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Educational Material: Digital Finnish Vocabulary of Mental Health Nursing

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<p>Abstract</p> <p>Objectives of the project were to help international students in Finland to prepare themselves to complete their mental health nursing practices in the Finnish healthcare settings and broaden their knowledge about the mental health nursing. The main objective is to help international students to learn the Finnish language.</p> <p>Project was completed by the use of Waterfall method. The need for the project was identified by the subscriber, the Satakunta University of Applied Sciences. Information was gathered, compared and analyzed.</p> <p>Vocabulary was conducted by words that are frequently used in the mental health sector. To ensure validity of the words, the words were entered into MOT-dictionary, as well as Termipankki. Additionally, words were collected from official translations of the webpages of the Ministry of Social Affairs and Health, the Social Insurance Institution of Finland, and Finlex. Over 200 words were translated.</p> <p>As a result of this project a digital vocabulary was created. The work is done by a student, and therefore the translations are not by a professional translator. The vocabulary can be used as a tool when international students or graduates are entering the Finnish nursing work force. In the future, it would be interesting to examine how beneficial the vocabulary has been found by the users.</p>		
<p><u>Key words</u> Mental health, vocabulary, international nursing student, clinical placement</p>		

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1 INTRODUCTION

Insufficient language skills are a huge risk to patient safety. Medication administration is a situation where language barrier could be a threat to the quality of care (Floorvan, et al, 2016, p.45). In Finland we have National Supervisory Authority for Welfare and Health, called Valvira. The right to practice profession or right to use occupational title in Finland is verified by Valvira. This licensing must be applied by any healthcare professional who has graduated in Finland or abroad. Valvira grants the rights and supervises the licensing. (Valvira [A], 2021) Any healthcare professional in Finland must obtain adequate language proficiency and Valvira verifies the language proficiency of applicants. An applicant must demonstrate language proficiency in Finnish or in Swedish because they are the official languages in Finland. (Valvira [B]) Additionally, to what is mentioned previously, the number of foreigners is predicted to double from current situation by the year 2040. This is explained by the youth age structure and increased immigration. Therefore, nurses may have encounters with the patients that do not speak Finnish. (Kuntaliitto, 2020)

Satakunta University of Applied Sciences offers multiple bachelor's degrees in English. Nursing is one of those degrees. Each academic year university accepts 35 students to study nursing in English. Finnish language studies are part of the curriculum. Therefore, international students in this program are required to complete practices using the Finnish language. (Satakunta University of Applied Sciences, n.d.) The goal is to achieve sufficient Finnish language skills that are required to work in the Finnish health care settings. Finnish language shall be used in Finland when completing the clinical placements. The thesis is ordered by the Satakunta University of Applied Sciences, and it will focus on the mental health nursing in Finland. The purpose is to create a digital vocabulary that aims to help foreign students to complete their mental health clinical placements in Finland. Therefore, this digital vocabulary is aimed to help to minimize the problems that could occur while being an international nurse while working especially in the mental health sector. This work is student work

and therefore the words found in the vocabulary have not been translated by a professional translator.

2 THEORETICAL BACKGROUND

2.1 Definition of Mental Health and Dimensions

Mental health can be defined differently. One of the most well-known definitions for mental health is the definition by The World Health Organization, WHO. It defines mental health as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. (World Health Organization [A], 2022) However, in research only 20 % of respondents who work in mental health care preferred this definition. Majority of the respondents preferred the definition by Public Health Agency of Canada. (Manwell et al., 2015) They define mental health as “Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity”. (Public Health Agency of Canada, 2020) The Finnish Medical Association called Duodecim defines mental health as a state of human existence where key elements are self-esteem, independence, the ability to adapt, function and solve problems as well as the ability to create satisfactory relationships and recreation. (Duodecim, n.d.) Different emotions, such as grief, anxiety, and fear, belong to the normal course of life. However, it becomes a mental health issue when those emotions, feelings, thoughts and mood are impacting negatively on one’s ability to function. That is one of the reasons why defining mental health is difficult and diagnosing mental health problems can be difficult. Mental health is the ability to react to problems in a constructive way and to maintain the ability to function throughout the emotions. (Huttunen [B], 2017)

Mental health includes different dimensions. Those four dimensions are societal models and resources, cultural values, individual experiences, and social support and

interaction. Societal models and resources include social politics, living conditions, economic and educational resources and the entire society. Cultural values include societal values, guidelines for interaction in society, mental health and disorder definitions by the society, stigma on mental health problems, tolerance for abnormality, and general value given on mental health. Individual experiences include emotional thinking and functioning, identity, self-esteem, autonomy, adaptability (control and stress management), individual resources (knowledge and education), experienced of life meaningfulness, and physical health. Social support and interaction include individual him or herself, family, school, work, community, environment, and services. (Lavikainen, et al. 2001)

The topic of mental health is important because people worldwide are suffering from mental health problems. It is a societal problem globally. Especially with the Covid-19 pandemic, there might be long-term mental health issues. The World Health Organization speculates that self-isolation, quarantine, and lockdowns due to the measures against the spread of Covid-19 may lead to an increase of loneliness, anxiety, depression, insomnia, harmful alcohol and drug use, self-harm, or suicidal behavior. Misbeliefs and rumors about the Covid-19 can also increase stress and anxiety. Additionally, many have lost their jobs, which also negatively affects mental health. (World Health Organization [B], 2020) Lockdowns have also increased the numbers of reported domestic violence cases. People have no escape during lockdowns. (Abramson, 2020) Psychologists and mental health professionals are contemplating that pandemic will globally increase the numbers of depression, self-harm, and suicide rates. Additionally restricted alcohol sales have increased the withdrawal symptoms of alcoholics and therefore suicide rates. There are speculations of developing neurotic disorders, such as obsessive-compulsive disorders due the panic and fear relating the frequent hand washing and generalized anxiety disorders. The pandemic is also causing a lot of stress for health care workers. (Kumar, 2020)

2.2 Mental Health Disorders

Worldwide mental health problems are increasing the burden of wellbeing. In Finland there has been an increase of life expectancy and physical health. However, mental health is not keeping up with those improvements. Challenges of the health of the

Finnish population are strongly related to mental health problems and use of alcohol and drugs. (Wahlbeck, et al., 2017) A significant number of the young that are at risk of exclusion could be identified already in day care or in elementary school. This is important because exclusion increases the risk of developing mental health problems. These young usually struggle with social interactions and could have learning disabilities. They are restless or withdrawn. (Fryers 2013) Usually the reason of lack of education and employment is actually mental health issues (Scott et al. 2013). Often, many absences, passivity, withdrawal, lack of initiative and low grades are associated with a developing mental health issues (Solantaus & Paavonen, 2009). In Finland, in 2019, 200 000 patients were treated under the specialized medicine for mental health issues (Finnish Institute for Health and Welfare, 2020). Therefore, each year about 1,5 % of Finnish population begins to suffer from some sort of mental health problem (Huttunen [B], 2017).

