

# Strengthening mental health care

**Recommendations for a 10-year action plan  
in Denmark – short version**



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– short version

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**[www.sst.dk/en/English](http://www.sst.dk/en/English)**

Electronic ISBN: 978-87-7014-459-9

ISBN of the printed version: 978-87-7014-458-2

Language: English

Version 01

Version date: 13 January 2022

Design and layout: Sundhedsstyrelsen/Danish Health Authority

Model photos: Lars Wittrock for the Danish Health Authority

Published by the Danish Health Authority  
January 2022

# 1. Background

According to the political agreement, '*Retfærdig retning for Danmark*' (A Fair Direction for Denmark) from 2019, the Danish Government declared its intentions to implement a 10-year action plan for mental health with political goals for, among other things, reducing the number of re-admissions, reducing waiting times and increasing the average life expectancy for people with mental disorders.

As part of the agreement on the Finance and Appropriation Act for 2020, it was decided to initiate the work on a 10-year action plan for mental health aimed at setting long-term goals for improving mental health and social care services for people with mental disorders.

At the same time, it was decided to allocate DKK 600 million annually from 2020 and onwards to improve mental health care in Denmark.

The purpose of this publication is to provide recommendations for an ambitious, long-term action plan for improving mental health in the general population and for strengthening mental health and social care services across several public sectors for people with mental disorders. Thus, the aim is to form the basis for the Government's proposal for a 10-year action plan.

## 1.1. Preparation of the publication

The Danish Health Authority has prepared this publication in collaboration with the National

Board of Social Services. The Danish Health Authority and the National Board of Social Services have continuously been advised by several expert groups with representation from authority and administrative level, professional associations and organisations as well as patient organisations.

The challenges and recommendations presented in this publication are largely based on existing strategies, analyses, publications and action plans from national stakeholders, patient organisations, professional organisations and societies. In four selected areas – mental health and social care services in primary healthcare, mental health and social care services for children and young people, psychiatric services in hospitals and mental health and wellbeing in the general population – the expert groups contributed with expert knowledge on mental disorders, status of the services and identification of key challenges in relation to mental health.

Further, experts contributed with possible solutions to the challenges and recommendations for advancement of mental health and social care services, in particular in the assessment of how to ensure quality and coherence, seen from both a user perspective and from a medical and resource perspective. Ongoing meetings with experts and written hearings have been an integrated part of the process to produce this publication.



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## 2. Challenges and opportunities

Mental health problems are increasing in Denmark. It is particularly worrying that an increasing number of children and young people are experiencing poor mental health with potentially serious consequences for their health and development.

Mental disorders are very common, and a large part of the population will suffer from a mental disorder at some point in their lives. Consequences of mental disorders might interfere with our ability to lead fulfilling lives, to realise our full potential and lead a normal life with family, work and leisure interests. Further, mental disorders result in significant excess mortality. Nevertheless, people with mental disorders are not provided with the same quality of care as people with physical diseases. An essential part of recovery is offering people with mental disorders the right treatment and support as early as possible.

Mental health and social care services are currently characterised by a lack of coordination and cooperation, insufficient quality and inadequate interventions. If we are to eliminate this significant inequality and make a real difference for people with mental disorders, ongoing commitment and prioritisation over the next many years is necessary.

This publication describes the inadequacy and insufficiency of current mental health and social care services and the great potential for advancement in the field. The publication aims to set a new and ambitious direction for a radical improvement over the next ten years.

It aims to strengthen multidisciplinary collaboration and set a new standard for quality, coordination and cooperation in mental health and social care services as well as promote a more holistic approach. The objective is to improve the life of people with mental disorders in respect of their own wishes and choices.

### 2.1. A public health challenge

Mental health problems are increasing in Denmark, and a growing number of children and young people, and nearly one in four young women, are reporting poor mental health.

Both children, young people, adults and elderly people can suffer from mental disorders. It is estimated that approximately 580,000 people

currently suffer from a mental disorder and that, in the course of a lifetime, approximately 40-50% of the population will be affected by a mental disorder. Among children and young people, approximately 15% will be diagnosed with a mental disorder before the age of 18. However, the figures may be higher, as it is presumed that some people with mental disorders are not registered in the national registers or in questionnaire surveys, nor do they necessarily seek assistance.

Mental disorders have different degrees of severity, and some are very serious. They very often have large consequences for both the individual person and his or her social network, and, from a social perspective, mental disorders account for 25% of the total disease burden<sup>1</sup>.

Mental disorders entail massive costs to society. After diabetes and ischemic heart diseases, anxiety disorders are the third most common health problem measured by the number of new cases per year. It is the cause of most new allocations of early retirement pension and results in the greatest costs to society in terms of production loss. Schizophrenia is not so frequent, but, in turn, it is often very serious and is associated with the highest costs for treatment and care relative to other health problems.

Mental disorders are the cause of approximately 3,500 deaths annually and are thus the fourth most frequent cause of death in Denmark. People with mental disorders have significantly shorter lives and experience more illness than the rest of the population. Especially people with severe mental disorders have an up to 15-20 years shorter life expectancy than the background population and often also struggle with, for example, substance abuse and concomitant complex social problems such as homelessness.

This analysis of the mental health situation shows that, in just a decade, there has been an increase of about 30% in the number of patients with mental disorders treated in hospital. In comparison, the number of patients with physical diseases has only increased by 13% in the same period. At least

<sup>1</sup> Based on the WHO's data from 2019 when using the standardised disease burden measure YLD (Years Lost to Disability). Mental disorders include common mental disorders, substance abuse disorders and certain neurological brain diseases such as dementia diseases (3). Mental disorders constitute 14% and substance abuse disorders 4% of the total disease burden.

