NUORISOTUTKIMUSSEURA RY.
NUORISOTUTKIMUSVERKOSTO

Proceeding of the Project in Finland

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Structure of the Presentation

- Collection of intervention models (desk research)
- Identifying the key actors and carrying out of the in-depth interviews
- Analysis of the current situation, pinpointing problem areas and developing strategies to solve them

Desk research 1/2

- Psychiatry and child welfare social work have a long shared history, with many tensions and contradictions between the professions
- Currently the number of shared clients in psychiatry and child welfare is significant (Kiuru & Metteri 2014a), and the estimated prevalence of psychiatric disorders among the child welfare clients varies between 30 to 90 %
  - According to Pasanen (2011) 50 % of the children placed in children's home could be diagnosed with psychiatric disorder, where as percentage was 89 among those adolescents placed in reform schools (Lehto-Salo 2011)
- Psychiatric system identifies the need for child welfare services (Kiuru & Metteri 2014a), and the child welfare system identifies the need for psychiatric assessment, quite well (Timonen-Kallio 2012)
- Four shared fields of practices may be identified in the borders of child welfare and psychiatric hospital units for adolescents (Kiuru & Metteri 2014b)
  - 1. Safeguarding the child; 2. Crisis intervention; 3. Supporting the every-day life; 4. Supporting the family
  - These shared fields of practices demand shared concepts and understanding
  - Effectiveness requires that all the parties complete their tasks: the systems are depenent and separate at the same time, which causes tensions and conflicts

Desk research2/2

- The first psychiatric hospital units for adolescents were founded in the 1970's, but the historically adopted habit of moving young people with conduct disorder to child welfare units – and especially to reform schools – continued (Lehto-Salo ym. 2002; Pösö 2004).
- In Finland a common practice in the residential care units is naming a *personal key worker* for each child. Integrating the key worker to the child's therapy has provided good experiences and outcomes (Lehto-Salo 2011; Marttila 2013)
- Problems in co-operation derive from unrealistic expectations, experiences of being "commanded", and lack of communication (Timonen-Kallio 2012; Sinko 2016), but the legislation and its interpretation creates barriers for multi-professional practices (Ristseppä & Vuoristo 2012).
- The adolescents with conduct disorder that oppose psychiatric care and treatment, create a serious challenge for the system (Lehto-Salo ym. 2002; Pösö 2004; Lehto-Salo 2011; Timonen-Kallio 2012; Könönen 2016; Sinko 2016).

Collection of intervention models in Finland

- In Finland the adolescents in need of child welfare and psychiatric support – especially those with conduct disorders – are usually placed in child welfare residential care
- The criminal court does not give removal orders
  - Removal / decision to take a child in out-of-home care, is a protective practice, not a sanction
- Institutions that truly integrate child welfare and psychiatric care are still quite rare, even though the number of private units is increasing
  - Special care units in the University hospital of Tampere (12 places) and Niuvaniemi hospital in Kuopio (13 places)
  - Units provided by the communities / municipalities
  - Units provided by the NGO's and private organisations such as Save the Children, Special Care Unit Tirlittan, Helsinki Diakoness Institute's Intensive Care Unit, care units of Familiar, etc.
- Reform schools have traditionally been institutions that take care of adolescents with conduct disorders, offending behavior, and child welfare needs (Pösö 1993; 2004)
- The reform school staff identifies psychiatric symptoms quite well, but symptoms that reveal a risk for psychosis, challenges in social relations, and depressive symptoms particularly among boys, are often unrecognized (Manninen 2013)
- Some reform schools have established special units for adolescents with psychiatric needs (Pekkarinen 2017)
  - Alternative for "traditional" reform school unit
- Two of these units were chosen to be the case studies of this project

Setting the Scene

- Researcher M.Soc.Sc Noora Häsbacka & Dr. Soc.Sc. Elina Pekkarinen
- Manager of the research docent Kaisa Vehkalahti
- National Advisory Board

  Head of the Board: Special expert Päivi Känkänen, National Institute for Health and Welfare

  Members:
  - Development manager Jussi Ketonen, Lauste Family Rehabilitation Center
  - Senior researcher Marko Manninen, National Institute for Health and Welfare
  - ProfessorTarja Pösö, University of Tampere
  - Manager Matti Salminen, Child Welfare Units of the State, National Institute for Health and Welfare
  - Councilor in Medicine Helena Vorma, Ministry for Social Affairs and Health
  - Senior researcher Miika Vuori, The Social Insurance Institution of Finland

Alternative care units of the project

- Research focuses on two reform school units with emphasis in psychiatric support
  - A unit in State owned reform school Sairila in Mikkeli (Eastern Finland)
  - A unit in NGO owned reform school Lauste in Turku (Western Finland)
- Noora Hästbacka has visited the units and conducted in-depth interviews with practitioners
- Both units are relatively new as they were founded during this decade
  - In Sairila, the unit was founded on the grounds of an already existing unit, ”old” practices were reformed, and staff remained the same
  - In Lauste a totally new unit was founded and new workers were recruited
- The organisation of the units is very different: the other one is located in the same courts with the other reform school units, where as the other one is located in another town
- The number of clients is very low and the number of staff is high
  - The client / staff ratio is higher than in the average units, and the units hold only 4 – 5 adolescents at a time
  - The number of nurses is higher than in the average units
- The placements are long-term – from months to year depending on the situation of the child
- Providing care is a central mission of the units

Data

- In Lauste, ten (10) in-depth interviews have been completed
  - Eight care workers (8), unit manager (1), psychiatric nurse of the local clinic for adolescent psychiatry (1)
- In Sairila, five (5) in-depth interviews have been completed
  - Unit manager (1), reform school manager (1), school director (1), social worker (1), care workers (1)
- In-depth interviews with experts (3)
  - Consulting psychiatrists for adolescents (2)
  - Special expert in child welfare (especially child removals and out-of-home care) (1)
- Discussion with National Multidisciplinary Expert Group for Research in Child Welfare 30.3.2017 (1)

→ 18 interviews and a group discussion

- The focus group discussions / interviews will be held in the end of May 2017

Analysing the data

- Completing the matrix
- In the following we shall go through the preliminary results
- The analysis does not treat the units individually, instead, common phenomena are being found considering the differences in between the units

Strategy

- These specialized units are in themselves a significant reformation in the field of residential care for adolescents with conduct disorders and other similar issues
- A focus on caregiving and meeting the individual needs of the adolescents is an effective strategy
- Problems are met in the strict borders of disciplines and professions, which fragments – or even totally blocks – the support
- Individual ethos, despite its positive dimensions, is problematic, as the multi-professional co-operation is based on individual processes and general protocols and structures are missing
- Measuring the effectivity is impractical especially in psychiatry
- Fragmentation of the system and individuality of the processes causes the ”bouncing” of adolescents in the border surfaces of the service system

Organisation

- The ratio of the staff, the small number of clients, the education of the staff and management, and integrating the school within the unit are effective practices.
- Distances – in between the professions and concrete physical distance – cause problems
- Legislation-based age-barriers cause problems for the continuity of support of both child welfare and psychiatry
- Criminal sanction system is very distant from the social and health care, and collaboration between these three is random and shallow

Theoretical references and methodologies

- The units base their practices on eclectic and flexible theoretical framework, which is individually tailored
- The knowhow of the different workers is high
- These issues are strengths and challenges at the same time: strong professions and shifting theoretical frameworks cause lack of common language and diffusion in the use of different concepts, shared values and visions are difficult to find, and co-operation is thus endangered

Practices

- Having two key workers for each adolescent is effective
- Building trust is the most effective practice, but difficult to create with these adolescents
- Structured and steady every-day life is particularly significant
- Careful assessment of the adequate placement, and careful planning of the removal and settling of the child forms a base for an effective placement
- Largest problems are met in the ”bouncing” of the child in the system – an issue that is related to the structures and the impractical practices of the service system
- Avoiding the diagnosis is positive in regards to labelling the child or making too early or incorrect judgements, but on the other hand the delay in the psychiatric assessment and diagnosis may lead to postponing the needed treatment and care
  - In child welfare it is difficult to judge, when the symptoms are ”normal” reactions to abnormal situations, and when are they signs of psychiatric illness?
- The adolescents that oppose psychiatric care, or are in the system by force, are at the core of the practical problems: how to help them?
- Leaving care is a critical phase, and often happens too early
  - Breaking the relations with the key workers may multiple the trauma of loosing close relationships

Collaboration between institutions and services

- Multi-professional collaboration at its best is open, fluent, respectful and dialectic, and based on sharing, dialogue and mutual reflections
- The adolescents that move to the unit from psychiatric hospital unit, who have a thorough assessment and care plan done, and information delivered openly, are the ones that receive good outcomes
- The school with its teachers are among the most important collaborators
- There are still legal issues that force respecting the borders – particularly in reference to medication, restriction orders and secrecy
- Large problems in collaboration rise from unclear division of duties, arrogant and commanding manners, and arbitrary decision making
- Exchanging of information is still problematic, and due to not only legislation, but also the ways of interpreting, and inadequate working cultures

Practical solutions

- Constructing common concepts and understanding – not so that the frameworks and viewpoints will be totally shared, but so that the collaboration and common visions would be possible despite the different frameworks and viewpoints
- Getting to know each other's work, visiting the every-day lives of other professions, increasing the knowledge base
- Solving the legal barriers for collaboration
- Bringing the psychiatric care to the units, increasing opportunities for consulting, and adding resources for enabling this
- Monthly meetings of other regular encounters with psychiatry and residential care units
- Networking, dialogue methods, discussion forums, including the key worker to the therapy?
- Involvement of the reform school staff in the after care

Conclusion

- In international comparison, Finnish system has its strengths
  - The young people are not sentenced to care, and residential care is not a punishment
  - There is a strong will for collaboration and integration
  - The staff both in child welfare and in psychiatric care is highly trained, and the residential care units are relatively well resourced
  - The placements are long-term, and includes after care until the age of 21
- There are still borders and fragments in the service system, which challenges multi-professional collaboration
- Collaboration requires resources, and particularly the scarce resource of time
- There is an urgent need for tools that enable communication and dialogue within and in between the different systems
- Notes by the researcher: when we talk about ”effectiveness” or ”good practices”, we should define, effective for whom? Good for whom?
- The long-term outcomes should be followed, and enable longitudinal studies
- In Finland we have expectations for this international collaboration as well: what shall we learn from you?
- Thank You!

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Literature

- Kiuru, Kaisa-Elina & Metteri, Anna (2014a) Lastensuojelun ja nuorisopsykiatrian yhteisasiakkuus potilaskertomusaineistossa. Sosiaalilääketieteellinen aikakauslehti 2014(51), 146–160.
- Kiuru, Kaisa-Elina & Metteri, Anna (2014b) Miten lastensuojelun ja nuorisopsykiatrian välinen raja rakentuu palvelujärjestelmässä? Teoksessa Anneli Pohjola & Merja Laitinen & Marjaana Seppänen (toim.) Rakenteellinen sosiaalityö. Kuopio: Unipress, 162–190.
- Könönen, Jarmo (2016) Nuorten hoidon erityispiirteitä. Teoksessa Pasanen, Timo & Katajamäki, Kati & Martikainen, Sinikka & Valkonen, Maarit & Leppänen, Leena (toim.) Turvallista liikettä rajapinnoilla – Helsingin Diakonissalaitoksen intensiivihoito. Helsinki: Helsingin Diakonissalaitos, 60–62.
- Lehto-Salo, Pirkko (2011) Koulukotisijoitus – nuoren toinen mahdollisuus? Mielenterveyden häiriöiden, oppimisvaikeuksien ja perheongelmien kirjo kehittämishaasteena. Jyväskylä: Jyväskylän yliopisto.
- Lehto-Salo, Pirkko & Kuuri, Ari & Marttunen, Mauri & Mahlanen, Auvo & Toivonen, Veli-Matti & Toivola, Pirjo & Närhi, Vesa & Ahonen, Timo & Koponen, Hannu (2002) POLKU-tutkimus. Tutkimus nuorista kolmessa koulukodissa: Psykiatrinen ja neuropsykologinen näkökulma. Stakes Aiheita 16/2002. Helsinki: Stakes.
- Manninen, Marko (2013) Koulukotiin sijoitettujen nuorten psykiatrinen oirekuva ja ennuste. Terveyden ja hyvinvoinnin laitoksen tutkimuksia 112. Helsinki: Terveyden ja hyvinvoinnin laitos.
- Pasanen, Timo & Katajamäki, Kati & Martikainen, Sinikka & Valkonen, Maarit & Leppänen, Leena (toim.) (2016) Turvallista liikettä rajapinnoilla – Helsingin Diakonissalaitoksen intensiivihoito. Helsinki: Helsingin Diakonissalaitos.
- Pasanen Timo (2001) Lastenkodin asiakaskunta. Psykiatrinen tutkimus lastenkotilasten kehityksellisistä riski- ja suojaavista tekijöistä, oirehdinnasta sekä hoidon tarpeesta. Turku: Turun yliopisto.
- Pösö, Tarja (1993) Kolme koulukotia. Tampere: Tampereen yliopisto.
- Pösö, Tarja (2004) Vakavat silmät ja muita koulukotikokemuksia. Helsinki: Stakes.
- Sinko, Päivi (2016) Rajapinnoilla. Lapsen erityisten tarpeiden huomioiminen sijaishuoltopaikan valinnassa. Helsinki: Lastensuojelun Keskusliitto.
- Timonen-Kallio, Eeva & Pelander, Tiina (toim.) (2012) Lastensuojelun ja psykiatrian rajapinnoilla. Turku: Turun ammattikorkeakoulu.