



# Providing Psychiatric Support for Minors in Child Welfare – Case of Finland

Post Doc. Researcher Elina Pekkarinen (Dc.Soc.Sc)

Finnish Youth Research Network

Fact for Minors – Kick-off Meeting

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# Finland





# Situation of Children and Young People in Finland

- In the end of 2015, there were 5,5 million people living in Finland, of which 1,2 million were under 19 years of age
- Among European countries, Finland is traditionally regarded as a Nordic welfare state
  - Social support, universal public services, free education, minimizing inequity among families with children
  - High tax burdens, stable labor markets, high public spending
- According to a recent Report by Unicef (Innocenti Report Card 13) Finland is among the most equal of 41 EU & OECD countries for children
  - 1<sup>st</sup> place for Denmark, Finland in the second place with Norway and Switzerland
  - Income, schooling, health and satisfaction in life

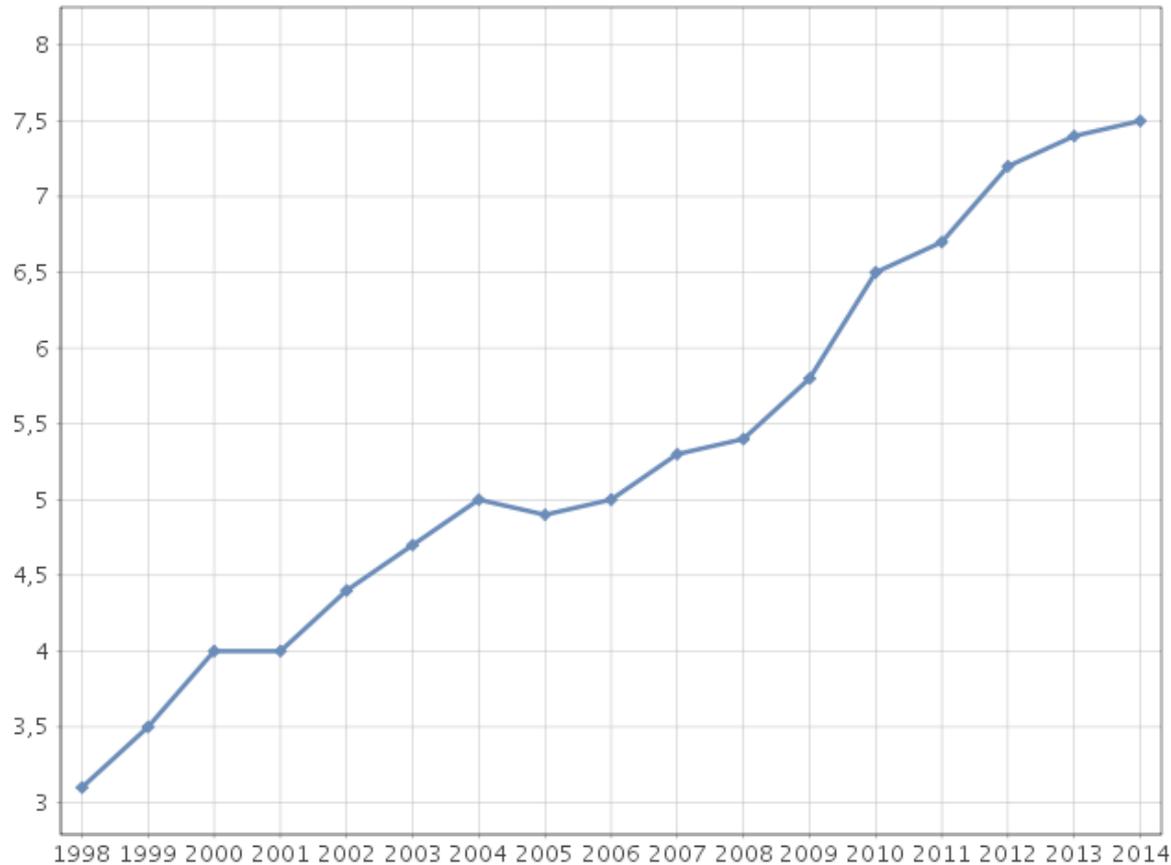


# Child Welfare Model in Finland

- Among different child welfare models, Finland represents a family service oriented system (Gilbert et al. 2011)
  - Prevention
  - Universal support for all families & focused support for families in need
- Child welfare model's principles (Child Welfare Act, section 4)
