese citizens with disabilities and to arrange job training and rehabilitation so that each individual regains the capability to enter the labour market. For citizens receiving a disability pension, the aim is to give them access to sheltered working places. These could take the form of sheltered workshops, cafés, production, and an offer of education. The provisions are centrally administered, but located on different islands. Dugni collaborates with relevant institutions, such as the Psychiatric Centre at the National

Hospital, child welfare agencies, and the Social Insurance Agency (Dugni, 2015). Some local authorities in the larger towns have set up activity houses. One example is Margarinfabrikin, an activity house set up by the local authority in Tórshavn. Besides offering leisure-time activities, it also has a special social-educational programme, the Springboard, for young people who cannot cope with ordinary education. The project is a collaborative pilot project between Margarinfabrikin, the Ministry of Education, Research and Culture, and the Social Services Department of the Municipality of Tórshavn (Margarinfabrikin, 2015).

Fountain House is another recent initiative to help increase vulnerable citizens' links to the educational system and the labour market. It is an independent rehabilitation service for psychiatric patients who want to get back into education or work, based on a concept started in the US in the 1940s. The organisation has developed a standardised certification programme and an International Centre of Clubhouse Development (ICCD). The Faroese Fountain House was set up in April 2014 as a three-year project, funded partly by a private foundation and also by the state. It is a service for those who receive a disability pension on the grounds of mental or social problems, those who have lost their jobs, and those who have never gained a foothold on the labour market. The Faroese Ministry of Social Affairs has entered into an agreement with the Faroese Fountain House to guarantee financial support for three years, with the aim to examine the need for such a service in the Faroe Islands.

The challenge of collaboration in critical transitional stages

The Nordic Centre for Social and Welfare Issues highlights the absence of adequate support for vulnerable young people going through critical transitional stages in the Faroe Islands (Nordens Vælfærdscenter, 2016). The transitions in focus are primarily between the different stages in the educational system and between education and labour market. Extra support is needed for young people in these transitional phases, according to the Nordic centre. Relevant support initiatives and institutions are organised under various ministries, which increases the risk of losing sight of those who are in need of a helping hand. Young people who are struggling with mental health problems are not identified until late in their school career and it often takes time before they can receive proper measures.

In order to improve the support for young people in critical transitional phases, collaboration agreements³ have been made as a reaction to a clear need for improvement in collaboration within and between systems. All Faroese state employers are obliged to notify the Social Insurance Agency if they are aware of citizens⁴ who, because of physical or mental health problems, are unable to complete their education or work, and therefore need state help (Føroya Løgting, 1993, Føroya Løgting, 2011, Føroya Løgting, 2013). The Social Insurance Agency has no outreach function for detecting young people in need of social help or special initiatives. Collaboration is mostly organised on an ad hoc basis in relation to the individual case, and much relies on personal communication. This also characterises the other main institutions involved: the Psychiatric Centre, the Educational and Pedagogical Counselling System (Sernám), and the Public Employment Service (ALS).

According to the Psychiatric Centre a lot of work has been carried out in Child and Adolescent Psychiatry to establish the collaboration agreements, with the aim of smoothing the process for patients under the age of 18; however this area has not got a high priority in adult psychiatry, where no clear procedures have been developed. Previously, two medical social workers were employed at the Psychiatric Centre to establish procedures but, in recent years, this task, according to sources in the Psychiatric Centre, is carried out by the Social Insurance Agency⁵.

The public employment service (ALS) offers extra support to young people and young adults until the age of 25. A requirement for unemployment benefit is that the citizen registers at the public employment service office. According to their procedures, the office holds interviews every 14th day, with the aim of helping people back to work as quickly as possible. At these interviews, the unemployed person is asked about any

3 between the Social Agency, under the Ministry of Social Affairs, and the National Hospital, under the Ministry of Health, and between the Institution of Educational and Pedagogical Counselling under the Ministry of Education, Research and Culture and the National Hospital, under the Ministry of Health.

