



Adolescent psychiatric services in Finland: 55 years of determined development

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Adolescent psychiatric and mental health services in Finland

Primary care : school / student health services, youth mental health teams in municipal services

Secondary (specialist level) care: adolescent psychiatric outpatient and inpatient services of hospital districts

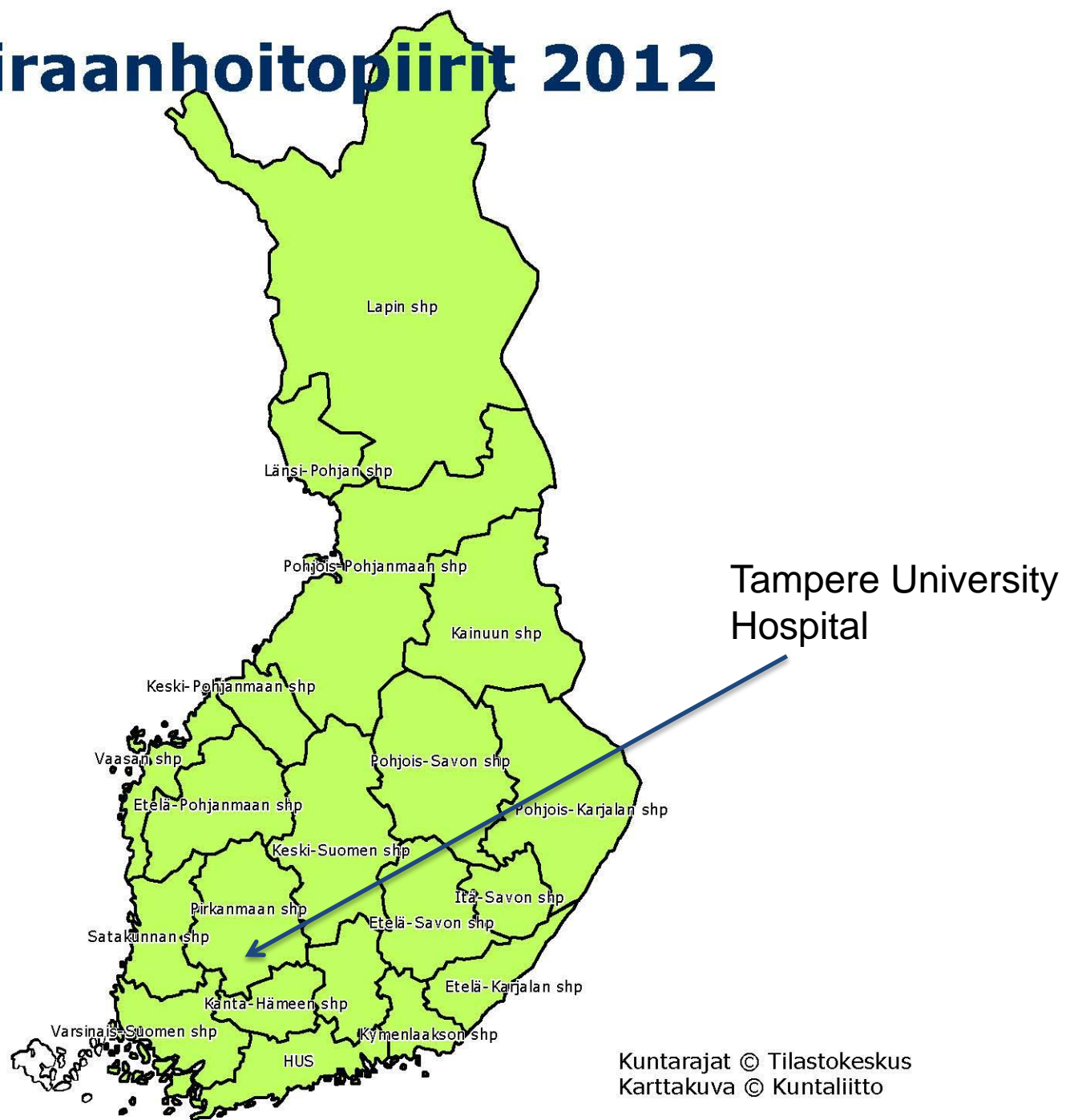
Tertiary services: adolescent forensic (2) and gender identity (2) services, national

Private services: private practices of adolescent psychiatrists and private psychotherapists, services (partially) reimbursed by National Health Insurance and Hospital districts