  - Most importantly, the best interest of the child
  - Support for the whole family
  - Action must be taken with as much sensitivity as possible, and support by in-home / open care must be given precedence
  - If out-of-home care is needed, this must be arranged without delay
  - Out-of-home care is never permanent: reuniting the family must always be taken into account
- Child welfare offers services & support
  - In-home care / open care services (counseling, financial support, family work, creating a network with other agencies, peer group meetings etc.)

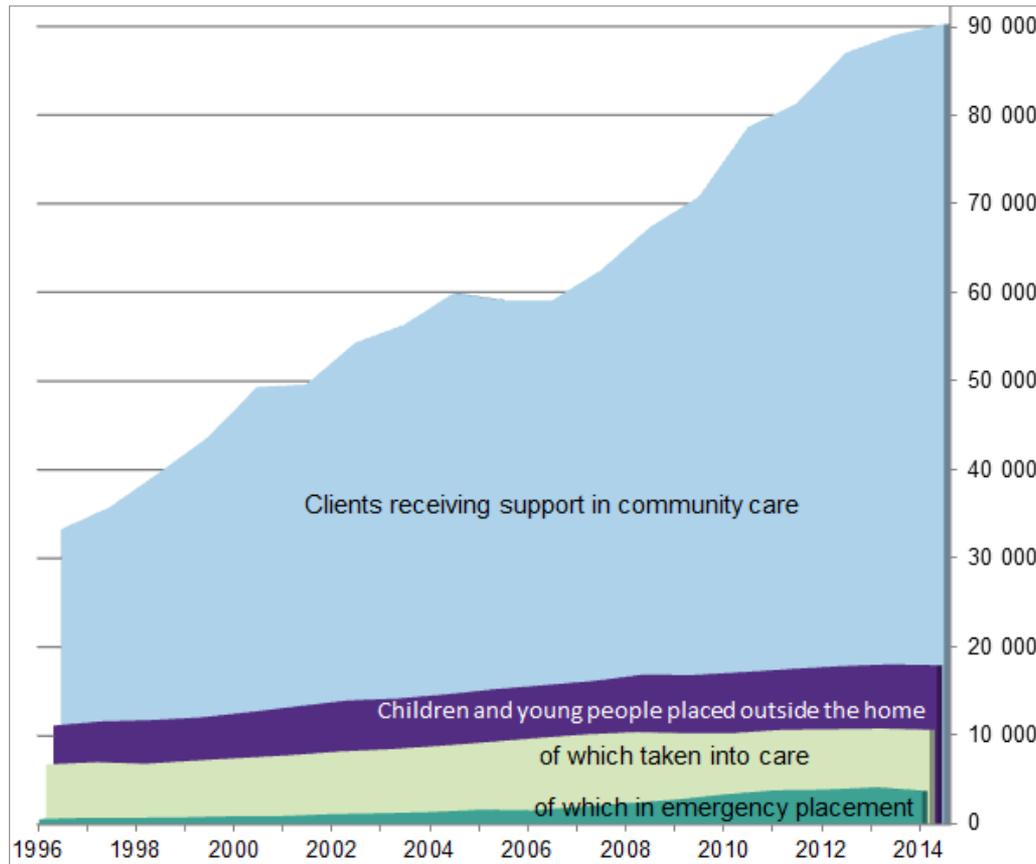


## Percentage of Children in in-home care / open care services of child welfare in 1998 – 2014



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# Clients in child welfare in-home care / open care service, and children and young people placed in out-of-home care in 1996–2014\*



\*In addition to register data on children and young people placed outside the home, including personal identity codes, statistics are also kept of clients receiving support in community care. Some of the children and young people recorded as clients in community-based child welfare interventions are also included in those placed outside the home. The numbers presented in the figure cannot be summed up.

