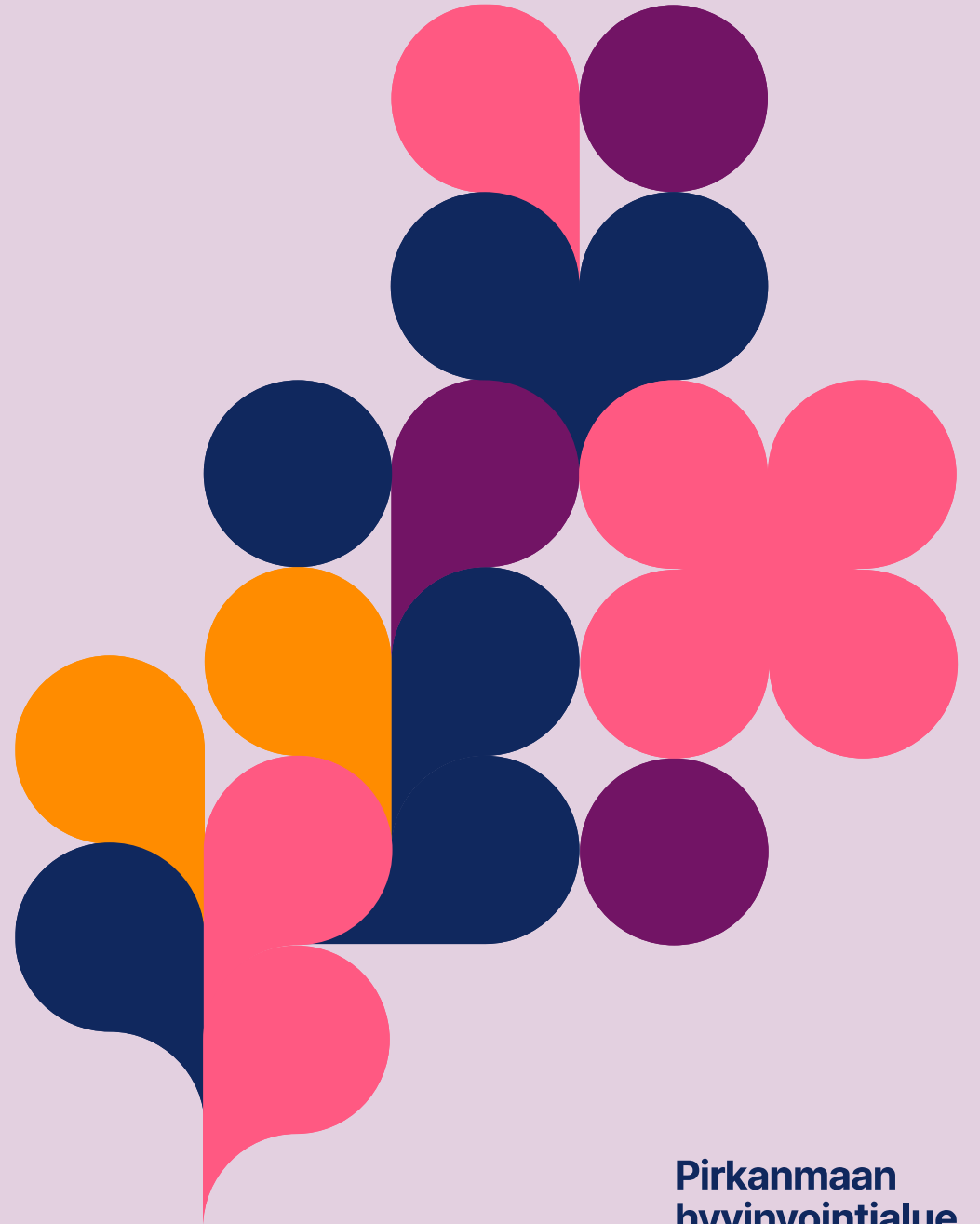


# Care Process

Child and Youth Mental Health and Substance Abuse Services



# Lasten ja nuorten mielenterveys- ja päihdepalveluiden hoitoprosessi

## Referral to the Service

Referral takes place through guidance from a social and healthcare professional. It requires a healthcare consultation from a public health nurse, registered nurse, psychologist, or doctor.



