

Health Care System In Denmark – A Review

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Introduction

Denmark is a Scandinavian country whose capital is the city of Copenhagen. It has approximately 5.9 million inhabitants and a geographical area of 42,925 km². The Kingdom of Denmark also includes two autonomous territories, the Faroe Islands and Greenland. Both territories enjoy political and administrative autonomy, and although they are part of the Kingdom, they are not members of the European Union, of which Denmark has been a member since 1973 [1].

The country plays an active role in various multilateral and international organizations. Within the framework of the United Nations system, it participates in communities that establish common standards in essential areas such as human rights, environmental protection, refugee reception, and development aid levels provided by developed countries. Among the most relevant forums are the United Nations, the World Bank, the International Monetary Fund (IMF), the World Trade Organization (WTO), as well as the OECD, the Global Environment Facility, among others. Thus, Denmark seeks to expand its influence and contribute to solving global challenges [2].

Denmark is a constitutional monarchy with a parliamentary system of representation. According to the Constitutional Act, the monarch and parliament (Folketing) jointly exercise legislative power. However, the monarch's role is essentially ceremonial, with the primary responsibilities of appointing the Prime Minister and the ministers responsible for governance [3].

The political system is based on the principle of negative parliamentarism, meaning the government cannot be dismissed by a parliamentary majority. The Folketing is unicameral and composed of 179 members elected by direct and universal suffrage [3, 4].

The Danish economy has a Gross Domestic Product (GDP) of 429.46 billion dollars, corresponding to a GDP per capita of 71,851.8 dollars. GDP is a central indicator of economic performance, representing the total income generated through the production of goods and services in each territory and period. Along with Gross National Income (GNI), it is an essential tool for assessing economic health, guiding public policy, and supporting investment decisions [5].

Danish Population and It's Happiness

Regarding the happiness and well-being of Danish citizens, the country consistently ranks among the three happiest nations in the world, according to international surveys on the topic [6]. One of the main factors explaining this result is the emphasis on social equality and community spirit. The country stands out for its high levels of equity and a deep sense of collective responsibility for social well-being [7].

The Danish tax system is considered one of the most demanding in the world, yet it is also one of the most accepted by the population, as the dominant perception is that these taxes bring benefits to society. There is a relationship of mutual trust between citizens, government, and institutions, and corruption is extremely rare, Denmark is considered the country with the lowest perceived level of corruption in the world [7, 8].

Higher education is tuition-free, and students receive financial aid grants. Children have access to subsidized nurseries and kindergartens, while the elderly benefit from pensions and home-care services. Moreover, the social security system guarantees unemployment protection for up to two years, provided individuals are actively seeking work [7].

Urban infrastructure, designed with a focus on sustainable mobility, promotes cycling and walking at any time of day, reinforcing citizens' sense of trust and independence [7].

Finally, a distinctive cultural element is the concept of Hygge, associated with valuing simple and pleasant everyday moments. Hygge manifests itself in both family and social gatherings as well as moments of individual introspection. During the long winters, it takes shape in cozy indoor environments, and in summer, it is expressed in culinary gatherings and celebrations of local nature [7].

General Health System

The functioning of Denmark's national health system can be understood through Bronfenbrenner's ecological model theory, as both share a logic of interdependence among different levels of operation. Just as the ecological model proposes that human

development results from dynamic interactions between multiple systems (microsystem, mesosystem, exosystem, macrosystem, and chronosystem), the structure of Denmark's health system is organized in a coordinated way across local, regional, and national levels [9].

From this perspective, decisions made at the macro level, such as public policies and funding, directly influence micro contexts, namely local health services and clinical care. Thus, the Danish structure is based on principles of coordination, integration, and mutual influence among levels of operation.

Denmark's health system is recognized as one of the most efficient and developed in Europe. Total health expenditure as a percentage of GDP has significantly increased in recent decades, from 8.1% in 2000 to 10.6% in 2010 and 10.8% in 2021. That year, the country surpassed the averages of both the European Union and the WHO European Region. In 2021, per capita health expenditure reached 7,140 dollars [10].

