

*The Mental Health Preparation and Monitoring Group
of the Target and Action Plan for Social Welfare and Health Care*

Quality Recommendation

for Mental Health Services



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SUMMARY

Quality recommendation for mental health services. A Proposal by the Mental Health Preparation and Monitoring Group of the Target and Action Plan for Social Welfare and Health Care. Helsinki 2002. (Handbooks of the Ministry of Social Affairs and Health, ISSN 1236-116X; 2001:13) ISBN 952-00-1085-8

This publication is a proposal for a quality recommendation for Finnish mental health services in accordance with the recommended measure No. 53 of the Target and Action Plan for Social Welfare and Health Care for the period 2000 – 2003. The recommendation deals with mental health services and mental health work as defined in Section 1 of the Mental Health Act (1991).

The recommendation supports the idea that mental health problems develop progressively, as a process. Mental health services should be available at all stages of this process: resources and skills should be focused on the strengthening of resources for living and coping, on the discussion of psycho-social problems and support in such problem situations, on the early identification and efficient care of mental health disorders, and on wide-ranging rehabilitation. The challenge of mental health work involves various sectors of life, and at the same time all the municipal sectors which through their activities are in contact with the inhabitants of the municipality, and know the conditions in which they live. Therefore, in addition to health care, the recommendation includes references to the activities of numerous other sectors.

In the recommendation, a distinction is made between the needs of an inhabitant and a patient, the services and operating methods which would provide the person in need with the best help, and the preconditions which the planned action requires of decision-makers and of the administration. Because it is the decision-makers and professionals that are responsible for the work, the recommendations are mainly aimed at them.

Since the recommendation is national, and devised for use in different situations, it is of a general nature and presented in main points only. It is a checklist, which will become concrete when applied at a local level. As part of the Target and Action Plan the Ministry of Social Affairs and Health and the National Research and Development Centre for Welfare and Health (STAKES) will start a regional cooperation project through which the recommendations will be specified and utilised in planning. The indicators will require a new work phase.

Keywords: quality, mental health, mental health work, recommendations, health services

FOREWORD

This publication is a quality recommendation for mental health services in accordance with the recommended measure No. 53 of the Target and Action Plan for Social Welfare and Health Care for the period 2000 – 2003. The recommendation deals with mental health services and mental health work as defined in Section 1 of the Mental Health Act (1991). In addition, several other Acts (such as the Primary Health Care Act, the Act on Specialised Medical Care, the Child Welfare Act) also include provisions on mental health work. These provisions are not discussed in this publication. The Ministry of Social Affairs and Health has earlier dealt with the development of mental health services in the publication of the Meaningful Life! project (Ministry of Social Affairs and Health, 2000:4).

The recommendation is based on practical experience and describes the most essential structural and operational issues on which high-quality mental health work depends. The recommendation does not address all issues introduced during the preparation as many issues were not considered to require essential improvements.

The recommendation has been set out in a needs-oriented manner. This has been done by differentiating between a) the needs of an inhabitant and a patient (*the inhabitants' point of view*), b) the services and practices which would provide the person in need with the best help (*the point of view of professional personnel and professional practices*) and c) the preconditions that the planned action requires of decision-makers and the administration (*the administrative point of view*). Because it is the decision-makers and professionals that are responsible for taking action, the recommendations are mainly directed at them. It is also possible to study the recommendation from an administrative point of view, by starting from section 12, which is now placed at the end of the report (the general plan for mental health work).

The structure of the recommendation complies with the idea of the development of mental health problems progressively, as a process. According to this idea, the resources and skills in mental health work should be focused on a) strengthening the resources for living and coping, b) preventing problems, c) investigating psycho-social problems and providing support for people suffering from them, d) the early recognition of mental health disorders, e) efficient care and f) wide-ranging rehabilitation. Because the preconditions for mental health, and for mental disorders, consist of various factors, the challenge of mental health work also concerns several areas of life and all municipal sectors that through their activities are in contact with the inhabitants of the municipality and know the conditions in which they live.

Because the solution is based on three points of view and because the process principle is applied, there is some repetition in the recommendation. The reason for this is, however, that we wanted to discuss all essential aspects relevant to the different points.

The recommendations have not been separated according to age group. The principles stated concern all age groups. However, some points of view involving children and young persons have been separately emphasised.

In the broadest context, this recommendation can be used by everyone working in the field of mental health. The recommendations can be used as a tool for strategic planning, development work, monitoring work, and peer assessment. This recommendation is not a standard that binds municipalities. The Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities hope that each municipality will use this recommendation as a starting point for drawing up a general plan and as an aid for developing their own quality system relevant to their own needs and circumstances.

The development of quality indicators is a challenging task, requiring a separate work phase. Part of this development work is included in the quality work of the municipalities. The indicators in this recommendation are only preliminary examples. The Ministry of Social Affairs and Health and the National Research and Development Centre for Welfare and Health will start a project, included in the Target and Action Plan, to assist regions in the use of the recommendation and in the preparation of quality indicators.

A wide range of experts have cooperated in the preparation of these recommendations. The preparations were carried out by the National Research and Development Centre for Welfare and Health, with assistance from the Ministry of Social Affairs and Health, the Association of Finnish Local and Regional Authorities and various organisations in the sector, as well as by more than one hundred experienced mental health experts from ten regions throughout Finland. In addition, discussions on the draft recommendation were arranged in all provinces by the Provincial State Offices, the Ministry of Social Affairs and Health and the National Research and Development Centre for Welfare and Health. We wish to express our sincere thanks to all those who took part in this project.

Helsinki, October 2001

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SUMMARY

1. The municipality supports the welfare and mental health of its inhabitants

The inhabitants' point of view: The inhabitants of the municipality feel that it is a good and safe place to live in. The inhabitants assume, for their part, responsibility for their own health and well-being.

The point of view of professional personnel and professional practices: The employees of the municipality develop working methods that encourage people to utilise their own resources so that they can take care of themselves and provide mutual support.

The administrative point of view: The municipality has a specific social welfare policy, part of which is a general plan for mental health work.

2. Inhabitants receive help through the basic health and social services of the municipality

The inhabitants' point of view: The inhabitants know that any help provided by the municipal services is readily available. The inhabitant is listened to with regard to issues and problem situations which are important to him/her. He/she gets information, advice, assistance and support.

The point of view of professional personnel and professional practices: The employees are prepared and have the right attitude and know-how to recognise and face the situations that require psycho-social/mental support and professional help.

The administrative point of view: The internal division of tasks and responsibilities have been defined and clarified. The possibilities for regional cooperation have been taken into account.

3. Everyone has access to appropriate examinations and care with regard to their life situation and problems

The inhabitants' point of view: The inhabitants have easy access to the appropriate care that is offered by the public services.

The point of view of professional personnel and professional practices: The need for care is estimated and the care initiated primarily by the basic services, above all by the basic health care, occupational health care or municipal social services. When necessary, the patient is referred to the type of care that is appropriate to his/her situation and problems.

The administrative point of view: The division of tasks has been agreed upon and a 24-hour emergency care system organised in cooperation with basic health care and specialised medical care. Emergency social care has been arranged.

4. Mental health services respect human dignity and human rights

The inhabitants' point of view: The inhabitants have the right to receive good and equitable service, the right to be treated with respect, the right to receive quality care, the right to have information, the right to make their own decisions and the right to choose and have different alternatives.

The point of view of professional personnel and professional practices: The essential ethical principles of care and the patient's rights are implemented in the services.