500,000 people annually are in contact with general practitioners due to mental health problems. The number of adults with mental disorders referred to social care services in the form of, for example, mental health supported housing and home-based support has increased by just over 11% in only five years. In child and adolescent psychiatry, the number of patients has increased by approximately 50% within a ten-year period. Correspondingly, there has been a 41% increase in the number of children and young people with mental disorders who are placed outside their home or who receive preventive assistance in the municipality, for example family-oriented services.

## 2.2. Previous initiatives and actions plans have not ensured the necessary improvement

For many years, work has gone into developing and improving mental health and social care services for people with mental disorders, and many diverse measures have been initiated aimed at ensuring better surroundings, improving capacity and increasing quality. Many employees and managers across the field of mental health and social care services have done and still do great work.

The challenges presented in this publication are well known, and many of them have been described in previous publications, studies, analyses etc. During the past many years, a number of major and minor initiatives have also been launched in relation to developing and improving mental health and social care services both nationally and locally.

Two national action plans have previously been adopted politically, based on thorough recommendations for how to strengthen mental health and social care services.

All of these previous initiatives have largely been incoherent and sporadically implemented through temporary projects without a joint direction and ambition for the field. An action plan successfully supporting overall general improvement of mental health is yet to be realised. Likewise, the many recommendations and guidelines as well as methods and tools developed over the past many years have often not been systematically implemented, nor have services been adequately described and monitored.

As a consequence, there has not been the same advancement of mental health and social care services for people with mental disorders as for people with physical illness. At the same time, there has been a major increase in the number of people with mental disorders who need support and/or treatment.

## 2.3. Current challenges

Current mental health and social care services for people with mental disorders are characterised by a lack of availability, insufficient quality, limited treatment offers, significant challenges in recruiting and retaining staff, inadequate professional development and research as well as stigmatisation and lack of prioritisation. The challenges vary across sectors, but services in municipalities, the primary health care sector and in hospitals must be strengthened. The main challenges are outlined in Box 1.

### Box 1: Main challenges

- Insufficient availability, capacity, coordination and cooperation
- Insufficient quality and interdisciplinarity in existing mental health and social care services
- Inadequate prevention and early interventions
- Stigmatisation, lack of prioritisation and equity
- Inadequate research, professional development and lack of prestige

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### **Insufficient availability, capacity, coordination and cooperation**

A major challenge in services aimed at people with mental disorders is insufficient availability, capacity, coordination and cooperation.

A basic requirement for providing high-quality mental health and social care services is the availability of a sufficient number of employees and managers with the right multidisciplinary and specialised competences. There are pervasive and persistent challenges in recruiting and retaining competent staff for mental health services aimed at children, young people and adults with mental disorders. At the same time, far too many children, young people and adults with mental disorders experience incomprehensive patient pathways with frequent transitions, multiple concurrent types of treatment as well as different organisation and legislation across different sectors.

The lack of availability of mental health and social care services to people with mental disorders is also a problem. For example, the need for services manifests itself when parents contact their general practitioner or their child's school because of increasing concern about their child's well-being and mental health. Here, current services offered in the municipalities do not meet the increasing need for early interventions for children and young people with mental health problems and with symptoms of mental disorders. It may also often take a long time before the child gets the right help, and it is difficult for families to figure out where to turn. Current services are aimed at supervising school teachers and kindergarten teachers as well as to prepare pedagogical-psychological assessments (PPAs).

Correspondingly, there is a strong need for better availability, capacity and coherence when it comes to services for adults. For example, a lack of capacity may result in long waiting times for municipal mental health supported housing or home-based support or that sufficient psychiatric counselling is not provided in relation to mental health supported housing. The consequence may be that a patient either remains hospitalised or is discharged with an increased risk of relapse and re-hospitalisation, and thus additional strain on both the patient and his or her social network.

At the same time, too many people with mental disorders experience incomprehensive patient pathways with multiple concurrent interventions without sufficient coordination. These challenges are complex and are due to a number of factors, including different legislation and management regimes as well as different professional approaches across sectors.

People with mental disorders and concurrent substance abuse constitute a particularly vulnerable group. Their condition is medically complex to handle, and they often have both mental disorders and physical diseases. Also, the patient pathway is characterised by both acute admissions and many re-admissions as well as increased use of coercion during hospitalisation. Due to an unclear distribution of responsibilities, there is also a very fragmented patient pathway across municipality and hospital, in which this particular group is unable to navigate. It is a key requirement for increasing the quality of care for people with the most severe mental disorders that there is an unambiguous distribution of responsibilities, and that overall integrated services, based in the regions, are established for this group.

### **Insufficient quality and interdisciplinarity in existing mental health and social care services**

The analysis points to problems with insufficient quality and interdisciplinarity in existing mental health and social care services.

The quality of psychiatric care in hospitals and social care services in Danish municipalities is not of a sufficient quality, which has major consequences and creates an unacceptable inequality, significantly shorter life expectancy, increased burden of disease and lower quality of life. There are several examples of this.

**Firstly**, people with mental disorders have a significant excess mortality rate, due to a higher occurrence of preventable diseases such as cancer and cardiovascular diseases and an insufficient cooperation between psychiatric and physical care.

**Secondly**, there is a lack of research, evidence-based guidelines as well as updated and well-developed quality databases. There are other medical specialisations and specialist fields with a far greater scientific tradition and higher prestige,

which have better opportunities and resources for maintaining and developing high-quality assessment and treatment of patients.

**Thirdly**, there are insufficiently binding systematic descriptions of the entire patient pathway, including clear agreements on referral, distribution of responsibilities, cooperation and interdisciplinarity. There is an insufficiently holistic approach to patients ensuring that all relevant elements of treatment and care are included, including pharmacological treatment, psychotherapy, environmental therapy, occupational therapy, physiotherapy etc. High-quality multidisciplinary services throughout the patient pathway require professionals with the right competences and the best possible use of competences of all professions involved. Many different professions are typically involved in the overall patient pathway, including nurses, social and healthcare assistants, psychologists, physicians, occupational therapists, physiotherapists, social workers, residential social workers etc. In addition to interdisciplinarity, there is a great potential in digital solutions being disseminated and used in a systematic and evidence-based manner.

