

Infrastructure, Policies and Practices in Child and Adolescents' Mental Health

CAMHEE PROJECT –

COUNTRY PROFILES QUESTIONNAIRE¹

1. BACKGROUND INFORMATION

- 1.1 Details of Project Co-ordinator (person with overall responsibility for co-ordinating the completion of the Country Profile)

Name	Piha, Jorma		
Country	Finland		
Area of work	<input type="checkbox"/> Government <input type="checkbox"/> NGO <input checked="" type="checkbox"/> Academic <input type="checkbox"/> Other _____		
Profession	Professor of Child Psychiatry		
Please specify if your work entails the following (please tick all that apply)	<input checked="" type="checkbox"/> Mental health care	<input type="checkbox"/> <u>Mental disorders prevention</u>	<input type="checkbox"/> <u>Mental health promotion</u>
Position and Title	Professor of Child Psychiatry		
Organisation	University and University Hospital of Turku		
Contact Address	Child Psychiatry Clinic University of Turku, P.O.Box 52, FI-20521 Turku, Finland		
Phone	+358-2-313 0000		
Fax	+358-2-31 32 412		
E-mail	jorma.piha@utu.fi		

- 1.2 Inclusive dates of data entry (dd/mm/yy through dd/mm/yy): **060908 – 111008**

- 1.3 Will this questionnaire describe the situation at the national or a regional level?

- National – Go to 1.4
 Regional only – If regional only, please specify which region or regions are covered?

Note! Part 6 is dealing mainly Central-Ostrobothnia Hospital District (Keski-Pohjanmaan sairaanhoitopiiri)

¹ This questionnaire is based and adapted mainly from Imhpa + HP-source questionnaire for Prevention and Promotion in Mental Health and the Mental and Neurological Health Policy and Services Development Country Profiles Questionnaire

2. POLITICS, POLICIES AND PRIORITIES

This covers public policy and judicial enactments, which may impact on children's and adolescents' mental health (CAMH) in either a positive or negative way, including general public health measures, taxation, general legislation, equity and human rights. Please indicate the presence or absence of each policy and the year it was made.

- 2.1 Have **national (or regional) level**², governmental policy documents for children and adolescents' mental health been published (available in paper or electronic format) in any of the following areas?

Please tick if any policies available, even if not all in a category are available, and give specifications of each policy as a separate document reference.

Please specify if all or some of these are at regional level rather than national level:

Note! In document references the English translations for example of laws/acts are unofficial (made by P. Santalahti) except in those documents, in which the publisher has provided English abstract.

In document references the funding is sometimes unclear to answer, because in Finland municipalities are responsible for organizing the services and documents are referring to National laws, recommendations or programmes. The current government is giving every year 30.5 milj euros special money to diminish young peoples marginalization and to improve their employment.

2.1.1. GENERAL POLICIES related to CAMH

National	Regional	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(i) Poverty and social exclusion: National Development Plan for Social and Health Care Services. Kaste Programme 2008-2011 [2.1.1.(i)-camhee-finland-santalahti.-22.9.2008.doc]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(ii) Social welfare (e.g. benefits and payments for disabled): Act on changing the health insurance law [2.1.1.(ii)-camhee-finland-santalahti.-24.9.2008.doc]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(iii) Child protection: Act on child protection [2.1.1.(iii)-camhee-finland-santalahti.-22.9.2008.doc]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(iv) Education and school programmes ² (e.g., school age, availability): Decree on welfare clinic services, school and student health services, and preventive oral health services for children and youth. Working group report. [2.1.1.(iv)-camhee-finland-santalahti.-27.9.2008]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(v) Day care legislation/policy for pre-school children: Act on changing the children's day-care law [2.1.1.(v)-camhee-finland-santalahti.-24.9.2008 , Early childhood education and care up to 2020. Final report of the Advisory Board for Early Childhood Education and Care. [2.1.1.(v)II-camhee-finland-santalahti.-24.9.2008 , Act on Children's day-care 36/1973, Children's day-care Decree 239/1973 [2.1.1.(v)III-camhee-finland-santalahti.-24.9.2008]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(vi) Family friendly workplace policies: Act on working agreement [2.1.1.(vi)-camhee-finland-santalahti.-27.9.2008]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(vii) Adoption, fostering policies [see reference in 2.1.1(ii), and 2.1.1.(vi)]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(vii) Divorce and custody policies: Act on maintenance-security [2.1.1.(vii)-camhee-finland-santalahti]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(viii) Industrialisation policies (e.g. building & expansion causing displacement): Child impact assessment [2.1.1.(viii)-camhee-finland-santalahti.-27.9.2008]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(ix) Urbanisation policies (e.g. growth & expansion rates of towns, cities & their infrastructure) [see 2.1.1.(viii)]
<input type="checkbox"/>	<input type="checkbox"/>	(x) Housing (e.g. state provided housing for certain groups, etc.) [Document Reference]

² If you are answering the questionnaire for a region rather than at the national level, please indicate for which region on p.1 of the questionnaire

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (xi) Anti discrimination (e.g., race, gender, disability, etc.): Act on changing the law on services and support given based on disability. Change of law 1267/2006 [2.1.1.(xi)-camhee-finland-santalahti.-24.9.2008.doc] |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | (xii) Other that apply directly or indirectly to CAMH
Act on changing the public health law, 626/2007 [2.1.1.(xii)-camhee-finland-santalahti.-24.9.2008]
Act on changing the Public health law, 928/2005 [2.1.1.(xii)II-camhee-finland-santalahti.-24.9.2008]
Act on municipal and service structure reform [2.1.1.(xii)III-camhee-finland-santalahti.-27.9.2008]
Finland Fit for Children. The National Finnish Plan of Action called for by the Special Session on Children of the UN General Assembly [2.1.1.(xii)IV-camhee-finland-santalahti.-24.9.2008]
Policy program for well-being of children, youth and families [2.1.1.(xii)V-camhee-finland-santalahti.-27.9.2008]
Policy program for Health promotion [2.1.1.(xii)VI-camhee-finland-santalahti.-27.9.2008]
Decree on change of the mental health decree 1282/2000 [2.1.1.(xii)VII-camhee-finland-santalahti.-27.9.2008] |

2.1.2. SPECIFIC POLICIES and LARGE-SCALE PROGRAMMES for CAMH

Please tick as appropriate to indicate the scale of the policies/programmes and whether the action has gone beyond the stage of approval to be allocated a budget and implemented.

