

## Mental health in Denmark

***15 % of children and adolescents in Denmark are diagnosed with mental illness before the age of 18 – and the number has increased over the last 20-30 years.***

***Sadly, mental health illnesses have become very widespread, and affect people early in life.***

***At the same time, rates of mental health issues are increasing, and fewer adolescents report high satisfaction with life.***

Unfortunately, mental health issues and mental illnesses are highly prevalent among Danish children and adolescents, and numbers have increased in recent years. This according to a survey in a recent Danish report (Knowledge Council for Prevention: “Mental health and illness in children and adolescents aged 10-24 – prevalence, development and possibilities for prevention”, 2020).

The number of 10-24-year-olds who are diagnosed with mental illness such as anxiety, depression, eating disorders, ADHD and autism, has increased over the last 20-30 years.

15 % of children and adolescents in Denmark are diagnosed with mental illness before the age of 18, and the number has increased for all categories of mental illness.

Symptoms of mental health issues, such as loneliness and consumption of painkillers, are on the rise among children and adolescents. In addition, fewer adolescents report being highly satisfied in life.

Research indicates that mental health is heavily impacted by social inequality, meaning that children and adolescents from lower income families and/or with fewer educational qualifications are more often affected by mental illness.

Therefore, it is important to take preventative action where it is possible, ensure that children and adolescents experiencing symptoms of mental illness are identified, and ensure that children and adolescents from all backgrounds have easy and equal access to high quality treatment.

### **More health promotion and prevention in schools, coherence and detection of mental illness is required!**

In Denmark the subject of Health, Sex and Family Education (HSF) is compulsory in primary/secondary school.

A review of HSF conducted by the Ministry for Education in 2019 found the following:

- A majority of students participate in the HSF education in their school, and most parents think it is important that their children are educated about *Health and well-being* as well as *Gender, body and sexuality*.
- Schools generally have greater focus on *Health and well-being* than on *Gender, body and sexuality*.
- Only a small proportion of teachers conducting HSF classes have carried out the optional HSF module as part of their teacher training, and a significant proportion of teachers do not feel prepared to teach these classes.

- Teachers conducting HSF classes have only moderate knowledge of the “Common Goals” and the curriculum and guidance put out by the Ministry of Education. This is likely part of the reason why the teaching of HSF lacks a systematic approach and is prioritized differently from school to school.

- Many schools lack a managerial focus on and prioritization of the subject. Schools also lack a clear allocation of responsibilities and roles, such as identifying a project coordinator for HSF.

- School managers and teachers regard the fact that there is no set number of teaching lessons for HSF as a barrier for teaching the subject properly. On the other hand, managers and teachers feel it also gives them great flexibility and freedom with regards to how HSF classes are planned and carried out – for example in interdisciplinary modules, integrated into the compulsory subjects, as themed weeks etc.

- Results from the survey of school coordinators in local councils as well as interviews with municipal representatives indicate that few municipal administrations have a focus on HSF. This is reflected in the prioritization of resources and in programs offered to schools.

Results from the survey pose a substantial challenge and is a major cause for concern for the development of students’ mental health. The compulsory subject HSF is founded on the broad and positive concept of health, where mental health is included in the definition of health. Looking forward, we need the compulsory subject HSF to be taken seriously and to be put on the agenda in Danish municipalities and schools – not least for the sake of the students!

Furthermore, in Denmark we need a system that ensures detection and identification of children and adolescents with mental illness in a manner that is consistent across municipalities, districts and institutions. This system should refer children and adolescents to coherent and evidence-based treatment and monitor and evaluate the impact of treatment on the individual child in a systematic way.

Only then will we find out whether the individual child or adolescent is benefiting from the available treatment, and whether the type of treatment applied is indeed effective for children and adolescents with the identified problems.

This is not the case now. There are too many dispersed and disjointed initiatives and projects, some of which without a doubt are good and effective, but others are not.

As it stands, we do not know what work and what does not, because there is no systematic national plan in place for which practices to follow, which evidence-based interventions to apply in which situations, or how to evaluate the effectiveness of interventions.

It is often the case that an intervention program ends when its funding runs out, and the effectiveness of such interventions may be evaluated locally, but this knowledge is not passed on and does not inform national-level surveys of how best to help children and adolescents with mental health problems.

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