Psychosis is a generic term for mental health problems where the sense of reality is disturbed. It is a condition where a person's sense of reality declines. Therefore he/she has difficulties in recognizing what is real and what is not. Symptoms of psychosis include different hallucinations, delusions, and experiences in significance. (Psykoosin oireet, Terveyskylä, Mielenterveystalo)

Schizophrenia is a serious psychiatric disease that usually starts in early adulthood. About 1 % of the population will fall ill to schizophrenia. Typical symptoms include delusions, hallucinations, and abnormal or flattening of emotional expression. Schizophrenia can lead to overall impairment of functional capacity. (Rovasalo, 2021)

Eating disorders most commonly mean anorexia nervosa and bulimia nervosa. In anorexia the body's starvation is intentionally inflicted and maintained. Usually, it affects girls 12-16 years old, but despite the gender or age it can affect anyone. It can develop from weight loss project, hurtful remarks about physical appearance, or social pressure about weight. After the normal weight is achieved, losing weight continues. A person cannot stop trying to lose weight. Weight loss becomes compulsive. Anorexia can also be diagnosed if there is excessive fear of gaining weight regardless of being underweight, mental impairment in experiencing your own body weight and shape or amenorrhea. Amenorrhea means missing three consecutive menstrual cycles after having regular menstrual cycles. Anorexia can be one of the two types. One type

is binge-eating and emptying abdomen by intentional vomiting, misuse of laxatives, diuretics or enemas. Another type is excessive fasting. (Turtonen, 2006, p. 100-102) Bulimia is associated with repeated episodes of binge eating in secrecy. A person experiences losing control of eating. It can also be associated with fear of gaining weight, observing the weight, fasting, and excessive exercising. The difference between anorexia and bulimia is that in anorexia a person experiences the feeling of success in controlling eating. Whereas, in bulimia, a person experiences being unsuccessful in controlling eating. (Turtonen, 2006, p. 111) The third type of eating disorder is orthorexia nervosa. It includes compulsive need eating as healthy as possible. It is untypical eating disorder in which a person eats as healthy as possible and avoids unhealthy foods, fats and energy rich foods. It is not life threatening like anorexia and bulimia, but it limits a person's daily life and social life and can be in correlation in evolving other eating disorders. (Laaksonen-Balk, n.d.)

Depression effects on estimate 5-6 % of the population. Nowadays, depression can be divided into mild, moderate or severe depression. The beginning of depression is usually related to life crisis, disappointment, or serious burnout. Depressive symptoms are nearly double in young people whose parents are unemployed or have a low level of education compared to those whose parents are not. (Turtonen, 2006, p. 11-12) Depression and dementia are common states in old age, and their symptoms are usually similar to one another. These include reluctance, lack of initiative, and impaired functioning. Depression itself can cause significant memory problems and additionally, dementia patients usually have depression symptoms. It is a challenge to diagnose dementia with a patient who is depressed and suffers from memory problems. Comprehensive interviews and preliminary information from family and friends usually help as well as clinical assessments. (Juva, 2007)

Bipolar disorder is characterized by prone to repeat episodes of depression and mania or hypomania. There might be episodes without symptoms and frequency of the episodes can vary. About 1 % is affected by bipolar disorder. It is important to recognize any possible pre-symptoms and warning signs that can lead to episodes of mania or depression. Regular routines in life and avoiding stress support maintaining mood balance. (Sademiemi, 2021)

The ability to feel fear and anxiety is normal. It warns a person of threatening situations. The feeling of anxiety is often very vague and the feelings and thoughts behind it are often difficult to perceive. Normal anxiety usually becomes problematic if anxiety does not seem acceptable for some reason. Then a person usually tries to avoid it in every possible way. Constant avoidance is stressful. Severe and long-term anxiety impairs the ability to function and interact with other people. Anxiety disorder refers to long term anxiety that is excessive and affects daily life. (Turtonen, 2006, p.16) Panic disorder includes episodes of panic attacks that can start exponentially. It often includes symptoms that anxiety can also cause. These are heart palpitations, losing air, sweating, trembles, dizziness, fear of death, and fear of losing control. (Turtonen, 2006, p.37)

Obsessive-compulsive disease, OCD, includes repeated obsessive thoughts or actions and functions that are excessively related to the situations and significantly affect negatively on one's normal life. These compulsive thoughts and actions cause significant suffering and take up more than an hour of each day. It affects negatively a person's daily life and relationships. The most common compulsions are frequent hand washing, cleaning, checking on things, counting, organizing and/or questioning (Turtonen, 2006, p.86)

2.3 Personality Disorders

Personality disorders are common problems. It is estimated that 5-10 % of the population is suffering from different types of personality disorders. One of the features of personality disorders is a stubbornly rigid manner of experiencing or behaving that has already appeared at a young age and causes harm to the person or is somehow causing suffering to the person. In various personality disorders, the problem may be the way of observing or interpreting one's own or others' feelings and thoughts, the intensity or flair of emotional expression, susceptibility to impulsive behavior or difficulties in interactions. Personality disorders must be separated from personality changes. Personality disorders are developmental conditions that begin in childhood, adolescence or appear in young adults. Personality changes are related to changes that appear later in adulthood that are results of psychiatric illnesses, brain damage, or other long-term diseases or prolonged stress. The limit between the

behavior that is considered normal and behavior of a person with a personality disorder is faltering. Most mentally healthy people may experience or behave in stressful situations in a way that is characteristic of different personality disorders. However, in personality disorders, these habits and/or behavior are more rigid, extreme and stubborn. They are seen as a person's ways of controlling or avoiding feelings of loneliness or anxiety that are related to social relationships. Hereditary and fetal factors as well as identification to parent's behavior and different experiences from childhood as well as traumas. There are different types of personality disorders, but they are divided into three main categories. The first of them includes suspicious (paranoid), schizoid (isolated) and psychotic (schizotypal) personality disorders. They are characterized by peculiarity or strangeness of behavior. The second one includes antisocial, unstable ("borderline"), attention-seeking (histrionic) and narcissistic personality disorders. Those are characterized by dramatic, emotional or unstable behavior. Lastly, the third one includes avoidant (inhibited), dependent and obsessive-compulsive personality disorder. They are characterized by anxiety and fear. Suspicious, narcissistic, antisocial (avoidant), and obsessive-compulsive disorders are more common in men, while unstable, dependent, and attention-seeking personalities are more common in women. (Huttunen [C], 2018)