Note also: mental health work in child welfare services



Sairaanhoitopiirit 2012



History

- 1959: the first adolescent psychiatric ward for 12-15 year olds in Pitkäniemi Hospital (later Tampere University Hospital), followed sporadically by wards in other central hospitals
- 1977: Finnish Adolescent Psychiatric Society
- 1978: Code on medical specialist education: Adolescent psychiatry as a subspecialty for psychiatry / child psychiatry
- 1987: Administrative Medical Board outlined that all central hospitals should have an adolescent psychiatric outpatient service > the start of systematic service development

Legislative steps in health care

1991 Mental Health Act

1992 Patients's Rights Act

1999 Adolescent psychiatry an independent 6 year specialist education

2001, 2005 Maximum waiting times to specialist level health services & 2005 National priority rating criteria (renewed in Health Care Law 2011)

2011 Broad psychosocially oriented health check ups in 1st, 5th and 8th grades of comprehensive school (code)

2014 Pupil and Student Welfare Law

Access to mental health care: maximum waiting times

2001-2005-2011: Referral to child and adolescent psychiatric services has to be evaluated within 3 weeks, assessment of the patient started within 6 weeks, and treatment needed has to be initiated within 3 months from referral

2014: pupils / students in school guaranteed access to school social worker / psychologist within a week from requesting it

Other legislation supporting adolescent mental health work

Child Welfare Law 2007

- Co-operation with (mental) health services
- Child welfare interventions as mental health promotion

Penal code 1889 (many updates) and related legislation

- Age of criminal responsibility
- Duty to evaluate young offender's (15-21) social, educational, general health and mental health needs
- Duty to report suspected child sexual abuse to police
- Arbitration, juvenile punishment

The Youth Act 2006

- Inclusion

Youth guarantee 2013

Every young person under the age of 25, and every recently graduated person under the age of 30 is offered a place for work, a work try-out, a study place, a place at a workshop, or rehabilitation placement no later than three months after registering as unemployed

Quality criteria and how they were met in 2010 (per 13-22 year olds)

- | | |
|---|-----|
| 1. AP services are for all aged 13-22 | 3.5 |
| 2. Primary and secondary services are coordinated and there is a quality assurance plan | 3.5 |
| 3. Of adolescents 5% in AP care | 3.0 |
| 4. There are 13 mental health professionals per 10 000 adolescents | 3.0 |
| 5. There are 2.5 adolescent psychiatrists / 10 000 adolescents | 3.0 |
| 6. AP services are provided by multi-disciplinary teams | 5.0 |

Quality, continued

7. Access to care (max waiting times; consultations to child welfare; low threshold services available)	2.5
8. AP assessment always includes	
a) meeting with an a psychiatrist / trainee	5.0
b) family work	4.5
9. Medication is started by an psychiatrist / trainee	3.5
10. Appropriate psychosocial interventions (details not shown)	3.1
11. Appropriate rehabilitation	3.5
12. User satisfaction	-
13. Outcome	-

Next steps?

- Uniting health and social services under same administration is in progress
- Outcome measures should be adopted systematically
- Psychosocial and pharmacological interventions need to be chosen from among evidence based options, and the evidence base has to be strengthened

Speaker's publications related to Finnish adolescent psychiatric services

- Kaltiala-Heino R. Increase in involuntary psychiatric admission of minors: a register study. *Social Psychiatry & Psychiatric Epidemiology* 2004;39:53-59
- Kaltiala-Heino R, Fröjd S, Autio V, Laukkanen E, Närhi P, Rantanen P. Transparent criteria for specialist level adolescent psychiatric care. *ECAP* 2007;16:260-270
- Isojoki I, Fröjd S, Rantanen P, Laukkanen E, Närhi P, Kaltiala-Heino R. Priority criteria tool for elective specialist level adolescent psychiatric care predicts treatment received. *ECAP* 2008;17:397-405
- Kaltiala-Heino R, Berg J, Selander M, Työläjäarvi M, Kahila K. Aggression management in an adolescent forensic unit. *Int J Forensic Mental Health* 2007; 6:185-196
- Berg J, Öberg D, Haack MJ, Välimäki M, Kaltiala-Heino R. Provision of interventions in adolescent forensic units. *Int J Forensic Mental Health Serv* 2013; 3:155-164
- Kaltiala-Heino R, Crowley R, Kraemer S. Children and young people's mental health services. *Eurohealth* 2014;20(1):16-19
- Kaltiala-Heino R, Sumia M, Työläjäarvi M, Lindberg N. Two years of gender identity service for minors (submitted manuscript)