

NEWSLETTER



of the Finnish Association for Mental Health (FAMH) 2005

FAMH aims to influence social structures to support people's coping in everyday life. FAMH stresses the importance of safety nets, promotes a culture of caring as a counterforce to market and competitive culture and defends fairness and justness.

FAMH opposes the unequal distribution of wellbeing, which accumulates the problems with coping for only a part of the population and threatens to leave them permanently outside welfare. FAMH promotes more support for those in the most difficult circumstances, such as young people who have not found their place in the labour market, families with little children, the long-term unemployed, rural entrepreneurs, mental health patients and substance abusers.

Information accumulated through FAMH's own channels, such as volunteer work and crisis hotlines, emphasise the need of a caring adult in children's and young people's lives, the need to successfully combine work and family and taking into account the need for assistance by the increasing aged population.

FAMH feels it is important to respond to the distress people feel in their everyday lives. Most in need of support are those who lack everyday skills or who are unable to cope due to hardships or illness.



Contila / Matti Nieminen

FAMH also promotes a culture of caring and solidarity instead of extreme individualism and competition. The aim is to demonstrate that things could be different: a good life does not require running after unusual experiences, people do not need to flexibly adapt to the demands of market forces, people must be looked after, especially when they are not able to fight for their rights and demand services.

The human conception has become narrower

Claes Andersson, psychiatrist, author, Chairman of FAMH's Council and a former Minister of Culture, says Finland will inevitably face a difficult debate on health care prioritisation. One of the key issues is what society should assume responsibility for. Who will be treated when changing demography brings great challenges and what is

people's own responsibility for their lives and health?

Andersson is concerned that the rapid change in society leaves some people behind. Competition is harder than ever before and the sense of community and caring for fellow people are partly offered on the altar of efficiency.

Andersson also thinks the concept of people has become narrower, which is a negative development. Conceptions of illness have also become one-sided and mechanical and views are too much centred on the actual illnesses. Instead of focusing on illnesses and problems we should emphasise positive opportunities for growth and achieving harmony in our lives.

On the other hand, Andersson says people in a welfare society do not even want to accept grief and pain as a natural part of life. But if you curtail your world of experience, you deprive yourself of experiences vital to mental growth, says Andersson.

FAMH is a national level confederation with nearly 100 local and other associations and approximately 1,000 individual members. An association meeting convening every three years decides on the areas of focus in the association's activities.

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Letter from the editor

See the person - not the stigma

THE HISTORY of humankind has needed various stigmatised groups to distinguish good from bad, the moral from the immoral. What is considered shameful and bad has been defined by the time and culture in question. The stigma of illness has also been used for this purpose since time immemorial.

Illnesses of the mind have been susceptible to stigmatisation because they are manifest in behaviour and the field of emotional life, that are well nigh impossible to distinguish from the person's self and personality. In addition, they are associated with myths, such

as the mentally ill are somehow deviant or the illness is self-inflicted.

Former institutional care, which isolated the mentally ill from normal society, did much to emphasise the sinister nature of mental illness and the belief that it did not belong in the sphere of normal life. Behind the fears and prejudices also lurks the universal human fear of encountering mental illness and losing one's own mental health.

Epithets such as 'sick', 'mad' and 'bad' are still seen as partly synonymous. It is just this damaging image that makes discrimination possible. A stigma creates vicious circles that affect patients and their family and friends. They affect mental health services and people working in the field, psychiatric

research and quality of education in the field. They affect the development of communities and their social capital.

Mental health organisations have for years fought for acceptance and against the lack of information. International cooperation also began against this background, when the World Federation for Mental Health was established in London in 1948.

Different countries have instituted various campaigns in an attempt to increase tolerance. Cooperation with the media is also developed in many ways. Even the mere attempt to influence the ever-growing entertainment industry seems a nearly impossible mission. The industry churns out prejudiced and false information and creates frightening and stigma-

tised images at ever-increasing speed, filling the everyday life of children, young people as well as adults.

And how to change a society that no longer allows vulnerable people or groups to exist? A mental health patient does not meet the challenge of a cut-throat society to be a successful and self-sufficient person. After the international patient movement has become active, the fight against stigmatisation is clearly becoming a human rights issue. It is not enough to just increase awareness and tolerance. The only way to achieve the desired results is to campaign for equality and human rights.

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Mental health organizations campaign for ZEROSTIGMA

HARDLY ANY other illness is associated with as many false beliefs and negative attitudes as mental disorders. The stigma is an even heavier burden than the illness, causing loneliness and social exclusion, making living conditions worse and opening the door for many kinds of discrimination. The stigma suffered by the family is different, but just as burning.

