In Norway, a ten year period of governmental escalation in mental health services for children and adolescents is coming to an end. This snapshot gives a brief overview of national policy and achievements in this period, before reflecting on future challenges.

The ten-year national mental health escalation plan

A Norwegian white paper issued in 1997 expressed great concern about mental health problems among children and adolescents and concluded that access to mental health services of good quality was far too low. The paper gave rise to a national mental health escalation plan enacted over the period 1999–2008. This set out a number of strategies and targets at national, regional and local levels. The overall goal was to create adequate, coherent, well-functioning and user-friendly services at all levels for children with mental health problems.

Specialist services provide diagnostic assessment and treatment. Specific aims of reform directed at these services included an additional four hundred therapists for outpatient clinics and a 50% increase in outpatient clinic productivity, specified as consultations per therapist. Treatment capacity was to be sufficient to cater for 5% of the population below eighteen years of age, while there was also to be a minor increase in the provision of beds. Overall however, the emphasis of the reforms was very much on new treatment modalities: more outpatient care, ambulatory services, local low-threshold services and closer collaboration between primary and specialist care.

The municipalities are considered the most important arena for promotion and prevention. At the end of the 1990s, municipal services were found wanting in several respects: a lack of funding, a lack of skilled personnel and a lack of competence regarding the planning, organisation and integration of services. The government’s goal for the municipalities has thus been to expand and improve the quality of services. This has focused on the development of psycho-social services, cultural and leisure activities including ‘support-contacts’ in relation to leisure-activities, more psychologists – a profession previously almost non-existent in the municipalities, and an increase of approximately eight hundred professionals for maternal and child health centres – first and foremost public health nurses, ideally having undertaken postgraduate studies in mental health.

What has been achieved?

In specialist services a substantial increase in treatment capacity has successfully been implemented. In respect of outpatient clinics the number of therapists has more than doubled in nine years. There are now 429 more therapists than originally planned. This illustrates, of course, a huge increase in public spending in this sector. The number of consultations per therapist has also increased by 80%. However, one
should take into account that the patient case-mix has changed and that the policy of introducing performance indicators might have had some unwanted effects, for example, in terms of inflated coding. Analysis indicates a 20–30 % productivity increase as being more realistic; this corresponds to the increase in the number of patients per therapist.5

The increase in inpatient treatment has been modest (forty-one more beds), however, the development of ambulatory services in outpatient clinics has taken place and, in many cases, such services now represent an alternative to hospitalisation. Capacity and productivity increases imply a significant increase in access to services. In 2007, 4.5% of children and adolescents below eighteen years made use of specialist services. Nonetheless, substantial regional differences remain part of the picture.4 In other words, one year before the end of the plan period, access to mental health services is close to, but still below, the original target.

Within the municipalities as well, there has been a substantial increase in personnel. There are still, however, too few psychologists, although measures to boost recruitment are now in place. Moreover, the targeted increase in the number of public health nurses has not yet been attained, although it is now within reach.6

Increased spending as a result of the escalation plan has been used, both for preventative measures and for treatment/follow-up, within the municipalities.7 The objective has been to uncover non-optimal child development as early as possible, in order to implement curative and preventative measures at an early stage.

Pilot programmes initiated at family assistance centres have been evaluated, providing examples of suitable tools for the coordination of municipal services directed at children, adolescents and their families. Child health clinics, as well as school health services, provide low threshold services for pregnant women, children, and adolescents as a core element of their services. An evaluation of these low threshold services indicates that they represent an important supplement to specialist mental health care. They do not however, and are not intended to, replace assessment and treatment performed by specialists.

**Governmental strategic plan**

In parallel with the escalation plan, a further strategic plan for the period 2003–20088 sets out how the government plans to strengthen and develop actions for improved mental health among children and adolescents through one hundred different measures. These have been implemented within the different levels of service, at school, in volunteer organisations and through initiatives directed at parents. This strategic plan is an expression of intent to create a holistic approach to enhancing child and adolescent mental health.

It has a clear health promotion and prevention profile, and emphasises the strengthening of children and adolescents’ own resources and abilities to cope with challenges in life. It flags up the central role of the local community. The plan also points to particular challenges facing services for children and adolescents who already have mental health problems. A new strategic plan in now in development.

**Challenges and future policy**

There is no doubt that both services and attitudes related to child and adolescent mental health problems have improved over the last ten years in Norway. The national escalation plan has successfully increased capacity across the different levels of mental health care, but barriers and issues still exist.

While improving the accessibility, quality and the organisation of mental health services and treatment at all levels has been the focus of reform, it remains a major challenge, not only to develop smoother collaboration and cooperation between primary health, social care (at the municipal level) and specialised health services, but also to improve coordination within existing primary health services.

The government’s policy9 continues to place a strong emphasis on preventative psycho-social work for children and adolescents, in order to strengthen mental health and identify needs as early as possible. Access to specialist services should improve further through reduced waiting times for treatment. The government also sees the necessity of increasing competence in the field of mental health to address its broad multi-sectoral impacts. An emphasis is thus put on the provision of information and other measures, to both those of school and working age, in order to help improve attitudes towards people making use of mental health services.