Source: Child welfare.OSF.THL



# Out-of-home care

(1) Children must be taken into care and substitute care must be provided for them by the municipal body responsible for social services if

1) their health or development is seriously endangered by lack of care or other circumstances in which they are being brought up; or

2) they seriously endanger their health or development by abuse of intoxicants, by committing an illegal act other than a minor offence or by any other comparable behaviour.

(2) Taking a child into care and provision of substitute care may, however, only be resorted to if

1) the measures referred to in Chapter 7 would not be suitable or possible for providing care in the interests of the child concerned or if the measures have proved to be insufficient

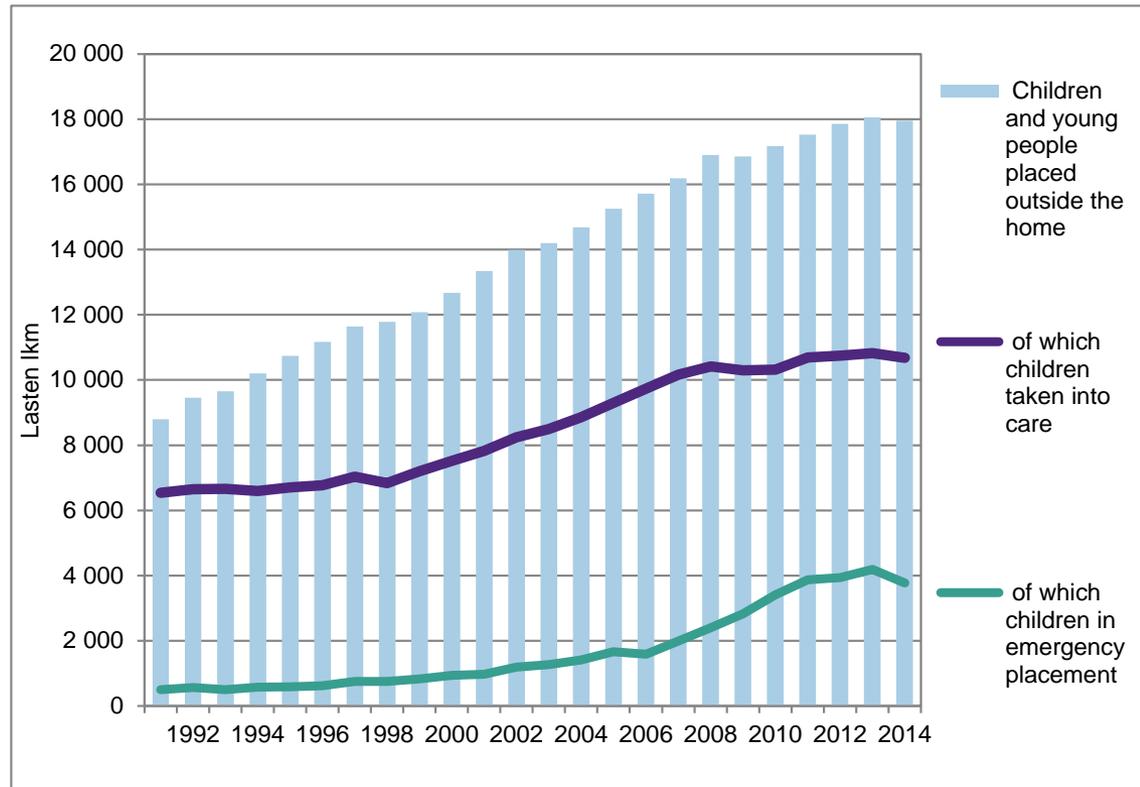
2) substitute care is estimated to be in the child's interests in accordance with section 4.