FAMH participates with other leading Finnish mental health organisations in a campaign against stigmatisation associated with mental illness and discrimi-

nation against people who have undergone a mental illness and their families. Zerostigma is a Europe-wide project launched by the European Federation of Associations of Families of People with Mental Illness EUFAMI.

FAMH's participation is in line with the association's three-year strategy which emphasises collective responsibility and a culture of caring, in which people look after others. Through the Zerostigma campaign, FAMH advocates the acceptance of all kinds of diversity.

In order to really reduce negative attitudes and prejudices, it is necessary to cooperate in different ways and on various levels instead of power struggles and accusations. Achieving this goal requires input from mental health patients and consumers, their families and friends, professionals and volunteers in the field, those who have power in financial and political matters, the media and opinion leaders.

It is also a question of our own attitudes. We tend to see ourselves as more tolerant than we really are, that is, we deny prejudices in ourselves and in our minds transfer them as characteristics of other people.

As the national umbrella organisation, FAMH has challenged the local mental health associations to participate in the campaign, which mainly comprises instigating discussion and publicity.

World Mental Health Day 2005 is also harnessed to the campaign in Finland. 10 October will see a large public event in Helsinki, where people of the metropolitan area will be informed about mental health and told of the possibilities of voluntary work in mental health work.

EVERY YEAR, about one million people commit suicide worldwide. A life ends every 40 seconds. Suicide is a leading cause of death among young people. Increasing suicidal tendencies are a continual challenge for the developed societies.

10 September, named the World Suicide Prevention Day by WHO and International Association for Suicide Prevention IASP, once again reminds us of the gravity of the problem. FAMH also observes the day.

Last autumn the association, together with Finnish Psychiatric Association and Finland's largest daily newspaper Helsingin Sanomat, organized an invitational seminar for professionals, focusing on Finnish self-destructive behaviour and reviewing the present situation. The media were also called on to discuss this important topic.

Suicide survivors receive little active support

In recent years, the annual number of suicides in Finland has fortunately decreased by nearly a third; in 2002, there were 1,095 suicides. The number is, however, high compared to Western European figures.

Nor has the need for suicide prevention decreased. For instance, the calls for help coming to FAMH's Helsinki metropolitan area SOS Center have continually increased.

Contacts to the SOS Center clearly show that people who have attempted suicide are still not actively offered mental sup-



Suicide prevention requires caring

port. Instead, he or she is given physical help and then sent home. Because it is not a case of illness and the patient is alive, the health care personnel feel they have done enough. "However, a suicide attempt is often preceded by an untreated or badly treated depression, which is fatal if not treated appropriately," says **Outi Ruishalme**, director of SOS Center.

A ten-year suicide prevention project implemented in Finland from 1986 to 1996 highlighted issues that need to be addressed in order to prevent suicides. These include appropriate treatment of people who have attempted suicide, identifying and treating depression, intervening with alcohol abuse, making psychiatric help part of the treatment of somatic illnesses, providing support in life crises, preventing the social exclusion of young men and improving the Finnish way

of bringing up children and the general cultural atmosphere.

A suicide must not be forgotten

Suicide is still a very sensitive and painful matter although it is always with us. It also must not be ignored in the public debate, but we should learn to talk about it without moralising or making people feel guilty. We also have to accept the fact that we cannot prevent all suicides.

Outi Ruishalme points out that we do not always need special measures. Situations in which you can act occur in both health services and everyday situations. Often it is a question of identifying those situations and having the courage to act. Providing support in life crises to avoid dead-end situations, for instance, is good suicide prevention. A mental emergency that may seem

trivial to an adult may be fatal, especially to young people.

The effects of a suicide can be described as a pebble thrown in water, the ever widening ripples reaching even beyond generations.

The suicide of a loved one leaves family and friends with feelings of emptiness, loneliness and failure, and coming to terms with it can take several years. The family and friends of a suicide victim are also in the danger zone in their own lives as their suicide risk increases considerably.

Ruishalme says family and friends still do not have sufficient support in Finland. The shyness of health care or occupational health care personnel, for instance, to talk about what happened is often interpreted as coldness, rejection or making the family or friends feel guilty.

Many need professional help: clamming up, feeling guilty and ashamed and isolating oneself from other people may lead to falling physically or mentally ill. For children in particular the suicide of a parent can be insurmountable without support. Rehabilitation is also often necessary after a traumatic event to ensure that those affected can continue to work or study.