Referral form submitted electronically or an Omni referral.

## Processing Referrals and Assessing the Need for Care

The guidance team meets weekly to review referral forms and assign clients to the appropriate teams. The client will be contacted by a professional to arrange the first appointment. Therapy and treatment guarantee timelines are taken into account when planning care.

## First visit

The first visit is part of the client's treatment. During the meeting, the referral form is reviewed together with the family and the treatment plan is made. In addition, the rules, practices, and schedule of the treatment period are agreed upon.

## 2.–5. visits

Usually, 1–10 visits are offered. If needed, up to 20 visits can be provided.

During the treatment process, assessments and examinations are carried out as needed.

description

- service session
- Service session if needed

Description

## client-centered network meetings

My team model, a multidisciplinary network

## Interim evaluation

## 6.–10. visit

## client-centered network meetings

## Interim evaluation

After every five (5) sessions, an interim evaluation is conducted. As a general principle, the guardians participate in the assessment.

During the care process, a doctor or other professionals may be consulted if necessary.

## 11.–15. visit

## Interim evaluation

## 16.–19. visit

If needed, up to 20 visits can be provided.

## The service ends

Discharge visit. Planning of any possible follow-up care together with the family, coordinated by the professionals. A new period of care can be initiated through a new referral.

In the care process for children and adolescents, work is carried out in a goal-oriented manner with parents, guardians, or the entire support network, taking individual needs into account.

# Referral to the service

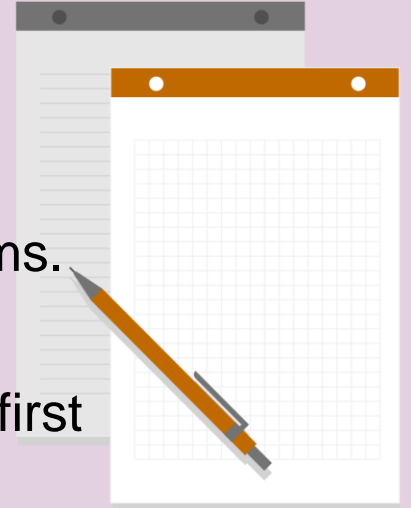


- Referral from a social and health care professional using an electronic referral form or a referral submitted via Omni.
- A referral requires consultation with a healthcare professional if the referring worker is not themselves a licensed healthcare professional.
- Public health nurse, nurse, psychologist, or physician (regardless of the setting or job title of the employee).
- A carefully completed form supports the smooth initiation of the client's care.
- Links to forms:

[Lasten Nuorten](#) ([Omnin ohjeet](#))

# Referral processing

- The referral coordination team meets weekly and processes incoming referral forms.
- The coordination team assigns clients to appropriate working groups. Through the waiting list, the client receives contact from a worker to schedule the first appointment.
- At the same time, the referring party is also informed that the treatment process has begun.
- The therapy and treatment guarantee are taken into account in care planning.
- Access to care must be ensured within three months at the latest. However, individuals under 23 years of age must receive care within 14 days if the matter involves the examination or treatment of an illness or injury.
- Therapy guarantee: [Lasten ja nuorten terapiatakuu - Sosiaali- ja terveysministeriö](#)



# The first visit



- The first appointment is the initial visit for the child/adolescent and their family within mental health services (MIEPÄ services).
- The child/adolescent and guardian(s) are invited to the first appointment, and other members of the support network may also be included if necessary.
- The referral form is reviewed.
- The child's/adolescent's situation, expectations, and wishes are assessed.
- Care and/or assessments/examinations are jointly planned, and preliminary goals are set. The rules, practices, and schedule of the care period are agreed upon. Other service guidance is provided as needed.
- In youth mental health services, at the beginning of the care period, the symptom profile is currently assessed using at least the following symptom questionnaires: PHQ-9, GAD-7, YP-CORE, ADSUME. These are still under further development.

