

NEWSLETTER



of the Finnish Association for Mental Health (FAMH) 2007

Time to act

for MENTAL HEALTH



AN UNDERGROUND organisation in its earliest years when Finland was still part of the Russian Empire, the Finnish Association for Mental Health (FAMH) helped patients in mental institutions to return to society after treatment. This work has since then expanded from material aid to overall help and support for people in mental distress.

Celebrating its 110 years, the oldest mental health association in the world invites both political decision makers and the public to take part in mental health promoting activities.

Decision makers are urged to:

- Launch both nationwide and local mental health programmes that will promote mental health and prevent mental health problems;
- Include mental health issues in the Government Programme;
- Take mental health impact into account in decision making;
- Create conditions for a good life for all people in Finland; and

- Strengthen the life conditions of particularly those in the weakest position, suffering from poverty and facing the risk of marginalisation.

The public are called by the FAMH to take responsibility for their own mental welfare and that of those close to them.

From the perspective of mental well-being and health, the ongoing disintegration of joint social responsibility, an increasing individualisation of life and the change in the policies of the Finnish welfare state are all major social upheavals. In practice, this means that people are forced to take an increasing level of responsibility for their own lives and their own well-being and mental health, even when they do not have the skills, knowledge or resources to do this.

FAMH also provides tools for decision makers and the public to meet these challenges. Decision makers and professionals in various fields are offered solid information on good practices for the promotion

of mental health and for the creation of local mental health programmes to support people's well-being. For the public, the FAMH has developed courses in mental health first aid and launched a campaign to promote a sense of community.

Your time is more valuable than anything else you could give

A number of studies show that being part of a community has a significant positive impact on people's mental well-being and health. Being part of a community helps people to trust each

other and gives them a feeling of security and a sense of belonging. Studies have also shown the huge importance of having another person's support in both the joys and the sorrows of human life.

On the year of its 110th anniversary, FAMH encourages people to give their families and friends their time rather than buy gifts for them and wishes to send this message to everyone: Keep in touch with the people close to you – you can help them and they can help you.

**New Executive Director
for the FAMH**

Page 3

**Mental health first aid
as a new civic skill**
Many reasons to live

Page 4

Page 6

**The Finnish
Association for
Mental Health
110 years**



Mental health needs support from political decisions

The Mental Health Declaration for Europe given by the WHO European Ministerial Conference on Mental Health in Helsinki in 2005 urged EU countries to invest in the development of mental health work. An EU Green Book of the same year sought to continue the public debate and to create a foundation for a European mental health strategy. Indeed, 250 different parties have offered their comments. Both documents set their central goal as supporting the mental well-being of all citizens.

Mental health is also seen as a success factor for a nation. In order for the positive development, which is considered so important internationally, to be fully realised in Finland, the FAMH feels that the wide field of mental health work should focus on creating a basis

for a good life for everyone. This requires breaking away from the traditional medical model of mental health work and the illness-centred conception of mental health. The FAMH stresses seeing mental health as a strength and a resource that can be promoted and maintained by people themselves. However, political decisions have to create a framework for it as decisions affecting education and job opportunities, people's economic livelihoods, living conditions and a safe environment all have an impact on mental well-being.

This spring, the Finns elected new political decision makers to the Parliament. It was an important opportunity for mental health organisations to influence people. The FAMH has proposed including the promotion of mental health in

the Government Programme. The national mental health pool, comprising central mental health actors, feels that immediate efforts should be made to improve the prerequisites for a good life for those in the weakest position, in poverty and at risk of marginalisation and not feeling well mentally. The goal should be the eradication of poverty.

The FAMH has for years had a direct contact with MPs through an advisory board on mental health policy, which includes two MPs from each political party. Together with the advisory board, the FAMH has expressed its opinions on such things as the treatment of elderly people's depression, the status of family members who care for an ailing relative, and hidden queues for psychiatric care,



Jussi Salonen

which make it more difficult for mental health patients to get help and which hinder receiving sufficient resources for mental health work.

Finland is preparing a national mental health and intoxicant programme. The FAMH has a representative on the preparatory committee. The *raison d'être* of the programme is to allocate resources to mental health services, but, without determined efforts to promote mental health, the actions will always be running behind as the problems are already at hand.

KRISTINA SALONEN

kristina.salonen@mielenterveysseura.fi

Towards PEACE OF MIND



TREAT those around you as you would have them treat you. Be open and fair.

SPEAK the truth even if it won't make you popular. Avoid using truth as a weapon to hurt others.

REMEMBER that giving up something requires more courage than demanding it. Often when we give something up we will gain something more important instead.

OPEN your eyes to the wonders of everyday life and the beauty of the moment. Notice the things that are so close that you seldom see them.

CONFRONT yourself with an open mind and allow yourself to rejoice in your own madness. Do not deny your own feelings of anger or envy, either.

LOVE yourself as much as you love those you love the most. Love fearlessly no matter how afraid you are.

THINK big, act small and decisively. The world is as large as your mind.

