

MENTAL HEALTH AMONG YOUTH IN SWEDEN

WHO IS RESPONSIBLE? WHAT IS BEING DONE?



norden

Nordic Centre for
Welfare and Social Issues



**AUTHOR: Mona Sommer, PhD Student, Department of Nursing Science,
University College of Southeast Norway**

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.

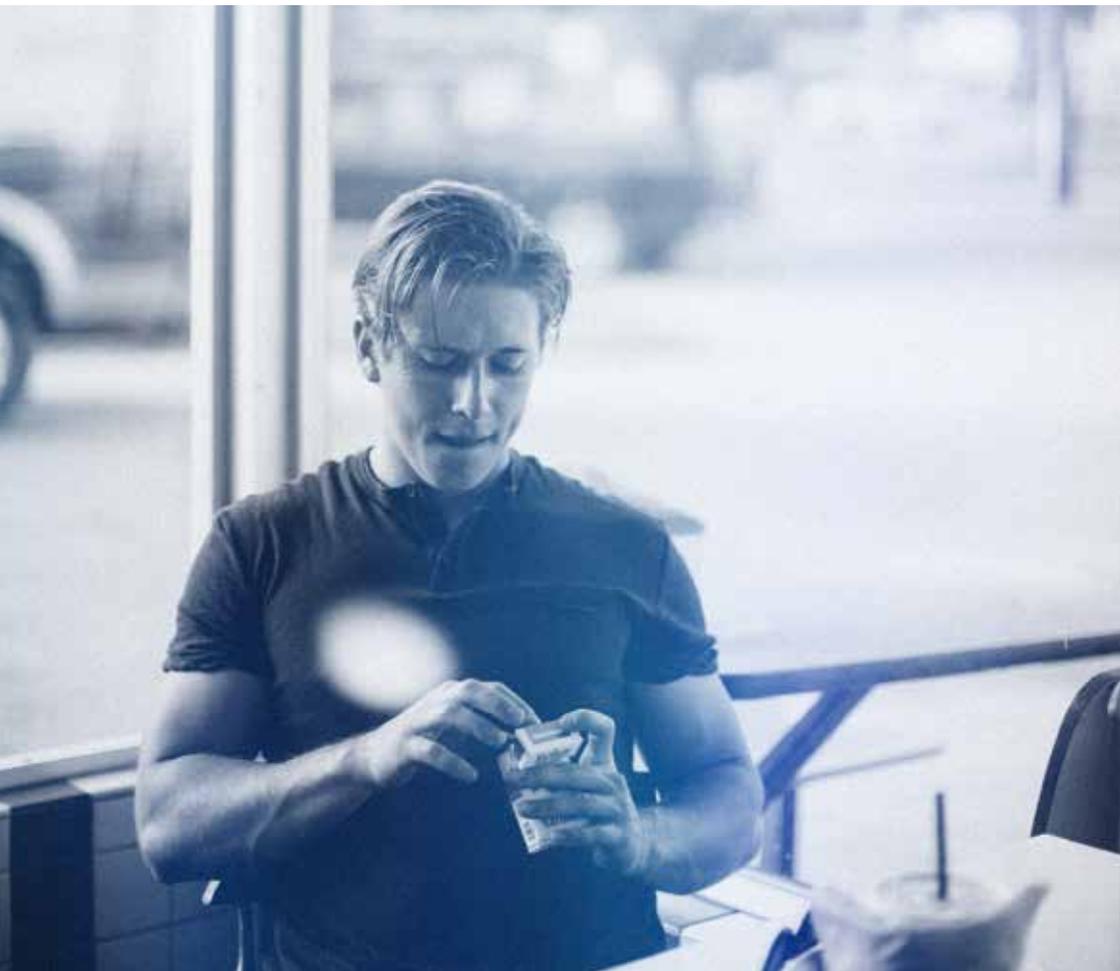
The project Youth in the Nordic Region focuses on young persons who suffer from or are at risk of suffering from mental illness, as well as their situation at school and their later transition to work and providing for themselves. A further important topic of the project is early retirement and retirement 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 Sweden 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
MENTAL HEALTH PROBLEMS OF YOUNG PEOPLE IN SWEDEN	6
Consequences of mental health problems in young people	9
Gender differences	10
OVERALL RESPONSIBILITY AND NATIONAL GUIDELINES	13
The Ministry of Education and Research and the Ministry of Employment	14
WHO IS RESPONSIBLE FOR FOLLOWING UP WITH YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS?	16
School health service and pupil health service (Elevhälsan)	16
Primary health care service (primärvården)	16
Specialist health care service (specialistvården)	17
Other key players – Arbetsförmedlingen and Försäkringskassan	18
WHAT IS BEING DONE? CENTRAL MEASURES	19
Agreement on Mental Health 2016	19
National Coordinator on Mental Health	19
PSYNK – Mental health for children and young people	21
Checklist for politicians and decision-makers	22
UMO Youth Guidance Centre	23
First aid for young people with mental health problems – YMhFA	23
National self-harm project	25
Measures directed towards young people with mental health problems and a weak link to education and work	25
Has early intervention and intensified support had an effect for young people?	28
How can the help be made more effective?	29
REFERENCES	32
INSTITUTIONS, AUTHORITIES AND ORGANISATIONS	
WORKING WITH YOUNG PEOPLE	36
ABOUT NORDIC CENTRE FOR WELFARE AND SOCIAL ISSUES	46

MENTAL HEALTH PROBLEMS OF YOUNG PEOPLE IN SWEDEN

In Sweden, an increase in mental health problems has been reported among children, young people and young adults (National Board of Health and Welfare, 2013), and there is currently no clear explanation why. Mental health problems are increasing across the entire group, affecting not just the most vulnerable children and young people who experience stressful psychosocial factors such as the mental illness of a parent. It is uncertain how serious this increase in young people's mental health problems is. Surveys of living conditions carried out by Statistics Sweden show an increase in young people's self-reported mental health problems, but it is unclear whether such problems are correlated with serious mental health problems later in life. At the same time, the number of young people who need hospital treatment for a mental health disorder has increased (National Board of Health and Welfare, 2009).

A Swedish study examined the prevalence of mental health disorders in young people in Sweden aged 16-24 and born between 1971 and 1987 (National Board of Health and Welfare, 2013). The findings show that the proportion of young people aged 16-24 admitted to hospital because of a mental health disorder gradually increased over five years. Among women and men born in 1971, just over 2% were admitted to hospital for treatment for a mental health disorder, compared with 5 per cent of women and 4 per cent of men born in 1987. An SOU report (2006) about young people, stress and mental health reports that the number of girls aged between 15 and 19 who were treated in hospital for depression increased eight times between 1980 and 2003. A national survey of mental health for all young people in school years 6 and 9 shows that of those reporting mental health problems, 82% of girls and 59% of boys in year 9 had disabilities at school and at home (SFI, 2011). Overall this indicates a general deterioration in the mental health of young people. It is still uncertain whether this is due to a genuine deterioration or greater transparency and better practices for reporting symptoms that perhaps have always occurred in the group.

It is primarily depressive and anxiety disorders, and drug dependence that have become more prevalent among young people. Depression and anxiety can be both the cause and effect of drug dependence. Hospital treatment for suicide attempts and personality disorders have also increased, particularly among women. The incidence of serious mental health disorders like bipolar disorder and schizophrenia seems to be stable over time. The average age for the first admission to hospital was between 20 and 21 for all diagnoses (National Board of Health and Welfare, 2013).

Mental health problems are common among the Swedish population, and surveys show that between 20 and 40 per cent of people have mental health problems at any one time. Few of these – 5-10 per cent – have such serious problems that they need psychiatric treatment (Socialstyrelsen, 2009). In 2011, 33,500 men and 46,000 women in the 18-24 age group needed some form of psychiatric treatment or prescription psychopharmaceuticals, i.e. medication used for the treatment of mental health disorders. The figures are taken from the Swedish Prescribed Drug Register and patient registers, and were included in the National Board of Health and Welfare report, 'Mental Health Among Young People' (2013). The psychiatric treatment referred to here concerns both polyclinical outpatient treatment and inpatient treatment where the patient is admitted. Many young adults of non-Nordic origin needed polyclinical treatment or inpatient treatment. The proportion of young people of non-Nordic origin needing psychiatric treatment was 3 per cent, compared to 2 per cent in the rest of the population.