The administrative point of view: The organisation has ethical rules. The personnel must be well versed in the standards, regulations and instructions regarding the involuntary care of patients.

5. Care is implemented in accordance with the set plan

The inhabitants' point of view: A patient always knows who is in charge of his/her care, and whom he/she can contact when needed.

The point of view of professional personnel and professional practices: Every patient has a written treatment (and rehabilitation) plan, to which comments will be added at suitable intervals during treatment, depending on the situation.

The administrative point of view: There are resources and operational preconditions (when necessary, for example, purchase agreements and contracts for treatment methods) for the implementation, monitoring and supervision of appropriate treatment methods.

6. Community-based care is the primary alternative. All treatment has an element of rehabilitation

The inhabitants' point of view: The treatment is primarily implemented as community-based care. A patient's care and rehabilitation are planned together with the patient and, if necessary, with his/her family and close relations.

The point of view of professional personnel and professional practices: The basic services of social welfare and primary health care are regarded as the primary care level, and the next level is community care arranged by the special services of social welfare and primary health care and by specialised medical care. Hospital care is arranged when the measures of community-based care are not sufficient, and hospital care is appropriate.

The administrative point of view: The region works together with others to organise rehabilitation. The officials and elected bodies, responsible for the municipal social welfare and health care, carry the responsibility, together with other municipal sectors, for the arrangement of necessary rehabilitation services by the municipality, as municipal service provision, as purchased services or as regional cooperation.

7. The patient receives psychiatric hospital care when necessary

The inhabitants' point of view: Patients have access to psychiatric hospital care when necessary.

The point of view of professional personnel and professional practices: Hospital care forms part of a patient's treatment chain. When transferring a patient to hospital care, his/her situation and the possible additional measures required are investigated. The situation and the necessary measures are assessed immediately and, above all, from the point of view of the patient's children if he/she has any. The treatment is planned and continuous both when the patient arrives at the hospital and when he/she leaves the hospital. The patient always knows the person or institution that is responsible for his/her care.

The administrative point of view: The municipality has access to the necessary number of hospital beds.

8. Internal cooperation, responsibilities and division of work within the service system have been analysed and defined

The inhabitants' point of view: The patient knows a person whom he/she can turn to concerning issues relevant to his/her care and rehabilitation.

The point of view of professional personnel and professional practices: Different sectors and operational units know their roles in the treatment chain, both generally and at the individual patient level.

The administrative point of view: The duties, responsibilities and task division of the different sectors/units have been defined in regional, multidisciplinary negotiations. The issues to be decided are defined in more detail in the general plan for mental health work.

9. The number and structure of staff is determined as part of the general plan for mental health work

The inhabitants' point of view: The inhabitants receive the services they need.

The point of view of professional personnel and professional practices: There is sufficient personnel, suitably organised to implement the general plan for mental health work.

The administrative point of view: The general plan for mental health work (plan of action) is based on the estimated needs of the population and the known resources. The general plan includes an opinion or a target regarding the number of personnel required.

10. Staff competence and ability to cope is secured

The inhabitants' point of view: The inhabitants receive effective service and good treatment.

The point of view of professional personnel and professional practices: The personnel have opportunities to participate in the development of their own work and working conditions. The personnel receive training and job supervision according to the defined plan.

The administrative point of view: It is acknowledged that the personnel are the central resource of the services, and that all possible means will be used to support them.

11. The services and operations are monitored, and observations are utilised in planning

The inhabitants' point of view: Any feedback from clients, patients and close relatives is taken seriously and, when appropriate, utilised in the implementation of health care services.

The point of view of professional personnel and professional practices: The employees help assess the suitability of the services and the appropriateness and efficiency of the professional practices.

The administrative point of view: Information is gathered in the municipality on the local conditions and on the inhabitants' welfare and problems. The needs and direction of mental health services and mental health work can be assessed on the basis of this information.

12. A general plan for mental health work is formulated

The inhabitants' point of view: The inhabitants participate in the completion of the welfare strategy / the general plan for mental health work in ways considered appropriate.

The point of view of professional personnel and professional practices: Different administrative bodies and professionals in the sector participate in the completion of the welfare strategy / the general plan for mental health work in ways considered appropriate.

The administrative point of view: The municipality has a general plan for mental health work. The plan can form part of a municipal welfare strategy. The plan is based on the knowledge of the inhabitants' need for mental health services, and on a considered view of the promotion of mental health and welfare and information on available resources. The plan includes a recommendation on the number of personnel. Regional cooperation is considered during planning.

Indicators and monitoring

The inhabitants' point of view: The inhabitants' experiences of the services are monitored (inhabitants, clients, patients, families, close relatives). These observations are utilised to develop working practices. A systematic feedback system is developed.

The point of view of professional personnel and professional practices: Services and treatment practices are assessed systematically, as well as the preconditions for the activities and working methods. Assessment methods are developed.

The administrative point of view: A general plan for mental health work has been drawn up through regional and multidisciplinary cooperation, so as to form part of a welfare programme. A system exists that can be used to determine the service needs that will form a starting point for the plan. The plan also includes a scheme to follow its implementation.

1.

THE MUNICIPALITY SUPPORTS THE WELFARE AND MENTAL HEALTH OF ITS INHABITANTS

The inhabitants' point of view

- The inhabitants of the municipality feel that it is a good and safe place to live in. An atmosphere of solidarity and tolerance prevails in the municipality.
- The inhabitants, for their part, assume responsibility for their own health and wellbeing.
- The inhabitants have the opportunity for gainful employment and meaningful activity.
- The inhabitants feel that they have the opportunity to participate and to be heard in issues concerning them, if they so wish.
- As many inhabitants as possible have relatives and an immediate circle of people they can turn to for support and help in everyday matters.
- The inhabitants have access to information as well as hobbies and leisure activities promoting health and psychosocial coping (e.g. physical exercise).
- The inhabitants have trust in the quality of municipal services and in getting help when they need it.

The point of view of professional personnel and professional practices

- The employees of the municipality develop practices promoting people's own resources, taking care of oneself, mutual caring and support, as well as understanding and tolerance towards problems in life and mental health problems.
- The employees promote a positive picture of people and an atmosphere of tolerance.
- Together with the inhabitants, various associations and groups, the employees of the municipality carry out action programmes targeted at certain mental health risk factors (prevention programmes).
- Information is provided to the inhabitants on mental health issues and mental health services.

The administrative point of view

- In all decision-making involving the life conditions of inhabitants, the solutions are also considered with regard to their effects on mental health.
- The municipality draws up a welfare policy programme, and as part of it, a general programme for mental health work (section 12). In the welfare programme, attention is focused on the development of the municipality as a positive psychosocial environment.
- The target of promoting mental health is included in the action plans of different administrative bodies, and edited to form part of the targets and activities of the sector itself. The participating administrative sectors (basic services) are negotiated as part of the drawing-up of the general plan.
- Conditions are created in the area, which support mental welfare / mental health. Solutions that might cause risks for mental health are avoided in the area. Conditions sustaining mental health problems are recognised in the area so that the appropriate measures can be taken.
- The municipality aims at increasing employment opportunities for its inhabitants as part of its welfare and mental health policy.

1.

