



Mental health strategy and services in Finland

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Terveysten ja
hyvinvoinnin laitos
31.3.2025



Content:

- Finland's healthcare system/context
- Mental health strategy
 - Mental Health as Human Capital
 - Mental health for children and young people
 - Mental health as a right
 - Appropriate, broad-based mental health services in Finland
 - Mental health management
- Suicide prevention program
- Take home messages



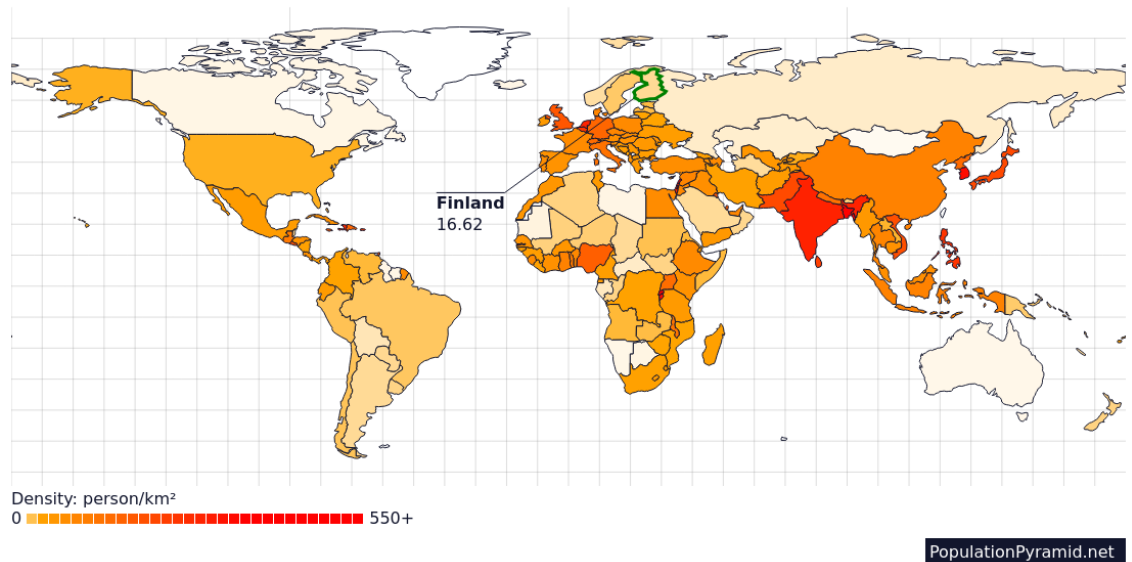
Finland

- Finland is one of the most northern and geographically remote countries in Europe, with dense woodlands covering nearly two-thirds of its area.
- Approximately 5.6 million population
- Life Expectancy in 2023: 81.9 years for males and 85.1 years for females (Official Statistics of Finland)
- Finland has a high GDP per capita and ranks 12th in the Human Development Index (Human development index, 2025)



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2025
Population Density
Finland
16.62 person/km²



Finland in numbers



High Quality of Life: Finland consistently ranks high in global wellbeing indices, excelling in education, work-life balance, environmental quality, social connections, safety, and life satisfaction (OECD better life index)



Social Sustainability: The Finnish approach to wellbeing emphasizes social sustainability, ensuring fair access to resources, opportunities, and services for all citizens (Ministry of Social Affairs and Health)



68% of people in Finland reported to be in good health (OECD better life index)



Health and Safety: Finland has a robust healthcare system and high safety standards, contributing to the overall wellbeing of its population (Statista 2024)



Finnish Institute for Health and Welfare

- The Finnish Institute for Health and Welfare (THL) is an independent state-owned expert and research institute
- THL's duties are established in the Finnish legislation.
- Our key duty is to carry out research and expert work: to prevent illnesses and social problems; develop the welfare society; support the social welfare, health care system and the social security system.
- We operate under the administrative branch of the Ministry of Social Affairs and Health



Our Vision

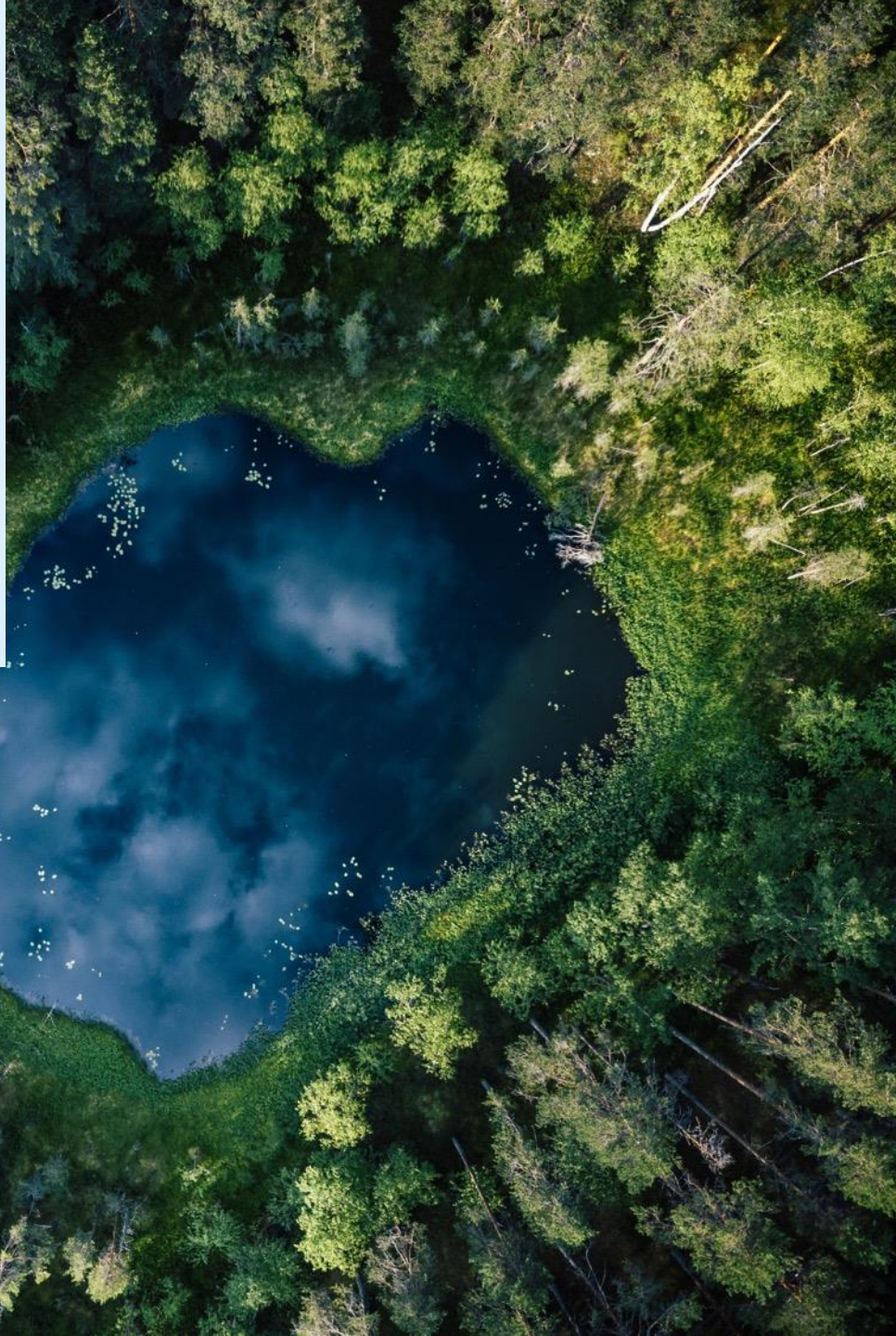
**So that
we can
all thrive**

Our Mission

Defending well-being,
health, and safety
in a changing society.



