A study on mental health service systems in UK and Finland among youths aged 13-19 years.

Farah Abdiqadar, Hellen Wanjiru

Laurea University of Applied Sciences

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Farah Abdiqadar,
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Mental health services in the United Kingdom and Finland have faced a variety of problems over the years as noted in the research articles cited in this study. This study aims to identify the challenges faced by the system in the UK and use the system in Finland, which the researcher is familiar with, in order to gain an insight on what works on the two system in light of the dire state of mental health services in the UK.

Purpose of the study

This study chose to focus mental health among adolescents in particular out of appreciation for the vulnerabilities of the age group. It also seeks to understand the extent to which society understands and attempts to cater for the demands of its young and describe the results between Uk and Finland. The study shall also describe mental health services in Finland and UK with an aim of establishing the various aspects of efficient mental health care service.

The study seeks seek to understand mental health provision for adolescents in the UK by focusing on the service designs and various nursing interventions available to them and reflecting on this findings in relation to the service designs in Finland.

Keywords: Mental Health, United Kingdom, Adolescents, Mental Health in Finland, Young People mental health, Mental Healthy Policy in Finland/ United Kingdom.

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1   Introduction

This study is adescription of mental health service systems in U.K and in Finland. It shall describe   information on the mental health problems faced by adolescents in both countries. It shall also describe the types of mental health service systems and nursing interventions implemented in these countries with the purpose of understanding how they are implemented. In addition, the study shall look at the nursing interventions implemented in both countries and describe them. The topic is important because after comparing these areas, conclusions and recommendations shall be made on the best ways of dealing with mental health problems among adolescents.

The mental health issues faced by adolescents in the United kingdom, as has been noted in this study, is on two fronts: One, there is the problem of increased prevalence of mental health among adolescent age group which have been identified as both the lack of adequate provision to support young people deal with the pressures of growing up in the 21rst century and a range of other issue specific to young people of this particular age group (Independent, 2016). Secondly, a direct correlation between funding and service access and quality. According to a 2015 BBC report, funding for children's mental health was cut by 50 Million Pounds (BBC, 2015).

There is also an increase in mental health problems among adolescents in Finland. There is a mental health service system implemented in both nations that is supported by various projects in the society. However, different methods and approaches are implemented by the nurses in these two countries when intervening and solving different mental health problems faced by adolescents. This study aims at filling the gap of finding out the latest information on the topic, making comparison betwen Finland and UK and coming up with suggestions on the most effective ways of solving mental health problems among adolescents.

2   Theoretical framework

The framework for this thesis is an analysis of mental health services in the United Kingdom and Finland with focus on the similarities and differences between areas of

funding access of mental health services and nursing intervention methods in order to gain an insight on issues with the UK mental health services and identify opportunities in the system in Finland

Adolescence is a period of development transition between childhood and adult. In this age, they are no longer children but are not yet fully developed adults and they undergo developmental changes, both physical and psychological . The cognitive development of children, acccording to Standford Children Magazine, refers to development in the way that children reason and think, they develop a more complex ways of thinking such as abstract thinking. When thinking about the cognitive ability of the adolescence, there are three main stages in which they are thought about, namely the early adolescents, middle and late all of which entail a gradual increase in the sophistication of their thinking about the way that they think about the world . During this stage, adolescents begin to enter into relationships with their peers, think about the world through the terms in which they experience it and question authority (Stanfordchildrens.org, 2017) .

According to Stanford Children's the early adolescence, the use of more complex thinking that adolesents develop is usually focused on personal decision making in school and home environments. In Middle Adolescene, that thinking processed develop even further to include Philosophical and futuristic concerns to reflect on the world and begin to espouse own values. In late adolescene, young people's cognitive ability tends to develop from preoccupations with both their immediate surrounding and philosophical concerns to a more complex thinking that is less self centred, according to Standford Children, with thoughts on history, and politics and a focus on the future as well as their role in society. Cognitive development of children at this stage is not a linear process, every adolescent develops at their own pace, usually differently and some children are able to use logical operations in school work long before they are able to apply it in personal lives.

 As well as cognitive and physical developments, adolescents also undergo a period of social and emotional changes which impact them in a range of ways. Childen in this age group develop ideas about themselves, self esteem, and a positive image of themselves becomes crucial as they make the transition to adulthood. Children here have not only deal with the changes taking place inside of their own body but also with peers in the same group who may also pressure them into behaviours and influence them in ways that may sometimes be negative such as practising of unsafe sex,

smoking or drinking. All of these changes, then, raise a number of issues for children ranging from the way that adolescents see themselves, understand sexuality, deal with anxieties about decisions with lifelong implications such as getting tattoos, un-protected sex, depression and suicide or even relations with their own peers.

The mental health issues faced by adolescents in the United kIngdom, as has been noted in this study, is on two fronts: One, there is the problem of increased preva-lence of mental health among adolescent age group which have been identified as both the lack of adequate provision to support young people deal with the pressures of growing up in the 21rst century and a range of other issue specific to young people of this particular age group (Independent, 2016). Secondly, a direct correlation be-tween funding and service access and quality. According to a 2015 BBC report, fund-ing for children's mental health was cut by 50 Million Pounds (BBC, 2015)   This study aims to analyse these two issues in the United Kingdom whilst also reflecting on the mental health provisions in Finland in an attempt to understand whether adequate funding and increased access of the service results in better outcomes for young people.

2.0   Range of problems youth face

According to the UK's Department of Education, more than one in three teenage girls were experiencing some sorts of Mental Health problem including Anxiety and De-pression and that among those surveyed, 37 percent of them had atleast three or more syptoms of pscyhological distress (Mental Health Foundation, 2017). The cause of this, according to a Campaigns Manager for Youth Organization, Young Minds, has to do with 21rst century life as girls face huge pressures related to stress in school, body image worries, sexualisation, bully and even uncertainties about the future all of which are putting alot of pressure on them (Cited in Guardian, 2017). In addition to these, the social media is said to exacerbate the problem of girls with body image issues as they look up to pictures of air brushed models with unrealistic looks that they are not able to gain and as a result according to the Telegraph article, a range of problems occur including depression and eating disorders. (Campbell & Marsh, 2017)

2.1 Cognitive

According to Cameron (2002) during adolescence many physical changes appear that are very healthy and a necessary transformation into adulthood. At the same time, there are some cognitive developments that take place which have been attributed to being the cause of mental health problems such as depression, anxiety, eating disorders and sometimes suicide. The physical developments are exciting for adolescents who start to engage in sex out of curiosity and hormonal changes. As a result they are exposed to using drugs, unwanted pregnancies and sexually transmitted diseases. All these can cause mental health problems directly or indirectly and they are intertwined. The most chronic and costly mental disorders are those that resulted from adolescence age and they include drug abuse, mood and anxiety disorders (Silt et.al 2009, 1).

Perryl & Carrol (2008,2) wrote about the role of impulsive behavior in drug abuse and argued that when youths chose to abuse drugs, it is mostly because they make impulsive choices. They go for satisfying immediate needs without worrying about long term negative effects such as poor health. In the process the drugs affect their mental health by killing brain cells and retarding growth. They defined impulsivity as lacking ability to quit a behavior that has harmful consequences, preferring immediate gratification to a delayed one, acting without first thinking about the outcome, having a high tendency to engage in risky behavior, being impatient, having a short span of attention and experiencing difficulties in being persistent. These definitions also describe the character of most young people who develop mental health problems.