Self-harming behaviour, or self-induced injury, has traditionally been regarded as behaviour related to mental health problems. A large group of those requiring child and adolescent psychiatry services comprises young people who self-harm, particularly girls and young women but an increasing number of boys as well (Swedish Association of Local Authorities and Regions, SKL, 2013). In 2009, the Swedish Association of Local Authorities and Regions (SKL) reviewed inpatient treatment offered by the mental health services. The review showed those patients who self-harm comprised a group that was difficult to give good help to, and who received a lot of compulsory treatment. In the group given compulsory treatment, young people were over-represented (ibid). In a study of over a thousand Swedish young people in school years 7 and 8, 21% of

girls and 16% boys reported that they had harmed themselves more than five times in the previous six months (Bjärehed, 2012). The scale of the problem was confirmed by another study about self-harm and suicide attempts (Zetterqvist et al., 2012). The findings of these studies are alarming, and raise questions about what causes 20% of young people to want to harm themselves and how this behaviour should be interpreted.



Consequences of mental health problems in young people

Mental health problems at a young age can bring serious consequences later in life, not just in terms of health and mortality but also the level of education attained and affiliation to working life (Socialstyrelsen, 2013). Mental health problems seem to be on the increase for young people aged 16-18, and the increase is particularly great for girls (OECD, 2013). This is an age where the young people are attending upper secondary school, and where mental health problems can have great effects on school performance and opportunities for higher education and/or entry to the labour market. The correlation between exclusion from the labour market and mental health problems is well documented (OECD, 2013). A recent study shows that young adults outside education and work are at greater risk of hospitalisation for mental health problems compared to young adults in education and work (Sellström et al., 2011). Poor mental health is far more common for young people who are not in employment, education or training (NEET) than for any other groups. Young people who are NEET are a group in the population that has attracted relatively great attention in recent years, both in Sweden and internationally. In Sweden, the question of young people's exclusion was given particular attention in two Government studies 'Young and Excluded' (SOU 2003: 92) and "Youth who are not in education or work - statistics, support and collaboration" (SOU 2013:34). It was confirmed that many of these young people end up in widespread and long-term exclusion.

Among young people admitted to hospital for the treatment of common mental health problems like depression, anxiety or drug misuse, the risk is high that they will be readmitted within five years. In total, 30-40 per cent of young people with these diagnoses were readmitted within five years (ibid). This shows that, in many cases where there is a need for hospitalisation, long-term mental health problems are indicated. Of the people treated in hospital for their mental health problems between the ages of 16 and 24, the level of education at age 29 was lower than for people who had not been treated for mental health problems (Socialstyrelsen, 2013). Young adults with low levels of education have problems getting a foothold on the labour market, and young people with low levels of education who also have long-term mental health problems generally end up excluded from the labour market. Young people with mental health

problems of anxiety, worry or angst, are at approximately 40 per cent higher risk of having compulsory school as their highest level of education at the age of 29, compared with 29-year-olds who did not have mental health problems at an early age (SOU 2013: 74). There is also a correlation between mental health disorders at a young age and problems with these young people supporting themselves as adults. The observed increase in young people's mental health problems, and their impact on young people's opportunities to establish themselves in society, may comprise a growing problem for public health in the long term.

Gender differences

In Sweden we also see that more young women than men are affected by mental health problems. When compared with other groups, statistics show that teenage girls and young women have higher levels of sick leave, higher levels of self-reported ill-health in the form of stress, worry and depressed moods, and top the admission statistics in psychiatric inpatient departments (Hagquist, 2010; Lager et al., 2012; SOU, 2006; Socialstyrelsen, 2013).

Among women receiving psychiatric treatment, anxiety disorders dominate, while men are more likely to be treated for attention deficit hyperactivity disorder (ADHD) and other concentration disorders. This is a common trend that applies to the Nordic region as a whole (Ungdomsstyrelsen, 2013). There is also a distinct increase in the number of men requiring hospitalisation on the grounds of drug misuse. The psychopharmaceuticals prescribed most often to both genders were antidepressants, sleeping tablets and sedatives (Socialstyrelsen, 2009).

Twice as many women as men aged 15-24 are hospitalised because of self-harm or self-induced injury (Swedish National Board for Youth Affairs, 2013).

'Young People Today. Health and Vulnerability 2013', a report published by the Swedish Agency for Youth and Civil Society (previously the Swedish National Board for Youth Affairs), states that 32 per cent of girls aged 16-24 in 2010-2011 reported that they regularly had problems such as anxiety, worry and angst compared to 14 per cent

of boys. Psychosomatic symptoms such as headache, stomach pain and depression are also twice common among girls as among boys. Another report, 'Young People With Attitude' (Swedish National Board for Youth Affairs, 2013), states that as many as 40 per cent of young people aged 16-29 had felt stressed several days a week or every day in the previous six months, and the proportion of girls (51.4 per cent) was greater than the proportion of boys (29.1 per cent). In addition, more than one in five young people aged 16-29 reported having sleeping problems and, here too, the figure is higher for girls than boys.

The Swedish Agency for Youth and Civil Society has published a Government Report, 'När livet känns fel - Ungas upplevelser kring psykisk ohälsa' (When Life Feels Wrong - Young People's Experiences of Mental Ill-health) (2015). It states that many young people do not get the help for their mental ill health that they feel they need. There is a very clear link between gender and young people's expression and understanding of, and attitude to, feeling unwell. Girls show and talk about their ill health, while boys remain silent and internalise their ill health. Girls experience high performance requirements and have lower self-esteem compared with boys of the same age. Girls are also expected to take a greater responsibility for peer relationships at school. Quite simply, different requirements and expectations apply for girls and boys, according to the prevailing societal norms.

Young people who feel unwell show it either by acting out, demonstrating aggressive or norm-breaking behaviour, or by internalising, characterised by feeling depressed, having stomach ache or a headache. Eating disorders, social isolation, and self-harming behaviour are other ways of internalising ill health. An individual can show both internalised and outward symptoms of mental ill health, in which case the risk increases of the mental ill health becoming more long-term.

The professional support is quicker to reach young people with internalised symptoms, while those who act out their ill health are rarely given support for the underlying reason, such as depression. Society's interest is generally directed towards the symptoms, such as drug misuse or criminality, rather than the causes.

Girls are more likely to be given support by society, for example via youth guidance centres or the professional services offered by civil society. The Swedish Agency for Youth and Civil Society (MUCF) points out a distinct reduction of young people's access to support when they leave upper secondary school and become too old for the outpatient child and adolescent psychiatry system. MUCF raises the need for more local and easily accessible support centres – some of which are specifically for boys with male staff – that can even help young people with complex problems.



OVERALL RESPONSIBILITY AND NATIONAL GUIDELINES

The National Board of Health and Welfare has overall responsibility for providing equal health and welfare services to all Swedish citizens. The Board ensures good health and care services by working with regulations, knowledge and state grants, producing guidelines, exercising supervision and follow-ups, and carrying out evaluations.

In 2003 a committee of inquiry ‘National coordination of psychiatry’ was set up to examine issues surrounding work methods, collaboration, coordination, resources, personnel and expertise in rehabilitation of people with mental health disorders and disabilities. The committee was also given the task, together with municipalities, county councils and relevant public agencies, to formulate strategies for improving quality and to coordinate and strengthen development work. The resulting paper, ‘Ambition and Responsibility’, is Sweden’s national strategy plan for developing services for people with mental health problems and disabilities resulting from those health problems (Swedish Government Official Report, 2006:100). The plan contains clear goals and guidelines for the provision of services for these people and their close relatives. The goals and guidelines particularly emphasise the importance of tailoring the professional help and support to the individual’s needs. . Support may be given to find adapted accommodation and a purposeful activity or job, to participate as an ordinary citizen in society and to interact on equal terms with other citizens. The goal was that all people with mental health problems and associated disability should have received this comprehensive support by 2015.

Adults who have received or who are receiving help from adult psychiatry services have, in many cases, had contact with child and adolescent psychiatry when they were children or teenagers. Mental health problems often start at a young age, so it is important to focus on good help and follow-up as soon as the symptoms occur. Sweden’s national

strategy plan for the provision of mental health services sets early help to children and young people as a key objective. Focus areas for helping children and young people with mental health problems are: improving the systematic identification of risk factors associated with developing mental health problems, and the expressions and symptoms of mental health problems and; the rapid investigation, evaluation and provision of customised treatment and follow-up (Swedish Government Official Report, 2006:100).

The Swedish Agency for Youth and Civil Society is a public agency with responsibility for following up the living conditions of young people in Sweden. It receives its commission from the Swedish Government. The agency is also responsible for following up the Parliament's and Government's objectives for national youth policy. Sweden's new youth policy bill, 'With focus on young people - a policy for good living conditions, power and influence' (Government Bill 2013/2014), proposes a new overall objective for all state decision-making agencies and bodies that have responsibility for young people aged 13-25: "All young people will have good living conditions, the power to shape their lives, and exert influence over societal development". In the bill, an action programme is presented for the period 2014-2017 with focus on three prioritised areas: a) young people's influence, where various measures will strengthen the participation of young people in politics and democracy, b) to be in a position to support themselves, where the work with young people who neither study nor work is strengthened, and c) mental health, where the focus is on promoting the mental health and welfare of young men and women.