THE MUNICIPALITY SUPPORTS THE WELFARE AND MENTAL HEALTH OF ITS INHABITANTS

The inhabitants' point of view

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INDICATORS

- Subjective welfare and possibilities for living in the municipality: e.g. questionnaires based on sampling
- Subjective mental health, e.g. psycho-social resource factors and social relationships: e.g. questionnaires based on sampling

The point of view of professional personnel and professional practices

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- The action programmes have been drawn up and interventions carried out (reports)

The administrative point of view

- The target of promoting mental health and of preventing mental health disorders is included in the general plan, and resources are made available for this work. A municipal or regional group responsible for preventive mental health work is named in the general plan for mental health work.
- Preconditions are created for activity based on citizens' own initiative, peer support and voluntary work.
- Pupil groups in day care centres and schools as well as other teaching arrangements support the pupils' ability to cope and the formation of a social network.

- The target of promoting health and mental health is part of the general plan for mental health work
- The implementation of the targets in each administrative area is analysed and checked at the intervals agreed on in the general plan
- Reports of the activity are given to the elected municipal administration

1.

**THE MUNICIPALITY
SUPPORTS THE
WELFARE AND
MENTAL HEALTH OF
ITS INHABITANTS**

**REFERENCES AND
EXPLANATORY REMARKS**

- This recommendation emphasises mental health as a precondition and a factor influencing the welfare, working and functional capacity as well as coping of all inhabitants. Because mental health is formed throughout one's life, and consists of a variety of subsidiary factors, mental health work also covers a wider spectrum than just health, as well as action in several areas besides health care.
- "Municipality" refers here to a municipality, a joint municipal board, a hospital district or other regional unit, such as a region, defined through the operative participation or proportion of the municipality. An inhabitant of the municipality refers to any inhabitant of the municipality or of the region. An employee of the municipality refers to all employees of the municipality or region, and other actors mentioned in the general plan. The general plan for mental health defines which area, administrative sector or professional group is referred to in different points of the action plan.
- It is often practical to draw up the general plan as a joint venture for an area that is larger than one municipality

2.

THE INHABITANTS RECEIVE HELP THROUGH THE BASIC HEALTH AND SOCIAL SERVICES OF THE MUNICIPALITY

The inhabitants' point of view

- The help provided by the municipal services is easily available for the inhabitant.
- The inhabitants get help in daily problems and psychosocial crisis situations. In particular, a child and a young person and his/her family can get help when necessary through discussions and psychosocial support in a manner corresponding to his/her development needs.
- The inhabitants are heard in the basic health and social services on issues and problem situations that are important to them. They get information, advice, investigation assistance and support.
- Even those inhabitants in need of help who do not contact the services themselves are contacted (above all children and young people and those in danger of social exclusion).
- Each inhabitant is served in his/her own language and in a manner suiting his/her own culture using an interpreter when needed, whenever possible.
- When necessary, the inhabitant is referred to suitable activities, or receives an admission to a specialised service that is necessary for his/her situation.

The point of view of professional personnel and professional practices

- The employees have the readiness as to attitudes, sufficient sensitivity, sufficient competence and sufficient interaction skills to recognise and face the situations that require psycho-social/mental support and professional help.
- It is ensured that the work attitude for recognising mental health problems and supporting people suffering from them is implemented in services concerning all inhabitants (children, young people, people of working age and older people).
- In basic health and social services, individual and group support forms suitable for the clients' life situation are developed.
- The municipality has a multidisciplinary crisis group for sudden traumatic events.
- The professionals have agreed on working methods and they have the readiness for outreach work.
- All educational institutes have their own or a regional working group for student care as well as a crisis group. Action plans exist for psychosocial crisis situations.

The administrative point of view

- The development of a working attitude aimed at recognising mental health problems and supporting people suffering from them is included as a target in the activity of different sectors and units.
- The internal labour division and responsibilities within the service system have been clarified, and a decision on them has been made. The opportunities for regional co-operation are taken into account.
- The guidance and service role of health and social services, above all primary health care and the social welfare service, is defined in more detail in the general plan.
- A social emergency service has been arranged in the municipality.
- The senior level of management and work arrangements support the facing of psycho-social problems as part of the work in health and social services.
- The employees receive training, job supervision and counselling support for the skills needed in situation assessment, in interactive work and in providing primary help.

2.

THE INHABITANTS RECEIVE HELP THROUGH THE BASIC HEALTH AND SOCIAL SERVICES OF THE MUNICIPALITY

The inhabitants' point of view

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INDICATORS

- Service experiences and experiences of getting help are monitored: inhabitants' feedback on the services. Systematic feedback systems are developed.

The point of view of professional personnel and professional practices

- The contribution of the special workers of basic health and social services (mental health work) is used in the planning and implementation of work promoting mental health and preventing mental health disorders and for the supervision of work with clients, e.g. together with day care, maternity and child health clinic and child welfare staff or working groups.

The administrative point of view

- Children of school age as well as young people in the municipality have access to school health care, a school psychologist and school welfare officer's services. The work of the school psychologist and the school welfare officer has been organised in an appropriate manner, when necessary, as co-operation between the school, the social welfare services and health care services.

- The training, job supervision, consultation help received
- The experienced feeling of professional control: employees' self-evaluations
- Possibilities to use one's native language are implemented, interpreting services are used

- Decisions have been made and information has been spread on advice services that the inhabitants can use free of charge
- Funds have been reserved and the necessary arrangements have been made in the municipality to implement the completed plan

2.

**THE INHABITANTS
RECEIVE HELP
THROUGH THE BASIC
HEALTH AND SOCIAL
SERVICES OF THE
MUNICIPALITY**

**REFERENCES AND
EXPLANATORY REMARKS**

- The purpose of this section of the recommendation is to emphasise the major role of basic health and social services provided by the public authorities among all mental health services. Basic health and social services refer here to all services of the sectors involving development, learning, health, independent coping etc. Other services provided in the municipal area, such as those produced by organisations or private citizens, can also be included in basic health and social services. Health and social services that are essential for the municipality and their role from the point of view of mental health work are defined in the general plan.
- A major proportion of life's problems and of mental health problems as well are seen in basic health and social services. The starting point is that basic health and social services could provide help in most of these problems. The role of health and social services in mental health work is to support mental health, and to recognise problems as well as experiences and conditions leading to problems. Part of mental health work consists of population, group or condition-related projects promoting mental health and/or dealing with factors leading to the problem. Client-focused measures include, among others, listening to the client, empowerment, clarifying the situation, dealing with problems, support, and referring people to specialised care institutions if necessary. The services cover all age groups.
- Section 7 paragraph 2 of the Child Welfare Act (683/1983) and Section 2a of the Child Welfare Decree (1010/1983) require the arrangement of sufficient support and guidance for pupils within the school system, e.g. through the work of the school psychologist or the school welfare officer.
- Supporting the life situation of somatically ill and older people, also from the point of view of mental health, is very useful for maintaining total health and for promoting vigour and coping, even when there is no need for actual mental health services.
- The opportunity to use one's native language and the arrangement of the use of interpreting services should be analysed as a joint action of the municipalities and the hospital district.

3.

EVERYONE HAS ACCESS TO APPROPRIATE EXAMINATIONS AND CARE WITH REGARD TO HIS/HER LIFE SITUATION AND PROBLEMS

The inhabitants' point of view

- Inhabitants have easy access to the appropriate care, arranged by public services.
- In an emergency situation, care is immediately available.
- Information has been given to the inhabitants on the different types of services and how to access them. In particular, information on care in crisis situations should be easily available.
- Young people can also receive care without a referral in at least one care unit in the area.
- The patient knows in which care unit his/her care is provided.

