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UN Expert Mechanism on the Rights of Indigenous Peoples – Norway's contribution to the study on the right to health and indigenous peoples with a focus on children and youth

1. General part

The *obligation* of public authorities to provide health and care services in Norway follows from Act 24 June 2011 No. 30 on municipal health and care services (*helse- og omsorgstjenesteloven*) and from Act 22 July 1999 No. 61 on specialised health services (*spesialisthelsetjenesteloven*).

According to the Act on municipal health and care services, all municipalities shall provide necessary health and care services to all residents in the municipality, cf. § 3-1 of the former act. Accordingly, the Act on specialised health services § 2-1a states that the Regional Health Authorities shall ensure that persons with a permanent residence within the health region are offered specialised in- and outpatient health services by its health institutions.

The Act on municipal health and care services § 3-10 states that all municipalities shall ensure that patient and user representatives are consulted in the development of the health and care services. Municipalities also have an obligation to ensure that entities offering health and care services establish systems for collecting experiences and views of patients and users. This obligation applies also for Sami patients and users. In the preparatory comments to the Act, as well as in § 3-10 itself, it is emphasised that the municipalities in general, and the health and care services in particular, are obliged to adhere to Act 12 June 1987 on Sámediggi (the Sami Parliament) and other Sami legal issues ('the Sami Act'). This applies both when municipal health and care services are developed, as well as when individual health and care services covered by the Act are provided. Additionally, specific

provisions regarding municipalities within the administrative area for Sami language state that municipalities are obliged to ensure that Sami patients and users' need of adapted services shall be given priority in the development of the service. Similarly, Act 15 June 2001 No. 93 on Health Trusts ('helseforetaksloven') is explicit in stating that Regional Health Authorities shall ensure that the extended right of a Sami patient to use his or her own language in the specialised health services shall be acknowledged.

The rights of patients and users of municipal health and care services and specialised health services are regulated in Act 2 July 1999 on patient and user rights ('pasient- og brukerrettighetsloven'). This act has no specific provisions regarding Sami language, but § 3-5 states that information to the patient "shall be adapted to the receiver's individual abilities, such as age, maturity, experience and cultural and language background". In the accompanying remarks to this provision it is stressed that the provider of health services is responsible to adapt information given to the user. In cases where the patient speaks a minority language and understanding the information is crucial to proper treatment, an interpreter shall be provided. This provision applies also to the Sami population. As referred to above, the Sami Act contains provisions relevant for the health and care services. Among these are § 3-5, which states the right of Sami residents to use Sami language to execute their own interests when interacting with local and regional health and social institutions in the administrative area for Sami language. The local and regional public entities for which this provision applies, also have a duty to reply in Sami when a person makes an application in Sami, according to § 3-3.

At the proposal of Sámediggi, the Government appointed a public committee to study legislation, measures and schemes for the Sami languages on 19 September 2014. The committee shall, inter alia, consider how the current legislation, measures and schemes for the Sami languages can be adapted to the current organization of the public sector and ensure functional and equal public services in Sami. The committee shall in particular consider flexible solutions that take into account that the situation of the Sami languages varies, and that municipalities have different challenges and needs. The committee delivered an interim report on 15 February and shall deliver the complete report on 15 August 2016. The Government will invite Sámediggi for consultations on the follow-up.

The aim of the government is that all citizens have equal access to health and care services irrespective of cultural or language background. Through procedures for cooperation between the Ministry of Health and Care Services and Sámediggi, the government ensures that a Sami perspective is integrated in the development of health and care services to the Sami population.

Equal access to health and care services can only be achieved if the Sami population interacts with health personnel with knowledge in Sami language and culture. For users to experience a high quality in services, it is necessary to recruit a sufficient number of personnel with relevant experience, as well as to provide supplementary training of other personnel. However, it is demanding for both municipalities and specialised health institutions to recruit Sami-speaking health personnel.

In the specialised health services, the Ministry of Health and Care Services will ensure the service provision to the Sami population through its ownership management. In the annual letters of allocation to the Regional Health Authorities, the Ministry puts emphasis on the right and need of Sami patients to adapted services, and that the adaptation of services should be requested and reflected in planning, assessment and decision-making. To ensure the need of services in the Sami population, it is important that the health trusts contribute to the necessary understanding of Sami language and culture among their staff. When preparing the annual letters of allocation to the Regional Health Authorities, the Ministry consults Sámediggi, according to the Procedures for Consultations between State Authorities and Sámediggi.

