

How come Denmark is planning to increase the annual budget for psychiatry with almost 20 percent?

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Abstract

In Denmark, a 10-year plan for psychiatry has been agreed on. The content of the plan was developed in collaboration between Danish Health Authority and Danish Authority for Social Services and Housing, and it involved many stakeholders. Recently, the government presented a planned investment that will increase the overall budget in Danish Regions and Municipalities with almost 20 percent over a 10-year period.

Epidemiological research demonstrating shortened life expectancy and high level of burden of disease for people with mental disorders contributed to emphasize the need for improvement of psychiatric services. User organisations, trade unions and scientific societies in the field of mental health was unified in a common organization, called Psychiatry Alliance, and this alliance agreed on common action points and acted together to influence politicians. An assertive approach towards politicians and media was pivotal, and being a first mover and present tentative budgets was very influential.

Organization of Danish health care

Psychiatric treatment in Denmark is organized through a public health care system, that is publicly funded and cover the whole population¹. It is divided in the primary and the secondary health care sector. In primary health care sector, all citizens have their own general practitioner, who can provide basic treatment and refer to the private specialists, to social services and to hospital-based in and out-patient facilities in the secondary health care sector. Secondary health care is organized in five Danish regions. Since 2013, psychiatric disorders, with at least moderate severity, are covered by the “right to evaluation and treatment” in secondary health sector within 30 days. This has led to a 25 percent increase in the number of patients treated in secondary health care. The guiding principles for psychiatric healthcare are accessibility, quality and patient-centred treatment, but lack of resources can make it difficult to live up to these principles.

Historical view

In Denmark, psychiatry has been a hot topic in the public debate for many years. The previous government (2015 to 2019) decided to initiate a 10-year plan for Psychiatry. The content of the plan was developed in collaboration between Danish Health Authority and Danish Authority for Social Services and Housing, and it involved many stakeholders².

In November 2022, the newly elected government published their policy for their time in office. In it was stated that a substantial investment will be made in the 10-year plan for psychiatry. The government plan to increase the annual expenses with 3 billion Danish crowns, equivalent to 400 million Euros. Since 2019 1,1 billion Danish crowns has already been allocated for psychiatry annually. Taken together, these investments are equivalent to an approximately 18 % increase in the total budget for psychiatry in Danish regions and municipalities.

We are still awaiting the actual investment, and it is therefore too early to get a clear picture of which exact investment are planned. The specific areas of investment are not defined yet, and the release of the majority of funds is awaited.

A range of different initiatives has led to this remarkable decision regarding investments.

Uniting all forces, NGO's and professional organizations

An important reason for this positive development has been that NGO's, and different professional groups have joined forces and are now united in an organization called "Psychiatry Alliance". The alliance includes all user organizations, both overarching user and family organizations and disease specific groups, and trade unions for doctors, nurses, social workers, occupational therapists, physiotherapists, pedagogues and nurse aids, and scientific societies for psychiatrists and psychologists, it has been a long process to reach this unification. At first, rather few organizations agreed on a limited number of common recommendations, but in September 2021, 45 organizations agreed on a document called "Psykiatriløftet", which in Danish has a double meaning as it means "Promise to Psychiatry" and "Lifting Psychiatry". It included eight recommendations covering key elements of importance for both user groups and professionals. This led to the organisations support for the 10-year plan for psychiatry, developed by the national health and social authorities. The united effort has truly changed the picture, and we are so proud and happy to be part of a united force.