(Child Welfare Act, Chapter 9, Section 40)

- A child can be taken into care against his/her or the guardians will



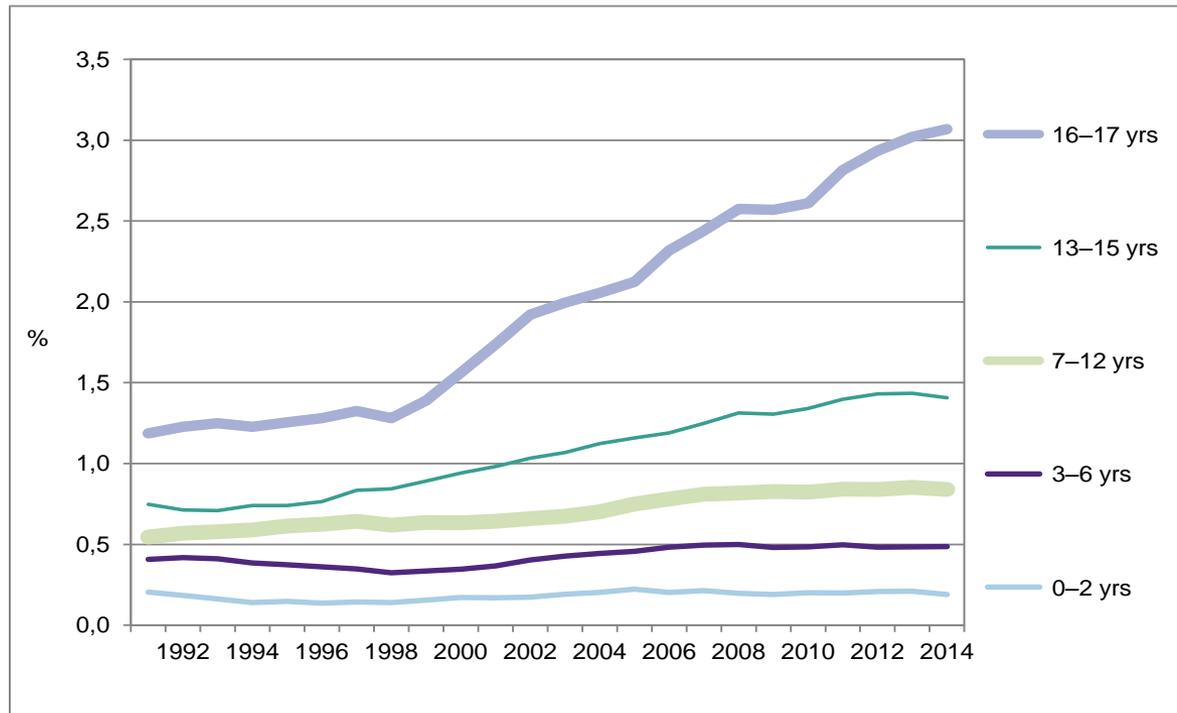
## Children and young people placed in out-of-home care, of which children taken into care and children in emergency placement, 1991-2014\*



\*The same child may be included both under children in emergency placement and children taken into care.

Source: Child welfare.OSF.THL

# Children placed in care as a percentage of the population of the same age in 1991–2014, % \*



\*According to the latest reason for the placement.

