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# Inter-System Negotiations Between Youth Psychiatry and Child Protection: A Study on Responding to the Many and Complex Needs of Young People

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## ABSTRACT

The study examined how the dialogues and distractions of inter-system negotiations between two separate yet interconnected systems of youth psychiatry and child protection arise once an adolescent is simultaneously receiving youth psychiatric treatment and child protection care. The study also examined whether inter-system negotiations produce solutions for the many and complex needs of adolescents based on 81 youth psychiatric patient case documents subjected to thematic analysis. The reciprocal, informing, inquiring, and ensuring dialogues were used to address 80 cases. The distractive dialogues revealed unsolved needs of an adolescent. Altogether, system-level factors can affect the treatment and care offered for adolescents.

## KEYWORDS

child protection;  
inter-system negotiations;  
many and complex  
needs; systems theory;  
young people; youth  
psychiatry

## Introduction

A young person who has several needs related to health, wellbeing, and the social aspects of life often receives help from different social and health services, such as youth mental health and child protection services (Almqvist & Lassinantti, 2018a, 2018b; Grietens et al., 2014; Koper et al., 2020; Kääriälä et al., 2022; Pasanen et al., 2015; Siponen et al., 2010; Tausendfreund et al., 2016). Problems such as mental health problems or vulnerabilities, experience of trauma or maltreatment, lack of a safe and supporting family environment, insecurity, problems at school, substance abuse, and mental health issues of parents, regularly lead to the simultaneous use of youth mental health and child protection services (Almqvist & Lassinantti, 2018b; Grietens et al., 2014; Koper et al., 2020; Kääriälä et al., 2022; Pasanen et al., 2015; Siponen et al., 2010; Tausendfreund et al., 2016). These concurrent health and social vulnerabilities and risks can cumulatively result in difficult-to-solve and demanding needs, which is referred to as “many and complex needs” in

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this research (Almqvist & Lassinantti, 2018a, 2022). Young people with many and complex needs often benefit from multi-professional and inter-organizational responses, yet critical discussions have also arisen concerning the best outcomes of using many services during burdening life situations (Almqvist & Lassinantti, 2018b, 2022; Koper et al., 2020; Mack et al., 2019; Nooteboom et al., 2021; Tausendfreund et al., 2016). From a system theoretical viewpoint (Luhmann, 1989), only a system network can inevitably respond to many needs. A single system only responds to the needs specific to it. Consequently, the simultaneous use of youth mental health and child protection services by a young person also indicates system-level connections between youth psychiatry and child protection.

The study explored the inter-system negotiation features of two separate yet interconnected systems, youth psychiatry and child protection. The research examined how the dialogues and distractions of inter-system negotiations between youth psychiatry and child protection arise and evolve in situations where a young person is simultaneously receiving youth psychiatric treatment and child protection care. The study also examined whether inter-system negotiations produce solutions for the many and complex needs of young people. While it would be fruitful to study the perspective of professional or multi-professional practices, the purpose of this study was to improve the understanding of the system-level phenomena that altogether affect professional practices, multi-professional collaboration, and the services the young people receive. The study aimed to understand how separated yet interconnected societal systems (Luhmann, 1989) cope in complex situations where their unique tasks must be fulfilled; one system cannot replace the other, and both systems are clearly needed.

Youth psychiatry and child protection are considered as societal systems with unique tasks in society. The theoretical framework of this study is mainly based on Niklas Luhmann's Systems Theory (Luhmann, 1989, Schirmer & Michailakis, 2019), which is infrequently used in research concerning children's and young people's services. Hopefully, a better understanding of system-level connections will support professionals working in this sensitive and demanding field of practice (Almqvist & Lassinantti, 2018b; Clyman, 2000). By researching both the dialogues and distractions of inter-system negotiations, this study focuses not only on routine but also on problematic procedures (Munro, 2005). Before the empirical part of the study, which is based on a dataset of 81 specialized youth psychiatric case documents from a Finnish specialized youth psychiatric hospital unit, a more detailed description of the focus and theoretical framework of this study will be provided.

## **Young people's many and complex needs, and the simultaneous use of youth psychiatric and child protection services**

The simultaneous use of youth psychiatry and child protection services is meant to address the vital health and social aspects of stable growth and wellbeing necessary for balanced lives of the youth. These two services can be connected at different points, as youth psychiatric treatment can start before child protection services are arranged for a young person or vice versa. These services can also be offered simultaneously, and a connection between them can be established for young people.

In Finland, there are nationwide public youth psychiatric services, some of which are specialized youth psychiatric units. They are located in five university hospitals and provide outpatient and inpatient treatment to young people aged 13–17 years old. The primary form of psychiatric treatment for the youth is outpatient care. Inpatient treatment in a specialized youth psychiatric unit is primarily provided voluntarily. If the criteria of the Mental Health Act are met and any other mental health service is inadequate, the patient—a young person or an adult—can be involuntarily admitted (Mental Health Act 1116/1990; Kaltiala-Heino, 2017; Siponen et al., 2010).