Important data indicating a strong need for investment

In Denmark, like in other Nordic countries, we have extremely good access to register-based information. This has enabled us to provide important information in several areas. It was shown that mental illnesses represents 25 percent of the total burden of disease, and that it exceeds cancer (15 percent) and cardiovascular disease (17 percent)^{3,4}. Data showing a 10-15 years reduction in life expectancy⁵⁻⁷, as well as increased somatic comorbidity for people with mental disorders⁸, and dramatically high suicide rates shortly after discharge from a psychiatric department (200-400 fold higher than the general population)⁹ played an important role in the public debate. Several epidemiological studies showed that mental illness are major public health concerns. Several epidemiological studies showed that mental illness is a major public health concern. One sixth of children in Denmark are having contact with mental health services before the age of 18¹⁰, and one third of the population will receive treatment from the mental health services during their lifetime¹¹. Finally, also Danish figures regarding 15-20 years lost contribution to the labour market were

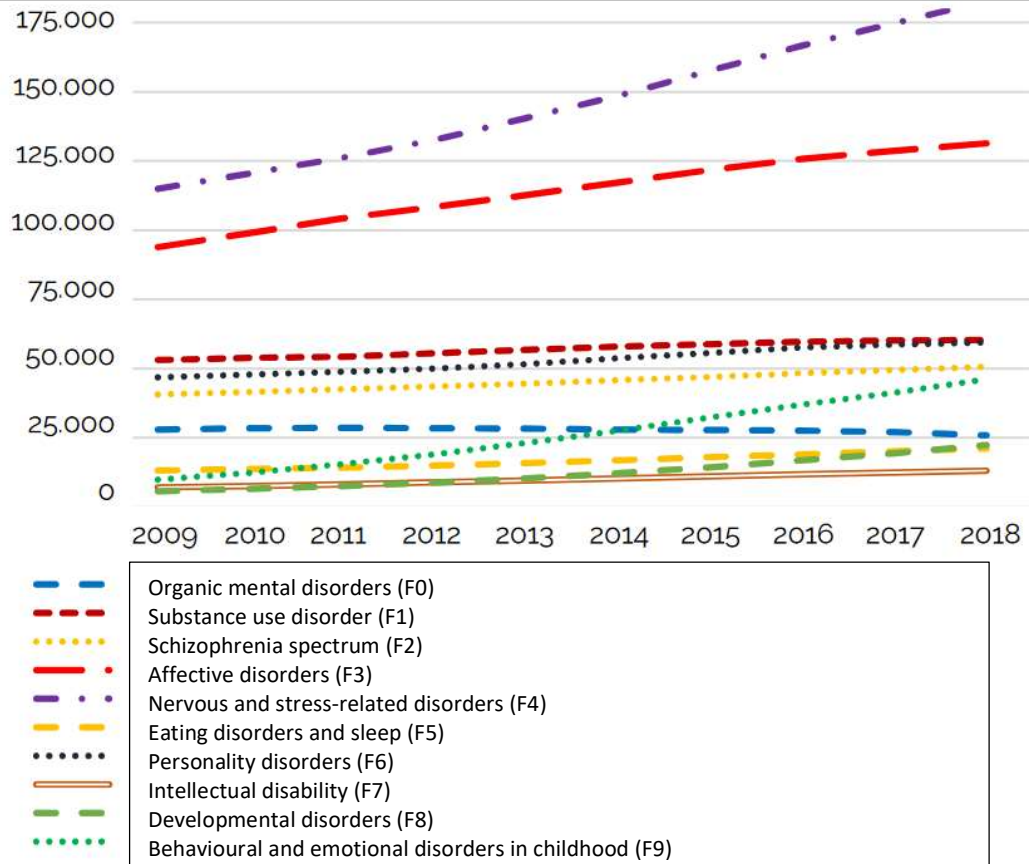
influential¹². Together with the reports from WHO about treatment gaps¹³ these data gave us strong arguments for the need of better services for people with mental disorders. This information was also presented in a popular Danish book with the title: “How to create the psychiatry of the future”¹⁴. The book was one in a series of books, dealing with important societal problems. It presented the current status regarding inequality between somatic and psychiatric health care with regard to access to treatment, quality of treatment, excess mortality and stigma. It also presented principles for future solutions.



Moreover, a substantial increase in people seeking help from psychiatric services (see figure 1), and an increasing number of young people reporting failure to thrive¹⁵ were of concern for health care providers, politicians and the public alike. Another concern was that rates of readmissions within 30 days after discharge from psychiatric department increased from 21 percent in 2014 to 24 percent in 2022.