2.2 Emotional

The kind of life experiences in the lives of young people also influence their emotional development and decision making. In situations where adolescents have no previous experience, for example in matters related to abusing drugs, they end up acting impulsively.at this stage they are dependent on caregivers because if they have had some kind of guidance from an adult then they may be knowledgeable enough to make informed decisions. This is a transformative stage where youths learn to depend on their cognitive intellectual abilities until they become independent adults (Turner-Henson 2005).However, since the learning process involves trial

and error, they might make some poor decisions that could affect their mental health.

Pubertal transition comes with challenges that can cause stress and depression to youths. Adolescents who mature earlier than their peers have a higher chance of experiencing this kind of stress especially if their peers make fun of them. They become self-conscious about their physical development and may experience interpersonal stress or conflicts such as low self-esteem. Hamilton et.al carried out a research on cognitive vulnerabilities during puberty in relation to stress. Their results were that teenagers who naturally thinks too much about everything, which is termed as rumination or have a negative cognitive style of thinking that dwells a lot on the negative side of things have the highest risk of developing mental health problems during puberty (Hamilton et.al 2014, 829).

2.3 Social

Adolescents with cognitive impairments are more highly dependent on their parents or guardians for decision making. However, as they move into late adolescence they start to relate more with peers than parents. This is because they identify more with peers and tend to be influenced by them in their daily actions. If they get conflicting advice from their parents, they find advice from peers to be more relevant and applicable. They tend to be more reluctant to open up to parents or care givers since they perceive themselves as less powerful and then become timid. The emotional development of youths at adolescence stage is also shaped by significant life experiences such as pregnancy, long periods of hospitalization or getting involved with the criminal justice system for being on the wrong side of the law (Turner – Henson (2005).

Difficulties in control of emotional behavior also influence mental health problems in adolescents. For instance inability to regulate emotions leads to bi-polar, anxiety and depression disorders. Making poor decisions when emotions are influenced and taking risks leads to unsafe sex, drunk driving and being influenced by peer pressure into drug abuse. There is some evidence which shows that there are many cognitive changes taking place in the mind of an adolescent. They cause a difference mental perception of risks and reward in conjunction with hormonal influences. These puts

adolescents at a position where they are likely to seek exciting experiences even though they are risky (Silt et.al 2009, 2).

When emotional and cognitive changes in adolescents take place successfully, they result to an ability to have well organized thoughts, reactions, emotions and feelings. The opposite is also true and if an adolescent has poorly organized thoughts and emotions, mental health problems such as depression result. However, adolescents need guidance from parents and guardians in order to achieve emotional and mental health and maturity. The guidance should be in form or appreciation, coaching and insightful advice that supports adolescents in forming their independent set of beliefs and emotions. Research results found that in depressed adolescents there is a perceived rejection from their parents. Also depressed adolescents tend to experience negative emotions with higher intensity and more frequently than healthy adolescents (Hunter et.al 2011, 436 – 438).

The dramatic social changes that take place in adolescents are increase in peer orientation, decrease in family and parental orientation as well as development of sexuality. These result from growth and maturation of hormones as well as the learning development (Nelson et.al 2005, 165). Jurist (2013, 16) argues that even though this is the case, parents should work together with teachers and school counsellors to guide and support youths because many youths may not talk to their parents or teachers but they can talk to a counsellor. He adds that the governments should be involved in providing youths with sporting activities and other talent development arenas that will keep their minds busy and provide a chance to interact with each other positively. Employment for the youth should be provided by government as an important factor in the healthy social development of youths.

When youths fail to get proper education and skills they end up being socially excluded. In Finland where education is free for all, there is still a problem of unemployment and social exclusion because of the increasing conflict between education and labor market. This refers to a situation whereby many youths study a certain area but jobs available in that area are not enough for all of them. Social exclusion occurs between those who got the few jobs available and those who do not since they cannot afford the same lifestyle. This can be a source of stress and other mental health problems for the youth who feel that life is useless and unfair due to their unemployed status. Other factors that contribute to social exclusion are global econom-

ic competition whereby foreign labor and goods can bring unfair competition into a nation and the economic recessions happening now and then (Helena, Helve & Bynner 1996, 33-36).

2.4   Mental health issues and provisions in the UK

There has been a particular issue with mental health provisions in the United Kingdom and particularly with what some in the British press have called "A crisis of mental health among the youth" (Campbelle, 2017). The study chose to focus on the concerns raised about mental health in the British press as a guide in identifying the various aspects of policy under scrutiny by stakeholders in mental health provisions for children. In an attempt to understand the uniqueness of the challenges faced by young people in this particular age group, the study referred to the the two journals of Cleveland Clinics and Standford Children's Journal discuss some of the developmental challenges unique to young people of this age group looking at the ways in which their bodies change and the range of issues they grapple with as they go through the transition including sexualty, self esteem, body image, substance abuse and peer pressure all of which have the potential to exert mental pressures for young people. Whilst these are not challenges that are unique to youth in the United Kingdom, it is an important starting point in trying to match their needs to the various types of support systems available to them.

The UK's National Health Service [NHS] is the sole public health provider funded by the British tax payers and offers a range of medical services including Child and Adult Psychiatry and part of the broader Mental Health Provision within the service (NHS.UK, 2017). Child and Adolescent Mental Services [CAMHS] incorporate all services that work with children and young people that have difficulty with emotional and behavioural wellbeing. Because of the way in which the NHS is organized, availability of the service in any particular area is determined by a range of factors including population age and level of need among others (NHS. UK, 2017). It was particularly important to examine this aspect of service organization in order to understand questions around ease of access and whether the way the service is organized adds to the challenge of 'mental health crisis' within the NHS.

Despite these figures, there remains a problem with provisions for mental health services for children in the UK. According to the Mental Health Foundation statistic on , up to 10 percent of chldren and young people aged 5 to 16 have clinically diagnosable mental health problems and yet, 70 percent of children and adolescents who ex-

perience mental health problems have not had appropriate intervention (Mental Health Foundation, 2017) In addition, 20 percent of adolescents experience mental health problems in any given year and 50 percent of mental health problems are established by the age of 14 and 75 percent by the age of 24.

An Education Policy Institute Report (2016) found that two thirds or 66.0 percent of young people aged between 16 and 34 who had attempted suicide had not subsequently recieved medical and psychological help and that specialist mental health services were on average turning away nearly a quarter or 23 percent of young people reffered to them for treatment (Frith, 2017 Pg 5). In addition, reports cites that 83 percent of NHS trusts implementing a government initiative, Future Mind, reported difficulties in recruitment of workforce with mental health nurses being the most difficult profession to recruit followed by Consultant Psychiatrists. The reports also highlights schools frustrations at obtaining support for their pupils from specialist mental health services.

 The underlying problem to all of this, it seems, is lack of adequate funding for mental health provisions. According to the EPI report, in the first year of the Future Mind initiative, of the expected 250 Million Pounds, only 143 Million Pounds were released of that amount, only 75 Million Pounds were distributed to clinical commissioning groups adn even then, it remains unclear how much of that amount has reached frontlines services. From these facts in the report, some assumptions can be made: One, that the reason a large percentage of the young people are not able to access the help they need is because there is no adequate funding for the frontline services they need with the treatment of their conditions.