**Fourthly**, we still face major challenges with the use of coercion in psychiatric wards. For a number of years and especially since 2014, hospitals have worked to reduce the use of coercion in psychiatric wards, but although the use of mechanical restraint has been reduced, the overall use of coercion remains too high. This also highlights a mental health system without the capacity and resources needed to ensure adequate quality and targeted services, and where patients should be met by attentive professionals and services based on their individual needs. Correspondingly, in the past ten years, Denmark has failed to reduce the number of suicides and suicide attempts and is the OECD country with the highest suicide rate among inpatients.

**Fifthly**, social care services are of varying quality. Furthermore, there is a lack of sufficiently specialised services for people with severe mental disorders who are discharged from hospital treatment. In addition, a very high proportion of the employees are unskilled. Descriptions of quality standards for social care services are needed, including how services can be more targeted and systematic, for example by strengthening and documenting quality and ensuring that services

have similar content and quality. At the same time, there are still major challenges associated with patient safety at mental health supported housing, especially in relation to handling residents' medicine, and managers in social care services demand more healthcare competences in the social care services offered.

Overall, there are currently no systematic, multi-disciplinary, holistic and evidence-based services for people with mental disorders, which is a pre-requisite for ensuring that more people recover and experience greater quality of life.

### **Inadequate prevention and early interventions**

Inadequate prevention and early interventions are a major cause of excess mortality and morbidity.

Much of the excess mortality seen in people with mental disorders is caused by physical diseases. People with mental disorders are just as interested as others in leading a healthy life, but there is insufficient attention paid to offering health promoting and preventive services such as smoking cessation, dietary advice and exercise for people with mental disorders. Furthermore, we are not doing enough to offer support for participation in routine examinations such as health checks, screening examinations or preventive visits to the dentist. Again, people with the most severe mental disorders are those who are most affected, because they are also those most in need of a helping hand and awareness of their state of health.

Another cause of the excess mortality is suicide. People who have been admitted due to a mental disorder have an approximately 20 times higher suicide rate than the background population. Especially in connection with admission and discharge, people with mental disorders are particularly vulnerable, in particular if they are not supported by adequate follow-up or if they are discharged before they are ready for it. In the first week after discharge, the risk of suicide is over 200 times higher than for the background population.

At the same time, many people do not receive help early enough. There are currently not uniform services available in general practice. At the same time, general practitioners lack an overview of out-of-hospital services to which they can refer when there is no need for hospital treatment. Too often,

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the consequence of this is that children, young people and their families are sent around between different types of services in the primary sector and in the municipality. It is not easy to find the necessary help – often because the right type of services are not available. At the same time, there is much too often a lack of cross-sectoral cooperation and a lack of focus on systematic screening and detection of mental disorders in the municipalities.

### **Stigmatisation, lack of prioritisation and equity**

The most fundamental challenges concern stigmatisation and lack of prioritisation and equity.

Although mental disorders are common, they are still associated with taboo, guilt and shame. People distance themselves from mental disorders and find it difficult to understand why they occur and what they mean.

Many people find it easier to talk about and share the fact that they have a physical disease compared to a mental disorder. Most people know how common mental disorders are, and this issue should be dealt with openly and without prejudice.

Stigmatisation has extensive consequences for people with mental disorders in the form of discrimination, self-stigmatisation and social exclusion. Stigmatisation and discrimination in society, at work, at school and among colleagues etc. are important for the individual person's possibilities of regaining or establishing their place in society and of obtaining the same access to help, support and treatment, and it can therefore enhance inequality.

The widespread stigmatisation also contributes to far less political and public attention and prioritisation compared to physical diseases. Mental health is quite simply not given the attention and priority that it should be getting based on the disease burden.

The stigmatisation and lack of prioritisation also mean that the mental health system does not have the same terms and resources for developing the quality of services. Many years of temporary projects and lack of resources mean that no overall direction has been set for the development of the mental health system.

### **Inadequate research, professional development and lack of prestige**

Lack of prioritisation of research and professional development results in a lack of prestige and challenges in relation to retention and recruitment of health professionals.

Mental health is not prioritised to the same degree as corresponding disease areas and is not granted the same amount of research resources. Within the psychiatric specialisations, there has not been the same tradition for developing evidence-based guidelines as in other medical specialisations. Likewise, there is limited professional development and documentation of the services for people with mental disorders in municipalities and the primary health care sector.

The limited documentation, development and research result in insufficient knowledge about mental disorders and about the efficacy of services as well as limited implementation of effective services.

The limited resources for professional development and research means that psychiatry is often considered a less attractive field relative to other disease areas. There is no doubt that the many employees working in the mental health system do great and dedicated work and also perceive their work as both meaningful and attractive. But seen across a number of specialisations in the healthcare system, there are large differences indicating that, at the structural level, psychiatry has not received the attention and recognition that it deserves. This should also be seen in relation to the importance of this field for both the people affected by mental disorders and for society as a whole, as well as the fact that many people with mental disorders can actually recover if given the right help.

Recruitment and retention of professionals in mental health care and social care through strengthened research and professional development are therefore also a key challenge which must be met in the coming years.



## 2.4. An action plan with ambitious goals

The major disease burden, significant inequality and inadequate services call for an extensive professional improvement of services across sectors. The publication therefore describes the needs and opportunities for the advancement of mental health and social care services over the next 10 years.