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CATASTROPHES

also concern Finland

RECENT catastrophes and natural disasters have also alerted Finland to the need for crisis work, as well as the fact that we still have insufficient resources for such work.

Not all people who have undergone a crisis need professional help. In fact, most cope on their own. However, people who have desired or needed help have not always received it and catastrophe situations have not been seen through properly. Physical first aid is well taken care of, but mental first aid is not appropriately organised in all primary health care. Individuals are often left to their own devices in prolonged and traumatising crises.

FAMH has proposed to the Ministry of Social Affairs and Health that the Ministry chart Finland's preparedness to help victims of crises and catastrophes, as well as the bodies responsible for care and benefits paid to victims.

NGOs began mental first aid

A dozen or so years ago three Finnish NGOs (FAMH, Finnish Red Cross and The Mannerheim League for Child Welfare) began a joint development project lasting several years to bring mental first aid associated with catastrophes and crises to complement the physical first aid. Together the NGOs developed training in the field and support material.



FAMH, however, began crisis work 35 years ago when the first suicide prevention centre in the Nordic countries was established in Helsinki. Today the centre is known as the SOS Center. At first, the centre concentrated on gathering and disseminating information on self-destruction and helping people at risk of suicide or in difficult crises. As the years went by, preparing for catastrophes became part of the activities of SOS Center, as well as 15 other crisis centres run by local mental health organizations around Finland.

The SOS Center is always ready for unforeseen events. For instance, in the capital Helsinki, the SOS Center's car is responsible for organising a crisis centre and calling other co-operation partners to the scene in major accidents and catastrophes.

In major disasters, such as the Asian tsunami, the SOS Center can offer help as one of the many providers of crisis help. The centre usually provides for post-crisis work by organising different groups as the need arises, but according to the

centre's service chain principle, customers can also be helped in many other ways.

Professional work and voluntary support

FAMH's crisis centres provide professional psychosocial support and, if necessary, crisis therapy. All professionals have degrees in social or health care work and have attended various supplementary and further education. The customers' problems are also complex and few have just one specific reason for seeking help. The professionals are responsible for implementing crisis work, also in support person activities.

The role of support persons is important, since in addition to professional crisis help, people in crises need many different kinds of practical support in order to cope with everyday matters. Because so many people today lack a network of close people, voluntary support people can be a great help in coping with everyday life. Volunteers supervised by a professional can also take calls on a crisis hotline.

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CATASTROPHES

Support – but how?

PIRKKO LAHTI, FAMH's Executive Director, visited Sri Lanka in January to familiarise herself with the post-tsunami situation in Asia. The joint visit by WHO and Finland studied the tsunami after-care and mental health services and plans related to them. "The visit made me wonder how rational long-term help that respects the local culture can be organised in such a vast area of destruction," says Pirkko Lahti.

"The tsunami was followed by an unprecedented wave of help. People in different countries wanted to give money, be there, share

solidarity and good will. In practice, the desire to help erupted in a whirlwind of volunteers that stormed the destruction area, filled the hotels and brought much-needed money to those living off tourism. However, at the same time they became an oppressive army that in the name of immediate help burst on the bereaved people and authorities."

According to Pirkko Lahti, the difficulty with foreign helpers is timing the help correctly so that it would also be available after the period of mourning. "Scheduling good will will also be a great challenge in the

future. How to tell well-meaning helpers not to come now, but in two or three months. The worst situation is probably one in which there are no helpers left after six months."

Pirkko Lahti also points out that compared to the Asian culture, which is reserved, respectful of others and allows other people to have their own space, the European culture may seem efficient but aggressive. The Western way of thinking and working is not readily applicable everywhere. Indeed, it might even violate local ways.

On the other hand, Lahti says NGOs have a clear role in seeing things through and providing support in the tsunami area too. Public buildings, homes, jobs and reorganization of social networks are all needed.



"The role of NGOs is also suitable for providing long-term psychosocial support while mindful of the local culture, religion and customs."

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Demand for **online help** on the increase

DURING its five-year operation, Tukinet, a nationwide crisis centre on the Internet, has proved it is needed. Help has already been provided 20,000 times and the demand is continually on the increase. Tukinet crisis centres, operating under FAMH, are responsible for the service.

Online service is no substitute to other mental health services, but complements them. For some one used to using computers it is a natural way to unburden their problems and seek support. Tukinet is easy to use and is available 24 hours a day. Anxiety caused by various things grows during sleepless nights or long holidays. You can then sit by your computer and unburden your mind by writing. It is easier to write than



talk face-to-face about many sensitive issues.