CARE for everything that grows and carries the seeds of change within it. Understand that the sacredness of life is absolute and indivisible.

LIVE your life to the full right now, in this very moment. The past is gone and the future is still unknown.

CLAES ANDERSSON

Chairman of the Council of the Finnish Association for Mental Health

New Executive Director for the FAMH

Marita Ruohonen wants to make the fostering of mental health a new civic skill

THE BASIC CONDITIONS for a good life should be guaranteed for all people. This would also contribute to a foundation for increased mental well-being. This is how Marita Ruohonen, the new Executive Director of the FAMH, sees the challenges that face both society and her own organisation.

When Marita Ruohonen took up her position last autumn, she was struck by how blurred the division of responsibility in the field of mental health promotion actually is. "Mental health is commonly perceived along the continuum of health and illness," she says. "As a result, things that have to do with everyday life and survival are automatically foisted onto the shoulders of social and health-care services, even though the majority of solutions that actually promote

mental health are implemented by other sectors of society."

Ruohonen also calls for fostering mental health as a general civic skill. Everyone can foster their own mental well-being and that of the people around them by their own actions. She also feels that it is important that we rediscover and create a new sense of belonging.

Having worked for 30 years on social issues, the prevention of poverty and marginalisation have been particularly close to Marita Ruohonen's heart in all stages of her career. "A secure livelihood is one of the basic requirements of mental health and a good quality of life. It is important that here, too, Finland participates in globalisation discourse, which extends beyond our borders. We are ul-

timately responsible for the entire planet, and responsibility cannot stop at the borders of any one country," she says.

Marita Ruohonen has twice served as the chairperson of the European Anti-Poverty Network in Finland, and is currently an active member. The Finnish network currently counts about 30 Finnish civic organisations among its members.

Marita Ruohonen has also thrown herself actively into European mental health work. In spring 2006, she was elected to the Board of Mental Health Europe.



Pirkko Lahti:

Understanding other people is just good manners

A GOOD DIRECTOR is the best possible advertisement for a mental-health organisation. Pirkko Lahti, who retired in autumn 2006 from her post as the Executive Director of FAMH, fulfilled and exceeded the criteria of a good director: she is widely known as an influential public personality, a promoter of mental health and mental-health knowledge and skills, a helper of people in difficult personal circumstances, a sup-

porter of mental-health rehabilitation, and a familiar presence in international arenas.

In the course of her 25 years in FAMH, the Finnish public learned to know Pirkko Lahti first and foremost as someone whose goal was to make mental health an everyday concern. Travelling across the country, she advised people, both young and old, to nurture their mental well-being, to hold on to

hope and the enjoyment of life, and to care for the people around them. According to Pirkko Lahti, mental health and mental illness should be discussed in simple, everyday language, because mental health is ultimately about ordinary things in the lives of ordinary people.

Pirkko Lahti is a firm believer in the adage that knowledge opens the mind. Knowledge can explain and resolve many uncertainties and quandaries. And the best way to ensure that knowledge hits home is to learn it through personal experience. Before retiring in September, Pirkko Lahti saw her big dream come true: in 2006,

FAMH launched a new kind of training scheme for psychological first aid, which aims to raise the status of mental health into a civic skill, so that people could understand themselves, other people and their community better.

During the last ten years in international mental health work, Pirkko Lahti became a familiar face for countless partners and collaborators. She worked in several positions of trust, including as the President and Member of the Board both in the World Federation for Mental Health and in Mental Health Europe. She also worked in World Health Organization co-operation schemes.

Mental health first aid as a new civic skill

FINLAND is one of the first countries in the world to launch first aid training focusing on mental health. The training is divided into two parts:

1. Mental health first aid as a civic skill for promoting mental health;
2. Identification of and first aid for mental health disorders.

Life can pose many exhausting challenges for us. Many of us have to meet these challenges at the expense of our own well-being. What we therefore need is to learn to:

- Identify elements that support mental health and strengthen their role;
- Identify elements detrimental to mental health and mitigate their impact;
- Increase our own well-being and that of those people closest to us and our ability to cope with crises.

The basic training package launched by the FAMH last year to introduce mental health first aid as a civic skill is based on the idea that each of us can strengthen our mental health skills and adopt a more open attitude towards mental health issues. The courses help participants to have the courage to care for and support other people and increase their strength to cope with problems, crises and setbacks that are all part of life. Participants will learn to boost their own resources, feel encouraged to look after their own well-being and that of those close to them, deepen their knowledge of mental health

and its disorders and the main factors affecting these, and gain tools to look after their mental health.

The training deals with good mental health and ways for the participants to look after their own mental well-being and to support other people. Life's crises are discussed from the perspective of survival and coping, with discussions on how to talk about difficult matters, how to support people going through crises and help their friends and families cope, and when to turn to professional help. Other themes include self-destructive behaviour and suicide, loneliness, losses and grief, sexuality, well-being at work, and mental health disorders.