Planetary Health and wellbeing

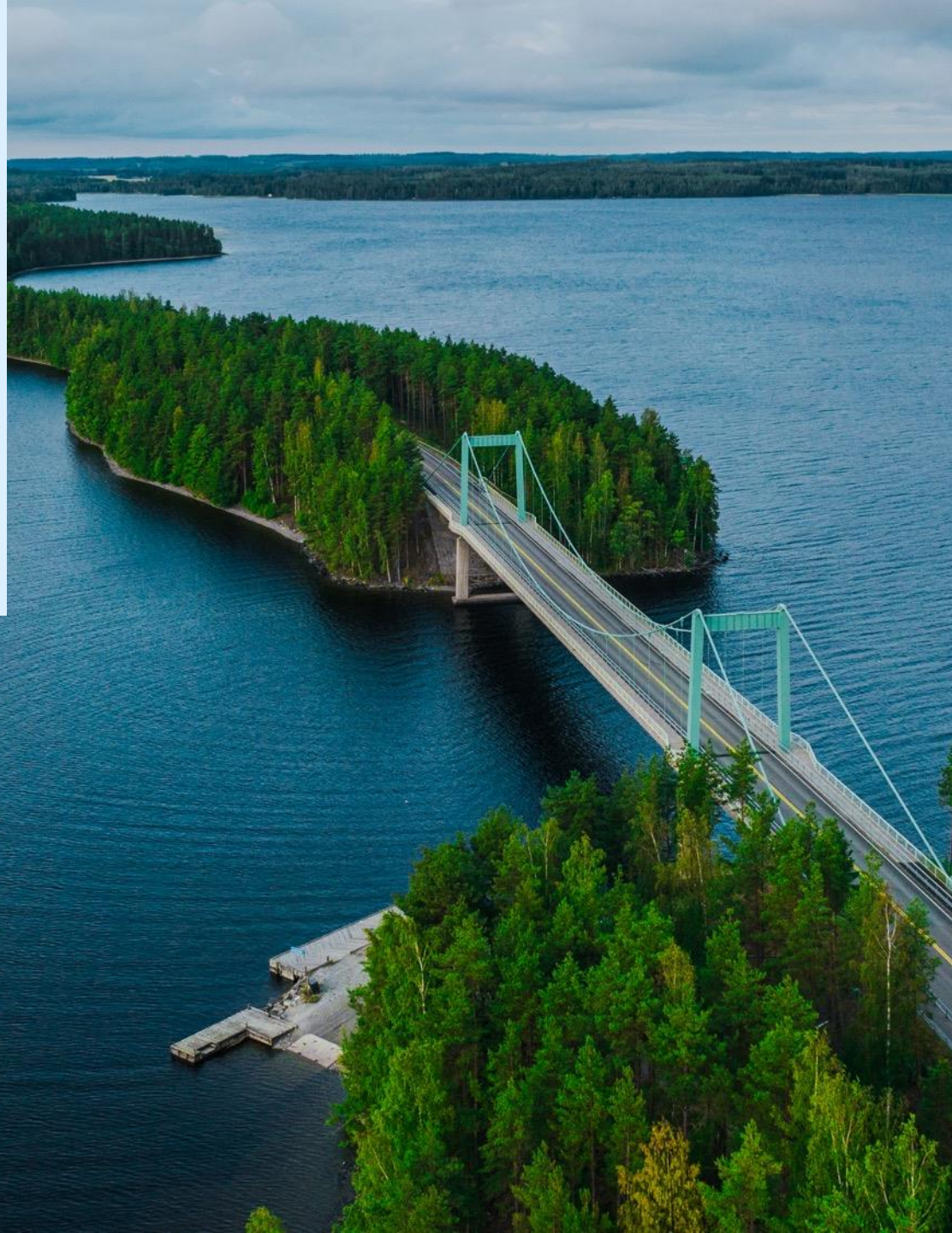


Our research work is divided into four research programmes:

1. Society
2. Services and the support of society and community
3. Population
4. Living environment



We have five branches located in Helsinki, Kuopio, Oulu, Tampere and Turku.



We annually employ over

1,300
persons (2023)

83%
of our employees are highly educated.

24%
of our employees have researcher training.

Mental Health Team (THL)

- Comprises specialists in various fields, including mental health promotion, mental health services and systems, forensic psychiatry, mental health disorders, child and adolescent mental health, and crisis and trauma support.
- Implementation of the Mental Health Strategy 2020-2030



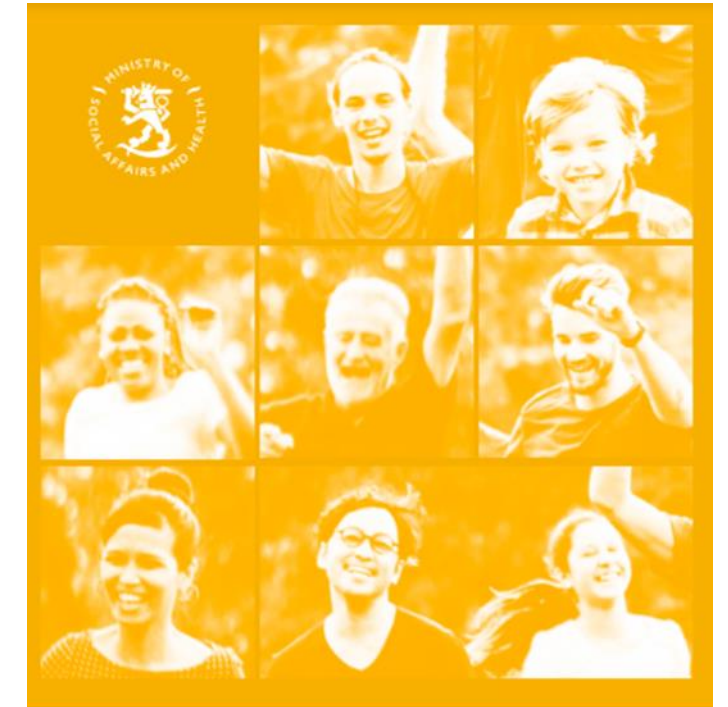
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Mental Health Strategy 2020-2030

Background

- Preparation was started by the Ministry of Social Affairs and Health in 2018
- An expert group was appointed for the preparation of the strategy in August 2018, supported by a separate steering group
- Expert group comprised of 14 members from the service system, NGOs, universities and governmental organizations
- Consultations and open hearings were held throughout the process



**National Mental Health Strategy and
Programme for Suicide Prevention
2020-2030**

PUBLICATIONS OF THE MINISTRY OF SOCIAL AFFAIRS AND HEALTH 2020:15

Context of implementation

1 January 2023

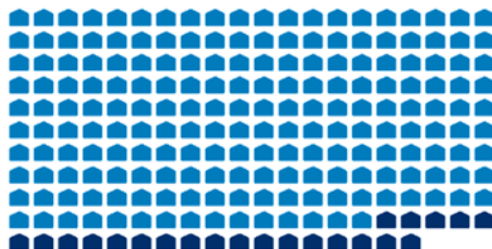
Municipalities
308

Structure now

195

22

195 health and social services
organisations
+ 22 rescue departments



New structure

22+1

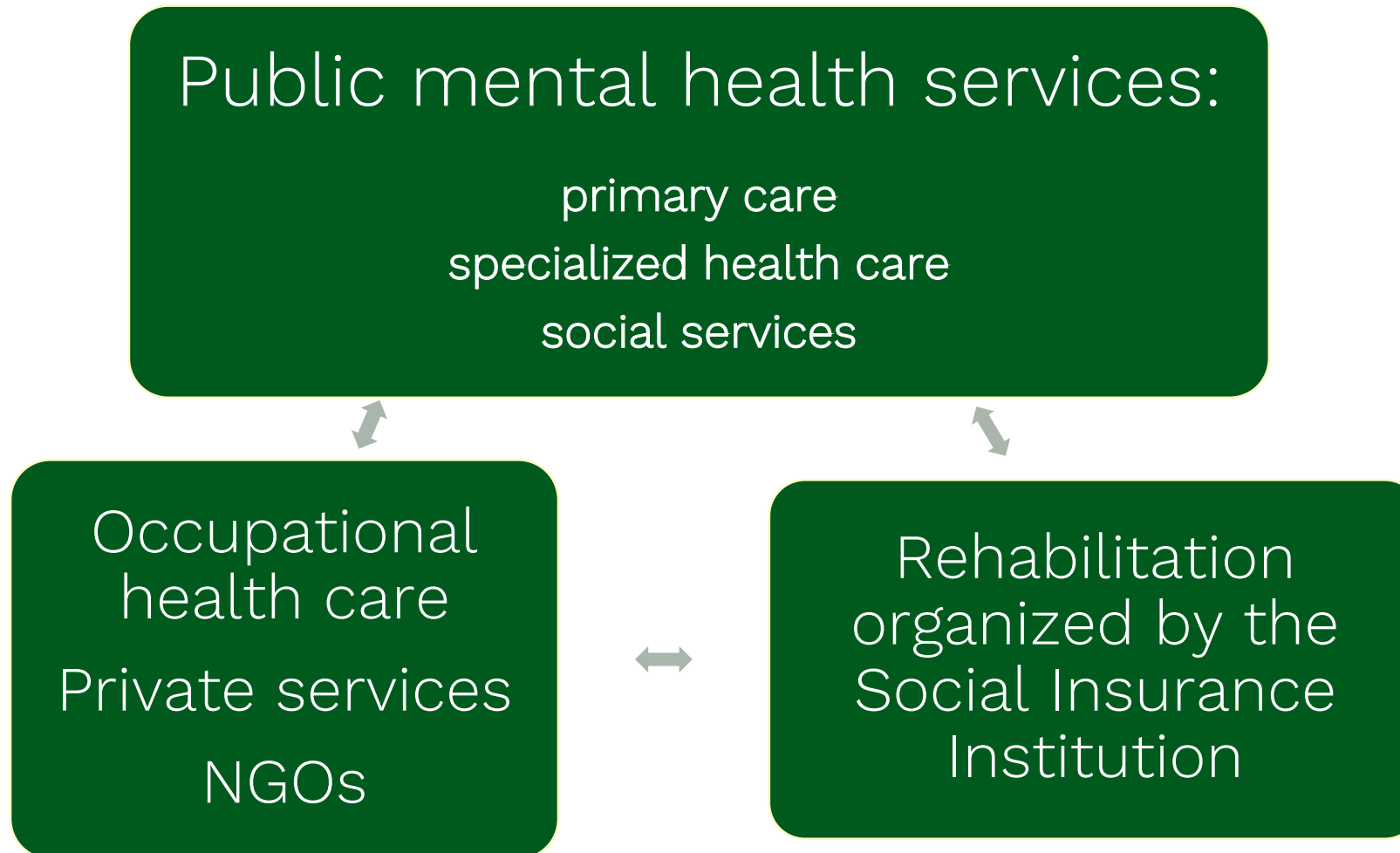
22 health, social and rescue
services organisations
+ Hospital District of
Helsinki and Uusimaa



