Primary care psychology in Norway

Dr. Tor Levin Hofgaard

President of the Norwegian Psychological Association
Vice president of the International Union for Psychological Science
Member of the Board of the European Federation for Psychologist Associations

Madrid – November 19th 2012
1 – short story of Norway
2 – mental health in Norway
3 – primary care psychology in Norway
4 – some advice on how to make a difference
Norway, really?
Primary care psychology in Norway

5 000 000

GDP pr capita 510 500 (€68 300)

3 %
costing max €240 a year
The internal structure

19 counties
no responsibility for healthcare

430 municipalities
primary care

4 health regions
secondary care
Who works in primary care in Norway

- 4700 General Practitioners
- 4292 Physists
- 2069 Primary care nurses (child and adolescent services)
- And so far only 230 psychologists
Mental health in Norway
1/3 of the population has mental problems during the year

Permanent disability due to mental problems is growing

Mental illness is now the most common reason for permanent disability among young people
Mental services the past 15 years

• 10 year long “Mental health plan” initiated by the Parliament (1998)

  ▪ Aim: A treatment system which is based on:
    – user perspective,
    – strengthen the users autonomy,
    – less forced treatment,
    – LETL principle,
    – better quality and coordinated treatment,
    – higher competence in treatment,
    – increase knowledge based treatment
    – battling stigma

  ▪ Money talks: 24 billon NOK (ca 3,7 billion Euro) over 10 years
After ten years of focus on mental health

• Twice as many get specialized treatment (30 % young ppl)

• 104% increase in psychologists in specialized treatment

• Evaluation:
  ▪ still long waiting lists,
  ▪ lack of cooperation and coordination within and between levels,
  ▪ no real early intervention for mild & moderate mental health problems,
  ▪ no psychologists in primary care,
  ▪ no real focus on prevention
  ▪ still focus on individual
  ▪ even stronger legislation focusing on individual rights
  ▪ you get qualified help, but you have to get really really ill first – and it is the individual who is in focus
Change
The idea of “Low threshold” changes (2007)

- Norwegian Psychological Association introduces a new definition of “low threshold/easy access psychology” on the political arena – and start lobbying for it
  - Before: defined as an ambulant specialized service to people with severe mental problems, who have been in treatment in specialized care
  - Now (also): defined as early intervention for people with mild and moderate mental problems, and with psychologists as central in planning and implementing individual and systemic interventions
  - No age limits (0-100) – and not just “soft psychology”
Development

- The Norwegian Institute of Public Health (government run) issues a report about the status of mental health in Norway
  
  - Depression is the most expensive illness in the population
    - Early debut
    - Causes 1/3 of the disability pensions – and it is an increasing number!
    - Not detected by the GPs
    - Not treated properly
    - Leads to sick leave and unemployment
    - Early entry info social welfare

  - Recommend early intervention in local primary care, high competence in primary care
The breakthrough

• All political parties now define “low threshold” as we do (early intervention in primary care)

• All political parties now say we need psychologists in public primary health care

• In the preparations for the political platforms for the next general election (2013) all political parties address this

• €15 mil has been used on organizational pilot programs to find the best way to recruit and organize psychologist services in the municipalities (Evaluation report is delayed – but I have some leaked results).
The breakthrough

• ¼ of municipalities now have psychologist as part of their local mental health services.

• The new law for primary health and care services defines mental health as a equally important as somatic health task for the municipalities (in effect from 1/1-2012)

• The government has now established a system for recruitment funding of psychologists which the municipalities can apply for when they hire psychologists.

• Stable long term funding future funding of psychologists in public primary care in all municipalities is now being planned by the Minister of Health
The pilot results
In this system it takes up to 1/3 of a year before any differential diagnosis is established, or anyone with competence on more than basic psychology meets the person.
What difference does a psychologist make in the pilots?

Friends
Support persons

Living environment
School
Family

Crisis teams
School nurses
Doctors
Councillors
Teachers
Social office

Placebo
Self help
Cognitive therapy

Psychologist
Supervise

Primary care psychology in Norway
Who do they help?

- Mild to moderate anxiety and depression
- Behavioural problems
- Children and adolescents at risk (parents mentally ill or drug abusers)
- Eating disorders
- Abuse
Does it really help?

- Average number og consultations are 4-5 (some 1- some 12/15)
- No waiting lists
- Help within 1 week as a norm
- Adolescents can drop in for counselling at fixed hours every week
- Most get useful help and only 5-10% are sent to specialized health care.
Does it really help?

• Prevention and early intervention is strengthened

• Cooperation between different professions and services is improved

• Psychological treatment with a low threshold is achieved
New pilots inspired by England

12 municipalities will establish a model of early intervention inspired by IAPT in England.

This is Government funded.

It is required to have a minimum of 4 professionals in an early intervention team, and 1 must be a psychologist.
How did we make a difference?
Using psychological knowledge in planning lobbying

<table>
<thead>
<tr>
<th>Trustworthy</th>
<th>Relevant</th>
<th>Differensiating</th>
<th>Motivating</th>
<th>Cost effective</th>
<th>Society focused</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Our message must be undisputable and based on facts, science and on ethical standards</td>
<td>• Our message must be seen as important to society</td>
<td>• Our message must signal that we have something to offer which makes us unique</td>
<td>• Our message must be recognized by our MAs and their members as something they can be proud of</td>
<td>• Our message must give an idea about what will be the benefit for society economically and in human resources</td>
<td>• Our message must be focused on the need of the society and signal social responsibility</td>
</tr>
</tbody>
</table>
Political work in reality

Where you are

Where you want to come (the vision)
Questions & Comments