These first aid courses are offered by the FAMH's Mental Health Academy both independently and in co-operation with local mental health associations, crisis centres and other partners.

Basic courses (each consisting of 16 hours of contact training and an in-depth assignment) are open for all who wish to maintain and improve their own mental well-being and coping ability and those of their friends and families. Tailor-made basic courses are also offered for workplaces. Instructor training (24 hours of contact training, in-depth assignments and instructor practice) is aimed at professionals in the social services, health care and education sectors, and those who have extensive experience in voluntary work and peer education.

The first part of the training in first aid is based on a handbook pub-



lished by the FAMH, compiled of experiences and views gathered by the association over several decades (Heiskanen, Tarja – Salonen, Kristina – Sassi, Pirkko: *Mielenterveyden ensiapukirja* ('Mental health first aid'), 2007).



Identification of mental health disorders and first aid

The second part of the training is based on a model originally developed in Australia, which has made identification of mental health disorders and training based on first aid a concrete tool for helping people with mental health problems. The goal of the training is to increase public awareness of mental health, remove prejudices related to mental health disorders and encourage participants to support people with mental health problems.

The purpose of the second part of the training is to:

- Protect life if there is reason to suspect that people will hurt themselves or others;

- Offer help to prevent mental health problems from becoming any more serious;
- Promote the achievement of good mental health and support personal strengths and resources;
- Direct a person to seek professional help if necessary.

This training, too, is aimed at all those who are interested. No specific background or education is required from anyone who wishes to enrol on a course. Each of these courses takes a total of 12 hours, with the concept of mental health, depression, self-destructiveness and suicide, anxiety disorders, psychoses and substance addiction as the main themes.

This part of the training is provided by the Pohjanmaa project, which develops mental health and drug-related work across western Finland. In the future, this part will also be provided by the FAMH.

The manual used in the training has been published by the FAMH (Heiskanen, Tarja – Salonen, Kristina – Kitchener, Betty – Jorm, Anthony: *Käsikirja mielenterveydestä ja ensiavusta* ('Manual for mental health and first aid'), 2005). Research Professor Kristian Wahlbeck was consulted as an expert in psychiatry for adaptation of the manual to Finnish conditions.

Many reasons **TO LIVE**

EVERY YEAR, about one million people commit suicide worldwide. A life ends every 40 seconds. 10 September, named the World Suicide Prevention Day by the WHO and the International Association for Suicide Prevention, IASP, once again reminds us of the gravity of the problem. The FAMH also observes the day.

Committing suicide can be a momentary error of judgement, which results in losing everything. Someone who has reached a dead end in his or her life does not see beyond the hopelessness. Suicides can, however, often be prevented if prospective suicide victims can be offered other alternatives in their deadlock situation. In its press material, the FAMH also draws attention to the fact that people who have attempted suicide are still

not actively offered or suggested mental support. Instead, he or she is sent home after physical help. Because it is not an illness and the patient is still alive, it is thought that enough has been done. Suicide attempts are, however, often preceded by untreated or inadequately treated depression, which sometimes is a fatal disease if ignored.

The FAMH also pointed out that the family of a suicide victim is also in the danger zone, their suicide risk is greatly increased. The distress and suffering of the family can be alleviated by various supportive actions and peer support. The FAMH's professionally supervised peer support groups offer this support for the family and friends of suicide survivors and victims.

The grief and distress felt by children and young people often go unnoticed and unsupported after a suicide in the family. The suicide of a parent can be insuperable, particularly for a child if he or she does not receive appropriate support. Rehabilitation is also often necessary to restore the ability to work or study after a traumatic experience. On World Suicide Prevention Day, the FAMH published a guide booklet to support adults and children in the grief-stricken situation after a close person's suicide.



A series of posters by the 6G group of Finnish graphic artists, published on the Night of the Arts festival in Helsinki, also dealt with the day's theme, taking a stance for life against suicides. The ex-

More than A MILLION CALLS in ten years

LAST YEAR, the FAMH's National Crisis Helpline took calls from 45,300 distressed people. As there is only capacity for one-third of the calls, the actual need for help was three times higher. During the past ten years, over a million calls have been received by the helpline.

The helpline's primary task is to help and support. But it can also be seen as a radar device that picks up signals of human distress and gives an overview of

the state of Finnish society and its impact on people's well-being and mental health.

These calls are about relationship problems, mental health problems, mental illness, problems at work or at school, or suicide. They reflect the ruthlessness of today's working life, the insecurity of temporary employment, exhaustion, financial distress, and loneliness. An increasing percentage of callers are men whose wives have left them or who are facing lay-offs, are no long-

er confident about their future income or suffer from serious illnesses or self-destructive thoughts.

Volunteers: the backbone of the service

The helpline run by the FAMH gains no financial profit from helping people. The call centres are currently based in 17 towns, with a total of 700 people taking incoming calls; 650 of whom are volunteers trained as support persons.