Suspicious personality is characterized by extensive suspicion related to other people and their motives. Schizoid personality disorder is characterized by withdrawal of relationships and limited expression of feelings. In psychotic personality disorder, a person is experiencing beliefs and experiences that are usually characteristics for people suffering from schizophrenia without actually having the diagnosis of schizophrenia. A person could have strong beliefs in superstition, clairvoyance or other magical thinking. Antisocial personality, psychopathic behavior, starts usually before the age of 15. The behavior is characterized by indifference towards other people's rights and inability or unwillingness to consider other people. A person is impulsive, easily agitated and repeatedly committing violations against the law without remorse. Unstable personality, borderline personality is characterized by extensive instability of emotions and self-image and significant impulsive behavior. Behavior is characterized by fear of rejection, difficulties to control anger, self-destructive impulsiveness and repeated suicide attempts. Attention-seeking, histrionic personality is characterized by excessively dramatic expression of feelings. Often person will emphasize the physical appearance or behave inappropriate sexual

seductive way. Narcissistic personality is characterized by different delusions of grandeur, a strong need for admiration and a lack of empathy. The person feels entitled to special treatment, is jealous or arrogant. Avoidant personality disorder is characterized by strong, long-term feelings of inadequacy, strong sensitivity to being negatively judged by others. Dependent personality often begins by early adulthood and behavior appears as a strong need to be cared for and usually leads to submissive and clinging behavior. Obsessive-compulsive personality disorder is characterized by the need of order, perfection and control at the expense of flexibility, transparency and efficiency. Intense psychotherapy could be useful for all personality disorder types even though they are “natural” reactions and behavior patterns for those people suffering from those personality disorders. (Huttunen [C], 2018)

2.4 Conditions Related to Mental Health Problems

There are also conditions that are not classified as mental health disorders but are associated with mental health. These would be different sleeping disorders, phobias, and different stress reactions. Usually sleeping disorders are difficulties falling asleep, nightmares or bed-wetting (nocturnal enuresis) that are stress or trauma related. (Friis et.al., 2004, p.98-99) Phobia is excessive fear towards something and therefore restricts normal life. Phobia can be related to social situations or items. (Turtonen, 2006, p. 69) Traumatic Stress Reactions and/or Disorders can be divided into acute stress reaction (ASR), acute stress disorder (ASD) and post-traumatic stress disorder (PTSD). These are quite common and can be diagnosed for all ages. Primary treatment for ASD and PTSD is reassuring safe contact care and follow-up. Cognitive behavioral therapy including exposure (CBT) can be used with people suffering from severe symptoms of ASD and PTSD. Sometimes medications are used. Different therapies such as psychotherapy, behavioral therapies, other cognitive therapies, EMDR (Eyes Movement Desensitization and Reprocessing) therapy and narrative exposure therapy (NET). Often general somatic diseases in elderly can cause psychiatric symptoms. These include depression and anxiety. Infections can cause confusion and delirium. Additionally, geriatric patients may suffer from loneliness and their alcohol use may be increased after working life. (Saarela, 2019, p. 306-307)

Exclusion should also be brought up when discussing the mental health of the young. The definition of exclusion is complex. Excluding describes poverty and vulnerability. It includes poor living conditions, unstable working life, weak level of competence, low income, poor health or break of the family. In Finland, the importance of education and employment in preventing the exclusion of the young is emphasized. Not enough attention is paid to the risk of exclusion associated with mental health problems. Mental health problems are known to significantly increase the risk of exclusion of the young. Many mental health problems begin in childhood or adolescence, 75 percent before the age of 25. (Morgan et al, 2007; Coughlan et al. 2013; Nurmi, 2011)

2.5 Treatment

Treatment for mental health problems varies. It can include changing lifestyle into healthier, therapies, medication, or combinations of those. A variety of different therapies can be used. These include music therapy, physiotherapy, working therapy, drawing, family therapy, individual therapy and group therapies, different cognitive therapies and psychotherapies. Rehabilitation is usually a long process, but it is possible. (Turtonen, 2006, p. 11-12)

2.6 Organizing Mental Health Care in Finland

In Finland wellbeing service counties are responsible for organizing mental health care services. This includes prevention and care. Private service providers and third sector parties also provide mental health services. Help for mental health problems can be looked for through healthcare centers, occupational health care, specialized psychiatric care, private clinics and services as well as different nonprofit organizations. However, usually every outpatient clinic needs a referral from a doctor before accepting the patient. A consultation can be confused with a referral. In a consultation a general hospital psychiatry is asked opinion or comment regarding the effect of patient's psychological factors on the somatic treatment, evaluation on patient's possible psychological disorder, diagnosis, or guidance regarding the care of the patient. Referral is transportation of the patient's care from the general hospital care to the specialized medical care. Responsibility for the care therefore belongs to the new specialized medical care unit. (Huttunen [A], 2018)

At the healthcare center at the doctor's appointment the doctor will do the assessment of the need for treatment. If necessary, the doctor will guide the patient under specialized psychiatric care. The care can be organized as an outpatient care. In severe cases where psychiatric outpatient services are insufficient, hospitalization, inpatient care might be needed. Treatment in the psychiatric hospitals occurs voluntarily or involuntarily under the Finnish Mental Health Care Act. The Social Insurance Institution of Finland, commonly known as Kela, can reimburse some of the costs of health care services. (Mieli, 2023)

Mental health problems affect many people. Kela reimburses the costs. In 2019, Kela paid government funded sickness allowances for over 5,2 million working days. That is more than a third of every sickness allowance paid. Mental health problems are the most common reason for receiving sickness allowances and/or being on sick leave. Between the years 2016 and 2019 the amount of people receiving sickness allowances increased up to 43 percent. Additionally, disability regarding the ability to work has increased 30 percent among young adults. Mental health problems, especially depression, are also the number one leading cause of early retirement due to a disability. (Blomgren, 2020). Over 24 percent of females in the working life suffer from some level of burnout, whereas the same number for males is 23 percent (Koskinen et al., 2011).