# The care visits

- After setting the goals for the care period, the duration of the treatment period is assessed.
- As a general rule, it consists of a maximum of 20 treatment sessions. For adolescents with eating disorders and those with substance-related symptoms, the number of sessions is assessed individually.
- Guardians and other necessary members of the support network are involved in the child's and adolescent's care process.
- Treatment may be provided on an individual or group basis, and it may include family sessions. A physician or other specialist may also participate in the child's/adolescent's treatment when necessary.

# Assessments / evaluation

- If needed, after the initial appointment or at another stage of the treatment process, various assessments/evaluations may be carried out, for example regarding neuropsychiatric traits, mood, emotional functioning, and behavioral difficulties.
- During the assessment/evaluation period, the child/adolescent, guardians, and, when necessary, teachers or other relevant individuals important for clarifying the child's/adolescent's situation are interviewed.
- Various symptom questionnaires may also be used as part of the assessment/evaluation period.
- The physician plays an essential role in the assessments when making a diagnostic evaluation. At the end of the assessment and evaluation period, a treatment plan is prepared during a feedback appointment.



# Interim evaluation

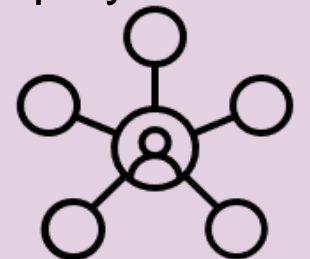
- As a general rule, an interim review is conducted after five treatment sessions, with guardians participating and, when necessary, other members of the support network.
- During the interim review, the implemented treatment process is evaluated in relation to the set goals.
- At the interim review appointment, the plan for continuing treatment is drawn up and further refined.
- The symptom questionnaires initially given to adolescents at the first appointment may be completed again during the interim review to support the evaluation and planning of care.

# Internal consultation and knowledge sharing

- If needed during the care pathway, different professional groups may be consulted.
- A physician may be consulted regarding treatment, medication, or examinations.
- During the pediatric care pathway, it is also possible to consult a specialist healthcare worker; for adolescents, this arrangement is still in process.
- Consultation with a psychophysical physiotherapist is available every four weeks on Thursdays from 12:00 to 13:00.
- Substance abuse work consultation is available every four weeks on Thursdays from 12:00 to 13:00 (alternating with the psychophysical physiotherapy consultation).
- Specialist knowledge is shared within and between working groups. Across service boundaries, other professionals such as occupational therapists, speech therapists, and neuropsychologists may be consulted regarding the need for assessment or rehabilitation referral.

# Network cooperation

- **Network collaboration** refers to work carried out in various configurations between professionals from different services in matters concerning the child/adolescent and their family.
- The child/adolescent may, if they wish, participate in network meetings, taking into account their developmental level and current situation.
- Working with the network enables multidisciplinary information gathering about the child's/adolescent's situation and wellbeing.
- It is important during the process to maintain contact with student health services and with the school or daycare.  
“My Team” model.
- Joint working (co-working in pairs) across service boundaries.  
For example, mental health services (MIEPÄ services) may work as a partner with employees in child and family social services.



# Treatment in child and adolescent mental health and substance abuse services



- **Child individual sessions**  
Structured psychosocial interventions (e.g. IPC, TF-CBT, solution-focused brief therapy, solution-focused art therapy)  
Other psychosocial interventions
- **Parent sessions**  
Family sessions  
Cool Kids, other family-oriented work
- **Group activities**  
Cool Kids, My Mind, emotional and interaction skills groups
- Neuropsychiatric coaching
- Outreach to the client's everyday environment
- Home visits, observation at school or in early childhood education settings
- Network collaboration
- Co-working across service boundaries
- “My Team” model
- Psychoeducation
- Medical work (physician-led care)
- Coordination and follow-up of rehabilitation
- Medication monitoring

# Assessment periods in child and adolescent mental health and substance abuse services

- In a multidisciplinary assessment period, the child and at least one parent are always seen. Previous assessment and treatment history is taken into account to avoid unnecessary repeat evaluations and overlapping work.
- A multidisciplinary assessment period may include:
  - Family assessment
  - Individual sessions with the child
  - Psychological assessment/examination
  - Information gathering from the support network
  - Interviews, observation, network collaboration, and questionnaire-based assessments