If the services are simply not available, not only are minor mental health conditions that if treated at an early stage exacerbated but also also new ones develop because the support services need to help deal with these pressures are simply not there. Mental health services play multiple role in community. Prevention services ensure that youth have access to support teams, advise and activities that help them cope with the daily pressures of adolescence and the challenges that come with it. Career advisers, sexual health services, mentors, depression clinics and youth sports all go a long way in averting the crisis of mental health among the youth. Help has to be made available at frontline services when needed.

Two, The reason there is a shortage with the recruitment of staff is presumably because of the percieved pressures on frontline services, work conditions and pay all of which are do not appeal to the potential workforce. This, again, is a question of funding. If the services are not recieving enough funds to appeal to the professionals they need and the available resources are stretched thinly so much so that they are not only able to adequately compensate workers but also turn away those in need of services because of pressure, such an environment is unlikely to adequately cater for the needs of young people problems.

Also examined in the study are policy documents discussing issues on mental health for children and young people in an attempt to understand government concerns and the findings of various studies that have specifically sought to identity the challenges. One such study is the Educational Policy Insitute Report titled "Children and Young People's Mental Health: Time to Deliver". (Frith, 2017) The report identifies problems with access to health care and the extent to which the system is failing to deliver for young people and makes some damning conclusions about the level of neglect. It, for example, notes that two thirds of young people aged between 16 and 34 who had attempted suicide had failed to get a follow up treatment for their mental health conditions. The report takes a holistic view of the mental health provisions in the UK and identifies the range of shortcoming and suggestions for improvement.

 This report was particularly important for the study because of its perceived impartiality. It has been undertaken by an independent commission of the Education Policy Institute and calls on the British Prime Minister to take on the challenge of addressing young people's mental health issues. It draws the spotlight on the extent of the problem and provides insights into the ways in which government failure has compounded this particular problem. The 'Fundamental Facts about Mental Health 20I6 report (Mental Health Foundation, 2017) by a National Charity, Mental Health Foundation, was relied upon to provide factual quantitative data on mental health based on mental health research attempts to answer such questions as "what can we do, both individually and collectively to improve mental health in our society". This particular source was favoured for its empirical research it relies on.

The study has also looked at Newspaper articles to gain an understanding of public discourse and across the political spectrum around the issue of mental health and particularly for children and young people. Study choose to look at reports on mental

health for young people in the two newspapers, the Guardian, seen to be Britain's most left wing newspaper and The Daily Telegraph considered to be centre right (Smith and Smith, 2017). These two sources have been used to counterbalance each other and also juxtapose the ways in which discussions on mental health featured. Guardian featured the story of a suicidal 17 year old girl who faced wrong care without the intervention of a judge (Rawlinson, 2017). A prominent British judge has expressed concerns over the lack of appropriate services for the young girl and said her release from custody without appropriate care risked her safety. The case of this particular young girl helps highlight the dire state of mental heatlh services for young people.

Also used in this is a House of Common reports looking at the wellbeing of Children and Young people urging the government to reverse the cuts on services and equip educators with skills to address their mental wellbeing (UK Parliament, 2017).

2.5   Types of mental health services in the UK

Mental Health Services in England deal with a range of issues including Depression, anxiety, eating disorders and mental conditions that affect children including learning disability and other long term conditions and aim to cater for people from all walks of life including adolescents (NHS, England, 2017). The way in which these services are organized differ and some may not cover all mental health conditions or only deal with people of a certain age such as youth between ages of 16 and 25 in need of support with transition from children to adult services. The way that people generally access these services depends on their circumstances such as age, the particular condition and need and how urgently they require it. (Urgency is a basis, again need is not the only priority) and the ways in which the service is arranged in a particular areas. There are different pathways in the access to mental health services.) Child and Adolescent Mental Health Services (CAMHS) incorporates all services that work with children and young people who are difficulties with their emotional and behavioural wellbeing with support from a multi disciplinary team including psychiatrists, psychologists, nurses and Primary mental health workers. CAMHS are access through Personal Doctors known as GP (General Practitioner), Schools or College, health visitors and children services. Various regions in England have different CAMHS Services and as such the waiting times vary depending on where one lives. At the age of 18, adolescents transition to adult services.

2.6   Nursing interventions in UK

In the UK, there is a particular concern with nursing intervention which is belived to not come in good enough time to be making a difference in the lives of young people. Up to 70 percent of children and adolescents who experiences mental health issues have not recieved suitable intervention at the right time (Public Health England 2015, cited at Royal College of Nursing, 2017). Across the UK, access to appropriate clinical services for children and young people vary.

In the UK, every school has a nurse whose responsibility is to promote the emotional wellbeing of children. However, since 2010, there has been a 10 percent drop in the number of school nurses and so, for the remaining workforce is overstretched and often not able to deliver the support required.   Despite this, initiatives have been aimed to ensure that young people have access to mental health provisions they require at the right time and particularly from School Nurses who have recieved training in Child Mental Health (Royal College of Nursing, 2017). School Nurses provide open access drop in services which is aimed at giving children and adolescents a safe space to discuss both health and mental health issues.

2.7   Efficient nursing interventions in U.K

In addition to that, there is a campaign aimed at highlight the issue of Children and adolescents mental health aimed at educating both the carers of young people and educators about issues relating to children's mental health. Often, nurses have to work with the individual child and their families to explore the range of options available for possible treatment, whether it is to do with signposting a young person to an appropriate service or addressing concerns through the collective empowerment of the entire family in terms of dealing with the challenges that a young people faces (Royal College of Nursing, 2017). MindEd is a free educational resource aimed at enhancing mental health skills for professionals working with children as well as carers. Parental help is considered key in support for children and adolescents. Part of the campaign aimed at educating parents about children's mental health problems is about emphasising the importance of a warm and open relationship with children so they are able to communicate with them when troubled.   As well this, teachers, school nurses and counsellors are some of the frontline services that children can access support from. Mental Health nurses are part of the professional teams that work not just with the individual adolescent but the rest of their family. They may also

recommend them to a specialist who is trained to help them explore their feelings and behaviour in what is known as "talking therapy" Psychological therapy or Counselling (Mental Health Foundation, 2017). Whilst the option of medication is also available to children and young people in the UK, often, it is the talking therapies that are considered most effective.

2.8 Mental health service system in Finland

Mental health services in Finland have been decentralized since 1990. Before, they were offered in a place that was separated from the normal hospital buildings. Decentralization of services came from a legislative act in parliament that stated importance of specialized care leading to merging of psychiatric care with other secondary health care services for instance psychiatric beds are currently within general hospitals. Over the years, mental health service provision has improved under the ministry of social affairs and health. Housing services are more commonly used instead of hospitals and primary mental health care services are offered by each municipality. Municipalities also look into other needs of mentally ill people such as housing or providing personal assistants where needed (Patana 2014,4-6).

The positive thing about deinstitutionalization of mental health services is that it has reduced long-term care in favor of user-oriented services that are flexible and outreaching as well as out-patient care. In this current system it is possible to utilize early intervention measures and develop prevention strategies. In Finland the development of mental health services and substance abuse services is done together since it goes hand in hand. The independence of patients and voluntary enrolment to mental health care is the main emphasis in Finland. It is followed up by out or inpatient hospital care depending on the situation. A referral is vital if a patient needs access to psychiatric ward or clinic. For better efficiency, psychiatric treatment is made available online and in all municipalities (Patana 2014, 7-9).

