

Anti stigma and Mental Health

A presentation delivered by Kjell Magne Bondevik (former Norwegian Prime Minister, The Oslo Center for Peace and Human Rights) on the 9th October 2007, in Johannesburg South Africa, on behalf of the South African Depression and Anxiety Support Group and Eli Lilly.

My story

I am here today to tell you about a day that changed a lot of things in my life. It happened one Sunday in August 1998. I was not able to get out of my bed. I did not have any energy left in me. I stand here today because I became more aware and had a strong experience that day.

I hit the wall. That did something to me – as a human being and as a politician. The three weeks that followed were the worst in my life. But I am not sure still whether I would like to be without these three weeks.

Life has expanded. Because of my illness I have learned to enjoy it more. Of course I would rather have wanted to work for the government and for the country those three and a half weeks. But on the personal level these weeks have enriched my life.

Some of my experiences are special, because being a prime minister is not just a regular job. Still many of my experiences are generic, and will sound familiar for many people. That's why I stand in front of you today.

I remember very well those days in August 1998. I was sad all the time. Lack of sleep reduced my energy, different problems were exceedingly difficult to solve, which again made it even more impossible to sleep. And I got a strong feeling of anxiety.

Through all my years in politics, I have had a great working capacity and have enjoyed my work. I had never before felt that I lacked capacity. Stress was common, and I had felt tired at times. But it always passed relatively fast. Then two things happened: I did not change my working method when I became prime minister. That position is different from almost any job. The prime minister is a constant focus for attention, and receives an enormous amount of inquiries. I accepted far too many possibilities, and hardly got any breathing spots. At the same time I experienced strong feeling of loss and grief. Over a three years period three of my best friends died of brain-cancer. One of them was my brother in law. And grief is, according to experts in this field, very exhausting, more than I was aware of. It depletes your strength. And grief that is not properly managed, will easily lead to a loss of energy.

Some years ago I had the attitude that mental disease was something foreign that would never happen to me. It only happened to others. But life has taught me a lesson.

Monday 31st of August 1998 everybody in my country got to know my diagnosis: depressive reaction. People in general had at that time never heard about depressive reaction. Neither had I. It was a defeat to realize that I could not go back

to my work. Could this possibly happen to a prime minister? I chose to be open about the diagnosis. I came to this decision relatively fast, even though I did not fully understand the consequences of it at that time. But I do not regret my openness.

Through extraordinary professional support that I was privileged to get, and through massive support from family and friends, I got the help I needed. A network of people, who cared for me, meant a lot to me. And I learned another important lesson: The necessity to dare to feel your weakness, and to accept all the painful feelings. Is it possible to have weaknesses when you are a leader? Yes, I do believe so.

As a human being I learned a solid lesson on how delicately tuned the human nature is. It is all about balance between our physical and mental situation. I have learned a lot about our need for human nearness and care. And I learned about the importance of taking care of the good moments in life, of the relationship with family and friends, and taking time to experience the nature, music and art. I also think that a good physical condition through training strengthens the mental health. I have learned about the importance of openness about mental disease. As a politician and prime minister, I personally got a solid lesson of the importance to set limits to what I should involve myself in and what people could ask of me.

The situation in Norway

There is a lot of mental disease in the population, much more than we think. In Norway about 15-20 percent of the population has some kind of mental illness, and I assume that in other countries the figures can be even higher. The degree of seriousness and how long it lasts will vary. I painfully realize that the suffering for some people can last a whole life, and that I personally only got a taste of what other people regularly must endure.

The health services in Norway are financed by government funds, and have in general a great capacity to meet the needs of the people. Hospitalization, both for physical and psychological diseases, are also free of charge. Still, when the Norwegian parliament discussed a white paper about mental health and the health system, in 1997, there was broad political agreement that mental health had been neglected for many years, and that this neglect had to come to an end. The debate around the parliament paper on mental health, showed a broad political will to strengthen the mental service offered to the people.