The ambition is high and the intended outcome is that people with mental disorders in Denmark have better and longer lives, be included and accepted in society and receive treatment and services that are commensurate with the best in the world and with respect for the individual person's wishes and choices.

Therefore, it is also essential that, as part of a 10-year action plan, ambitious goals are set for achieving a better life and having the opportunity for inclusion in society on an equal footing and in accordance with the individual person's own wishes and choices. The goals must set the direction for initiatives and provide a basis for continuous follow-up on whether

the development is going in the right direction and whether the implemented services make a difference to people with mental disorders and to the mental health of the population in general. In addition to increasing well-being and quality of life, building up the field will help reduce socio-economic costs in the form of lower costs for sickness benefits, occupational injuries, early retirement pension etc.

This publication provides proposals for professional goals which should be qualified further in a coming 10-year action plan.

The proposed goals are based on the individual person's opportunities to lead a good and meaningful life. The goals focus on mental health, mental health problems and improved services for people with light, moderate and severe mental disorders.

The goals extend across social care services, the primary healthcare system and mental health care, and it is a requirement for meeting the goals that everyone works together across sectors and across civil society, municipalities, regions and national level, and that everyone works in the same direction.

### **Box 2: An action plan with ambitious goals for the overall mental health and social care services for children, young people and adults**

- The mental health of children and young people has improved
- People with mental disorders live longer lives with less illness
- People with mental disorders are included and accepted in society to a higher degree
- People with mental disorders are retained in jobs, school and education and more often get an education and a job
- People with early signs of or at risk of developing mental disorders receive early preventive intervention
- People with mental disorders experience high quality, care, involvement, coordination and cooperation in the services.
- People with mental disorders are subjected to less coercion and use of force
- People with mental disorders and concurrent substance abuse receive more cohesive and effective treatment and more of them succeed in quitting their abuse
- Fewer people with mental disorders are sentenced for a crime
- Family and friends are more often given the support they need and their resources are used more actively in treatment

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The goals should have a central position in a systematic follow-up on the coming 10-year action plan. Learning from both the cancer plans and, for example, the Norwegian Psychiatry Plan shows that it is absolutely essential to ensure systematic and continuous follow-up on the implementation of services.

Follow-up should happen with broad representation of stakeholders from across all the relevant professions that can monitor services and support close and continuous quantitative and qualitative coordination and follow-up and advise on challenges and needs in connection with the 10-year action plan.

## 2.5. Prerequisites for successful improvement

If the ambitions are to be achieved, there is a need for fundamental professional improvement of

mental health and social care services. This requires **structured, gradual and long-term build-up** of the field. **Structured** in terms of clear, uniform and cohesive frameworks for services, and requirements based on evidence or best knowledge where there is still a lack of evidence and where evidence needs to be developed. **Gradual** because services must be built up in line with the framework being present and as prerequisites for an extensive improvement are established. And **long-term** because there is a need to do away with temporary projects and pools and instead establish an overall professional development for the whole field.

To be able to achieve this, a large number of stakeholders in the field point at some absolutely essential prerequisites which must be present.

### Box 3: Fundamental prerequisites

- **A gradual, strategic and long-term capacity improvement to meet the need for services and treatment, including more employees across both social and healthcare services**
- **Better recruitment and retention of competent employees across professional groups and competence improvement**
- **More flexible task management**
- **A clearer distribution of responsibilities and better coordination and cooperation across sectors**

As the most important measure, the necessary capacity should gradually be built up in areas in which current services are inadequate, and it should be ensured that sufficiently qualified health professionals are available for these services. The improvement should be gradual in line with the national professional frameworks being described and relevant competences being recruited and developed.

A basic requirement for providing the necessary capacity is to establish a better framework for recruitment and retention of competent employees. Throughout the 10-year period, work should be done to ensure sustainable solutions for the extensive challenges of recruitment and retention, for example through a gradual establishment of attractive jobs with opportunities for professional

development, and through more flexible task management and coincidence of the services across the professional groups in this field.

It is also essential that the organisational frameworks help support and ensure better coordination and cooperation in services for people with mental disorders. It is necessary to have binding cooperation with a more shared understanding across stakeholders in municipalities, the primary health care sector and hospitals, with a clear distribution of responsibilities and closer collaboration on the performance of the tasks. It is also necessary to ensure that social, healthcare, school, education and labour legislation provides the necessary framework to support multidisciplinary collaboration and cooperation.



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## 2.6. Gradual improvement over a 10-year period

In this publication, nine themes have been selected for in-depth analysis, involving a large number of stakeholders and professionals.

The first two themes concern fundamental initiatives essential for ensuring extensive long-term professional improvement. These themes are *Equity and anti-stigmatisation* as well as *Knowledge, development and strong professional environments*. The other themes cover *Mental health promotion and the overall patient pathway for people with mental disorders*, including the services for *Children and young people*, *Early interventions for adults*, *Analysis and treatment*, *Forensic psychiatry* and *Social care services*. Finally, the correlation between services and sectors is examined in the theme on *Coordination and cooperation*.

Together, the recommendations constitute a broad improvement of the overall services across mental health and social care services and have been described so they can be prioritised and implemented in steps.

A clear prioritisation is outlined in this publication. The priority areas are those where the need is greatest, most urgent and of fundamental importance to ensuring a long-term development.

The prioritised recommendations and services are presented in *Box 4*.

**Firstly**, it is essential to improve services aimed at children, young people and those with the most severe disorders.

An increasing number of children and young people have mental health problems and suffer from mental disorders. At the same time, more children are diagnosed with mental disorders earlier in life. Services available to children and young people are currently inadequate. This means that too many children and their families are left on their own and that mental health and social care services for children and adolescents and the municipal services for children and young people are under great pressure. Concurrently, there is a need for strengthened cross-sectoral cooperation on screening and detection of especially children with developmental disorders, where far too many cases

are today discovered too late. The lack of services has major consequences for the child and his or her family and leaves deep marks far into adulthood for the individual person.

