

Intersectoral Collaboration in Finland to Promote Children's Mental Health

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- Background
- Symptoms and disorders
- Economical risk factors and violence prevention
- Mental health as part of health
- Mental health and education sector
- Mental health and child protection
- NGOs



Bronfenbrenner's Bioecological Theory of Human Development

Promotion and prevention in all levels is needed and can be afforded in high income country

- Primary, secondary and tertiary prevention
- Universal and targeted approaches
- Wider political context to reduce risk factors and increase protective factors

Many existing structures to promote intersectoral collaboration exists

- Child and Adolescent Welfare Plan, Municipal level
 - a tool for steering and developing welfare work at municipalities
 - the idea is to develop all services concerning children and adolescents as one unity
 - representatives of different service sectors are making the plan together; workers at grass-roots level, authorities, political decision makers, children and families are included at work to gather information and plan services.
 - municipal council approves the plan and take it in consideration in it's strategy and budget

- The Child Advisory Board, state level
 - a state level body
 - established by the government.
 - composed of representatives of various administrative sectors, the regional and local levels, non-governmental organizations and other bodies
 - the Ombudsman for Children is the chairperson of the Advisory Board

Symptoms and disorders

Problems are recognizable early

- Nurses' ratings of mother's antenatal and perinatal need for support, perinatal distress, and family's need for support were associated with both internalizing and externalizing problems at age 12. (Pihlakoski et al 2013, The Finnish Family Competence Cohort study)
- RCT of Aronen and Arajärvi have shown homevisiting program for families with infants to have effects on teenagers mental health.

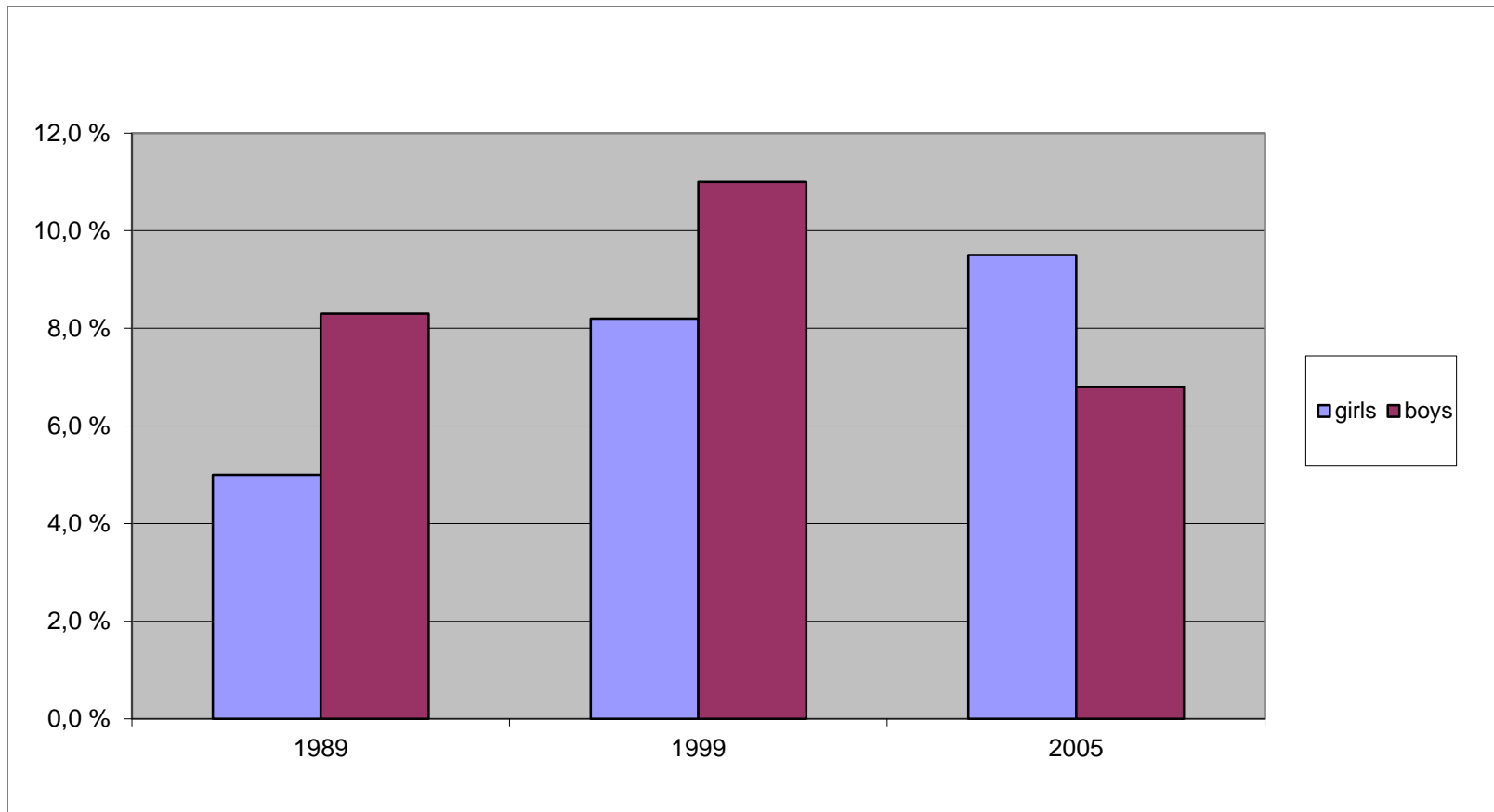
Prevalences of disorders among Finnish children