According to the Finnish special health care act (1062/2010/31) a general practitioner is only allowed to refer psychiatric patients to in-patient ward if it is an emergency and doctor was not readily available. According to National Institute for health and welfare (2008) in Finland the average time spent at in-patient care is 36 care days after in-patient care has been successful, patient goes back to being taken care of within the family and community while getting some counselling, medical treat-

ment and follow up through outpatient clinic. In Finland there are numerous private mental health care institutions that one can chose from based on affordability but most offer psychiatric nursing home service (*Ibid*). Nurses co-ordinate the care patients get in community and that given at the hospital by for example educating parents, relatives and other close community members like teachers on how to take care of psychiatric patients and remind them to attend out-patient clinic.

The use of e-services has been inculcated into the Finnish system to make mental health services widely accessible, faster and easy to use. Citizens can read about various mental health illnesses and their symptoms from the wide pool of information given on healthcare websites and confirm if they or their loved ones need medical attention. All appointments and follow up meetings can be booked and arranged online by clients or their guardians. When a patient is referred to in-patient care, health care professionals can access his/her history online and give the necessary care quickly and efficiently (Hyppönen, Hämäläinen & Reponen 2015,29).The same pool of information that is recorded electronically is useful when carrying out research and recording statics on mental health issues which can generate solutions to problems in this area.

2.9   Mental health services for youths in Finland

Youths in Finland spend a lot of time on the internet and they do not find it easy to seek for help face to face which is why online mental health services have been developed.In Finland we have online services such as mentalhub.fi that assists youths from the comfort of their homes. It gives them adequate information on availability of therapy services but a visit to a doctor becomes necessary because there is need for a referral that will prescribe the best type of online therapy for that client. Examples of problems addressed on this website are mild or moderately severe problems in the areas of alcohol abuse, depression, nudity or anxiety disorders .All these therapies can be accessed anytime and anywhere and the costs are made affordable by Finnish government. However, if the mental health problem are very severe, it is not possible to treat them online hence need for in or outpatient clinic.

Young people need to use outpatient mental health services or the 24 hour inpatient services. They can go there on voluntary basis but if they are not mentally stable enough to seek help, they have to be taken involuntarily. From 1996 to 2003, a notable increase in involuntary care for youths was noted through research. This situation is similar to that of England and Wales where 19% of youths were under involuntary treatment whereas in Finland, one out of four patients among the youth are also under involuntary care. Whether youths will be taken in on voluntary or coercive basis depends on values, resources available, work cultures and the level of a client's cooperation (Siponen 2007). If the client is mentally ill but has refused to seek help independently, he/she lives a society with no choice other than involuntary inpatient treatment.

In Finland mental health services are not highly institutionalized but flexible enough for clients to efficiently utilize in-patient and outpatient care. This has been done to reduce the negative effects of highly institutionalized care that can make clients feel more like prisoners and end up attempting suicide instead of getting better. Community based care in Finland includes online services that makes it easier for clients to reach out for help and local teams within the community that for example give shelter and counselling to people with various mental health problems. The health care structure includes community health care teams that work together with primary and secondary care givers (Pirkola et.al. 2009).

In Finland child mental health services are given to those up to age 13 while services for adolescents are meant for those up to age 23. Waiting times for adolescents are shorter than for adults but the transition on service from adolescent's service to adult mental health service is not a problematic process in Finland. According to THL (2012) involuntary care for adolescents has increased in the past ten years for adolescents above the age of 15. In outpatient care majority of patients aged 7-14 are boys while majority of patients aged 15-20 are female. Sometimes involuntary care services is common and necessary for adolescents.

Due to the increasing need for mental health services for adolescents in Finland SCREEN intervention has been formed. It is called SIHTI in Finnish and it aims at making these services quickly and easily accessible without any referral. It was initially implemented in Kuopio and Imatra and it ensures that the adolescents' psychosocial situation and whether there is need for further treatment is assessed within 5 brief

sessions.The screening is done by a primary health care giver and if the condition is severe, that client is then referred to secondary health care. Statistics showed that 2,071 adolescents used this service over a period of three years , most of the conditions reported were anxiety and depression but there were two times more females than males (laukkanen et.al 2010).

2.10 How society supports adolescents in Finland

The Finnish mental health act (1116/1990/4) highlights that community is the core location for taking care of patients in need of psychiatric care. Therefore there are joint or single unit municipal boards that create mental health services that are sufficient for each community in terms of quantity and quality. In conjunction with hospital care, each municipality in Finland should have a fully functional structure that treats mental health illnesses. Patients who require specialized psychiatric treatment are referred by a general practitioner within a private or public health center to the nearest community-based psychiatric care service. However, if this does not offer sufficient treatment, that patient can be referred by a doctor to in-patient treatment (Korhonen 2010, 5).

The Finnish society works in collaboration with the Swedish and other societies in supporting young people in the fight against mental health problems. It does this through projects such as the National collaboration for mental health which aims at improving psychiatric care by increasing accessibility, letting voices of patients be heard, changing public opinion of mentally challenged people, providing education, resources and support to patients and their relatives. This empowers patients and the experience benefits members of society, national government and organizations that co-operate within the project. The ministry of health and social affairs gives this and other projects some funds to help them achieve their goals (Patana 2014, 90-93).

Society takes youths through the process of socialization. It is a process through which they learn rules and behaviors of the society they live in and understand what is expected of them. This is mainly done at the family level but also schools and other institutions in society contribute. Personality can be termed as a product of socialization. However, in modern times socialization is less practiced than before because children are allowed to be their own unique individuals instead of being forced to

conform into society's rules and expectations. Also there are different types of multicultural lifestyles that make it difficult to decide which one must be followed. However, socialization plays an important role by creating strong mental structures in the youths which assist in making good choices that are in line with society's expectations (McCarthy, Jane & Edwards 2010, 184-186).

The family as a unit of society plays a major role in helping mentally ill youths to seek help and get better. In most cases, adolescents either do not know that they have a mental illness or are not brave enough to seek for help. In many of the reported cases in Finland, parents of a depressed child had been actively involved in seeking help for their children's mental illnesses. Having a supportive family and social networks helps youths to overcome mental health problems and to avoid relapses after healing. Since mentally ill youths have a weak decision making capability, they depend on close relatives and adults to help them make the right decisions every day until they are mentally healthy and mature enough to decide on their own (Fröjd et.al 2007).

The ministry of social affairs and health (2010) also tries to reach out to those who have depression, rehabilitate them and get them back to work. It does this in collaboration with nonprofit organizations, society and employers. Employers are encouraged to give a good atmosphere at work and are trained on how to recognize early symptoms of depression. In their study on community mental health services and suicide, Prikola et.al (2009, 151) found that there are a variety of mental health services in the community that have had a positive effect in reducing depression. In addition their study emphasized that outpatient treatment was better than in-treatment because it had better results. This is because those who went through support from community had less tendency to commit suicide than those who attended in-patient treatment only.

2.11 Nursing interventions in Finland among youths with mental health problems

In a study on ideology of nursing care in child psychiatric treatment, it was concluded that several interventions can be used to care for the patients .The various types of nursing interventions include educational care, family integrated care, individual

care, milieu care, integrated care and psychodynamic care. In Finland, the highest percentage of adolescents who went through mental health interventions were treated through the family integrated care approach in combination with individual care.This two approaches had the frequency rate of 61%. Milieu care and integrated care were also reported to be quite frequently used in Finland but education and psychodynamic care were the least frequently used among adolescents at the rate of 37% (Ëllillä et.al 2007).

