



Iceland

GENERAL INFORMATION

Iceland is a country with an approximate area of 103 thousand square kilometers (UNO, 2008). The population is 329,279 and the sex ratio (men per hundred women) is 101 (UNO, 2009). The proportion of the population under the age of 18 years is 25% and the proportion above age 60 is 12% (UNO, 2009). The life expectancy at birth is 79 years for males and 83 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 73 years for males and 83 years for females (UNPD, 2010). The country is in the high income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 8.19% and the per capita government expenditure on health (PPP int. \$) is \$2628.0 (WHO, 2006). The suicide rate for males is 18.9 per 100,000 population and for females is 4.6 per 100,000 population. In Iceland, neuropsychiatric disorders are estimated to contribute to 32.5% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy does not exist. However, mental health is specifically mentioned in the general health policy.

A mental health plan exists and was approved, or most recently revised, in 2010.

Dedicated mental health legislation does not exist. However, legal provisions concerning mental health are covered in other laws (e.g., welfare, disability, general health legislation etc.).

Note: The rights of the mentally ill are protected by the general health legislation. For instance, involuntary treatment is covered in the act on legal competence.

FINANCING

Mental health expenditures by the government health department/ministry are 8.69% of the total health budget. Mental hospital expenditures are 53.05% of the total mental health budget.

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines. In contrast, the department of health does not authorize primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines. Similarly, official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

The majority of primary health care doctors and nurses have not received official in-service training on mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are not available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care exist as do referral procedures from tertiary/secondary to primary care.

Note: As of 2010, approved manuals on mental disorder care and treatment are in the publishing phase.

Data collected in 2011

UN = information unavailable, NA = item not applicable

Mental Health Services

Availability of mental health facilities

	Total number of facilities/beds	Rate per 100,000 population	Number of facilities/beds reserved for children and adolescents only	Rate per 100,000 population
Mental health outpatient facilities	9	2.73	2	0.61
Day treatment facilities	7	2.13	1	0.30
Psychiatric beds in general hospitals	141	42.82	9	2.73
Community residential facilities	57	17.31	5	1.52
Beds/places in community residential facilities	394	119.66	56	17.01
Mental hospitals	0	0.00	NA	NA
Beds in mental hospitals	NA	NA	NA	NA

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	1668.49	UN	17%
Persons treated in mental health day treatment facilities	192.85	UN	9%
Admissions to psychiatric beds in general hospitals	804.48	UN	8%
Persons staying in community residential facilities at the end of the year	103.26	UN	UN
Admissions to mental hospitals	NA	NA	NA

Long term care (% of persons staying)¹:

Less than 1 year	88%
More than 1 and less than 5 years	6%
More than 5 years	6%

¹ As there are no mental hospitals, these figures apply to mental health wards in general hospitals.

Data collected in 2011

UN = information unavailable, NA = item not applicable

HUMAN RESOURCES

Workforce and training

	Health professionals working in the mental health sector Rate per 100,000	Training of health professions in educational institutions Rate per 100,000
Psychiatrists	19.74	0.30
Medical doctors, not specialized in psychiatry	4.25	14.58
Nurses	37.96	33.41
Psychologists	31.89	5.47
Social workers	10.63	4.56
Occupational therapists	9.11	5.16
Other health workers	UN	NA

Informal human resources (Family and User Associations)²

	User	Family
Present in the country?	Yes	Yes
Number of members	500	500
Participation in the formulation/implementation of policy/plan/legislation?	frequently	not routinely

MEDICINES

Expenditures for medicines for mental and behavioral disorders at country level

Type of Medicines	Expenditures at country level per year and per 100,000 population (in USD)
All the psychotherapeutic medicines ³	10,616,904
Medicines used for bipolar disorders ⁴	128,822
Medicines for psychotic disorders ⁵	2,103,073
Medicines used for general anxiety ⁶	1,886,355
Medicines used for mood disorders ⁷	4,001,321

² Family and user associations are usually mixed and thus data presented here are rough estimates.

³ N03AG01, N05A, N05B, N05C, N06A

⁴ N03AG01, N05A, N05B, N05C, N06A

⁵ N05A (excluding N05AN)

⁶ N05B & N05C

⁷ N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable

INFORMATION SYSTEMS

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patient's diagnosis are collected and reported
Persons with mental disorders treated in primary health care	No	No	No
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	No	No	No
Persons treated in mental health outpatient facilities	No	No	No
Contacts in mental health outpatient facilities	Yes	No	No
Persons treated in mental health day treatment facilities	No	No	No
Admissions in general hospitals with psychiatric beds	Yes	No	No
Admissions in mental hospitals	NA	NA	NA
Days spent in mental hospitals	NA	NA	NA
Admissions in community residential facilities	No	No	No

Note: Mental health information is primarily collected from the National University Hospital of Iceland (Landspítali), which provides the majority of psychiatric services in Iceland.

Mental health data (either on the public system, private system, or both) have been compiled for general health statistics in the last three years, but not in a specific mental health report.