The online service knows no national boundaries. Receiving help is not dependent on the place or ability to move, so people with disabilities or those who live far from conventional services are able to receive help just like anyone else.

Secure connection

Tukinet provides a confidential and secure service. It runs on a browser, no email is used. The service is free, being financed

by proceeds from slot machines administered by RAY (Finland's Slot Machine Association), which is under government control.

Tukinet clients can participate in chats, search for information on different help services or talk privately and confidentially with a trained volunteer or a professional helper. Communication takes place over a secure connection, meaning all data traffic between the client and Tukinet is encrypted. Those replying in the service also use a secure connection.

Depression and human relations

The most common reasons for contacting Tukinet are depression, family and relationship crises and other mental health problems. Three quarters of the clients are women.

Expatriate Finns have also found Tukinet, and there are many contacts from abroad. It is difficult for Finns to receive mental health services in their mother tongue in their new homeland. Statistics over the first five years of operation show that the Tukinet homepage has been accessed 250,000 times and there are 140,000 log-ins to the service.

www.tukinet.net



On World Mental Health Day Finns encouraged to

'Get in a happy mood'

THE THEME of World Mental Health Day in 2004 was the relationship between physical and mental health. The day was celebrated on 10 October for the 13th time.

The day is sponsored by the World Federation for Mental Health and WHO. In Finland, FAMH has spread the word about the day from the beginning by inviting

organizations and individual people to emphasise the importance of mental health as a basic right.

Last autumn FAMH and Finland's largest daily newspaper Helsingin Sanomat organized a 'Get in a happy mood' event targeted at families in the Helsinki metropolitan area. The event took place in a central loca-

tion and attracted more than 5,000 participants. Helsingin Sanomat, with a nationwide circulation, ran six different whole page ads reminding us of the wellbeing of families. The same themes were repeated in cafes, different meeting places and in free postcards, more than 30,000 of which were distributed at railway stations all over Finland.

Let's take care of our wellbeing

OUR WELLBEING consists of many factors. In order to remain healthy and fit we need to dedicate a reasonable amount of time to all of them. None of them can be ignored for long or we risk a reduced quality of life. Our mental and physical health go hand in hand. If one side is not well, it is also reflected in the other.

The more human wellbeing is studied, the clearer it becomes that mental and social factors play an important role in the development

and treatment of somatic illnesses. And vice versa: depression, for instance, can be alleviated through physical exercise.

A happy mind is also the best medicine for the heart. Some of the effects of a happy mind affect known risk factors and some directly influence metabolism, hormonal activity, the immune system and the nervous system.

For instance, the number and quality of human relationships is a factor affect-

ing one's risk of coronary disease. Divorced people die of coronary disease twice as often as married people. The more we have friends, the more groups we belong to and the more active we are, the smaller our risk of falling ill. The effect is especially pronounced in those who already have the disease: the prognosis after an infarct is better the more friends and support the patient has.

Hopelessness and depression increase the risk of heart disease. Especially dangerous in this respect seem to be feelings of exhaustion and powerlessness that are associated with reduced self-esteem, hopelessness and increased irritability. This combination often occurs with severe work exhaus-

tion. Unemployment also causes similar symptoms and it is probable that unemployment can increase the risk of disease in both the short and long term.

The significance of mental factors seems to be as great as the well-known cholesterol, blood pressure and smoking. It may well be the case that the high heart disease rate of Finnish men is partly due to the lack of friends and human relation networks. Finnish women fare better – the joys and griefs of life are shared with female friends and the burden becomes lighter.

A good life has many ingredients

A good, meaningful life consists of highly individual

Mental Health Prize awarded for the 11th time.

Since 1994, FAMH has awarded a national Mental Health Prize on World Mental Health Day. The prize is awarded for an outstanding mental health action in one's own life or society at large, outside the field of professional mental health care.

This year's prize was awarded to **Juha Siltala**, a professor of history at the University of Helsinki, for his work as a public opinion

leader. In his work, writings and speeches he has shown courage and consistency by advocating the rights of ordinary people and raising important social issues from the perspective of ordinary people.

He has studied, for instance, Finnish anxiety, men's honour and the sociology of emotions. Recently he has studied and publicised the continuous change and competition in working life, which threaten the wellbeing of the workforce and cause work exhaustion.



factors important to just that person. Many of us live our lives forever expecting something better like a lottery win. We perhaps forget to live in the present and many opportunities offered by the here and now escape our attention and pass us by.