In Finland, there is treatment time guarantee. According to the treatment time guarantee, in non-urgent cases evaluation for treatment must be done within 3 months, and if treatment is needed it must be started within 6 months. In urgent cases treatment must be started immediately. Each wellbeing service county is responsible for providing these services. If counties can't provide the treatment, they must provide the treatment either in the private sector or different wellbeing service county. This cannot cause additional costs for the individual. (Terveydenhuoltolaki, 10/1326, 6 luku)

Recovery from mental health illness or disorder is called mental health rehabilitation. It includes services that support mental health rehabilitation and independency. After inpatient care it is important to assure that the patient has enough support in his or her daily life. Some patients may require rehabilitative residential accommodation instead of staying and living at home. These accommodations provide support for the

recovery. The support can be providing help, for example with taking care of finances, home, health and medication. The amount of support varies depending on the individual. However, it is important to organize outpatient care for the patient when discharged from the hospital. (Turtonen, 2006, p.15)

2.6.1 Admitting to Psychiatric Care

A doctor can write a document called observation referral (referral for observation), M1 form. In some cases, B1 form is used. M1 form is used when the patient is not willing to go to hospital for observation voluntarily. If the patient is willing to go to hospital for observation period, B1 form is used. M1 form is a statement regarding the patient's need for involuntary treatment signed by the doctor. Most commonly the patient is admitted to ER, where a doctor signs the form. The observation referral must contain the reasoned opinion on the fulfillment of the conditions for assigning involuntary treatment (Mielenterveyslaki 1990/1116, 2 luku 9 a §). The referral observation cannot be no longer than 3 days old when patient is admitted to the hospital for observation. Observation is done in a psychiatric hospital under specialized care, and it is done in order to determine if the requirements of involuntary treatment are met. Additionally, a doctor employed by the psychiatric hospital will assess if the requirements for involuntary treatment presumably fulfill. The patient meets the doctor each day during the observation period. (Mielenterveyslaki 1990/1116, 2 luku 9 c §) At the latest of the fourth day after the admission for observation, the doctor responsible for the observation must provide a written observation statement, M2 form. If the doctor who is responsible for observation is not able to do so, the statement will be done by another doctor in the hospital. The observation statement must contain a reasoned explanation and opinion on whether the conditions for admitting involuntary treatment exist. As a result of observation, the patient either stays in the hospital for care voluntarily, involuntarily or gets discharged from the hospital. If it appears that the patient does not fulfill the requirements of the involuntary treatment during the observation period she or he must be discharged from the hospital if he or she so wishes. Depending on the situation, the patient can also stay in the psychiatric hospital for treatment voluntarily. (Mielenterveyslaki 1990/1116, 2 luku 10 §) If the requirements for involuntary treatment are met, a doctor will complete the M3 form which is a decision of admitting the patient to hospital for involuntary treatment.

Before admitting to involuntary treatment, a patient's opinion must be clarified. Observation of a minor is reported to her or his parents/guardians. A doctor who is in charge makes the observation statement, M2 form, for involuntary or voluntary treatment then a chief physician of psychiatric hospital will make the decision of admission for involuntary treatment, M3 form. If he or she is unable to make the decision another psychiatric doctor will make the decision. Written decision must be made no later than 4 days after admitted to observation based on the observation referral, observation statement, and medical report. The decision must conclude reasoned opinion on if requirements are fulfilled for involuntary treatment. The decision must be informed to the patient with no delays. If the patient is a minor the decision must be submitted to the Administrative Court for confirmation. The patient has a right to complain about the decision for admitting to involuntary treatment to the Administrative Court. (Mielenterveyslaki 1990/1116, 2 luku 11 §)

If a patient is admitted to involuntary treatment, he or she can be treated for a maximum of 3 months. If it appears that after the 3 months, it is necessary to continue the treatment but there is no agreement between the patient and the treating physician, a new observation statement is done. In the case of continuing treatment, the patient can be treated involuntarily for up to 6 months. (Mielenterveyslaki 1990/1116, 2 luku 12 §). A psychiatric hospital is responsible for arranging an exterior doctor/a doctor outside of the hospital to a patient for the evaluation/second opinion before there is a decision to continue the care if the patient wants so. A nursing staff is responsible for giving the information to the patient that he or she has the right to have an evaluation by another doctor/exterior doctor. (Mielenterveyslaki 1990/1116, 2 luku 12 a §) Patient also has a right to deny the evaluation of exterior doctor, a second opinion. The denial or the wish of the exterior doctor must be written in patient's documents. (Mielenterveyslaki 1990/1116, 2 luku 12 b §). The patient also has a right to choose the other doctor/exterior doctor for the second opinion. Therefore, a patient him or herself is responsible for any expenses arising. (Mielenterveyslaki 1990/1116, 2 luku 12 c §). If a patient is treated involuntarily and during that period it appears that there are no longer requirements for involuntary treatment, the patient must be discharged if she or he so wants. (Mielenterveyslaki 1990/1116, 2 luku 14 §)

2.6.2 Mental Health Act in Finland

Mental Health Act in Finland is a base for the care in psychiatric hospitals in Finland. According to the Finnish Mental Health Act a person can be prescribed to involuntary treatment if the following conditions are met; 1. A person is found mentally ill. 2. If he or she is in need of a treatment and leaving him or her untreated would significantly worsen his or her mental illness or seriously would endanger his or her health or safety or other people's health or safety; and 3. If no other mental health services are suitable or are insufficient. (Mielenterveyslaki 1990/1116, 2 luku 8 §)

A minor can be assigned to involuntary hospital treatment against his or her will if he or she is in need of treatment due to a serious mental health disorder in way that leaving his or her disorder untreated would essentially worsen his or her disorder and would seriously endanger his or her safety or health or safety of other people and if no other mental health services are suitable. Minors must be treated separately from adults, unless it is considered to be in the minor's best interests to do otherwise. (Mielenterveyslaki 1990/1116, 2 luku 8 §)

Under the Mental Health Act a patient who is under involuntary treatment, his or her autonomy and fundamental rights can be restricted by a doctor's order. Restriction must be well reasoned, documented and evaluated enough frequently. Each restriction method and coercive measure has its own code that is used when documenting the restriction or coercive event. These codes for restrictions are the following; 100 nursing intervention or treatment, 110 treatment of psychiatric disorder involuntary, 110a) medication administration, 110b) electroconvulsive therapy, 110c) other intervention or treatment (must be described in writing when documenting), 120 treatment of somatic disease, 120a) medication administration, 120b) other intervention or treatment (must be described in writing when documenting), 200 limitation of freedom of movement, 300 forcible holding (use of MAPA, management of actual or potential aggression, technique), 400 isolation from other patients, 500 (therapeutic) restrain/tying (use of limb restraints), 600 taking possession of personal property, 700 Checking a patient's possessions and consignments to the patient, 800 frisk and bodily search, 810 frisk, 820 bodily search, and 900 limitations of contacts. (Mielenterveyslaki 1990/1116, 4 a luku) MAPA is collection of skills that aims to regain control as soon as possible and help a person calm down. These interventions

include talking, listening and sometimes if necessary, holding someone to prevent harm to themselves or others. In order to use MAPA techniques, healthcare personnel must have had the education for it. (MAPA Keskus, n.d.)

