

The effectiveness of legislation steering mental health services

Mental health has great significance for people's welfare, but it is also viewed as increasing productivity, economy and economic growth. The significance of mental health disorders for public finances is visible above all in large production losses due to work disability. In recent years the amount of disability pension paid on the basis of recurring depression and bipolar disorder has grown rapidly. In 2007 44.1 per cent of persons going on disability pension did so on the grounds of mental health disorders. The direct costs of treating mental health disorders are also increased by long treatment periods. The onset of illness at a very young age and the chronic nature of illness augment costs.

The objective of the audit was to determine how legislation steering mental health services works in practice. The audit examined whether legislation, different recommendations and financing steer the arranging of mental health services according to objectives and whether they promote cooperation among different actors. The data consisted of interviews with personnel who are involved in practical treatment work with mental health clients/patients as well as supervising authorities.

In the audit report the effectiveness of legislation steering mental health services has been investigated in primary health care, specialized medical care, social welfare and occupational health care. The matter was examined from the viewpoint of the working-age population. Institutional care and mental health services for children and young people have been left outside the scope of the audit, for example.

The audit indicated that tools steering mental health services are used, but not necessarily in the way the legislator has assumed they would be. The structure of mental health services has shifted more towards outpatient services, in accordance with the Mental Health

Act, but this change has also brought new problems with it. Legislation concerning mental health services as a whole is a good example of the administrative and organizational fragmentation of social welfare and health care services.

The reduction in the number of places in psychiatric institutions has been reflected in the rising number of service accommodation units produced by private service providers. The residents of service accommodation units are long-term patients who are in poor condition and in whose treatment drugs play a significant role. According to legislation a service accommodation unit should in this case have both a social welfare licence and a health care licence. The audit findings showed, however, that few private service providers who operate service accommodation units had both types of licence.

The tightening of social welfare and health care cooperation is viewed as a means to promote the formation of seamless care and service chains in mental health services. The audit findings indicated that in matters related to the mental health of the adult population, cooperation between primary health care and social welfare and occupational health care has been quite meagre. Nor has cooperation been smooth between specialized medical care and other actors. Cooperation problems came to light in follow-up care. According to legislation, specialized medical care should give health centres clear and detailed instructions for monitoring a patient's follow-up care, but the letter of the law is not observed in practice.

The success of cooperation was also hampered by problems in transferring real-time information in the care and service chain. The sharing of patient information between actors is prevented by rights concerning the use of patient documents, among other things. Personnel in specialized medical care generally have the right to read patient records kept in primary health care, but the rights of health centre doctors and other health care professionals to read patient records vary.

Well-prepared plans promote the coordination of services and ensure the quality and effectiveness of treatment. The audit indicated that plans do not meet expectations. Legislation requires that when a patient moves from one institution to another, a new (care and/or rehabilitation) plan should be prepared in the new institution. A new plan is always prepared from the viewpoint of the new service provider, so it is probable that the care and service chain for a

mental health client/patient will be based on many care models and different objectives.

In Finland a large part of health services for the adult population is produced in occupational health care. Occupational health care agreements differ considerably in content, however. Some agreements include medical services comprehensively or with restrictions, but others do not. Consequently local authorities provide general practitioner-level services for some workers, rather than employers (firms).

Numerous recommendations concerning mental health services have been issued in recent years. Information regarding mental health services is most often aimed at social welfare and health care professionals who are engaged in practical work. In the opinion of the National Audit Office, in information steering greater attention should be paid to the more precise focusing of information and the classifying of information according to significance.

Different operational and structural reforms are presently under way in social welfare and health care. According to the audit findings, in some municipalities reforms have not resulted in more efficient activities, but have made it more difficult to gain access to treatment and transfer patient records or have increased the overlap of activities.

The number of doctors who have been hired through temporary staffing agencies to work at health centres has increased as local authorities have attempted to resolve the shortage of doctors by outsourcing. Although the availability of health services has improved, the weakening of the quality of services and cost effectiveness can be considered a negative development. According to the audit findings, the use of doctors hired through temporary staffing agencies has made cooperation in mental health services more difficult and has increased the amount of work that is done in specialized medical care.

The organization of mental health services also influences access to services and costs. A general trend appears to be that some local authorities have systematically strived to shift psychiatric outpatient services arranged by hospital districts to their own sphere of responsibility. In some municipalities the development of the mental health service system was still far from complete.

It is widely thought that the resources available for mental health services are inadequate, but according to the audit findings local authorities thought that they used sufficient resources for mental health services. The question is more whether local authorities should allocate economic resources to services at the specialized medical care or primary health care level. This choice influences how well one can meet the objectives regarding prevention and early intervention that have been set for mental health work in the national mental health and intoxicant plan.

The National Audit Office considers that the proposal in the national mental health and intoxicant plan that the Mental Health Act should be updated to meet present needs is not enough, but that the Act should be completely rewritten.