Family integrated care involves co-operation with the whole family whereby they are involved in discussions at different stages of a patient's treatment. This type of intervention is centered on utilizing the family network and its resources in helping a client get better. Individual care looks into the needs of a client whereby an individual care plan is made.It puts value on a patient's individuality and dignity in the treatment process. The milieu centered nursing care includes letting patient integrate with the whole community and make meaningful relationships in individual and groups settings. The principles of community care are also applicable in ward care in daily routines where patients learn how to live with each other (Ëllillä et.al 2007).

Educational care is important for youths because it gives them the right information on all the things they are curious about such as drugs. It is important in growth and development of adolescents as it implements good learning and upbringing. Psychodynamic therapy is implemented based on psychoanalytic theory as the guiding ideology of psychotherapeutic care. Integrated nursing care refers to a combination of individual and family centered therapies in conjunction with principles of nursing and the nursing process. It combines nursing interventions with child psychology for best results. It also involves cooperation among different professionals and a variety of multidisciplinary work groups (Ëllillä et.al 2007).

In Finland nursing interventions are done based on the nursing process that includes collecting data, nursing diagnosis, outcome identification, planning/implementation and finally evaluation. It starts with nursing diagnosis whereby the background assessment data is collected and used to establish the type and extent of mental health problem that a patient has. For example an adolescent can have an anxiety disorder and an intellectual disability at the same time and these can only be diagnosed after thorough investigation and collection of data. This is followed by outcome identification that includes short and long term goals to be achieved by the pa-

tient in each stage of the treatment process.Successful nursing diagnosis also depends on severity and degree of the mental health problem (Townsend, 2015) .

A plan is then made based on outcomes identified and it includes all the things to be implemented and a well written care plan. It is basically a plan on the type of care to be given for those outcomes to be achievable. The plan includes family members and multi professionals who will be involved in the healing process of a client. It is based on the nursing interventions that have been selected as suitable for helping a certain client and it varies from one client to another. Evaluation is the final stage of nursing process which is a re-assessment of the plan to see if it has been implemented well enough to achieve identified outcomes. If it turns out that some outcomes have not been achieved during evaluation, a new plan is made and the nursing process starts again until the client is well (Townsend, 2015).

A psychiatric nurse plays a huge role in the implementation of nursing interventions because she/he has to first establish an efficient nurse-client relationship to be used throughout during the nursing process.This is based on creating a good rapport with clients and basing the relationship on trust, genuineness, respect and empathy while maintaining healthy boundaries.Knowledge of personality theories like Johari's window is also applicable while implementing nursing interventions. Therefore psychiatric nurses should have good interpersonal skills to be used in assisting clients overcome mental health difficulties. The nurse-client relationship is used to achieve specific goals in a client's life. Phases of therapeutic nurse-client relationship include pre-interaction, introductory, working and termination phase (Townsend, 2015).

The different municipalities are charged with the responsibility of organizing rehabilitation services, housing services and where necessary home services for those undergoing mental health treatment.At the same time, psychiatric nursing focuses on providing medication, care and rehabilitation to patients. It also works on prevention of mental health problems before they occur or before they cause further damage. For example among youths, if peer pressure is established as a cause of mental health problems such as stress and anxiety among students, preventive measures will be implemented and they include education programmes and general creation of awareness (Ministry of social affairs and health, 2013).

3   Purpose of the study

The purpose of this study is to describe main aspects of mental health service systems in U.K and in Finland. This shall be geared towards combining knowledge on the subject from the two different countries and understanding the best ways of implementing mental health services. The results shall be helpful in assisting the two nations to borrow ideas from each other. The study shall contribute to the pool of knowledge in this area and highlight the most recent methods of assisting youths who have mental health problems.

 There are increasingly more mental health problems faced by young people currently in UK and in Finland and a description of the services they get will help to establish some solutions and give different perspectives on the best fitting provisions, services, nursing interventions and societal support that can be implemented to improve the situation.

3.0   Aim of the study

To describe and define certain aspects of mental health service systems in U.K and Finland.

3.1   Research question

1. What is the description of mental health service systems in UK and in Finland?
2. How can nursing interventions used in U.K and in Finland be described?

3.2   Goals of the study

1. To define and describe the types of mental health services in UK and in Finland.
2. To describe nursing interventions used in Uk and in Finland.

4 Methodology

4.0 Literature review

Literature review, according to Robson and Mcartan (2015) surveys books and scholarly articles available in the area of study and particularly the theories providing a descriptive summary and critical evaluation of subject under evaluation. This study is attemping to describe the two systems although they are very different in terms of the population sizes they each serve, service design and the different ways in which they are funded. We shall attempt to establish whether there are adequate mental health services that determine the quality of care provided to this particular age group in both countries.

The study will do this by first of all reviewing available litreature on mental health in the United Kingdom and Finland to discern the range of issues highlighted in them with particular focus on funding and provision of mental health services, types of services offered, nursing interventions used and societal support available. It shall also look at how accessible the services are to young people and make conclusions on how all these factors correlate with the outcome.

4.1 Data collection method

This Study relied on both qualitative and quantitative research as well as government reports, newspaper and academic papers on the Laurea database such as Proquest, CINAHL, E-book central and psycArticles. UK's NHS service and Finland's mental health online service websites such as mentalhub.fi and THL were also used. The search was conducted using a number of key words including: Mental Health, United Kingdom, Adolescents, Mental Health in Finland, Young People's mental health, Mental Health Policy in Finland/ United Kingdom, as shown in the table below:

4.2 Table 1. Keywords used

	Finland	United Kingdom
Mental health services and societal support	((services') AND (mental health) AND societal sup-	((services') AND (mental health) AND societal sup-

	port*AND Finland)	port*AND UK)
Problems facing adolescent's mental health services	((problems') AND (mental health) AND adolescents*AND Finland)	((problems') AND (mental health) AND adolescents*AND UK)
Nursing interventions	((nursing intervention') AND (mental health) AND adolescent* AND Finland)	((nursing intervention') AND (mental health) AND adolescent* AND UK)

There has been a particular emphasis on dates of the material chosen and those most recent were privileged as the study aimed to reflect on the current concerns in the provision of mental health for young people featuring very recent debates. Newspaper articles were useful in providing this insight into discussions on mental health from both the government perspective and charities in the field.

The research was limited by the following inclusion criteria:

Publication dates were 2007 -2017

Full text available

Being peer reviewed

English language

Being free of charge

The study focuses on adolescents aged 13-19 years

Exclusion criteria were as follows:

The study is on adolescents so literature to be reviewed was excluded if it discussed about children below 13 years or adults above 19 years.

Articles were excluded if they were published earlier that 2014 and included in they were published between 2014 to 2017 for official government policy documents in order to ensure that the reports considered in the study were relevant for the time and contemporary. Articles that were published more than ten years ago were excluded.

4.3   Study short comings

This study does not for example cover the ages 13 years and below, does that mean there are children of this age group who are not present in this particular areas? Do

they have travel long distances to access such a service? If provisions for such a service is not made in where they live, how do they access it and is that a challenge? Is study able to identify individual case studies.

4.4 Analysis

To analyse the data collected in this theseis, the method of data analysis to be used is inductive content analysis. Cetain articles shall be reviewed in order to answer the research questions which are finding out the type of societal support is given to adolescents, understanding the the types of mental health services available and to know how are the nursing interventions used in Uk and in Finland.