- Lapset -study, epidemiological multi-centre study in 1989, n = nearly 6000, 8-year-old children, 435 diagnostic interviews of parents (Almqvist et al. 1999)
 - 7.5% of the children had a severe psychiatric disturbance that had lasted for more than 3 years
 - 9% were in urgent need of treatment
 - Only a minority of the children with psychiatric disturbances had ever consulted health professionals for their problems
 - Most common disorders were: attention-deficit hyperactivity-disorder, conduct disorder, depression, specific fear, general anxiety, psychosomatic disorder

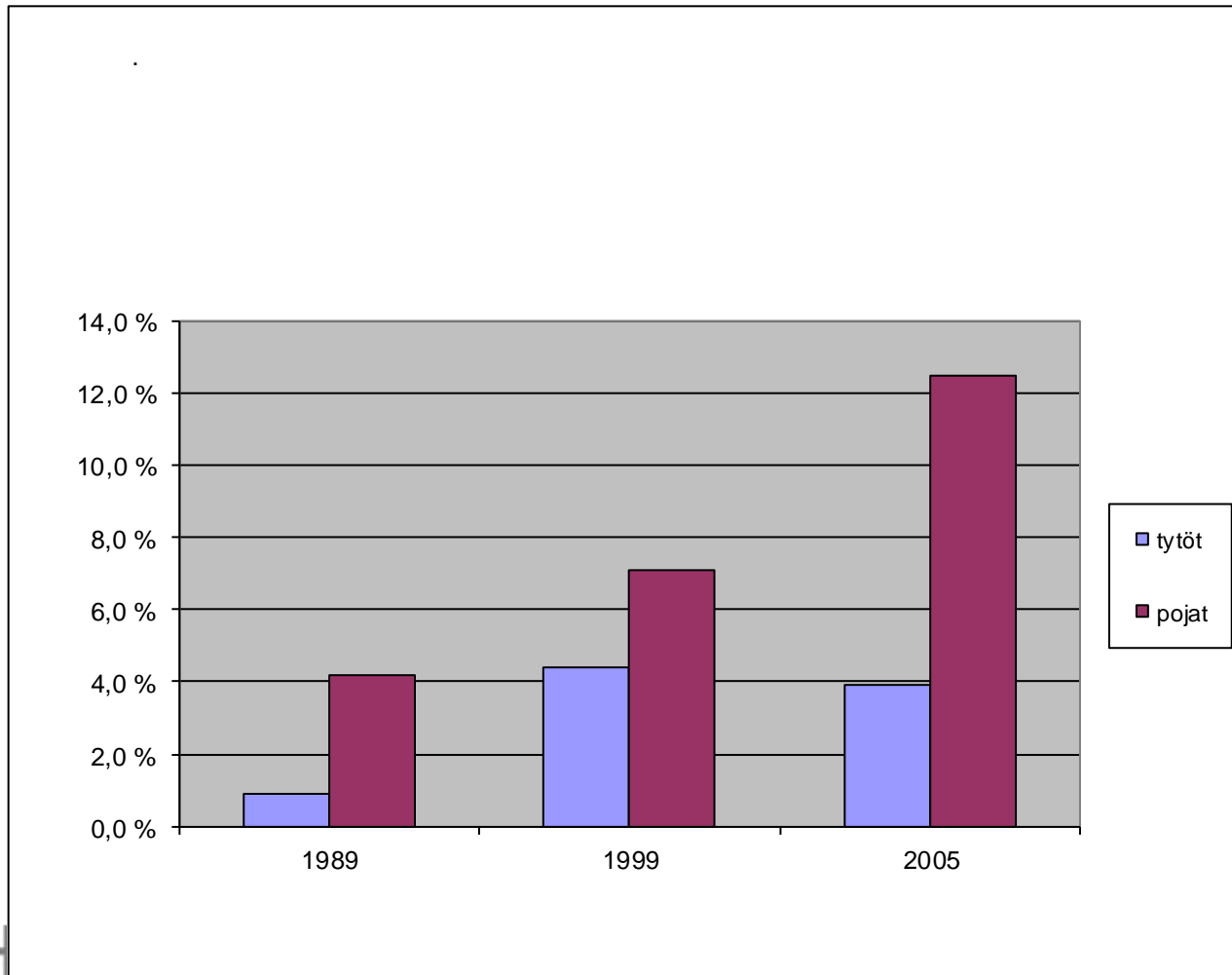
Have mental health problems increased among children (Sourander ym. 2008)

