

Iceland

General Information

Iceland is a country with an approximate area of 103 thousand sq. km. (UNO, 2001). Its population is 0.291 million, and the sex ratio (men per hundred women) is 101 (UNO, 2004). The proportion of population under the age of 15 years is 22% (UNO, 2004), and the proportion of population above the age of 60 years is 15% (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 9.2%. The per capita total expenditure on health is 2643 international \$, and the per capita government expenditure on health is 2192 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Icelandic. The largest ethnic group(s) is (are) Icelandic (Norwegian and Celtic descent). The largest religious group(s) is (are) Christian.

The life expectancy at birth is 78.4 years for males and 81.8 years for females (WHO, 2004). The healthy life expectancy at birth is 72 years for males and 74 years for females (WHO, 2004).

Epidemiology

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

Mental Health Resources

Mental Health Policy

A mental health policy is absent.

No specific mental health policy is being implemented but mental health is regarded as one of 7 identified key areas in long-term health planning in Iceland. Important developments in mental health care in the first years of the 21st century include stronger advocacy groups, mental health promotion schemes, more focus on prevention, evidence-based treatment and more active rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1974. Amendments to the policy are due to be discussed in Parliament, partly reflecting EU-law and practices in other countries within the European Economic Area.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 2001.

The Icelandic Ministry of Health and the Health Committee of the Icelandic Parliament put forward a plan for national health targets in 2001 extending to the year 2010. This plan emphasizes long-term objectives in health. Among the main objectives is a 25% reduction in suicide rates. However, no specific budget is set aside in order to try and implement this plan.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

Iceland has mental health legislation. The law concerning care, treatment and rehabilitation of mental patients is mainly included in the legislation for health services; the legislation for social security and the legislation for national health insurance is included in the law no 97/1990 relating to health services; law no 59/1992 is related to the disabled; law no 117/1993 is related to social and health insurance; law no 39/1964 is related to treatment of alcoholics and people under the influence of alcohol. There is no separate Mental Health Act in Iceland. The necessary legislation, e.g. for involuntary hospital admission, is included under the law on legal capacity. This ensures, among other things, the rights of patients to an appeal and an independent medical review.

The latest legislation was enacted in 1997.

Mental Health Financing

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are tax based and out of pocket expenditure by the patient or family.

There are no separate budget allocations for mental health, the costs being covered as part of overall expenditure on health services. Inpatient treatment is free, but patients pay a modest fee for outpatient treatment; psychiatrist consultations in outpatient settings are subsidized by the Ministry of Health.

The country has disability benefits for persons with mental disorders. Iceland provides rehabilitation benefits for up to 18 months and disability benefits both short- and long-term for persons suffering from psychiatric disorders.

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. Mental health services work in close liaison with primary health care system. The primary health service is mainly run from health centres which have no beds and admissions are only made at specialist wards in the major hospitals.

Regular training of primary care professionals is carried out in the field of mental health. Training opportunities for primary care professionals are on offer through the Departments of Psychiatry at the two hospitals in Iceland. The Ministry of Education is responsible for the training of health care workers.

There are community care facilities for patients with mental disorders. Non-governmental organizations and local authorities are gradually developing psychiatric care and other

support services in the community, although this development has still not been fully achieved.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	5
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	5
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	25
Number of neurosurgeons per 100 000 population	2
Number of psychiatric nurses per 100 000 population	33
Number of neurologists per 100 000 population	6
Number of psychologists per 100 000 population	60
Number of social workers per 100 000 population	110

The psychiatric services have been deinstitutionalized in recent decades and all psychiatric beds are now within general hospitals although in separate buildings on site or on special sites. The number of acute beds has decreased by about 25% since 1997 but day-patient and outpatient facilities have expanded at the same time. Psychiatric care is primarily provided by multidisciplinary teams. In recent years, the numbers of psychiatrists, psychologists and social workers have followed the growth of the population, but there continues to be a relative shortage of psychiatric nurses.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in promotion, prevention and treatment. The role of NGOs is of growing importance, e.g. in terms of residential care, treatment facilities for substance abusers and as promoters of patients' rights. In addition to residential support, NGOs have important roles in non-hospital care.

Information Gathering System

Details about mental health reporting systems are not available.

Details about data collection system or epidemiological study on mental health are not available.

There is no ongoing systemic mental health reporting taking place at present in the country. In recent years, requirement for collecting and storing personal data on subjects have become much tighter than they used to be, even to the degree where this may hamper epidemiological studies into sensitive subjects like mental health.

Programmes for Special Population

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

Specialized psychiatric services for children and adolescents have improved over the last decade and are currently expanding further. This is regarded a priority to facilitate multidisciplinary early assessment, intervention and treatment.

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, levodopa.

Other Information

There is considerable intersectoral cooperation at Government level, e.g. among the Ministries of Health, Social Affairs and Education as well as local authorities. NGOs, the Surgeon General of Health and others with the help of the media have promoted awareness in the public of mental health through publications and other activities.