People with severe mental disorders are another group currently receiving fragmented and inadequate services. The consequences are a significantly shorter life expectancy, long courses of illness and greater risk of homelessness. At the same time, the people with the most severe disorders are most often exposed to coercion, most frequently take their own lives and are most frequently sentenced to psychiatric treatment, which could have been avoided with the right treatment. There is a need to improve the quality across mental health and social care services for adults as well as for children and young people. There is also a need for cohesive, multidisciplinary and holistic services based on evidence and clear pathways for people with mental disorders.

**Secondly**, there is a need to ensure that the very fundamental foundations are in place so that the services can be built up over the next ten years.

The main elements in an extensive professional improvement of services are breaking down stigmatisation, increasing prestige and strengthening research and multidisciplinary cooperation to increase the evidence basis for services. Anti-stigmatisation and quality improvement are also absolutely essential to successful recruitment and retention of sufficient staff across mental health and social care services in the coming years.

After commencement of the prioritised recommendations in the initial period of a 10-year action plan, an evaluation should be made of the recommendations and a status report should be prepared. The evaluation should be done in order to make a new professional assessment and prioritisation of the recommendations for the subsequent number of years. A clear multi-phase prioritisation helps support a strategic and targeted professional improvement of the overall field. In the past, standalone recommendations and short-term projects have been implemented sporadically and have thus not supported an overall professional improvement. The next section provides an overview of all the recommendations in the publication for the 10-year action plan.

#### **Box 4: Prioritised recommendations**

**1. Establishing easily accessible high-quality services in the municipalities for children and young people with mental health problems**

This can be ensured through the establishment of single-entry municipal services based on a national professional framework. Services must include the possibility of assessment and easier access to treatment. At the same time, services must support cross-sectoral and multidisciplinary cooperation between municipalities, general practice and child and adolescent psychiatry regarding services for children and young people with mental health problems and mental disorder symptoms. This includes early screening, detection and assessment of especially children and young people with developmental disorders as well as children and young people in high-risk groups (*see Recommendation 11*).

**2. Strengthened treatment and care for people with severe mental disorder**

This can be ensured through well-described quality standards and requirements for the patient pathway and for the collaboration between professionals and sectors involved during the entire pathway (*see Recommendation 20*). Based on these descriptions, specialised emergency services offered in both psychiatry and child and adolescent psychiatry can be developed further (*see Recommendations 21 and 12*). For the most severely ill patients with acute and long-term needs for hospitalisation, an evaluation and assessment can be made of the intensive care capacity and a framework can be created for a new type of rehabilitating beds (*see Recommendation 18*). In addition, quality and capacity of social care services can be improved through a number of measures. These include a national development strategy for quality improvement and the establishment of temporary and acute municipal services for adults who, for example, are waiting for mental health supported housing after hospitalisation (*see Recommendations 28 and 31*).

**3. Anti-stigmatisation of mental disorders**

This can be ensured through a long-term action plan and framework for anti-stigmatisation initiatives. As a first measure, a national knowledge centre can be established to support services aimed at both the broad population and employees across the social and healthcare services area (*see Recommendation 1*).

**4. Strengthened multidisciplinary and professional environments**

This can be ensured through the establishment of multidisciplinary and cross-sectoral groups (with inspiration from the cancer area) aimed at supporting long-term professional development and continuous quality improvement in the overall services for people with mental disorders across the primary health care sector, municipalities and hospitals. This includes preparation of professional guidelines and dissemination of evidence-based and documented efficient services (*see Recommendation 6*).

**5. Research and development**

This can initially be ensured through implementation of the multidisciplinary and cross-sectoral research strategy from 2015 (*see Recommendation 5*).

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### 3. Overall recommendations

In the following, nine selected themes are presented together with recommendations for better mental health and strengthened services for people with mental disorders. The themes are:

- Equity and anti-stigmatisation
- Knowledge, development and strong professional environments
- Mental health promotion
- Children and young people
- Early interventions for adults
- Assessment and treatment
- Forensic psychiatry
- Social care services
- Coordination and cooperation

The recommendations cover high-priority initiatives that can be implemented in the short term (these are highlighted with an asterisk (\*)), as well as initiatives that can be implemented gradually over the full 10-year period.

The individual recommendations are described in detail in the extended publication in Danish together with supplementary recommendations for gradual implementation. Some of the recommendations can be implemented immediately, whereas, for others, the conditions for delivering a given service or initiative should be in place before the recommendation can be implemented.



### 3.1. Equity and anti-stigmatisation

A basic prerequisite for achieving greater equity for people with mental disorders is to counter prejudices. It is therefore recommended to implement long-term and persistent, national anti-stigmatisation initiatives. It is also of central importance that the increased morbidity and excess mortality among people with mental disorders is reduced. This should be done through improved disease prevention and access to treatment for physical diseases as well as implementation of a national action plan on suicide prevention.

#### Recommendations

**1. Long-term anti-stigmatisation initiatives including implementation of a national knowledge centre, an ambassador corps and action plan \***

Long-term national anti-stigmatisation initiatives should be implemented across sectors over the next 10 years. The initiatives must be implemented in cooperation with regions, municipalities, civil organisations and national authorities.

**2. Better prevention of risk factors for physical diseases among people with mental disorders**

Municipalities and regions will ensure preventive services as part of the services for people with mental disorders. This includes that relevant professional staff have the necessary knowledge, multidisciplinary competences and tools to systematically identify and prevent known risk factors and to motivate and support people with mental disorders in changing their health behaviours. These services should be delivered by social care services, the general practitioners, and the psychiatric care facilities.