Source: Child welfare.OSF.THL

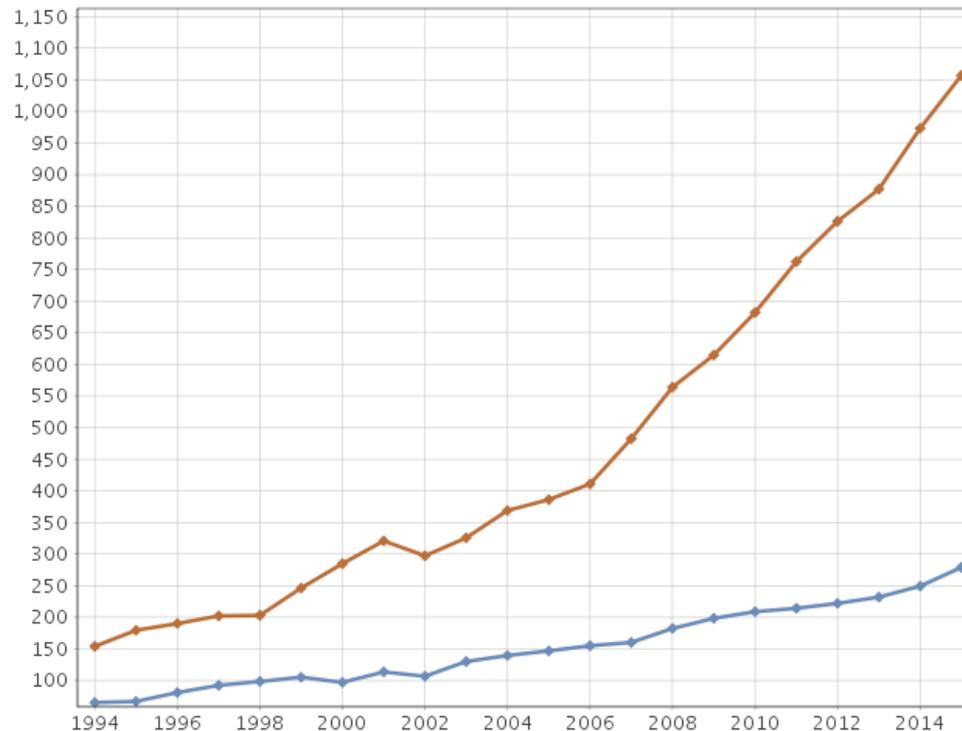


# Psychiatric Treatment of Finnish Children

- In Finland the division of labor between child welfare and psychiatric services is sharp
- Even though the same children are often clients in both systems, the co-operation of these sectors varies
  - 300 municipalities, 300 ways of doing co-operation
- Children with psychiatric issues are provided care in open care clinics, medical treatment, therapy, and short-term care in hospitals (eg. Lämsä et al. 2015)
  - Treating the whole family
- Treatment towards open care measures during the past decade
- Growth in the numbers of adolescents
  - Special units for adolescents with extreme disruptive behavior (only 2 units and 24 places in the whole country)



# Outpatient psychiatric care of children and young people in Finland



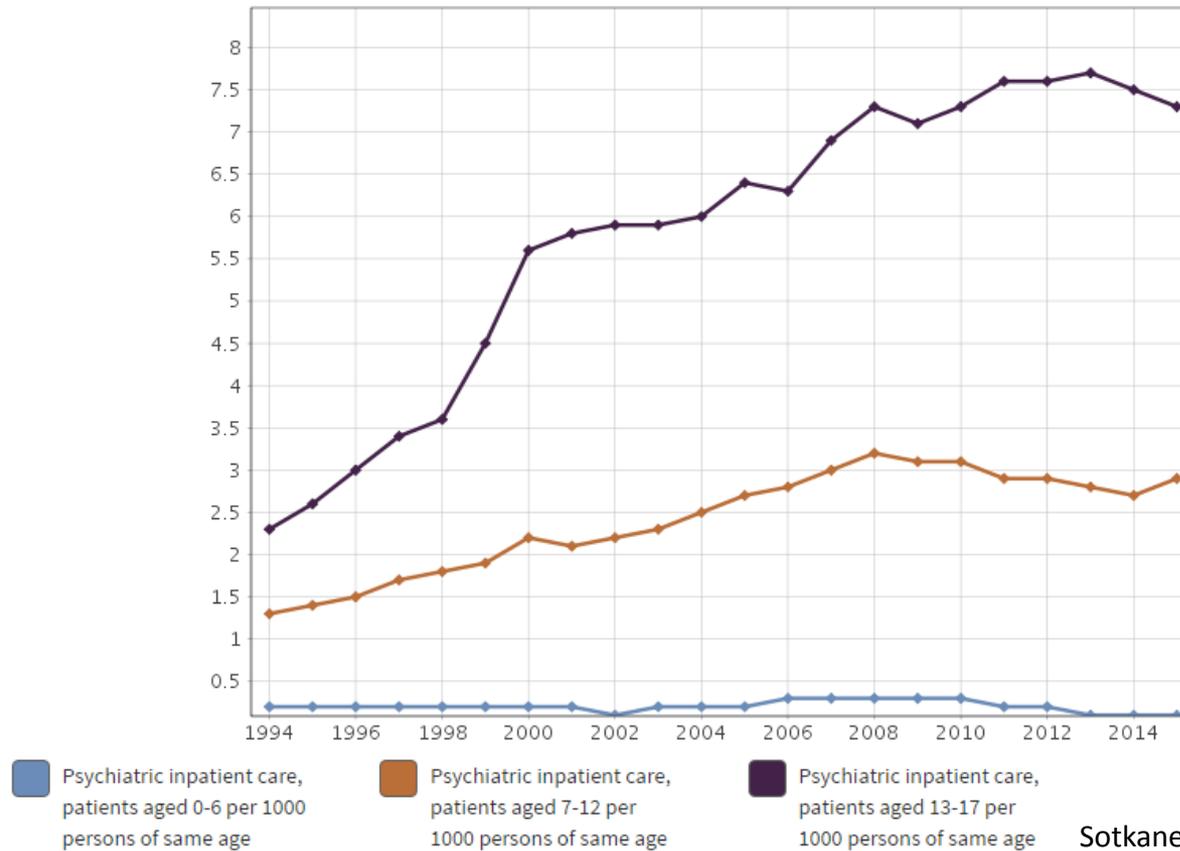
Outpatient visits in specialised health care, child psychiatry, per 1000 persons aged 0-12

