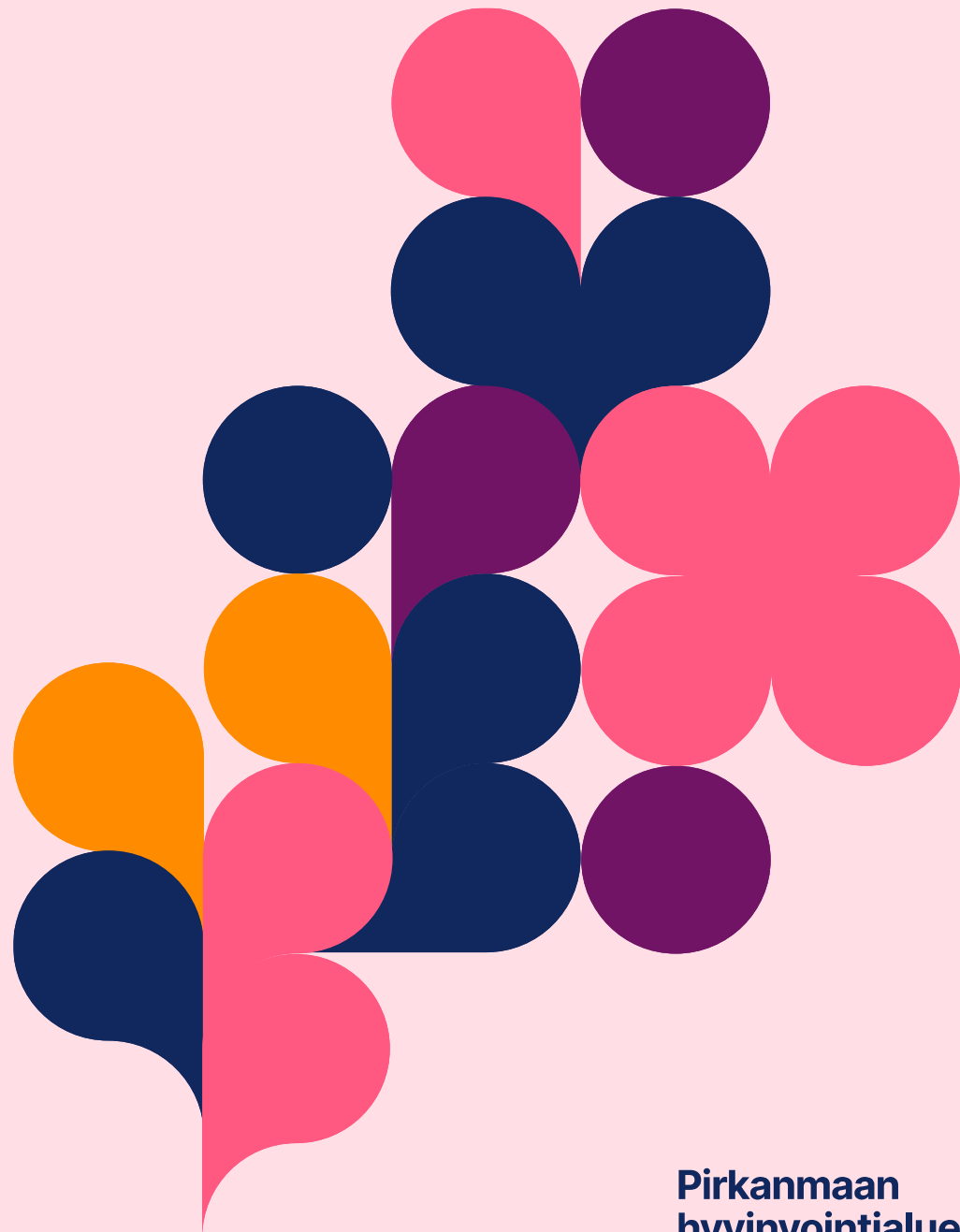


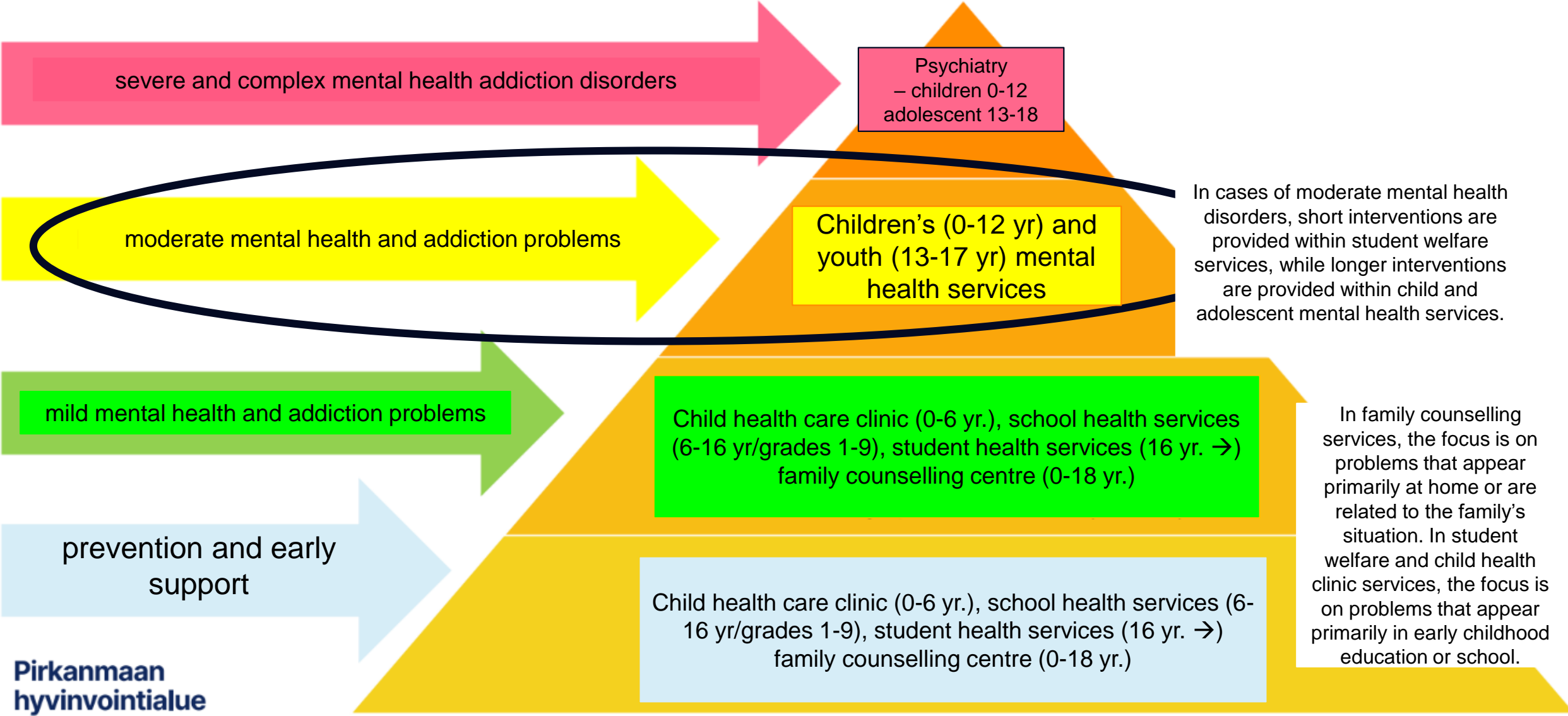
Basic-level mental health care and substance abuse services for children and adolescents (Miepä)



Basic-level mental health care and addiction services for children and adolescents – who are we

- We work with mental health disorders, substance abuse, and behavioral addictions
- Fairly new working group → established after reform of Child and Adolescent Mental Health care and Substance Abuse Services – implemented from 1 April 2025 onwards
 - Starting point to the reform was to create a consistent system across the entire region
- We provide timely assessment and treatment for **moderate** mental health and substance abuse disorders
- The services operate under general practitioner leadership as basic-level specialised services → not a part of specialist health care (psychiatry)
- The multidisciplinary team consists of general practitioners, psychologists, nurses, occupational therapists, physiotherapists and social care professionals
- Our services are confidential and free of charge for the client
- Each professional works with their own personality and strengths

Stepped care in child and adolescent mental health care and substance use services



Assessment of severity in child and adolescent mental health service

- The assessment is based on the extent and severity of the problems caused by the challenges
- Main headings:
 - Home and family resources
 - Daycare, school and learning
 - Health, development and functional capacity
 - Peer relations and leisure activities
 - Suicidality