The Ministry of Education and Research and the Ministry of Employment co-operate on the issue of young people who are not in education, employment or training (NEET). 'Roads Ahead' is the Government's strategy 2015-2018 with measures on tackling the problems with young people not in education, employment or training. The purpose of the measures is to improve the conditions for these young people to take active part in the labour market and society. Young people with mental illness is a prioritized group within the NEET strategy (Utbildningsdepartementet, 2015b).

In 2015 the Government appointed a national coordinator for youths not in education, employment or training (Regeringen, 2015). In order to prevent young people from ending up in NEET and help those who are in NEET to get back to education and work, need for strengthening the collaboration between relevant actors was highlighted. The coordinators task is therefore to promote collaboration between government agencies, municipalities, county councils and organisations at national, regional and local level on measures for NEETs. The coordinators mission will be finalized in February 2018. Delegation for young people into work (DUA) is an administrative working group at national level with the aim to work for increased collaboration between municipalities and employment services to reduce youth unemployment. DUA consists of representatives from public agencies, the civil society, Swedish association of local and regional authorities (SKL) and the private sector. The delegations' work will be finalized in 2018. (Regeringen, 2014) The delegation also work closely with the National coordinator for youths not in education, employment or training.

A national committee of inquiry 'Turning absence to presence' was set up in 2015-2016 to investigate unauthorized school absence and truancy (Utbildningsdepartementet, 2015). The inquiry map problematic school absence, analyse the causes and propose improvements on how the schools can work in order to increase school presence.

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

In conjunction with the Psychiatry Reform in 1995, much of the responsibility for following up with people with mental health problems was transferred to the municipalities. The county council (primary health services and the psychiatry services) and the municipalities, together with The Public Health Insurance Agency of Sweden (Försäkringskassan) and the Swedish Public Employment Service (Arbetsförmedlingen), have joint responsibility for rehabilitating people with mental health problems. Swedish county councils are regional self-governing units that comprise the same geographical area as several ordinary municipalities, and can be compared with the Norwegian county councils. The county council is responsible for major societal tasks, including responsibility for health and care services.

School health service and pupil health service (Elevhälsan)

‘Elevhälsan’ is the school health service and the pupil health service combined. It has particular responsibility for pupils’ medical, psychological, psychosocial and special educational health. The service has access to both medical and special education staff, and takes a preventative, health-promoting stance. For Swedish young people, the pupil health service is the first point of contact when getting help with mental health problems.

Primary health care service (primärvården)

The primary health care service is responsible for citizens of all ages, and so provides the first line of psychiatry service for young people and young adults. It is the first point of contact for children, young people and adults who apply for help, regardless of whether the cause of the problems is psychological, medical, social or educational. Psychosomatic problems such as headaches, sleeping problems and stomach pains are

normal disorders that young people seek medical help for, generally via the general practitioner. Just like somatic disorders, these disorders can be symptoms of mental health problems or social problems.

The primary health care service has a large number of family centres and clinics that offer young people and their families psychosocial help. Mental health problems, such as light to moderate forms of depressions, anxiety disorders or other mental health symptoms are mainly investigated and treated within the primary health care service. When specialised treatment is needed, a patient will be referred to the specialist health service. Serious mental health problems should initially be identified by primary health care providers, and then quickly referred to the specialist health service. A major challenge is that the provision of mental health services by the primary health service varies greatly in different parts of the country, particularly for children and young people. In some places, the responsibility for children and young people's mental health problems lies entirely with the specialist health service.

Specialist health care service (specialistvården)

Together with the primary health care service, the specialist health care service is an integral part of a patient's treatment and follow-up. Within this service, the patient can be given polyclinical treatment (specialised outpatient care) or inpatient treatment (institutional care). If polyclinical outpatient treatment can no longer provide adequate care for a patient, for example when there is a risk that the patient may attempt suicide, admission for inpatient care becomes necessary. There are also outreach teams that work investigatively, particularly inside the emergency services, and 'halfway measures', services that operate at the interface between primary and specialist health care services.

Child and adolescent psychiatry (BUP) in Sweden is part of the specialist health care service. The service works with children and young people up to 18 years and occasionally until they are 25. The threshold for contacting BUP is lower in Sweden than, for example, in Norway. In Sweden, the child or young person can refer himself or herself to BUP, or be referred by a parent. Referral from a GP is not required. BUP takes care

of the children and young people who are assessed to be of greatest need of help for mental health issues.

If a specialist has assessed that an adult needs help from the psychiatry service, the help is to be provided no later than 90 days after the assessment. For children the guarantee is 30 days.

Other key players – Arbetsförmedlingen and Försäkringskassan

Together with municipalities and county councils, Arbetsförmedlingen and Försäkringskassan are key agencies with regard to responsibility for young people with mental health problems and disabilities. ‘Ambition and Responsibility’ (Swedish Government Official Report, 2006:100), establishes that people with mental health problems, and resultant disabilities, continue to have weak links to the labour market, and many lack any type of employment. The consequences of this are that many young people with mental health problems are unable to support themselves and must rely on social security benefits. Arbetsförmedlingen and Försäkringskassan each have their own areas of responsibility for employment and financial benefits. Försäkringskassan has particular responsibility for coordinating tasks for all agencies involved in the individual’s rehabilitation plan, where employment is a key part of this plan. Doctors and employers may also play a role.

WHAT IS BEING DONE?

CENTRAL MEASURES

The prevention and treatment of young people's mental health problems are key political concerns, as is the resultant exclusion from education and working life (European Commission, 2008). Consequently, there are many measures that have been put in place to address this issue. Here we describe some central measures that we feel are particularly relevant for our target group. Where possible evaluations have been included with the individual measures. However, some measures are so new that it is too early for evaluation.

Agreement on Mental Health 2016

The Government and Swedish Association of Local Authorities and Regions, SKL, has made agreements on targeted interventions on mental health for several years (Socialdepartementet 2015a). The ambition of the agreement for 2016 is to create an improved and coherent infrastructure to better treat mental ill health in the population. Children and young people are prioritized as well as preventive measures. The agreements derive from the Governments plan for targeted interventions on mental health 2012-2016 (Socialdepartementet 2012). The challenges refer to both different measures as well as to certain groups and the organisation of services. Swedish Association of Local Authorities and Regions will be responsible for implementation of the agreement, also referred to as Mission Mental Health (Uppdrag psykisk hälsa). The initiative has a budget of 845 000 000 SEK and its' own web page at www.uppdragpsyiskhalsa.se. Corresponding agreements on Mental Health will be made also for 2017 and 2018.

National Coordinator on Mental Health

In 2015 The Swedish Government designated a new national coordinator on government measures in the area of Mental Health. The national coordinator will support the work carried out by the authorities, municipalities, county councils and organisations in the area of mental health. She will promote coordination of the activities on a



national level in close collaboration with the Swedish Association of Local Authorities and Regions. The coordinator will also identify areas in need of improvement and promote cooperation between actors (Socialdepartementet 2015b).

PSYNK – Mental health for children and young people

PSYNK – The National Program For Improvement of Service Systems for Children and Youth’s Mental Health in Sweden - was a three-year (2011-2014) collaboration project between the Swedish Government (Ministry of Health and Social Affairs) and the Swedish Association of Local Authorities and Regions (SKL). The objective of the project was to synchronise the support offered by all stakeholders involved in the treatment and prevention of child and adolescent mental health problems, so as to provide effective and comprehensive, interventions with the greatest impact (<http://www.psynk.se/ompsynk/inenglish.1864.html>). The project sort to develop methods so that young people with mental health problems, including young adults up to the age of 25, would be given thorough professional help, regardless of the area where they live. Around 50 of the 290 municipalities and county councils participated in the project at various levels and on various themes. The project identified some key themes for knowledge development:

- The first line: this theme aims to help services develop models for the initiation of rapid measures when children and young people struggle with mental health problems of various types. The content of this development includes organising the help that is given and tools to measure the help given, including feedback from the young people themselves and/or their close relatives. One important focus is that the help must be available for everyone who needs it.
- Mental health and educational performance: An example of the project’s work on this theme is the development of support material and tools that can be used by professionals in schools and the pupil health service personnel who deal with young people with mental health problems. Key tasks in this part of the project also include developing procedures, methods and collaboration for early detection of children and young people who struggle with mental health problems or who are at risk of developing such problems.

- **Complex support:** Work on this theme is directed towards children and young people with complex support needs who need help from several different services both in the municipality and the county council. Examples of these services are the social services, schools, child and adolescent psychiatry, and child and adolescent rehabilitation. The aim is to provide holistic help from synchronised services, on the basis of the young person's prevailing life situation.
- **Early intervention/social investments:** this theme concerns the creation of opportunities for municipalities and county councils to initiate measures as early as possible, and to measure the effect of the investments made. The background is that we know too little about the effect of the measures that are offered today. The aim of the theme social investments is to promote a preventive perspective and focus on early intervention.