- 1989, 1999, 2005 similar samples and methods (Rutter A, Rutter B, CDI) in South-West Finland among 1000 8-year olds
 - Overall, parent and teacher reports of children's problems did not show a significant increase
 - Parent reports of boys' conduct symptoms decreased from 1989 to 1999
 - However, self-reported depressive symptoms among girls increased from 1989 to 2005
 - Number of children referred to care increased

Percentages of CDI screen positive (symptoms of depression) 8-year-old girls and boys by year (Sourander et al. 2008)



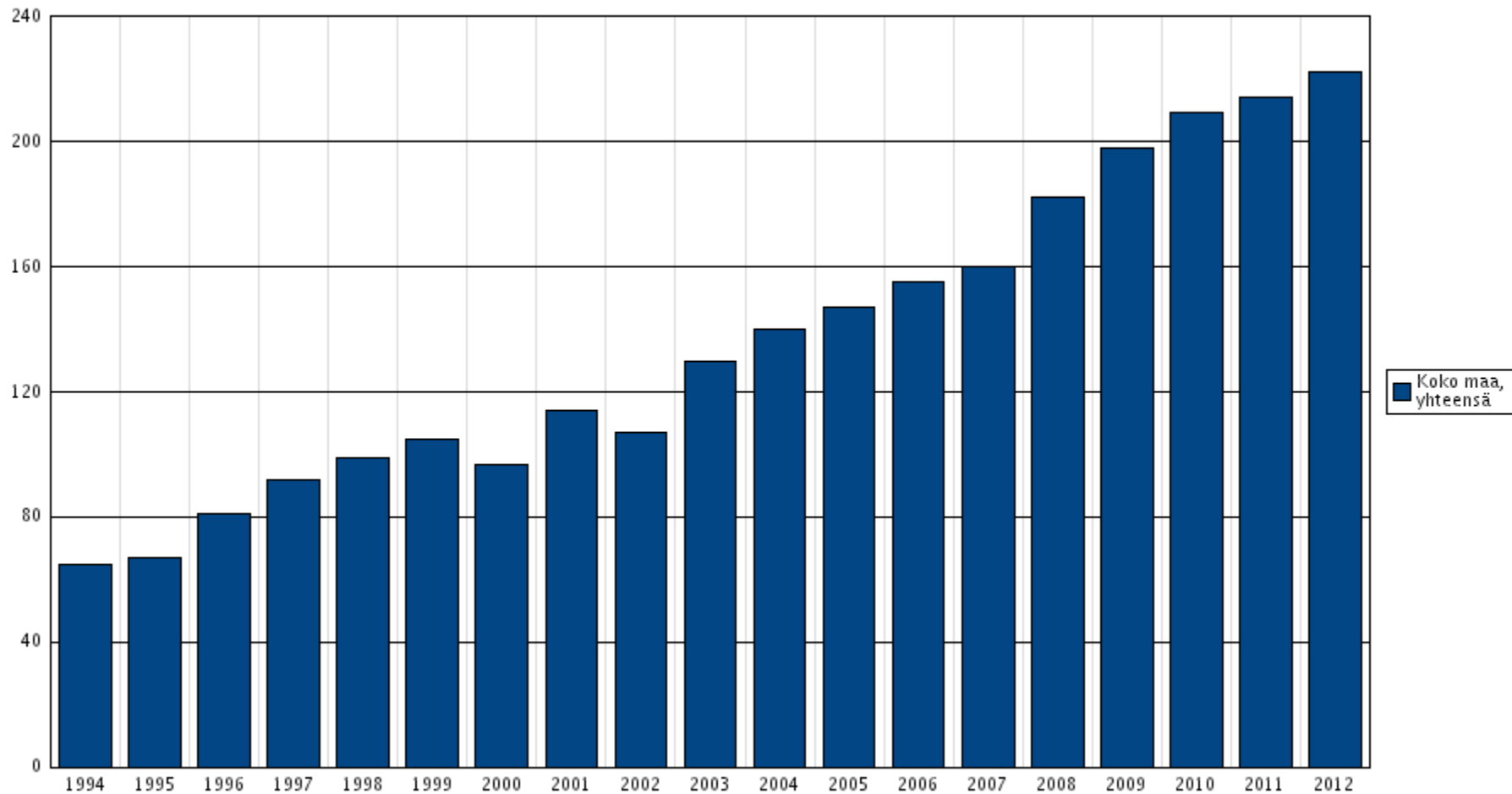
Percentages of 8-year-old girls and boys referred to care by year (Sourander et al. 2008, Santalahti et al 2009 Duodecim)



