



THE DANISH MODEL

BEHANDELN STATT VERWALTEN!
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Socio-political and economic context in which we are operating

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- Denmark has been a democracy since 1849.
- Since 2001 Denmark has been governed by a liberal-conservative government supported by the nationalistic party “Danish Folk Party”.
- Long social democratic tradition building up the Danish welfare model.



Doctor, I wonder if you could teach me how to cut exactly so deep into the bone that the skeleton is kept alive

History on rehabilitation service

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- Rehabilitation of victims of torture has been a national prestige project for all Danish governments since RCT was established in 1982.
- IRCT was established in 1985. Independent international umbrella organization from 1997.
- Several smaller rehabilitation centres were established in the late eighties.
- Officially the target group is extended to “Traumatized Refugees” since 2005.

Geographical distribution of centres

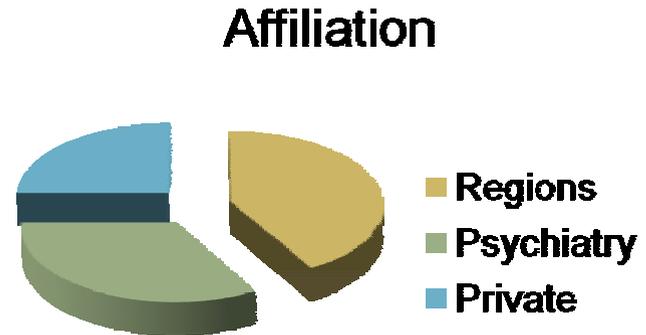
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Relation to the Health System

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- Rehabilitation of traumatised refugees and victims of torture has been recognized as an integrated part of the Health legislation since 2005.
- Five centres are public centres established by the regions.
- Four centres are public centres are departments under psychiatric hospitals.
- Three centres are private centres with a service agreement with the regions.
- Clients are mostly referred from medical doctors. In some regions from psychologists as well.



The Target group

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- “Traumatised refugees” is defined as:
 - Individuals, who in another country have been subjected to a traumatic experience caused by horror experiences during war, civil war, political persecution, torture and other kinds of organised violence, which furthermore might have caused losses of relatives, house, home land, etc., and have had serious physical, mental and social impacts
 - Individuals who lives together with a primary traumatised person, so that the relationship in itself strains their mental, physical and social integrity



Traumatised refugees in Denmark

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- The majority of TR are from the Middle east countries
- Only recognized refugees are referred to the Danish rehabilitation centres
- Asylum seekers have a limited access to treatment
 - 3+9 sessions with a psychologist
 - 15 sessions with a psychiatrist
 - Asylum seekers are treated at the DRK psycho trauma centre or at the asylum centres.



How many are victims of torture?

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- 25-30% of refugees are estimated to be victims of torture
- 45% of the newcomers (asylum seekers) in 2007 were victims of torture. 63% of these fulfilled the criteria of PTSD (Amnesty International: Asylum seekers in Denmark, 2008)
- The most vulnerable groups are:
 - Asylum seekers in general
 - Dismissed asylum seekers in particularity
- Asylum seekers in DK march 2010: 3.300
 - 1) Afghanistan, 2) Iran, 3) Syria

Recommendations from the Ministry of Health 2001

- The responsibility for the rehabilitation is placed within the framework of the health legislation. Free choice of rehabilitation centre will be established within a specific determined financial framework.
- Furthermore, there is a need of expansion of the capacity for the rehabilitation of traumatised refugees and the supply of resources.
- The traumatised person must be ensured treatment free of charge.

Law on Free Choice of Hospital

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- Individuals who are referred by a medical doctor for examination and treatment at a hospital are allowed to select between the public hospitals and recognized specialized private hospitals who can carry out the examination and the treatment.
- Three private centres were covered by the law on Free Choice of Hospital

Private centres in Denmark

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- OASIS – Treatment and Counselling for Refugees
- Rehabilitation and Research Centre for Torture Victims, Copenhagen (RCT)
- Rehabilitation Centre for Torture Victims, Jylland (RCT-J)

The Service Agreement

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- The service agreement involves that the rehabilitation centres offer interdisciplinary and cross cultural rehabilitation. The offer comprises furthermore supervision, education, consultancy, and method development to health professionals in the regions, within a framework of 9 % of the total budget per year.