The PSYNK project ended in 2014 (SKL, 2015) but partly lives on in the new initiative Mission Mental Health. An OECD report (2013) confirms that despite a lot of progress in mental health support services, special measures are still required to develop mental health support for children and young people in Sweden, particularly in the first line where the PSYNK project was focused. Mission

Checklist for politicians and decision-makers

The PSYNK project has developed a checklist for politicians and decision-makers. It is a working tool to be used by politicians, public agency officers and managers. Its purpose is threefold: to review important information and to obtain an overall picture of the situation for children and young people; to obtain a clear picture of society's initiatives for children and young people and their mental health; and to identify the areas in which there is the most need for further initiatives (SKL, 2012). The work with the checklist is based on two main conditions: 1) there is a relatively large group of young people aged 16-25 who neither work nor study (in 2010 this group numbered over 120,000, which is 9.5% of the population, who had been without employment for at least one year), and 2) the growing proportion of young people who receive social security benefits because of mental health problems. The association between these two

challenges is complex, and there are no simple solutions. Lack of employment clearly entails a risk of developing mental health problems, and vice versa, while there is also an overlap between these groups. The checklist is based on these two societal challenges, and focuses on indicators that the municipalities and county councils can use to continually monitor the factors that we know for certain or with great probability increase the risk of a young person falling into one or the other of these categories (SKL, 2012).

UMO Youth Guidance Centre

UMO is an easily accessible, free, municipal service for young people and young adults (approx. 12-23 years). Apart from school, UMO is the organisation that most frequently comes into contact with young people experiencing life crises and with mental health problems. All Youth Guidance Centres are staffed with a midwife, a doctor, a social worker and a psychologist (www.fsom.org). The main activities of the centres include prevention work and treatment for young people with psychological or social problems, or sexual issues such as unwanted pregnancies or sexually transmitted infections. Young people themselves can establish contact by seeking the service, which has a 'drop-in', 'open door' principle. The help is voluntary, and can be short- or long-term, frequent or occasional, depending on the young person's needs and wishes. UMO play a key role in offering services and help to young people with common mental health problems, such as anxiety and depression. They are well placed to catch young people who drop out of school or work, or who are in danger of this, because of their extensive contact with young people in Sweden.

First aid for young people with mental health problems – YMHFA

The Mental Health First Aid Training and Research Programme (MHFA) was developed in Australia. It aims to reduce the risk of suicide and improve quality of life for people with mental health problems by establishing contact with appropriate services at an early stage. The programme trains people to handle various types of crisis situations linked to mental health and to refer people who are not in a crisis situation, but who are showing signs of mental health problems, to the right professional body. It also

aims to reduce the stigma surrounding mental health among people being trained, but also the general population. The programme has been developed and evaluated scientifically and is now used in 17 countries around the world (Vårdanalys, 2014).

In Sweden, the MHFA training programme was formally introduced in 2010 when the Government commissioned the National Board of Health and Welfare to test the programme. In 2012, the Government also commissioned the National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP) to adapt a youth version of the training programme, YMHFA, to Swedish conditions (Regeringen 2012d). As a result, 2000 people will be trained in YMHFA. The target groups involved in the pilot study are drawn from the general population, the voluntary sector, and professionals who, in the course of their work, come into contact with children and young people with mental health problems and who may threaten suicide. Examples of such people are teachers, personnel in the school health service, social services, the police service and criminal care, and parents and guardians including foster parents.



There is scientific evidence that the MHFA training programme improves knowledge about, and changes attitudes towards mental health problems, as well as increasing preparedness for helping people who require help for mental health issues (Vårdanalys, 2014). However, further evaluations of effectiveness are recommended before a decision can be made about whether to introduce the initiative on a greater scale (ibid).

National self-harm project

In autumn 2011, the Swedish Government and SKL joined forces on an initiative in which municipalities and county councils were to develop and coordinate projects to reduce the number of young people with problems of self-harm (SKL, 2013). The initiative comprises a number of activities that are helping to develop knowledge about and give help to young people with self-harm problems. Another aim is to reduce the number of young people undergoing inpatient treatment or receiving compulsory treatment. Activities in the projects include knowledge development, building networks, implementation of treatment models, and coordination of services.

Some projects have continued throughout 2015, so it is too early to carry out a comprehensive evaluation of the initiative. An interim report indicates much activity and engagement in the projects, but shows that there is still a lack of knowledge about self-harming behaviour and a great need for sustained focus on the problem (SKL, 2013).

Measures directed towards young people with mental health problems and a weak link to education and work

In accordance with the OECD report 'Mental Health and Work in Sweden' (2013), early intervention in the form of support and relevant, knowledge-based measures is crucial in preventing exclusion from education and working life for vulnerable young people with mental health problems. Labour market and education initiatives in Sweden are directed towards the entire population on the basis of individual needs and each individual's situation. There are also targeted initiatives directed towards young people with specific challenges and problems, including young people with mental health problems who NEET. In the following section, we briefly describe the most important initiatives that include young people with mental health problems and associated disabilities.

Youth guarantee

Young people aged 16-25 who are NEET form a prioritised group for Swedish authorities and the state-run Arbetsförmedling. This is reflected in the ‘Youth Guarantee’, which ensures that young people in this age group may not go more than three months without being offered a job, instead of the six months that applies to people over the age of 25. In *Mental Health and WorkSweden* (2013), the OECD points out that there is little focus on mental health problems in Arbetsförmedlingen and the national Youth Guarantee, despite the fact that an increasing group of young people with mental health problems are NEET. Young job applicants with disabilities caused by mental health problems follow the same fixed system as other young unemployed people, and are placed in the same ordinary programmes. This is despite the fact that vulnerable young people with mental health problems have greater need for regular individualised follow-up.

Navigation Centre

Vulnerable young people with mental health problems who have not completed school and who have not gained a foothold on the labour market often fall between institutions in the public system, missing out on the support that they need. In order to tackle these challenges, some municipalities have set up their own Navigation Centres that offer individual help and support to this group of young people. The services offered include training and help in writing a CV, guidance ahead of education and work, motivational interviews (MI), and other health-promoting activities. Young people can also be referred to support from the mental health services. Since there are great differences in how municipalities organise their services for young job applicants, it is difficult to collect information on how many such centres there are in Sweden. Nor are there any national guidelines for how they are to operate. Currently there are no evaluations available of the effectiveness of the initiative.

Job guarantee for young people

The target group of this initiative is young people from 16 to 24 who have been registered as unemployed jobseekers for three months in the state-run Arbetsförmedlingen. The aim is to offer young people opportunities that can lead them as quickly as possible

to getting a job or entering education that can lead to employment. The programme comprises two main parts: Initially, for about three months, the activities involve review, study and vocational guidance, and job application with coaching. This is then supplemented with work practice and training, education, support to businesses or work-related rehabilitation, usually for about 12 months, making a total of approximately 15 months. It is Arbetsförmedlingen that directs young people to the programme, and that is responsible for the activity. The participants receive a financial activity grant that is equivalent to unemployment benefit.

Development employment

This programme is not aimed specifically at young people but applies to all unemployed people from the age of 18. The target groups are unemployed people with a functional impairment that reduces their work capacity, and those who need an adapted work situation to develop work capacity so as to increase their chances of finding work in the future. Approximately 25 per cent of those starting the programme in 2009 had mental health problems. The aim is to improve the participants' opportunities in the labour market. Arbetsförmedlingen provides financial support to employers in the form of salary contributions, adaptation grants and other relevant costs. The financial support is limited to one year, but can be extended. Arbetsförmedlingen mediates the person's work for an employer who has suitable work tasks and who can and wants to offer good work management and an adapted work situation. Arbetsförmedlingen is responsible for ensuring that the person is given guidance, tools and help to find their own job after the development employment position. This is carried out using a personal plan.

Around 60 per cent of those people completing a development employment position in 2009 had jobs after three months, of which half had continued state support. Approximately 25 per cent remained without work.

Special introduction and follow-up support (SIUS)

Again, this programme is not aimed specifically at young people but also includes young people. 2009, One third of the participants were young people up to the age of 25. The target group is jobseekers with functional impairments who have reduced work

capacity and who are regarded as needing special support in employment. The aim is to give special support in conjunction with a work position. SIUS is an individual support to the jobseeker, but also to the employer in the form of an SIUS counsellor with special expertise in introduction methodology. The SIUS counsellor provides guidance and works together with the jobseeker and the employer according to an introduction plan. The support is gradually wound down over the course of six months, but can last for one year. During the introduction period, the jobseeker receives activity support from Arbetsförmedlingen that is equivalent to unemployment benefit.

