

## Denmark

### General Information

Denmark is a country with an approximate area of 43 thousand sq. km. (UNO, 2001). The country consists of more than 400 islands, of which about a quarter are inhabited. Its population is 5.375 million, and the sex ratio (men per hundred women) is 98 (UNO, 2004). The proportion of population under the age of 15 years is 19% (UNO, 2004), and the proportion of population above the age of 60 years is 20% (WHO, 2004). The literacy rate is 99% for men and 99% for women (UNESCO/MoH, 2004).

The country is a high income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 8.4%. The per capita total expenditure on health is 2503 international \$, and the per capita government expenditure on health is 2063 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Danish. The largest ethnic group(s) is (are) Scandinavian, and the other ethnic group(s) are (is) Inuit, Faeroese and German. The largest religious group(s) is (are) Lutheran Christian.

The life expectancy at birth is 74.8 years for males and 79.5 years for females (WHO, 2004). The healthy life expectancy at birth is 69 years for males and 71 years for females (WHO, 2004).

### Epidemiology

There is substantial epidemiological data on mental illnesses in Denmark in internationally accessible literature. No attempt was made to include this information here.

### Mental Health Resources

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1991.

The components of the policy are prevention, treatment and rehabilitation. Since 1991, the policy has been implemented through three consecutive 3-year-period agreements between the Government and the counties dealing with priorities and agreements of financing. The Government makes an annual report concerning psychiatric facts and status.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1994.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1997.

Denmark has a comprehensive national suicide prevention programme.

## **National Therapeutic Drug Policy/Essential List of Drugs**

A national therapeutic drug policy/essential list of drugs is absent.

## **Mental Health Legislation**

The most recent legislation is a departmental order concerning imprisonment and other coercion in psychiatry. The other relevant departmental orders (laws) concern procedures for compulsory commitment and involuntary hospitalization; procedure for complaints regarding treatment in psychiatric departments; guidance about possible revision of the fundamental law of psychiatry; and the procedure for appointment and conduct of patients' advocates. The Danish Mental Health Act was introduced in 1989 and primarily regulates involuntary civil commitment, detainment and use of coercive measures in psychiatric hospitals and departments in Denmark, but also contains regulations relating to all hospitalized psychiatric patients. Certain sections of the Danish Penal Code pertain to issues related to forensic psychiatry. They established the type and extent of special provision orders for offenders with mental disorders.

The latest legislation was enacted in 2002.

## **Mental Health Financing**

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is tax based.

The country has disability benefits for persons with mental disorders. A mental health diagnosis makes it possible to have disability benefits.

## **Mental Health Facilities**

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Patients are treated by specialists in general practice or by psychiatrists.

Regular training of primary care professionals is not carried out in the field of mental health.

There are community care facilities for patients with mental disorders. There is a decentralized system across the country.

## **Psychiatric Beds and Professionals**

Total psychiatric beds per 10 000 population	7.1
Psychiatric beds in mental hospitals per 10 000 population	
Psychiatric beds in general hospitals per 10 000 population	
Psychiatric beds in other settings per 10 000 population	7.5
Number of psychiatrists per 100 000 population	16
Number of neurosurgeons per 100 000 population	2
Number of psychiatric nurses per 100 000 population	59
Number of neurologists per 100 000 population	3
Number of psychologists per 100 000 population	85
Number of social workers per 100 000 population	7

There are 450 occupational therapists and 3000 nursing aides.

## **Non-Governmental Organizations**

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. NGOs also carry out research work.

## **Information Gathering System**

There is mental health reporting system in the country. There are Government yearly reports about psychiatric services.

The country has data collection system or epidemiological study on mental health. Details can be obtained from the Danish National Board of Health and the Psychiatric Demography Centre in Aarhus.

## **Programmes for Special Population**

The country has specific programmes for mental health for minorities, refugees, disaster affected population, elderly and children.

Treatment for forensic patients is provided in general inpatient or outpatient psychiatric facilities or in some cases in high security units. The Danish Medico-Legal Council provides consultative medical advice regarding legal cases to criminal cases as well as cases related to involuntary admission or detention.

## **Therapeutic Drugs**

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate,

amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, biperiden, carbidopa, levodopa.

## **Other Information**

During the last 10 years, there has been an increasing focus in Denmark on issues concerning mental illness and its care. This includes a growing political awareness of the problem, as well as an increasing political will and commitment in regard to the need for improving mental health services. It has led to the development of three consecutive 3-year period national agreements between the Government and the counties, who are responsible for the health care system, including mental health care. The first one was in 1997 and the third goes from 2003 - 2006. These agreements represent a nationwide strategy for development and improvement of care and treatment offered to patients suffering from mental disorders. These agreements also contain arrangements for the payment of accepted improvements. The planned improvements include education of doctors, nurses and other professional workers, new and modern hospital facilities (including single rooms for psychiatric patients), extension of community-based psychiatry, improvement in the treatment of children with mental illness, etc. Intersectoral co-operation is essential at all levels in the system. There is a significant degree of co-operation between the counties' social services and health service departments. Usually, the health department is the responsible authority for mental health care, however, in some counties, the social service department is responsible for the management and organization of the mental health care system. This arrangement demonstrates the focus of the last ten years on decentralization and the social psychiatric services. In respect of the individual patient, the major goal is interdisciplinary teamwork (between psychiatrist, psychologist, physiotherapist, occupational therapist, social worker, etc). The Ministry of Health and the Ministry of Social Affairs regularly sponsor activities concerning mental health. The Ministry of Health cooperates with the National Board of Health regarding mental health issues, as it does for other national health questions. Various consultative groups have been established concerning mental health, e.g. an advisory body with expert members within the framework of the National Board of Health. Statistical reviews and reports about mental illness are prepared continuously, e.g. dealing with objectives and treatment for different kinds of psychiatric problems and quality of care. National objectives in the next few years include: establishing databases of patients to permit quality assurance of psychiatric treatment; improving the conditions for those patients with chronic mental disorders; continuing education of mental health staff; improving the capacity of departments of child and adolescent psychiatry; and improving the quality of hospital accommodation for acute psychiatric patients. A recent study by the EPSILON Group on type of mental health services in Copenhagen for patients suffering from schizophrenia shows that there is comprehensive system of mental health services with the exception of outpatient and community emergency care.

## **Additional Sources of Information**

•Becker T., Hullsmann, S., Knudsen, H. C., et al & the EPSILON Group (2002). Provision of services for people with schizophrenia in five European regions. *Journal of Social Psychiatry and Psychiatric Epidemiology*, 37, 465-474.

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•Justitsministeriet, Socialministeriet and Sundhedsministeriet (1994) Rgeringens Narkotikapolitiske Redegørelse Til Folketinget.

•Sestoft, D., Engberg, M. (2000) Law and mental health in Denmark. *International Journal of Law and Psychiatry*, 23, 533-540.

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