The point of view of professional personnel and professional practices

- The need of care is estimated and the care started primarily by basic services, above all by primary health care or occupational health care. When necessary, the patient is referred to the kind of care that is appropriate with regard to his/her life situation and problems.
- A person in need of mental health help gets an appointment from a health care centre physician on the same day in an acute situation, and within three days in a non-acute situation.
- If danger of suicide, an acute psychosis or other serious crisis situation is at hand, the person is offered the opportunity to get an immediate appointment with a doctor.
- In a non-acute case, the patient can pay his/her first evaluation visit to a specialised care unit within three weeks of the referral, and treatment is started within three months of the need of care being pointed out.
- Treatment can also take place at a unit other than that of specialised medical care, and also in a service not arranged by the municipality, if such a decision is made.

The administrative point of view

- A 24-hour emergency service system has been organised as a joint arrangement between primary health care and specialised medical care.
- The appropriate way to support mental health work within municipal child welfare services is agreed on in the general plan.
- Referral practises are defined locally in cases not involving young people.
- The administration supports the employees' mutual consultation and support network activities as part of the quality assurance of mental health services.

3.

**EVERYONE HAS
ACCESS TO
APPROPRIATE
EXAMINATIONS AND
CARE WITH REGARD
TO HIS/HER LIFE
SITUATION AND
PROBLEMS**

The inhabitants' point of view

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INDICATORS

- Patients receive care within the defined time: feedback from patients and families
- Information has been provided on the municipal services. The information is continuously available somewhere.

The point of view of professional personnel and professional practices

- Supporting the mental health of children covered by child welfare measures is secured, e.g. by means of consultation. The need of mental health services in child welfare institutions is also taken into account.
- Employees consult each other both within basic health and social services, and between special services and basic health and social services.

The administrative point of view

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- Referral practices have been defined
- Care practices are assessed.

- Waiting times before being admitted to care and the formation of waiting lists are monitored, and reports on them are given to the elected administration at certain intervals.

3.

**EVERYONE HAS
ACCESS TO
APPROPRIATE
EXAMINATIONS AND
CARE WITH REGARD
TO HIS/HER LIFE
SITUATION AND
PROBLEMS**

**REFERENCES AND
EXPLANATORY REMARKS**

- The need of care, and above all its urgency, is assessed individually when making the referral. Specialised care services are used when it is justified for the treatment of the case. Specialised services should have some room for flexibility, such as a certain number of appointments for emergencies. During the waiting time, the responsibility for the patient lies on the referring party. The receiving unit should offer support to the referring party during the patient's waiting time.
- According to the Mental Health Decree 1282/2001, a hospital or other type of specialised care or an operation unit similar to this should make an estimate of the care necessary due to a child's or young person's mental health problems within three weeks of the arrival of a referral from a doctor, unless there is particular reason for acting in any other way. Care deemed necessary based on the analysis made should be arranged within three months, taking into consideration the urgency required by the care, unless medical, care-related or similar reasons give rise to any other way of proceeding (Section 6 a).
- Time limits for getting treatment, referral practices, the responsibilities of different care units etc., are decided locally in a way corresponding to the services and conditions in the municipality. The time limits mentioned in this recommendation are recommendations. Experience has shown that it is possible to get below these time limits, particularly in adult psychiatry. The quality of care is at its highest when waiting times are so short that it causes no disadvantage to the patient. The time limits set for primary health care are based on the experiences of the small-district population responsibility system, and the time limits for specialised medical care on the care guarantee experiment by the Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities. In an amendment to the Decree (2000) regarding the mental health services for children and young persons, the time limits for access to care have been defined in a similar way.
- The possibilities for regional gathering of information, among other things on the issues of this section of the recommendation, should be investigated. The target of regional information gathering would be to make the gathering more systematic, and to assist the regional actors in the monitoring and in the planning based on the follow-up data.

4.

MENTAL HEALTH SERVICES RESPECT HUMAN DIGNITY AND HUMAN RIGHTS

The inhabitants' point of view

- The inhabitants are entitled to
 - good service
 - be treated with respect
 - efficient care
 - receive information
 - choice and alternatives
 - self-determination
- A person with mental health problems receives equitable services as compared to other inhabitants of the municipality.

The point of view of professional personnel and professional practices

- It must be guaranteed in mental health work that the constitutional rights for equality, personal freedom and integrity as well as to social security are implemented equitably in the case of the patients as compared to the rest of the population. To secure this, the ethical value base of the basic rights has to be implemented in mental health work.
- Care must be taken that the essential ethical principles of care and the patient's rights are fulfilled.
- Hope and trust in the ability to cope with difficulties and in rehabilitation is maintained in all mental health services.

The administrative point of view

- The administration supports the emergence and maintenance of an operative culture that secures the implementation of ethical principles during care and in the care environment.
- Care is taken that the personnel know the ethical rules in the organisation and particularly the instructions related to the involuntary care of patients.

4.

MENTAL HEALTH SERVICES RESPECT HUMAN DIGNITY AND HUMAN RIGHTS

INDICATORS

- Experiences of the service level, of the availability of information, of the efficiency of care and treatment are positive: feedback from clients/patients

REFERENCES AND EXPLANATORY REMARKS

- The employees know the agreements related to human dignity and human rights, the ethical rules of their own profession as well as good care practices
- The number of cases and the methods used of solitary confinement and other compulsory measures
- Complaints, appeals
- The amount of involuntary care
- The accumulation of waiting lists

- The Act on the Status and Rights of Patients 17.8.1992/785
- Additional information from the publication entitled Potilaan oikeudet (A Patient's Rights). The Finnish Mental Health Association 2001.

5.

CARE IS IMPLEMENTED IN ACCORDANCE WITH THE SET PLAN

The inhabitants' point of view

- The patient and, unless otherwise agreed on, his/her close relatives and friends participate in the planning and assessment of care during the entire care process.
- For care and rehabilitation, a written plan is drawn up, in accordance with the patient's need of care and his/her life situation. The plan is checked as the situation proceeds.
- The patient always knows who is the person in charge of his/her care (and the person's substitute), whom he/she can contact when needed.

The point of view of professional personnel and professional practices

- A written treatment (and rehabilitation) plan is drawn up for each patient. The treatment plan is registered in the patient documents so that it can be found easily.
- The diagnosis, the patient's individual need of care, life situation, family relations and close relatives and friends are taken into consideration in the treatment plan.
- The treatment plan includes an assessment of the situation and the launching of necessary measures also from the point of view of the patient's children.
- The suitability of the treatment is assessed and the plan made more accurate during the treatment at intervals suitable for the situation, but at least every six months.
- The responsibility for the care and the transfer of responsibility, as the form and/or place of treatment changes, is clearly agreed on among all parties involved. The plan is checked, and it follows the patient as his/her treatment moves from one place to another.
- The parties involved in the treatment act together. The treatment is implemented in a multidisciplinary manner, by utilising the skills of different professional groups with a sensible division of work.

The administrative point of view

- There are resources and operational preconditions (e.g. purchase agreements, contracts of treatment practices etc.) for the implementation, follow-up and control of appropriate treatment methods.
- Reports of the implementation of treatment principles are given to the management of the unit and to the elected administration.

5.

CARE IS IMPLEMENTED IN ACCORDANCE WITH THE SET PLAN

The inhabitants' point of view

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INDICATORS

- The patient is aware of the contents of his/her treatment plan and committed to it.
- The patient is able to contact the person responsible for his/her care when needed: feedback from patients and close relatives regarding the functionality of the municipal and regional care practices
- Feedback from patients and close relatives: satisfaction with the care received

The point of view of professional personnel and professional practices

The administrative point of view

- All parties involved know who is ultimately responsible for the care.
- The treatment of children is planned together with the parents and, when necessary, with a larger circle of people close to the child. The treatment of young people is planned in the same way, unless there is a special reason to act otherwise.