Taking care of physical wellbeing includes a healthy and balanced diet and enough exercise and rest. They are good for the body but also refresh the mind.

Our days need a clear rhythm, as regularity is important to wellbeing. Daily routines alone can increase our sense of security and ability to cope. The best daily rhythm is one that we can adjust to our own internal clock.

We need rest and sleep to counterbalance work and activity. Sleep is just as essential as eating, drinking or breathing. Sleep is not merely rest, as our brain actively processes the day's events and new information during sleep.

The right amount of the right kind of work promotes physical, mental and social wellbeing. It helps us look after our physiological basic needs, become part of a work community, gain acceptance and respect, and in the best cases, express ourselves.

But even if work is interesting and motivating, it is good to be able to detach from it, both physically and mentally. It would be good for our wellbeing and creativity to have

a hobby that is completely different from our work. Even better, if the hobby meets needs that the job does not. But doing nothing is also important. Allowing ourselves some time just to potter about gives us perspective on things, helps us see them more clearly and makes room for new insights.

People long for the company of others. Everyone wants to be accepted and feel that they belong. Everybody also needs other people and closeness to keep their balance. One of the signs of a balanced life is belonging to several groups. We need our family, friends, work community and hobbies.

In addition to friends and social interaction, we all need a little space for our-

selves and our thoughts, that is, solitude. But being alone can also be frightening. It then becomes very real: there are no close people and we feel we are left outside the circle of other people. We also tolerate solitude differently. Loneliness usually becomes a burden when it is an uninvited guest in our lives.

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More than ten years of supported housing

THE ROOTS of housing support activities in Finland go back to a stage of reform in service structures when institutional care was cut and various psychiatric outpatient service solutions were developed in an attempt to meet the subsequent need for services. As the public sector was simultaneously forced to drastically cut its services due to the economic depression, it was impossible to develop outpatient care and the associated rehabilitation and support services to meet the needs.

In this situation FAMH and its co-operation partners began a project in 1994, aiming at developing and producing support for independent living and coping in everyday life. The activities are mainly based on voluntary work and agreements made with municipalities.

Today, support is targeted at people who need it in independent living and life management, young people and young families at risk of social exclusion and mental health consumers. The most important form of activity is still providing voluntary support people. Support activities are increasingly implemented as many-faceted local projects: from individual support by volunteers to organising housing and support during a crisis, from housing advice preventing homelessness to strong community support to housing units.

Discovering our own resources

The need for support and the number of people needing support have increased and the forms of support have become more complex. Today, housing support activities increasingly face a situation in which the need for support is manifest in lacking basic skills of everyday life: problems in paying the rent, difficulties in dealing with the authorities, inexperience in cooking and trouble keeping the home clean, as well as loneliness and lack of human relations or meaningful things to do.

2003 saw the beginning of a three-year pilot and development project in housing support (Keinot käyttöön arjen areenoilla, 'Making use of your means in everyday life'). Its target groups include housing policy special groups, which are also targeted by local mental health associations.

The primary goal is to break the vicious circle of social exclusion, support the person in coping with independent living and prevent them from falling through society's safety nets. The main form of support is tailored practical courses and group support promoting independent living and coping in everyday life, which complement the supported housing services produced by organisations and municipalities.



Gordila / Lauri Rokka

The starting point for this work is to outline the overall life situation of those supported together with them. They are given the opportunity to reflect on their lives and think about what constitutes a good everyday life for them. Working together emphasises the resources and opportunities instead of problems and obstacles in life. Rediscovering a focused attitude to life and working towards one's own everyday life targets with everyday means and with other people in a similar life situation encourages the supported person to take responsibility for his or her own life, boosts self-confidence and promotes the ability to live independently.

Working within a peer group creates a feeling of community and provides those sup-

ported an opportunity to form new human relations, as well as become aware of personal networks and widening them. The main thing is that the supported persons themselves rediscover their own motivation and meaningfulness of life and feel needed.

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A ministerial mental health conference

GUIDELINES for mental health work in Europe

IN JANUARY, countries from Europe and neighbouring regions adopted a declaration and action plan in Helsinki, for the continent's mental health policy for at least the next five years.

The action plan, which was negotiated beforehand with member countries, outlines the key commitments to promote mental health and prevent mental health disorders. The aim of the recommendations is to achieve significant improvements in the mental health situation in WHO's European region, which comprises 850 million people in 52 countries. The region suffers from many mental health problems and the world's grimmest statistics in suicides, alcohol consumption and neuro-psychiatric disorders.

