Finnish policy to mainstream mental health in primary care

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Background Information about Mental Health in Finland

- Depression is a major burden on public health in Finland

- Psychiatric disorders are a major contributor to sick leaves and disability pensions even in the younger age groups

- Most people with psychiatric disorders do not receive adequate treatment (Hämäläinen J. Depress Anxiety. 2009;26(11):1049-59.)

- Use of hospital treatment is excessive and thus out-patient care is underdeveloped (Pirkola S. Lancet. 2009 Jan 10;373(9658):147-53. Epub 2008 Dec 26.)
Background information about Primary Health Care in Finland (1/2)

- Local authorities (municipalities) are responsible for organising primary health care and specialised medical care for their residents
- Public services are mainly funded by taxation
- The employers are responsible for organising preventive occupational health services for their employees.

PC comprises:
- outpatient medical care (general practitioners)
- health counselling, preventive work and vaccinations
- maternal health care and family planning
- child health care
- school health care
- home nurse service
- occupational health care
Background information about Primary Health Care in Finland (2/2)

- 196 PC health centres, where 2700 PC doctors work. Problems:
  - small units
  - lack of PC-doctors
  - the finance of the public services is in a crisis

- Number of inhabitants per PC doctor varies, on average 1500-2000. “Population responsibility” including “personal doctor” system is common.

- Access to specialised psychiatric care is based on a doctors` referral. Problems:
  - lack of co-ordination between PC and specialised care
  - lack of psychiatrists in public sector
  - half of the patients in psychiatric outpatient care suffer from depression, most of whom could be treated in PC.
PC patients in Finland

- Over a half of the Finnish population use primary care services every year.

- One in ten primary care patients suffers from major depression, (Vuorilehto M. *Psychol Med.* 2005 May;35(5):673-82.)

- Of them 37% had seriously considered suicide within their lifetimes, and 17% had attempted it. (Vuorilehto M. *Psychol Med.* 2006 Feb;36(2):203-10.)
Three Government-level policy outlines and programmes that define mental health services in PC

1. The national plan for mental health and substance abuse work “Mieli-2009”:
   18 proposals to define the development of mental health and substance abuse work until 2015.

2. The action plan “An Effective Health Centre” to strengthen PC services

3. The “MASTO project” to reduce depression-related work disability
Action plan for effective PC proposes new methods to facilitate access to care

- New division of duties and responsibilities in health centres.

- More nurses’ consultations.
  - Their consultation is suited for instance for control visits to persons suffering from chronic diseases, such as depression, and
  - ‘low threshold’ consultation for patients with mental health or substance abuse problems, who often have difficulties in navigating in health services.
Action plan for effective PC proposes new practices to improve services

- Better cooperation between PC and specialised care (new Health Care Act in 2010).
  - patients do not need to visit a health centre to obtain a referral to a specialist,
  - but specialists’ consultation will also be available at health centres. Possibilities of information technology will be used in client service, such as video consultations.

- Preventive health care will be made more efficient (at maternity and child health clinics, in school health care, in health centre services and home nursing services).
Masto-project proposes activities aimed at the prevention and early recognition and treatment of depression

- Stress management methods (e.g. prevention groups), peer support and exercise can help ward off depression in risk groups.

- The majority of people of working age who suffer from depression can be treated at the level of primary health care - in health centres and in student and occupational health services.

- The problems to be tackled in reducing depression-related work disability involve the early recognition of depression, accurate diagnosis and active treatment early on to support working and functional capacity.
"Mieli –2009” defines the tasks of PC regarding mental health

- Early recognition of mental and substance use disorders
- Early support and interventions
- Treatment of most depressive and anxiety disorders and substance use problems
- Treatment of a part of chronic schizophrenia
- Treatment of physical illnesses of psychiatric patients.
Multifaceted Treatment of Depression in Primary Health Care

Primary Care Doctor
- diagnosis of depression
- plan for treatment and medication
- assessment of ability to work

PC patient with depression

Specialist Nurse for Depression (Care Manager)
- 1-6 visits
- support
- patient education
- information about depression
- monitoring of medication and treatment process
- attention to the children's need for care and support
- long-term follow-up for two years

Psychiatrist
- supervision of specialist nurses
- education of primary care doctors
- consultation

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"Mieli –2009" poses structural, financial and educational challenges to PC

The "Mieli –2009" plan challenges PC to provide:

- low threshold services
- group interventions in preventive health care (maternity clinics, school health care), such as group cognitive interventions for preventing depression
- specialist nurses for depression
- training, education, supervision and consultation for PC doctors and nurses from specialist psychiatric care
- social workers in PC
- use of information technology
The financing of the implementation of the programmes

- **Municipalities**

- **National Development Programme for Social Welfare and Health Care (Kaste)**
  - covers the period 2008-2011
  - approx. 25 million euros every year for development programmes for social welfare and health care
Thank you!
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