Note! *National* means here that more than just one or two municipalities are participating in programmes. Municipalities can decide themselves in which projects they participate.

Municipalities are responsible to provide those services required by law, but otherwise they are quite independent for deciding how to organize the services.

National	Regional	Budgeted + Implemented	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(i) Programmes for infants and toddlers: Preventive mental health work at primary level [2.1.2.(i)-camhee-finland-santalahti.-28.9.2008]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(ii) Parenting support provision: Development of family centre services. Final report of the FAMILY Project. [2.1.2.(ii)-camhee-finland-santalahti.-28.9.2008]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(iii) To improve life skills (education in life skills, socio emotional learning, etc.): Youth act [2.1.2.(iii)-camhee-finland-santalahti.-27.9.2008] , Well-being at school communities - final report of the development project [2.1.2.(iii)II-camhee-finland-santalahti.-28.9.2008]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iv) To prevent depression and anxiety: Friends for Life [2.1.2.(iv)-camhee-finland-santalahti.-28.9.2008] , The Ostrabothnia Project [2.1.2.(iv)II-camhee-finland-santalahti.-28.9.2008]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(v) To prevent suicide and self-harm/mutilation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vi) To prevent violence and aggression towards children/adolescents: Recommendations for the prevention of interpersonal and domestic violence. Recognise, protect and act. How to guide and lead local and regional activities in social and health care services. [2.1.2.(vi)-camhee-finland-santalahti.-28.9.2008]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(vii) To prevent violence and aggression perpetrated by children/adolescents: Anti-bullying programme KiVa Koulu [2.1.2.(vii)-camhee-finland-santalahti.-28.9.2008]

- | | | | |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (viii) To prevent criminal detention: Practices and impact of crime arbitration among children aged under 15 years. Research project Children in crime arbitration [2.1.2.(viii)-camhee-finland-santalahti.-28.9.2008] , see also 2.1.2.(iv)II |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (ix) To reduce stigma and discrimination (racism, bullying, homophobia) [see 2.1.2.(vii) , see also 2.1.2.(iv)II] |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (x) To prevent disorders in children associated with parental mental health problems: The Efficient Child and Family program [2.1.2.(x)-camhee-finland-santalahti.-28.9.2008] |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (xi) To prevent disorders in children associated with parental alcohol and drug problems: Government Resolution on Strategies in Alcohol Policy [2.1.2.(xi)-camhee-finland-santalahti.-28.9.2008] |

2.2. Please summarise the key points of the most important mental health policies for the improvement of mental health of children and adolescents and when they were enacted (put into action). Describe briefly how implementation has proceeded, and any problems/obstacles that have emerged in the course of implementation

Most important mental health policies etc	When enacted (put into action)	Key points of implementation process and obstacles to implementation.
<p>The aims of the policies and programmes as such are good, but their realization at municipality level are not always successful (municipalities are responsible for organizing services). In the promotion and prevention areas, good functioning primary services are essential. However for example the home services for families with children (for example when a mother is sick, municipality offers help to cook, take care of children etc.) is cut tremendously. In the beginning of the 1990s, 52 300 families received home service, but in 2004 only 13 4000. Sometimes new services are arranged by cutting the already existing services. The state has given extra money for programmes to prevent marginalization, to prevent mental disorders of children and to organize projects in specialized care. It is uncertain when and which projects lead to improved activities or services. Discontinuous and short- term financing is a problem.</p>		

2.3. Have non-governmental (private enterprise, research institute, NGO, etc) policy documents on child and adolescents' mental health been published?

- Yes – if yes, please specify below: (a)
- No – Go to 2.4
- Don't Know/Unsure – Go to 2.4

(a) Please provide the origin, content area and **[Document Reference]** for of the policy document.

	Non-governmental bodies	Content area of policy document	Document reference
(i)			
(ii)			
(iii)			
(iv)			

2.4. Is there an ombudsman for children's rights in your **country**/region?

- Yes – Please give details as an
[\[http://www.lapsiasia.fi/Resource.phx/lapsiasia/english/index.htm\]](http://www.lapsiasia.fi/Resource.phx/lapsiasia/english/index.htm)
- No – please state here which department/body is responsible for children's rights, if any

3. MONITORING, SURVEILLANCE AND EVALUATION

This section covers the *monitoring* and assessment of trends in children's and adolescents' mental health (CAMH) – both positive and negative – and the evaluation of policies and action aimed at improving or maintaining CAMH.

3.1 Is there information on the prevalence of mental disorders among children and young people (e.g. MH disorder prevalence rates) in young country?

- Yes – go to part (a)
- No – go to section 3.3

(a) Is the information available at a nation or regional level?

- National – go to part (b)
- Regional (specify) _____ - go to part (b)

(b) What are the sources of data of prevalence rates of childhood mental disorders? (Please tick all that apply)

- National surveys carried out for the National office of statistics or National Statistical Institutes (NSIs):

Information on adolescent depressive symptoms is collected annually by STAKES (National Research and Development Centre for Welfare and Health) with National School health survey, other information presented here on psychiatric disorders is from scientific research


- Administrative data (GP records, Hospital records, registries)
 - 1. Hospital discharge register in STAKES, possible to get diagnosis of inpatient patients, in the future also from outpatient patients (Not used here)**
 - 2. National Educational Statistics**
 - 3. The Social Insurance Institution of Finland, KELA, information on prescribed drugs, rehabilitation and special allowances for sick and disabled children (Not used here)**

3.2 Using what you regard as the best source of data, please give prevalence rates for the following child/adolescent mental disorders:

Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q
- You do not know if the data is collected – N/K

Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.1 <u>Anxiety disorders</u>	General anxiety 5.2% Specific fear 2.4%	8-9 8-9	Point prevalence	Nationwide, representative sample. Semi-structured interview for parents (Scientific research)	1989
3.2.2 Depression (moderate to	Any depression 6.2%	8-9	Point prevalence	See 3.2.1	1989


severe diagnosis)	<p>moderate to severe 13%</p> <p>moderate to severe 10%</p> <p>moderate to severe 11%</p> <p>Major depressive episode 5.3%</p>	<p>pupils in the 8th and 9th grade (approximately 14-16 yrs.)</p> <p>pupils in the 1st and 2nd years in high school (16-18 yrs)</p> <p>pupils in the 1st and 2nd year in vocational school (16-18 yrs)</p> <p>15-19 yrs</p>	<p>Point prevalence</p> <p>Point prevalence</p> <p>Point prevalence</p> <p>12-month prevalence</p>	<p>National, representative sample, Questionnaire for pupils</p> <p>National, representative sample, Questionnaire for pupils</p> <p>National, representative sample, Questionnaire for pupils</p> <p>National, representative sample, Questionnaire for pupils</p> <p>National, representative sample (Scientific research)</p>	<p>2006/2007</p> <p>2006/2007</p> <p>2007</p> <p>1996</p>
3.2.3	Bipolar disorder (Manic-depressive)				
3.2.4	Attention-Deficit/Hyperactivity Disorder (ADHD)	7.1%	8-9	Point prevalence	See 3.21 1989
3.2.5	<u>Learning disorders</u> 	<p>Dysphasia: 3482 persons</p> <p>Mild developmental delay: 9130 persons</p> <p>Severe developmental delay: 2939 persons</p>	<p>Approx. 6-16 years</p> <p>Approx. 6-16 years</p> <p>Approx. 6-16 years</p>	Received special education In 2005 because of these diagnosis	National statistics, based on school records 2005
3.2.6	Conduct disorder (act out their feelings or impulses in destructive ways)	4.7%	8-9	Point prevalence	See 3.21 1989
3.2.7	Eating disorders				
3.2.8	Autism and pervasive developmental disorders	751 persons	Approx. 6-16 years	Received special education In 2005 because of this diagnosis	National statistics, based on school records 2005


3.2.9	Schizophrenia					
3.2.10	Self-mutilation or self harm					
3.2.11	Childhood/Adolescent suicide attempt					
3.2.12	Childhood/Adolescent Suicide	4 boys /534 528 12 girls/ 512 595	1-17 1-17	Year year	National statistics National statistics	2005 2005
3.2.13	Other common disorder in your country (please specify):					

3.3 Please give the percentage of the following child population (if available).

Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q
- You do not know if the data is collected – N/K


Vulnerable child populations	% of child population (or not available code)	Age-range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Description of the data given (e.g. region/ city data applies to, qualitative explanatory information, Year, accurate reflection? etc.)
3.3.1 Children living in poverty	93 262/1.1 million 8.5% received social assistance	0-17	2006	STAKES, Official Statistics Finland	National Reliable
3.3.2 Homeless children					N/C
3.3.3 <u>Early school leavers</u>  (Please specify age range)	60/600 000 = 0.01%	7-16	2005/2006	Official Statistics Finland	National Reliable
3.3.4 Children experiencing bullying	8%	Pupils in the 8th and 9th grades (about 14-16 yrs) pupils in	2006-2007	Questionnaire to pupils	Representative samples collected annually by STAKES

	2%	the 1 st and 2 nd years in high school (16-18 yrs)	2006-2007	Questionnaire to pupils	Representative samples collected annually by STAKES
	4%	pupils in the 1 st and 2 nd year in vocational school (16-18 yrs)	2007	Questionnaire to pupils	Representative sample collected by STAKES
3.3.5 Youth unemployment	31 040/654 878 5% Less than 52 weeks, 699/654 878 0.1% 52 weeks or more	15-24	2005	Official Statistics Finland	National Reliable
3.3.6 Children in care (living in any residential places other than families)	15 160/1.1 million = 1.4% replaced from own home, 9656/ 1.1 million = 1% placed outside families	0-17	2005	STAKES, Official Statistics Finland	National Reliable
3.3.7 Asylum seeker children	98 unaccompanied children sought asylum	0-18	2007		
3.3.8 Traveller children 	In Finland it is prohibited to have registers based on ethnicity				N/C
3.3.9 Juvenile offenders (cautioned or prosecuted)	3958/198532 = 2% sentenced	15-17	2006	Official Statistics Finland	National Reliable
3.3.10 Children abandoned due to parental migration for employment					
3.3.11 Other Vulnerable populations: heavy drinking at least once a month	23%	Pupils in the 8 th and 9 th grades (about 14-16 yrs)	200-2004	Questionnaire to pupils	Representative samples collected annually by STAKES

3.4 Is there information on national or regional child and adolescents' positive mental health (e.g. children's wellbeing, self-esteem, quality of life, resilience, etc) collected through monitoring and/or surveillance activities (tick one)?

Yes – please provide:

[Basic values. The Youth Barometer 2007 \[3.4.I-camhee-finland-santalahahti.-2.10.2008.doc\]](#),

NB - Words and phrases marked like this  appear in the glossary

School Health Promotion Study started by STAKES (The National Research and Development Centre for Welfare and Health)

<http://info.stakes.fi/NR/rdonlyres/OACF263A-9049-4023-A86E-0561C6E08C1B/0/SHPSfordummies2007.pdf>

School health survey. Trends of youths' well-being and areal differences [[3.4.II-camhee-finland-santalahti.-2.10.2008.doc](#)] for the most recent report

- No – Please use coding for not available as above (NC, N/Acc etc): ____ - Go to 3.6

3.5 Using what you regard as the best source of data, please give prevalence rates for the following aspects monitored for positive CAMH:

Positive child and adolescent mental health	Prevalence (%) to 1 decimal place or N/A (not available)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.5.1 Wellbeing/self-esteem (please specify) "How satisfied you are with your health?" scale 4-10 (10 as best)	Mean value for all respondents 8.7	15 – 29 yrs.		Phone interview	2007 (The Youth Barometer is collected annually. Representative random sample)
3.5.2 Quality of Life "How satisfied you are with your life at the moment?" scale 4-10 (10 as best)	10: 8% 9: 47% 8: 37% 7: 7% 6: 1% 5: 0% 4: 0%	15 – 29 yrs.		Phone interview	As 3.5.2
3.5.3 Resilience					
3.5.4 Other (please specify) How often you meet your friends?	Daily – 52% Weekly – 39% More seldom-9%	15 – 29 yrs.		Phone interview	As 3.5.2

3.6 Are policies for children and adolescents evaluated and reported in the following areas (tick all that apply)?

- (i) Mental health service and care policies [**Document Reference**]
- (ii) Mental health promotion policies (evaluation and/or reporting) [**Document Reference**]
- (iii) Mental disorder prevention (evaluation and/or reporting) [**Document Reference**]

None of the above: **There is no evaluation of policies as such, however there are reports for instance about use of services and evaluations of some programmes.**

Where applicable comment on evaluation and/or reporting process, methods, variables, etc using the table below.