The financing structure is largely public. In 2021, 85.2% of total expenditure was financed by the public sector, while private expenditure accounted for 14.6%, mostly composed of direct out-of-pocket payments (12.4%). Voluntary health insurance (2.2%) plays a complementary role. About 42% of the population purchases voluntary complementary insurance to cover outpatient medications, dental care, and other services, while about 32% purchase supplementary insurance for broader access to private healthcare providers [10].

The system covers the entire population and is financed by general taxation, structured into three administrative levels, the state, the regions, and the municipalities. The state is responsible for regulation, supervision, and strategic planning; the five regions manage hospitals and primary care; and municipalities oversee public health care, rehabilitation, home care, and services for vulnerable groups. Planning reflects the decentralized nature of the system, the state defines the overall architecture, while regions and municipalities share implementation and management [10].

Additionally, employers of posted workers in Denmark are required to insure their employees against the financial consequences of occupational accidents. For this purpose, they must purchase and pay for a work accident insurance policy issued by an insurance company [11].

This model combines elements of the Beveridge model, which is based on tax funding and universal coverage, with the Bismarck model, characterized by mandatory and contributory insurance, resulting in a mixed and highly coordinated system [12].

Diseases and Leading Causes of Death in Denmark

In 2025, the average life expectancy in Denmark reached 81.69 years, reflecting the positive evolution of public health, although challenges related to chronic and degenerative diseases persist. The main causes of death vary according to sex. Among women, Alzheimer's disease and other dementias, Chronic Obstructive Pulmonary Disease

(COPD), and ischemic heart diseases are the most prominent. Among men, the leading causes include ischemic heart diseases, COPD, and cancers of the lung, bronchi, and trachea [13].

Alzheimer's disease and other forms of dementia currently constitute the leading cause of death in Denmark. Alzheimer's Disease (AD) is the most prevalent type of dementia and is a neurodegenerative condition of insidious onset, characterized by a progressive deterioration of cognitive and behavioral functions [14]. Risk factors include physical inactivity in older age, hearing loss, midlife hypertension, and obesity [13, 15].

Cancer also represent a major cause of morbidity and mortality in Denmark. The most prevalent types affect the respiratory tract, colon and rectum, prostate (in men), and breast (in women). However, survival rates have been increasing due to earlier diagnosis and therapeutic advances [13, 16].

Lung cancer is the leading cause of cancer related death. Symptoms generally appear late, which makes early diagnosis difficult. The most common signs include persistent cough, chest pain, hoarseness, shortness of breath, and weight loss [17, 18]. According to the World Health Organization (WHO), about 14,000 cancer cases could be prevented in Denmark, with smoking being the most significant preventable risk factor, followed by exposure to ultraviolet radiation and obesity [19]. Considering smoking trends, Denmark's tobacco control policy has undergone significant changes. The country fell from 15th place in 2013 to 29th in 2019 on the Tobacco Control Scale, but recovered to 13th place in 2021 [20].

Other relevant cancers include colorectal, prostate, and breast cancers. Colorectal cancer, one of the most common worldwide, is associated with age, a diet, low in fruits and vegetables, alcohol consumption, smoking, and physical inactivity [21]. Prostate cancer stands out among men, often being asymptomatic in its early stages and requiring regular screening for early detection [22]. Breast cancer is among the most prevalent neoplasms in women. Risk factors include advanced age, genetic predisposition, obesity, excessive alcohol consumption, and prolonged hormonal exposure [23, 24].

Therefore, it is essential to emphasize the importance of integrated therapeutic approaches and support for quality of life, as female breast cancer survivors often face psychological challenges, and men with prostate cancer also report psychological and social difficulties. The most frequent psychological issues include anxiety, depressive symptoms, feelings of guilt and remorse after diagnosis, as well as fear of cancer recurrence and awareness of mortality [22, 25]. In this context, Cognitive Behavioral Therapy (CBT) has demonstrated significant improvements in the quality of life of oncology patients. This therapy helps relieve symptoms such as anxiety, depression, and fatigue, fostering patients' confidence during treatment and throughout recovery [26].