In 2009 approximately 3200 people started in the programme. Just over half of the participants had a job three months after completing the programme in; just over half of those participants received state support.

Has early intervention and intensified support had an effect for young people?

We have not found good reviews or statistics on how many of the young people taking part in various initiatives, early intervention programmes and intensified support for working life also have mental health problems. However, there are grounds to assume that it is a reasonably large proportion because there is a strong correlation between mental health problems and exclusion from education and work. Consequently, it is relevant to show surveys that have evaluated various initiatives and programmes for unemployed young people and young adults.

Forslund and Skans (2006) examined whether unemployed young people were helped by regulations for early intervention. The authors reported a tentative conclusion that the interventions had a short-term effect but the survey showed no evidence of long-term effects. Hägglund (2009) reviewed a series of randomised experiments conducted by the Swedish Arbetsförmedlingen in 2003, when unemployment among young people was especially high. Measures that were tested were various mixes of intensive mediating initiatives: jobseeker activity, personal guidance, monitoring job application activity, and outreach work directed towards employers. The experiments gave largely positive results for the group aged 45 and older, but for young people the results were

unanimous: none of the variations of the increased mediation initiatives for young people had any effect.

How can the help be made more effective?

Despite the fact that there are many different initiatives to prevent mental health problems and to give treatment and support to young people who struggle with these challenges, there is a lack of evaluations of the measures. So, it is still too early to comment with any certainty on the effects of the different measures. Something can be said, however, about what appear to be significant improvements in some of the measures in place today, and what is needed for them to become more effective. In the report 'Mental Health and Work in Sweden', the OECD (2012) gave some recommendations for services provided for young people with mental health problems.

Schools, and particularly the school health service, are perfectly placed to detect children and young people at risk of developing mental health problems at an early stage, to offer early treatment and, if necessary, referral to specialised treatment. However, most school nurses only allocate 20 minutes to every pupil for a discussion or interview about his/her health. Since these discussions cover many aspects of health and wellbeing, this can be too short to detect whether the pupil is struggling with mental health problems or not. There are also major shortcomings in terms of guidelines for detecting mental health problems in vulnerable children, which impact all professional groups involved in the health of children and young people (OECD, 2012).

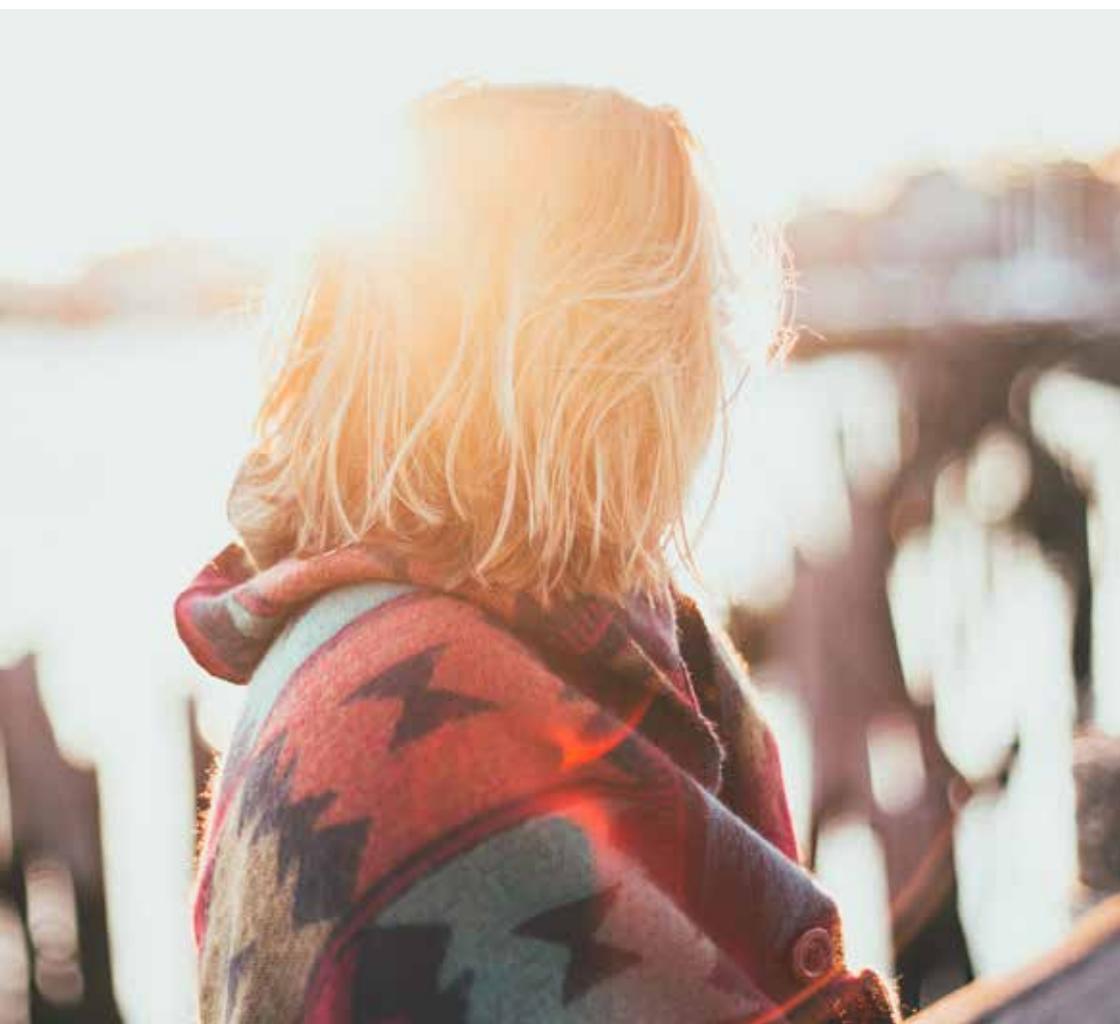
Early detection of mental health problems and early intervention are prioritised focus areas for the mental health of children and young people (SOU 2006:100). When nearly one in five Swedish children aged 10-18 is struggling with mental health issues, measures for handling mental health problems in schools are very necessary. According to the OECD (2012), the central government's work to strengthen mental health in schools is a move in the right direction; one example is to encourage all schools to employ psychologists. However, there is a danger that this is insufficient action in relation to the scale of the challenges. This is a concern because mental health problems increase the risk of young people dropping out of school and becoming excluded from

working life. An increase in resources to schools, so that they are able to employ school psychologists, would improve access to rapid help. The OECD also recommends that all municipalities should have guidelines for the relevant professional groups, such as: 1) how to identify mental health problems in young people, 2) guidance on how to meet the needs of the young people, such as when they should be referred to the school psychologist or external mental health support. The OECD also recommends strengthening teachers' knowledge about mental health problems, because it is teachers that have daily contact with the young people. This is knowledge that should be included in teacher training programmes.

UMO play a key role in offering support to young people with common mental health problems, such as moderate symptoms of anxiety and depression. In order to increase contact with the target group and to provide effective help, the OECD (2012) recommends that all young people contacting the UMOs be screened for mental health problems, that UMOs are sufficiently manned throughout Sweden, and that interaction with relevant collaboration players be ensured.

A preliminary evaluation of PRIO (2012), the government's four-year action plan to improve the living situation and services for people with mental health problems showed little improvement in the situation and services for the target group in the first year of the plan (Vårdanalys, 2014). The evaluation indicates, for example, that many of the problems experienced by people with mental health problems concern work, employment, education, accommodation, private economy and the overall life situation. This suggests that many services must collaborate with one another and the young person to find joint strategies. Examples of these services are Arbetsförmedlingen, Försäkringskassan, the Health and Social Care Inspectorate (IVO), the Swedish National Agency for Education, and the Swedish Agency for Youth and Civil Society. The work also requires inter-ministerial collaboration between, for example, the Ministry of Health and Social Affairs, the Ministry of Education and Research, and the Ministry of Employment. In a national survey of young people who are NEET, it was pointed out that this vulnerable group comes into contact with very many different services that are supposed to help them (SOU: 2013). There is often no-one taking a holis-

tic view and overall responsibility for the young people receiving individually adapted support. The survey also observes that authorities have many different requirements for collaboration when working with different groups of vulnerable young people. However, there is no general structure at national level for this collaboration, so this is carried out in very different ways and does not work equally well in all municipalities. The study emphasises the need to prioritise measures so that more young people with complex needs receive coordinated support. It also proposes that a national coordinator be appointed with responsibility for promoting a normative structure for collaboration between the authorities responsible (SOU: 2013).



REFERENCES

Bjärehed J. (2012). *Characteristics of self-injury in young adolescents. Findings from cross-sectional and longitudinal studies in Swedish schools* [dissertation]. Lund: Lunds universitet.