Policy	Evaluation methodology	Reporting process including Document Reference
(i) Mental health service and care policies		
(ii) Mental health promotion		

policies (evaluation and/or reporting)		
(iii) Mental disorder prevention (evaluation and/or reporting)		

4. IMPLEMENTATION

This covers initiatives and capacity for public health action aimed at improving, maintaining or promoting CAMH. Providers of services and programmes should be included in this section. Please indicate the availability of services and programmes as the percentage of the relevant child population with access to the specified action (whether it is universal, targeted or indicated).

- 4.1. Please provide names and **[Organisational Reference(s)]** for the principal bodies (main providers) that are involved in implementing programmes and other action (such as helpline initiatives, services and legislation affecting MH) for children and adolescents:

- 4.1.1. Mental health care and services:

There are in Finland 20 hospital districts which are responsible to arrange specialized level mental health care and services for children and adolescents, e.g 5 university hospital districts:

HUS <http://www.hus.fi/default.asp?path=59>,

VSSH <http://www.vssh.fi/en/>,

PSHP <http://www.pshp.fi/default.aspx?contentlan=2>,

PPSH <http://www.ppsp.fi/default.asp?lng=4288>,

PSSH <http://www.pssh.fi/index.asp?language=2>

- 4.1.2. Mental health promotion and mental disorder prevention:

STAKES <http://www.stakes.fi/EN/index.htm>

National Public Health Institute <http://www.ktl.fi/portal/english/>

Mannerheim League for Child Welfare http://www.mll.fi/in_english/

Save the Children Finland <http://www.pelastakaaapset.fi/en/home>

Central Union for Child Welfare in Finland http://www.lskl.fi/showPage.php?page_id=38

The Federation of Mother and Child Homes and Shelters

http://www.ensijaturvakotienliitto.fi/in_english/

Children of the Station <http://www.asemanlapset.fi/articles/591/>

The National Family Association promoting Mental Health in Finland

<http://www.omaisten.org/eng.php>

- 4.2 How available are services for child and adolescents' mental health care and treatment? (Please circle the category that best applies).

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). If you do not know the approximate availability, please write D/K in the quantification column.

Where service availability varies in different parts of your country, please try to take the country or region as a whole. The term "appointment" also includes telephone consultations.

Note! In Finland municipalities are responsible to arrange CAMH-services, and these services are widely available throughout the country, except some special services.

Services	Not available ↓	1-25%	26-50%	51-75%	Widely available ↓	Quant. or D/K ↓
4.2.1 Child Psychiatric appointments	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.2 Psychologist appointments	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.3 Social service appointments for children (e.g. child protection)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.4 Family therapy/counselling appointments	0%	1-25%	26-50%	51-75%	76-100%	_____

4.2.5 Infant-specific services (e.g. early intervention services)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.6 Adolescent-specific services (e.g. outpatient centres)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.7 Group therapy	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.8 School counselling	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.9 Pharmacological treatment	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.10 Psychosocial rehabilitation centres for adolescents	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.11 in-patient beds on general psychiatric ward	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.12 in-patient beds on child psychiatric ward	0%	1-25%	26-50%	51-75%	76-100%	_____
Other (please specify):						
4.2.13 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.14 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

- 4.3. How available are programmes for child and adolescents' mental health promotion and mental disorder prevention? (Please circle the category that best applies).

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country of region.

If you do not know the approximate availability, please write D/K in the quantification column

There are in Finland differences between municipalities concerning MHP and MDP programmes but no official information about those programmes is available.

Programmes	Not available		Widely available			Quant. or D/K
	↓				↓	
4.3.1 Home-based for infants	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.2 Home-based for children	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.3 Parenting programmes (general population)	0%	1-25%	26-50%	51-75%	76-100%	_____
Note! Parenting programs for pregnant women and their partners						
4.3.4 Parenting programmes (specified at risk population)	0%	1-25%	26-50%	51-75%	76-100%	_____
Note! Parenting programs for pregnant women and their partners						
4.3.5 School mental health promotion (e.g. teaching well-being life skills)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.6 School targeted preventive programmes (e.g. anti-bullying)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.7 Drug and alcohol abuse prevention	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.8 Promotion/prevention at hospital/clinic	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.9 In Churches, clubs, recreation centres	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.10 Promotion/prevention via Internet	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.11 Protective services	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.12 Custodial settings (detention centres)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.13 Community settings	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.14 telephone counselling	0%	1-25%	26-50%	51-75%	76-100%	_____
Other (please specify):						
4.3.15 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.16 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

- 4.4. In addition, are there specific subgroups of children and adolescents that have access to specially designated mental health services or promotion/preventive action, tailored to the subgroup's unique needs?³

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country of region.

If you do not know the approximate availability, please write D/K in the quantification column

Subgroups	<u>Specially designed services</u>					Quant. or D/K ↓
	Not available ↓				Widely available ↓	
4.4.1 Minority groups	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.2 Migrant populations	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.3 Orphans	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.4 Children living in poverty	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.5 Runaways/homeless	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.6 Refugees/disaster-affected populations	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.7 "Seriously emotionally disturbed"	0%	1-25%	26-50%	51-75%	76-100%	_____
<p>Two specialized unit for seriously disturbed children and adolescents http://www.pshp.fi/default.aspx?contentid=226&contentlan=1 (only in Finnish) http://www.niuva.fi/english/difficult.htm</p>						
4.4.8 Victims of bullying	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.9 Early school leavers	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.4.10 Unemployed youth	0%	1-25%	26-50%	51-75%	76-100%	D/K
Other (Please specify):						
4.4.11 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.12 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

³ Question adapted from WHO MH Atlas on children and adolescents (2005)

5. KNOWLEDGE DEVELOPMENT, RESEARCH AND INFORMATION DISSEMINATION

This section covers country or regional initiatives to develop the knowledge base and disseminate knowledge in the area of children's and adolescents' mental health.

Please indicate and give details in an accompanying reference sheet for key research and dissemination activities and the organisations which carry this out.