4 Both children and adults.

5 Information received in personal communication.

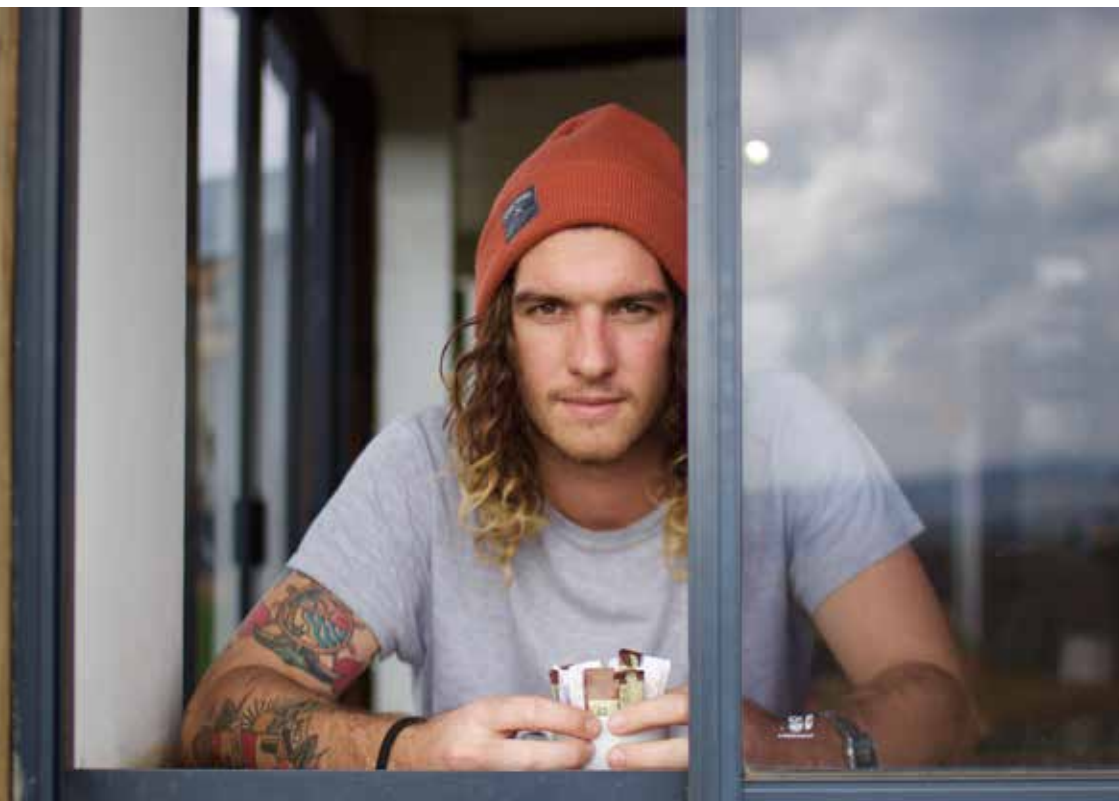
possible hindrances preventing them getting back to work, which may be mental health reasons. If hindrances are confirmed, the unemployed person is invited to a dialogue with the social worker employed at the public employment service, who helps the person progress through the system.

The public employment service has no organised collaboration with the education system, apart from trying to connect the unemployed citizen to student counselling, if this is relevant. Collaboration with the Social Insurance Agency is organised on an ad hoc basis by the social worker employed at the public employment service. Any citizen still registered after three months is obliged to participate in work training arrangements. Involving a social worker in the link between the public employment service and Social Agency has been very fruitful.

According to the Institution of Educational and Pedagogical Counselling under the Ministry of Education and the Faroese Compulsory Education Act, it is the responsibility of each individual principal of a primary and secondary school to provide a pupils' education. This can be done in collaboration with the pupil and the parents/guardians, and is conducted in the form of a visit to the Institution of Educational and Pedagogical Counselling, a report to the Child Welfare Agency and, in cases of possible criminality, an activation of SSP, a collaborative team involving participants from the school, social authorities, health care and the police.

Pupils in secondary schools may receive educational counselling but, according to the source, Faroese society lacks special educational services for pupils with special needs. However, the Minister of Education has stated this area is to become a higher priority in the future; this should include initiatives such as special educational services to young people with special needs. There is regular collaboration between the Institution of Educational and Pedagogical Counselling and compulsory schools, and between the Psychiatric Service, Child Welfare Agency and the Social Insurance Agency.