European Commission 2008: European Pact for Mental Health and Well-being

Föreningen för Sveriges Ungdomsmottagningar policyprogram 2011

Forslund, A. & Skans, O.N. (2006). *(Hur) hjälps ungdomar av arbetsmarknadspolitiska program för unga?* Uppsala: IFAU rapport 2006:5.

Hagquist, C. (2010). Discrepant trends in mental health complaints among younger and older adolescents in Sweden: an analysis of WHO data 1985-2005. *Journal of Adolescent Health* 46: 258-264.

Hägglund, P. (2009). *Effekter av intensifierade förmedlingsinsatser vid Arbetsförmedlingen – erfarenheter från randomiserade experiment*. Uppsala: IFAU rapport 2009:15.

Lager, A., Berlin, M., Heimerson, I. & Danielsson, M. (2012). Young peoples' health: health in Sweden: The National Public Health Report 2012. Chapter 3. *Scan J Publ Health* 40: 42-71.

Myndigheten för ungdoms- och civilsamhällesfrågor (MUCF). (2015). *När livet känns fel - Ungas upplevelser kring psykisk ohälsa*. Stockholm: Myndigheten för ungdoms- och civilsamhällesfrågor.

Nordisk Ministerråd (2012). *Unge på kanten. Om inkludering av utsatte ungdommer*. Danmark: Nordisk Ministerråd.

OECD (2014), *Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care*, OECD Health Policy Studies, OECD Publishing

OECD (2013). *Mental Health and Work: Sweden*. OECD Publishing.

Regeringens skrivelse 2008/09:185. En politik för personer med psykisk sjukdom eller psykisk funktionsnedsättning.

Regeringen (2012). *Regleringsbrev för budgetåret 2013 avseende anslag 1:8*. (S2012/8855/SAM).

Regeringen (2014). *Större genomslag för arbetsmarknadspolitiska insatser mot ungdomsarbetslöshet på lokal nivå*, Kommittédirektiv 2014:157.

Rgeringen (2015). *Samordnare för unga som varken arbetar eller studerar*, Kommittédirektiv 2015:70.

Sellström, E, Bremberg, S og O'Campo, P. (2011), Yearly Incidence of Mental Disorders in Economically Inactive Young Adults, *European Journal of Public Health*, 21 (6), s. 812-814.

Sveriges Kommuner och Landsting (2012). *Checklista för politiker chg beslutsfattare. Arbejdsmaterial. Psykn-projektet*.

Sveriges Kommuner och Landsting (2013). *Delrapport till Socialdepartementet*.

Nationella självskadeprojektet.Sveriges Kommuner och Landsting (2015). *Slutrapport för Psykn. År 2011-2014*.

Socialdepartementet (2012). *PRIO psykisk ohälsa – plan för riktade insatser inom området psykisk ohälsa 2012-2016*.

Socialdepartementet (2015a). *Stöd till riktade insatser inom området psykisk hälsa 2013. Överenskommelse mellan staten och Sveriges Kommuner och Landsting 2016*.

Socialdepartementet (2015b). *Nationell samordnare för utveckling och samordning av insatser inom området psykisk hälsa dir2015_138*.

Socialstyrelsen 2011- 5-2. *Samordna rehabiliteringen. Stöd till utveckling av arbetsinriktad rehabilitering för personer med psykisk sjukdom eller funktionsnedsättning*.

Socialstyrelsen (2013). *Psykisk o hälsa bland unga. Underlagsrapport till barn och ungas hälsa, vård och omsorg 2013*.

SOU (2006). *Ambition och ansvar. Nationell strategi för utveckling av samhället insatser till personer med psykiska sjukdomaroch funktionshinde*. Stockholm: Statens Offentliga Utredningar 2006:100.

SOU (2006). *Ungdomar, stress och psykisk ohälsa: Analyser och förslag till åtgärder. Slutbetänkande. Utredningen om ungdomars psykiska hälsa*. Stockholm: Statens Offentliga Utredningar 2006:77.

SOU (2013). *Unga som varken arbetar eller studerar – statistik, stöd och samverkan*. Stockholm: Statens Offentliga Utredningar 2013:74

Statens folkhälsoinstitut (2011). *Kartläggning av psykisk hälsa bland barn och unga. Resultat från den nationella totalundersökningen i årskurs 6 och 9 hösten 2009*.

Temagruppen Unga i arbetslivet. (2013). *2013 års uppföljning av antalet unga som varken arbetar eller studerar*. Stockholm: Ungdomsstyrelsen.

Ungdomsstyrelsen (2013). *Hälsa och utsatthet. Ung i dag 2013. En beskrivning av ungdomars villkor.*

Utbildningsdepartementet (2014). Prop. 2013/14:191. *Med fokus på unga – en politik för goda levnadsvillkor, makt och inflytande.*

Utbildningsdepartementet (2015a), *Att vända frånvaro till närvaro*, Dir. 2015:119.

Utbildningsdepartementet (2015b), *Vägar framåt – strategi för unga som varken arbetar eller studerar*, U2015/05478/UF.

Vårdanalys (2014). *Utvärdering av handlingsplanen PRIO psykisk ohälsa. Lägesrapport 2014.* Stockholm: Myndigheten för vårdanalys.

Wichstrøm, L. (1999). The emergence of gender difference in depressed mood during adolescence: The role of intensified gender socialization. *Developmental Psychology*, 35: 232-245.

Zetterqvist M, Lundh LG, Svedin CG (2012). A comparison of adolescents engaging in self-injurious behaviors with and without suicidal intent: self-reported experiences of adverse life events and trauma symptoms. *J Youth Adolesc.* Epub 5 dec 2012.

www.skl.se/psynk

www.fsum.org

www.mucl.se



MINISTRIES AND ADMINISTRATIVE AUTHORITIES

Ministry of Employment: www.regeringen.se/arbetsmarknad

- Arbetsförmedlingen/National Public Agency: www.arbetsformedlingen.se
- Arbetsmiljöverket/Swedish Work Environment Authority: www.av.se

Ministry of Justice: www.regeringen.se/justitie

- Brottsförebyggande rådet (BRÅ)/The Swedish National Council for Crime Prevention: www.bra.se
- Kriminalvården/The Prison and Probation Service: www.kriminalvarden.se

Ministry of Culture: www.regeringen.se/kultur

- Statens medieråd/The Swedish Media Council: www.statensmedierad.se

Ministry of Health and Social Affairs: www.regeringen.se/social

- Barnombudsmannen/The Ombudsman for Children: www.barnombudsmannen.se
- Folkhälsomyndigheten/The Public Health Agency of Sweden: www.folkhalsomyndigheten.se
- Försäkringskassan/The Swedish Agency for Participation: www.forsakringskassan.se
- Myndigheten för delaktighet/Swedish Agency for Participation: www.mfd.se
- Nationellt Centrum för Suicidforskning och prevention av psykisk ohälsa (NASP)/ National Centre for Suicide Research and Prevention of Mental Ill-Health: <http://ki.se/nasp>
- Socialstyrelsen/The National Board of Health and Welfare: www.socialstyrelsen.se
- Statens Institutionsstyrelse/ The National Board of Institutional Care: www.stat-inst.se

Ministry of Education and Research: www.regeringen.se/utbildning

- Barn- och elevombudet/The Child and School Student Representative, BEO: www.skolinspektionen.se/BEO
- Myndigheten för ungdoms- och civilsamhällesfrågor/The Swedish Agency for Youth and Civil Society (MUCF): www.mucf.se
- Sameskolstyrelsen/Saami School Board: www.sameskolstyrelsen.se
- Skolinspektionen/The Swedish Schools Inspectorate: www.skolinspektionen.se
- Skolverket/The National Agency for Education: www.skolverket.se
- Specialpedagogiska skolmyndigheten/National Agency for Special Needs Education and Schools: www.spsm.se
- Temagruppen Unga i Arbetslivet/Theme Group Youth: www.temaunga.se

MUNICIPALITIES AND REGIONS

- Sveriges Kommuner och Landsting/The Swedish Association of Local Authorities and Regions: www.skl.se

Municipalities (290)

- Lokala arbetsförmedlingskontor/Local Employment Agencies: www.arbetsformedlingen.se
- Skolhälsovården/School Health Service. Socialstyrelsens riktlinjer/Guidelines: www.slf.se/upload/4930/20041302.pdf
- Ungdomsmottagningar/Social and medical advice/counselling centre for young people: www.umo.se

Counties (20)

- Länsstyrelserna/The County Administrative Board: www.lansstyrelsen.se
- Primärvården/Primary care: www.sfam.se
- Specialistvården/Specialist care: www.socialstyrelsen.se
- BUP (Barn- och ungdomspsykiatri)/Child and Youth Psychiatry: www.bup.se
- FINSAM/samordningsförbund/Financial co-ordination: www.finsam.se