5.1 Provide **[Document or Organisational Reference(s)]** of up to 3 key research projects being conducted in your country into: **Instead of Document References, a reference for a recent publication from the project is given.**

5.1.1 Child and adolescent psychiatric disorders

- (i) **LAPSET-study , epidemiological study (longitudinal study: Sourander A, Jensen R, Rönning JA et al. Who is at greatest risk of adverse long-term outcomes? The Finnish From Boy to a Man study. J Am Acad Child Adolesc Psychiatry. 2007;46(9):1148-61, comparison of three different cohorts: Sourander A, Niemelä S, Santalahti P et al. Changes in psychiatric problems and service use among 8-year children: a 16-year population-based time-ternd study. J Am Acad Child Adolesc Psychiatry. 2008;47(3):317-27.)**
- (ii) **Northern Finland Birth Cohort Study (Lubke GH, Muthen B, Moilanen IK et al. Subtypes Versus Severity Differences in Attention-Deficit/Hyperactive Disorder in the Northern Finnish Birth Cohort. J Am Acad Child Adolesc Psychiatry 2007;46(12)1584-1593.)**
- (iii) **Adolescent Depression Study (Karlsson L, Kiviruusu O, Miettunen J et al. One-year course and predictors of outcome of adolescents depression: a case-control study in Finland. J Clin Psychiatry 2008;69:5:844-53.)**

5.1.2 Care related issues

- (i) **Child and Adolescent Psychiatric Inpatient Care in Finland (Ellilä H, Sourander A, Välimäki M, Piha J. Characteristics and staff resources of child and adolescent psychiatric hospital wards in Finland. J Psych Menatl Health Nurs 2005;12:209-214.)**
- (ii) **Psychotherapy study on childhood depression (Trowell J, Joffe I, Campbell J, Clemente C, Almqvist F et al. Childhood depression: a place for psychotherapy. An outcome study comparing individual psychodynamic psychotherapy and family therapy. Eur Child Adolesc Psychiatry 2007;16:157-167.)**
- (iii) **Adolescentst major depression and health care use (Haarasilta L, Marttunen M, Kaprio J, Aro H. Major depressive episode and health care use among adolescents and young adults. Soc Psychiatry Psychiatr Epidemiol 2003;38:7:366-72.)**

5.1.3 Prevention of mental disorders

- (i) **The Efficient Child and Family program, support for families,in which a parent has severe disease or psychiatric problems (see 2.1.2 (x))**
- (ii) **Anti-bullying programme KiVa-koulu (see 2.1.2. (vii))**
- (iii) **Families in the shadow of cancer (Schmitt F, Manninen H, Santalahti P et al. Children of Parents with Cancer: A Collaborative Project Between a Child Psychiatry Clinic and an Adult Oncology Clinic. Clinical Child Psychology and Psychiatry 2007;12(3)421-436.**

5.1.4 Promotion of mental health

- (i) **The Europeam Early Promotion Project (Puura K, Davis H, Cox A et al. The Europeam Early Promotion Project: Description of the Service and Evaluation Study. Int J Mental Health Promotion 2005;7(1)17-32.**
- (ii) **Schools on the move (targeted to promote general health, but has also psychosocial element <http://www.koulutiikkeelle.fi/Default.aspx?tabid=36>**
- (iii) _____

- 5.2 What are the principal bodies involved in information dissemination to keep health care professionals informed about children's and adolescents':
- 5.2.1 Mental health care and services provision? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.
The five University hospitals and their child and adolescent psychiatric units. STAKES. National Public Health Institute, NGO:S The Finnish Society for Child and Adolescent Psychiatry (<http://www.lpsy.org/>) ADHD-liitto, Omaiset Mielenterveystyön tukena, Ensi ja turvakotien liitto (see 4.1)
- 5.2.2 Mental health promotion and mental disorder prevention? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.
As in 5.2.1 and in addition Departments of Psychologies in the Universities, Ministry of Social Affairs and Health and Ministry of Education.

6. YOUTH INVOLVEMENT

Here, we are interested in how children and adolescents are included in the process of policy decision-making and programme planning and implementation, which aims to affect their mental health and well being. This includes means by which children are consulted, through surveys or focus groups for opinion and information as well as their involvement as active agents in programme implementation (e.g. in peer-led initiatives).

6.1 Are children and adolescents involved in:

6.1.1 Implementing national, regional and municipal programmes in the field of CAMH and related fields?

Yes – provide **[Document Reference]** and briefly describe

Yes, but only indirectly. The ombudsman for children contacts children directly when visiting various cities. The ombudsman then contacts local and national authorities and bodies. <http://www.lapsiasia.fi/Resource.phx/lapsiasia/english/index.htm>

No

6.1.2 Programme design and implementation of mental health promotion and/or mental disorder prevention programmes?

Yes – **The Ostrbothnia Project** [\[2.1.2.\(iv\)II-camhee-finland-santalahti.-28.9.2008\]](#)

The largest regional mental health promotion and prevention program at present, The Ostrobothnia Project organised for example seminars with children to tackle depression in the area. Children were then asked to process the subject during their school-day. The results, their writings, paintings, etc. were collected, evaluated and then the project organised an exhibition of the products. This exhibition then visited local libraries in the area.

No

6.1.3 Decision-making processes?

Yes – provide **[Document Reference]** and briefly describe

Both the ministry of internal matters and ministry of education have organised a program to enhance participation of people in local and regional decision-making. The later program by the ministry of education has especially dealt with participation in school system while the former program targeted to wider participation in the society. As part of this program several municipalities encouraged especially participation of children and adolescents. He is given as an example city of Kokkola. In 1997 the city of Kokkola decided to develop local childhood politics. Children and adolescents were encouraged to participate on all levels of decision-making. Where a kindergarten needed reconstruction, children and architects had meetings together or children made their plans and they were given to the architects. Where a new area was planned the zone plan was evaluated by children – not to build roads on best play areas, high rocks etc. Also most schools organised class-representatives – who together visited the department of education, if there was something they were dissatisfied with. Also a youth council was organised. Today two of the members of the local youth council are members of Finnish Parliament! The experiences of the Kokkola city program showed, that such a plan needs resources, several spokesmen to motivate local authorities, flexibility from various bodies to write their plans so that children and adolescents can evaluate them. Often not only to write, but to express the plans with visits to nature, pictures etc. But what was most challenging, was that authorities of city planning, construction, environment etc. were often more motivated to listen to the children than the bodies and authorities within health and social care sector. The department of education plays a key role, but is important to understand that this does not mean that children should participate only when dealing with school issues.