Child protection covered by the Child Welfare Act (Child Welfare Act 2007/41), on the other hand, is responsible for the needs related to supporting and securing the wellbeing and age-appropriate development of children and protecting children from harm. By the end of 2022, child protection services were provided by each municipality in Finland. From the beginning of 2023, 21 welfare regions have offered child protection services. Child protection services are for children younger than 18 years, although after-care services can be provided until the age of 23 years. While the emphasis is on voluntary in-home services, child protection authorities can intervene in the family relations of a child by moving the child against his/her will away from home: his/her living environment can be changed by the child protection authorities. The main forms of placement are emergency placement, care order, and supportive placement as part of in-home services (Child Welfare Act 2007/417; Lamponen et al., 2019).

Previous Finnish research has established the relationship between the many and demanding needs of children and young people, such as severe or several simultaneous psychiatric symptoms or disorders, self-harm, and cumulative psychosocial vulnerabilities, and the simultaneous use of child/youth psychiatric and child protection services (Kääriälä et al., 2022; Pasanen et al., 2015). A study involving a cohort of the Finnish population reported a high prevalence of psychiatric disorders among children who are in the out-of-home care of child protection (Kääriälä et al., 2022). For

children who have diverse psychiatric symptoms and wide-ranging and complex needs while in care, the benefits of specialized multi-professional and inter-organizational care have been highlighted in previous research (Pasanen et al., 2015, also Sariaslan et al., 2022). Nevertheless, developing comprehensive and multi-professional practices for children and young people with many needs is a national development objective in Finland due to the shortcoming of available services (Timonen-Kallio et al., 2017).

The shortcomings in providing adequate services to young people with complex psychiatric and care needs have been previously reported also elsewhere. The topics of poverty and the multiple problems of families, which interfere with the age-appropriate development of children and youth and increase the risk of marginalization, insecurity, and the harmful impacts of an unstable social environment, have been highlighted (e.g. Grietens et al., 2014; Tausendfreund et al., 2016). The need to develop professional practices that specialize in the peculiarities of the many simultaneous or complex needs of young people and their families is also a common topic in the literature (e.g. Almqvist & Lassinantti, 2018a; Domon-Archambault et al., 2020, Grietens et al., 2014, Koper et al., 2020), part of which are undeniably valuable and necessary but also challenging connections between different professionals and service providers in the health and social sectors (Mack et al., 2019; Nooteboom et al., 2021; Tausendfreund et al., 2016). Multi-professional and inter-organizational practices for helping young people with many and complex needs represents specialized areas of research and professional knowledge. The system-level structure creates the broadest perspective on these services. Referring to Clyman (2000), the system-level modifies the ways in which youth psychiatric and child protection services are organized at a local level. Therefore, understanding the wider framework of the services is necessary.

### **Dialogues and distractions in negotiating solutions to a young person's many and complex needs**

In this research, the focus was not on professional treatment and care *per se*, but on inter-system negotiations that aim to support solutions to the many and complex needs of young people. No single system can respond to the various needs of young people. Therefore, one can argue that the system network and many simultaneous needs are not only connected, but also merged. However, the responses of the system network to the many simultaneous needs are based on some fundamental features of modern society: From a system theoretical point of view, the system network is based on functionally differentiated systems that are independent and dependent in relation to each other (Luhmann, 1989; Schirmer & Michailakis, 2019). Hence, youth psychiatry and child protection systems

independently focus on their specific tasks. However, the simultaneous needs of young patients/clients necessitate their connection to facilitate a comprehensive response.

In this section, the system level factors that affect the connections, negotiations, and solutions related to these two systems are elaborated based mainly on Luhmann's systems theory (Luhmann, 1989). Luhmann propounded a significantly broad systems theory. He accurately described the functioning and communication of societal systems and their relationship with their environment. The understanding is that the use of Luhmann's theory is justified in this research, as systems communication is the focus of this research.

The independence and interdependence of a system (Luhmann, 1989; Raiski, 2004) are key to the dynamic from which the emergence of negotiations between youth psychiatry and child protection are examined. A phenomenon that Luhmann (1989) calls *autopoiesis* maintains the independency and autonomy of a system in relation to other systems. A system's independency, which directs a system's attention to its internal functions, enables a system to focus on its unique task. This enables society to fulfill highly specialized societal demands addressed to it (Raiski, 2004). However, a system's independency is based on its limitations: A system can only answer to those needs that belong to its specific task. Other tasks than its own needs to be answered in the other systems of society, which creates the interdependence between systems (Luhmann, 1989).

A Finnish study on the interdependence of youth psychiatry and child protection revealed that in addressing many and complex needs, youth psychiatry works together with child protection, anticipates and assesses the need for child protection, takes a stance on the need for child protection, and demonstrates responsibility for child protection. The results of the study show that youth psychiatry recognizes an indispensable need for child protection care aside from youth psychiatric treatment, once helping young people with many and complex needs. (Kiuru & Metteri, 2020). Referring to Darlington et al. (2004, p. 1176), the connection between youth psychiatry and child protection "is a process whereby parties who see different aspects of a problem can explore their differences and search for solutions beyond their own vision of what is possible".