Provisions and regulations for all restrictive methods are found in the Mental Health Act. According to the Mental Health Act the patient must be cared for in mutual understanding as far as it is possible. Limitation of freedom of movement (restriction 200) is put into place if a patient needs to be prohibited from leaving the hospital premises. The decision is made by the doctor attending the patient's care. The limitation must be reasoned carefully. For example, a patient's exit from the hospital could danger or risk the safety of the patient or others. A patient may be isolated from other patients (restriction 400) if the patient is at risk of harming her/himself or others, patient's behavior hampers the treatment of others or jeopardizes her or his own safety or is most likely to cause significant damage or for therapeutical reasons. For forcible holding (restriction 300) and tying a patient using limb restraints (restriction 500) the reasoning mentioned above is also appropriate. The restriction is always evaluated and decided by a doctor. However, in urgent cases a staff member may on a temporary basis isolate, hold or tie a patient down but after the matter the doctor must be informed immediately. These restrictions have to be terminated once they are no longer necessary. The doctor will assess the patient's status as frequently as necessary. A nurse will be signed to be in charge of the care of the patient. The nurse will ensure that the patient receives adequate treatment and care during the measures as well as the patient has the opportunity to discuss with the care staff. The state of tied down patient or minor must be monitored continuously. This means that the nurse must have eye and ear contact with the patient. Suitable clothing is also provided for the patient. If isolation or tying down has continued for more than 8 hours a patient's legal representative must be informed. Taking possession of personal property (restriction 600) is needed if patient has intoxicants, accessories suitable in particular for the use of drugs or substances or objects that can be used to harm oneself or others. Additionally, if a patient relating to her/his state of health probably would destroy her/his money or other means of payment, they can be taken into possession of by the healthcare unit. Whatever has been taken possession of and why must be documented. A doctor will decide whether the possession of personal property is terminated or continued. If there are reasonable suspicions that the patient carries or is in possession of substances or objects that can be harmful to oneself or others, his or her letters or

other consignments contain forbidden substances or objects, they can be checked (restriction 700 and 800). The doctor attending the care will determine on those measures. The personal property will be checked in the presence of two staff members or if possible, in the presence of the patient. This as well must be properly documented in the patient's records. (Mielenterveyslaki 1990/1116, 4 a luku)

2.7 Vocabulary Learning

Vocabulary is collection of words that are frequent in specialized area, like in this case in mental health nursing in Finland. Technical vocabulary becomes more meaningful, the more knowledge the reader has. This vocabulary alone would not provide a good understanding of mental health nursing but should be used as a tool to gain the mastery of the knowledge of mental health nursing. (Weltens & Schreuder, 1993, p 123)

2.8 Criteria for Good Digital Learning Material

Good educational material has good quality meaning the information in it is valid. One of the benefits of good digital educational material is easy access to information. It is important that the educational material is aimed at and used for the same target group. The level of assumed knowledge is one of the key elements when choosing the target group. Educational material should be possible to apply into practice. (Perälä, 2021)

3 PURPOSE AND OBJECTIVES

The purpose of this thesis is to conduct educational material in digital vocabulary form. Words and terms regarding mental health nursing in the Finnish healthcare settings are collected and conducted into a professional vocabulary, from English to Finnish, and from Finnish to English in an alphabetical order. In addition, there are a few examples of common phrases that are used in reporting.

Objectives of this educational material are to help international students to prepare themselves when they complete their mental health clinical practice in the Finnish health care settings as well as broaden their knowledge. Furthermore, it is meant to help them to learn the Finnish language. Additionally, this vocabulary can be used by the educators if they are teaching in English language.

4 PROJECT PLAN AND IMPLEMENTATION

The process of the project is explained in this part of the thesis. It has a discussion on the criteria that was behind the words that were translated. Additionally, there is a discussion regarding the reasons behind the numbers of words in the vocabulary and why it was implemented in a way it is.

4.1 Project Method and Stages

The project was completed by using the Waterfall method. Generally, it has 7 stages, each depending on the previous one. The stages are conception, initiation, requirement gathering and analysis, design, implementation, testing and maintenance. The project can be divided into parts which are the operational parts of the production, documentation, justification and evaluation. Project includes the idea (vocabulary), design (digital), and implementation. Implementation consists of interventions, measures, and research and development activities. (Ruuska, 2013)

4.2 Translated Words

Words that are important when working on the mental health field in the Finnish health care settings were translated. The translations are done by an author, student. It must be taken into consideration that the work is not done by a professional translator. Translated words are collected from the experience working in the psychiatric ward and words and terms that are frequently used when working with patients who suffer from mental health problems. In practice it means understanding the words that include

in the care, treatment, symptoms, diseases, disorders, patient's rights and allowances as well as societal words when discussing mental health. The words/terms belong in the professional vocabulary of a nurse working in the mental health care settings in Finland. The main focus is on the terms and words that appear frequently when discussing mental health in Finland.

Words that are included in the definitions of mental health by World Health Organization and by Public Health Agency of Canada were chosen to be translated, because according to the research those were the two most preferred definitions for mental health by the mental health nurses from different countries. Therefore, the words included in the definitions are significant when discussing mental health. Different emotions that are related to mental health, were also included in the vocabulary.

Words and terms, such as sick allowance or disability to work, that are related to Finnish society in concept of mental health care, were also translated. Those are words that belong to the professional vocabulary in the mental health nursing in Finland. Terms and words relating to different unfortunate trends or themes in the mental health care in Finland, were also translated. An example of this would be words and terms relating to the theme of the young and excluded/outcast.