Environmental Consequences

Climate change and health are deeply interconnected. The climate

crisis is, essentially, a health crisis, as it threatens the very foundations of human well-being. Environmental degradation contributes to a range of health problems, including cardiovascular and respiratory diseases, infections, and various types of cancer. Therefore, reducing carbon dioxide (CO₂) emissions is also a strategy for preventing non-communicable diseases [27].

In Denmark, the healthcare sector is responsible for about 6% of annual CO₂ emissions, with the largest sources of pollution being the consumption of healthcare products, pharmaceuticals, and especially surgical equipment. Direct emissions from healthcare facilities, known as Scope 1, account for approximately 17% of the sector's global carbon footprint. Indirect emissions related to electricity, heating, and cooling (Scope 2) represent 19%. However, most emissions (71%) fall under Scope 3, which encompasses the entire supply chain, from production and transportation to the disposal of goods and services used within the healthcare system [27].

Over the past decades, Denmark has been actively developing sustainability strategies and, in 2022, for the second consecutive year, it was ranked the most sustainable country in the world according to the Environmental Performance Index [27].

The regional authorities are actively working to reduce CO₂ emissions from hospitals. National targets aim for reductions of 50 to 54% by 2025, 70% by 2030, and carbon neutrality by 2050. Denmark also maintains a strong commitment to the Paris Agreement, striving to limit global warming to 1.5°C [27].

Additionally, research has shown that the design of healthcare facilities positively influences both patients and healthcare professionals. Environments featuring natural light, low noise levels, and green spaces promote recovery and increase staff satisfaction [27].

Mental Health - The Psychological Health System

Denmark's mental health system is based on a universal and public model, ensuring that all residents have free access to psychiatric care. The management of this system is shared across different levels of government, with the State playing a role in regulation and coordination, in close collaboration between the Ministry of Health and the Ministry of Social Affairs. Regional authorities are responsible for most inpatient and outpatient services, while municipalities provide prevention programs and social support. However, despite the universal nature of the system and its multidisciplinary commitment, inequalities in access to psychotherapy persist, as this type of treatment is mainly provided in private settings, requiring direct payment [16].

In recent years, Denmark has invested in new forms of healthcare organization. One example is the innovative interprofessional coordination model developed in the Central Region, supported by the European Commission, which has shown positive results [16].

Since the 2007 reform, the country has been implementing a process of deinstitutionalization, gradually replacing long-term

hospitalizations with community-based services. However, despite the increase in outpatient activity, weaknesses remain within the community network, which is still considered insufficient to meet people's needs [16].

In 2022, the Danish government launched a National Mental Health Plan, spanning ten years, reinforcing the country's commitment to a holistic and integrated approach to mental health. The plan prioritizes prevention, early detection, and equitable access to quality care, with particular focus on children, young people, and individuals with mental disorders. At the same time, efforts are being made to modernize the psychological care network, aiming to respond to the rising prevalence of disorders such as anxiety and depression [28].

The national strategy seeks to ensure that people with mental disorders can live longer and better lives. Multisectoral cooperation and partnerships between public and private sectors have played a key role in this process, fostering innovation and efficiency. The adoption of technology has also been remarkable, with a growing use of telepsychiatry and digital therapeutic applications. Moreover, new psychiatric hospitals have been designed according to healing architecture principles and suicide prevention measures, creating therapeutic environments centered on patients' well-being and recovery [28].

Prevalent Mental Disorders

According to Institute for Health Metrics and Evaluation (IHME), in 2019, more than one in six people in Denmark had a mental disorder, a proportion higher than the European Union average. The economic costs related to mental health are substantial, amounting to approximately 5.4% of GDP, including direct and indirect costs [16]. The most common disorders are anxiety disorders (5.4% of the population), depressive disorders (4.4%), and substance use disorders (4.3%). Depression is more frequent among women and individuals with lower incomes. In 2019, 20% of women and 16% of men in the lowest income quintile reported depressive symptoms, compared to 7% and 5%, respectively, in the highest quintile, differences above the European average [16].