It is essential to recognize that there is no center or entity that can facilitate a common perspective on the systems' responses to many and complex matters (Luhmann, 1989). Inter-system negotiations create a necessary bridge that connects systems and enables comprehensive responses to simultaneous needs. Luhmann (1989) stated that a system does not communicate with other systems but about other systems. However, earlier research concerning the relations between youth psychiatry and child

protection reports about a bidirectional communication between the systems. Finnish research concerning multi-professional practices strongly indicates that youth psychiatry and child protection can actively negotiate with each other (Arnkil & Eriksson, 1995). Another Finnish study highlights the value of dialogical negotiations, as open dialogue supports finding solutions to complex situations (Seikkula & Arnkil, 2005). A dialogical connection is built on the two-sided, open interaction between the participants—such as experts or systems—involved in the negotiations. Altogether, the connection between youth psychiatry and child protection plays a central role in promoting comprehensive support for young people with complex needs (Almqvist & Lassinantti, 2018b; Darlington et al., 2004).

However, Luhmann (1989) states that systems can create distractions in communication. Almqvist and Lassinantti (2018a) highlighted that the lack of information exchange between participants working with young people with complex needs can strengthen the differentiation of systems and produce ambiguity and prejudices toward other service providers. While earlier research indicated a rather repetitive connection between youth psychiatry and child protection, it is essential to know more about how these separated systems function together in repeated situations that require flexibility and shared, open, even integrated perspectives despite the separate perspectives typical of modern systems (Luhmann, 1989; Schirmer & Michailakis, 2019).

Inter-system negotiations between youth psychiatry and child protection represent interactions in which two separate and task-oriented systems navigate solutions to the many and complex needs of a young person. Inter-system negotiations refer to communications in which systems negotiate solutions by focusing on system-level perspectives, such as the services and structures of the systems involved in the negotiations. A dialogue in inter-system negotiations refers to those negotiations that are two-sided, based on an open connection with each other (Seikkula & Arnkil, 2005), and support addressing many and complex needs. On the contrary, negotiations can be limited or distractive (Luhmann, 1989) in one way or another and lack a clear, open, or two-sided dialogue. This complicates finding appropriate or adequate solutions to many and complex needs.

## Method

Dialogues and distractions of inter-system negotiations between youth psychiatry and child protection, as well solutions that these systems produce together, were studied based on material collected from specialized youth psychiatric patient case documents. Regarding the textual nature of documents, it is important to acknowledge that the very nature of a system is a communication that reflects the system's task, as Luhmann (1989)

stated. Documentation serves as one of the system's tools for communicating and ensuring the fulfillment of the system's task inside the system, and in relation to other systems, one patient case at a time. Finnish legislation states that patient documents should capture information on patient health and treatment (Act on the Status and Rights of Patients 785/1992). Grünloh et al. (2016) noted that patient documents also serve as professional tools that support health care practices. In this research, reading starts by asking what the information of the youth psychiatric documents tells about the system itself and its networks. Health care is a significant social system (Schirmer & Michailakis, 2019) and it is essential to know more about how inter-system relations are documented in this system and what the documentation reveals about inter-system communication. The type of information and the way it is documented are essential for the system, however the information also reveals something about the system in the context of the system network. The understanding is that the data include information on topics and events that are essential for both youth psychiatry and child protection, as they both choose to negotiate on specific topics and create encounters between them.

The analysis was conducted inductively. The analysis was conducted for three research parts. All three part of the analysis included seven steps (Braun & Clarke, 2006) that were becoming familiar with the data, creating initial codes, developing themes, reviewing themes, defining and naming themes, examining the results in the framework of systems theory (Luhmann, 1989), and preparing the Result, Discussion and Conclusions sections.

A research permit, based on the review of the ethics of the study, was obtained from one of the largest hospital districts in Finland. The ethics committee of the hospital district granted permission (permit number R10078) to conduct the study. Data were processed in accordance with the ethical criteria of the health record materials, which included highly sensitive information. The research ethics for gathering and using qualitative text material were followed according to the ethical instructions that were in use during the data collection time of 2011–2012 in Finland. All youth identification information were excluded from the analysis.

## Data

The data of 81 youth psychiatric patient documents were selected from a larger youth psychiatric patient document dataset ( $n = 325$ ) consisting of youth psychiatric patient documents from all young people who were patients at this specialized youth psychiatric hospital unit in 2008. First, all youth psychiatric patient documents were read, and information about a young person receiving child protection services was searched for in



each case. A total of 169 case documents (52%) were included in this study. Subsequently, every second case document was selected for further examination, which resulted in 84 youth psychiatric case documents. Three cases were omitted from the data because they were referred to child protection services before the beginning of youth psychiatric treatment, and this did not meet the criteria for a valid connection between youth psychiatry and child protection.