**3. Strengthened assessment and treatment of physical diseases among people with mental disorders**

Regions and municipalities must ensure that people with mental disorders receive relevant, timely and qualified assessment and treatment for physical diseases including medical assistance, screening and health examinations. This also includes review of medication and screening for side effects as well as support for dental care.

**4. A national action plan on prevention of suicide and suicide attempts**

There is a need for a systematic and long-term improvement of the suicide prevention services through a national action plan with ambitious targets for reduction of suicide and suicide attempts. The action plan should address, for example, prevention, screening and detection, early intervention, follow-up after suicide attempts as well as involvement of the patient and their social network.

### 3.2. Knowledge, development and strong professional environments

To strengthen evidence-based knowledge and development across professional areas and sectors, it is recommended that research on mental disorders be strengthened through implementation of the existing research strategy. In addition, improved access to and use of data should be prioritised. At the same time, strong professional environments should be developed to support uniform professional development and documentation of services through guides, guidelines and databases on quality of care.

#### Recommendations

##### **5. Implementation of the existing national research strategy\***

A widely recognised national research strategy was prepared in 2015. This strategy should be implemented continuously over the coming years to strengthen knowledge and evidence and establish strong research networks and traditions.

##### **6. Establishing multidisciplinary groups to support professional development and quality improvement \***

Inspired by the DMCGs (Danish Multidisciplinary Cancer Groups), multidisciplinary and cross-sectoral groups for the overall health and social care services will be established targeting people with mental disorders to support long-term professional development and continuous quality improvement.

### 3.3. Mental health promotion

To address the increase in poor mental health, it is recommended to implement mental health awareness initiatives focusing on the importance of, for example, civil society and participation in active communities. The initiatives will be targeted at both the general population and workplaces. The development among children and young people is particularly worrying, and a special action plan is recommended to stop this trend. Likewise, systematic initiatives should be put in place for mental health promotion for people with mental disorders who are hospitalised or receive support in the social care services.

#### Recommendations

##### **7. Strengthening mental health promotion in prenatal care, childcare institutions and schools**

Mental health promotion for children and young people is strengthened through an action plan for childcare institutions, schools and youth education programmes, and the existing recommendations in relation to early intervention will be fully implemented.

##### **8. Mental health awareness initiatives in the population and at workplaces**

Through information initiatives, awareness about mental health will be disseminated as will knowledge on the best ways to promote and protect mental health in the population. In addition, information and advisory activities will be initiated in relation to mental health and stress prevention at workplaces.

##### **9. Systematic initiatives for mental health promotion for people with mental disorders receiving hospital-based care and social care services**

Initiatives aimed at supporting mental health promotion among people with mental health disorders will be disseminated, and the opportunities for entering meaningful activities and positive communities will be improved.



### 3.4. Children and young people

Services for children and young people with mental health problems and early signs of mental disorder are inadequate, and too many children and young people are assessed too late, especially for developmental disorders such as ADHD and autism. There is a need of strengthened screening and early detection in primary schools and among children and young people at increased risk of developing mental disorders through improved implementation of validated screening tools. It is also essential to establish easily accessible services with one entry point for easier access to treatment in all municipalities. At the same time, the quality of treatment of children and young people with the most severe disorders should be increased through development of multidisciplinary outgoing teams, models for cross-sectoral cooperation as well as description and implementation of patient pathways. To support services before, during and after treatment in child and adolescent mental health care, specialised social care services should be established for children and young people with severe mental disorders and concomitant complex social problems.

#### Recommendations

##### **10. Screening and early detection of children and young people with mental health problems and mental disorders**

Services must support systematic screening and detection of children and young people with mental health problems and symptoms of mental disorders. There is a need for increased knowledge on mental disorders and competences in handling them for professionals working closely with children and young people. Evidence from existing trials on systematic screening and detection using validated screening tools should be used as a basis.

##### **11. Establishing easily accessible high-quality services in the municipalities for children and young people with mental health problems\***

Based on national frameworks a general, easily accessible service will be tested and subsequently disseminated. The service will have one entry point and clear standards targeted at children and young people with mental health problems and emotional symptoms such as anxiety or depression. Services must include the possibility of assessment and easier access to treatment. It is necessary to clarify who is responsible for delivering the service, for example municipal family services, and to establish which legislation provides the legal basis for this service.

##### **12. Increased quality of treatment for children and young people with severe mental disorders through multidisciplinary, outgoing functions and descriptions of patient pathways\***

There is a need to ensure high-quality treatment for children and young people receiving treatment at either child and adolescent mental health services or a practicing specialist in child and adolescent psychiatry to assure that more children and young people with severe mental disorders are offered good and cohesive treatment of the same quality across Denmark.

##### **13. Establishing or extending existing specialised social care services for children and young people with severe mental disorders**

Specialised social care services are identified, and, where necessary, specialised social care services are established for children and young people with complex problems, including children and young people with mental disorders, who also have serious problems with crime, substance abuse, self-harming behaviour, eating disorders, etc. These may be by establishing new services or by extending existing services.

### 3.5. Early interventions for adults

There is a need to establish easily accessible, evidence-based services for young people and adults with mental health problems which has a single entry point across all municipalities. Frameworks and requirements for the services are described in a national model for organisation and contents. In addition, screening and detection of people with mental disorders must be strengthened through screening and detection tools and rapid psychiatric assessment. This also relates to people with co-existing mental disorders and complex social problems, who struggle with treatment adherence in existing services.

#### Recommendations

##### **14. Establishing easily accessible high-quality services in the municipalities for young people and adults with mental health problems**

Based on national frameworks, one-entry point services will be established in each municipality for young people and adults with mental health problems. Young people and adults will be able to contact these services themselves or can be referred by for instance their general practitioner. The service should, as a minimum, include services that have been effective in treating people who struggle with life crises, stress, anxiety and depression, and the service should include an overview of the overall services offered by the municipality. There may be a need to clarify which legislation will provide the legal basis for the services.