The National Crisis Helpline is run by the Helsinki SOS Centre, 13 other crisis prevention centres and three local mental health associations. Most of these close at about 9 pm, with the Helsinki staff carrying on for the rest of the night on five nights a week. Midnight, however, is often the most critical time to receive calls. As a busy day slows down in the evening, many people give in to anxieties that have been pushed aside during the day, says Jaana Paasu, co-ordinator for the crisis helpline.

Volunteers working as support persons are the backbone of the hel-

hibition, realised in co-operation with the FAMH, toured other parts of Finland.

Collecting information will result in a book on suicide

The work done around the world to prevent suicides proves that the effort is worthwhile, suicides can be prevented. However, the work continually needs new methods and approaches.

The FAMH introduced suicide prevention to Finland 37 years ago

when it launched a suicide prevention centre, today the SOS Centre, in Helsinki. In order to develop its own services, but also to send the message of public health care and to wake up people to think about how suicides can be prevented, and whose responsibility it is, FAMH has implemented a phone and Internet campaign to record Finns' experiences of suicide. Experiences of how someone who has considered or attempted suicide has received help and support and how family or friends have received support after a suicide or suicide attempt by a close person.

The responses sent a variety of messages. The reasons for suicide were seen in work, unemployment and issues with financial security, problems in human relations, psychiatric disorders, depression in particular, and issues connected with loneliness, insecurity and a feeling of being unwanted.

The key aspects of suicide prevention that emerged in the responses were early access to care, the quality of care and how people are treated, talking with and caring about the people close to you, treatment of depression, and people's attitudes. Getting help

was often deemed difficult. Either help was not available or it came too late. The attitudes of care personnel were also mentioned and many were worried about the fact that it seems that people's distress is not taken seriously. Many had received help from the people close to them, and from peer support and other groups.

The attitude towards suicide survivors and their family and friends was two-fold. Some felt that they had received support and understanding, while others felt that they were despised, stigmatised and made feel guilty.



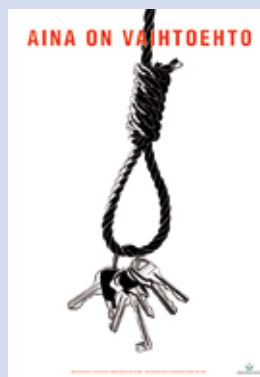
Kari Piippo



Jaakko Vanto



Eero Heikkinen



Keijo Vuorinen



Esa Ojala

pline organisation; without them, the service could not exist. Most of the volunteers are also highly committed to their work. A career of more than twenty years on the helpline is not unusual – one of the volunteers has been doing this for 28 years.

A pay-per-minute therapy service was also recently launched in Finland by another operator. Jaana Paasu is not sure whether that can actually be called therapy on the phone or merely help with a few elements of therapy thrown in. "It's certainly expensive. For two euro a minute, a half-hour call – which is practically the norm among our cli-

ents – would cost 60 euro. This type of service can only be used by those with a lot of money to spend."

A decline in suicide rates

A total of 994 suicides were recorded in Finland in 2005. Of these, male suicides numbered 724 and female 270. Suicide rates had been constantly growing since Finland gained independence in 1918 and peaked in 1990 at 1,520. Since then, suicide rates have been declining.

Despite the decline in suicide rates, however, the helpline's everyday work has remained unchanged. People's distress and

suicide attempts are still a very common topic among the callers. Jaana Paasu is unable to explain why, but one of the reasons may be that suicide is discussed more openly today than before.

Accurate data on whether the rate of suicide attempts has actually gone down are impossible to obtain from the helpline or indeed from any other organisation. However, it is a fact that several dozens of suicide attempts are recorded every month in the Helsinki Metropolitan Area.

According to a number of accounts, people taken to hospital

after a suicide attempt have simply been sent back home after having their stomach pumped. The national helpline, on the other hand, will not let go of the callers that easily but wants to know more about their situations, discuss their options and, above all, tell them that they are not alone.

The crisis helpline number is **0203 445 566** and can be called at these hours:

Mon 9 am – 10 pm
Tue–Fri 9 am – 6 am
Sat 3 pm – 6 am
Sun 3 pm – 10 pm

Mental balance as a source of strength

IN HEALTH EDUCATION classes last autumn, about five hundred seventh-year students at comprehensive schools in the Helsinki metropolitan area embarked on a project to help them to identify and recognise their own strengths and emotions and their ability to interact with other people. This four-year project was launched by the Finnish Association for Mental Health, with teachers of health education taking on an important role as well; parents, too, are invited to participate.



Introducing health education

A new subject common to all Finnish school-children is health education, which will be taught for about 110 hours in the 7th, 8th and 9th years of comprehensive school to students aged 13–16.

Teaching health education has a multidisciplinary knowledge basis, with health conceived as physical, mental and social functioning capacity. Personal well-being is seen as a balance between all dimensions of health. The starting points for education in this subject are the everyday life of children and teenagers, their growth and development, and the human life cycle. Students' skills and knowledge related to health, lifestyle and health-related habits will be developed, as will their capacity to learn new skills and to act to promote the well-being of both themselves and others. Health education will support their functional and participation capacities.

