Feature

Mental health in Finnish schools: so close to perfection

Published Online
August 30, 2019
http://dx.doi.org/10.1016/S2352-4642(19)30274-3

For the **NHS report** see https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

For more on **long-term effects of mental health problems in young people** see https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper#history

For more on **KiVa** see http://www.kivaprogram.net/is-kiva-effective

For more on the **ongoing trial led by Nikander and Kosola** see https://clinicaltrials.gov/ct2/show/NCT03178331

Finland's educational system is routinely praised as among the best in the world, achieving superb results through methods regarded by other scholastic systems as unorthodox. Among the differences that single it out for praise is the delayed start to education, with compulsory schooling beginning with a pre-primary education for children at 6 years old, and full-time schooling only starting at age 7. In contrast to the battery of tests faced by children elsewhere in the world, there is only one mandatory standardised test, taken at age 16. Commentators coo over the low amount of homework pupils are given, and the high regard in which teachers are held. But one of the most surprising—and important—aspects of schooling in Finland doesn't make it to the headlines: the provision of social and health care for students from within schools themselves. Nowhere is this more crucial than in increasing capacity to help children with mental health disorders.

The burden of poor mental health in children and adolescents is increasing around the world. According to a report by the UK National Health Service, around one in eight (13%) children and adolescents in England and Wales aged 5–19 years had at least one mental disorder when assessed in 2017. The same report found that, using comparable data that examined mental health disorders in those aged 5–15 years, the frequency of mental health disorders had risen from 9·7% in 1999 to 11·2% in 2017. Appropriate provision of mental health care for children and adolescents is vital: research has shown that young people who experience mental health problems are more likely to have disrupted schooling and issues with attaining and retaining future employment, as well as being more likely to become young offenders, have substance addiction, or otherwise be involved with problems with the law. However, appropriate provision of mental health care is harder to achieve for children than for adults because of children's lack of autonomy and inability to engage directly with the health-care system.

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By contrast, Finland has a strong legal framework around school health and welfare, with an embedded team of health and welfare professionals. Social work was incorporated into Finnish schools in 1966, and medical professionals even earlier, with the first doctor being placed full time in a school beginning in 1905. Initially, school doctors' remit was hygiene and nutrition. However, in 2007 and 2008 two school shootings in Finland—which resulted in the deaths of multiple pupils and teachers—brought the importance of mental health provision into the spotlight. Following these tragedies, legislative changes were enacted to ensure that children and adolescents with social and mental health problems were recognised and offered professional assessment and support at school. The school doctor's role changed to primarily screening work, with low-threshold early service provision in a secondary capacity. The new legislation enshrined in law in 2014 stated that all pupils, from pre-primary to school leavers, have the right to access student welfare services. These services are provided by a health and welfare team embedded into every school, consisting of a school nurse and a school doctor (health-care team), and a social worker and a psychologist (welfare team). Each member of the team is responsible for a variable number of pupils, and rotates around different schools depending on their size. The nurse is responsible for 600 students, the psychologist and social worker 800 students each, and the doctor 2100 (in grades 10–12 [ages 16–19] the number of students increases to 3000). Therefore, a school doctor might be affiliated with between five and eight schools at any time, depending on the population density; 30 full-time school doctors are responsible for the pupils of Finland's capital city, Helsinki.

The two halves of the team work together on an individual and community basis, with the health-care team leading on ensuring the health of individual pupils, and the welfare team leading with preventative and education aspects. Pupils meet the school nurse every year, and are offered a (recommended) appointment with the school doctor in the first, fifth, and eighth year of school (at ages 7, 11, and 15 years, respectively), and when the pupil turns 18. Additionally, school health services are available when the child needs special support, including for mental health disorders.

The 2014 legislation requires the school staff to be attentive to students' social, psychological, health, and welfare issues. Teachers are encouraged—assuming they have the student's permission—to take any concerns they might

have regarding a specific student to either an individual or all members of the health and welfare team. The legislation regulates that any concerns about an individual student involve support and cooperation with the student's family. There is a 7-day time limit for appointments to be made following a concern, dropping to 1 day if the student is deemed to be in crisis. Once a year, the school nurse meets every single child, and the doctor every child within specific educational years. Health education is introduced as a separate subject for pupils from grade 7. Lessons cover themes such as bullying, diet, preventing illnesses, good health and safety, and mental health, which is given extended coverage to prevent the formation of stigma.

Liisa Stahle has been working with children and adolescents in Finland since 1994, and is currently a school social worker at Oulunkylä Co-educational School in Helsinki. She is available to all pupils at the school on a daily basis. She describes the main aim of her job as to "enhance the mental and physical health and wellbeing of our students". Apart from being contactable by the students, she can also be approached by parents or teachers, in areas as diverse as students' studies, social relationships, and other matters, as well as collaborating with parents and school staff.

One of the most successful mental health programmes to have been introduced to schools is the anti-bullying programme KiVa. KiVa was developed by a team at the University of Turku (Turku, Finland), with funding from the Finnish Ministry of Education and Culture, and led by Christina Salmivalli and Elisa Poskiparta. It consists of three components: the so-called universal and indicated actions, and continual monitoring. The universal actions are preventive; for example, the KiVa curriculum consists of student lessons and online games which all students participate in. The indicated actions are those taken when a specific instance of bullying has arisen, and consist of steps specifically targeted to the perpetrators and victims of the bullying, as well as classmates who are asked to support the victim. Finally, KiVa requires constant monitoring of individual school's situations and the changes taking place over time. The programme has online tools that facilitate this monitoring and allow the production of school-specific annual feedback about programme implementation and outcomes. KiVa has been implemented in schools in Finland and internationally, and is the subject of multiple of trials. A 2011 trial that included 117 intervention schools and 117 control schools in Finland found a significant reduction in bullying and victimisation. A different study showed that the introduction of the KiVa programme also reduced anxiety and depression.

Silja Kosola was a Helsinki-based school doctor for 8 years, and is now Medical Director for the city of Helsinki's medical services for children and young people. Talking to *The Lancet Child & Adolescent Health*, she acknowledges the great benefit of Finland's health and welfare system for children, but is cautious about the direction in which it is heading. She believes that there is a danger of over-screening and medicalisation. Jenni Miettinen, a school doctor in Espoo, noted that "as we screen more, we also find more children with mild to moderate symptoms". Mental health issues are proactively assessed within a school setting; for example, school nurses are advised to screen for depression in 15-year-olds using the Finnish modification of the Beck Depression Inventory (BDI-13). One of the consequences of such diligent screening, Kosola believes, is that it leads to overstretching of valuable resources, such as child psychiatric services. She believes that there is the potential to include greater electronic screening checks in assessing students' health, which could free over-stretched doctors and make it easier to prioritise the allocation of specialist interventions. Currently, it can take up to 4 months for some pupils to be seen by child psychiatrists. Similarly, Miettnen notes that "digital screening and face-to-face contact support each other [as preventive measures]. But as always, the resources to act immediately and effectively enough need to be even further developed."

Determined to test whether such broad-scale assessment and intervention is actually beneficial to pupils, Kirsi Nikander, supervised by Kosola, has begun a prospective, multicentre observational trial, which will be done in four urban municipalities in southern Finland. The triallists will recruit 1050 children from 21 schools. Each recruited pupil's parents, nurses, and teachers will fill out a study questionnaire prior to the school doctor's visit to identify any potential health concerns. School doctors will be blinded to these responses, and will carry out a normal assessment during their visit, filing a report that includes care instructions and a follow-up plan. The need for a doctor's appointment will be assessed compared to the benefit gained from it. Kosola hopes that this will give an idea of whether such broad, continual medical assessment is necessary and beneficial, or if the resources would be better deployed more selectively. Such data might serve as a ballast in her ongoing discussions with a concerned Finnish society.

"We don't need to turn schools into mental health-care facilities", she says, citing her disagreement with proposals to introduce psychiatric nurses into schools. "We are so close to perfection", she adds. "We don't need a new group of professionals. We just need them working in the right places."

Cassandra Coburn