Taken together, all this information served as strong arguments for the need of enhancement and improvement of psychiatric services.

Figure 1. Time change in number adults (above 18 year-olds) receiving psychiatric treatment in secondary health sector



Source: https://www.sst.dk/-/media/Udgivelser/2022/psykiatriplan/KORT_10AARS_PSYK-PLAN_100122_EN_11-maj.ashx ²

Collaboration with media

Many of the organisations in the Psychiatry Alliance had built a good relationship with journalists in national television, radio and large newspapers. We gave many interviews and appeared frequently on different media. All the largest organisations had employed full time or part time journalist, who helped to write chronicles and debate posts and made sure that these were published. Often several or all organisations in the Psychiatry Alliance wrote viewpoints together. Social media were used to disseminate the most crucial messages, and to emphasise that all organisations were agreeing and supported each other.

Many journalists have a strong interest in the cause and took initiatives to ask the politicians relevant questions. In that way the media were really helpful in making psychiatry an important issue in the public debate and the upcoming election in October 2022. The media frequently reported the scientific literature, and we had a constructive collaboration, where the scientists explained the findings and the journalists tried to communicate it as a news story.

The main focus points we emphasized were that psychiatric illnesses are impacting all of us, the current health and social systems are not capable of delivering the necessary support, and a substantial improvement, for the patients and society as a whole, is possible with the right interventions.

During the general election psychiatry ranked as the fourth most important issue for voters right after climate, economy and general health care.

National plan

Several consecutive governments have taken initiatives to increase investments in psychiatry. There have been investments in new and modern hospitals, and some rather modest increases in budgets for staff. However, in 2015, a newly elected Social Democratic government decided together with the supporting other parties that there should be a 10-year plan for psychiatry. At the same time, 600 million Danish crowns (equivalent to 80 million Euros) were invested in psychiatry. The work with the 10-year plan was interrupted by the pandemic. After this unplanned delay, the plan ended up as a very strong document, which represented key points from all stakeholders and were supported by all user groups and professional organisations. In January 2022, the plan was launched by national health and social authorities². It included a very harsh criticism of the current state of the mental health services, and 37 recommendations for improvement and five main priorities were presented. After negotiations with different organisations and parties in the government, this plan was agreed upon from all parties in the parliament except one. At first a rather small budget was decided (0.5 billion Danish crowns equivalent 66 million Euros), and the user organizations called it Psychiatry Plan 1, expecting more plans to come.

After elections in October 2022, a new government was formed representing three large parties. In the government foundation, it was stated that the annual budget for psychiatry over a 10-year period, would be increased by 4 billion crowns, equivalent of 0.53 billion euros and an increase of approximately 18 percent in the total budget for mental health care in Danish regions and municipalities.

Presenting calculation of budget

Already in November 2021, the Danish Psychiatric Society, Danish Child and Adolescent society and a professor in health economy (JK) took the initiative to calculate what we considered a realistic budget for what was necessary to meet the needs for psychiatric care in primary and secondary health care and in social services. This budget included 4.5 billion Danish Crowns (0.6 billion Euros) for annual running cost and another 3.5 billion for capital expenditure. We were the first to present a budget, and the figures were widely cited in the public debate. We were afraid of the budget for the announced 10-year plan would be rather small, so we took this initiative to set the bar for our expectations. It proved to be very consequential to the final budget.

Assertive approach towards politicians

Several organisations in the Psychiatry Alliance had contact with politicians from the government, supporting parties and the opposition. Our experience was that that psychiatry was considered an important area across the political spectrum, and that a substantial part of voters was represented by our organisations. We had frequent meetings and telephone and mail/text contact during the political process and negotiations. Substantial political influence can be gained this way, especially if conducted in a structured and united manner.