Inductive content analysis is the qualitative analysis method of content analysis that is used to develop theories researchers use it to identify themes from studied data materials. It uses inductive reasoning ,as the name suggests, whereby raw data is examined repeatedly and comparisons are made until themes emerge. The process of inductive content analysis enables researchers to understand the raw data very well and then generate new information from it (Hsich & Shannon 2005).

Inductive content analysis is done systematically by first implementing the process of arranging raw data through a method called open coding. In this initial process, the researcher reviews all data available many times to understand the content and grasp the whole image portrayed by that data just like when reading a novel. However, the researcher has to make notes in the text and notedown important headings withn the text as he/she reads through. The second step is for the researcher transfer the headings and notes onto a coding sheet. Lastly the data is analysed after grouping the data, this happens after similar headings are put together into themes and sub-themes resulting to extensive categories of new information (Hsich & Shannon 2005).

Themes can be defined as the sentence or phrase that says what a set of data means or what it is all about. It can also be looked at as what links ideas and expressions in the textual data as well as images, objects or sounds. Some themes are broad so they link many concepts and expressions while others are narrow and more specific. Themes should fit in with the objectives of a research and this determines which themes should be concentrated on in the process of defining, tagging and coding.

There are several tips suggested by Ryan & Benard (2003) that help researchers to detect themes within a text. They include, repetition, indigenous categories, metaphors, comparisons and linguistic connectors (Guest, Macqueen & Namey 2012).

5 Results/findings

5.0 What is the description of mental health service systems in Finland?

5.0.1 Structural set-up of mental health services in Finland

Mental health services in Finland can be described as very well structured to cater for the mental health needs of youths in Finland and they are funded by the Finnish government. The online mental health service at mentalhub.fi has been a great invention that has made it easy for young people to get the right information as long as they have internet at home or on their phones and then reach out for help. It has been translated into English, Finnish and Swedish in order to reach as many youths as possible. There is also good utility of e-services in mental health care because all appointments and follow up meetings can be booked and arranged online by clients or their guardians. Health care professionals can access clients' history online and give the necessary care quickly and efficiently (Hyppönen, Hämäläinen & Reponen 2015,29).

Youths have efficient out-patient or inn-patient care at their disposal. They can get there either voluntarily by walking inn or asking for help online or involuntarily. According to Siponen (2007), decision on whether youths will be taken in on voluntary or coercive basis depends on values, resources available, work cultures and the level of a client's co-operation. Although the best situation is where a client seeks for help voluntarily, it is not always possible depending on the type and level of mental illness. Therefore involuntary care is seen as necessary whenever a client's level of co-operation is low. The type of resource required is mostly human resource whereby the family can call for an ambulance and get assistance in taking a client to hospital involuntarily. According to Patana (2014), In Finland the development of mental health services and substance abuse services is done together since it goes hand in hand. Therefore adolescents get care for both mental health and substance abuse in one centralized place.

However, once that client has been admitted to inn-patient care, health care givers re-assure him/her that it is only for a short while until the client is well enough to go back home. Pirkkola et.al (2009) states that highly institutionalized care can make clients feel more like prisoners and end up attempting suicide instead of getting better. Therefore, only in the intensive care units are clients kept behind locked doors. Once they are stable enough to join inn-patient care in the rehabilitative units, they are allowed to work or outside for smoking or shopping purposes at any time as long they handle themselves responsibly. They are also given holidays to go and be with their families.

According to Patana (2014) housing services are more commonly used instead of hospitals and primary mental health care services are offered by each municipality. In this case, patients get health care in a homely environment where they have their own space. They are also allowed to participate in daily chores within the housing service.Each municipality is empowered to offer mental health care services because each small group of people has different needs. For example in one area cases of depression may be more common than another area and so they will manage to research on the cause and implement well suited services. Furthermore, Patana adds that the average inn-patient time in Finland is 36 care days. This shows that the focus is on helping patients get back to a normal life as soon as possible instead of having to be confined in a hospital.

According to THL (2012), the period of time that adolescents have to wait in order to access mental health services is shorter that of adults. This shows that young people's health is highly prioritized and well taken care of in Finland. Once the young client reaches the age of 23 years and has to join the adult's mental health department, the transition is a well-planned and smooth process. Despite the fact that mental health service structure is well set-up in Finland, there is a need to improve on it daily to cater for the dynamics in mental health that are presented by modern day society. This is why the government through ministry of social affairs and health invests in research. A variety of projects and programs emanate from this research such as the SCREEN intervention that has made assessment of clients much faster.

5.0.2 Society's role in Finnish mental health services

Patients who require specialized psychiatric treatment are referred by a general practitioner within a private or public health center to the nearest community-based psychiatric care service. However, if this does not offer sufficient treatment, that patient can be referred by a doctor to in-patient treatment (Korhonen 2010). This is because the Finnish mental health act (1116/1990/4) highlights that community is the core location for taking care of patients in need of psychiatric care. Once clients are placed in community-based care, they are able to interact with members of the society in either structured or unstructured meetings. This helps them to recover and re-adjust to normal life.

The ministry of social affairs and health in Finland funds various projects in society in the field of mental health. Acording to Patana (2014) these projects aims at improving psychiatric care by increasing accessibility, letting voices of patients be heard, changing public opinion of mentally challenged people, providing education, resources and support to patients and their relatives. Therefore society plays a role in increasing accessibility to mental health care services by working together with municipalities in identifying the relevant services for each area. Society also plays a major role in eradicating stigma towards those with mental health challenges. It does this by speaking out for them and letting everyone understand how they would like to be treated. It also helps the clients by educating them on various matters that concern them and helping them to develop a good self-esteem.

Institutions within the society such as schools and non-governmental organizations are an important tool that helps in the process of socialization for every member of a society. According McCarthy, Jane & Edwards (2010) socialization plays an important role by creating strong mental structures in the youths which assist in making good choices that are in line with society's expectations. Once a client has been released into society after treatment, good socialization is important in the prevention of relapse. The family unit acts a bridge between client and society and it is the main system of support. The family monitors client's progress and tell if there are any signs that the illness is reoccurring. Fröjd et.al (2007) explains that since mentally ill youths have a weak decision making capability, they depend on close relatives and

adults to help them make the right decisions every day until they are mentally healthy and mature enough to decide on their own.

5.1   How can nursing interventions in Finland be described?

According to Ëllillä et.al (2007) and Townsend (2015), the main types of nursing interventions used in Finland include educational care, family integrated care, individual care, milieu care, integrated care and psychodynamic care. T
The the individual care method puts into consideration the fact that every person is unique and puts down a personalized and well-fitting care plan for each client.

Family integrated care method involves the family in the care and treatment process of a client. Once they are informed, they can be told how best to support the client in the recovery process for instance what to say and what not to say to a client to avoid stigmatizing him/her. Clearly written guides can be given to each family members so that they can be enlightened and feel that they are a valued resource. The guide should include as much information on the client's condition so that they can detect any unusual symptoms as well as negative and positive changes in the client at home. When family members attend meetings together with other professions in the field, they learn about patient's development and be encouraged to give a patient some freedom, love and support in each step of the healing process.

Milieu care can be implemented once the client is stable enough to mingle within a community. With the help and support of family members, the client gradually meet more people through structured group meetings and engage in various hobbies or economic activities that those groups are involved in. If the client has been ill for a while, he/she might have missed out on the things peers have been learning to do and being put in a group with them provides a chance to catch up. This will build on a client's self-esteem by creating a sense of belonging and acceptance in a certain community. If need be, the client can also go through some hours of educational care.