4.3 Word Count

This digital vocabulary is broad. Practically it means it has plenty of words translated. Therefore, it improves the language skills more compared to the vocabulary being short. Prior to accepting the words these matters were considered; Is the word related to mental health nursing and secondly is it used frequently enough? Words and terms in the vocabulary are something students will face when working in the mental health care in Finland often because high frequency words are more likely to be known than words that are rarely heard or used. This, however, can cause overestimation of the vocabulary size that is needed. The goal is getting the student familiar with words that used in the mental health nursing in Finland. Therefore, the vocabulary consists of all those words related to that specialized field. (Weltens & Schreuder, 1993, p. 128)

4.4 Implementation of Project

First, the need of the project must be identified by the subscriber. After, the information must be gathered and analyzed about the topic. For this, the use of different reliable databases is recommended. Google Scholar, JBI, Arto, Melinda, Medic, Finna and PubMed were used in two languages, Finnish and English. Search words included for example clinical placement, nursing vocabulary, international nursing student, mental health, mental health nursing, and nursing terminology. The vocabulary is in alphabetical order and is multipurpose because it is available in Finnish to English and from English to Finnish. Additionally, the vocabulary is divided into subcategories that are “emotions”, “diagnoses and symptoms (adverse and side effects)”, “professional vocabulary”, and “treatment and interventions”. This makes the vocabulary clearer. Choice of font and colors must also be considered when implementing digital educational material. Colors can ease learning and therefore colors in different subcategories are used. Colors can be used to distinguish different roles or associations. (Perälä, 2021)

5 EVALUATION

The project has a social and clinical value. The vocabulary is mainly aimed for the international nursing students in Finland. It is supposed to help and support them during their studies, clinical practices and even later in work life. Furthermore, it is also aimed at the teachers who are teaching in the international degree program. The vocabulary might be a helpful tool during classes. As now explained, the project has an important value for education of foreign students in Finland. Additionally, the reader can gain a deeper knowledge of the topic, mental health.

The main risk of this project was the reliability of translations of the words and terms. To avoid this, words have been collected mainly from Termipankki and MOT-dictionary. Translations from official webpages of Ministry of Social Affairs and Wealth, and Finlex were also used as a help. Additionally, some words are collected through experience of working and studying in healthcare in the United States. A few

phrases are found at the end of vocabulary. Those phrases are common in mental health nursing while reporting. This is to help the student to get started with the verbal and written reporting.

The principle of scientific validity must be assured. Information that is used in the project is cited according to the SAMK guidelines in text as well as in reference list. The information used is reliable. The most recent information was used as much as possible. An example of this would be the reports provided by the Finnish Institute for Health and Welfare and The Social Insurance Institution of Finland. An exception to the use of most recent information is the information regarding vocabulary learning. The information is from the year 1993. It seems that there are not a lot of studies published regarding vocabulary learning in adults. In addition, in this project information was compared to one another to ensure the validity of the information. Some information is from the beginning of the year 2000. These resources were evaluated critically whether the information is still valid and therefore the use of those resources was justified.

The vocabulary is in alphabetical order which makes the word search quicker and logical. Because the vocabulary is completed from English to Finnish and from Finnish to English and subcategorized, the use of vocabulary is maximized. If the reader does not know the word in Finnish, he/she can find it in English. Subcategories have colors which make learning easier, and the categories are easier to distinguish from each other. This allows the reader to focus on certain category of words if he/she wishes so. The font is clear, and the size is adequate. Most of the words in the vocabulary consists of words that are part of professional language. Expectantly, the use of this vocabulary can help reader to achieve the mastery of mental health nursing in Finland. The vocabulary obtains good qualities of digital educational material. It is accessible, the target group is considered carefully, and it has well-grounded information. It can be applied to practice very easily, because the words in the vocabulary are used daily in the mental health nursing settings in Finland. The number of words is quite significant when evaluating the project. This vocabulary has over 200 words translated. Therefore, it will help the reader to master the language in mental health nursing in Finland.

6 DISCUSSION

Results of research about the relationship between second language anxiety and international nursing students' stress show that students' anxiety may discourage them from interacting with the host society's members. (Khawaj et al, 2018). It is also displayed that international nursing students and graduates experience anxiety, limited preparedness and role uncertainty when transitioning to the nursing workforce of the host society. It was shown that international students face distinct challenges with culture, finance and communication and their clinical experience and support were limited. (McKitterick et al, 2022) To those defects, this vocabulary may have a positive impact on; Students would be able to be more confident with the Finnish language due the help of this vocabulary and therefore they could reach their full potential at the clinical placements, and they could get the best out of it.

In the future, the objectives of this vocabulary could be evaluated by the students who are using this vocabulary during their clinical placements. Possibly, the evaluation can focus on the amount of use of the vocabulary during the clinical placements and whether the vocabulary encouraged them to use the Finnish language while in the clinical placement.

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**VOCABULARY FOR MENTAL HEALTH
NURSING**

**SANASTO
MIELENTERVEYSHOITOTYÖHÖN**

ENGLISH – FINNISH

EMOTIONS	TUNTEET
A	
Agitation	Kiihtyneisyys
Anxiety	Ahdistuneisuus
C	
Confusion	Sekavuus
D	
Disappointment	Pettymys
E	
Emotion	Tunne
F	
Fear	Pelko
G	
Grief	Suru
I	
Irritability	Ärtynisyys
J	
Joy	Ilo
L	
Loneliness	Yksinäisyys

DIAGNOSES AND SYMPTOMS	DIAGNOOSIT JA OIREET
A	
Addiction / dependency	Riippuvuus
Anorexia nervosa	Anoreksia / laihuushäiriö
Antisocial personality	Epäsosiaalinen persoonallisuus
Avoidant personality	Estynyt persoonallisuus
B	
Bedwetting	Kastelu
Bipolar	Bipolaarinen
Bipolar disorder	Kaksisuuntainen mielialahäiriö
Borderline personality disorder	Epävakaa persoonallisuus
Bulimia nervosa	Bulimia / ahmimishäiriö
Burnout (work-related)	Työuupumus
C	
Catatonic	Katatoninen
Confusion	Sekavuus
Constipation	Ummetus
Convulsions	Kouristelu
D	
Delirium	Delirium, sekavuustila
Delusion	Harhaluulo
Delusion of grandeur	Suuruuskuvitelma
Dependent personality	Riippuvainen persoonallisuus
Depersonalization	Depersonalisaatio
Depression	Masennus / depressio
Diagnosis	Diagnoosi
Diarrhea	Ripuli
Difficulties to fall asleep	Nukahtamisvaikeudet
Disable; unable to function	Toimintakyvyttömyys
Dissociation	Dissosiaatio
Dissociative disorder	Dissosiaatiohäiriö, konversiohäiriö
E	
Eating disorder	Syömishäiriö
F	
Fever	Kuume
H	
Hallucination	Hallusinaatio, aistiharha
Headache	Päänsärky
Histrionic (attention seeking) personality	Huomionhakuinen persoonallisuus
Hypersalivation	Lisääntynyt syljeneritys