In the sample of 81 youth psychiatric case documents, text parts were identified, including parallel reports on the child protection services used along with youth psychiatric treatment. Parallel reporting means that the documents report on multi-professional meetings and collaboration between youth psychiatry and child protection, the simultaneous use of youth psychiatric and child protection services, and simultaneous health and social needs of young people. This resulted in 110 Word document pages (12-point font at 1 line spacing) of the research data.

## Analysis

Thematic analysis (Braun & Clarke, 2022) was used to identify patterns and themes of dialogue, distractions, and solutions within the data material. The analysis consisted of three parts. For the first part, the features of inter-system negotiations were searched after becoming familiar with the data and using initial coding. Inter-system negotiations were identified in the data when youth psychiatry and child protection shared professional viewpoints, information concerning the patient/client, and/or knowledge about the services available in both systems. The inter-system negotiation features were thematically grouped into five categories, which were analyzed in more depth by asking how the contact and communication between youth psychiatry and child protection manifest themselves for each category. One or more themes of inter-system negotiations were recognized for each case. Four repetitive themes and one exceptional theme for one exceptional case were named inter-system dialogues between youth psychiatry and child protection. The themes were reciprocal, informing, inquiring, ensuring, and distractive dialogues.

The second part of the analysis investigated whether the inter-system negotiations addressed the many needs of the youth in each psychiatric case document ( $n=81$ ). A solution is recognized in the data once the many needs of a young person are negotiated between youth psychiatry and child protection, and services for the young person are planned and offered simultaneously and side by side. A solution also means that the systems have created a mutual and comprehensive service plan that supports a young person in his/her situation. The solutions that the systems

produced together recurred throughout the data. The solutions obtained were coded, thematized, and named joint solutions.

However, as one case in the data did not result in a joint solution, it included in a case-based analysis in the third part of the analysis. The case also did not fully follow the patterns of inter-system dialogues recognized in the analyses. Using the initial coding, the features of a young person's life events during the psychiatric treatment process were examined, coded, and thematized. The theme that was named a crisis was found to be a repeating theme through the youth psychiatric treatment process of the young person. The features of many complex needs were analyzed for each crisis, of which six were in total. The analysis continued by asking how the inter-system dialogues and joint solutions that were the results of the first and second part of the analysis developed during the six crises. Inter-system dialogues circulated around the six crises of the young person. Finally, it was determined from the data that the six crises, the inter-system dialogues, and the lack of joint solutions together tell about a phenomenon that appears to be a distraction between the systems. Inter-system distractions were found in crisis situations where the severe need for help, care, and treatment was known to both systems, but distractive dialogues complicated the finding of a joint and sustainable solution.

In the Results section, the joint solutions, five features of the inter-system dialogues, and distractions of the exceptional case are reported.

### Inter-system dialogues

Five features of inter-system dialogues between youth psychiatry and child protection were found in the youth psychiatric case documents ( $n=81$ ) (Table 1). The four two-sided and active dialogical features were reciprocal, informing, inquiring, and ensuring inter-system negotiations: they were repeated throughout the data. One exceptional case (a case of a young

**Table 1.** The features of the inter-system dialogues between youth psychiatry and child protection.

Feature of the inter-system dialogue	Explanation
Reciprocal	Both systems are in reciprocal, active, and solution-oriented contact with each other, and two-sided negotiations occur concerning the needs of the young person and the services available.
Informing	Both systems inform each other about the needs of the young person and the assessments and services available concerning the needs.
Inquiring	Both systems inquire each other's participation concerning the help, care, and treatment of the young person.
Ensuring	Both systems ensure each other's timely assessments and services concerning the help, care, and treatment of the young person
Distractive	Both systems have the information concerning the worsening situation of the young person, but active and open connection between the systems is missing.

person whom I call Anne in this research) included distractive inter-system dialogues because of the lack of connection between the systems.

### **Reciprocal dialogues**

Reciprocal inter-system dialogue was identified in 55 (63%) of the psychiatric case documents of the young people. Reciprocity is based on solution-oriented and mutual negotiation, in which the situation of a young person is assessed in open connection between youth psychiatry and child protection, and alternative solutions are considered within the framework of the services available. In the following example, the situation of a young person is communicated by pointing out the services offered by both entities: First, the youth psychiatric in-ward period was arranged for the young person. After this, the young person was placed in child protection emergency placement. Continuation of help is documented as a key factor.

The youth psychiatric team discussed the situation with a child protection social worker. It was agreed that currently living at home does not support the young person's growth and development, and does not guarantee safety. Before the young person's discharge (from the youth psychiatric in-ward period), child protection placed the young person in a child protection emergency placement. (Youth Psychiatrist, p. 48)

The reciprocity of inter-system negotiations provides a holistic perspective of the needs for help, care, and treatment. Reciprocal negotiations are based on a shared view of many needs and underlining the roles of both systems. The intertwining of needs becomes visible in reciprocal negotiations, as seen in the next example of the data that report on psychological, educational, medical and social needs.