The Parliament asked the government at that time to present a binding expansion plan, which also was financially binding. My first government presented an 8-year plan for mental health services. Throughout this 8-year period, we proposed to invest about 6.3 billions Nkr (1 billion US dollar) And the expenses of administering the mental health service would gradually expand to a level of about 4.6 bill Nkr more than in 1998. Altogether we would spend around 24 billions Nkr more on investments and administering expenses for the mental health service. As a part of this effort was a significant financial rise in the field of research on mental health.

The main argument for a stronger emphasis on mental health was of course the documented weakness in the mental health care system. But the new model for organizing the service and the priorities we made were also about values and human dignity. We wanted a warmer and more human society; to build on human beings who care for their fellow-beings, cared for the less fortunate among us, taking responsibility for each other, for the environment and for the future generations.

To give priority to the care for people with mental illnesses, we must enlarge the knowledge about mental illnesses, we must strengthen the integration of these people in the society, and reduce the risk of exclusion.

A person with mental problems must not only be seen as a patient, but as a whole human being with a body, a soul and a spirit. Necessary attention must be given to the spiritual and cultural need, not only biological and social needs. The needs of the individual must be the starting-point for all treatment. The goal must be to support contact and companionship with other people, to develop independence and the ability to facilitate their own life.

My government laid down the following principles for the expansion plan:

1. Prevention where possible, or at least try to influence the course, the degree of seriousness and the consequences of the disease
2. The patient first: - the individual user of the public services will, based on a holistic view of the human being, decide what kind of services will be offered
3. Responsibility for the services will follow the usual division of responsibility in the health- and social care system
4. As much voluntary treatment as possible, and the treatment must be given in as open, normalized and voluntary forms as possible, with enough contact and companionship with others. This should give the recipient of the services a new quality of life and possibilities for participation in the community life.

The services in the counties and the communities were the corner stone of the plan.

That concerned both the prevention work and the daily follow up of both of children and grown ups with mental illnesses. Our starting point here was that the ordinary services had to be strengthened both in quality and quantity to meet the need of their patients.

The most challenging parts of the plan were the great lack of acute treatment, due to bottlenecks in the system, the lack of institutions for children and youth, and lack of enough capacity in the districts, in the counties and the communes. And on the

other hand the need to build capacity, made it urgent to educate more health personnel for the mental health sector.

Why have we been able to put mental health on the political agenda and expand the service with such determination during the last decade? We have had great public media focus on mental health for many years. More and more people have come forward to tell their stories, people from all parts of society, both celebrities and common people. And the people working in mental health care system have taken an even more active position in the media. On the other hand we have seen a rise in the statistics of people with mental health problems, and people performing criminal acts in a mental instable situation, not getting the help they need because of lack of capacity. The system was not good enough, and we experienced strong pressure from NGOs and the health personnel to improve and expand the mental health care system.

The future

We have reached many of our goals in the expansion plan for the mental health care in Norway. But we still have a lot of work to do. We must in the coming years focus both on prevention and on offering efficient treatment based on the patients' own active participation.

I will mention three related challenges:

1. We must make an environment in our society where it becomes as easy to talk about a mental disease or condition, as it is today to talk about a physical illness or condition
2. It must be as easy to get back to your workplace after a mental breakdown, as it is to get back after a physical illness.
3. And we must take more seriously all kind of harassment, in kindergarten, in schools and in the workplace. We developed plans of action on that topic in Norway, and have reduced the incidents of harassment greatly. But the work must continue.

Mental health is a much greater challenge in many developing countries than we have in the Western countries. It is our common responsibility and challenge together to improve the situation for the people that suffer from mental diseases also in developing countries, where the economical resources are scarce.

Conclusion

I experienced tremendous weakness in a period of my life, but I believe that through this I have become a stronger person. It is not easy to change. But I understand more today and hope I have become a more holistic human being. That is important for me and my closest family and friends. But I do hope that it also will be seen in my work within the society, and in my continuing engagement to secure better mental health care.

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