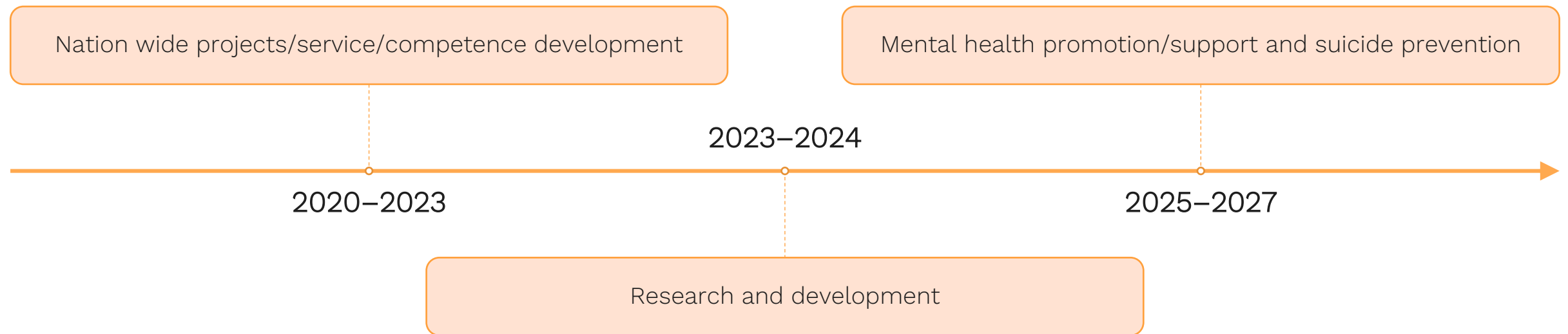
Priorities of the health and social services reform



Mental health services in Finland



Mental Health Strategy – implementation in different phases



Mental Health Strategy – Five areas of focus



Mental health as human capital

Positive mental health and mental health promotion for a well-functioning daily life.



Mental health for children and young people

Positive mental health for children and young people, equal opportunities, supportive environments, safeguarding vulnerable, reducing poverty and social exclusion.



Mental health as a right

Universal human rights and fundamental rights of the Constitution of Finland, self-determination, equity, and addressing mental health related **stigma** and discrimination.



Appropriate, broad-based mental health services

Meeting individual's needs via effective, high-quality which are, appropriate and accessible.

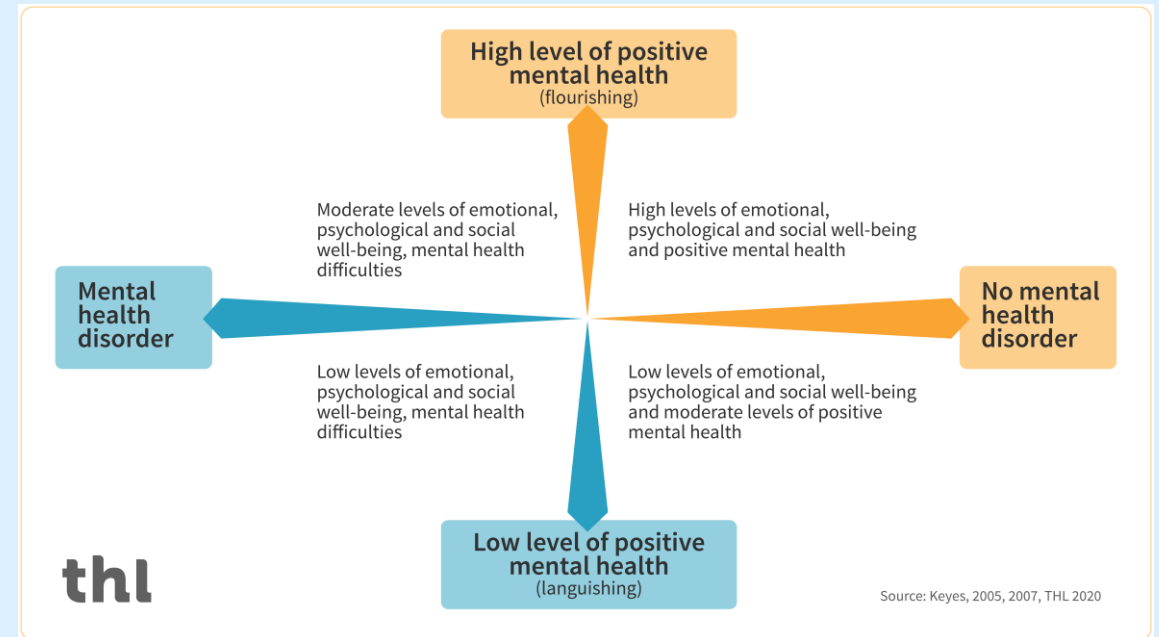


Mental health management

Mental health in **all decision making across all sectors**, including social and healthcare sectors as well as occupational sector.

1. Mental Health as Human Capital

- Highlights the significance of **positive mental health** and importance of **mental health promotion** to support a well-functioning daily life.



What comes to your mind of mental health promotion?

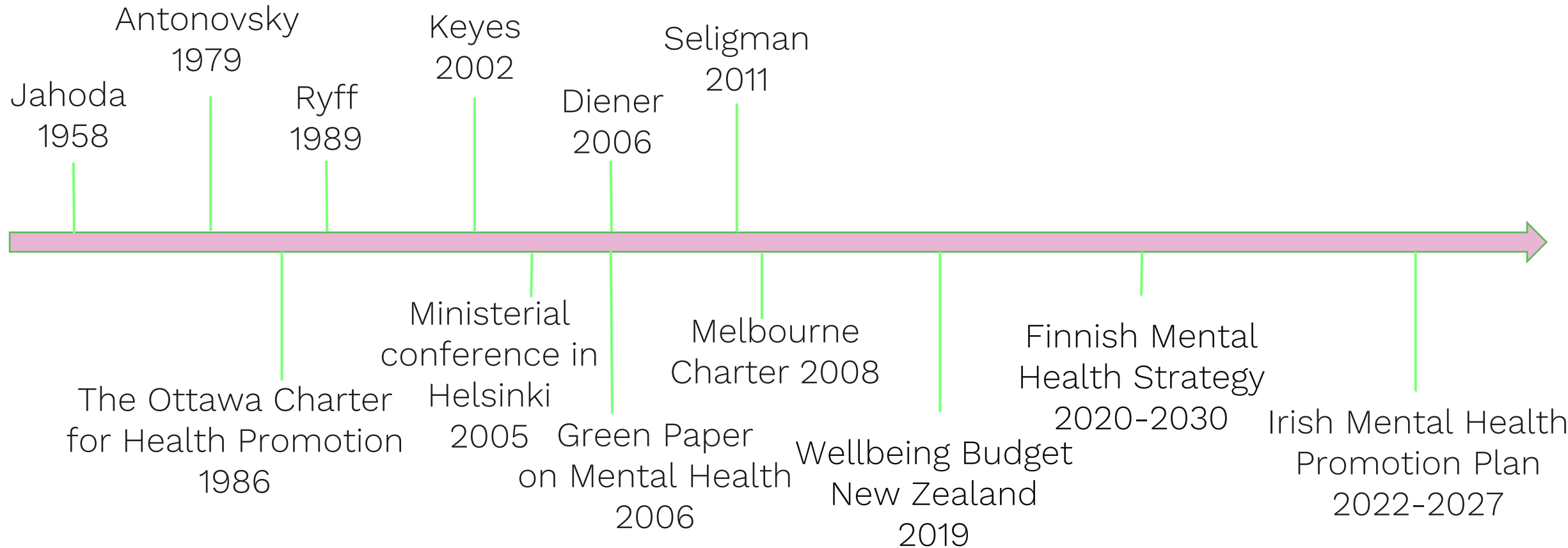
Write some examples in one or two words.

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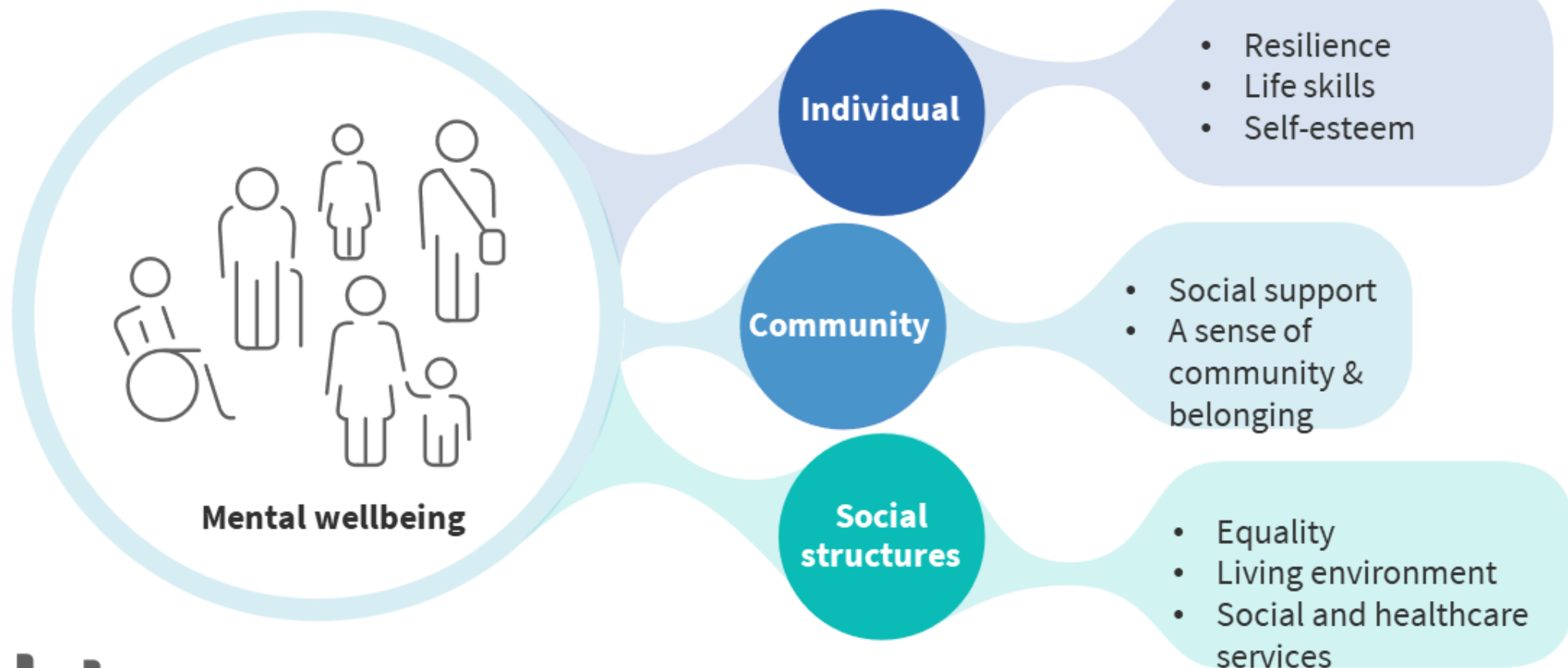
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Definitions positive mental health, and policy focus