The Service Agreement

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- The centres can receive patients within a financial framework laid down by the Ministry of Health for each centre according to the provisions in the Act on free choice of hospital. Furthermore, the centres can receive patients according to the service agreement if a payment commitment is provided by the residential region of the patient.

The Service Agreement

- Every year the centres forward a proposal for a budget and rates for treatment per session. The budget comprises the total activities of the centres and the rates are calculated on the basis of that part of the budget agreed with the region. The centres are allowed to charge other partners for their services.

The Service Agreement

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- Every month the centres forward an invoice to the regions for the number of sessions accomplished. Late cancellations or stay away are charged ½ rate.
- The centres are obliged to calculate the activities in accordance with the budget over the year.

The Service Agreement

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- The centres must organise the total task management in a way that the most appropriate distribution of the different kind of services are obtained.
- The patient must be able actively to enter into an out-patient interdisciplinary treatment, which by experience involves that the patient does not suffer from an untreated problem of alcohol or drug abuses, is chronically psychotic, or suffers from a long term untreated personality disorder.

Primary Health Care

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- Asylum seekers have access to health care if it is “necessary, urgent and pain reducing”.
- Refugees have in principle the same access to primary health care as native Danish, free of charge.
 - ▣ However language problems or problems with providing qualified interpretation and cultural misunderstandings sometimes makes it difficult to make proper use of it.

Secondary Health Care

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- ❑ Refugees are referred to rehabilitation/treatment from the primary health care system
- ❑ The rehabilitation centres are recognized as specialized health care centres for traumatised refugees (mainstreamed)
- ❑ Three centres are recognized as specialized for particular complicated cases (not clearly defined)

Funding

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- The specialized rehabilitation/treatment is funded by the regions
- In some cases municipalities are referring and funding treatment to psychologists or physiotherapists
- Treatment of asylum seekers is funded by the state (Foreign Service) and referred by the asylum centres



Proportion of specialized care

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- Estimated 90-95% of the health care for the target group is provided by the state or the regions
 - No statistic on the distribution between primary and secondary health care
 - Asylum seekers: less than 5 %. Recently screening for traumatisation has been implemented.
- Estimated 5% or less of the health care is provided by the municipalities
- It is estimated that the majority of refugees in need of rehabilitation are not referred to special health care

Waiting time

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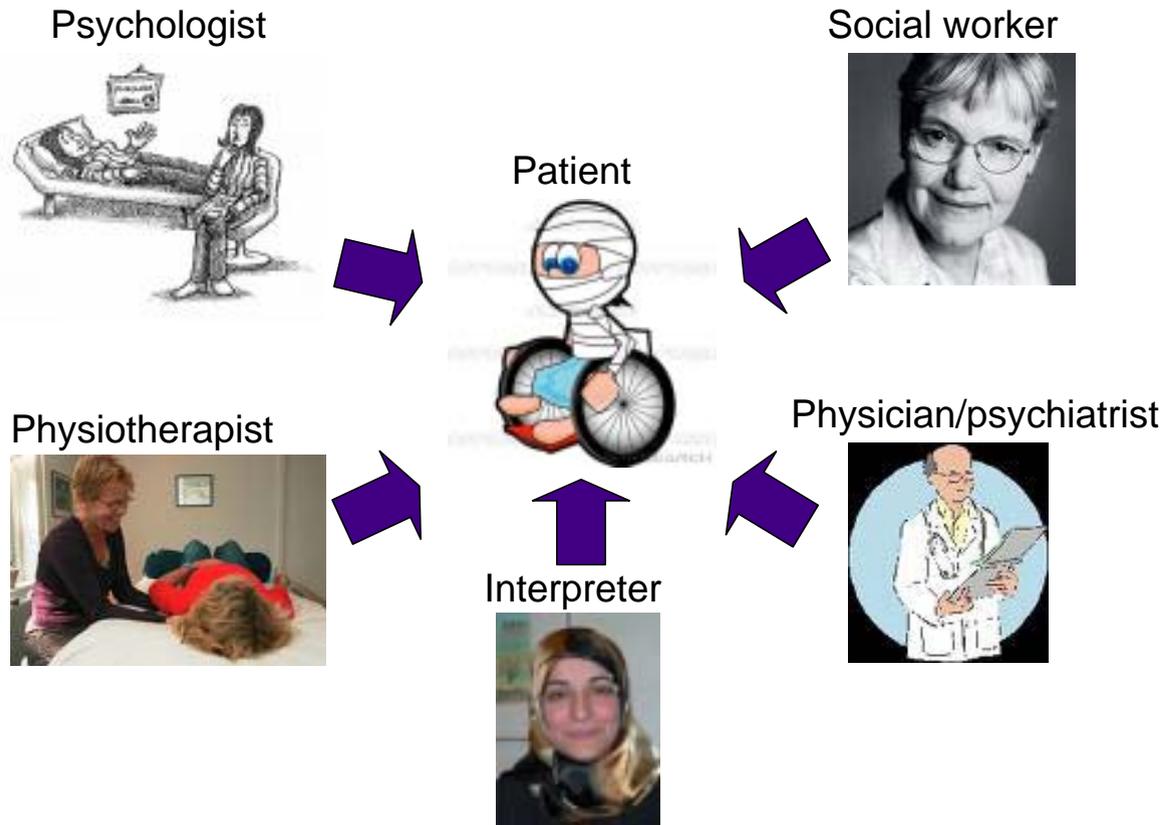
- After mainstreaming the rehabilitations service for traumatised refugees in 2005 the waiting time increased at certain centres from 6 month up to 2½ years.
- Stabilized at 1½-2 years until 2008.
- Extension of the capacity by more funding (10 million. €for the next three years).
- The present waiting time for rehabilitation is app. 1 year.