Take home message

The data supporting our arguments for 10-year plan for psychiatry is based on high quality Danish register-based analyses, but our findings are very likely to be representative of other countries,

which has also been demonstrated in meta-analyses¹⁶. Overall, the good reasons for investments are generalisable. In the development of the Danish cancer plans, comparisons across countries played a pivotal role, as politicians did not want Denmark to have a worse outcome than other Nordic countries. This approach can be transferred to the field of psychiatry. Also, the 10-year plan for psychiatry was modelled after the cancer plans that had transformed the field over the last decades. This emphasises the imperative of a comprehensive plan for handling mental illnesses in contrast to scattered initiatives, and highlights the needs for an approach as effective as seen in oncology.

Our experiences with uniting forces can be brought to other countries, and we will strongly recommend psychiatrists to unify with organisations for families and users, as well as other professional groups. It takes a while, and there can be a lot of scepticism, but it can be solved. We also strongly recommend colleagues in other countries to be assertive towards politicians and media and to invite politicians to open large meetings about psychiatric themes. Being a first mover and present tentative budgets can be very influential.

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1. Nordentoft M, Krantz MF, Hageman I. Right-Based Mental Health Care-Advantages of Tax-Financed Universal Mental Health Care: Lessons From Denmark. *JAMA Psychiatry*. 2022;79(1):7-8.
2. Danish_Health_Authority. *Strengthening mental health care. Recommendations for a 10-year action plan in Denmark*. Copenhagen2022.
3. Statens Institut for Folkesundhed S. *Sygdomsbyrden i Danmark – sygdomme* København: Sundhedsstyrelsen;2023.
4. Sundhedsstyrelsen Siff. *[Sygdomsbyrden i Danmark], Burden of Disease in Denmark*. Copenhagen: Sundhedsstyrelsen;2015.
5. Nordentoft M, Wahlbeck K, Hallgren J, et al. Excess mortality, causes of death and life expectancy in 270,770 patients with recent onset of mental disorders in Denmark, Finland and Sweden. *PLoSOne*. 2013;8(1):e55176.
6. Wahlbeck K, Westman J, Nordentoft M, Gissler M, Laursen TM. Outcomes of Nordic mental health systems: life expectancy of patients with mental disorders. *Br J Psychiatry*. 2011;199(6):453-458.

7. Plana-Ripoll O, Pedersen CB, Agerbo E, et al. A comprehensive analysis of mortality-related health metrics associated with mental disorders: a nationwide, register-based cohort study. *Lancet*. 2019;394(10211):1827-1835.
8. Momen NC, Plana-Ripoll O, Agerbo E, et al. Association between Mental Disorders and Subsequent Medical Conditions. *N Engl J Med*. 2020;382(18):1721-1731.
9. Madsen T, Erlangsen A, Hjorthoj C, Nordentoft M. High suicide rates during psychiatric inpatient stay and shortly after discharge. *Acta Psychiatr Scand*. 2020;142(5):355-365.
10. Dalsgaard S, Thorsteinsson E, Trabjerg BB, et al. Incidence Rates and Cumulative Incidences of the Full Spectrum of Diagnosed Mental Disorders in Childhood and Adolescence. *JAMA Psychiatry*. 2020;77(2):155-164.
11. Pedersen CB, Mors O, Bertelsen A, et al. A comprehensive nationwide study of the incidence rate and lifetime risk for treated mental disorders. *JAMA Psychiatry*. 2014;71(5):573-581.
12. Plana-Ripoll O, Weye N, Knudsen AK, et al. The association between mental disorders and subsequent years of working life: a Danish population-based cohort study. *Lancet Psychiatry*. 2023;10(1):30-39.
13. Patel V, Saxena S, Lund C, et al. The Lancet Commission on global mental health and sustainable development. *Lancet*. 2018;392(10157):1553-1598.
14. Nordentoft M. Fremtidens psykiatri (Future of psychiatry). In. Copenhagen: Informations forlag; 2018.
15. Sundhedsstyrelsen; SDU Slff. *Danskernes sundhed. Den nationale sundhedsprofil 2021*. København2022.
16. Correll CU, Solmi M, Croatto G, et al. Mortality in people with schizophrenia: a systematic review and meta-analysis of relative risk and aggravating or attenuating factors. *World Psychiatry*. 2022;21(2):248-271.