No

6.1.4 Development of CAMH policies?

Yes – provide [**Document Reference**] and briefly describe

x No

6.2 In your opinion, what could be done in your country to increase participation of children and adolescents in the development of action for mental health?

There are several good examples on local level. The participation program of the ministry of education has web-information in Finnish:

<http://www.edu.fi/SubPage.asp?path=498,24009,24538,24539,70680> (only in Finnish)

7. HUMAN AND FINANCIAL RESOURCES

This section asks about professional resources and financial resources, looking at the provision mechanisms, distribution and availability as well as the quality of human resources (specialisation and training) in the field of CAMH in your country.

Professional Workforce

7.1 Is higher education specifically in children and adolescents' mental health promotion and/or mental disorder prevention available from at least one institution of higher education (tick one)?

Yes – provide **[Organisational Reference(s)]** for each institution

(i) Universities with medical faculties and departments of psychology

Helsinki (<http://www.helsinki.fi/university/index.html>)

Turku (<http://www.utu.fi/en/>)

Oulu (<http://www oulu.fi/english/>)

Kuopio (<http://www.uku.fi/english/>)

Tampere (<http://www.uta.fi/english/>)

Universities with departments of psychology

Turku/Åbo (<http://www.abo.fi/public/fi/?setlanguage=en>)

Jyväskylä (<http://www.jyu.fi/en/>)

(ii) There are in Finland around 30 polytechnics, and in most of them there are possibilities to study health and social disciplines

(<http://db3.edu.fi/koulut/hakutulosryhma.asp?ryhma=ak&ryhmaoS=Ammattikorkea koulut>) (list of polytechnics, only in Finnish)

No

7.2 Is training in CAMH issues included in the curricula of relevant higher education qualifications?

Yes – if yes, please fill in table (a)

No – go to 7.3

(a) Please specify what training in children and adolescents' mental health issues forms a part of the higher education national curriculum (as a specific course or part of a general course) of different relevant professionals and the number of credits/hours this entails

	Undergraduate	CAMH-specific course?	Post graduate/ Master level	CAMH-specific course?	Num credits	Num hours
Medical doctors (basic undergraduate training)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Varies between universities
Primary care doctors/GPs	All medical doctors are able to act as GPs	<input type="checkbox"/>		<input type="checkbox"/>		
Paediatricians		<input type="checkbox"/>		<input type="checkbox"/>		No
Public health professionals	No specific education for such professional	<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Primary care nurses		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Psychiatric nurses		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Psychologists		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Varies between universities
General psychiatrists		<input type="checkbox"/>		<input checked="" type="checkbox"/>		Not very much

Staff of juvenile detention centres		<input type="checkbox"/>		<input type="checkbox"/>			No information
Teachers		<input type="checkbox"/>		<input type="checkbox"/>			No
Social workers		<input type="checkbox"/>		<input type="checkbox"/>			No
Other relevant professional (please specify)		<input type="checkbox"/>		<input type="checkbox"/>			
_____		<input type="checkbox"/>		<input type="checkbox"/>			
_____		<input type="checkbox"/>		<input type="checkbox"/>			
_____		<input type="checkbox"/>		<input type="checkbox"/>			

7.3 Do medical professions specialised exclusively in CAMH exist in your country?

- x Yes – go to part (a)
- No – go to 7.4

(a) Please give the number of practitioners registered and the number of these in private practice:
Number of child or adolescent psychologists?

No official information, total number of working age psychologists is around 400, and ¾ of them are working in the public sector. There are no information how many of them are working with CAMH and CAP services. in private practice?.

Number of child or adolescent psychiatrists? **around 360**, in private practice? **< 10 %**.

Funding

7.4 In the past 5 years, how has resource allocation to child and adolescents' mental health in general changed? (Please tick)

- x Large increase in resources **Extra discontinuous state funding to develop CAMH and CAP services**
- x Small increase in resources **In some regions of the country**
- No or little change in resources
- Small decrease in resources
- Large decrease in resources

7.5 In the past 5 years, how has resource allocation to specific areas of child and adolescents' mental health changed?

Please refer to real (proportional) change in resources, not to change due to economic growth, inflation or currency change. (For example, because of a general increase in a country's economic growth, resources may appear to increase, while their proportional allocation does not increase – do not record this as an increase).

7.5.1 Evidence-based and community-oriented / family-focused services (please tick):

- Large increase in resources
- Small increase in resources
- x No or little change in resources
- Small decrease in resources
- Large decrease in resources

7.5.2 Evidence-based MH promotion activities (please tick):

- Large increase in resources
- Small increase in resources
- x No or little change in resources
- Small decrease in resources
- Large decrease in resources

7.5.3 Treatment and care in residential institutions (please tick):

- Large increase in resources
- Small increase in resources
- x No or little change in resources **There are close to 600 hospital beds for children and adolescent in Finland, this is very high number from European perspective**
- x Small decrease in resources **In some hospital districts there are strivings to decrease the number of CAP beds, and consequently to invest in open care facilities**
- Large decrease in resources

7.6 Are funds dedicated to children and adolescents' mental health clearly identifiable in the most recent national budget? (please tick)

- x Yes – If yes, please specify the amount **an extra funding of 4 M€** - then give details in part (a)
- No – go to 7.7
- Don't know

(a) How are the clearly identifiable funds distributed across CAMH services?

- Distributed for specific areas – please provide the amounts, if available:

Area	amount
Mental health care	2 M€
Mental health promotion	€
Mental disorder prevention	€
Other (specify) CAP forensic psychiatry	2 M€

- Distributed for relevant activities (e.g., parent training programmes, school suicide and violence prevention, screening and early detection, drug and alcohol abuse prevention, etc.) – please provide the amounts, if available:

Activity (please specify)	amount
(i) Not specified	€
(ii)	€
(iii)	€
(iv)	€

7.7 Are funds used for CAMH **not** clearly identified but rather mixed in with other funds in the most recent national budget?