Mental wellbeing is built in daily life



thl

Surrounding policy context

Reference: THL 2021

Mental health as human capital

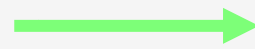
Positive mental health and mental health promotion for a well-functioning daily life

- 15 projects in different municipalities
- Mental health promotion online course
- Check list for mental wellbeing
- Piloting of the Act Belong and Commit (ABC) model for universal mental health promotion
- Development of Mental wellbeing Literacy Scale
- Core competence of professionals in mental wellbeing and mental health
- [Recipes for good practice in mental health promotion](#)



Mental health literacy

Traditional approach



Development needs



Cresswell-Smith, Solin, Wahlbeck, Tamminen (2022)

2. Mental health for children and young people

- Developing **positive mental health** for children and **young people**
- ensuring equal opportunities, supportive environments
- safeguarding vulnerable children and young people
- reducing poverty and social exclusion



For the mental wellbeing of children and young people

- Working together with National Child Strategy

Connection between the National Mental Health Strategy and other national strategies and programmes



School Health Promotion study

- Study monitors the well-being, health and school work of Finnish children and adolescents since 1996.
- The aim of the SHP study is to strengthen the planning and evaluation of health promotion activities at school, municipal and national levels.
- [The SHP study](#) is carried out nationwide.
- Nearly 250 000 respondents participated in the survey 2023

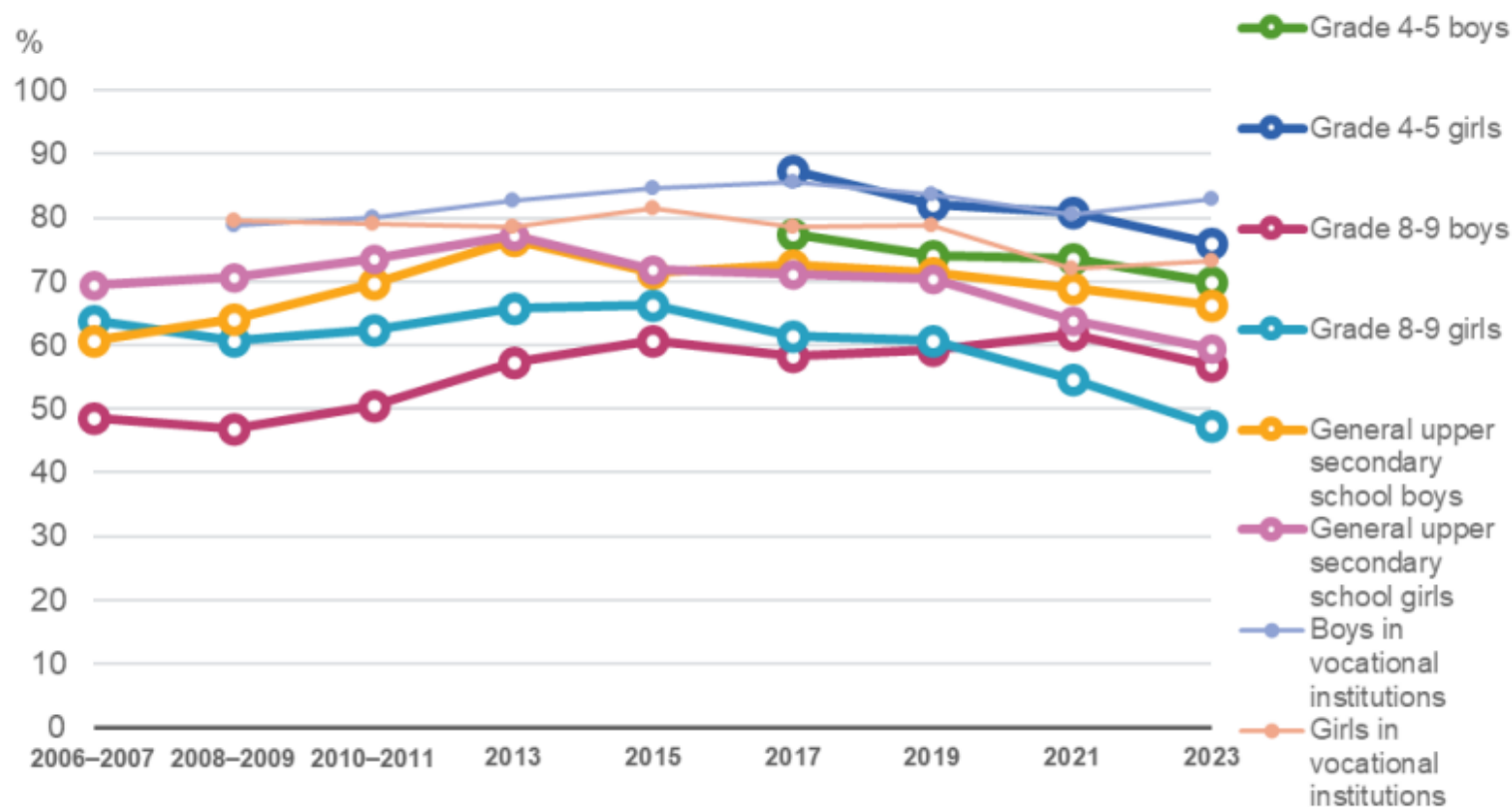


Results

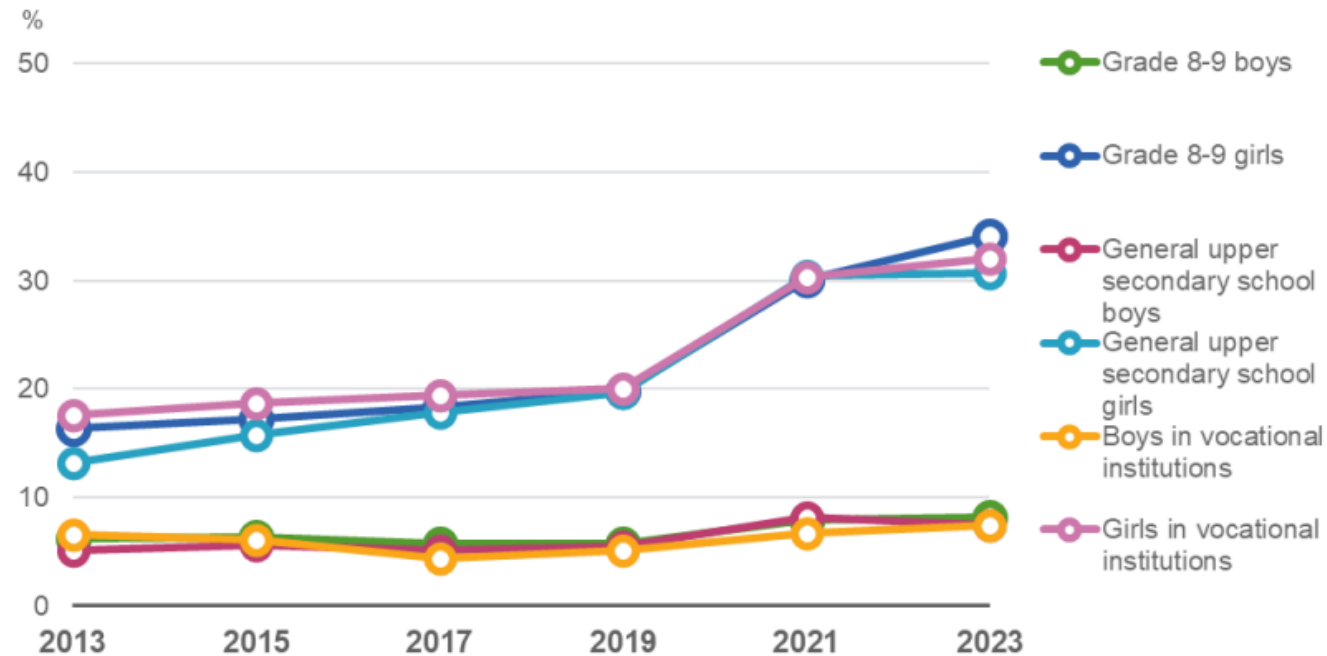
- The majority of the children and young people who responded to the SHP survey said they were satisfied with their lives.
- There are information of mental health, well being, bullying, substance abuse, social inclusion etc.
- Results can be viewed f.ex. by age, area or gender.