Outpatient visits in specialised health care, adolescent psychiatry, per 1000 persons aged 13-17

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# Psychiatric inpatient care of children and young people in Finland

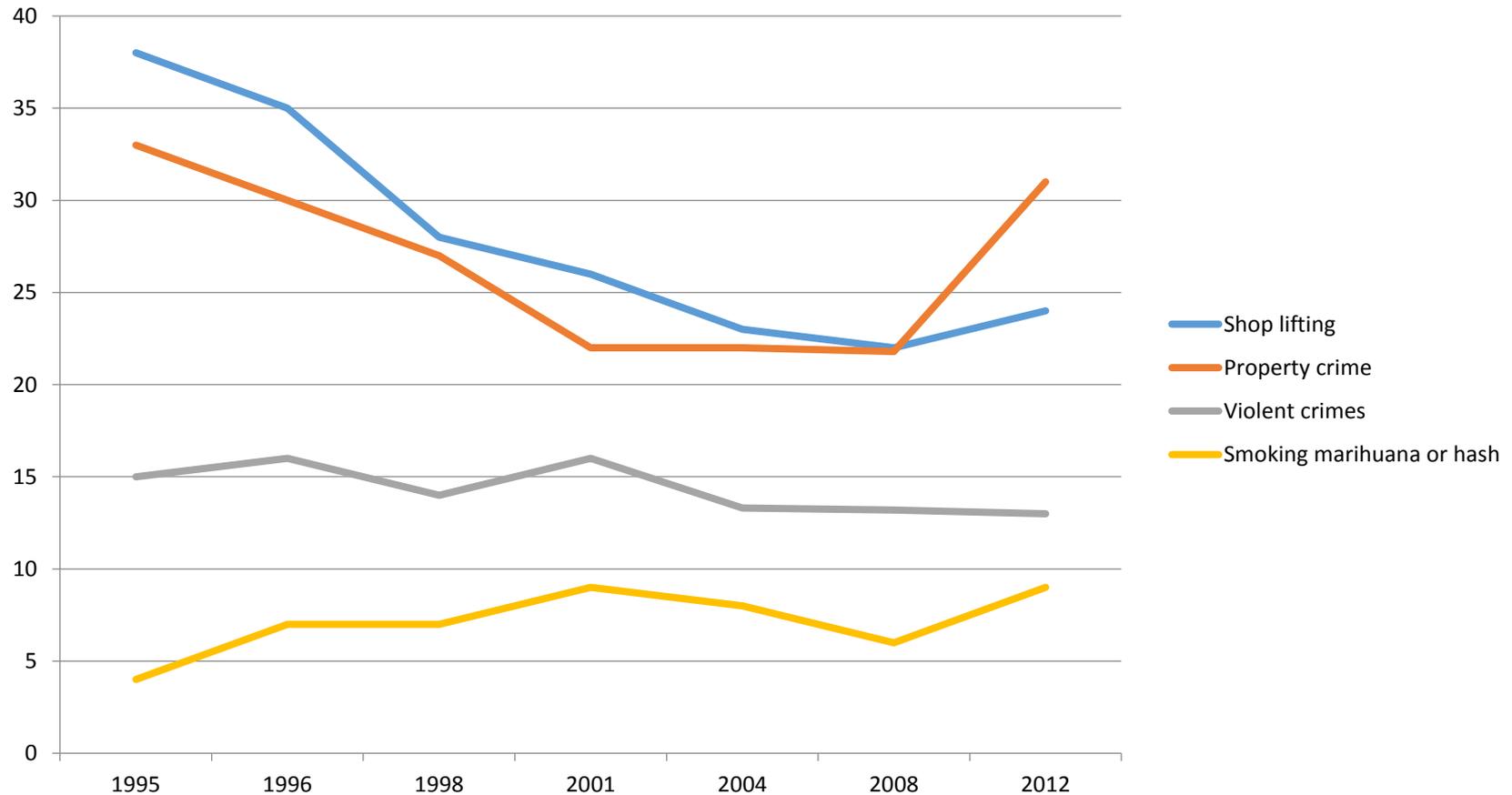


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# Children with offending behaviour

- In Finland, children under 15 years of age are regarded as incapable of crime (*doli incapax*)
- Acts committed by children under the age of 15 result in notification to the municipal child welfare
- 15 to 17 years old are subject to the Young Offenders Act, but to child welfare as well
  - Division of labor between child welfare and criminal sanction system in spite of simultaneous contact to both
- Social workers consider further procedures that are described in the Child Welfare Act



Self reported crime by 9<sup>th</sup> graders (15 to 16 yrs. old) in 1995, 1998, 2012 in Finland (Source: Institute of Criminology and Legal Policy)



# How do we deal with young offenders in Finland?

- Child welfare operates independently from the criminal sanction system, and vice versa
- Child welfare reaches offending children quite well (Savolainen & al. 2006)
  - 40 % of the first-timers are contacted, 90 % of the children that are caught more than 4 times are targeted with intensive child welfare measures
  - Number of contacts increases as a consequence of criminal behavior
- The likelihood of out-of-home care increases with the number of crimes
- Less than 10 children aged 15 to 17 years of age are in prison
- Institutional care for adolescents that offend and have simultaneous issues at home / school / peer group etc.



# Reform Schools for adolescents with multiple challenges

- Five state owned, two privately owned
  - Take in approximately 270 children
  - Positioned at the interface of child welfare, psychiatry, special education, and criminal sanction system