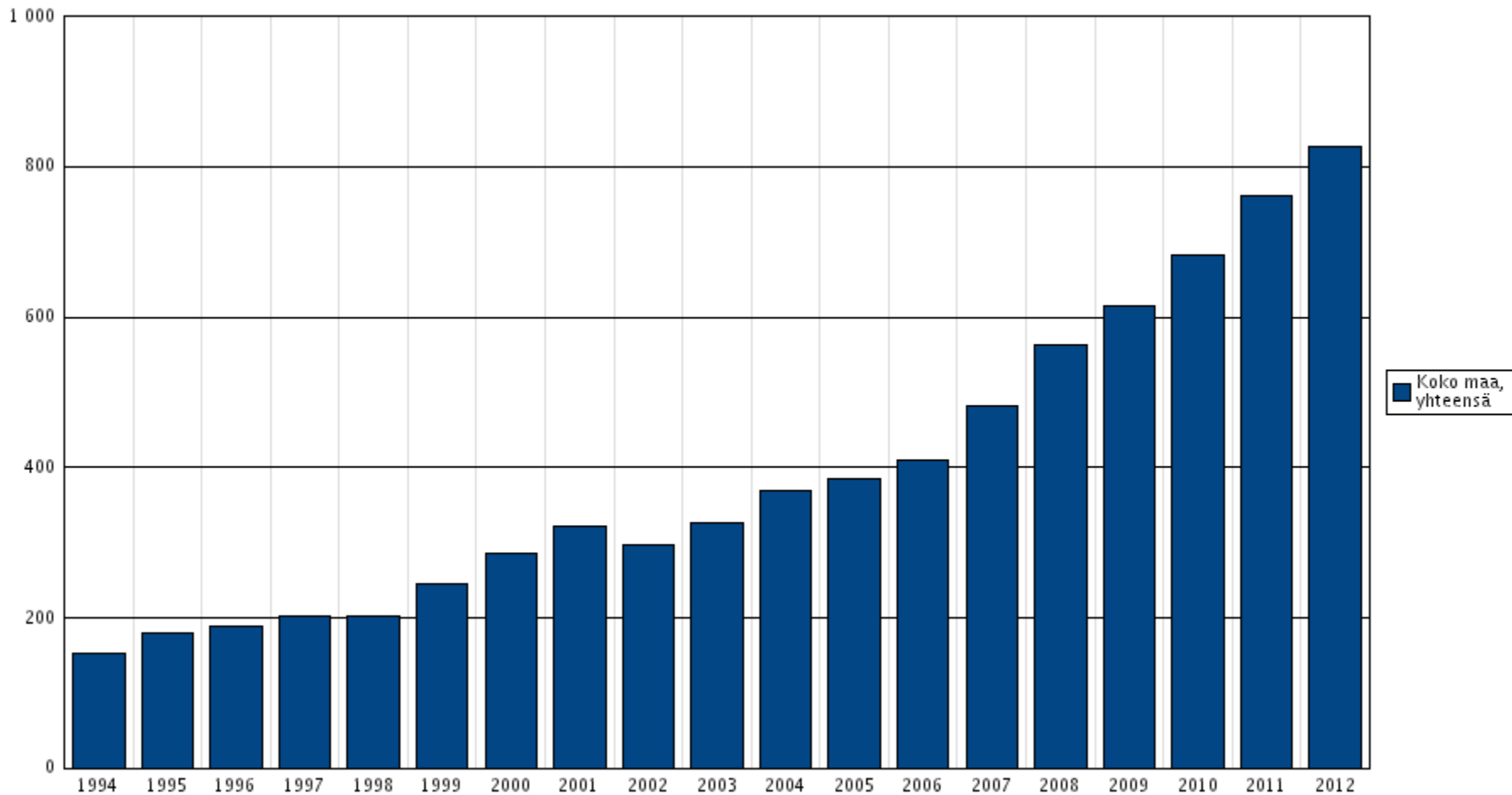
Have mental health problems increased among adolescents?