During the care process, nurses establish the areas where a client would need more information and clarification. This is because most young people are vulnerable to

being miss-led by peers who share wrong information on topics such as drugs and sex. Educational care can be given to these clients towards the end of their mental health care process. When an evaluation is being done on a client, it should research on whether that client has adequate information on all topics that might lead to relapse. Psychodynamic care is also implemented if the nurse identifies that psychodynamic theories are going to be helpful in creating a systematic guide during therapeutic sessions.

6   Discussion

6.0   Ethics

According to Robson (2017) is the process of a serious thought to the ethical aspects of what one is proposing which ought to be reviewed throughout a research process and in tandem with all the other aspects of the study rather than a stand alone. The topic of mental health and particularly for young people is a sensitive topic and because these young people are vulnerable and as such, there were ethical issues that were to be considered. This research mainly focused on literature review and particularly in the areas of mental health provisions in both the United Kingdom and Finland in an attempt to understand the ways in which young people access these services. Care has been taken to ensure that all literature reviewed were official reports and documents from UK government institution as well as organizations that work in the area of children's mental health services which have presumably been

through a rigorous ethical scrutiny to ensure that the methods as well as participants of any study cited were not identified.

The study considered the ethical rights of minors such as right to privacy which includes valuing their feelings and right to freedom from harm by ensuring that all materials used did not discuss adolescents in a bad light.The ethical consideration of proper use of reliable statistics has been taken into consideration whereby no statistics have been exergerrated or misquoted. Thus no statistical results are either false negative or false positive results but just a representation of the actual facts on the ground. Data analysis shall be carried out with utmost compretence and care to produce best realistic results (Chandokar & Nagoba, 2009).Pladgiarisim shall be avoided by ensuring that the authors of the original books and articles used in this study are well cited. There shall be no information that is directly copied from an author since all the materials we have read from have been paraphrased.

While researching for this thesis, writers bore in mind the implication of researching this particular topic of mental health services and particularly children and the ways in which such a study can be particularly intrusive to young people who are already vulnerable to ensure that it was done in a sensitive manner. The study did not throw up any major ethical concerns. Almost all the sources used in the research were professional sources that had incorporated ethical guidelines in the disciplines of academia and journalism. Except for the compelling case of a suicidal 17 year old teenage girl whose case has been highlighted in a Guardian newspaper article and whose identity has not been specifically revealed, none of the sources discussed individual case in any capacity and focus on mental health was approached from the broad perspective of policy formulation.

Other ethical considerations were whether the study is worthy to be carried out and we have concluded that it will contribute to the pool of knowledge on mental health services in Finland and UK and give us a better understanding of this area in our careers in future. To achieve this, the study will be done with utmost honesty and competence after following supervision, training and consultation from our lecturers at Laurea. The researchers shall try to collect relevant information to avoid having poor quality data that cannot be analysed.harming the image of Finland or UK by portraying either in a negative light shall be avoided because it is unethical. We shall

be careful not to violate privacy by not using any kind of protected infor-
mation(Miles, Huberman & Saldana, 2014)

6.1   reliability

As regards the reliability of this study, because it is was not a primary research con-
ducted by the author, all the relevant information has been gathered from official
documents by organizations and government institutions that work in the field of
child Psychiatry and Mental Health Nursing. Due to issues of scope, time and re-
sources, the study has not been able to incorporate information from all of the avail-
able sources in the field of mental health. Focus has been narrowed down to the
ways in which various services have been designed and the ways in which they are
accessed by adolescents with mental health issues with particular emphasis on the
shortcomings of the system in the UK. Service design in Finland has been drawn on as
a secondary reflection to get an understanding of how a different system might func-
tion. This study does not in anyway provide a holistic picture of mental health ser-
vices in the UK and neither was that an aim that it had set out to do right from the
beginning. Rather, the study aimed to provide a glimpse of the issues for mental
health provision in the UK and serve as a useful starting point for understanding what
the issues are. It does not go deep enough in excavating the issues and possible solu-
tions to the Mental Health issues in the UK but a snap shot of official concerns about
the system.

6.2   Conclusion

One conclusion drawn from a reflection of the two systems is that the ways in which
the two systems are organized is crucial for the services provided. The system in Fin-
land has multiple points of access in which young people can access support from.
This points of access are funded by different municipalites in conjunction with the
central government.

The UK system is centrally organized with the NHS, a single institution tasked with
the provision of these services. As shown from the UK literature, the NHS has chal-
lenges such as shortage of funding which in turn affects recruitment and the reten-
tion of staff and the way that young people access mental health services.

In both countries, individual/talking , family and education therapies are used during nursing interventions to assist adolescents in dealing with mental health issues. Although the range of therapies used in Finland is very wide, education therapy is widely used in both countries to educate and create awareness on various mental health issues. As a result, there has been several successful campaigns that raise awareness on mental health issues among adolescents.

In both countries society is actively involved in providing mental health services to adolescents.however, in Finland the constitution has emphasized on community being the best place for recovery from mental health challenges. This has empowered society to take a more active role in intervening for those affected.

6.3   Recommendations

1. The UK system has been identified to have shortage of funding. This has a knock on effect on service access and the workforce retention.
2. Improved access to mental health services result in improved outcome for young people. NHS should consider redesigning of services to support young people in the community with online services such as mentalhub.fi. Such services ease pressure on the inpatient and outpatient services and provides better and ongoing support to young people with mental health difficulties.
3. The ministry of health and social affairs should continue to fund projects that will enhance mental health service provision in Finalnd. This will assist in dealing with any new issues that are affecting adolescents such as addiction to internet.
4. Nursing interventions used are sufficient but there is always room for improvement. Therefore research should be carried out in the various academic institutions to find more efficient interventions.
5. It would be helpful to have an organization of mental health nurses in Europe where they can share information and ideas on implementation of mental health services to cater for the smooth flow of information.

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8 List of tables

8.0 Table 1. Keywords used

9   Appendices

9.0   Appendix 1. Data collection process in Finland

Reference database	Proquest central	E-book central	PsycARTICLES (proquest)	CINAHL
Search words	((nursing intervention') AND (mental health) AND adolescent* AND Finland) AND (societal support) AND (mental healthcare problems)	((nursing intervention') AND (mental health) AND adolescent* AND Finland) AND (societal support) AND (mental healthcare problems)	((nursing intervention') AND (mental health) AND adolescent* AND Finland) AND (societal support) AND (mental healthcare problems)	((nursing intervention') AND (mental health) AND adolescent* AND Finland) AND (societal support) AND (mental healthcare problems)
Limitations	2007-2017 All the search words present title/abstract , full text, English	Last 10 years All the search words present title/abstract , full text, English	2007-2017 All the search words present title/abstract , full text, English	Last ten years All the search words present title/abstract , full text, English
Number of references	20	5, 447	25	30
Number of articles chosen based on the title	5	10	13	20
Number of articles chosen based on the abstract	4	5	5	5
Number of	6	3	3	4

articles chosen based on the full text				
The total number of suitable articles after removing the similar ones	6	3	7	4