This project on mental health skills for the everyday lives of children and teenagers, or the OK project, is based on the needs of school life. It entails an approach – a rather novel one, even by international standards – of seeing mental health as a solid combination of personal resources that can be added to and applied throughout life. Because childhood and youth are a unique and valuable time of countless opportunities, it is vital to support and strengthen resources related to mental health at these ages.

The purpose of the OK project is to create a goal-oriented operating model and education package for health education for each age group, or Years 7–9 in comprehensive school. The aim is also to reinforce teachers' professional skills related to promoting and supporting mental well-being through both continuing education and on-the-job learning. A third aim of the project is to build long-term collaboration with the parents to support students' growth and development during their last three years at comprehensive school and thus give them a stronger sense of community.

Mental exercises for stronger mental health

The themes of health education in the seventh year include the stages of growth and development, the uniqueness of childhood and youth, support

for self-awareness and mental and social skills, and personal life values, with all these examined from the perspective of 13- to 14-year-olds. Mental health will also be discussed in relation to resources and skills. Other themes related to supporting young lives are the rhythm of everyday life, close relationships, problem sharing and a safe living environment.

The themes and subject areas for health education will be expanded and deepened for the 8th and 9th years as students get older. At that stage, new themes will include the identification of positive and negative factors for mental well-being, media literacy skills, and mental health, sexual health and mental well-being, crises typical to youth, and the perception of mental well-being in different cultures and communities.

During these three years, students will gain an overall picture of the various elements of mental well-being, and they will gather material, assignments and information in their own personal growth folders.

A broad collaboration network

The project is based on a holistic approach that supports children's life skills and well-being and is founded on everyday school life through collaboration between the various experts (principals, teachers, other staff, students and parents).

The National Board of Education is a major partner in this project, and the knowledge and experience gathered under this project and the operating model for mental health skills developed for and tested un-



der this project will become a part of basic education in health education nationwide.

The project will be monitored and evaluated, for instance, through feedback from teachers, students and parents taking part in the pilot study, MA theses at the universities of Helsinki and Jyväskylä, comments from the multi-professional steering group and participants' self-evaluation.

Training of the health education teachers at the pilot schools has been an important part of the project from the beginning. There will also be a peer support group for teachers, which will meet regularly to allow them to share experiences, feelings and thoughts concerning their everyday work. Being heard, listening to others and finding peer support within work supervision can give teachers new resources, help them cope better and inspire them.

Each pilot school began collaboration with parents and parents' associations through discussions. Examples of this are discussion nights for parents on the theme of support for children's well-being and their feeling of security during their last three years at comprehensive school. Later on, there will be activity events for parents where the students will perform drama and music and serve refreshments. These joint activities will provide a setting for discussions on perspectives to resources, dialogue and coping.

Rehabilitation promotes health and improves capacity

People who find themselves in difficult life situations can receive customised rehabilitation from the FAMH. Rehabilitation aims at promoting mental health, preventing illness and marginalisation and at improving the occupational and functional capacity of clients. Rehabilitation is a professionally guided peer-group activity where meeting others who have been in the same situation is of prime importance.

ANYONE can end up in a challenging situation where they need external assistance in order to cope. The FAMH arranges rehabilitation for groups that generally receive no support from public services. The rehabilitation groups include family and friends who were close to someone who has committed suicide, parents whose child has committed suicide, family and friends who were close to a murder victim, women who experienced sexual abuse during childhood and bereaved children.

Traumatic crisis courses aim at assisting participants to cope and manage, and they endeavour to prevent the prolongation of the crisis. These groups provide a safe forum for participants to air their feelings. Alongside professional support, participants have the opportunity to talk with others who are in the same boat and who know exactly how the other person feels. It is inadvisable to treat acute trauma too early in a rehabilitation course. In several cases, support with coping is most effective when given six months or one year after the event.

Mental health disturbances are also clear from the demand for courses. Courses have offered support to mental health patients, the children of parents with psychiatric disorders and patients suffering from depression.

Families are grappling with change

The concept of the family has undergone change in Finland over the

years. Grandparents and other relatives may well live in different localities. Small and expensive homes discourage gathering in the same place. Work or studies may well take a family to an unfamiliar town where establishing roots is difficult. Families are burdened by unemployment, intoxicants and drugs as well as by single parenthood and mental health problems. The FAMH provides rehabilitation courses for groups such as young bereaved people, most of whom are women, and their children. A family may have lost the father through suicide or due to illness or an accident.

Students and other young people need help if their studies feel overburdensome, if the place where they are studying or working feels threateningly strange or if their relationships with other people are a source of concern. Mildly depressed young adults have their own specially designed courses that seek to rekindle a lost zest for life and strengthen emotional reserves. Discussion, drama, writing, other creative approaches and exercise are used to help.