A conversation about the psychologist's investigations, the young person's need for care and support, studying and rehabilitation plans, medication, and social security matters was held with the counsellor of the child protection institution. (Hospital Social Worker, p. 45)

As part of reciprocal dialogue, the plan for help, care, and treatment was refined, or strengthened, as shown in the following example:

It was agreed with child protection that we would try to get school attendance started with strong support from the youth psychiatric unit, but if the start of going to school failed, child protection would be involved in considering the situation. (Hospital Social Worker, p. 109)

Reciprocal dialogues revealed how these separate systems can create a shared and holistic view of the life situations of young people. Reciprocal dialogues also enable shared processes of caring for, treating, and supporting young people who simultaneously need youth psychiatric and child protection services.

### ***Informative dialogues***

Informative dialogue was identified in (91%) of the youth psychiatric case documents. Informative dialogue includes sharing and updating social and health information on young patients/clients. Changes in the life situation, and health, and well-being of young people are communicated to the other system by both parties.

A counsellor from the child protection institution calls and tells that the young person is doing fine at the child protection institution. (Nurse, p. 9)

A child protection social worker was informed by the hospital social worker about the young person's situation. (Hospital Social Worker, p. 8)

Both systems share information related to services that are already offered to the young person or the needs for services that are identified after meeting the young person and family. In addition, youth psychiatry shares the key information it receives during youth psychiatric treatment with child protection. Similarly, child protection shares the necessary information on child protection care with youth psychiatry.

The counsellor of the child protection institution was informed by a psychologist about the plan concerning the youth psychiatric in-ward period (Psychologist, p. 4).

In the data, youth psychiatry practitioners record necessary information related to child protection care and activities. Based on the recorded information, the youth psychiatric unit can monitor the progress of child protection care along with youth psychiatric treatment. In this way, both the health and social vulnerabilities of the young people are taken into account. Altogether, the informative dialogues support finding a joint view of the many needs of the young people who are simultaneously patients in the youth psychiatric unit and clients of child protection services.

### ***Inquiring dialogues***

Inquiring inter-system dialogue was identified in 15 (19%) of the youth psychiatric case documents. Both systems inquire about each other's participation in the help, care, and treatment that a young person needs. Youth psychiatry asks what kind of child protection care can be provided for young people in various situations. In these situations, the youth psychiatric team meets the young person and the family, and the team considers that the need for help is such that the young person and the family can benefit from child protection services or from the intensification of child protection support. Youth psychiatry actively contacts child protection and provides viewpoints on the situation.

The possibilities of providing social services to support the family were inquired about from the child protection office. (Hospital Social Worker, p. 93)

Child protection contacts the youth psychiatry and asks about a plan for youth psychiatric treatment and its implementation. In addition, child protection asks about the implementation of the medical treatment of a young person or any changes to it.

The child protection social worker calls and asks about the youth psychiatric treatment plan for the young person. (Youth Psychiatrist, p. 12)

Altogether, inquiring dialogues clarify the youth psychiatric and child protection services that are simultaneously offered to young patients and clients in different and often changing situations.

### ***Ensuring dialogues***

Ensuring inter-system dialogue was identified in 39 (48%) of the youth psychiatric patient case documents. These negotiations ensured that both parties had comprehensive information about the situation of a young person.

The social worker calls for and verifies the issues presented in the child welfare notification (made by the youth psychiatric team). (Hospital Social Worker, p. 7)

The negotiations also ensure that the young person receives sufficient available care, support, and treatment from both systems, and that they are continued if necessary. In addition, negotiations ensure that help, care, and treatment provided by the other system begin as agreed or as soon as possible.

The child protection institution rushes up the youth psychiatric clinic appointment. (Hospital Social Worker, p. 26)

In addition, ensuring dialogues ensure that both parties have the necessary information about possible changes in the life situation of a young person. These changes require a new assessment or a change in a service plan. The systems examine topical social and health needs and ensure adequate support from both systems. Youth psychiatry ensures the necessary and sufficient child protection care. Similarly, child protection ensures the initiation or continuation of youth psychiatric treatment.

If necessary, the family needs contact with child protection if violence at home restarts. (Youth Psychiatrist, p. 110)

The director of the child protection institution insists that the psychiatric treatment must continue. (Youth psychiatrist, p. 19)

Altogether, the ensuring dialogues underline the continued cooperation between youth psychiatry and child protection, which strengthens the overall picture of various situations of young people.

### ***Distractive dialogues***

Distractive dialogues concern the exceptional case of a young person, Anne. Anne is close to her seventeenth birthday. Distractive dialogues begin to appear once the information concerning Anne's demanding needs is known to both systems, but dialogues between the systems start to thin out and eventually become lacking. In this situation, Anne's serious needs are only narrowly shared between the systems. An active review of both social and health needs typical of the other four inter-system dialogues is missing. Only a short excerpt in the documentation indicates that the connection with Anne has been repeatedly broken because of her repeated escapes from the child protection institution.