I	
Indifference	Välinpitämättömyys
Insomnia	Unettomuus
L	
Lifelessness	Elottomuus
M	
Manic-depressive	Maanis-depressiivinen
Memory impairment	Muistin häiriöt
N	
Nausea	Pahoinvointi
Narcissism	Narsismi
Neuroleptic malignant syndrome, NMS	Pahanlaatuinen neuroleptioireyhtymä
Nightmare	Painajainen
Nocturnal enuresis	Yökastelu
O	
Obsession	Pakkomielle
Obsessive	Pakkomielteinen
Obsessive compulsive disorder	Pakko-oireinen häiriö
Orthorexia nervosa	Ortoreksia
P	
Panic	Paniikki
Panic attack	Paniikkikohtaus
Panic disorder	Paniikkihäiriö
Phobia	Fobia, sairaalloisen voimakas pelko
Post-traumatic stress disorder (PTSD)	Posttraumaattinen stressihäiriö
Psychological	Psykologinen
Psychosis	Psykoosi
Psychotic personality	Psykoottinen persoonallisuus
Pulsation	Tykytys
Pulse acceleration	Pulssin kiihtyminen
S	
Schizoid personality	Eristäytyvä persoonallisuus
Schizophrenia	Skitsofrenia
Sleeping disorders	Unihäiriöt
Self-destructive / suicidal	Itsetuhoinen
Self-harm / suicidal behavior	Itsetuhoisuus
Serotonin syndrome	Serotiinioireyhtymä
Stiffness	Jäykkyys
Stress	Stressi
Suicide	Itsemurha
Suicide attempt	Itsemurha yritys
Suspicious personality	Epäluuloinen persoonallisuus

Symptom	Oire
Sweating	Hikoilu
T	
Tremble	Vapina
U	
Unconsciousness	Tajuttomuus
V	
Vomiting	Oksentelu
W	
Withdrawal symptoms	Vieroitusoireet

PROFESSIONAL VOCABULARY	AMMATTISANASTO
A	
Acute	Akuutti
Acute department	Akuuttiosasto
Administrative Court	Hallinto-oikeus
Anamnesis	Anamneesi
C	
Care intensity	Hoitoisuus
Care meeting	Hoitokokous
Care plan	Hoitosuunnitelma
Ceiling effect	Kattovaikutus
Chief physician	Ylilääkäri
Child protection notification	Lastensuojeluilmoitus
Chronic	Krooninen
Clinical pathway	Hoitopolku
Close relative / family member	Omainen
Closed ward	Suljettu osasto
Coercive measure / method	Pakkotoimi
Confidentiality	Salassapito
Consultation	Konsultaatio
Continued care / treatment	Jatkohoito
Contraindication	Kontraindikaatio / vasta-aihe
Cooperation	Yhteistyö
Cooperative	Yhteistyökykyinen
Crisis	Kriisi
D	
Daily hospital charge	Hoitopäivämaksu
Differential diagnosis	Erotusdiagnostiikka
Disability to work	Työkyvyttömyys
Disability pension	Työkyvyttömyyseläke
Discharge	Uloskirjata
Doctor on call / on call physician	Päivystävä lääkäri
E	
Expert by experience	Kokemusasiantuntija
Exterior doctor	Ulkopuolinen lääkäri
F	
Follow-up treatment	Jatkohoito
Follow-up treatment unit / facility	Jatkohoitopaikka
G	
General hospital psychiatry	Yleissairaalapsykiatria
H	

Healthcare center	Terveyskeskus
I	
Identity	Identiteetti
Inpatient care	Sairaalahoito / osastohoito
Intoxicants / Drugs	Päihteet / huumeet
L	
Legal representative	Laillinen edustaja
Life crisis	Elämänkriisi
Lifestyle	Elämäntapa
M	
Medical report	Sairaskertomus
Mental examination	Mielentilatutkimus
Mental health	Mielenterveys
Mental Health Act	Mielenterveyslaki
Mental health problem	Mielenterveysongelma
Mental health rehabilitation	Mielenterveyskuntoutus
Mild	Lievä
Moderate	Keskivaikea
Multiprofessional	Moniammatillinen
Mutual assistance between authorities	Virka-apu
M1 form; referral for observation	M1 lähete; tarkkailulähete
M2 statement; observation statement	M2 lausunto; tarkkailulausunto
M3 decision; decision on involuntary treatment	M3 päätös; hoitoonmääräämispäätös
N	
Nurse in charge / designated nurse	Vastuuhoitaja
Nursing care unit	Hoitoyksikkö
Nursing summary	Hoitotyön yhteenveto
O	
Observation	Tarkkailu
Observation referral (M1 form)	Tarkkailulähete (M1 lähete)
Observation statement (M2 statement)	Tarkkailulausunto (M2 lausunto)
Out-patient healthcare	Avoterveydenhuolto
P	
Patient	Potilas
Patient information system	Potilastietojärjestelmä
Patient ombudsman	Potilasasiamies
Peer support	Vertaistuki
Possession of property	Omaisuuuden haltuunotto
Primary / named nurse	Omahoitaja
Property	Omaisuus
Profession	Ammatti

Professional	Ammattimainen
Professionalism	Ammatillisuus
Proxy / supervisor of the interests of another party	Eduvalvoja
Psychiatrist	Psykiatri
Psychologist	Psykologi
R	
Referral	Lähetä
Rehabilitative residential accommodation	Tukiasuminen
Responsibility	Vastuu / velvollisuus
Request for executive assistance	Virka-apupyyntö
Risk	Riski
S	
Self-control	Itsehillintä
Self-esteem	Itsetunto
Sense of reality	Todellisuudentaju
Sick leave	Sairasloma
Sickness allowance	Sairauspäiväraha
Social Welfare and Healthcare Reform	Sosiaali- ja terveydenhuollon uudistus
Social Worker	Sosiaalityöntekijä
Specialized healthcare	Erikoissairaanhoido
Support group	Tukiryhmä
T	
Treatment decision	Hoitopäätös
Treatment time guarantee	Hoitotakuu
W	
Wellbeing	Hyvinvointi
Wellbeing services county	Hyvinvointialue
Workplace wellbeing / wellbeing at work	Työhyvinvointi