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- Treatment plans exist
- The plans are target-oriented and the results can be assessed
- The targets set for care have been achieved
- The treatment plans have been updated at given intervals and at the end of each treatment period
- Communication between different parties participating in the treatment has been arranged

- Treatment arrangements: auditing

5.

**CARE IS
IMPLEMENTED
IN ACCORDANCE
WITH THE SET PLAN**

**REFERENCES AND
EXPLANATORY REMARKS**

- A treatment plan is a plan drawn up together with the patient and, when necessary, with his/her relatives, concerning treatment in the near future. The treatment is planned according to the patient's individual need and the resources available. The treatment plan specifies, stage by stage, the targets of the treatment and its practical implementation. In the planning of the treatment, known good care practices and possible information based on evidence are applied.
- The treatment selection in the area should be structured so that a sufficiently wide-ranging treatment is available to a sufficient extent. Treatment also refers to treatment implemented by professionals other than a doctor.
- What is essential is the way in which different authorities commit themselves to the plan. All service providers participating in the treatment should agree on the treatment together. However, the party or person who carries the operative responsibility for the treatment as a whole must always be named.

6.

COMMUNITY-BASED CARE IS THE PRIMARY ALTERNATIVE. ALL TREATMENT HAS AN ELEMENT OF REHABILITATION

The inhabitants' point of view

- The treatment is implemented as community-based care.
- The patient's close relatives and friends as well as other people important for the care participate in the treatment from the very beginning, unless otherwise agreed on for special reasons. The patient's rehabilitation is planned together with the patient, and when need be, with persons close to him.
- The necessary practical help and mental support is arranged for the patient's family, particularly the children.
- When a patient's ability to cope with daily situations has weakened more than just temporarily, appropriate rehabilitation for the situation is planned as part of the treatment.
- The aim of rehabilitation is to promote independent coping, working and functional capacity, finding and implementing one's own targets and participating in social activities.
- In the rehabilitation plan, opportunities to take part in various activities and to benefit from a social network and social support are introduced.

The point of view of professional personnel and professional practices

- The basic services of the social welfare and primary health care are considered as the primary care level, and the next level is community-based care, arranged by the special services of the social welfare and primary health care and by specialised medical care. Hospital care is arranged when measures of community-based care are not enough, and hospital care is indicated.
- During the care, commonly accepted care programmes and current recommendations for valid care and regional care recommendations are applied.
- The community-based care is carried out according to the following principles:
 - The care begins at once, as intensively and fully as possible.
 - The need of help, support and other measures by the patient's family, above all by the children is analysed, and the necessary measures (e.g. child welfare measures) are launched.
 - An attitude of hope and trust in the coping with difficulties and in rehabilitation is maintained during the care.
 - The care is multidisciplinary, utilising the skills of various professional groups with an appropriate and efficient division of work. The action is supported by increasing psychiatric consultation when necessary.

The administrative point of view

- Together with other municipal sectors, the officials and elected bodies responsible for the municipal social welfare and health care carry the responsibility for the arrangement of the necessary rehabilitation services by the municipality, as municipal service provision, as purchased services or in any other way considered appropriate, e.g. as regional co-operation.
- There is regional co-operation in the organisation of rehabilitation between the Social Insurance Institution, labour Administration, education and social services, primary health care and specialised medical care. Partners also include organisations and other private service providers.
- The local or regional need of service housing is assessed, and the target number set is based on the need. It is ensured that the municipality has the required number of service housing. The need of housing involving care is also assessed, and the services are arranged according to need.
- For people who need long-term, wide-ranging support measures, the municipality/region provides
 - Day, work and activity centres
 - Informal associations and club houses
 - Peer groups and other types of peer action

6.

**COMMUNITY-BASED
CARE IS THE PRIMARY
ALTERNATIVE.
ALL TREATMENT HAS
AN ELEMENT OF
REHABILITATION**

The inhabitants' point of view

- The need of support on the part of the patient's family and others close to him/her is also taken into account in the rehabilitation plan.
- The rehabilitation plan is checked at suitable intervals as agreed on in the plan.
- The patient and his/her family are aware of appeal opportunities and methods, in case the patient is not satisfied with his/her treatment or care.

The point of view of professional personnel and professional practices

- Continuous care is secured. The same employees commit themselves to the entire care process regardless of the place of treatment (community-based care or hospital care), whenever possible
- The care is flexible and moves from one place to another
- House calls are made when necessary
- Care networks are created. Consulting and care meetings are arranged with different authorities when needed
- Different forms of care and rehabilitation are integrated in the care process in an appropriate way; the coordination of care is secured with common care meetings or with other types of communication.
- Treatment is assessed regularly, using an external consultant when necessary.
- As part of a patient's total care, the needs of somatic health care and oral health care are also assessed and the necessary care measures are arranged.
- All methods promoting versatility, flexibility and seamlessness from the patient's point of view are taken into use during all service stages. E.g. telematic measures are utilised.

The administrative point of view

- Supported employment
- Tailored and preparatory training
- Service guidance
- The municipality/region also arranges, among other things,
 - Opportunities for peer action in health and social services
 - Group rehabilitation services
 - Support measures in the workplace, promoting wellness and the ability to work
 - Rehabilitation courses
 - Individual therapy
- Rehabilitation is arranged as close to the patient's home and those near to him/her as possible.
- The municipality also develops home rehabilitation alternatives.
- The municipality/region promotes quality work in order to prepare quality criteria for different rehabilitation forms, according to their manner of operation.
- The municipality/region ensures that the benefits of the Act on Services and Assistance for the Disabled (1987) are also implemented in the case of psychiatric patients. A person who has particular long-term difficulties in coping with ordinary life activities due to mental health problems is a disabled person, as defined in the Act on Services and Assistance for the Disabled.
- Workgroups and people responsible for this activity should be appointed at university hospitals to coordinate the development of telematic services in the area.

6.

**COMMUNITY-BASED
CARE IS THE PRIMARY
ALTERNATIVE.
ALL TREATMENT HAS
AN ELEMENT OF
REHABILITATION**

INDICATORS

- The experiences on the care and rehabilitation received are positive: feedback from patients and families

REFERENCES AND EXPLANATORY REMARKS

- The practices are adequate: self-evaluation, common evaluation by different bodies, auditing and the assessment of efficiency
- The service structure is suitable and rehabilitation services of a high quality. The municipality monitors quality with a separate evaluation completed at given intervals. Reports of the results are given to the elected administration at certain intervals, and the Provincial State Office is informed as well.
- If the municipality does not arrange rehabilitation services, contracts to purchase services have been made.
- The Act on Services and Assistance for the Disabled also applies to psychiatric patients.

- The promotion of mental health and the prevention, treatment and rehabilitation of mental health disorders are discussed as separate sectors in the recommendation. The general plan also includes a consideration of separate (population, group or individual or condition-related) targets and an implementation strategy for each form of work. In practice, the work forms still constitute a uniform entity. Objectives (both promotive and preventive), aiming to increase resources and to decrease risks, should also be included in the care of individual patients (with regard to the individual and the family). The target of rehabilitation is also part of the treatment from the very beginning.
- When planning rehabilitation, the following publication can be utilised: Kuntoutuspalveluluokitus (Classification of Rehabilitation Services). Guide for the Use of the Classification. The National Research and Development Centre for Welfare and Health and the Association of Finnish Local and Regional Authorities, Guidelines and Classifications 1997:1.

