INVITED EDITORIAL

SAMI PIRKOLA

AT THE CROSSROADS – DO WE REALLY WANT TO SERVE MENTAL HEALTH?

Finnish mental health services face an historic transitional phase when the current social and healthcare reform finally takes place. As the organization and funding of public health and social care services are practically being recentralized, there are a variety of options: promises and pitfalls for mental health services and their clients. In addition to the social and healthcare reform per se, other drivers for emerging changes are the new National Mental Health Strategy 2020-2030 (1), several governmental and legislative changes, including a centralizing regulation in 2018 (2), and the recommendations for psychosocial treatment by the Council for Choices in Health Care in Finland in 2018 (3). In addition, the criteria for entering elective treatment were updated in 2019 (4), presenting a new model for collaboration between primary care and psychiatric services.

These legislative and administrative measures include the outlines for organizing psychiatric and mental healthcare for the years to come. The need for reforms is inevitable, due to economic reasons and also to increasing demands from the public, regarding both emergent and elective mental health services for the people. In conclusion, there are both needs and demands, and regulatory drivers for better access to mental health services. In addition, we are facing signs and signals of increased occupational disability and concerns of societal disparity and inequality. These themes were to a notable extent discussed in the process of launching the new mental health strategy in Finland (1).

The well-established stepped care model, presented by Thornicroft and Tansella (5), has suggested optimal mental health service settings for societies with different levels of resources. Those with a low level of resources should rely on primary care services with support from the available mental health psychiatric experts and professionals. In the case of mid-level resources, a separate secondary level of psychiatric services is a recommended option. The highest resourced societies benefit from a system of primary, secondary and tertiary level services, where the tertiary level refers to centralized, highly specialized services, like units for eating disorders or neuropsychiatric problems.

In Finland this stepped care model has involved the primary care services in municipal health and social care, and the secondary care often organized by hospital districts, run by joint municipal boards. Furthermore, the tertiary level services are often organized by university hospital districts. The organizational settings and management of these steps has had notable regional variation, but in general the model has included complex economic incentives and regulatory steering that has often acted against optimal provision of services. Due to services, or their levels, being provided in separate organizations, there are barriers and thresholds in access to care. Referrals, delays and waiting lists are common in practice, and they do not serve for better, individualized psychiatric care. It seems that the promises of optimal effectiveness of the stepped care model have been weakened for reasons not necessarily related to the model itself. In the first place, the model with separate steps and organizations may have been useful for the purposes of control, but the role of services and expectations of the public have changed, decreasing the meaningfulness of the original roles and gatekeeping. Furthermore, the costs of the current organization and management of the mental health services are increasing to unbearable levels, if we stick to the current, multi-organizational model (6).

It can be argued that, with the increasing mental health awareness of the people, demands for a widening spectrum of mental health support for problems that are not medical disorders cannot be given to psychiatry. However, at the time of this current reform we may try to sort out this increased burden of challenges by a better integration of our expertise, and by a truly patient- or client-centred approach. By simultaneously performing early psychosocial support, education and management, we may also be able to detect and intervene in processes that would require more intensive psychiatric management, and gain a cost-effective benefit because of this earlier intervention.

To tackle the problems caused by the current system with several steering mechanisms (legislation, multiple funding

sources, steering by information), a new patient- or client-centred approach has been proposed by the criteria for entering elective treatment and the mental health strategy (1,4). It arises from the Collaborative Care Model (7), created for treating patients with multiple somatic and mental health problems in primary care. This new way of organizing a wide variety of services for a patient should be convergent with the primary level, one-door ideology included in the health and social care reform now taking place.

The central idea is that a patient is not sent for expert evaluations or consultations elsewhere, but these services are organized for them on site, by a primary care level case manager. In terms of mental health services, consultations with a psychiatric nurse or psychologist are available at the primary care centres, in addition to IT-based services, like video consultations and guided diagnostic or therapeutic algorithm interventions.

This collaborative setting also provides mutual learning, shared design practices, and so-called working hand in hand. In terms of organization, the model involves integration of services, in this case primary care and psychiatric expertise. This kind of integrated model for collaboration has been implemented and evaluated in Kerava health centre district on the outskirts of the Helsinki metropolitan area. Initial reports of its benefits have been most promising.

This is currently the context in which we should strongly take care and prioritize the increasing mental health needs and demands regarding the evolving health and social care service system. A question we should ask is: Will the mental health services and needs be prioritized (8) due to their high importance, or are they still considered as a resource to be ignored when other needs emerge?

Many of the questions or ideas presented here can be answered during the ongoing reform, and good support for positive actions have been collected for the National Mental Health Strategy. It is now a question of clear vision and goodwill to turn this towards a better future.

Author

Sami Pirkola,
Professor of Social Psychiatry, Tampere University

References

1. Kansallinen mielenterveysstrategia ja itsemurhien ehkäisyohjelma vuosille 2020–2030. Sosiaali- ja terveysministeriön julkaisuja 2020:6

2. Valtioneuvoston asetus erikoissairaanhoidon työnjaosta ja eräiden tehtävien keskittämisestä. Stm 1.1.2018

3. Psykoterapiat ja muut psykososiaaliset hoito- ja kuntoutusmenetelmät mielenterveys- ja päihdehäiriöiden hoidossa. Stm, Palveluvalikoimaneuvosto 1.11.2018

4. Yhtenäiset kiireettömän hoidon perusteet 2019. Sosiaali- ja terveysministeriön julkaisuja 2019:2

5. Thornicroft G, Tansella M. *Components of a modern mental health service: a pragmatic balance of community and hospital care: overview of systematic evidence*. Br J Psychiatry 2004 Oct;185:283-90.

6. Sadeniemi M. *Mental health services in Southern Finland – disparities in personnel resources, costs, and regional organization*. Dissertation, 2022,

7. Rugkåsa J, Tveit OG, Berteig J, Hussain A, Ruud T. *Collaborative care for mental health: a qualitative study of the experiences of patients and health professionals*. BMC Health Serv Res. 2020 Sep 9;20(1):844

8. H U Wittchen 1, F Jacobi, J Rehm, A Gustavsson, M Svensson, B Jönsson, J Olesen, C Allgulander, J Alonso, C Faravelli, L Fratiglioni, P Jennum, R Lieb, A Maercker, J van Os, M Preisig, L Salvador-Carulla, R Simon, H-C Steinhausen. *The size and burden of mental disorders and other disorders of the brain in Europe 2010*. Eur Neuropsychopharmacol 2011 Sep;21(9):655-79.