# Treatment in adolescent mental health and substance abuse services

- **Youth individual sessions**

Weekly

Goal-oriented

Methods include e.g. Cool Kids, IPT-N, art therapy, TF-CBT, DBT

Other psychosocial interventions

- Psychophysical physiotherapy
- Occupational therapy
- Parent sessions
- Family sessions
- Cool Kids, other family-oriented work
- Group activities  
Cool Kids, art therapy, social anxiety groups

- Neuropsychiatric coaching
- Outreach to the client's everyday environment
- Home visits, observation at school or in early childhood education settings
- Network collaboration
- Co-working across service boundaries
- "My Team" model
- Psychoeducation
- Physician work
- Coordination and follow-up of rehabilitation
- Medication monitoring

# Treatment content (substance abuse work)

- The initial appointments include an assessment of the young person's overall situation, a social assessment, and mapping of concerns within the young person's support network. Contact with social services is required → close collaboration is essential.
- As the work progresses (especially for adolescents presenting with alcohol or drug-related issues), a substance use history is taken to assess the extent of substance use.
- The aim of the work is to stop or reduce substance use. For some young people, a harm reduction approach is appropriate. The young person's own motivation and wishes must, however, be taken into account.
- Drug screening and driving fitness monitoring are used when necessary (process under development).
- The number of sessions for adolescents with substance-related symptoms is assessed individually.  
Regular meetings with the assigned worker are held. If needed, consultation and appointments with a physician are arranged.

# Monitoring of rehabilitation, treatment, and support measures

- The client relationship may also consist of monitoring planned rehabilitation, treatment, and support measures until it can be concluded as the child's/adolescent's situation improves.
- This may include, for example, occupational therapy, speech therapy, or LAKU rehabilitation implemented via a service voucher or as demanding medical rehabilitation provided by Kela.
- Active monitoring of rehabilitation is carried out in mental health and substance abuse services in situations where a professional assesses it as necessary for the child's/adolescent's overall situation.
- Due to the stepped nature of medication treatment, the child's/adolescent's client relationship may continue in mental health and substance abuse services even if other treatment within the service has ended.
- During medication follow-up, the child's/adolescent's client relationship in MIEPÄ services remains active. Therefore, if the need for other treatment arises at any stage of medication follow-up, a new referral form is not required for re-entry into a treatment period. Other treatment is then provided according to the applicable waiting list order.

# Termination of the client relationship

- The treatment relationship in child and adolescent mental health and substance abuse services is terminated when moderate symptoms have eased, when the child/adolescent and family do not engage in treatment, or when the provided treatment does not produce results (in which case referral to further care is arranged).
- If the adolescent has already had 20 appointments within the service and symptoms are still ongoing, it is advisable to consult a physician or a line manager regarding further treatment.
- The assigned worker assesses whether to continue or end treatment and, if necessary, consults the wider team or a supervisor.
- The referring party and/or relevant networks are informed of the termination of the client relationship, for example by email.
- Depending on the situation, a follow-up call approximately one month after the final appointment may be agreed with the family before formally closing the case.
- A nursing summary of the contact is prepared (separate instructions apply).
- If needed, the client can re-enter services through a new referral, and this is communicated to the family.

# Follow-up care

- Planning of possible follow-up care is carried out together with the family.
- If, after the end of the client relationship, the child/adolescent requires student welfare services, the worker will contact the child's/adolescent's school student welfare services to transfer the client relationship and/or arrange a joint network meeting.
- Referral from child and adolescent mental health and substance abuse services to youth services is carried out through supervisors.
- Referral of adolescents to adult services is carried out according to the instructions of the service provider or receiving treatment unit.
- For medication treatment, transfers to school health care are recommended to be coordinated by staff, if the name of the school nurse is known.
- Kela rehabilitation services include psychotherapy rehabilitation, LAKU rehabilitation, and Omaväylä rehabilitation.
- Service vouchers may be used for psychophysical physiotherapy or occupational therapy.
- Third-sector services may also be utilized, such as services provided by Setlementti (e.g. Tyttöjen Talo, Kipinä).