- No increase in self reported SDQs from 1998 to 2008. Decrease of self reported alcohol use, drunkenness and cigarette smoking (Sourander et al 2012) Big differences of use of alcohol and tobacco among students in high school and voactional schools. (School health survey)
- Slight increase of self reported depressive symptoms among 14-16 year old girls from 2000 – 2001 to 2010-2011
 - Depressive symptoms moderate 13.5% to 13.4%
 - Depressive symptoms severe 4.0% to 4.7%
 - In both sexes, symptoms of depression at severe level nearly doubled among adolescents whose parents were unemployed and had low education level
 - Boys 6.5% - 12.8%, girls 6.4% -11.4% (Torikka ym. 2014)

Visits in specialized outpatient services / 1 000 inhabitants, 0 - 12-year olds (Sotkanet THL 2014)



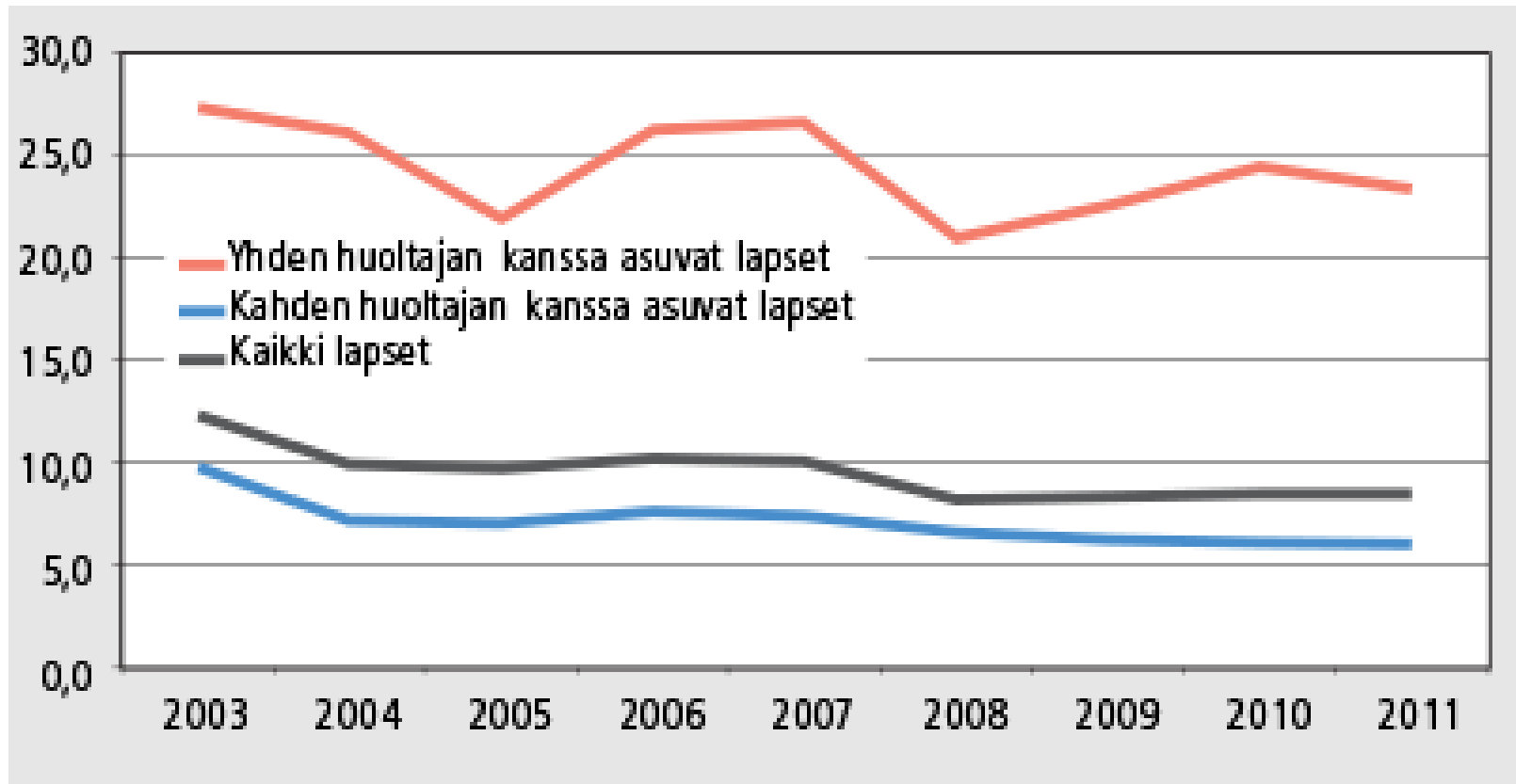
Visits in specialized outpatient services / 1 000 inhabitants, 13- 7-year-olds, Sotkanet THL 2014