- These headings are assessed on a scale of mild, moderate, complex moderate, and severe
- The overall picture determines the appropriate level of care

Similar assessment table can also be found for behavioral addictions and substance abuse work



Locations of the work groups in child and adolescent mental health care and substance abuse services in Pirkanmaa

- 3 primary location: Tampere, Ylöjärvi, Valkeakoski
- 5 secondary/"satellite" location: Kangasala, Lempäälä, Nokia, Orivesi, Sastamala
- Collaboration companies are responsible for Mänttä-Vilppula, Virrat, Ruovesi, Juupajoki, Parkano, Kihniö = northern Pirkanmaa

Goals of the treatment

- The goals of the treatment period are planned together with the child or young person and their guardians
- The effectiveness of the treatment is assessed regularly
- If necessary, the child or young person is referred to a doctor
 - The primary responsibility for the progression of treatment lies with other staff members
 - The responsibility for making the diagnosis and medication management lies with the doctor
- Treatment within child and adolescent mental health and substance use services is voluntary and requires the child's or young person's own motivation and commitment to attending the sessions.
- Guardians and the child's or young person's close network are actively involved throughout the process.
- We also work collaboratively with other networks involved with the family, such as the school, student welfare services, and social services.
- The 'My Team' – network-based working model is used within child and adolescent mental health and substance use services (Virve).