RESEARCH

- Allmänna Barnhuset/Children rights organization: www.allmannabarnhuset.se
- Barnrättsakademin/The Child Rights Academy: www.oru.se/barnrattsakademin
- Centre for Health Equity Studies, CHES: www.chess.su.se
- Centrum för forskning om barns och ungdomars psykiska hälsa (CFBUPH)/Centre for Research on Child and Adolescent Mental Health: www.kau.se/cfbuph
- Förbundet för Forskning i Socialt Arbete, FORSA/Swedish Association for Social Work Research: www.forsa.nu
- Forskningsrådet för hälsa, arbetsliv och välfärd (FORTE)/Swedish Research Council for Health, Working Life and Welfare: www.forte.se
- Inspektionen för socialförsäkringen (ISF)/ The Swedish Social Insurance Inspectorate: www.inspsf.se
- Institutet för arbetsmarknads- och utbildningspolitisk utvärdering (IFAU)/The Institute for Evaluation of Labour Market and Education Policy: www.ifau.se
- Kunskapsguiden/Website for Health Care Professionals: www.kunskapsguiden.se
- SBU, Statens beredning för medicinsk utvärdering/Assessing Health Care Interventions: www.sbu.se
- SkolFam/For Improved Schoolresult for Children in Fostercare: www.skolfam.se
- Statskontoret/The Swedish Agency for Public Management: www.statskontoret.se
- Stressforskningsinstitutet/Stress Research Institute: www.stressforskning.su.se

CIVIL SOCIETY

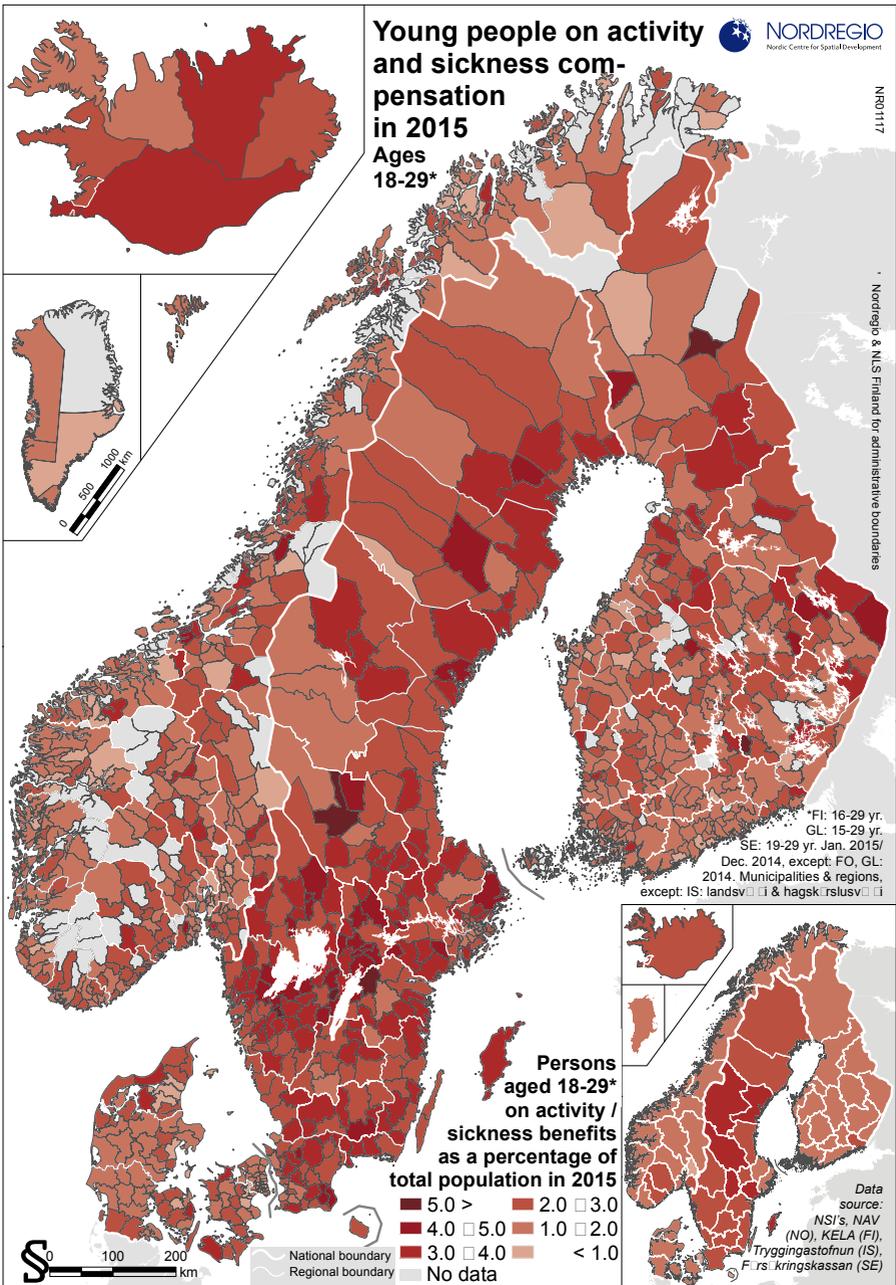
- Barnens rätt i samhället (BRIS)/Children's Rights in Society: www.bris.se
- Sveriges Fontänhus/Fountain House Sweden: www.sverigesfontanhus.se
- Friends/International Centre Against Bullying: www.friends.se
- Föreningen för Sveriges ungdomsmottagningar/National organisation for social and medical advice/counselling centre for young people: www.fsum.org
- Handikappförbunden (HSO)/The Swedish Disability Federation: www.hso.se
- Landsrådet för Sveriges ungdomsorganisationer/National Council of Swedish Youth Organisations: www.lsu.se

- Lika Unika/Equally Unique, The Swedish Federation Human Rights for Persons with Disabilities: www.likaunika.org
- Maskrosbarn/Children Rights organization: www.maskrosbarn.org
- Mind/Mental health information and counselling organization: www.mind.se
- Nationell Samverkan Psykisk Hälsa/National Partnership for Mental Health (NSPH): www.nsph.se
- Psykiatrifonden/Fundraising for research about mental illness: www.psykiatrifonden.se
- Riksförbundet för Social och Mental Hälsa (RSMH)/Swedish National Association for Social and Mental Health: www.rsmh.se
- Riksförbundet Hjärnkoll/Brain Trust Association: www.nsph.se/hjarnkoll
- Riksförbundet för homosexuella, bisexuella, transpersoners och queeras rättigheter/ The Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights: www.rfsl.se
- Riksförbundet för sexuell upplysning/ The Swedish Association for Sexuality Education: www.rfsu.se
- Roks (Riksorganisationen för kvinnojourer och tjejjourer)/The National Organisation for Women's Shelters and Young Women's Shelters in Sweden: www.roks.se
- Rädda Barnen/Save the Children: www.rb.se



Young people on activity and sickness compensation in 2015

Ages 18-29*



*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. □ & hagsk. rslusv. □ □

Persons aged 18-29* on activity / sickness benefits as a percentage of total population in 2015

5.0 >	2.0	3.0
4.0	5.0	1.0
3.0	4.0	< 1.0

□ No data

Data source:
NSI's, NAV (NO), KELA (FI),
Tryggingastofnun (IS),
F. rs: kringskassan (SE)

100 200 km

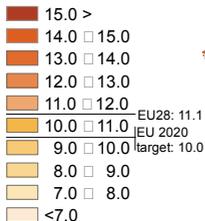
National boundary
Regional boundary

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



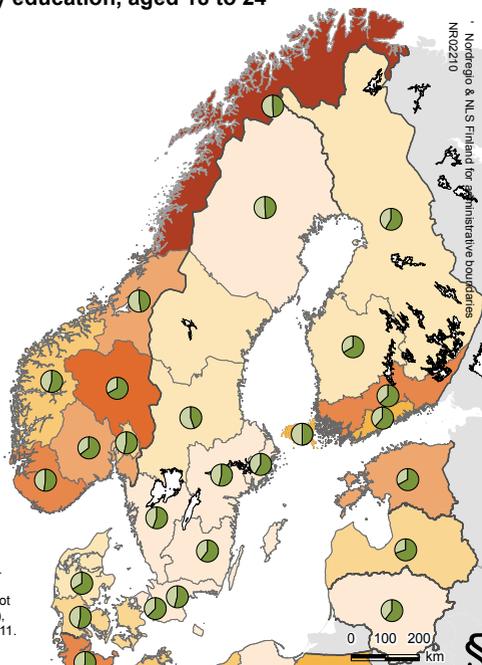
EU28: 11.1
EU 2020 target: 10.0

Early school leavers: gender shares

Females Males
EU28:



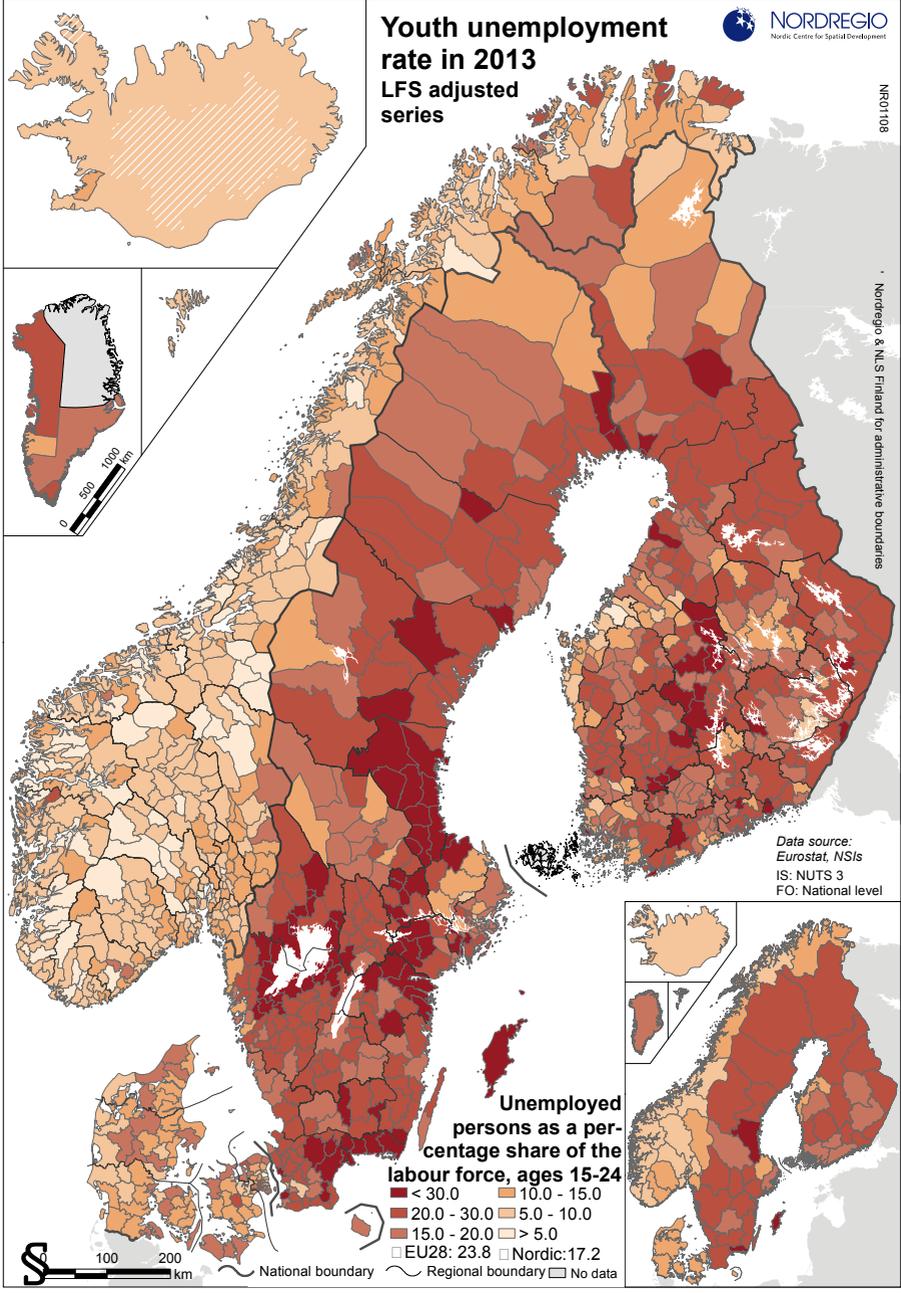
* Percentage of the population aged 18 to 24 having attained at most lower secondary education and not being involved in further education or training. Regional level: NUTS 2. In EE, IS, LT & LV, NUTS 2 equals national level. AX, GL: estimates. AX: Share of early school leavers probably over estimated,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



Nordregio & NLS Finland for administrative boundaries NRS0210

Youth unemployment rate in 2013

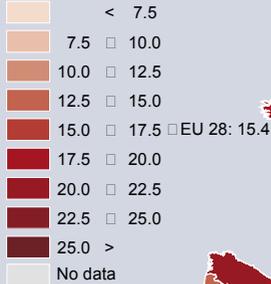
LFS adjusted series



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

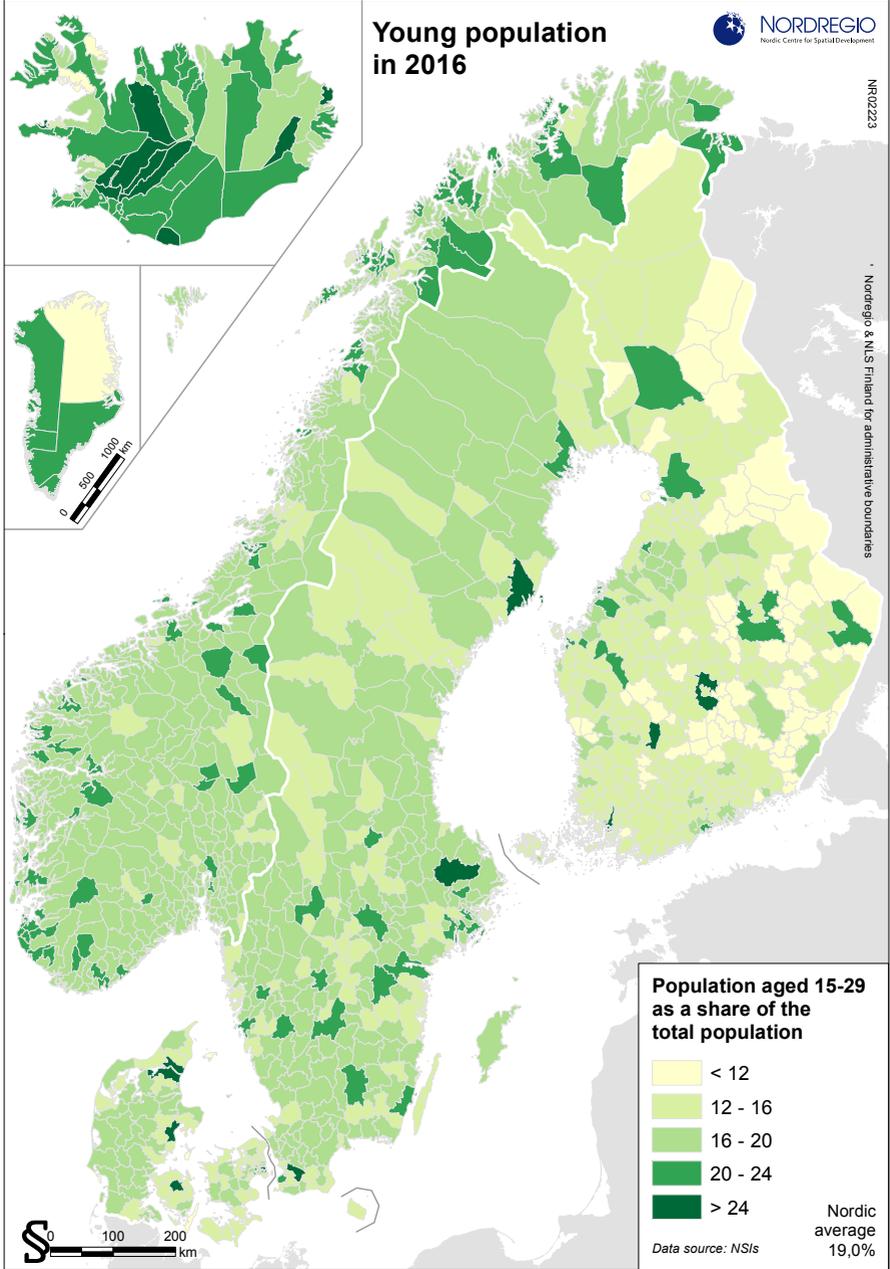


FO: 2011
Source: Eurostat, NSI's

NR01116

Nordregio, NLS Finland & ESRI for administrative boundaries

Young population in 2016



A stylized map of the Nordic region, including Denmark, Finland, Iceland, Norway, and Sweden, as well as the Faroe Islands, Greenland, and Åland. The map is rendered in a light blue color against a darker blue background.

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.



**NORDIC CENTRE OF WELFARE
AND SOCIAL ISSUES**

**+46 8 545 536 00
info@nordicwelfare.org**

**Find out more about our activity
and our project on our website
www.nordicwelfare.org**

**You can also follow us on
Facebook and Twitter.**



norden

Nordic Centre for
Welfare and Social Issues