6.

**COMMUNITY-BASED
CARE IS THE PRIMARY
ALTERNATIVE.
ALL TREATMENT HAS
AN ELEMENT OF
REHABILITATION**

REFERENCES AND EXPLANATORY REMARKS

- With the aid of a multidisciplinary workgroup an efficient use of resources can be secured, in addition to wide-ranging expertise in care. Rigid solutions in the division of responsibility and e.g. the lack of consulting opportunities and co-operation can easily lead to a situation where skills and resources are not fully utilised. This decreases the patient's opportunities for care and rehabilitation. The work of the multidisciplinary workgroup involves both co-operation and a sensible division of work.
- According to the Mental Health Act, mental health services should primarily be arranged as community-based care, so that the patient's own initiative and independent coping are supported (Section 4 of the Mental Health Act).
- According to the Mental Health Decree 2001/1282, the municipality should ensure that necessary and sufficient support measures are available for community-based care in the treatment of mental health disorders among children and young people, to make it possible for them to cope at home (Section 6 c).
- According to the analysis by Taipale (1998), *service flats* refer to individual flats that are maintained independently and include the necessary services. When necessary, professional help is available to the flats 24 hours a day. According to the Act on Services and Assistance for the Disabled, these services are provided free of charge. Small flats and supported accommodation are also usually provided in the form of service housing. Group homes, which are not included in service flats in this connection, include among others residential homes, rehabilitation homes, service homes, family group homes etc. In these housing forms, help from employees is available to a varying degree: every working day, a few times a week etc., but seldom at night. The issue of who possesses the flats is not discussed here (The Mentally Ill and Service Housing. The Ministry of Social Affairs and Health, Stencils 32, 1998).
- The Target and Action Plan calls for a sufficient number of service flats as an essential precondition for adequate community-based care (target 8). The development recommendations for services, given in connection with the Meaningful Life! project, emphasise the development of different forms of housing and housing support services (p. 11).
- The Provincial State Offices assess the housing services for psychiatric patients as part of the evaluation of basic health and social services in 2001.

7.

THE PATIENT RECEIVES PSYCHIATRIC HOSPITAL CARE WHEN NECESSARY

The inhabitants' point of view

- A patient has access to psychiatric hospital care if necessary.
- When planning hospital care, the patient's life situation is considered as widely as possible, in particular from the point of view of children and the rest of the family.
- Hospital care is one phase of the treatment. Treatment is planned as a multi-phase process.
- When the patient is discharged, he/she receives the support needed for coping with everyday life.

The point of view of professional personnel and professional practices

- When transferring a patient to hospital care, his/her life situation and the possible additional measures required due to it are charted. The situation and the necessary measures are assessed at once, particularly from the point of view of the patient's children.
- When treating the patient and transferring him/her to a hospital, national and regional treatment programmes, good care practices; ethical principles of care and regional contracts for action are followed.
- Hospital care forms part of a patient's treatment chain. The treatment is planned and continuous both when the patient arrives at the hospital and when he/she leaves the hospital. The party responsible for the patient's care must always be specified.
- Measures have been developed to ensure continuous care and the patient's integration back to daily life/work after he/she is discharged.
- The people responsible for the treatment of the patient in hospital and in community-based care are jointly responsible for achieving a seamless chain of services.

The administrative point of view

- The municipality has access to the necessary hospital care.
- The statistical data of the care register (HILMO) are utilised in the planning.
- Complaints and appeals are systematically followed and the necessary measures taken.

7.

THE PATIENT RECEIVES PSYCHIATRIC HOSPITAL CARE WHEN NECESSARY

INDICATORS

- The patients receive care when necessary: feedback from patients and families
- Patients and their families have positive experiences of the care and treatment

REFERENCES AND EXPLANATORY REMARKS

- | | |
|---|--|
| <ul style="list-style-type: none"> - The forms of co-operation with community-based care have been defined - The readiness for emergency care is optimal - Ethical care instructions have been agreed on - The care of patients against their will is carried out in accordance with current laws, regulations and contracts. - Violent situations are monitored | <ul style="list-style-type: none"> - There are a necessary number of hospital beds available, the waiting list situation is monitored - The treatment chains work: auditing - The correctness and ethics of the measures are monitored: complaints, appeals |
|---|--|

- The number of hospital beds and hospital staff is considered as part of the general plan, and they are defined according to the local need and the resource available. The municipality/region makes more accurate definitions by monitoring the situation.
- According to the Mental Health Act, the care of a minor against his/her will should be arranged in a unit that has the qualifications and the preparedness to care for him/her (Section 8 (3) of the Mental Health Act).
- According to the Mental Health Decree, the care of a minor against his/her will must only be carried out in a hospital unit providing psychiatric care which has the qualifications for providing such care. In addition, a minor should, according to the Decree, be cared for separately from adults, unless it is considered to be in the minor's interest to act otherwise (Section 2).

8.

**INTERNAL
CO-OPERATION,
RESPONSIBILITIES
AND DIVISION OF
WORK WITHIN THE
SERVICE SYSTEM
HAVE BEEN
ANALYSED AND
DEFINED**

The inhabitants' point of view

- The patient knows a person whom he/she can turn to in issues connected to his/her care and rehabilitation.

The point of view of professional personnel and professional practices

- The patient is referred to a permanent contact person, applying the principles of rehabilitation guidance / service guidance to ensure a seamless progress of the care and rehabilitation process.
- Different sectors and operational units are aware of their role in the treatment chain, both generally and in the case of an individual patient.

The administrative point of view

- Clear decisions have been made on the management responsibility of the operation and on the division of work.
- The duties, responsibilities and labour division of different sectors/units have been defined in regional, multidisciplinary negotiations. More detailed decisions are made in the general plan for mental health work.
- It is essential to divide duties and responsibilities, particularly in matters critical for care, such as transferring patients from one unit or form of care to another. The duties and responsibilities of population responsibility/health and social services and of special services have to be defined and determined in particular.
- The decisions are registered, and they are checked at agreed intervals as necessary.

8.

**INTERNAL
CO-OPERATION,
RESPONSIBILITIES
AND DIVISION OF
WORK WITHIN THE
SERVICE SYSTEM
HAVE BEEN
ANALYSED AND
DEFINED**

INDICATORS

- The patients' experience of the care, rehabilitation and treatment they have received is positive: feedback from patients and families
- The number of patients who have an appointed contact person
- The number of patients interrupting agreed care

REFERENCES AND EXPLANATORY REMARKS

- | | |
|--|---|
| <ul style="list-style-type: none"> - The employees are aware of the division of work and responsibilities - The employees' experience of the working of treatment chains and the division of work is positive: documentation and assessment of practices | <ul style="list-style-type: none"> - The agreement and decision-making practices are appropriate |
|--|---|

- The Mental Health Act requires that together with the parties providing social welfare services the hospital district and the health care centres within the district ensure that mental health services form an operational entity (Section 5 of the Mental Health Act).
- According to the Mental Health Decree, a treatment unit must ensure that when a child or young person is transferred to a new unit, this unit has access to all the information necessary for the implementation of continued care (Section 6 b).
- The municipality or joint municipal board maintaining a health care centre should arrange a co-operative meeting at least once a year, to which all parties are invited who carry out mental health work among children and young people in the municipality or joint municipal board, including private organisations and service providers. At this meeting, the representatives of the municipalities and joint municipal boards should agree on the targets of mental health work with children and young people and on the practical division of work in the area. In addition, the way in which private parties can contribute to the co-operation can be also determined (Section 6 d).
- In addition, the Provincial State Offices should arrange regional co-operative meetings annually to develop the division of work in mental health services for children and young people (Section 6 d).
- The target of the rehabilitation/service guidance is to develop a type of service focused on advice and guidance, in order to secure continuity and the seamless progress of care and rehabilitation. The patient knows whom to turn to, and the person in charge remains the same, although the services used may change. The person in charge keeps in touch with the patient, urges him/her to seek rehabilitation, training, work etc. A suitable care professional, accepted by the patient and already having established contact with him/her, is chosen as the person in charge (case manager / rehabilitation counsellor / service counsellor / personal counsellor). The adoption of the practice of a person in charge does not require establishing new posts for this purpose.