##### **15. Systematic and targeted screening and detection of people with mental disorders in general practice and municipalities**

Living with an untreated mental disorder may have large consequences in relation to experiences of exacerbation, sequelae as well as social and mental health problems. Therefore, validated tools for early screening and identification of risk groups are to be disseminated in general practice and municipalities. It will be assured that these tools have a special focus on groups with concurrent substance abuse.

### 3.6. Assessment and treatment

Assessment and treatment of people with mental disorders must be holistic and cohesive across sectors. In addition, both the patients and their social network must be involved throughout the course of treatment. Therefore, it is recommended to prepare national patient pathways for children, young people and adults with mental disorders, which describe professional frameworks for services and initiatives delivered across municipalities and regions. At the same time, there is a need to address significant challenges regarding capacity and quality of services for people with the most severe disorders. It is therefore recommended to establish additional acute psychiatric services and capacity in the specialised care services as well as national initiatives aimed at reducing the use of coercion. At the same time, it is essential to find a solution for the patients with mental disorders and concurrent substance abuse and who do not receive integrated and cohesive services today. For better utilisation of resources, it is also essential that digital solutions become widespread in use and are used systematically and based on evidence. In addition, it is recommended to establish more outgoing services as well as easily accessible services for adults with light to moderate mental disorders.

## Recommendations

### **16. Easy and rapid access to acute psychiatric services for people with acute or acutely exacerbated mental disorder and strengthening of outgoing acute functions**

It is recommended to strengthen organisation and capacity in acute care services and to assure that services offered are similar and based on the Danish Health Authority's recommendations for organisation of healthcare services in psychiatric emergency care. For instance, it can be relevant to facilitate a widespread use of outgoing acute services and joint referral systems in relation to psychiatric emergency care. In addition, trials evaluating citizen-oriented psychiatric hotlines can be conducted in relation to suicide prevention but also other mental health problems.

### **17. Preparation and systematic implementation of new guidelines for medical specialisations shall improve the quality of care for the most severely ill and most complex patients in psychiatric hospital care**

The national guidelines for medical specialisations regarding psychiatry and child and adolescent psychiatry are systematically revised and implemented to ensure adequate organisation and high quality of care in psychiatric hospital care. There will be focus on both broad and specialised areas of hospital care.

### **18. Better organisation of specialised treatment for the most severely ill patients through extension of differentiated and specialised psychiatric in-patient capacity \***

To ensure better quality, coordination and cooperation in care, differentiated treatments will be developed for both the acute and rehabilitation phases of care for patients with severe mental disorder who need intensive or long-term rehabilitation.

### **19. Giving national priority to and assuring high quality of digital solutions and services for people with mental disorders**

COVID-19 has highlighted the potential of digital care services and the potential benefit from developing more and better digital solutions. In addition, the increase in people with mild mental health problems proves the need to develop innovative solutions in order to ensure the capacity of care services. At the same time, this development must be supported by clear national frameworks for digital solutions and services for people with mental disorders to ensure accessibility and patient-experienced quality.

### **20. Development and implementation of national patient pathways are to improve the overall quality of services and initiatives \***

National patient pathways for people with mental disorders must support evidence-based and uniform healthcare and social service services in assessment, treatment and rehabilitation/recovery across all sectors, and must be prepared in conjunction with the national guidelines in the social service area (see Recommendation 31).

### **21. Dissemination of outgoing specialised, multidisciplinary services for people with severe mental disorders \***

As part of the descriptions of patient pathways, specialised, multidisciplinary outgoing teams will be established throughout Denmark based on inspiration from evidence-based services such as OPUS and ACT. This is to support intensive outpatient and multidisciplinary treatment services for people with onset of severe mental disorders and for people with severe and/or complex mental disorders with a need for integrated and flexible multidisciplinary services. In relation to onset of severe mental disorders, early interventions should be implemented for all patients with onset of psychosis spectrum disorders or bipolar affective disorder.

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**22. Ambitious objectives for reducing the use of coercion and strengthening quality and prevention of coercion through a national knowledge centre and mobile units**

The use of coercive measures in psychiatric wards must be reduced to an absolute minimum. This requires a strong focus both nationally and locally. A general capacity and quality improvement in psychiatric care should therefore be supported by new objectives for reducing coercion, close monitoring and a national focus on learning and knowledge sharing.

**23. A quality improvement of services for people with mental disorders and concurrent substance abuse through integrated treatment**

People with concurrence of mental disorders and substance abuse often experience a complex and severe disease course, and there is a great need to strengthen the coordination and cooperation and professional quality of services targeting this group. It would be beneficial to establish integrated, high-quality services, delivered by the regions to ensure concurrent and coordinated treatment of both the mental disorder, substance abuse and possible physical diseases.

**24. Establishing easily available, evidence-based treatment for adults with mild to moderate mental disorders**

Relevant, accessible, timely and qualified services for people with mild to moderate mental disorders must be established in the primary health care sector based on both Danish and international experiences with systematic and early treatment. These services can be based on national, evidence-based, professional frameworks and existing experiences with documented services in the primary health care sector and existing cooperation structures such as practice collective agreements, health agreements or the coming health clusters.

**25. Strengthened support for and involvement of family and other immediate relatives of people with mental disorders**

Family and immediate relatives of people with mental disorders must be offered support, and their resources must be used more actively, systematically and uniformly in both municipal and regional services. This applies to children, young people and adults who have relatives with mental disorders in the immediate family.

### 3.7. Forensic psychiatry

In recent years, there has been a significant increase in the number of people sentenced to psychiatric treatment. This development is worrying, and there is a need for reviewing the legislation in this area to ensure that the right group of people are sentenced to psychiatric treatment. In addition, there is a need to strengthen the framework for correct referral, for instance through revision of the existing guidelines.