Cognitive Behavioral Therapy (CBT) is widely recognized as an effective treatment for depression, anxiety, addictions, eating disorders, and severe mental illnesses [28]. In Nordic contexts, such as Denmark, CBT is particularly relevant due to the high incidence of anxiety and depression in the region, with depression showing geographical specificity because of seasonal affective disorder (SAD), a condition affecting about 12% of Copenhagen's population [30].

This disorder, characterized by recurrent depressive episodes, especially during winter, is associated with low serotonin levels and vitamin D deficiency due to limited sun exposure. CBT for these cases focuses on restructuring negative thoughts about the season and promoting behavioral activation, encouraging pleasurable and socially engaging activities to counteract the apathy experienced [31].

Prevention Programs and Promotion of Psychological Well-Being

Combating stigma is a cornerstone of mental health policies in Denmark. Various campaigns have been developed, notably the national program “One of Us”, which promotes social inclusion and fights discrimination associated with mental disorders [28]. The “One of Us” campaign is internationally recognized as an example of cultural transformation. The program trains volunteer ambassadors with personal experiences related to mental health who share their stories to promote empathy and reduce prejudice [32].

The plan “We Accomplish Together – Action Plan for Psychiatry up to 2025” introduced 43 initiatives across six strategic areas, including early access to care, strengthening professional skills, improving social psychiatry, intensive treatment for severe cases, continuity of care, and promotion of research and innovation. Targets for 2025 include reducing by 25% the proportion of young people with mental health problems, reducing by 50% the use of force in psychiatric treatments, reducing by 15% acute readmissions, and increasing by 10% the number of psychiatric patients employed after hospitalization [33].

In 2018, the Minister of Health established a youth panel for individuals aged 20 to 27, tasked with developing recommendations on youth mental health. That same year, a national stress panel involving five ministries was created, resulting in twelve preventive measures. In 2021, a project providing free psychological counseling for young people aged 18 to 24 became permanent, with an initial budget of 3.557 million dollars (22.8 million DKK), expanding to 7.364 million dollars (47.2 million DKK) annually from 2022 [33]. Another example is the Headspace program, aimed at youth aged 12 to 25, offering free and anonymous support, available in person, by phone, email, or chat [33]. Notably, the Human Library Organisation (HLO), based in Copenhagen, is another Danish initiative promoting social inclusion. HLO encourages open dialogue on sensitive topics, allowing “readers” to converse with “human books”, people willing to share their life experiences. The project, originating at the Roskilde Festival in 2000, has expanded to over 85 countries, establishing itself as a global tool against prejudice [34, 35].

Access to Mental Health Services

In 2019 a study by Packness et al. [36] analyzed perceived barriers to accessing mental health care (MHC) among individuals with current depressive symptoms. The results revealed that almost one-third of respondents identified the costs associated with access as a significant barrier. This perception was more prevalent among people without post-secondary education and among those experiencing financial difficulties.

Stigma was reported by about 22% of participants as a concern, although there were no significant variations across different

socioeconomic levels. Lack of knowledge about how to seek help was more common among people without post-secondary education [36]. Mental health literacy plays a decisive role in this context. A low level of literacy is strongly associated with lower socioeconomic status, which exacerbates access difficulties. In Denmark, there are already two programs dedicated to promoting mental health literacy: Mental Health First Aid and the ABC for Mental Health initiative [36].

However, studies show that even when access is free, people in lower socioeconomic situations use psychotherapy less frequently, suggesting that barriers are not only economic but also social and cultural [36].

Best Practices and Challenges of the Health System of Denmark

Best Practices in the Physical and Mental Health System

One of Denmark’s main best practices lies in the administrative and operational decentralization of the healthcare system. The division of responsibilities among the State, regions, and municipalities allows for management close to the population and efficient adaptation to local needs [10].