Very recently a promising initiative has appeared under the auspices of the Ministry of Social Affairs, the Ministry of Education, the Ministry of Health, the Society of the Faroese Municipalities, and the Faroese Autism Association (Almannaráðið et al., 2014). The initiative provides a firm structure for collaboration and treatment of citizens with autistic spectrum disorders and their relatives. A description is made for professionals, and a multiplier is done for the parents/guardian. It describes a course of action from the time when suspicion is first raised about developmental problems; the medical practitioner examines the child, observations are gathered from day care workers or teachers, a visit is made to the Educational and Pedagogical Counselling Centre for more examinations, followed by a visit to the Psychiatric Centre. A cross-sector team is set up that takes care of treatment and sets up a developmental and educational plan for the child or the adult (ibid.). This specification of procedure and collaborative agreement across sectors is innovative, and may well be the way to solve many of the challenges facing other citizen groups where mental health problems present a challenge to their education and working life.





CONCLUSION

The Faroe Islands is facing challenges reaching the goal of creating a society big enough for everyone and where young people's mental health problems are adequately provided for. Data is scarce, but what is available clearly emphasises the need for the current initiatives and improvements to collaboration and organisation. Moving the issue of young people's mental health up the agenda is bringing about improvements. These developments cannot come fast enough.



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MINISTRIES AND ADMINISTRATIVE AUTHORITIES

- The Government of the Faroe Islands *www.government.fo*
- Socialministerium/Ministry of Social Affairs: *www.amr.fo*
- Sundhedsministeriet/Ministry of Health Affairs: *www.bmr.fo*
- Erhvervsministeriet/Ministry of Trade and Industry: *www.vmr.fo*
- Kulturministeriet/Ministry of Education, Research and Culture: *www.mmr.fo*
- Deildin fyri arbeiðs- og almannaheilsu/Rådet för folkhälsa/Public Health Agency of Faroe Islands: *www.folkheilsa.fo*
- Gigni Børne og unge helsetjeneste: *www.gigni.fo*
- Arbejdslovsstryggingin/ Unemployment Insurance Agency: *www.als.fo*

MUNICIPALITIES AND REGIONS

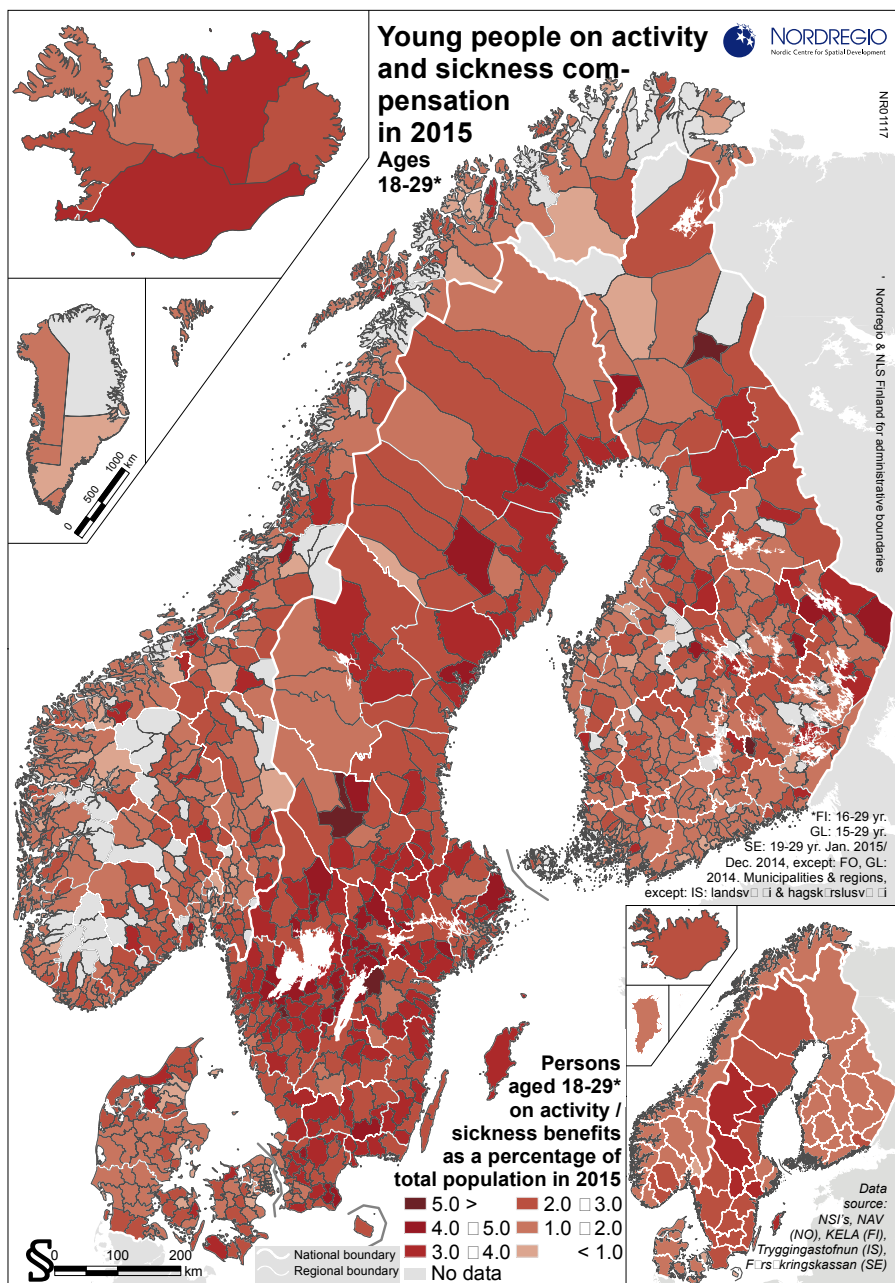
- Socialförvaltningen/Social Insurance Agency: *www.av.fo*
- Sernam/Educational and psychological support: *www.sernam.fo* (30 st)
- Kommunernes landsforening/Local Government of Faroe Islands: *www.kf.fo*