9.1 Appendix 2 data collection process in UK

REFERENCE	PROQUEST CENTRAL	E-BOOK CENTRAL	PscyARTICLES	Google Scholar
SEARCH WORDS	Mental Health Nursing/ Youth Mental Health/ Youth Mental Health in UK.	Youth Mental Health/ UK	Mental Health Interventions	NHS Youth Mental Health
LIMITATIONS	2007- 2017 UK based official reports on Youth Mental Health/ NHS Mental Health for Youth.	LAST 10 YEARS All the search words present title/abstract, full text, English.	2007 - 2017 Mental Health Interventions in UK	2007-2017
NUMBER OF REFERENCES	13	2,600	38	3641
NUMBER OF ARTICLES CHOOSEN	5	4	3	12
NUMBER OF ARTICLES CHOOSEN BASED ON ABSTRACT	3	3	1	8
NUMBER OF ARTICLES CHOOSEN BASED ON FULL TEXT	5	2	1	7
THE TOTAL NUMBER OF SUITABLE	6	2	7	6

ARTICLES AFTER REMOVING THE SIMILAR ONES				

9.2 Appendix 3 Data analysis table Finland

Summarized data/Theme description	Sub- themes	Major themes	Main themes
1) Online mental health consultation and treatment services in areas of alcohol abuse, depression, nudity or anxiety disorders are offered at mentalhub.fi. 2) Out patient and inn-patient care services are readily available. 3) Involuntary care is necessary if patient will not go to hospital voluntarily. It depends on values, resources available, work cultures and the level of a client's co-operation. 4) Community based care is available in form of local teams that give shelter and counselling. 5) Transition from youth's mental health service to the adults happens at age 23. 6) Research is done to ensure better methods on interventions are discovered. 7) Ministry of health and social affairs funding of projects.It also offers trainings on how to detect depression to	1) A doctor's prescription determines which kind of online therapy is suitable to a patient. If the problem is severe, patient is referred to in-patient care. 2) Inn-patient care is 24hrs and it is based on doctor's prescription. Government makes mental health services affordable for its citizens. 3) Involuntary patient care has increased over the past ten years. 4) In-patient care is given only for the necessary periods of time and patients are released quickly enough for them not to feel like prisoners. After that they join out-patient care. 5) Transition from youth to adult care is a smooth process that is handled by nurses and other care givers.	- Online therapy -In-patient and out-patient care. -Presence of good interventions strategies and transition processes. -Ministry of social affairs and health funds research and offers trainings. -Society and family detect and	-Structural set-up of mental health services -Society's contribution to mental health services in Finland

employers and other groups. 8) The society socializes youths into knowing how to make good decisions based on societal rules. Family unit within society identifies youths with mental health problems, finds them professional help and supports them through the healing process.	6) There is a quick method of intervention called SIHTI that is used to asses need for further . Treatment in 5 brief sessions by primary care givers. 7) Projects funded aim at improving psychiatric care by increasing accessibility, letting voices of patients be heard, changing public opinion of mentally challenged people, providing education, resources and support to patients and their relatives. 8) Support from family and society.	support youths with mental challenges.	
1) Family integrated care therapy involves the family at different stages of the treatment 2) Individual care involves making a care plan for the client putting into consideration that individuality and integrity of a client.	1) The family is a resource that has an important role in helping patients to recover through the family integrated care therapy. 2) Individual care plans are a necessary tool for each client and	-Nursing care therapies. -Nursing care process. -Roles played by	Nursing interventions

3) Milieu centered nursing care is where client is encouraged to mingle with community members and make meaningful relationships from individual and group settings.	they consider the person's integrity and uniqueness. A combination of family and individual care is the most highly used in method in Finland.	mental health nurses.
4) Educational care is given to inform youths on topics such as drugs. It brings good learning and up-bringing.	3) Community plays a vital role in making a client feel valued during recovery which prevents relapses.	
5) Psychodynamic therapy is implemented based on psychoanalytic theory as the guiding ideology of psychotherapeutic care.	4) Educational care teaches youths how to detect and avoid mental health issues.	
6) Integrated nursing care combines family centered and individual therapy.This requires co-operation among different professionals.	5) Psychoanalytic theory is the main tool used in psychoanalytic therapy.	
7) In Finland nursing interventions are done based on the nursing process that includes collecting data, nursing diagnosis, outcome identification, planning/implementation and finally evaluation.	6) Nursing intervention therapies can also be combined to achieve better results.	
	7) Nursing interventions follow a systematic and well planned process to attain best results. The nursing process may start again if the evaluation of a plan's implementation shows there is need for that patient to go through more nursing care and therapy.	
8) The role of a mental health nurse is to create a good relationship based on on trust, genuineness, respect and empathy while maintaining healthy boundaries.		
9) Relationship between nurse and client goes through the phases of pre-interaction, intro-	8) A nurse should possess good interaction skills, and know how to maintain boundaries with clients.	

ductory, working and termination phase. 3) Nurses involve themselves in prevention of mental health problems before they occur or before they cause further damage. This is done mostly through educational care to youths.	9) Each stage of the relationship between nurse and client must be handled professionally and efficiently. 10) Nurses use educational care to prevent mental health problems and to lessen the damage. They understand what youths need to be educated about based on the cases presented to them.		

9.3   Appendix 3 Data analysis table U.K

Summaries Data/ Theme Description	Sub themes
Mental Health services for youth in schools covering all aspects of adolescent life including alcohol abuse, peer pressure, depression and anxiety and counselling for general mental health issues available in schools	Adolescents in school have access to nurses who are able to support them with these issues. If problem is severe, they get referred to inpatient care.
Referral services are available from General Practitioners and family doctors in the UK as well as nurses.	Outpatients services available for Child and Adolescent mental Health Services in the UK run by the National Health Service.
Adolescents with mental health problems are supported in community and there is also an outpatient service that they can access but through referral from social services, schools and General Practioner doctors.	NHS prioritises those with severe difficulties and referrals involve waiting times.
In patient and outpatient services are not readily available, unless it is an emergency. Those who are not an emergency have to have a waiting period in which they access services.	Priority is for patients with emergencies. Other patients with non emergency who are not presenting with immediate difficulties have to have waiting times.
Transition from youth to adult services happens at 25	Services are organized around age and condition.

Funding shortage affects the provision of services.	Funding shortage and lack of staff affect the provision of services.
Government planning to allocate funding to increase the support that is available.	Concerns continue to be raised over waiting times and national debate on the quality of mental health services that young adolescents access.
In the UK, the National Health Service is publicly funded by the government.	As well as the National Health Service, young people can access mental health services in schools where there is a nurse trained to deal with mental difficulties and make referals to appropriate services.
Nursing interventions used in the UK include counselling, support for families with adolescents experiencing mental health problems.	Mental health nurses support adolescents with mental health problems in the community, providing them with counselling, medication, talking therapy.

Table of analysis of the UK mental health services for adolescents.

Major Terms: In patient and outpatient, National Health Services.

Main Terms: Child and Adolescent and Mental Health Services, School Counselling Services. Community Services.

Themes   Sub Themes.

Counselling	Adolescents are able to access counselling services in school through the school nurse who is trained to address the difficulties.
Medication	Services prescribe medication for youth who have mental health difficulties and need prescription medication to cope.
Support in Community	Young people with mental health problems are supported in the community by mental health nurse.
Talking Therapy	Some adolescents with mental health difficulties are referred to psychotherapists who provide them with services.

Nursing interventions used in the UK.

Major Terms: Nursing Care Therapies, Nursing Care Process, Roles Played by Mental Health, National Health Nurses

Main Terms: Nursing interventions, Talking Therapy, Counselling, Medication, support in the community.