Hospital modernization constitutes another international benchmark. Denmark has invested in the creation of “super-hospitals” and local non-inpatient units, designed according to environmental sustainability and healing design principles. These spaces prioritize natural light, acoustic comfort, and energy efficiency, factors that improve patient recovery and the well-being of healthcare professionals. At the same time, the focus on green technologies and reducing the hospital carbon footprint has placed the country at the forefront of sustainability in healthcare [27].

In the field of prevention and health promotion, Denmark stands out for its robust policies on tobacco control, healthy eating, and obesity prevention. The emphasis on health education and population literacy is also reflected in low rates of avoidable mortality and a high life expectancy, currently above 81 years [13, 20].

The mental health system is notable for its integration between healthcare and social services, a central element of the Nordic model. Responsibility is shared between regions, which manage hospital and outpatient psychiatric services, and municipalities, which develop community programs for prevention, reintegration, and psychosocial rehabilitation. This cooperation ensures a holistic, person-centered approach that values autonomy and social inclusion [16].

Since 2007, the country has pursued a consistent policy of deinstitutionalization, replacing prolonged hospitalizations with interdisciplinary community teams. The use of telepsychiatry and digital therapeutic applications has expanded access, especially in rural areas, enabling remote consultations and digital patient monitoring [16].

The National Mental Health Plan 2022–2032 represents one of the most ambitious public strategies in Europe in the sector. Structured

around strategic objectives, the plan focuses on prevention, mental health literacy, territorial equity, and performance evaluation [28]. In combating stigma, Denmark is an international reference. The “One of Us” program promotes social inclusion through media campaigns and the training of ambassadors with mental health experiences who share their recovery stories. The Human Library Organization complements this strategy by promoting open dialogue between citizens and people with diverse life experiences, contributing to social empathy and prejudice reduction [28, 35]. Specific programs for young people offer free and anonymous support to adolescents and young adults, forming a network for early prevention and psychosocial guidance. Free psychological counseling for young people aged 18 to 24 is another example of best practice, reinforcing accessibility and early detection [33].

Challenges in the Physical and Mental Health System

In the physical health domain, population aging and the rise of chronic diseases are placing increasing pressure on the system, requiring new models of continuous care and integrated disease management [13]. Another challenge is the financial sustainability of the system. The high cost of modern hospital infrastructures and digital technologies demands a balance between innovation, efficiency, and budgetary control. The need to reduce carbon emissions without compromising the quality of care also represents a strategic challenge [27]. In the mental health field, the main barriers identified relate to unequal access to psychotherapy and socioeconomic differences in mental health literacy. Studies indicate that associated costs and lack of information on how to seek help constitute significant obstacles, particularly for people with low income or lower education levels. Although stigma has decreased, it still affects part of the population, hindering the pursuit of professional support [36].

Comparing the Health Systems of Denmark and Portugal

Portugal and Denmark share a common principle in the organization of their health systems, as both ensure universal coverage, predominantly tax-funded, guaranteeing equitable access to essential care. Despite this similar foundation, they differ in governance structure and degree of decentralization. While Portugal adopts a highly centralized model through the National Health Service (SNS), Denmark is organized as a highly decentralized system [16, 37]. In Portugal, the SNS is the main provider of care, coexisting with professional sub-systems and voluntary health insurance. Governance is centralized under the Ministry of Health, but recent reforms, such as the New SNS Statute (2022), the creation of the Executive Directorate, and the abolition of Regional Health Administrations in 2024, have sought strengthening coordination and integration of services. In Denmark, the system is structured across three administrative levels, allowing closer management of services,