The proportion of children and young people who enjoyed going to school by gender and school level in 2006–2023, %

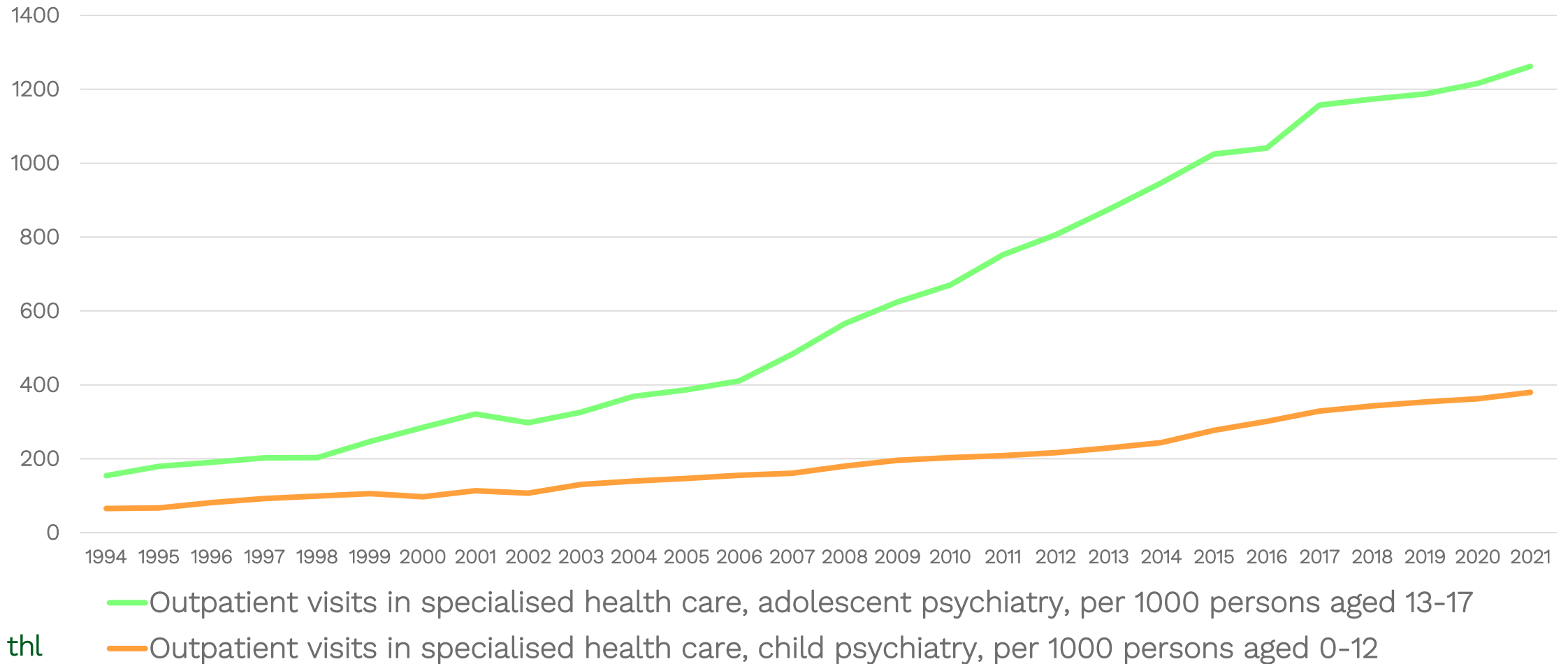


The proportion of young people who had experienced moderate or severe anxiety in the last two weeks by gender and school level in 2013–2023, %



The indicator is based on the GAD7 meter (Generalised anxiety disorder).

Specialized psychiatric outpatient care for children and adolescents



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Jaana Suvisaari, THL, Mental health team

New law: Mental health care for young and children 2025

- Starting from May 1, 2025,
- In primary healthcare
- For young and children under 23 years old
- Who have the need for such psychosocial treatment
 - short-term psychotherapy or
 - structured and time-limited psychosocial treatment (based on psychological interaction)
- Treatment must be initiated within 28 days



Interpersonal counselling

- Prevention and treatment of depression
- Three to six meetings
- At school
- Less than 10% need further specialized care



Is mental health support provided in schools in your country?

Please vote!

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3. Mental health as a right

- Founded on **universal human rights and fundamental rights of the Constitution of Finland**, this area safeguards the **right to self-determination**, building on principles of equity, and addressing mental health related stigma and discrimination.



Key objectives:

Accessibility and Equity:

- Mental health services should be available to everyone, regardless of their socio-economic status, geographical location, or background.

Integration with Other Services:

- Mental health services are designed to be closely aligned with other health and social services.

Rights-Based Approach:

- Individuals' rights to and within mental health care are recognised and upheld

Reducing Stigma and Discrimination:

- Efforts are made to combat stigma and discrimination associated with mental health disorders

Legislation and Policy:

- Ensuring that policies are in place to protect and promote mental health rights



Recognising and reducing stigma



National Recommendations

- Raising awareness also for professionals
- Service users voice needs to be heard
- **Enhancing respectful interaction**
- Work with values and interaction for professionals
- Online course for professionals

Understanding the meaning of work as part of recovery



Everyone has the right to
work or study



Possibilities to work part time

Individual placement and support model (IPS)

- IPS development project since 2020
- Support and guidance for job searching
- Target group: people with psychotic disorders
 - Piloted in psychiatric services across Finland in five local pilots in 2020–2022

Findings at 12 months follow up:

(n=310, participation rate 68% at 12 months)

Employment outcomes:

- 44% of participants were in work (**55% were working or studying**)
 - Of those in work, 72% were employed in the open labour market

Psychosocial/well-being outcomes:

- Improvement in self-rated health, self-esteem, social inclusion and social provision
- Reduction of psychiatric symptoms among all participants
 - Psychosocial well-being improved especially for those who were employed at 12 months.



Do you have a program for stigma reduction in your country?

Please vote!

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4. Appropriate, broad-based mental health services

- Developing broad based services which meet individual's needs:
 - effective
 - high-quality services
 - client driven
 - appropriate
 - accessible



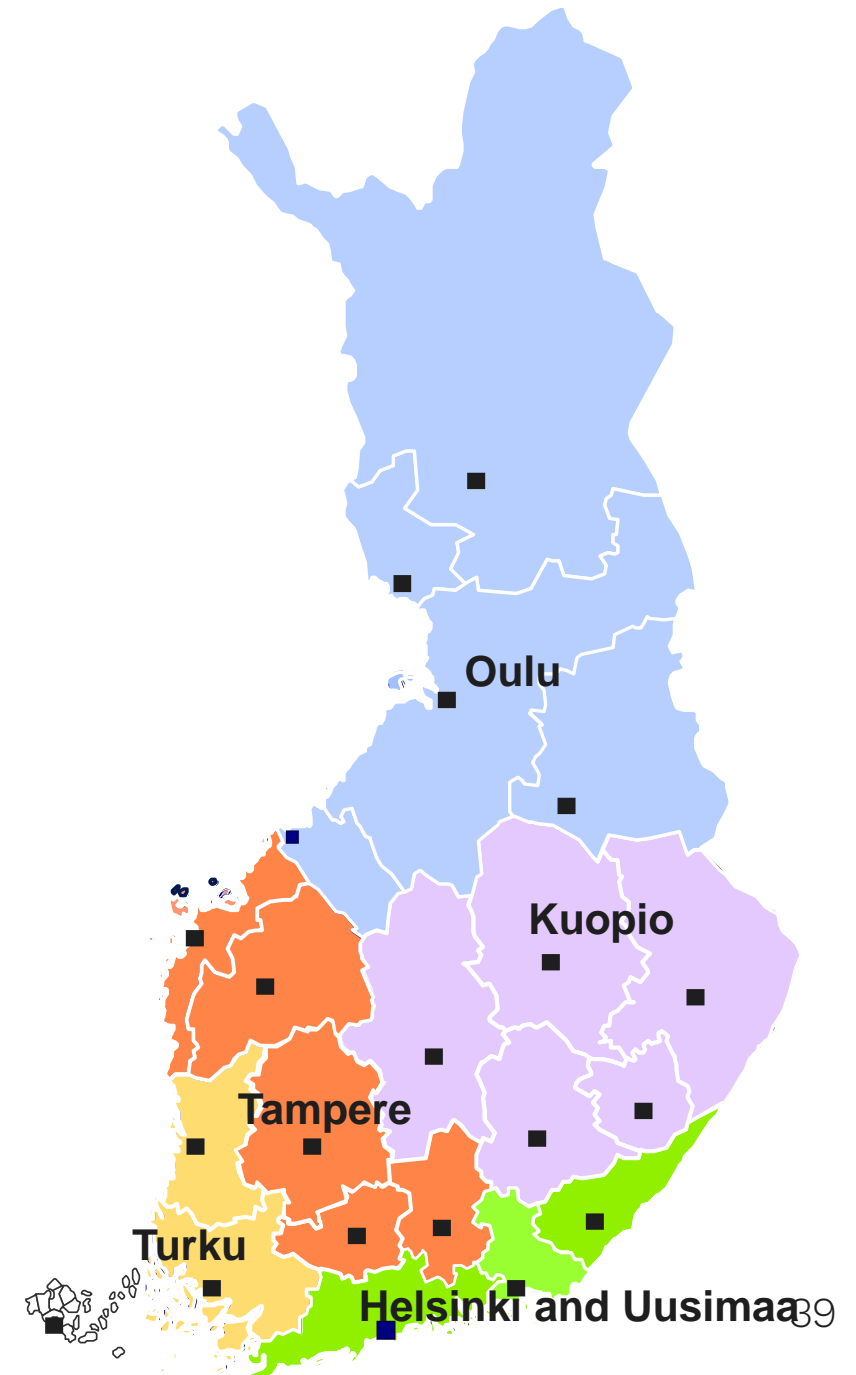
Mental health services

Primary health care

- healthcare centres in municipalities
- maternal and child health clinics
- school health services
- student health services
- family guidance clinics
- occupational health services which the employers organise for their employees.