Organizing the rehabilitation

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- Case referred from a MD (or psychologist).
- Paper triage
- Assessment within 8 weeks.
- Decision and recommendation.
- The client is put on the waiting list.
- Interdisciplinary rehabilitation.
 - Psychotherapy
 - Physiotherapy
 - Psychomotor treatment
 - Social guidance
 - Medical examination and treatment
 - Psychiatric examination and treatment
 - Vocational training (some centres)

Organizing the rehabilitation



Organizing the rehabilitation

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- Different monitoring and evaluation practice.
- Inter-institutional development project on documentation and monitoring (ICF).
- Termination and reabsorbtion.

Asylum seekers access to mental health care

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- 12 sessions can be granted for psychological treatment if the asylum seeker is:
 - a victim of robbery, violence or rape,
 - a victim of traffic accident or other kinds accidents,
 - a relative to serious mental ill persons,
 - hidden by a serious disabling disease,
 - the death of a relative,
 - has attempted suicide, or
 - woman who exposed to abortion after 12th week of pregnancy. Psychological assistance furthermore can be provided prior to the intervention

Asylum seekers access to mental health care

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- 12 sessions can be granted for asylum seekers who
 - have been witness to – or have fled from – war acts
 - have family members who have disappeared,
 - have been subjected to torture or other inhuman treatment, or
 - is severely suicidal.
- Asylum seekers can be granted up to 15 consultations at a psychiatrist. If the termination of the treatment implies a health risk for the patient according to the judgement of the psychiatrist, the treatment can be extended to a maximum of 30 consultations.

Asylum seekers access to mental health care

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- A follow-up survey by Amnesty International from 2009 concludes:
 - It is remarkable that the majority of the torture survivors present an unchanged or even aggravated state of health after 1½ years stay in Denmark.
 - Almost 50 % were considered to be heavily loaded and distressed according to *General Health Questionnaire*.

Asylum seekers access to mental health care

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- Recommendations from the survey:
 - Barriers for access to the health service for asylum seekers and refugees, including torture survivors, should be removed.
 - Chronic mental illness among torture survivors must be prevented.
 - Early medical examination for torture survivors must be provided.
- A general health screening is now implemented for asylum seekers

What should be improved?

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- ❑ Asylum seekers should be included into the specialised service for traumatised refugees to prevent chronic PTSD and aggravation of the general state of mental health.
- ❑ Increased capacity should reduce the waiting time to maximum 4 month.
- ❑ Improved information on the access for traumatised refugees to specialised mental health care.
- ❑ Improved monitoring
- ❑ Clinical research is a must!