Courses for unemployed people aim at maintaining their occupational capacity and help them to seek additional activities to prevent the monotony. Loneliness, the lack of activities and the seemingly pointless search for employment can potentially marginalise or lead to substance abuse and mental health problems. These courses take the situation of the entire family into consideration, especially the effects of unemployment on children.

Immigrants arrive in an alien culture

The number of immigrants in Finland is constantly increasing. Most immigrants originate from across the border to the east, from Russia, as well as from the Baltic countries. Most immigrants from Africa are Somalis.

Customs, culture, the concept of the family and the standard of living bring about immense changes for many immigrants. Adults observe their old customs, and they also want young people to adopt them. Children and young people are caught between two worlds. Home clings to the ways and customs of the country of origin but school and the circle of friends prepare them to assimilate Finnish westernisation. This cannot happen without conflict.

The fact that not all cultures are used to seeking professional help adds to difficulties. Problems are dealt with within their own circle. Mental health problems in particular are awkward to discuss, even within one's own family. A particular course has been dedicated to Somali fathers, during which they learn to understand the differences between Finnish and Somali culture. Finnish is the working language but an interpreter is present. One of the counselors is a Somali consultant on immigrant work.

The roles of fathers, mothers and children are different in Scandinavia and Africa, and the concept of the family differs. Living with a foot in two cultures places challenges on a family, and it is good for the father to be aware of these because Somali culture designates him as the head of the family. The groups also provide a forum in which to talk about language problems, equality, job opportunities, the life of young people in Finland and racism.

Somali boys have their own group that deals with cultural differences and education along the same lines as the group for fathers. These get-togethers culminate with a day out together.

Care guarantee does not benefit mental health patients

THE CARE GUARANTEE, adopted in Finland two years ago, does not secure sufficiently fast access to care for mental health patients. The care guarantee applies to non-urgent care but most mental health care needs are urgent. The FAMH feels that access to psychiatric care should be faster than prescribed by the law. Long waiting times also make the recovery prognosis worse. The national mental health pool is also concerned about the fact that the service structure reform is being planned on the terms of administration and economy, not taking into account the people in need of help. In addition to care, mental health patients often need long-term support and aid from the social services.

Crisis counselling at fairs and exhibitions

Recovery from a crisis requires time and strength. Crises are, however, part of life, not illnesses, although professional help might sometimes be in order.

A BROKEN heart is also not always caused by an illness but by ordinary everyday life, losses and feeling sad.

The FAMH brings crisis centres close to people at health fairs and exhibitions. The Broken Heart Crisis Centre has already been tested at a few fairs and the results have been positive. In the same context, the FAMH's crisis workers have also given short talks about separation and loss. The stand next to the crisis centre has introduced other FAMH services and products.

Mental Health Prize awarded to Professor Emeritus Antti Eskola

SINCE 1994, the FAMH has awarded an annual national Mental Health Prize for raising issues and implementing actions that promote mental health in one's own life or in that of society at large outside the field of professional mental health care.

The 2006 Mental Health Prize was awarded to Professor Emeritus Antti Eskola, a pioneer in Finnish social psychology.

There are several grounds for the prize. Eskola actively participates in public debate on the values of our society and people's welfare. He has addressed issues that interest NGOs by studying the ethics and relationship between volunteer work and professional work. In an ageing Finland, Eskola has ignored the limits imposed upon elderly people. Instead, he has taken a critical look at them and demanded the right for everybody to live their lives to their full potential.

THE FAMH stresses all children's right to school education. Even in Finland, children without a residence permit, including asylum seekers, do not automatically have the right to attend school. Nevertheless, school education is an important part of a child's life and future and is essential for a child's healthy development.

Comment of the FAMH on the implementation of the United Nations Declaration on the Rights of the Child.

In praise of madness

IN ITS OPERATIONS, the FAMH stresses the links between art and mental well-being by participating in various forms of cultural co-operation each year. An example of this was seen last summer when old art created by mentally ill patients and new art produced by today's young contemporary artists were brought together at an exhibition held in a former psychiatric hospital. The collection of art created by former patients of Nikkilä Hospital has considerable historical value as it is exceptionally extensive by Finnish standards and covers a span of several decades. Five talented young artists were invited to participate in the exhibition, which had been given the title 'In Praise of Madness', and they were asked to choose from among the 10,000 works those that appealed to them most and have their own works displayed side by side with these.

Last year's exhibition was a huge

success and will be followed by another one this summer, which will consist of portraits and handiwork by the patients and other interesting objects. Highlights of the exhibition will include handiwork by the 'Princess', a patient who spent more than half a century at Nikkilä. The title of the exhibition – 'The mind of a Princess and half of the kingdom' – can be regarded as a tribute to her.



The Leaning Tower

WHAT CAN today's world offer to people who are different? Is there any place for them? If the world is divided into two parts, what becomes of those who belong to neither one nor the other? Is anyone today really able to listen to others?