although requiring strong inter-institutional coordination mechanisms [16, 37]. Regarding financing, Portugal spends 10.6% of GDP on health, with 62% financed by taxes and 30% by out-of-pocket payments, a figure above the European average. Denmark invests 10.8% of GDP in health, with 85% public funding and only 13% out-of-pocket payments, reflecting greater financial protection and equity in access [16, 37]. In terms of human resources, both countries face challenges in the distribution and retention of professionals, with acute shortages in rural areas. To address these difficulties, both have developed incentive policies and strategic human resources planning [16, 37]. The organization of care also reveals structural differences. In Portugal, primary care serves as the entry point to the National Health System (NHS), with increasing integration between primary and hospital care through Local Health Units (ULS). In Denmark, the system is strongly primary care-based, with about 90% of medical consultations occurring at this level, and general practitioners acting as gatekeepers to specialized care [16, 37]. Recent reforms reflect these different orientations. Portugal has focused on modernizing governance and service integration, highlighting measures such as the new NHS Statute, the abolition of co-payments, and the National Health Plan 2021–2030. Denmark, on the other hand, has concentrated on the physical and digital restructuring of the system, with the creation of super-hospitals, health clusters, and a new funding model based on performance and proximity [16, 37]. In overall performance, Denmark shows better efficiency and equity indicators. Less than 2% of the population reports unmet medical needs, compared to 2.8% in Portugal. However, the Portuguese NHS has been rapidly modernizing, with significant advances in digitalization, such as the implementation of MySNS, (MyNHS) electronic prescriptions, and teleconsultations [16, 37]. In the field of mental health, both countries recognize it as a strategic priority but are at different stages of development. Portugal has one of the highest prevalences of mental disorders in the EU, affecting about 22% of the population, with anxiety and depression being most common, and ranks second among OECD countries in antidepressant use [38]. Denmark records lower values, affecting about one in six citizens, but also shows gender and income inequalities [16, 37]. Portugal’s mental health system is integrated into the NHS and is transitioning to a community-based model. Access generally occurs through primary care, and more complex cases are referred to specialized units. Since 2021, the National Mental Health Plan has promoted deinstitutionalization and the creation of community teams. Denmark, by contrast, has a decentralized and consolidated system, with responsibilities shared between Regions and Municipalities, and strong coordination between health and social services. Multidisciplinary community teams form the foundation of the

model, replacing prolonged hospitalizations and ensuring continuous follow-up [16, 37].

Portugal has sought to strengthen integration and equity, but faces structural constraints, such as staff shortages and high reliance on pharmacological therapies. Denmark, on the other hand, implemented in 2022 a ten-year comprehensive mental health plan, with strategic objectives focused on prevention, literacy, quality, and results monitoring, supported by strong public investment [16, 37].

Access difficulties remain more visible in Portugal due to the limited provision of psychotherapy in the public sector and long waiting lists. In Denmark, although part of psychotherapy involves co-payments, the public system ensures greater equity and actively promotes mental health literacy and stigma reduction through national campaigns coordinated by the Danish Mental Health Foundation [16, 37].

Conclusion

The analysis of Denmark's health system allows us to understand how the combination of public policies, administrative decentralization, and a culture of social trust can create an efficient and sustainable health model. The Danish system, predominantly tax-funded and based on universal coverage, demonstrates a commitment to collective well-being, reflected in high life expectancy, low levels of avoidable mortality, and a positive social perception of public service quality.

The three-tiered organizational decentralization ensures management close to the population and adapts responses to local needs,

strengthening the continuity and integration of care. The emphasis on primary care and system digitalization reinforces operational efficiency, while environmental and sustainability policies position Denmark as a global example of ecological transition applied to the health sector.

Regarding mental health, the country demonstrates a person-centered and socially inclusive philosophy, in which the integration of health and social care is a cornerstone of the Nordic model. The National Mental Health Plan 2022–2032, efforts to combat stigma, and innovative programs highlight both political and community commitment to promoting psychological well-being. However, significant challenges remain, including inequalities in access to psychotherapy, shortages of specialized human resources, and socioeconomic barriers.

From a comparative perspective, Portugal and Denmark share structural values such as universality, solidarity, and public funding, but differ in the degree of institutional organization and decentralization of governance.

In summary, Denmark demonstrates that an effective health system depends not only on adequate funding and efficient organization, but also on a culture oriented toward trust, participation, and sustainability. The future of public health in Denmark and across Europe will depend on the ability to balance innovation, equity, and environmental responsibility, promoting a truly integral and interdependent concept of health.

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