#### Recommendations

**26. A review of the legislation governing forensic psychiatry will be conducted, including the provisions of the Danish Criminal Code**

In order to support cooperation and coordination across authorities in a forensic patient pathway, a review of the legislation governing the field will be conducted, including an assessment of case law in relation to the requirements for being sentenced to psychiatric treatment.

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**27. Strengthened professional frameworks for the services targeting forensic psychiatric patients to assure correct treatment referrals**

It should be assessed whether there is an appropriate organisation of the forensic psychiatric care services. This includes acquiring knowledge about and discussing matters of importance to organisation and capacity of the field.

### 3.8. Social care services

There is a great need to improve capacity, quality and competences in the social care services. Therefore, a national development strategy for quality of care focusing on recovery-oriented rehabilitation should be implemented together with a wide competence boost. In addition, the quality of the administrative case handling of adult patients should be strengthened in order for people with mental disorders to receive the right and specialised treatment. It is also recommended to ensure increased specialisation of social care services as well as to assure a more widespread implementation of outgoing services at street level to reach people with the most severe and most complex problems. A very central recommendation is to disseminate the availability of flexible and acute services for people who are awaiting mental health supported housing after being discharged from hospital. Finally, it is recommended to review the provisions on adults in the Danish Social Services Act (*Serviceoven*) in relation to whether they effectively support people with mental disorders in their recovery, and it is recommended that a management review of social care services be performed.

#### Recommendations

**28. Establishing and reorganising the capacity in social care services to ensure that adequate and available knowledge-based services are provided and that there is a dissemination of flexible services meeting the varying needs of people with mental disorders. \***

The capacity building must ensure that the individual person receives the right and documented effective social care services at the right time. Experiences with establishment of easily accessible, flexible and round-the-clock staffed temporary services or self-referring services will also be disseminated to provide better help for those in need of a temporary service. Also, more services of this type, including temporary transitional services, will be established.

**29. The quality of administrative case handling in relation to adult patients will be strengthened, so that people with mental disorders receive social care services providing them with the best support to recover.**

It should be ensured that people with mental disorders are offered the right services and experience a recovery-oriented and rehabilitating approach to the assessment of their need for support. Therefore, a mapping and dissemination of knowledge about the quality of the administrative case handling of adults will be carried out. In addition, a more systematic implementation of the Adult Assessment Method (VUM) 2.0 will be initiated in the municipalities, so that the method is used on all relevant target groups in the social care services and uniformly across municipalities.

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**30. A review of the provisions on adults in the Danish Social Services Act will be initiated in relation to whether they effectively support the recovery of people with mental disorders.**

The Danish Social Services Act sets out the regulatory framework for the organisation of social care services as well as referrals to these services. There is a need to assess whether the current legislation adequately supports recovery-oriented rehabilitation and creates adequate frameworks for flexible and easily accessible services in accordance with the needs of people with mental disorders.

**31. A broad and uniform quality improvement of the entire social care services area through a national development strategy\***

A national strategy will be prepared for continued development and reorganisation of social care services towards a recovery-oriented and rehabilitating approach, so that all people with mental disorders across Denmark will receive relevant, timely and high-quality services. The existing knowledge and experience will be disseminated more systematically to all the municipalities of Denmark – this in relation to both the strategic management level, among caseworkers as well as among managers, employees and in relation to the individual person.

**32. Improvement in the level of education and competencies in the social care services and strengthened recruitment**

There is a need to raise the education and competence level among managers and employees in social care services. Moreover, it is necessary to strengthen recruitment and retention of competent professionals in social care services.

**33. Increased specialisation of social care services is recommended for people with the most severe and most complex problems**

People with severe mental disorders and possibly complex social problems must be met by employees who are qualified to handle their special needs. This requires that the employees have sufficient specialised knowledge and specialised competences.

**34. Development and dissemination of outgoing services at street level in relation to people with the most severe mental disorders and complex social problems**

People with severe mental disorders and complex social problems must receive outreaching and advanced services that are provided on the individual person's own terms.

### 3.9. Coordination and cooperation

A lack of coordination and cooperation is one of the main challenges in current services. The frameworks, and the organisation and culture needs to support multidisciplinary and cross-sectoral cooperation based on the individual person's wishes and needs. Therefore, it is recommended to improve coordination and cooperation at a structural level through a better linkage between the Danish Social Services Act and the Danish Health Act (*Sundhedsloven*). Coordination and cooperation is best supported in practice through systematic implementation of permanent contact persons in all sectors. To strengthen cooperation, it must be possible to share data across sectors, and better digital support of cohesive treatment should therefore be ensured.

#### Recommendations

##### **35. Establishing a strong cooperation between public authorities that supports cohesive services for people with mental disorders**

Binding cooperation agreements will be established across authorities in the fields of health, social care services, education and employment. This cooperation will support the development and implementation of targeted services and increased focus on optimal support for people with mental disorders, for example in education and work contexts.

##### **36. Strengthened coordination of the patient pathway for people with mental disorders using permanent contact persons and coordinators in all sectors**

A number of people with mental disorders have long patient pathways across sectors and municipal administrations. Therefore, binding cooperation structures should be established and implemented across social care services, specialised social care services (for children and young people), the field of employment, mental health care, physical health care and general practice. It can be beneficial to establish this cooperation under the auspices of the upcoming health clusters.

##### **37. Better digital support for integrated patient pathways**

At a national level, digital solutions are prepared in existing systems together with better opportunities for data sharing across sectors and administrations, as this is a basic prerequisite for creating integrated patient pathways. The digital solutions must support a number of measures, including cross-sectoral sharing of master data and plans.

**Health for all ♥ + ●**