The latest escape from the child protection institution was more traumatic than earlier. (Hospital Social Worker, p. 7)

Diminishing and ultimately tenuous inter-system negotiations cause distractive dialogues in finding a joint view of Anne's simultaneous and serious social and health needs. Distractive dialogues are absent and tacit, and they distance the systems from the matter at hand. The paradox is that distractive dialogues occur during serious crises that would require an even stronger dialogue and solutions other than the routine inter-system dialogues can offer.

### ***Joint solutions***

Except in one case, youth psychiatry and child protection together created joint solutions to address the many and often complex needs of young people. A joint solution was created by simultaneously assessing the health and social needs of the young people. Health needs relate to different psychiatric symptoms such as depression, anxiety, fatigue, behavioral problems, suicidal thoughts or suicidal behavior, cutting, bipolar symptoms, eating disorders, crises, and traumatic experiences, while social needs relate to unstable everyday life, problems at school, parental issues, financial problems, housing problems, running away, substance abuse and experience of maltreatment or bullying. Joint solutions for simultaneous health and social needs were developed based on the assessments and services of both systems. Both youth psychiatric outpatient and inpatient treatments were assessed and/or arranged for young people simultaneously with child protection care. Inpatient youth psychiatric treatment includes services such as therapy,

family therapy and appointments of psychologists or nurses. In addition, both the voluntary and involuntary youth psychiatric in-ward periods were assessed and/or arranged simultaneously with child protection care. Voluntary child protection in-home services, in addition to child protection emergency placement and care order were assessed and/or arranged simultaneously with youth psychiatric treatment. Both systems inform each other about the services they arrange for young people, and joint solutions are built based on the simultaneous service plans of both systems. A typical example of the data is reporting the plan for the youth psychiatric treatment and child protection care side by side:

In the background (of the young person), there is bullying and depression, occasional suicide, and very impulsive behaviour. Mother's behavior is unstable at times. ... Cooperation was carried out along with child protection. ... The child protection social worker continues to work with the family. The psychiatric treatment of the young person will be transferred to a youth psychiatric outpatient clinic. (Hospital social worker, p. 110)

A solution may also be to end youth psychiatric treatment or child protection care because there is no longer a need for these services or the goal of the work has been achieved. In addition to its own assessments and decisions, youth psychiatry repeatedly reports on the continuation of child protection care and support. This makes it visible how central the youth psychiatric unit sees the assessment and support of child protection along with or after youth psychiatric care.

A young person and the counsellor of the child protection institution on a visit. Treatment (in the youth psychiatric unit) ends. The patient's condition has remained good. Everyday support comes (now) from the child protection institution. (Youth Psychiatrist, p. 74)

In the exceptional case of Anne, a joint and sustainable solution regarding many and complex needs was not found. In Anne's case, the review of the simultaneous social and health needs typical of the other 80 cases was missing. Therefore, a joint and sustainable solution of youth psychiatric treatment and child protection care was lacking. The connection with Anne was lost because she escaped from the child protection institution where she is placed. Despite the child protection care and youth psychiatric treatment arranged for Anne, her case remained open and unresolved. Anne was officially a patient in the youth psychiatric clinic and a client of child protection services; however these services did not meet her needs. The documentation only revealed that youth psychiatry prepared for Anne to seek help.

The young person did not attend the reserved appointment. ... If the young person comes again asking for help, I recommend an in-ward treatment period in the adult psychiatric unit because of the lack of control in the situation. (Youth Psychiatrist p. 8)

## Inter-system distraction: A review of the exceptional case

One exceptional case (Anne's) reveals both the lack of a joint and sustainable solution and open and active dialogues that altogether cause inter-system distraction between youth psychiatry and child protection. In this section, the exceptional case is reviewed in detail to better understand the problematic procedures of the research theme (Munro, 2005). The data reveal that Anne's six crises are points of culmination where youth psychiatry and child protection begin to negotiate with each other. Distractive dialogue and the lack of joint and sustainable solutions began to occur during the process of the six crises. During the first and second crises, the burden of sensitive and complex life issues and the overlap of health and social needs were negotiated between the systems:

The adolescent started spending nights away from home, and alcohol consumption increased. ... Depression. ... The adolescent also cuts herself off. In addition, there is a background of serious violence experience. At the child protection institution, the patient's mood varied very quickly. (Youth Psychiatrist, p. 1)

During the first and second crises, inter-system dialogues, which are reciprocal, informative, and ensuring, are routine-like, and both youth psychiatric and child protection services are expected. The solutions during the first and second crises, which include an active review of the roles and services of both systems, support Anne's health and wellbeing, and a solution that includes services in both systems is found:

During the crisis period, cooperation was carried out along with child protection. ... Child protection states that the young person cannot be helped only by child protection services: youth psychiatric help is also needed. ... The young person's follow-up treatment is in the youth psychiatric outpatient clinic, and she is waiting for a place for a hospital in-ward period. This information is forwarded to child protection services. (Youth Psychiatrist, p. 3)

Because of the worsening situation related to substance abuse, the third crisis led to more severe inter-system dialogues that were reciprocal, informative, and ensuring, highlighting the roles of both systems in answering the complex situation. A youth psychiatrist specified Anne's need for safety, which refers to the task of child protection. The child protection social worker specified information concerning the potential youth psychiatric in-ward period. Altogether, the roles of both services are strongly emphasized, which clarifies the crisis. During the third crisis, a youth psychiatric in-ward period was arranged for Anne.