The number of patients with neuropsychiatric disorders in specialized health care/1000 inhabitants by hospital districts in 2012, 10-18-year-olds

Risk factors

Difficulties to manage economically by familytype, Statistics Finland



Children in single parent families

Children in two parent families

All children

Unemployment rates by sex and age august 2013 – august 2014, Statistics Finland

		Year/Month		Change
		2013/08	2014/08	2013/08 - 2014/08
		Per cent, %	Per cent, %	Percentage points
	Age group			
Both sexes	15-74	7,1	7,4	0,3
	15-64	7,2	7,5	0,3
	15-24	13,6	11,2	-2,4
	25-34	7,8	8,1	0,3
	35-44	5,8	7,7	1,9
	45-54	5,2	5,6	0,4
	55-64	6,8	6,7	-0,1

Violence prevention

- Child maltreatment has not been well recognized and it is still being under recognized
- Most violence against small children happens at homes
- According to many expert analyses, one major deterrent to effective handling of maltreatment cases is poor co-operation between officials
- **Barnahuset** (Children´s House) in the Nordic countries, Lastenasiainentalo in Finland with LASTA its first pilot
 - Children´s Advocacy Center –model: helping the child and family by co-ordinating professional processes in a child-oriented way

Mental health as part of health

- In 2011 a decree on extensive health examinations of children and adolescents
 - well-being of families considered broadly
 - Once during pregnancy
 - at 4 months, 18 months, 4 years
 - At 1st, 5th and 8th grades
- At school health examinations screening methods are used
 - 95% health centres use ADSUME (substance use)
 - 95% health centres use R-BDI-13 (depression)
 - 33% health centres use SCOFF (eating disorder)

(Hakulinen-Viitanen 2014)