- Characterized by unique structure and legislation, long institutional histories, own comprehensive schools, and round-the-clock care in units by a staff specialized in psychosocial treatment
- Recent study indicates that the reform school students suffer from a wide range of psychiatric symptoms of both internalizing and externalizing spectrum.
  - In another study, 89 % of the reform school students had at least one psychiatric diagnose, 76 % had a conduct disorder, 50 % had an affective disorder, and 40 % had a substance related disorder. 40 % of the students were suicidal, and 50 % had learning difficulties. (Lehto-Salo 2011.)
- Reform Schools are not defined as mental institutions in the field of child and youth welfare services.
  - the staff is seldom specialized in psychiatric care.
- The institutions rely heavily on the local health services for providing psychiatric services and psychological support for the students, but there are significant differences in the organizing of this co-operation both regionally and individually.



## Outcomes of young people in out-of-home care

- Children that have been in out-of-home care have more challenges than others in many areas of welfare and health
  - Lower schooling, more unemployment and welfare dependency, more psychiatric problems, more criminal behavior, higher mortality (Ristikari et al. 2016)
- During a five-year follow-up the prevalence of psychosis was higher among the reform school adolescents than in the general population, and 75 % of the boys had been sentenced for a criminal act. (Manninen 2013.)
- In another register based study, former Reform School students were found to have a seven-fold risk for premature adult-age death compared to a matched control group (Manninen & al. 2015)
  - The most common causes for mortality were substance-related deaths and suicides. (Manninen 2015)
- Aim of our participation in this project is to provide better psychiatric support for young people placed in Reform Schools and thus in other child welfare institutions
- Thank You!



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