Variations in the wellbeing of the young person led to a substance abuse experiment. ... It was asked (by the youth psychiatric team) that child protection would be prepared for a child protection emergency placement to safeguard the young person. Child protection sees the youth psychiatric in-ward period as a priority to get more



specific information on what kind of child protection institution would benefit the young person. (Hospital Social Worker, p. 4)

The fourth crisis was a turning point in the inter-system dialogues. Distractive dialogue begins to emerge because of diminishing contact between the systems. The connection between the systems is based only on informative dialogue, and the other features of the inter-system dialogues start to decrease. Anne escaped from a child protection institution where she was placed during the fourth crisis. Only a short text reveals that after returning to the child protection institution, a youth psychiatric hospital in-ward period was acutely arranged for Anne due to the deterioration of her mental wellbeing.

I recommend the young person be sent as urgently as possible to the youth psychiatric in-ward period because of worsening bipolar symptoms. (Youth Psychiatrist, p. 6)

During the fifth and sixth crises, inter-system negotiations were distracted because of the lack of negotiations between youth psychiatry and child protection, which led to a lack of a joint and sustainable solution. Anne was already placed in a child protection institution, and offered youth psychiatric in-ward periods, too. However, these interventions did not ensure her safety, as becomes visible during the fifth and sixth crises, both of which relate to Anne escaping from the child protection institution. Only a brief text tells us about Anne's escapes from the child protection institution, yet this information was not further negotiated between the systems. The tasks of youth psychiatry and child protection related to simultaneous social and health needs were not negotiated. Thus, Anne's case remains unsolved and open, because no two-sided or active dialogue occurs at the end of the data. Anne will be 18 years old soon, and her needs will be considered by adult services.

## **Discussion and conclusion**

This study examined the inter-system negotiations and joint solutions of youth psychiatry and child protection. The data included 81 specialized youth psychiatric case documents. In the data, routine-like responses of the two systems to simultaneous health and social needs were repeated and not questioned. Except for one case, joint solutions for simultaneous health and social needs were found. Combining the results of the 80 cases with the exceptional case, the results report both the successes and challenges of youth psychiatry and child protection in negotiating solutions for the many and complex needs of young people. Intersection between two systems, like youth psychiatry and child protection, connects not only professional practices but also policy and laws that guide the systems. The system theoretical research that focuses on parallel systems has found

contradictions in the relations of systems. For example, a Swedish research concerning health care and its politics has demonstrated the sovereign function of every social system, but also recognizes the need to understand more about relations between systems operating in parallel (Schirmer & Michailakis, 2011).

In this research, reciprocal, informative, inquiring, and ensuring dialogues between youth psychiatry and child protection support finding the help, care, and treatment that young people need in various life situations. Youth psychiatry and child protection create something that is naturally lacking in the systems' network based on the separated systems (Luhmann, 1989). They create an integrative and joint view of the many needs of young people that enables the examination of both vital social and health needs during negotiations. This creates a repeated and strong connection between the systems that reinforces previous knowledge concerning system-level interdependence (Luhmann, 1989) between youth psychiatry and child protection (Kiuru & Metteri, 2020).

Altogether, the systems have many functional dialogic routines that they use when helping, caring, and treating young people, yet these routines do not help with finding a solution for one exceptional case: the many and complex needs of Anne. During Anne's six crises, her severe needs and cumulative vulnerabilities – such as bipolar symptoms and unstable everyday life – led to recurring youth psychiatry and child protection interventions. Despite the reciprocal, informative, and ensuring dialogues that help with solving the first three crises, Anne is beyond the reach of the systems at the end of the data, and the significant risks to her safety and well-being are recognized. Negotiations concerning the diversity of each of Anne's crises were surprisingly reduced, despite her serious and evident needs. These modern task-oriented systems (Luhmann, 1989; Schirmer & Michailakis, 2019) seem paradoxically to have come to their limits since despite their specialized nature, the systems cannot comprehend the sensitivity and complexity of Anne's worsening situation.

The results of Swedish research concerning young people with complex needs (Almqvist & Lassinantti, 2018b) reveal that complexity in answering to the many needs of a young person can also be linked to the complexity of organizations and professional practices rather than to the life situation of a young person. Two or more systems that parallel respond to the many needs of a young person can unintentionally increase complexity for the person and their life situation, when each system provides its specialized interventions. It would be essential to organize the most functional services for a young person. This demands a proper connection between different service providers. According to Almqvist and Lassinantti (2018b), interactive inter-organizational practices can support professionals

in coordinating the most adequate help for a young person with many needs. Altogether, it is necessary to ensure that the systems together provide clarity instead of complexity in helping, caring and treating young people with many needs.