RESEARCH

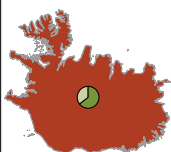
- University of the Faroe Islands: *www.setur.fo*
- National Institute of Environmental Health: *www.health.fo*

CIVIL SOCIETY

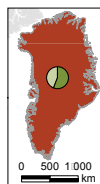
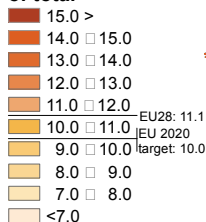
- Barnombudsmanden/The Ombudsman for Children: *www.bum.fo*
- Barnaverndarstovan/Children Rights Organization: *www.bvs.fo*
- MBF - The Faroe Islands Disability Federation: *http://mbf.fo*
- Sinnisbati/The Faroe Islands Association for Mental Health: *www.sinnisbati.fo*
- Fountain House: *www.fountainhus.fo*
- Barnabati/NGO – Children's welfare: *www.barnabati.fo*
- Føroya Ungdómsráð/The National Youth Council of Faroe Island: *www.fur.fo*



Early school leavers in 2014 by NUTS 2 regions Persons with at most lower secondary education, aged 18 to 24*



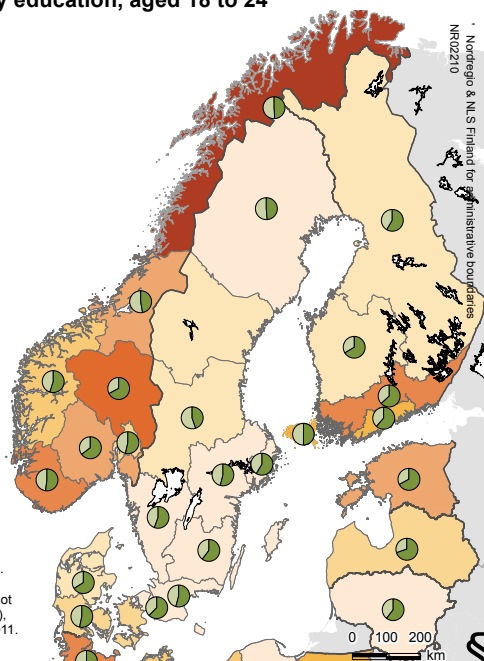
Early school leavers: percentage share of total