Mental health problems are a major health problem in all European countries. They affect one in four families at some point in life. There is, however, a huge gap between the need and availability of care. On average, less than six percent of all funding available to health care is spent on mental health services, although 20 percent of all illnesses are mental health disorders. Depression alone accounts for more than six percent of all the illness in WHO's European region, yet many countries direct hardly any resources to treating it. The declaration was adopted by a ministerial conference held in Helsinki, Finland. Investment in the mental health of children and young people and the prevention of the stigma and dis-

crimination still associated with mental illness, patients and their family and friends emerged as key issues in the conference. Unlike previous international conferences, this one also saw the promotion of the mental health of the whole population as an objective. Governments were instructed to draw up national programmes to promote mental health.

The action plan includes 12 objectives, each of which is associated with numerous detailed actions. The countries which have adopted the declaration are committed to promote mental welfare, make mental health part of their health policy, take into account the effects of political decision-making to mental health, combat stigmatisation and discrimination, prevent mental health disorders and suicides, directing services according to people's life-situations, in particular recognising the needs of children and young people, families and ageing people, organising good basic health care and efficient outpatient care, increasing cooperation between different sectors in society, promoting the professional skills of people working in the field of mental health, securing information systems, sufficient and fair funding and latest research results to develop mental health work.

The conference, long in preparation, was organised by WHO, the Commission of the European Union and the Council of Europe in cooperation with the Finnish Ministry

for Social Affairs and Health. Finnish NGOs participated in the planning of the conference by highlighting issues they consider important and bringing in the grass-roots view. The third sector also influences the weight mental health is given in Finnish society. In addition to political decision-makers, the delegations of participant countries included mental health experts and representatives of NGOs.

Finnish NGOs organised a mental health event the day before the ministerial conference. Representatives of European mental health organisations were invited to participate. The NGOs compiled advice to give to the ministerial meeting. **Marc Danzon**, WHO Regional Director for Europe, hopes the NGOs will monitor how the programme is implemented in the countries committed to it.

NGO's for Mental Health

The NGO's presenting this message recognize the work that governments, WHO and civil society have done to put together this conference along with the Declaration and Action Plan to be presented and agreed upon here. We would like to present the following message to the Ministers present at this Conference:

1. Europe shall adopt the principles of human dignity and human rights to guide legislation, policy-making and implementation at all levels. This will require the enhancement of social inclusion, equality between people and the minimization of all non-voluntary treatment.
2. More economic and social resources have to be allocated toward empowerment, political participation and service provision by user, family and other civil society organizations.
3. Common values and social capital should be pursued through creating favorable environments and opportunities for every kind of skills, learning, participation and influence by all citizens.
4. Mental health is an integral part of the well-being of every citizen. It develops through interaction between the individual and society. Promotion of mental health must thus become an essential part of all policy. Support must be given to civil society to combat stigma and discrimination.
5. To achieve these goals, partnership must be developed between various stakeholders in society, including national, public, private and civil organizations.
6. It is essential to institute state-funded independent monitoring of legislation, policy and services as well as state-funded legal aid for users and family members.
7. To ensure the best practice of community-based care, resources must be allocated toward appropriate training of professionals and citizen organizations, utilizing the expertise of users and family members.

Together we can bring this common vision to reality.

Together for Better Mental Health -project

First regional mental health programme complete

FINLAND HAS 442 municipalities, but the trend is towards larger regional units. FAMH's project Together for Better Mental Health has participated in building the first regional pilot mental health programme. The cooperation partners included eight municipalities and a dozen or so organisations operating in these municipalities.

The programme emphasises the promotion of mental health and prevention of problems and disorders. Mental health is approached from the perspective of ordinary people, the residents of the region. The programme is based on the shared cornerstones of mental health in the region, which are

- paying attention to the social and physical environment in the promotion of well-being
- strengthening the independency and sense of community among the residents of a municipality
- safeguarding the prerequisites for a good childhood, youth and parenthood
- developing the region so that it supports wellbeing and is socially balanced

FAMH feels it is important to support municipalities and regions in drawing up mental health programmes that approach mental health from a wide perspective, not just from the point of view of mental health services.

The first regional mental health programme was launched in May at a mental health forum that brought together more than a hundred decision makers, opinion leaders and ordinary people in the region. The forum stressed that the region's residents' mental health can best be promoted and their problems prevented by cooperation by several bodies across municipal and administrative borders.