Specialised medical care

- 21 wellbeing services counties
- 5 collaborative areas for healthcare and social welfare, with university hospitals.



Multisector approach to mental health support

Public mental health services

- Organized by 21 wellbeing services counties.
- Five collaborative areas for healthcare, each with one university hospital, have coordinative responsibilities and university hospitals with tertiary level services

Rehabilitation provided by the Social Insurance Institution (Kela)

- Psychotherapy
- Rehabilitation for children and their families
- Vocational rehabilitation

Occupational health care

- Main task is the promotion of health and safety at work and in the working environment and prevention of work-related diseases, but often includes primary healthcare and even some specialized services. Often organized by private healthcare companies.

Private services

- Psychotherapists
- Psychiatrists
- Occupational health care
- Housing for rehabilitation

NGOs

- Helplines
- Chats
- Psychosocial rehabilitation
- Walk in services
- Crisis work
- Mental health promotion etc.

Mental health services

Primary health care: mild symptoms, diagnostics

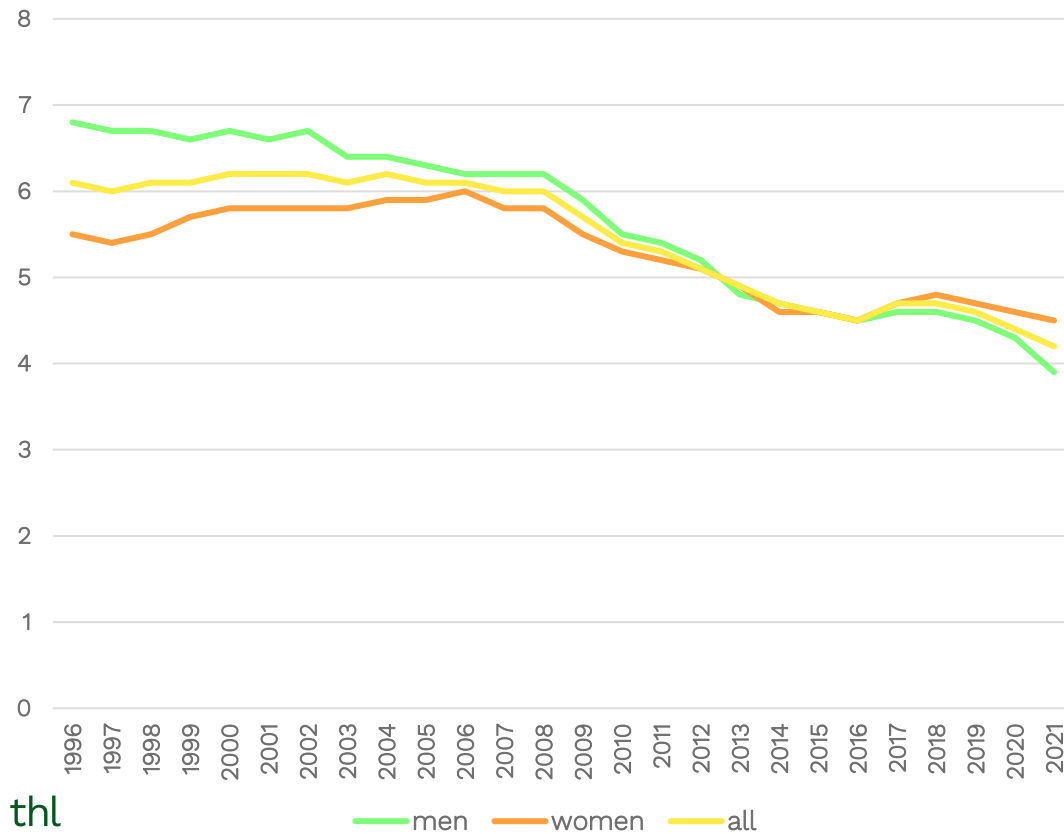
Specialised services: mental health disorders, specialised care

Inpatient and outpatient care: Reduction in inpatient care -emphasis is on outpatient treatment

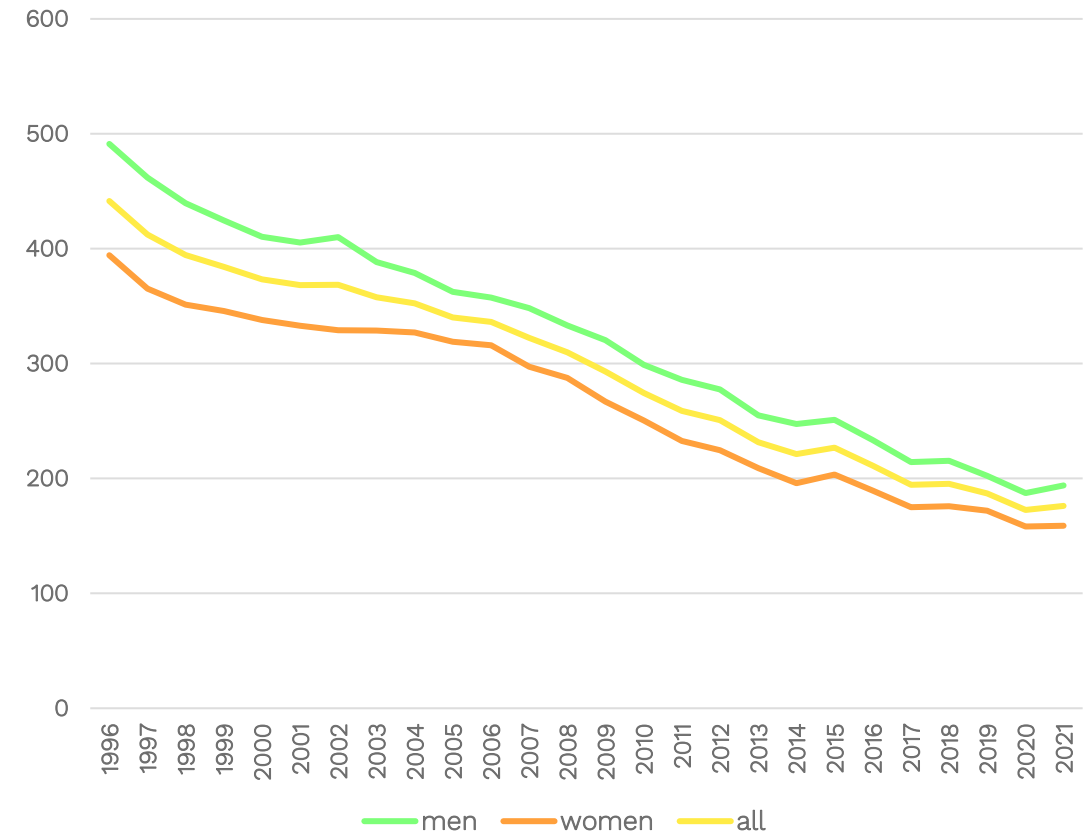
Supportive housing services - organised by public services and private companies/NGO's.