Johannes is a kind man who suffers from a life-curtailling personal

disorder. The Leaning Tower is a film about what it is like to live from day to day without being able to distinguish between what is real and what is not.

Mental illness, the pros and cons of care systems, and the persistent attitudes towards mental health patients, their families and their rehabilitation need to be discussed in all forums. Art and culture are an excellent way to raise public awareness, to facilitate identification and to give new insight to people whose lives have perhaps not yet been touched by mental health problems.

The FAMH was one of the co-operation partners when the message of Timo Koivusalo's film was sent out to all Finns. This partnership also involved the world premiere of the film on 11 October at the World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders in Oslo, Norway.



NATIONAL MENTAL HEALTH POOL

FOLLOWING an FAMH initiative, the central actors in the Finnish mental health field established a national mental health pool.

The pool aims at promoting people's mental health and improving the position of those in need of mental health services, and of their families and friends. The aim is to improve the working conditions in mental health services and mental health work, and to take mental health into account in all decision making in society.

In addition to the FAMH, the members of the mental health pool include associations representing mental health patients and consumers and their families, and approximately a dozen professional organisations in the field. The permanent expert organisations in the pool are the National Research and Development Centre for Welfare and Health (STAKES), the National Public Health Institute and the Finnish Institute of Occupational Health.

During its first year, the mental health pool has commented on the availability of psychiatric care and called for the inclusion of mental health issues in the Government Programme.

How does one tell a child about suicide?

Every child has the basic human rights of physical and mental integrity and safety. Our responsibilities and duties in this respect are laid down in the UN Convention on the Rights of Children. However, we tend to emphasise the importance of children's physical protection at the expense of protecting them from emotional violence.

THE SUICIDE of someone close is a form of violence. Whether or not we discuss this issue with the child, he or she will experience the event in some way, and will carry it inside him or her forever. Until now, it has been thought that children do not understand matters related to death and that we need not talk about death with them, unless they specifically ask, as if somehow childhood would provide some magic strength to remain intact.

The suicide of a close person arouses a multitude of feelings, ranging from one extreme to another. In this situation, the grief is stronger and longer lasting than in other types of loss. Children express grief differently from adults. On the outside, it may often seem that all is well, the children play, and it may look as if the loss has hardly touched them at all. But the reality is that although the children may not be able to express their feelings, it does not mean that they do not exist.

Children imitate adults when learning how to express grief and other emotions. They describe their grief through behaviour and action rather than through words. This may be manifest as regression, withdrawal, anger or, exceptionally, as being extremely well behaved.

It may be hard for parents to find words when talking about suicide. It is important that the child's age and development are taken into account. Children should be told the necessary information honestly but without unnecessary details. It is also important that the child's security is guaranteed, that daily routines are not interrupted.

Adults may also often wonder if such a traumatic event as suicide can be discussed at all with a child. This is partly caused by the fear that talking about suicide might harm the child and make the situation even worse. Telling the truth, however, will help the child to get through the grieving process.

Sometimes parents think it best to wait for a while, until the right moment comes or the child is old enough.

Prolonged, however, things will only become more complicated, so it is best to discuss the loss immediately. A secretive atmosphere at home only adds to the child's sense of insecurity. Things that are not talked about and secrets will fuel the child's imagination and he or she will fill in the possible gaps with fantasy and stories. If it is too difficult to talk to a child about suicide, it may be a good idea to ask another, reliable adult to be present and help in the situation.

Older children may accidentally overhear about the suicide from neighbours or friends. It is vital for the child to be able to trust the remaining parent or adult, that he or she will speak the truth. When children are allowed to know the truth, paying appropriate respect to their age and ability to comprehend issues, they can work together with the family in going through the grieving process and recovery.



This spring the FMHA collected people's experiences about suicide and asked them the following questions:

- Had the person who planned or attempted suicide received help and support and how?
- Have you personally received support after a suicide or attempted suicide of a person close to you, and how?

At the same time, the FMHA wanted to raise the debate on how suicides could be prevented and where responsibility for this lay, given that it is also a problem that concerns all of society.

The national Suicide Can Be Prevented campaign ran from 3 to 9 April using both the phone and the Internet.

During the campaign, the Freephone service was staffed by trained volunteer support and crisis workers, who also work for the crisis helpline and were therefore able to assess the caller's situation and the possible need for further help and support. Following the campaign, the SOS Centre prepared to start professionally supervised groups for those who have attempted suicide and for the friends and relatives of those who have committed suicide.

The material accumulated during the campaign will benefit suicide prevention work and it will also form part of a book to be published in spring 2007.