Developing more awareness concerning inter-system phenomena could bring clarity into the professional practices these systems simultaneously use and enable the recognition of service users who are at risk of remaining out of reach of help. However, it has not been common in Finland to develop the services of young people from the viewpoint of the two systems. Instead, the focus has usually been on one system—youth psychiatry or child protection—at a time. Even though youth psychiatry and child protection generally seem to handle much of the complexity of the needs of young people using different dialogical practices, more attention should be paid to situations that are so severe that they require even stronger connection between these two specialized systems.

In Finland, there are not (many) other places to seek appropriate help in this kind of severe situation. These two systems play key roles in helping vulnerable young people. However, the two systems lack the ability to be sufficiently flexible in the most complex situations in Anne's case, as no new inter-system negotiations emerge alongside routine dialogues. All things considered, inter-system distractions can reveal problematic system-level procedures or even errors that cannot be explained by professional-level facts, such as specific professional practices or professional errors (Munro 2005). In Anne's case, the most specialized services are in use, but they do not meet Anne's needs.

Altogether, distractions in inter-system negotiations are rare in the data: however, once they occur, they are total. According to Luhmann (1989), system communication can cause distractions that can paralyze, instead of serve the whole. Luhmann (1989) also stated that distractions in the communication of a system produce ambiguity, which affects all systems related to a specific matter. In this research, distractions in inter-system negotiations occur once an active connection between the systems is lacking, and helping, caring, treating and securing responses to many and complex needs remain hidden. Instead of serving the whole—that is, openly responding to the simultaneous social and health needs—distractive dialogues conceal the tasks of the systems. The system task fulfillment remains unclear, and neither of the systems seems to know how to continue fulfilling their tasks sufficiently. This uncertainty is not negotiated between the systems. Instead of openly discussing the situation, the systems leave it completely unaddressed. In contrast, the other four dialogues highlight the tasks of both systems and create a repetitive order between the systems, with one negotiation at a time (Schirmer & Michailakis, 2019).

The results revealed remarkable characteristics of the most complex needs faced at the intersection of specialized youth psychiatric and child protection services. These intertwined needs are linked to demanding aspects of professional practices, such as sensitivity, uncertainty, longevity, expertise, and professional assessments and decisions (Almqvist & Lassinantti, 2018a; Domon-Archambault et al., 2020; Grietens et al., 2014; Koper et al., 2020; Tausendfreund et al., 2016). The results also revealed that interventions that potentially support many young people simultaneously using specialized youth psychiatric and child protection services may be insufficient in responding to the most complex needs. As Tausendfreund et al. (2016) pointed out, the design of interventions used in multi-problem situations can unintentionally complicate seeing the complexity of the needs, as each service provider responds to only one part of the many needs (also Almqvist & Lassinantti, 2018a).

Nooteboom et al. (2021), who wrote about the many active attempts to cope with the fragmentation of youth services, reported the importance of information exchange and adequate inter-professional, reciprocal communication between different service providers (also Almqvist & Lassinantti, 2018a, 2018b; Grietens et al., 2014). Here, the system ethics concerning their responsibility related to most complex life situations of young people cannot be overridden. Ethics do not erase the separation between systems (Schirmer & Michailakis, 2019), but can highlight and clarify the sensitivity and flexibility required in system-level negotiations when responding to the most complex needs of young people (Almqvist & Lassinantti, 2018b, 2022). Combining the results of this study with earlier research, strengthening the connection between the caring, supporting, securing, and therapeutic aspects of professional practices would benefit clients, patients, professionals, and systems in this demanding field (Almqvist & Lassinantti, 2018a, 2018b; Grietens et al., 2014; Mack et al., 2019; Pasanen et al., 2015). Producing more knowledge about the simultaneous functions of these parallel systems would benefit policy making and practice concerning the health and wellbeing of young people. In this research, the results show that in some cases, youth psychiatry and child protection are in constant connection with each other. Despite their separate nature, these systems should be reviewed in policy making and practice as partners that support each other's task fulfillment.

Systems theory has not often been used in research concerning the systems-level negotiations between youth psychiatry and child protection, which is why this study fills this gap. However, this study has limitations. In the future, it will also be essential to study topics based on information produced by the other system, child protection. Different versatile research materials are required to obtain comprehensive and diverse information

on this topic. Further research is needed to understand the simultaneous interventions of youth psychiatry and child protection needed during complex life situations. The phenomenon must be examined from the perspective of young people and their parents (Aaltonen et al., 2017; Almqvist & Lassinantti, 2022). Furthermore, other factors, such as the age or sex of young people, need to be researched further at the intersection of youth psychiatric treatment and child protection care (Van den Steene et al., 2019). Altogether, awareness and knowledge concerning system-level functions would benefit professionals: however, more versatile research is needed related to the connection between different multi-professional practices and system-level functions that together create responses to the many and complex needs of young people.

### Disclosure statement

No potential conflict of interest was reported by the author(s).

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