MENTAL HEALTH ATLAS 2020

Member State Profile

[Norway]

Total population (UN official estimate):¹
Total mental health expenditure per person (reported currency):

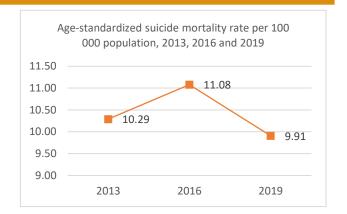
5 378 859 Income Group:³
WHO Region:

High EURO

Burden of mental disorders (WHO official estimates)

Disability-adjusted life years (per 100 000 population):²
Age-standardized suicide mortality rate (per 100 000 population):⁴

1 945.3 9.91



Mental health research and reporting

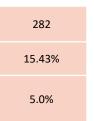
Availability / status of mental health reporting:

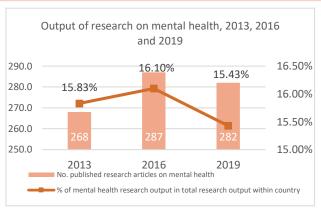
Mental Health specific data compiled in the last two years for public sector

Number of published research articles on mental health⁵

Percentage of mental health research output in total research output within country

Percentage of mental health research output of the country in total mental health research output in the region





MENTAL HEALTH SYSTEM GOVERNANCE						
Mental health policy / plan		Mental health legislation				
Stand-alone policy or plan for mental health:	Yes	Stand-alone law for mental health:		Yes		
(Year of policy / plan):	2019	(Year of law):		2018		
Policy / plan is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) ⁶	5	Law is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) ⁷		5		
Human resources are estimated and allocated for implementation of the mental health policy/plan	Yes	The existence of a dedicated authority or independent body to assess compliance of mental	regular inspectio	nority undertakes ons, responds to		
Financial resources are estimated and allocated for implementation of the mental health policy/plan	Yes	health legislation with international human rights	at least once a ye	reports its findings ear		
The mental health policy / plan contains specified indicators or targets against which its implementation can be monitored	Indicators were available and used in the last two years in most components of current mental health policies					
Child and/or adolescent mental health policy/plan						
Stand-alone or integrated policy or plan for child mental health	Yes	Stand-alone or integrated policy or plan for adolescent mental health		Yes		
(Year of child mental health policy / plan):	2019	(Year of adolescent mental health policy / plan):		2019		
Suicide prevention strategy/policy/plan						
Stand-alone or integrated strategy/policy/plan for suicide prevention	Yes	(Year of strategy/policy/plan) 2020		2020		

RESOURCES FOR MENTAL HEALTH Mental health financing The government's total expenditure on mental health as % of total government health expenditure 13.5% The government's total expenditure on mental hospitals as % of total government mental health expenditure

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Insurance for mental health

How the majority of persons with mental health conditions pay for mental health services

Persons pay at least 20% towards the cost of services

How the majority of persons with mental health conditions pay for psychotropic medicines

Persons pay at least 20% towards the cost of medicines

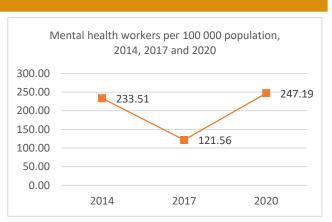
The care and treatment of persons with mental health conditions (psychosis, bipolar disorder, depression) is included in national health insurance or reimbursement schemes in your country

Yes

Mental health workforce

	Total Number (gov. and non gov.)	No. per 100 000 population
Psychiatrists	1 225	22.77
Mental health nurses	3 799	70.63
Psychologists	4 955	92.12
Social workers	2 276	42.31
Other specialized mental health workers (e.g. Occupational Therapists)	1 041	19.35
Total mental health professionals	13 296	247.19

Treated cases of psychosis (inpatient and outpatient)



19 935

41 624

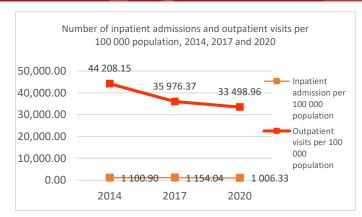
21 689

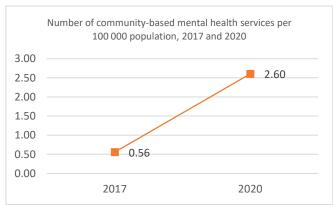
Mental health workers in child and/or adolescent mental health services: Total mental health workers in child and/or adolescent psychiatrists 15 1.19 child and adolescent mental health services 2 497 198.29 health services