COPING WITH HAPPINESS

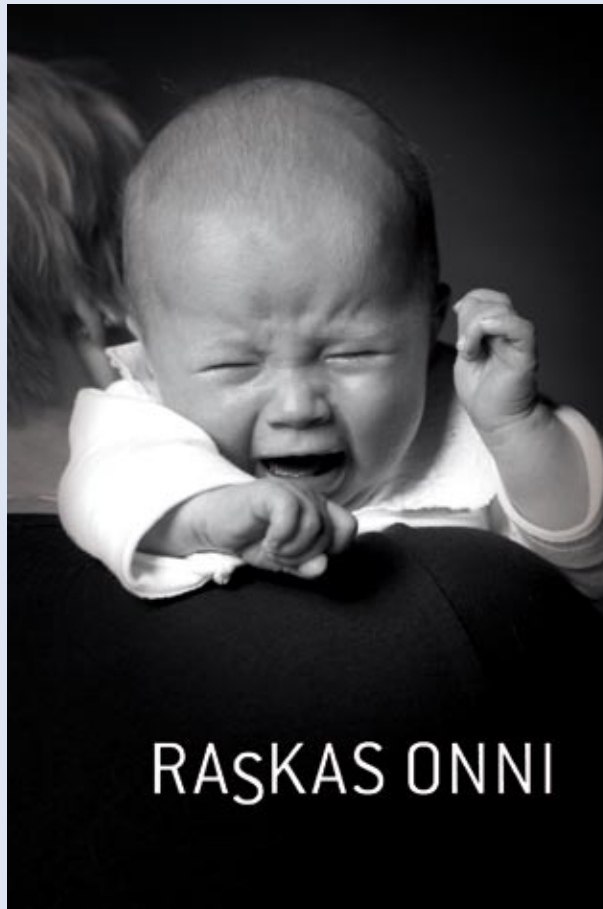
Happiness is not always a given, even at the best moments of life. Each year, up to 10,000 Finnish women contract postnatal depression, and only a few of them have the strength or courage to seek help.

ANY WOMAN having given birth can have postnatal depression. It can emerge either suddenly or slowly, getting gradually more severe. Previous bouts of depression or other mental problems are common with mothers suffering from postnatal depression. Changes in life situations and radical drops in hormone levels after childbirth can also be significant factors. Usually, postnatal depression emerges a month or two after the childbirth, but sometimes the symptoms will show as much as an entire year later.

A prolonged depression is not unusual either, and one in four mothers is still depressed when the baby turns one year old. The worst cases may develop into postnatal psychoses that will always require hospital treatment.

Because the birth of a new baby is usually a happy event with lots of hopes and expectations attached to it, mothers will find it difficult to talk about any negative feelings that they may have or about their exhaustion. They will feel guilty and think that no one else feels the same way.

For all children, a warm, safe relationship from birth is vital. If the mother is depressed, the baby – and all the other



children in the family – is exposed to her depression as well. A depressed mother is physically present but emotionally absent. For any baby, whether newborn or a little older, mere mechanical care is not enough. In order to thrive, the baby will need to be held by the mother and interact with her; the baby needs her gentle touch, responsive talk and voice, her sensitivity to the baby's needs and her ability to respond to them promptly.

On World Mental Health Day, the FAMH launched a campaign entitled 'Coping with Happiness' to stress every child's right to grow up in a safe atmosphere from birth. A mother's depression will affect the entire family and erode its mental resources.

A depressed mother needs prompt, extensive support. The most important thing is to ensure that no mother of a newborn baby – least of all a depressed mother – is left alone with her problems. The purpose of our campaign was to point out that supporting a new life is the joint responsibility of the family, friends, relatives, neighbours and other people close to the family. Another point made was that fathers, too, can become exhausted. Once a mother has learnt to cope with her depression, it may be the father's turn to need help and support. Development of new work methods to support fathers is currently under way as well.

The campaign ran in the media throughout October and aimed at raising public awareness of postnatal depression and the importance of early interaction between mother and child, and above all the various forms of help available to the mothers and their families. The FAMH, the Federation of Mother and Child Homes and Shelters and ÄIMÄ ry, an association for the prevention of postnatal depression, also offered their help through peer support, helplines, Internet discussions and professional helpers. The FAMH website introduced new sections with information on postnatal depression and related help services. Information on postnatal depression was also disseminated among health care centres, private paediatric clinics and paediatric wards to support professional staff.

The campaign was designed by the advertising company Taivas. Focusing on TV and radio information spots, the campaign received several awards in subsequent advertising competitions.

NEWSLETTER

2007

If you wish to receive our Newsletter directly to your email address, please let us know at: jaana.arho@mielenterveysseura.fi
The Newsletter can also be read at the FAMH website at: www.mielenterveysseura.fi

NEWSLETTER
Editor in Chief
Kristina Salonen

Editorial staff
Jaana Arho
Jarmo Vuorinen

Editorial office
Maiistraatinportti 4 A
FIN-00240 Helsinki
Tel. +358 9 615 516
Fax +358 9 615 51 770
www.mielenterveysseura.fi

English translation
Valtasana
Design
Mainostoimisto Visuvielintä Oy
Printed by
Painoprisma 2007

Executive Director
Marita Ruohonen

President
Jussi Huttunen

Secretary for International Affairs
Mirja Sevón

FOR MORE CONTACT:
kristina.salonen@mielenterveysseura.fi