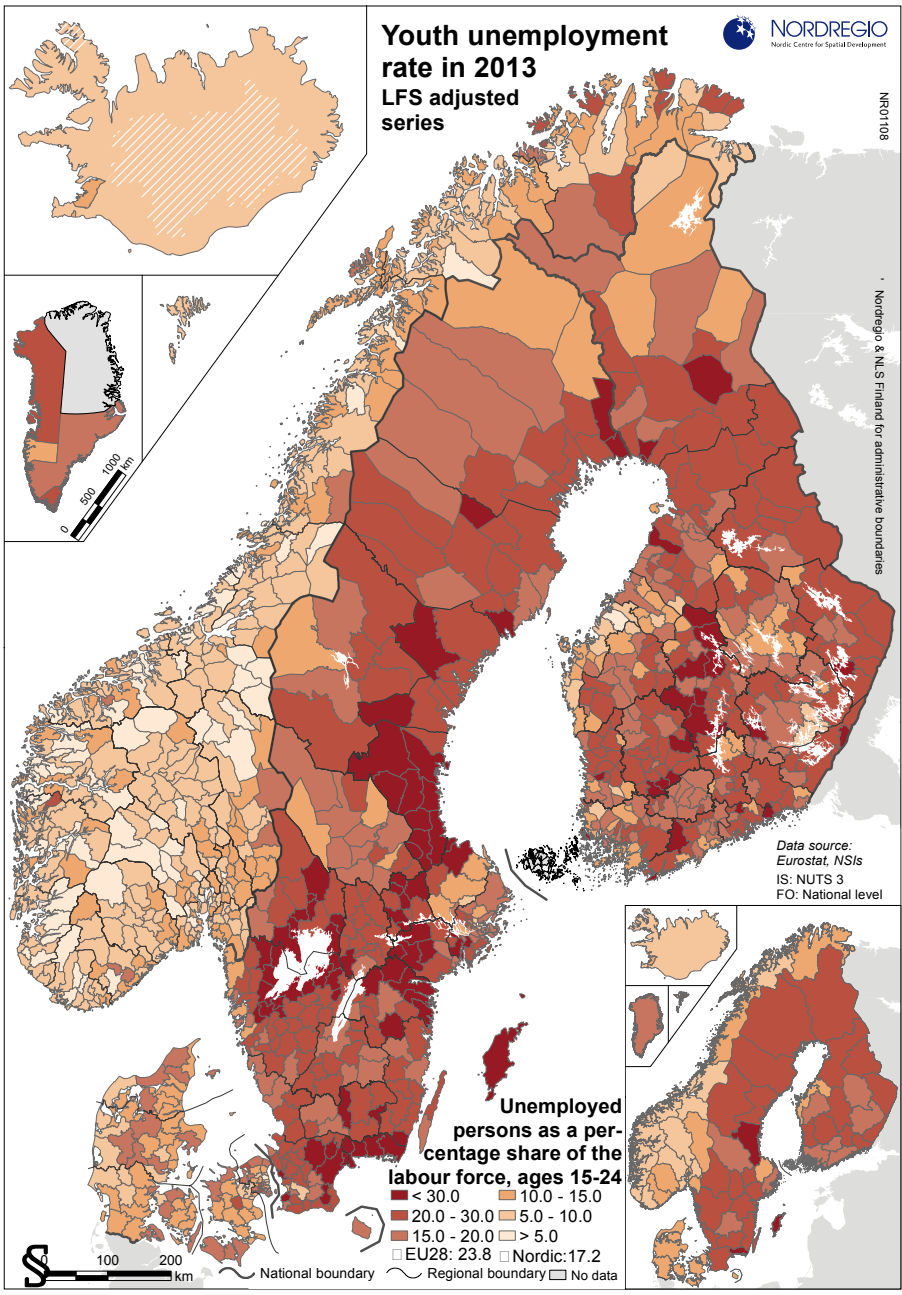


Early school leavers: gender shares

Females Males
EU28:

* 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. SJ: Jylland, Nordjylland (DK), Mellersta Norrland (SE): No gender data. FO: 2011. Source: Eurostat & (for AX, FO, GL) NSI's.