Psychiatric hospital treatment

Persons treated in psychiatric inpatient care /
1000 thousand inhabitants



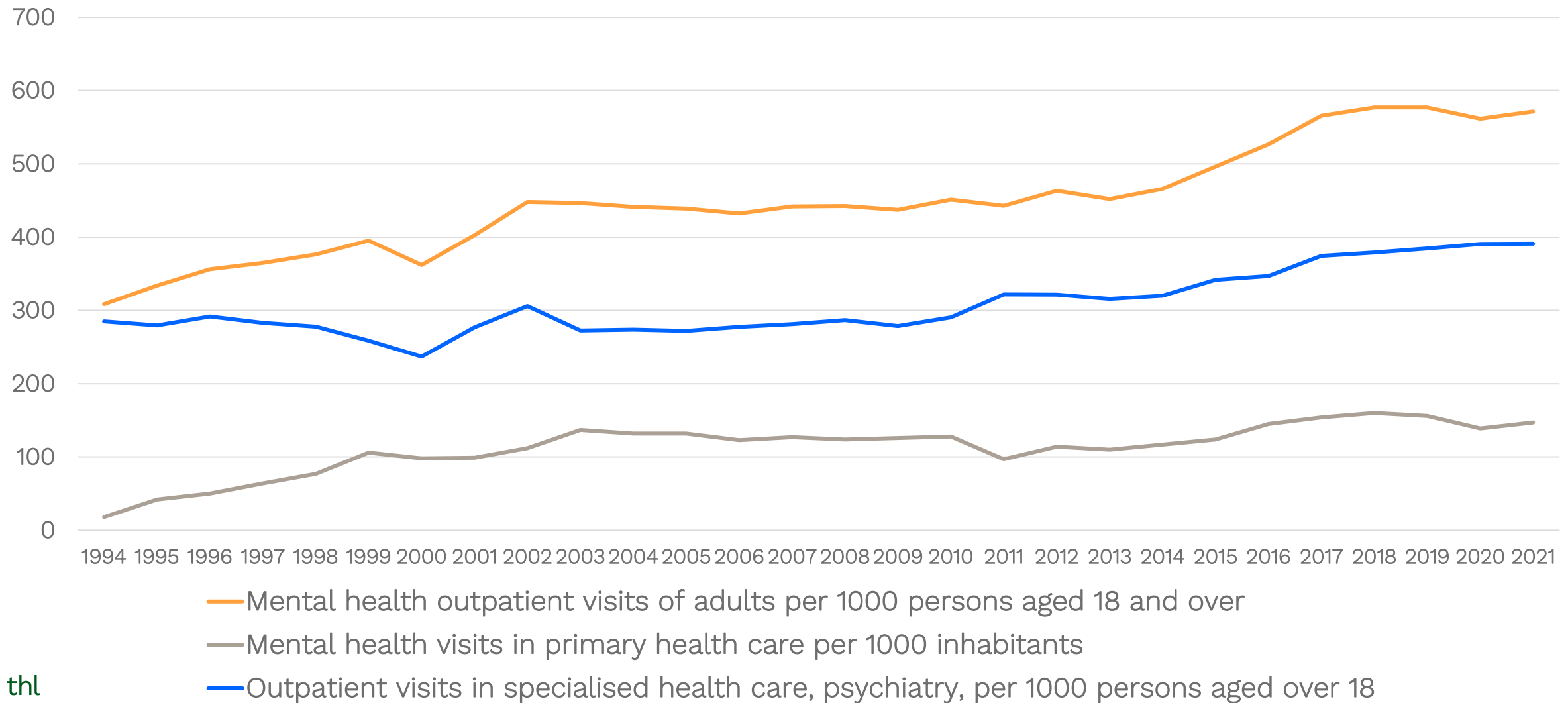
Psychiatric inpatient care, care days per 1000
inhabitants



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Jaana Suvisaari, THL, Mental health team

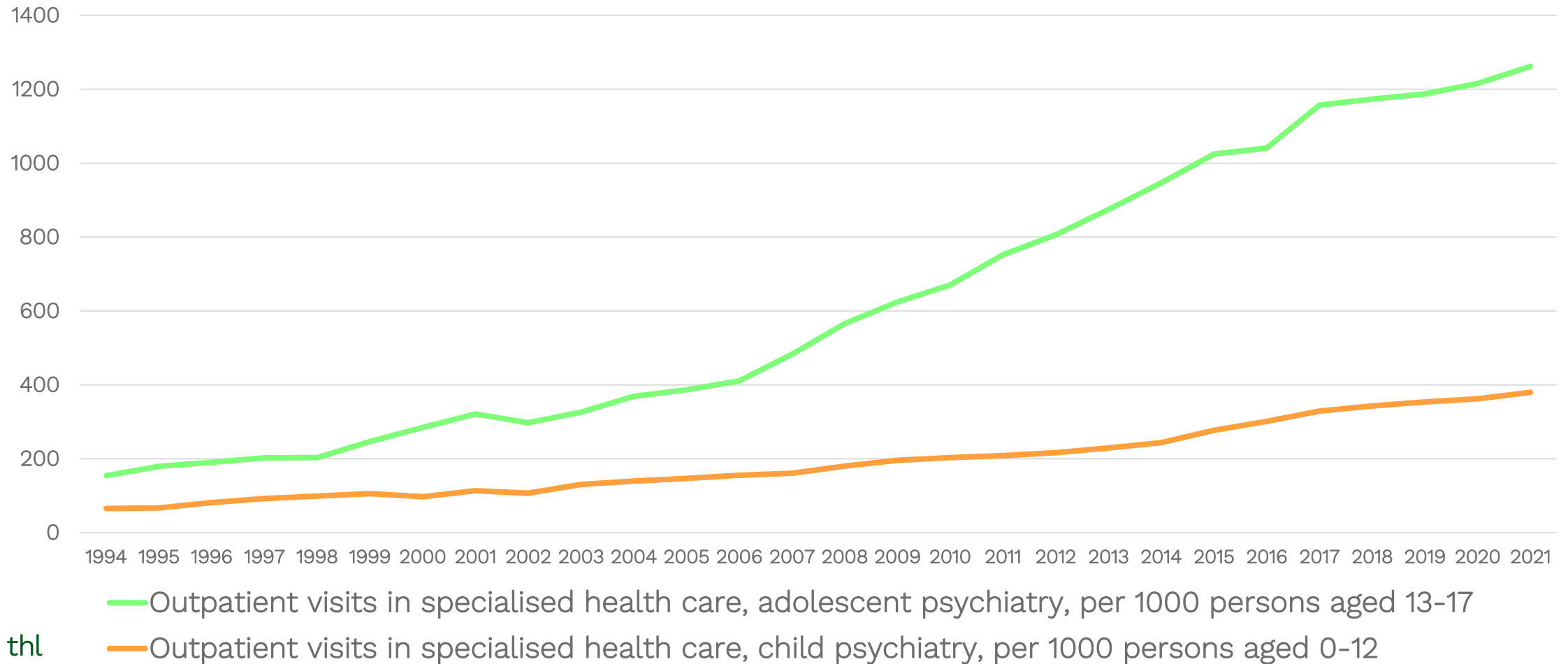
Outpatient services: adults



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Jaana Suvisaari, THL, Mental health team

Specialized psychiatric outpatient care for children and adolescents



Developing needs based services

- Developing new individually orientated approaches
- Primary and specialised services
- Experts of experience
- If you treasure it – measure it!



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Implementation of evidence based psychosocial interventions

- 5 collaborative areas coordinate training of professionals in primary care
- Interpersonal counseling, Cool Kids, Incredible years
- Implementation skills – webinars, online training, small group training
- Tools, measures and guidelines for rapid implementation



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PRIMARY LEVEL

High-Quality Care for Severe Mental Illness (SMI)

Diverse Services: Mobile, home-delivered, remote consultations, and digital solutions.

Evidence-Based Interventions: Psychoeducation, family interventions, CBT, cognitive rehabilitation, social cognition and social skills training, Individual Placement and Support (IPS) model.

Outpatient Treatment Models: Effective and cost-effective centralized treatment for first-episode psychosis; diverse psychosocial treatments for pervasive illness.

Regional Differences: Variability in implementation and availability of psychosocial interventions; ongoing development of care and service chains.

Survey Insights: Skilled personnel, desire for standardization, improved outpatient services, peer support, and expert-by-experience involvement.

Recommendations: Enhance care and service chains, continuity of care, diverse psychosocial treatments, goal-oriented rehabilitation, technology-assisted services, family involvement, expert-by-experience roles, physical health prevention and treatment, centres of excellence.



Patient-Reported Experience in Mental Health and Substance Use Services

First National patient experience survey

- Conducted in 2021 across 435 treatment facilities with 8794 outpatient and 1112 inpatient responses.

Positive Experiences: Most positive feedback related to respect and acceptance.

Areas for Improvement: Critical feedback on receiving information and inclusion of significant others in the treatment process.

Best experiences: reported in integrated mental health and substance use services. Involuntarily admitted patients had the most negative experiences.

Primary Development Need: Focus on improving information sharing with patients.



(Viertiö, S., Therman, S., Kuussaari, K., & Suvisaari, J. (2024). <https://doi.org/10.1002/mpr.70010>)

Recovery orientation framework

Connection

Empowerment

Meaningfulness

Hope

Individuality



Digital solutions, new opportunities or the emperors new clothes?

- **Digital Services vs. Human Interaction**
- **Mental Well-being:** Learned from childhood and supported by others.
- **Support:** Essential for recovery in mental health issues.
- **Professional Help:** Sometimes necessary; professionals aid in using digital services and provide feedback.
- **Costs:** Digital services are costly to maintain and develop.

Lots of potential, but transparent frameworks are needed to evaluate and fund digital solutions effectively.



Outi Linnaranta/Teija Stand, THL 2022

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Digital solutions!

- The majority are aimed at the adult population and for the prevention or treatment of mild symptoms.
- VR apps e.g. exposure therapy
- Self-help portals
- Digital treatments/therapy
- Mobile health and wellbeing services
- Chat and telephone support
- Web based peer support
- Digital tools for diagnostics
- Health trackers
- Therapeutic games/gamification

Linnaranta O, Pelkonen I. 2023 THL
<http://urn.fi/URN:ISBN:978-952-408-067>



Is a recovery orientated approach used in your country?

Please vote!

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5. Mental health management

Including mental health in **all decision making across all sectors**, including social and healthcare sectors as well as occupational sector.



Mental health in all policies

Connection between the National Mental Health Strategy and other national strategies and programmes



Mental Health Impact Assessment

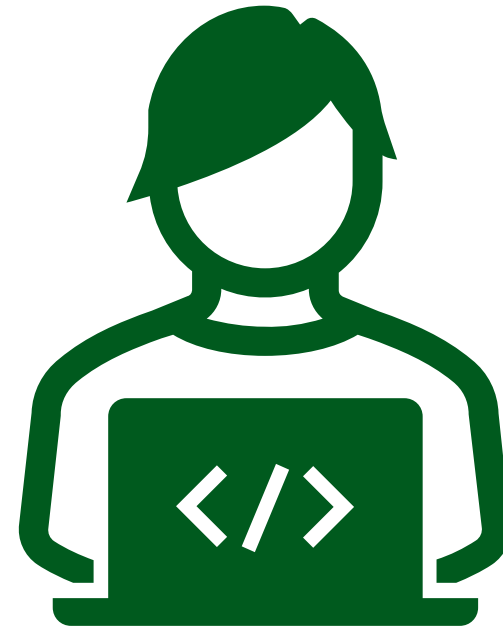
A structured process used to evaluate the potential effects of a project, policy, or program on mental health and well-being.