9.

**THE NUMBER
AND STRUCTURE
OF STAFF IS
DETERMINED AS
PART OF THE
GENERAL PLAN
FOR MENTAL
HEALTH WORK**

The inhabitants' point of view

- The inhabitants get the services they need.

The point of view of professional personnel and professional practices

- The size of the personnel is sufficient, and its structure is suited for the implementation of good care practices and professional practices.
- The number of personnel is sufficient, and its structure suited for the implementation of the municipal/regional general plan for mental health work.

The administrative point of view

- The sufficiency of the number of personnel and the qualitative suitability of the staff structure in relation to the operations is assessed as needed, not only through the need assessments of the municipality, but also through peer assessment and follow-up. The assessment is included in the total assessment of operations to be delivered to the elected administration.
- The general plan for mental health work (action plan) is based on an assessment of the needs of the population and on the knowledge of existing resources.
- The number, professional structure and education level of the necessary personnel is assessed according to operative needs and the chosen implementation principles for mental health work, and determined in the general plan, taking into consideration the resources available.
- The personnel plan considers all municipal operating sectors and employee groups / employees, defined in the general plan as participants in mental health work.
- Groups/people responsible for operations are named for the most important forms of operation, mentioned in the general plan. Responsibilities and resources for e.g. preventive mental health work and rehabilitation are allocated separately.

9.

**THE NUMBER
AND STRUCTURE
OF STAFF IS
DETERMINED AS
PART OF THE
GENERAL PLAN
FOR MENTAL
HEALTH WORK**

INDICATORS

- The feedback from patients and their families regarding the quality of services is positive

REFERENCES AND EXPLANATORY REMARKS

- The number of personnel is sufficient, and its structure suitable with regard to the operating needs: workgroup assessment
- The need of services and activities is monitored, so as to be used as the basis for determining the number and duties of the personnel
- The sufficient number and structural suitability of personnel is monitored in order to ensure that the general strategy drawn up is implemented

- The total number of staff needed for psychiatric community-based care (arranged either by hospital districts or municipalities) is determined according to local needs and conditions. Though conditions differ in different parts of the country the overall picture of the situation and of the development trend still remains clear, based on the analyses made. Tuori et al. (2000) pointed out that as the number of psychiatric hospital beds decreased by a half in the 1990s (12,300 > 6,100), the number of staff in community-based care in adult psychiatry of public health care diminished by 6%. In 1992, there were 51, in 1995, 41 and in 1999, 48 members of the nursing staff per one hundred thousand inhabitants. There was a lot of variation: the number of nursing staff was lowest in the Vaasa hospital district (23) and highest in the hospital district of Northern Savo (71). Since the need for services has increased, the number of personnel in community-based care has proved too small in most hospital districts. The decrease in the number of hospital beds, the increase in disorders proved by a number of indicators, as well as the alarming exhaustion of the personnel mean that there is a need to increase the number of personnel in several municipalities. It was estimated in the Meaningful Life! project (the Ministry of Social Affairs and Health, 2000:4), that there was a need to increase the number of staff by 7–15% in all personnel groups of mental health services. The hospital district of Länsi-Pohja, where community-based care has been a central area of development, considers a team of three workers per 5,000 inhabitants (adult population) a suitable resource level. The project of Northern Finland called Health Care into the 21st Century sets a resource target of 65 nursing employees / 100,000 for community-based care as a whole. Based on these examples, the recommendation would be 55–60/100,000 (nursing staff members in community-based care by hospital districts and municipal psychiatric specialised care). Based on the information in 1999, the lower limit of the recommendation is only reached by four hospital districts: Northern Savo (71), Länsi-Pohja (70), Kainuu (67) and Helsinki (55). Approximately two nursing staff members should be added to the recommendation (55–60) for the care of children and young people. In addition, sufficient resources should be made available for preventive and rehabilitative mental health work.

9.

**THE NUMBER
AND STRUCTURE
OF STAFF IS
DETERMINED AS
PART OF THE
GENERAL PLAN
FOR MENTAL
HEALTH WORK**

REFERENCES AND EXPLANATORY REMARKS

- As in the case of somatic diseases, the primary place for treating psychiatric diseases and mental health disorders is the health care centre. It is the duty of specialised medical care to assume the responsibility for the treatment for which the measures by the health care centre and other basic health and social services are no longer sufficient. The smooth operation of this division of work and the ability of the health and social services to manage their own central role are crucial for the help people receive and for mental health services as a whole. This is the only division of work that enables correct targeting of the resources of specialised medical care and allows it to discharge its particular task and its share of mental health services successfully. Occupational health care and private services should also be considered as part of mental health services.
- An approach based on the concept of small-district population responsibility has proved to be the most useful method in primary health care. In the development programme for health care entitled Health Care into the 21st Century (Ministry of Social Affairs and Health, Handbooks 1998:5) it was therefore recommended that this working method should be introduced in primary health care. The need of doctors in primary health care should thus be assessed based on the requirements set by the working method and on the experiences received so far. It can be estimated that the number of people per doctor in a health care centre that would also give him/her good possibilities to react to the need of mental health services, should be less than 1,800. The ratio 1,800–2,200 people per doctor can be estimated to secure satisfactory, and that of 2,200–3,000 per doctor tolerable, possibilities for providing mental health services. In this estimate, an area is envisaged where there are no significant private or occupational health services, and the demographic structure, sickness level and need of services of the population represent “the national average”.
- It should be possible to utilise the full extent of the input of municipal specialised employees, such as public health nurses, psychologists and social workers in the implementation of mental health work.
- A multidisciplinary team/workgroup has proved to be the most practical working method in the mental health work of specialised hospital care. The team, whose make-up may vary, usually consists of a doctor, a nurse, and a psychologist and a social worker. This working method involves both co-operation and a division of labour, not always working as a group. However, practical experience has shown that working alone or in teams that are too small should not be favoured in mental health work. Work carried out alone should be supported e.g. by being part of a team (remote membership) or a suitable network.

10.

STAFF COMPETENCE AND ABILITY TO COPE IS SECURED

The inhabitants' point of view

- The inhabitants are well treated, served and cared for.

The point of view of professional personnel and professional practices

- The staff get training, consulting opportunities and job supervision according to the set plan.
- The contents and implementation method of the training are generally outlined in the training plan and, on an individual level, in discussions between the employee and the employer.
- The staff have opportunities to participate in the development of their own work.
- The employees' work motivation and coping is encouraged by developing an open work atmosphere and feedback practices.

The administrative point of view

- The importance of the personnel as a key resource has been understood.
- Management practices are developed and leadership is reinforced. The management also has the possibility to receive guidance in their work.
- The staff are provided with an opportunity to participate in the development of their own work.
- Permanent employment contracts are increased. Preparations are made for the ageing of the personnel.
- The personnel serving clients and patients are provided with an opportunity to receive consultation and regular job supervision and guidance. This is arranged when necessary, both individually and for groups.
- The professional competence of the personnel is secured with further training, both separately for each professional group and as joint multidisciplinary training. The employee and the employer agree on the training.
- The need of training is analysed, and a training plan is drawn up on the basis of the analysis, taking into account the resources available. Resources are made available for implementing the plan.

10.

STAFF COMPETENCE AND ABILITY TO COPE IS SECURED

The inhabitants' point of view

..

INDICATORS

- Patients and their families have positive experiences of the care and treatment: feedback from inhabitants and patients

The point of view of professional personnel and professional practices

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- The employees are satisfied with their working conditions: assessments by the staff, employee reviews, auditing
- The number of employees who have participated in training
- The number of employees who have received job supervision
- The units have quality programmes

The administrative point of view

- The necessary occupational safety and health arrangements are secured. Safe working conditions are guaranteed. Bullying in the workplace is prevented.
- Occupational health care and activities maintaining mental well-being and work ability of the employees are developed. The situation is assessed at given intervals.

- Human resources accounts are made and utilised (e.g. the permanence and morbidity of personnel)
- The training plan is implemented
- Violent situations are monitored

10.

**STAFF COMPETENCE
AND ABILITY TO
COPE IS SECURED**

**REFERENCES AND
EXPLANATORY REMARKS**

- According to the Mental Health Act, the providing of services requires an adequate job supervision and guidance system (Section 4 of the Mental Health Act).
- The Occupational Safety and Health Act, No. 299/1958
- The recommendation of the Meaningful Life! project on training and development. The development recommendations of the Health Care into the 21st Century project (Ministry of Social Affairs and Health, 1998:5).

11.

THE SERVICES AND OPERATIONS ARE MONITORED, AND OBSERVATIONS ARE UTILISED IN PLANNING

The inhabitants' point of view

- Any feedback from clients, patients and near relatives is taken seriously and utilised in the planning.

The point of view of professional personnel and professional practices

- The employees participate in the assessment of the suitability of the services and of the appropriateness and efficiency of professional practices.

The administrative point of view

- Information is gathered in the municipality on conditions relevant for mental health, and on the welfare and problems of the population. The needs and targeting of mental health work are assessed based on the information.
- An assessment system for mental health work is used in the municipality: a) decision on the issues that the follow-up concerns. The issues monitored have been carefully considered and specified, b) decision on the follow-up procedures, c) on reporting (to which bodies) and d) on the utilisation in order to improve quality. The results are used to develop operations.
- Nationwide information is utilised to answer the needs of the region.
- The agreed follow-up data are reported to the elected administration at given intervals. The information is also utilised by the group in charge of the general plan.
- The municipality participates in the acquisition of nationally organised follow-up information in the manner defined in a potential new plan.

11.

THE SERVICES AND OPERATIONS ARE MONITORED, AND OBSERVATIONS ARE UTILISED IN PLANNING

INDICATORS

- (Patient satisfaction)

REFERENCES AND EXPLANATORY REMARKS

- The assessment is carried out and the results utilised.

- An internal assessment system has been developed in the municipality/region.

- The follow-up information provides a guideline for the municipality/region in updating practical plans in the way required and enabled by the area in question.
- The information may include
 - Quantitative collection of data, either continuously or connected to a certain time period, carried out e.g. in order to define reasonable goals
 - Qualitative, structured follow-up, such as acquisition of feedback from clients, self-assessment by the staff or evaluating the results of work
 - Other types of qualitative assessment, such as team assessment, regional follow-up meetings etc.
 - Assessing the efficiency of care.
- The uniform collection of nationwide information on community-based care is currently undergoing a change. According to information made available by the National Research and Development Centre for Welfare and Health, the recovery/reform of the system will take about two years. The opportunity to develop the HILMO care register for this purpose has also been put forth. The Ministry of Social Affairs and Health, the National Research and Development Centre for Welfare and Health and the Association of Finnish Local and Regional Authorities will be looking at the alternatives.

12.

A GENERAL PLAN FOR MENTAL HEALTH WORK IS FORMULATED

The inhabitants' point of view

- The inhabitants participate in the completion of the welfare strategy / the general plan for mental health work in the manner considered appropriate.
- Organisations operating in the municipality participate in the formulation of the welfare strategy / the general plan for mental health work in the manner considered appropriate.
- The inhabitants are informed of the main points of the general plan. The plan is used to facilitate the use of services by the inhabitants (e.g. a map of services, website)

The point of view of professional personnel and professional practices

- Different administrative bodies and professionals in the sector participate in the completion of the welfare strategy / the general plan for mental health work in the manner considered appropriate.

The administrative point of view

- The municipality has a general plan for mental health work. The plan is based on knowledge of the inhabitants' need of mental health services, and on a considered view of the promotion of mental health and welfare as well as on the information on existing resources. The plan may form part of a municipal welfare strategy. Regional co-operation is taken into account in the planning.
- The plan is prepared by a group responsible for planning, appointed by the municipality or region. The general plan should be completed by 31 December 2003.
- The general plan involves the entire field of mental health work. The plan is prepared in co-operation with all the parties that the plan is going to involve.
- The general plan includes, among other things, an estimate of the need for services based on information, considered development targets for services and the planned co-operation and division of work among the administrative bodies of the municipality and with the organisations and private participants operating in the municipality, as well as a report on existing resources.
- The general plan includes the operational resources, complete with personnel plans.

12.

A GENERAL PLAN FOR MENTAL HEALTH WORK IS FORMULATED

The inhabitants' point of view

..

INDICATORS

- The inhabitants are informed of the general plan for mental health work.

The point of view of professional personnel and professional practices

..

The administrative point of view

- In the general plan, potential responsible parties are also named for different functions, such as preventive mental health work and rehabilitation.
- Based on the plan, a quality system is developed for the municipality/region. The plan will also include the monitoring of its implementation as part of the municipal/regional quality system.
- The plan is confirmed by the elected municipal administration. The plan is also presented to the Provincial State Office. The plan is updated at given intervals.
- The public is informed of the plan.

- Mental health professionals are aware of the contents of the plan. The parts concerning the sector's own activity have been taken for further processing in each sector

- A general plan exists for mental health work
- The plan has been accepted by the elected administration

12.

**A GENERAL PLAN
FOR MENTAL HEALTH
WORK IS
FORMULATED**

**REFERENCES AND
EXPLANATORY REMARKS**

- The Mental Health Act obligates the municipalities to arrange the contents and scope of mental health services so that they correspond to the need in the municipality or in the joint municipal board (Section 4 of the Mental Health Act). The services should form an operative entity (Section 6 d of the Mental Health Act).
- This recommendation, the *Development Recommendation for Mental Health Services* of the Meaningful Life! project (Publications of the Ministry of Social Affairs and Health 2000:4) and the related publication *Guidelines for the Completion of a Plan for Mental Health Work in Municipalities* (publication of the Meaningful Life! project, the National Research and Development Centre for Welfare and Health 2000) can be used as aids in planning.
- The choices and specifications made in the plan form the starting point for the development of municipal/regional quality criteria and their indicators.

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