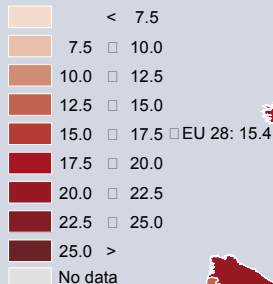




NEET rates in European countries in 2014

Young people neither in employment nor in education and training (NEET)

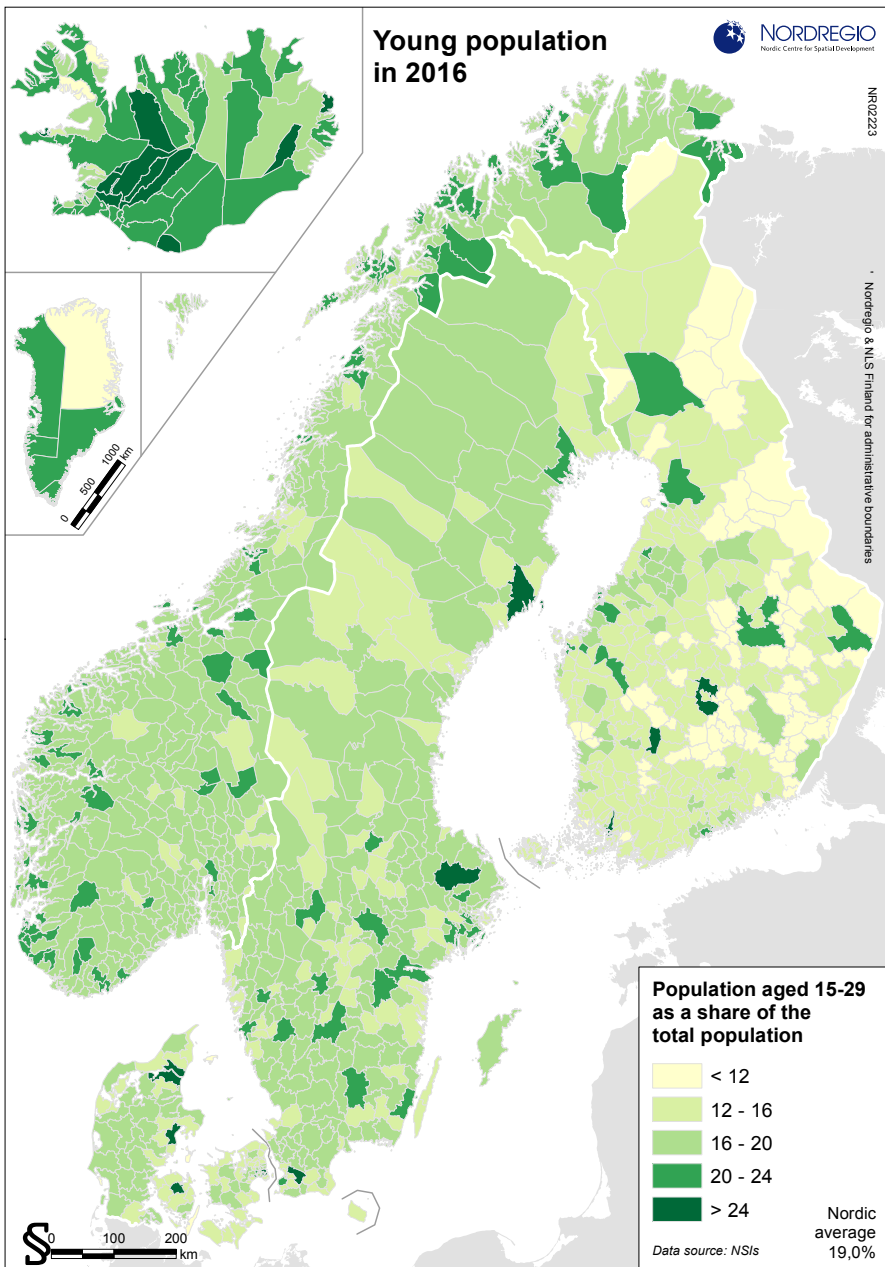
NEET percentage of total population, ages 15-29




FO: 2011
Source: Eurostat, NSIs

NORD1116

Nordregio, NLS Finland & ESRI for administrative boundaries



A stylized map of the Nordic region, including Denmark, Finland, Iceland, Norway, and Sweden, set against a blue background. The map is white with black outlines for the coastlines and internal borders.

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.

Our work aims at developing strategic input to politicians, compiling research findings and arranging Nordic and international conferences on current welfare issues.

Our focus areas are:

- Welfare policy
- 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.



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**Find out more about our activity
and our project on our website
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