neurological and substance use disorders)	cara				
Integration of mental health into primary health Integration of mental health into primary care is consid integration) ⁸		elf-rated 5 points ched	cklist score; ≥	4 = functional	5
Outpatient care (total facilities)		Outpatient care (v	visits per 100	000 populatio	n)
Mental health outpatient facilities attached to a hospital	25	Number of visits ma year in mental healt attached to a hospit	h outpatient f		4 601.50
"Community-based / non-hospital" mental health outpatient facility	70	year in "Community	lumber of visits made by service users in the last ear in "Community-based / non-hospital" mental ealth outpatient facility		28 753.29
Other outpatient facility (e.g. Mental health day care or treatment facility)	4	Number of visits ma year in other outpat health day care or tr	ient facility (e	.g. Mental	144.18
Total number of outpatient facilities specifically for children and adolescents	3 792	Number of visits ma year in outpatient fa and adolescents	•		65 501.30
Inpatient care (total facilities)		Inpatient care (be	eds/admissio	ns per 100 000	population)
Mental hospitals	-	Mental hospital beds / annual admissions		-/-	
Psychiatric units in general hospitals	27	General hospital psy admissions	tal psychiatric unit beds / annual		34.97 / 549.04
Community residential facilities	66	Community residential beds / annual admissions		25.36 / 457.29	
Inpatient facilities specifically for children and adolescents	32	Child and adolescent annual admissions	d adolescent specific inpatient beds / dmissions		24.62 / 248.71
Mental hospitals		Mental hospitals	(length of sta	ay)	
Total number of admissions	0	Inpatients staying less than 1 year		1 484	
Admissions that are involuntary	0	Inpatients staying 1-5 years		145	
Follow-up of people with mental health condition discharged from hospital in the last year (discharged persons seen within a month)	More than 75%	Inpatients staying more than 5 years Percentage of inpatients staying less than 1 year in the total number of inpatients		29 -	
Inpatients receiving timely diagnosis, treatment and follow-up for physical health conditions(e.g. cancer, diabetes or TB) More than 7					More than 75%
Community based mental health services ⁹					
Total number of community based mental health facilities	140	Number of community-based mental health facilities per 100 000 population		2.60	
Treated prevalence of psychosis and by sex			Total cases	Male	Female

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MENTAL HEALTH PROMOTION AND PREVENTION

Existence of at least two functioning programmes (self-rated 3 points checklist score; ≥ 2 = functioning programme)¹⁰

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(self-rated 3 points checklist score; ≥ 2 = functioning programme) ¹⁰			Yes	
Category of mental health promotion & prevention programme	Programme examples	Scope of programme	Programme management	Functionality of programme
Suicide prevention programme	National action plan for suicide prevention	National	Government	Yes
Mental Health Awareness /Anti- stigma	Several are in use, like POFU	National	NGO	No
Early Child Development	Opptrappingsplan for barn og unges psykiske helse (2019-2024)	National	Government	Yes
School based mental health prevention and promotion	School health service in every school	National	Government	Yes
Parental / Maternal mental health promotion and prevention	Training program "Tidlg inn"	National	Government	Yes
Work-related mental health prevention and promotion	Integrated into national WR programmes	National	Government	Yes
Mental health and psychosocial component of disaster preparedness, disaster risk reduction	National guidelines	National	Government	Yes

Endnotes

⁷ Law compliance with human rights instruments self-rated 5 points checklist items: 1) Law promotes transition towards community-based mental health services (including mental health integrated into general hospitals and primary care); 2) Law promotes the rights of people with mental health conditions and psychosocial disabilities to exercise their legal capacity; 3) Law promotes alternatives to coercive practice; 4) Law provides for procedures to enable people with mental health conditions and psychosocial disabilities to protect their rights and file appeals and complaints to an independent legal body; 5) Law provides for regular inspections of human rights conditions in mental health facilities by an independent body (79% of responding countries). (5 = fully in line)

Integration of mental health in primary care self-rated 5 points checklist items: 1) guidelines for mental health integration into primary health care are available and adopted at the national level; 2) pharmacological interventions for mental health conditions are available and provided at the primary care level; 3) psychosocial interventions for mental health conditions are available and provided at the primary care level; 4) health workers at primary care level receive training on the management of mental health conditions; 5) mental health specialists are involved in the training and supervision of primary care professionals. (≥ 4 = functional integration)

⁹ **Community-based mental health services** are defined as services that are provided in the community, outside a hospital setting. Data for this indicator include countries' reported number of community-based outpatient facilities (e.g. community mental health centres), other outpatient services (e.g. day treatment facilities) and mental health community residential facilities for adults.

¹⁰ Functional mental health promotion and prevention programmes self-rated 3 points checklist items: 1) Dedicated financial & human resources; 2) A defined plan of implementation; and 3) Documented evidence of progress and/or impact. (≥ 2 = functioning programme)

¹ UN, 2019. World Population Prospects. https://population.un.org/wpp/

² GBD, 2019. Global Health Estimates. https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys. Value represent DALY rate per 100,000 and for mental disorders only.

³ World Bank, 2019. Country classification. https://datahelpdesk.worldbank.org/knowledgebase/topics/19280-country-classification

⁴ WHO, 2019. Global Health Observatory. http://www.who.int/gho/en/. Suicide mortality rates are computed using standard categories, definitions and methods are reported to facilitate comparisons over time and between countries and may not be the same as official national estimates.

⁵ **Output of research on mental health:** The annual published research output in peer-reviewed and indexed journals is used as a proxy for the amount (and quality) of mental health research that is being conducted or is related to a given country.

⁶ Policy/plan compliance with human rights instruments self-rated 5 points checklist items: 1) Policy/plan promotes transition towards mental health services based in the community (including mental health care integrated into general hospitals and primary care); 2) Policy/plan pays explicit attention to respect of the rights of people with mental health conditions and psychosocial disabilities as well as at-risk populations; 3) Policy/plan promotes a full range of services and supports to enable people to live independently and be included in the community (including rehabilitation services, social services, educational, vocational and employment opportunities, housing services and supports, etc.); 4) Policy/plan promotes a recovery approach to mental health care, which emphasizes support for individuals to achieve their aspirations and goals, with mental health service users driving the development of their treatment and recovery plans; 5) Policy/plan promotes the participation of persons with mental health conditions and psychosocial disabilities in decision-making processes about issues affecting them (e.g. policies, laws, service reform, service delivery). (5 = fully in line)