In future, FAMH will also help other municipalities and regions in preparing their mental health programmes. FAMH has published a booklet guiding municipalities step-by-step in drafting mental health programmes.

The mental health programme work in municipalities by the Cornerstones and Together for Better Mental Health projects has been accepted as a best practice in WHO's book *Mental Health Promotion – Case Studies for Countries*. The book was published in autumn 2004.

Mental health skills for everyone

THE FINNISH welfare society, the fundamentals of which are based on the Nordic welfare model, has undergone great changes in recent years. The changes are apparent not only in cuts in welfare services but also in a redefinition of responsibilities. The third sector, NGOs and individual people are increasingly called on to carry some of the burden.

The principles of equality, fairness, solidarity and safety have traditionally been the foundation of Finnish welfare policy. Now they are being phased out by economic viability and people's own responsibility, duties and risk-taking. Emphasising people's own responsibility is part of an ongoing development towards individualism, a development in which people are shouldered with an increasing share of looking after their own health. However, not everyone has the opportunity and means to take on this responsibility.

Mental health is a resource

FAMH's strategy for 2005–2007 takes a strong position on issues of welfare policy and raises a culture of caring as a counterforce to market and competitive culture to defend fairness, solidarity and responsibility.

Mental health is an essential part of welfare and in recent years it has increasingly come to be seen as a resource and the foundation of life. The concept of mental health has also detached itself from a disorder-oriented view and mental health is nowadays seen in a positive rather than negative light.

Mental health is also nowadays approached from a wider perspective, not just as an individual-oriented factor. People are gradually beginning to understand that structural factors in society, cultural atmosphere and communal and interactive factors also influence mental health. All of the above can either support and protect mental health or damage it.

Mental health skills to become everyman's skills

The emphasis on individual responsibility has also highlighted the need for mental health skills. In order to take responsibility for their own welfare, people need means and tools, in other words, mental health know-how. FAMH has developed this tool, mental health know-how, in recent years. Mental health know-how views mental health as a process of strengths and weaknesses. People usually steer this process themselves by living their lives and solving their problems and difficulties.

The process can encounter many disturbances which are not actual mental health disorders, that is, such that can be diagnosed. Rather, they are part of ordinary life, but they affect the steering of the mental health know-how process. In order for people to get their lives back on the usual track, a person needs information and skills to correct the steering process. Mental health know-how helps each of us to strengthen the protective factors of our mental health and to reduce or eliminate risk factors. Mental health skills do not mean mechanical application of information, rather, they require improvement of mental health know-how.

FAMH's Together for Better Mental Health project has put together a support and education package to promote everyman's mental health skills. The package provides first aid in steering one's own mental health strengths and weaknesses.

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Care guarantee takes effect

THE 'CARE GUARANTEE' enacted in spring 2005 in Finland defines the specified timeframes for access to non-urgent treatment in health centres and hospitals. From the beginning of March, a patient must receive the treatment considered necessary by a doctor within a set timeframe. Patients do not have the right to receive whatever type of treatment they want. In addition to setting time limits, the legislation aims at securing equal treatment of patients irrespective of where they live.

Specialists have prepared treatment recommendations for dozens of illnesses, but doctors must, however, take into consideration the patient's individual situation. Treatment decisions must not be based solely on a routine interview and the threshold for beginning treatment must not be too absolute.

Patients must be able to contact their health centre immediately by phone on weekdays. A health care professional assesses the situation, gives advice and, if necessary, makes an appointment within three days of initial contact. Treatment at the health centre will usually begin with the first visit. Examinations and treatment must be provided within three months.

Specialised medical care in a hospital, or, in some cases, a health centre, must be provided within six months. The set timeframe for mental health treatment to children and young people is, however, half that, three months. The need for specialised medical care in a hospital must be assessed within three weeks, either based on a referral or a visit to the hospital's outpatient department.

The legislation on the provision of care within specific timeframes was created to make access to treatment faster. On the other hand, it provides public health care with an excuse to keep people waiting longer, as a timeframe is set and patients cannot complain before the time limit is reached. Set timeframes for access to non-urgent treatment are a part of a wide-ranging national health project.

The first form of care guarantee was introduced in Finland in 2001. Specialist medical examinations in mental health care of children and young people must be provided within three weeks of a referral and treatment within three months.

Favourite spots of children and adults

ACCORDING to a Finnish study, looking at a natural landscape reduces stress and increases feelings of wellbeing, friendliness and joy. A FAMH project to create a new sense of community in support of mental health studied whether children's and adults' favourite spots differ from each other.