- x Yes – If yes, please identify the areas which hold funds used for CAMH (e.g. mental health budget, education budget allowance, housing etc.) and where available, indicate the proportions **Health care budget**
- No – go to question 7.8
- Don't know

7.8 Are funds dedicated to children and adolescents' mental health clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, associations, etc)? (Please tick)

Yes

- No – go to Section 8
- x Don't know

7.9 Which are main donors of funds to NGOs (state budget, regional/municipal budgets, international organisations/foundations, private for-profit sector, etc)?
Not possible to define

8. PERSONAL EVALUATION OF THE STATE OF THE FIELD

Here we would like to hear your opinion of the state of the field of CAMH in your country. Please try to reach a level of agreement in your coalition group. If this is not possible, please indicate with the phrase: "difference of opinions".

Recent advances

- 8.1 What have been the key recent advances in your country related to children and adolescents' mental health care? Please list up to 5 and include their dates:

Key recent advances in CAMH care	Date	Additional comments
1. Foundation of STAKES (The National Research and Development Centre for Welfare and Health)	1.12.1992	STAKES started to operate under the Ministry of Social Affairs and Health on 1 December 1992, when its predecessor body, the National Agency for Welfare and Health, established in 1991, was abolished. The National Agency for Welfare and Health was preceded by the National Board of Social Welfare and the National Board of Health. In STAKES there is one professional for only CAMH issues. http://www.stakes.fi/EN/index.htm
2. Decree on change of the mental health decree 1282/2000 Decree on mental health 1247/1990	1.1.2001	Decree to guarantee CAP & CAMH evaluation and treatment. Evaluation must be started in 3 weeks and necessary treatment in 3 months. Health care centres have the responsibility to plan and integrate CAMH services within its own catchment area [2.1.1.(xii)-camhee-finland-santalahti.-27.9.2008] http://www.finlex.fi/fi/laki/ajantasa/1990/19901247
3. Full adoption of the Convention on the Rights of the Child (1989)	June 1991	The Parliament accepted the law that Finland joined the Convention without any reservations. According to the article 37c children deprived from freedom should be kept separate from adult patients (as well as prisoners). This led to establishment of more than 10 new inpatient psychiatric units for adolescents during the 1990s.
4. Act on child protection (Child welfare act)	1.1.2008	The new act pays much more attention to health problems of children in care. More than 25 % of the paragraphs of the law give responsibilities to health care professionals. The health status of every child placed outside home has to be evaluated and health records kept during the placement. [2.1.1.(iii)-camhee-finland-santalahti.-22.9.2008.doc] http://www.finlex.fi/fi/laki/ajantasa/2007/20070417?search%5Btype%5D=pika&search%5Bpika%5D=lastensuojelulaki

- 8.2 What have been the key recent advances in your country related to children and adolescents' mental health promotion or mental disorder prevention? Please list up to 5 and include their dates:

Key recent advances in CAMH promotion/prevention	Date	Additional comments
1. Special funding for CAMH & CAP	2000-2008	Special state funding to develop CAMH & CAP services was provided the hospital districts during these years. The amount of money decreased each year and the continuation of this extra funding was always uncertain.
2. The Efficient Child and family program org by STAKES – a nationwide development and training program for	2002-	The Effective Family project aims to develop working methods that help provide support to families and children and prevent disorders in children when a parent has mental health problems or a severe illness. The methods are intended to be used by social and health care professionals, different co-operating partners and organisations. The project aims to

professionals who work with children and families with high risk		strengthen the preventive approach and build up co-operation between services for adults and services for children. Effective Family is a research, development and implementation project that covers the whole of Finland http://info.stakes.fi/toimivaperhe/EN/index.htm [2.1.2.(x)-camhee-finland-santalahti.-28.9.2008]
3. Act on child protection (Child welfare act)	1.1.2008	According to the new act the well-being of children has to be taken on agenda of the city council of every municipality regularly. At least once in four years the city council has to evaluate well-being of minor inhabitants and decide of the plan for well-being of children and adolescents. The plan must be dealt in connection of the local authorities budgets. [2.1.1.(iii)-camhee-finland-santalahti.-22.9.2008.doc] http://www.finlex.fi/fi/laki/ajantasa/2007/20070417?search%5Bt%5D=pika&search%5Bpika%5D=lastensuojelulaki
4. Childrens right to day-care and early education	1.1.1990 1.1.1996	The subjective right of every child under 3 years of age to day care – institutional or home-day-care in 1990 and for all children under school-age in 1996. Act on Children's day-care 36/1973, Children's day-care Decree 239/1973 [2.1.1.(v)III-camhee-finland-santalahti.-24.9.2008]
5. School Health Promotion Study started by STAKES (The National Research and Development Centre for Welfare and Health)	1996	School Health Promotion (SHP) Study, launched in 1995, is to strengthen the planning and evaluation of health promotion activities at the municipality and school levels. STAKES takes care of the data collection and reporting, the responsibility for the interpretation and practical use of data lies with municipalities and schools. [3.4.II- camhee-finland-santalahti.-2.10.2008.doc] http://info.stakes.fi/NR/rdonlyres/0ACF263A-9049-4023-A86E-0561C6E08C1B/0/SHPSfordummies2007.pdf
6. The Ostrobothnia Project – the largest regional mental health promotion, program at present – also special targets for CAMH	2005-2014	The Ostrobothnia Project is a development project of mental health and substance misuse work within three hospital districts of Ostrobothnia – 10 % of Finnish population live in the area.. The main objective of the project is to develop mental health work and substance misuse services for the promotion and improvement of well-being of the people living in the area. The target population are the residents of the area, their life cycle, the service system around them and their environment. http://www.pohjanmaanmaahanke.fi/Default.aspx?id=519312
7. The Ombudsman for Children started in Finland (and the law of the ombudsman accepted).	1.9.2005	The Ombudsman for Children promotes the realization of the rights and interests of children at the general decision-making and legislative levels. She works in collaboration with other officials, organizations, child research and other interest groups dealing with issues concerning children. One aim is to improve collaboration among all those involved in child policy through better coordination. http://www.lapsiasia.fi/Resource.phx/lapsiasia/english/index.htm http://www.lapsiasia.fi/Resource.phx/lapsiasia/english/topicals/index.htm
8. A national board to support the work of the Ombudsman (lapsiasianeuvottelukunta)	1.9.2006	The board (2006-2011)has members from universities, several ministries (education, finance, foreign affairs, internal affairs...) most important non-gov organisations within child policy. The board evaluates progress within various sector of the society, new legislation or proposals etc. and gives statements.