In 2010, Health North Regional Health Authority was tasked by the Ministry of Health and Care Services to finance and execute a two-year interpretation project to improve interpretation services to the Sami population. The main purpose of the project was to establish a Sami interpretation service which is available 24 hours a day within the Health North administrative area. Health Finnmark Health Trust, Sámediggi and the National Centre for coordination and telemedicine cooperated in the project, which was finalised in 2013. Following this, the Ministry has requested Health North to finance the implementation of a Sami interpretation service within their budget, based on the plans developed in the project.

The Ministry of Health and Care Services recognises lack of data on the health status of the Sami population, and on Sami citizens' use of health and care services. For this reason, the Ministry has contributed to the establishment of the Centre for Sami health research, established in 2001. The centre receives annual financial support from the Ministry.

Through the State Budget, the Ministry of Health and Care Services annually gives a financial grant to Sámediggi. The grant should be used to contribute to equal health and care services to the Sami population, by increasing Sámediggi's input to central authorities on Sami health matters, and through project financing initiated by Sámediggi.

Municipalities are responsible for the provision of qualitatively good services to their citizens. In this context, good communication is crucial. For the user to be understood in his or her primary language – be that Sami or Norwegian – is a key element. For this reason, municipalities with a Sami-speaking population shall provide Sami-speaking personnel or offer interpretation to Sami language. Some representatives of the Sami population has expressed that they are uncomfortable with using interpretation services, so this measure should only be a secondary solution. Some municipalities have therefore actively recruited Sami-speaking health personnel, and have introduced targeted recruitment measures to stimulate this. From the side of the national government, there are targeted recruitment measures at the Arctic University of Tromsø and the University of Bergen, where quotas for medicine students are reserved for Sami speaking students. Additionally, adapted tutoring of medical doctors under specialisation is done in the Sami areas, with the purpose to increase the recruitment of General Practitioners to Sami areas.

Today, primarily three Sami languages are used in the Sami core areas. The municipal health services have developed phrase handbooks in each of the three languages to be used in the municipal health and care services, particularly addressing geriatric care. The terms and expressions in the handbooks are particularly relevant in care settings. Similarly, a brochure on health and care services to Sami elderly people has been published in 2015. As regards infants and children, the mapping form used at municipal health stations ('the perceptil form') has been translated to Sami language.

2. Particular issues regarding children and young people

Sami National Competence Centre for mental health and addiction (SANKS)

SANKS is a national Competence (Resource) Centre for the Sami population. Its head office is in Karasjok, Finnmark, and among its tasks is district psychiatric functions in the Mid Finnmark administrative area. SANKS consists of the Department of mental health for adults (Lakselv), Department of mental health for children and young people (Karasjok), and Department of research and development. A mission of SANKS is to further develop clinical services, promote and initiate research and development work, offer education and guidance and offer specialist training, internship and personnel exchange programmes. Through its Department of research and development, SANKS shall pursue its main objective of ensuring equal services and good access to all groups of Sami users of mental health services in Norway.

Mental health for children and young people

The outpatient clinic for children and young people (BUP) offers assistance to children and young people aged 0-18 years from the Health North administrative area, as well as Sami children and young people from the entire country. Additionally, a Sami Youth Psychiatric Team (PUT) has been established as a service targeting all Sami young people and adults aged 15-30 years. PUT mainly offers services to young people and young adults who have dependency difficulties (alcohol, drugs, gambling) or suicide-related problems.

The Department of mental health for children and young people (SANKS) also has a separate Youth Psychiatric Unit, which targets all young people 13-18 years of age in the area covered by the Northern Norway Regional Health Authority (Health North Area) with mental illnesses. Additionally, two bed posts in this unit are reserved from Sami youth from elsewhere in the country. The unit is a 24-hour institution offering assessment and treatment. A family unit is attached to it, which provides a service offer to Sami families from both the Health North Area and the rest of the country. The family unit focuses on interaction and cooperation challenges within the family.

Research and development

The Ministry of Health and Care Services recognises that there is insufficient knowledge of the health of children and young people of Sami origin. We see the following areas as relevant for future research and development in this field:

- General mapping of the health of Sami children and young people
- The health of Sami children and young people in the care of the public child care

- Discrimination, racism and internet-based harassment of Sami children and young people, and how this affects their health
- Mental health of Sami children and young people

Yours sincerely,

Mattis Raustøl
Deputy Director

Lena Hasle
Senior Adviser