

The Icelandic Psychiatric Association

Report to NPS Tallinn april 2010

Full members are now 90, child and adolescent psychiatrists included. Only 58 are working within the field of adult psychiatry, 6 within child and adolescent psychiatry and 4 in non psychiatry related professions. 19 of them are retired. About 45% of the adult psychiatrists work only in hospitals or 26, 20 or 36% are working in private practice and 12 or 21% are both part time in hospitals and in private practice.

Current board members:

**Kristófer Þorleifsson, president
Birna Guðrún Þórðardóttir, secretary
Þórarinn Hannesson , treasurer
Valgerður Baldursdóttir
Brjánn Á. Bjarnason**

Subcommittees:

**Engilbert Sigurðsson , Biological Psychiatry
Þórgunnur Ársælsdóttir, Psychotherapy
Sigurður Páll Pálsson , Continuing Education**

The board meets once a month.

The main topics:

Since we met last autumn in Sweden we've been dealing with the same main issues. There's an urgent need for comprehensive strategy in psychiatric treatment in Iceland. We've seen drastic reduction in number of beds at the psychiatric wards over the past decade, in the name of cost cutting. There hasn't been a long term comprehensive strategy on how to effectively treat patients, the end goal should be maximized mental

health, effectiveness and quality of life. Icelandic psychiatrists have been demanding this strategy for a very long time, to no avail. Alongside the reduction of beds, outpatient clinics have unfortunately not been supported sufficiently nor do we have an acceptable social adjustment program. Primary care health centers are incapable of providing services to our sickest patients, resulting in almost everyone being treated at the outpatient clinic of the psychiatric department of the university hospital. Consequently, the rehabilitation clinics are overloaded, the patients have nowhere to go. There has been a great need for clinics with teams that specialize in social adjustment and services to those patients that have sufficient capability to function in society. Now in this days a team is starting in social adjustment and services. In the team is one psychiatrist working 60% and another one 30%. Also are working full time two psychiatric nurses, two assistant nurses, one occupational therapist, one social adviser and later on one psychologist. But, first and last, we urgently need a comprehensive psychiatric strategy for the future.

Cases involving psychiatric patients that are not fit to stand trial have been getting quite a bit of attention. There is one forensic psychiatric ward operated in Iceland. It can house up to 8 patients and is located in the Icelandic countryside, rather isolated, and did not collaborate with the psychiatric ward of the university hospital until few months ago. Since it was established, in 1991, there's only been one doctor, i.e. court appointed psychiatrist working there. This ward has not been able to do any follow up since there has been no team there to assist those who get released from, on parole. In last spring this psychiatric ward was linked with the psychiatric ward of the university hospital which and now there has been established post treatment team. The forensic psychiatric ward is way too small, even before providing post treatment possibilities. It needs to be three times bigger, or 24 beds.

Until the end of September 2008, Iceland was considered to be among the richest nations in the world, being number six in the world over countries with the least debt. We were also considered to be the happiest. How quickly things can change! The financial crisis hit Iceland very hard at the end of September, not only because of the global financial crisis, but also because of the very risky lending strategy of Icelandic bankers and business tycoons. The three major banks in Iceland all went bankrupt and a national bankruptcy has been looming. The International Monetary Fund has promised to lend Iceland about two billion dollars and our friends in Scandinavia are also ready with some funds to help Iceland out in this very difficult time.

This financial disaster has affected everyone in Iceland severely and we still haven't seen the end of it. The psychiatric department of the university hospital had established a special counselling center for those who battle anxiety, depression, guilt or other symptoms stress over the situation. It were open from 9 to 16 every day for a half year but has now been closed, no further need for this service. There has been a significant reduction in funding for the health care sector over the past two years, the psychiatric field notwithstanding. The budget for 2009 was reduced by 4.5% and this year we're facing 7% reduction, with additional cutbacks being discussed for next year even up to 11%. Furthermore a regulation that restricts doctors in prescribing anti depressant drugs will be legalized in next month. The state will only participate when the cheapest drugs are purchased. That means that drugs like Cipralext, Cymbalta, Wellbutrin or Efexor (Venlafaxin) are not being subsidized by the state unless the patient has fully tested the cheapest options plus he has to apply for a certain drugcard to qualify.

It's been a tradition in Iceland to provide post traumatic stress relief in the case of natural disasters, such as avalanche, volcanic eruption or earthquake. This disaster is

manmade and it's the result of corrupt market capitalism where greed has been fostered and praised.

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Kristófer Þorleifsson

President of the Icelandic Psychiatric Association