It identifies both positive and negative impacts and provides recommendations to enhance mental health outcomes



Implementation of operational codes

- National Data Collection on treatment, diagnoses, care/treatment times and durations, etc.
- Data-Driven Management Regionally and Nationally
- For all health care professionals (public sector)



Mental health in the workplace

Promotes mental well-being and working capacity.

- **Digital Toolkit:** Evidence-based tools, like tests and coaching, are available to workplaces for preventing mental health issues.
- **Workplace Culture:** Emphasis on fostering supportive environments through collaboration, problem-solving, and better work practices.
- **Legal Framework:** Workplaces must assess psychosocial risks and implement management systems.
- **Shared Responsibility:** Mental health is a collective effort involving employees, supervisors, and occupational healthcare.



Suicide prevention programme

Prepared by the National Suicide Prevention Network including representation from the service system, NGOs, universities and governmental organisations

Seven areas of focus with 36 suggested measures including:

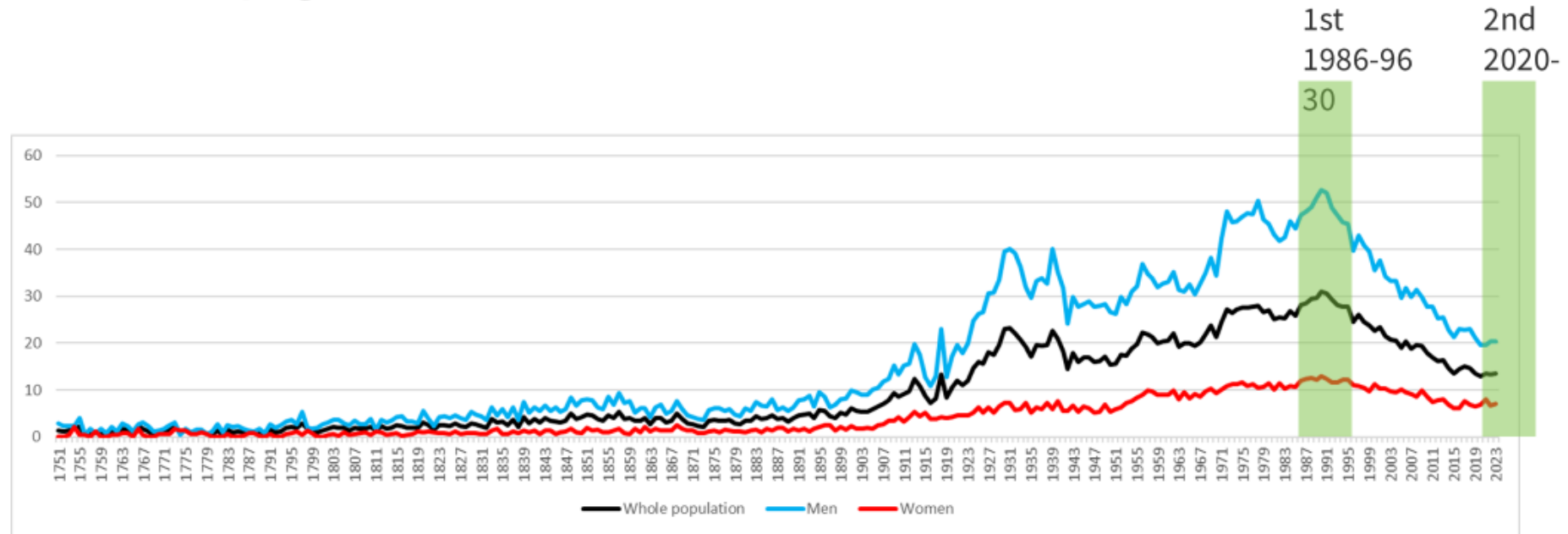
- Awareness raising
- Impacting the means of suicide
- Early intervention
- Supporting risk groups
- Developing care options
- Increasing media competence
- Strengthening knowledge basis and research



Long history of suicide data collection

Suicide prevention in Finland

Two nationwide programmes.



Awareness raising: digital suicide prevention courses

- [Suicide prevention online courses](#)
 - Finnish
 - Swedish
 - English
- Guidelines for suicide prevention
- Suicide Prevention Toolkit for Media Professionals

Suicide prevention online course

The purpose of the online course is to increase participants' skills in interacting with people at risk of suicide, identifying the risk of suicide and bringing it up. The online course also offers specific course themes for professionals, such as planning the treatment of a self-destructive patient for health care professionals. The online course is open and free of charge for all interested parties. Entry requires registration.

The course is available in Finnish, Swedish and English.

[Log in to the online course.](#) ➔

Improved research on suicide prevention

- Research on new digital methods for suicide prevention.
- Extend accident investigations, including "psychological autopsy" methods, to suicides—initially for young people, and eventually for all suicides occurring during or within a month of treatment.
- National suicide registry to monitor and evaluate the quality of suicide prevention and enable suicide research.
- Gather national, multidisciplinary expertise in suicide research to strengthen and increase its impact.
- Initiate a multidisciplinary suicide research program.



Help seeking prior to suicide

According to the Finnish Institute for Health and Welfare (THL):

- approximately 30% of individuals who die by suicide in Finland have visited healthcare services within two weeks prior to their death.
- approximately 40% of individuals who die by suicide in Finland have visited healthcare services within one month prior to their death.
- approximately 60-70% of individuals who die by suicide in Finland have visited healthcare services within the year prior to their death.
- **The leading cause for not talking about suicide is that no one asked**

Myths about suicide

1. Talking about suicide encourages it.

Fact: Open discussion can reduce suicidal thoughts and save lives.

2. People who talk about suicide are just seeking attention.

Fact: They may be reaching out for help and should be taken seriously.

3. Suicide is always impulsive and happens without warning.

Fact: Most suicides have warning signs.

4. Only people with mental health disorders are suicidal.

Fact: Many who die by suicide do not have diagnosed mental illnesses.

5. Once someone is suicidal, they will always feel that way.

Fact: Suicidal thoughts can be temporary and treatable.



Do you have a national suicide prevention programme in your country?

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Work continues
until 2030



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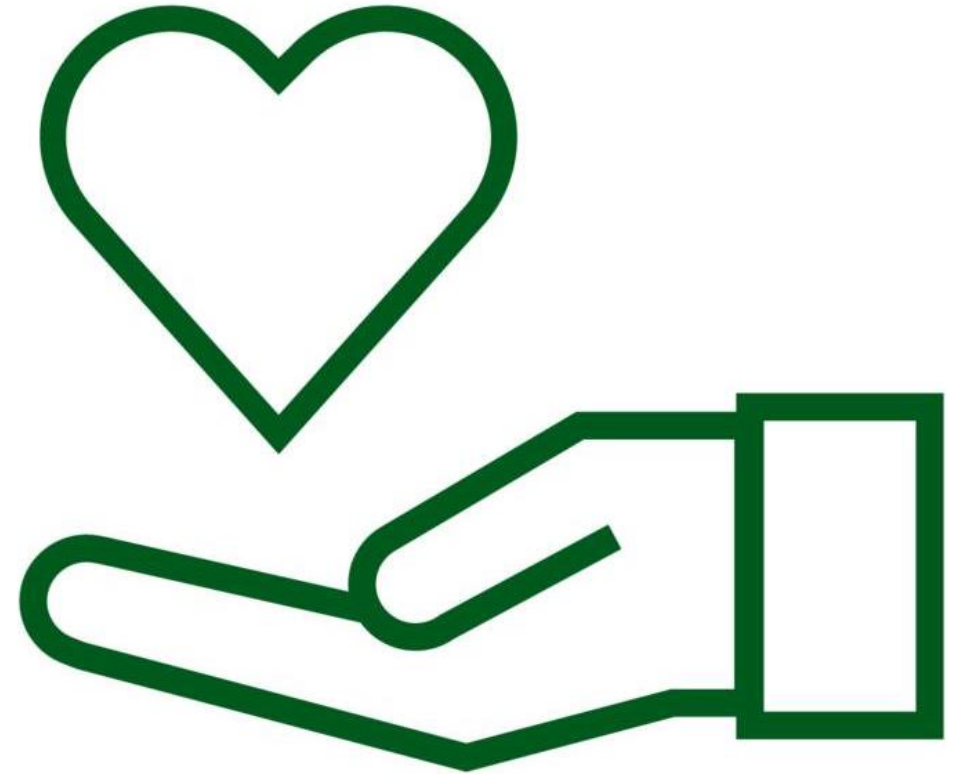
Next steps: Government Resolution on Mental Health Promotion

- Mental health in all policies
- All ministries together
- Also in [English](#)



Mental health support 2025-2027 -project

- Funding for NGO's
- Low-threshold help and support
- Experts by experince
- Guidance for mental health, substance abuse, addictions and other issues





Questions?



What will you
take home
from this
presentation?

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THANK YOU ! KIITOS ! TACK!

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31.3.2025

We are
happy to
connect
in
LinkedIn

