

Social Psychiatry in sparsely populated areas – the situation in Västerbotten

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The Swedish welfare system is highly decentralized with local communes – local authorities – responsible for social services including (most of) care for the elderly, addiction services and support to persons with mental illness. The local authorities are politically governed (and financed with taxes from the local population) from the a local parliament and local politicians in a committee for social affairs can decide also in questions regarding individual citizens, even if civil servants in most cases have been given the mandate to decide. Fifteen local communes represent the local authority level in the County of Västerbotten, with population numbers ranging from about 2.000 to 120.000 inhabitants.

Next level is the County Council, with its own parliament, also entitled to raise taxes from the population. The county Council is responsible for a wide range of areas, the most prominent and most expensive being health services at hospitals and in primary care. County councils politicians are not supposed to make decisions on individual level – the civil servants and professionals have a stronger position compared to the professionals working for the local authorities.

The County Administrative Board and Region Västerbotten are bodies also operating at the county level with a multitude of tasks (regional development), but with – at least until now - less impact on the welfare area.

The state level is represented of a number of central authorities as The National Board of Health and Welfare and The Health and Social Care Inspectorate, responsible for surveillance and guidance, but with no actual power to govern health or social services. A main strategy for the state has since long been different financial incentives to stimulate the local authorities and the county councils to develop and change their services. New legislation often is accompanied with some state money for the local services to apply for, or “earn” given that services provides e.g. is in accordance with National guidelines on a specific are.

To focus on the area of social psychiatry – that is care, support and rehabilitation mainly to people with severe mental illness – a national mental health reform in 1995 meant that local authorities are supposed to deliver most of services needed. The national level has during last years been more and more clear about requirements as to content and quality of these services (e.g. National Guidelines). In practice, it is today impossible to fulfill requirements explicated in legislation and guidelines without a certain degree of specialization and especially trained professionals working in social services and cooperating with staff from the psychiatric services working with the county council. Supported employment, family support/education and CBT are all meant to be delivered. This is hard to obtain in a commune with a low number of inhabitants, and even more complicated if the inhabitants live many kilometers apart. The presence of medical/psychiatric professionals regularly is scarce; psychiatric services are available (outpatient clinics) in the coummens of Storuman, Vilhelmina, Skellefteå and Umeå. In-patients service exist only in Umeå (at the University hospital) and in Skellefteå (Skellefteå hospital).

However, there are good reasons not to describe the situation only in dark colours. Obviously, the politically expressed, and legally supported goal of ‘care on equal terms’ for all of the population irrespective of where you live and what is the nature of your health problem, is hard or – in fact - impossible to achieve. The freedom of choice of a variety of services is restricted to persons living in cities (and preferably you should not suffer from mental illness). On the other hand, local authorities in sparsely populated areas often show an admirable flexibility and willingness to solve problems without a too complicated formal procedure. One is used to cooperation, and we have a lot of examples of innovative solutions. Every commune in Västerbotten have at least one day centre who welcome persons with mental illness. Cooperation between professionals from county council and local authorities is generally described as well functioning – in contrast to the situation in larger cities where the almost inborn errors of the fragmented and decentralized Swedish welfare system often are visualized in controversies on the borders of responsibilities; “who is supposed to fulfil this and that?”.

KunskC (Centre for Social Psychiatry, Västerbotten County) has been functioning since 1999 and is jointly financed by the social services in the fifteen communes and the two psychiatric services managed by the county council. Users and relatives organisations are in the steering committee on equal terms. We cooperate with a great number of formal organizations as well as NGO's. One of our main missions is to fight stigma and discrimination related to mental illness. We also offer professionals training in evidence based psycho-social interventions. Not surprisingly managers and other professionals from South Lapland often are eager to take part.