Mental health as part of health

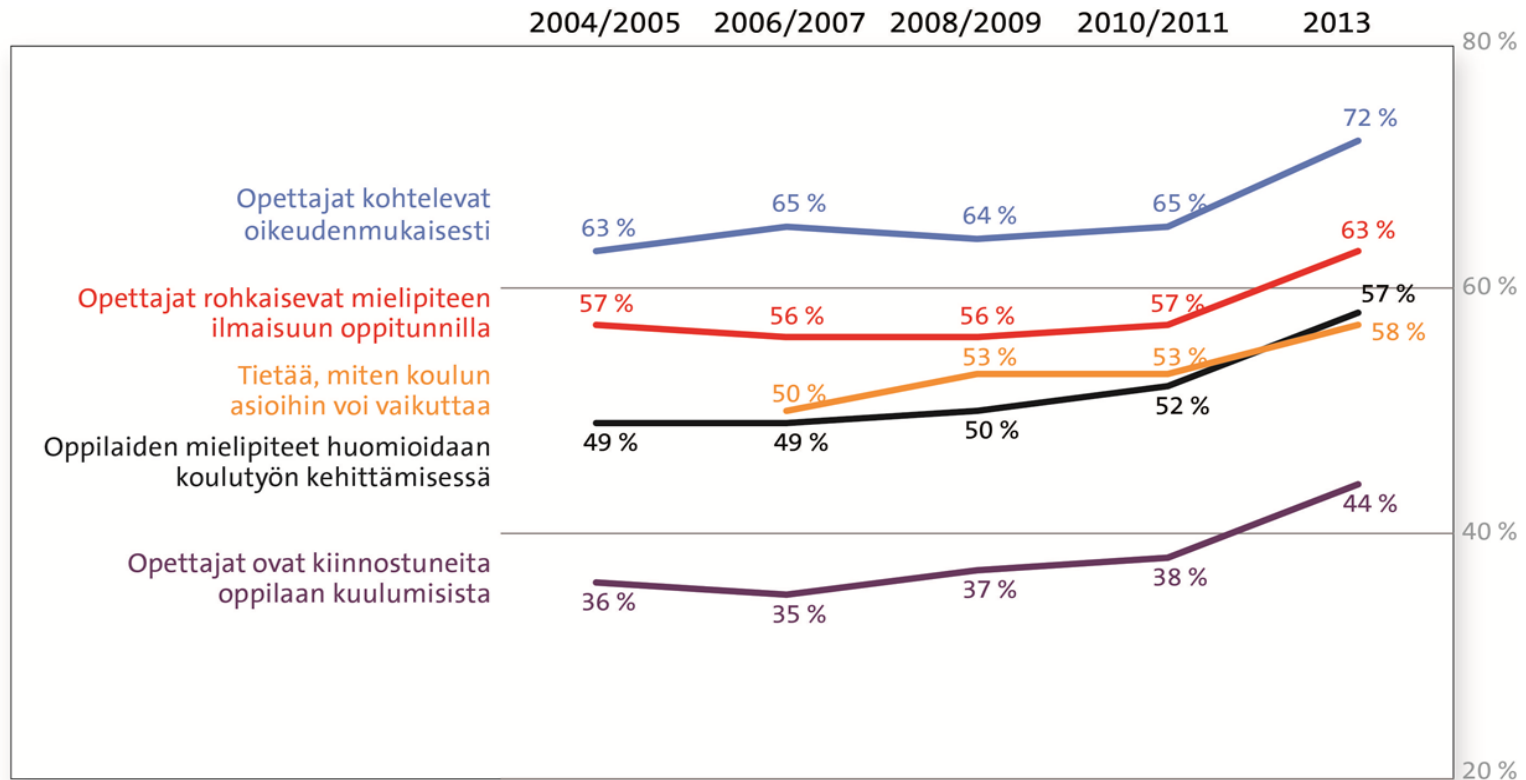
- Parental mental disorder and children
 - The Effective Family Programme: Preventative Services for the Children of Mentally Ill Parents > Nordic collaboration
- Camille-hanke (Empowerment of children & adolescents of mentally ill parents)

Mental health and education sector

- Student Welfare Act 1.8.2014
 - Much emphasis on wellbeing of whole school community, cooperation with parents and encouraging children's and adolescents own participation
- Ministry of Education and Culture is supporting program development and research on their effectiveness
 - Kiva -antibullying program
 - Together at school, a whole school SEL program
 - Mental Health Skills Study Programme
- Also other programs used widely but unevenly: Friends, Lions Quest, Incredible Years (Nordic collaboration)



School health survey, 8th and 9th graders, THL



Teachers treat pupils fairly

Teachers encourage pupils to express their opinions during classes

Knows how to influence matters at school

Pupils' ideas are taken into consideration at school development

Teachers are interested how the pupils are doing



Mental health and child protection

- Luke et al. What works in preventing and treating poor mental health in looked after children, REES Centre, University of Oxford, August 2014
 - Personal opinion of a child psychiatrist:
 - In Finland short term placements are common, children are moved back and forth
 - Quality assurance of foster homes and institutions?
- Quality Recommendations for Child Welfare, Ministry of Social Affairs and Health, 2014

NGOs are doing important work

- Offering psychosocial help in internet for young people and families, also peer support
- Implementing SEL-programs and mental health skills programs at schools
- Supporting refugee families

THANK YOU!

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