Tackling inequalities

- 8.3 In your view, is the data routinely being collected on CAMH issues in your country the right data?
- x Yes – Please provide an example of appropriate data collection:
- School Health Promotion Study started by STAKES (The National Research and Development Centre for Welfare and Health)**
<http://info.stakes.fi/NR/rdonlyres/0ACF263A-9049-4023-A86E-0561C6E08C1B/0/SHPStfordummies2007.pdf>
- School health survey. Trends of youths' well-being and areal differences** [[3.4.II-camhee-finland-santalahti.-2.10.2008.doc](#)]
- Basic values. The Youth Barometer 2007** [[3.4.I-camhee-finland-santalahti.-2.10.2008.doc](#)]
- x No
Similar data collection concerning the children is missing
- 8.4 In your view, is the data routinely being collected on CAMH issues in your country used in an effective way?
- Yes – Please provide an example of appropriate data use:
-
- x No
CAMH information collected do not reach the municipality level decision makers.
- School Health Promotion Study started by STAKES in one good example of good, statistical, relevant and scientifically valid information, that is not used locally very often. The new Child welfare act is planned to bring it to city council agenda of every municipality.**
- 8.5 In your view, which are the most important sectors for the promotion of children and adolescents' mental health in your country?
- Social sector (especially day care services)**
Educational sector (schools)
Primary health care services (maternity and well baby clinics)

8.6 Are there any examples of successes in intersectoral work? (E.g. involvement of social welfare, the school systems, media, employment sector)?

No – go to 8.2.5

x Yes – Please give descriptions of successes:

On average the intersectoral work is not successful but there are some interesting exceptions, e.g. The Efficient Child and Family program [2.1.2.(x)-camhee-finland-santalahti.-28.9.2008]

Several successful intersectoral projects on employment of young people on local level, not any good national plan.

8.7 Are there examples in your country of barriers or obstacles in working across sectors for children and adolescents?

No – go to 8.2.6

x Yes – Please give:

Example of a barrier to intersectoral work in your country:


Severe obstacles to share client/patient information between professionals from different sectors.

Confusion and unclarity concerning client/patient treatment responsibility, especially between health and social care systems.

Suggestion of how these barriers might be overcome:

There are structural conflicts between some laws defining the information sharing, these conflicts should be corrected by new laws.

Health and social care systems should be better integrated.

8.8 Is there a clear understanding of the wider determinants  for children and adolescents' mental health among:

(a) Policymakers?:

x Yes – please suggest at least 1 example of a factor which have contributed to this:

On parliament level policymakers are aware of these wider determinants which is reflected in new acts and decrees (e.g. Decree on change of the mental health decree, Act on child protection)

X No – Please give an example of a main obstacle and suggest how it might be overcome

In the state budget the economical resources to develop CAMH and CAP services are discontinuous.

Municipalities are responsible of providing CAMH and CAP services, and in allocation of economical resources CAMH issues are not in high priority on this level

(b) Professionals?:

Yes – please suggest at least 1 example of a factor which have contributed to this: _____

x No – Please give an example of a main obstacle and suggest how it might be overcome

Medical (incl CAMH & CAP) professionals are mainly individual oriented and do not take into account the wider determinants – basic training should be modified accordingly.

Non-medical professionals do not have basic knowledge of CAP individual development and family issues determinants – basic training should be modified accordingly.

(c) The general public?:

X Yes – please suggest at least 1 example of a factor which have contributed to this:

It seems to be generally accepted good enough parenting of offspring is of utmost importance for the healthy mental development of children.

X No – Please give an example of a main obstacle and suggest how it might be overcome

Alcohol and drug use among parents increased during last years tremendously and violates this view in practice; some children are seriously neglected.

8.3 Further development

8.3.1 In your view what have been/are the most important barriers or issues that impede action on children and adolescents' mental health care in your country? Please list up to 5:

Most important barriers to action in CAMH care	Date	Additional comments
i. Lack of CAMH and CAP manpower resources		Within specialized medicine the expenses of CAP services are only around 2 % of all expenses. Municipalities are responsible of providing CAMH and CAP services, and in allocation of economical resources CAMH issues are not in high priority on this level
ii. Difficulties of professionals to change ways of working		It's difficult to implement new evaluation and treatment methods to facilitate the services
iii.		
iv.		
v.		

8.3.2 In your view what are the most important barriers or issues that impede action on children and adolescents' mental health promotion or mental disorder prevention in your country? Please list up to 5:

Most important barriers to action in CA MHP and MDP	Date	Additional comments
i. Lack of CAMH and CAP manpower resources		Within specialized medicine the expenses of CAP services are only around 2 % of all expenses. Municipalities are responsible of providing CAMH and CAP services, and in allocation of economical resources CAMH issues are not in high priority on this level
ii. Difficulties of professionals to change ways of working		It's difficult to implement new evaluation and treatment methods to facilitate the services
iii. Ambivalence concerning alcohol policy. Reducing taxes led to 25 % increase in alcohol consumption	2005-2006	Health professionals are given advice to give more information to young people. Still the most effective way to decrease alcohol consumption are price (taxes) and access to alcohol (selling time reduction etc)

8.3.3 What support would be needed in your country to increase action to improve child/adolescent mental health services?

CAMH and CAP fields would need more binding, normative instructions from the ministry of health and social affairs – the number of premature retirement due to mental disorders increased during the last years and now there is a lot of knowledge that the roots of adult mental disorders are in childhood.

8.3.4 What support would be needed in your country to increase action to improve child/adolescent mental health promotion and prevention of mental health problems/disorders?

Hopefully the new child welfare act will serve this target. It is not only a law for social service and child welfare professionals, but also gives responsibilities to education field, health care professionals and also local political bodies (city council, board for social services). Now we would need support from the Ministry for Social Affairs and Health to evaluate how local authorities fulfil their duties and make use of all relevant information of childrens health and well-being.

CAMH and CAP fields would need more binding, normative instructions from the ministry of health and social affairs – the number of premature retirement due to mental disorders increased during the last years and now there is a lot of knowledge that the roots of adult mental disorders are in childhood.

9. *Any further comments on CAMH infrastructures , policies and practice in your country not addressed in this form:*

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE