

# Organisational Changes and Future Implementation of Case Management in Mental Health Services in Finland

**Heli Laijärvi**

**Department of Nursing Science, University of Tampere, Finland**

*Presented Paris 2001*

The Finnish mental health system has changed dramatically during the last twenty years. The reduction of psychiatric beds has been very great. In 1980 we had 20 000 beds, and in 1994 we had only 7700 beds (figure 1).

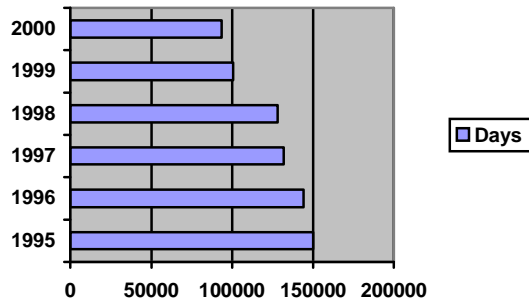
In the 1990s major organisational changes have also taken place. Before 1990 the Finnish health care system consisted of three parts: Psychiatric care, highly specialised general hospital care and primary health care. The country was divided into 21 mental health districts each with a central mental hospital along with other hospitals. The same organisation, namely the mental health district, also provided out-patient care, night and day hospital care, hostels, sheltered workshops and other forms of rehabilitation. It means, that the mental health district had the main responsibility for the services for psychiatric patients. The other medical services were provided by general hospitals and primary health care.

**Figure 1. Patients in Psychiatric Inpatients Care 1980-1994**

<b>Year</b>	<b>Beds</b>	<b>Patients</b>	<b>Beds per 1000 Inhabitants</b>
1980	20 036	17 354	4.2
1985	17 143	14 533	3.5
1990	12 336	10 026	2.5
1991	10 570	8 561	2.1
1992	9 730	7 401	1.9
1994	7 708	6 527	1.5

The Finnish health care organisation was reorganised in 1989. The psychiatric hospitals have been incorporated into the general hospitals. Psychiatric hospitals used to be independent facilities, whereas today they have beds in general hospitals. As psychiatric healthcare was reorganised, the psychiatric out-patient care has been incorporated into the out-patient clinics of general hospitals. Because the Finnish health services are mainly provided by the local municipalities, psychiatric out-patient care has been gradually transferred to municipal primary care during the 1990s. Today general hospitals provide very little psychiatric out-patient care. In figures 2 and 3 one can see how the number of in-patient days and the out-patient visits has changed during the last years.

**Figure 2. Psychiatric Inpatient Days 1995-2000**

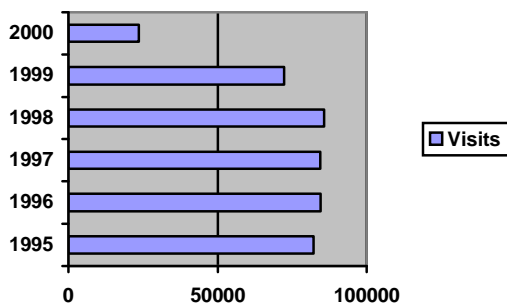


In 2000 the city of Tampere transferred the psychiatric out-patient care of its inhabitants into the of primary care organisation. Today psychiatric out-patient care is within the same organisation as social work, children´s day care services, primary health care, municipal specialised medical care, services for elderly. Community mental health services are now incorporated within Specialised Services. The social and health care organisation of the city Tampere to- day is presented in the Figure 4.

In the previous organisation cooperation accross agencies was difficult. The psychiatric health services were provided in the setting of specialised psychiatric care and primary health care was a separate entity. Today within the new organisational structure fresh opportunities for collaboration and case management exist.

Thus far Case Management has not been applied in Tampere. It is now possible to ensure co-ordination between services and to ensure that service users receive help in community settings and strengthen natural support to the individual from family, friends and other members of community.

**Figure 3. Outpatient Visits 1995-2000**



Traditionally psychiatric community care has been organised on the basis of multidisciplinary teams consisting of a psychiatrist, psychologist, social worker and psychiatric nurse. The main duty of psychiatric nurses was to take care of long term psychiatric patients at the clinics although some home visits were also carried out in the past. In future this multidisciplinary team will assess the needs of patients, plan and evaluate the delivery of care.

Alternative case managers to the psychiatric nurses are the public health nurses within Primary Health Care Services. Traditionally the main field of activity for public health nurses have been maternity and child care, family planning, school health care, adult and elderly care, occupational health care and home nursing. In the past the fields of activity were organised individually, so that one public health nurse had one field, for instance maternity care or school health care. Today the work is organised according to the principle of population responsibility which means that the population living in a small geographically defined area (1000-1500 inhabitants) have to be served by the same public health nurse. Primary health care delivery has been organised according to the principle of locally identified primary health care needs and multiprofessional collaboration within the district. Targets are set to improve access to care and continuity of care, community participation in planning and partnership within the population. Cooperation between public health services and mental health services has been poor and the reason for this has been the separate organisations and geographic distances.

The third alternative for the role of case manager team is the social worker. Traditionally there has been cooperation between primary health care and social work. In Tampere the work of social workers has been organised according to the principle of population responsibility and geographic districts are the same as the public health nurses.

Until recently several obstacles to mutual cooperation have existed between different workers: geographical distances, poor knowledge the working area of other professionals and in the case of psychiatric patients the nature of mental health problems. Those using health services may simultaneously use both public health and mental health services but neither professional were aware of the fact. Limited consultation and joint working occurred.

Today while there is a need for case management the first priority is training. It is not easy to implement a new way of working with patients. This is an opportunity for the city of Tampere given the organisational changes that have recently taken place.

Figure 4

Social and Health Services in Tampere