Treatment process

1/2

- Children and adolescents are referred to our services by a social or health care professional
 - Doctor's evaluation, consultation or referral is not required
 - A health care professional's (e.g. nurse or psychologist) assessment is always required → evaluation of the appropriate level of care
- Referrals are allocated to the teams through a centralised multidisciplinary referral coordination group, that meets once a week
- 14-day care guarantee - After the referral has been received, treatment should begin within 14 days (goal – we are not yet there)
- Treatment begins from the first appointment, during which
 - Care is planned together, and
 - Goals are set
 - Rules, practices, and schedule for the treatment period are agreed upon

Treatment process

2/2

- A short-term therapeutic approach is applied
 - Treatment periods are structured, goal-oriented and time-limited.
 - 10–20 sessions, offered as individual or group interventions.
 - After five sessions, mid-term assessment is conducted with the guardian present
 - In general, a treatment period includes approximately 1–10 sessions - if needed, the number of sessions can be extended up to 20
 - After every five sessions, an interim assessment is carried out – guardians participate in at least the interim assessments
- Guardians may also have their own support sessions related to the child's/young person's care
- If needed, therapeutic short interventions or e.g. art therapy can be provided and/or home visits, school meetings, and school observations can be arranged
- During the final appointment, follow-up care is planned together with the family

Structured methods in use

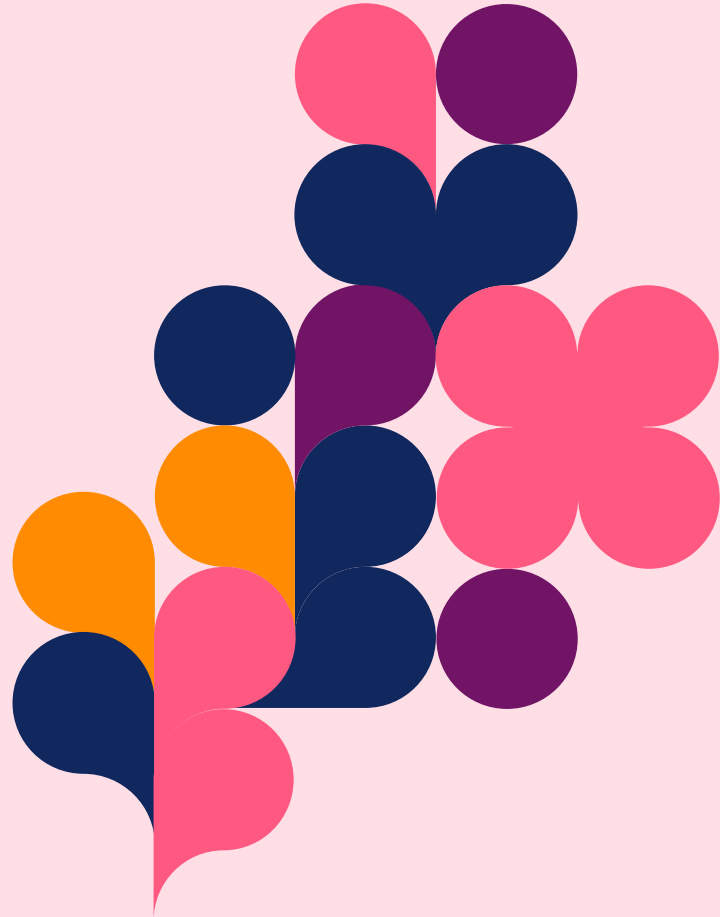
- Incredible years (3-12 yr.) – a group based intervention for parents of children who exhibit behavioural symptoms or have conduct related difficulties
- Cool Kids (7-17 yr.) - An individual, family-based, or group-based treatment for anxiety in children and adolescents
- IPC-N (12-19 yr.) - For the prevention and treatment of mild depressive symptoms (school health care services)
- IPT-N (12-19 yr.) – treatment of moderate depression (interpersonal therapy in miepä)
- Short-term psychotherapy (20-25 sessions)

Some figures 08-10/25

- Total number of distinct clients
 - Under 13 yr: 1075
 - 13-year-olds and older: 2666
- Contacts
 - Under 13 yr: 5622
 - 13-year-olds and older: 10009
- First appointments
 - Under 13 yr: 171
 - 13-year-olds and older: 241
- The main reasons for treatment:
 - Under 13 yr: Behavioural challenges, fear, anxiety, and nervousness
 - 13-year-olds and older: anxiety, depression, behavioural challenges
 - All ages: autism, ADHD

Where we stand now, what is already emerging and the next steps

- A major change requires time; services have previously been organised in many different ways across 23 municipalities, and we are now working towards a unified service model.
- Harmonisation of the stepped-care model and severity assessment, and clarification of the shared understanding in relation to other levels of care.
- Further development of the treatment process to meet required standards and funding requirements
- Positive signs already at this stage:
 - A single, centralised referral coordination group ensures a consistent approach throughout the Pirkanmaa region
 - From the client's perspective, service equality has improved, and access to care has improved in several service locations
 - Flexibility and agility: We can provide services for clients from any team when needed
 - New working methods and support channels are being found e.g. our own Chat → a low-threshold way to confidentially communicate with mental health and addiction specialists
 - Awareness and collaboration have improved throughout the area



Thank you for your interest!

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