The greatest difference is probably that adults often seek a natural environment and peacefulness in a landscape while children prefer environments that also encourage activity and exercise, such as sports fields. Growing children get to know the world and themselves mainly through physical experiences, by moving about, while adults do it inside their heads, using their life experience.

The project lasted three years and was implemented in two Helsinki suburbs. The aim was to promote mental health by strengthening the sense of community and one's love for one's home district.

The connection between the environment and mental health was studied and promoted among preschoolers and fifth-graders in both districts. The younger children drew and the older ones photographed their favourite and least favourite places and wrote an essay on them. This produced new knowledge on children's environmental conceptions.

The sense of community was also promoted and the home district made more familiar through civic journalism. Residents in the area were offered the opportunity to take a course in making radio programmes. After the course, the participants could make radio programmes independently on topics of their choice.



FAMH against honour violence

A NETWORK is being established in Finland to prevent violence associated with the honour concept. The aim is to create a system that could intervene as soon as there is a threat of violence.

In Western countries, the police are usually the only authority that can prevent honour violence. However, the police are seldom the first ones to hear about a threat of honour violence, therefore it is necessary to spread information as widely as possible on how to act and who to contact when a threat is discovered, for instance in a school, place of study or the social services. Honour violence is a topical issue, which Finland is attempting to tackle, says **Lena Bremer**, whose job as a specialist at FAMH is to monitor immigrant rights and human rights issues.

FAMH is the Finnish partner in an EU project creating a network and training people to spread information on honour violence. Even the concept 'honour' is problematic because the word has different meanings and connotations in different countries. The project is administered by the Swedish foundation Kvinnoforum – Women's Forum. The other partners are Germany, the Netherlands, Cyprus and Bulgaria.

TOO MANY children are left alone with their grief. Many of us carry unprocessed childhood sorrow, which continues to be processed even when we are adults.

A child's grief is easily buried under an adult's pain even though we know that even infants react to bereavement in the family. It is the adult's job to make room for children's grief while simultaneously attending to their everyday needs. But adolescents also need the support of a safe adult who is not in the depths of grief and is able to take the emotional reactions and excesses caused by grief in the young person.

Every death causes grief, but the shock is greater in the case of a sudden death than in the case when the death was expected and family and friends have had the chance to prepare at least in some way. In the case of a sudden death, accident or traumatic violence strong memories may be etched in the child's mind like an internal videotape and later be manifest as painful memories.

Today the media bring wars, natural disasters, fires and accidents within reach of children. They, too, can influence children's thoughts although they do not directly concern them.

Children also have a right to, and they must be guaranteed, the opportunity for sufficient immediate support. It has long been thought that children can be protected from grief and indeed, they must be protected as befits their age. Children grieve for what has happened through their thoughts and feelings. They draw, play, listen to stories or music. The most important thing is to give them the opportunity to process their impressions.

FAMH demands

A bereaved child needs support

Children hear, see and feel more than adults can even guess. It is not necessarily bad that children see a parent give vent to his or her own bad feelings, because children sense them anyway. Children must, however, be able to choose how much they take on and how.

Bereavement includes many different feelings. Most of all it is a loss. However, what is lost remains a part of the person's life. A loss can also become a richness and positive resource later when pain is not the foremost feeling.

Talking about bereavement, loss and death can be difficult for children as well as adults. However, a loss is also a challenge, which can turn into a deeper understanding and a resource by going through the associated grief.

FAMH HAS FOR YEARS focussed on supporting children and adolescents in bereavement. For instance, the SOS Center organises different rehabilitation courses for children

and adolescents who have undergone a traumatic life experience, such as the loss of a parent in an accident or through suicide.

The association has also published literature on the subject, previously missed even by professionals in the field. For instance, FAMH has produced a book *Surevan lapsen kanssa* ('With a bereaved child') together with a bereavement project of the Jyväskylä local association for mental health. The book aims at generating understanding, insights and relief to adults who participate in the processing of a child's bereavement, either as parents, family, friends or professionals. The book tells how to identify children's bereavement in different ages and developmental stages and how to support and help them. The same project also produced the book *Yhdessä suru on helpompi kantaa*, ('Together grief is easier to carry') which gives advice on establishing and running bereavement groups for children.



Gorilla / Jan Diemer

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The Finnish Association for Mental Health is a nonpolitical, voluntary public health organisation founded in 1897. It is the world's oldest mental health association and a founding member of the World Federation for Mental Health.

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