TREATMENT AND NURSING INTERVENTIONS	HOITO JA INTERVENTIOT
A	
Active pharmaceutical ingredient	Vaikuttava lääkeaine
Adverse effect	Haittavaikutus
B	
Bedpan	Alusastia
Breathing exercise	Hengitysharjoitus
D	
Dose	(Lääke)annos
Dilution of the medication	Lääkkeen laimentaminen
Drug intoxication	Lääkeainemyrkytys
E	
Electroconvulsive therapy	Sähköhoito (ECT-hoito)
Enteral administration	Enteraalinen (lääkkeen) antotapa
F	
Forcible holding	(Hoidollinen) kiinnipito
Formal observation	Vierihoito
H	
Home leave	Kotiloma
I	
Injection	Injektio
Interaction	Yhteisvaikutus
Intervention	Interventio
Intramuscular	Lihaksensisäinen
Intravenous	Suonensisäinen
Involuntary medication / forced medication	Pakkolääkitys
Involuntary treatment	Pakkohoito / tahdosta riippumaton hoito
Isolation	Eristys
Isolation treatment	Eristyshoito
L	
Limb restraint	Leposide
Long-term	Pitkäaikainen
M	
Medical dispensation	Lääkejako
Medication	Lääkehoito / lääkitys
Medication allergy	Lääkeaine allergia
Medication taken as needed	Tarvittava lääke
Medicine cabinet	Lääkekaappi

N	
Natural medicine	Luonnollinen lääke
Nursing intervention	Hoitotoimenpide
P	
Patient care relationship / Doctor-patient relationship	Hoitosuhde
Parenteral administration	Parentaalinen (lääkkeen) antotapa
Pharmaceutical waste	Lääkejäte
Pill dispenser	Dosetti / lääkeannostelija
Portable toilet	Portatiivi
Prevention	Ennaltaehkäisy
Psychotherapy	Psykoterapia
R	
Restriction	Rajoittaminen
Restrictive method	Rajoite
S	
Screening	Seula
Sedative	Rauhoittava
Severe	Vakava / vaikea
Short-term	Lyhytvaikutteinen
Side effect	Sivuvaikutus
Somatic	Somaattinen
Subcutaneous	Ihonalainen
T	
Tying / Restrain	(Hoidollinen) sitominen
Type of treatment method	Hoitomuoto
V	
Voluntary	Vapaaehtoinen

SUOMI – ENGLANTI

TUNTEET	EMOTIONS
A	
Ahdistuneisuus	Anxiety
I	
Ilo	Joy
K	
Kiihtyneisyys	Agitation
P	
Pelko	Fear
Pettymys	Disappointment
S	
Sekavuus	Confusion
Suru	Grief
T	
Tunne	Emotion
Y	
Yksinäisyys	Loneliness
Ä	
Ärttyneisyys	Irritability

DIAGNOOSIT JA OIREET	DIAGNOSES AND SYMPTOMS
A	
Aistiharha / hallusinaatio	Hallucination
Anoreksia / laihuushäiriö	Anorexia nervosa
B	
Bipolaarinen / kaksisuuntainen	Bipolar
Bulimia / ahmimishäiriö	Bulimia nervosa
D	
Delirium / sekavuustila	Delirium
Depersonalisaatio	Depersonalization
Diagnoosi	Diagnosis
Dissosiaatio	Dissociation
Dissosiaatiohäiriö / konversiohäiriö	Dissociative disorder
E	
Elottomuus	Lifelessness
Epäluuloinen persoonallisuus	Suspicious personality
Epäsosiaalinen persoonallisuus	Antisocial personality
Epävakaata persoonallisuus	Borderline personality
Eristäytyvä persoonallisuus	Schizoid personality
Estyvä persoonallisuus	Avoidant personality
F	
Fobia / sairaalloisen voimakas pelko	Phobia
H	
Hallusinaatio	Hallucination / aistiharha
Harhaluulo	Delusion
Hikoilu	Sweating
Huomionhakuinen persoonallisuus	Histrionic (attention seeking) personality
I	
Itsemurha	Suicide
Itsemurha yritys	Suicide attempt
Itsetuhoinen	Self-destructive / suicidal
Itsetuhoisuus	Self-harm / suicidal behavior
J	
Jäykkyys	Stiffness
K	
Kaksisuuntainen mielialahäiriö	Bipolar disorder
Kastelu	Bedwetting
Katatoninen	Catatonic
Kouristelu	Convulsions
Kuume	Fever

L	
Lisääntynyt syljeneritys	Hypersalivation
M	
Maanis-depressiivinen	Manic-depressive
Masennus / depressio	Depression
Muistin häiriöt	Memory impairment
N	
Narsismi	Narcissim
Nukahtamisevaikeudet	Difficulties to fall asleep
O	
Oire	Symptom
Oksentelu	Vomiting
Ortoreksia	Orthorexia nervosa
P	
Pahanlaatuinen neuroleptioireyhtymä	Neuroleptic malignant syndrome, NMS
Pahoinvointi	Nausea
Painajainen	Nightmare
Pakkomielle	Obsession
Pakkomielteinen	Obsessive
Pakko-oireinen häiriö	Obsessive compulsive disorder
Paniikki	Panic
Paniikkihäiriö	Panic disorder
Paniikkikohtaus	Panic attack
Posttraumaattinen stressihäiriö (PTSD)	Post-traumatic stress disorder
Psykologinen	Psychological
Psykoosi	Psychosis
Psykoottinen persoonallisuus	Psychotic personality
Pulssin kiihtyminen	Pulse acceleration
Päänsärky	Headache
R	
Riippuvainen persoonallisuus	Dependent personality
Riippuvuus	Addiction / dependency
Ripuli	Diarrhea
S	
Sekavuus	Confusion
Serotiinioireyhtymä	Serotonin syndrome
Skitsofrenia	Schizophrenia
Stressi	Stress
Suuruuskuvitelma	Delusion of grandeur
Syömishäiriö	Eating disorder
T	
Tajuttomuus	Unconsciousness

Toimintakyvyttömyys	Disable / unable to function
Tykytys	Pulsation
Työuupumus	Burnout
U	
Ummetus	Constipation
Unettomuus	Insomnia
Unihäiriöt	Sleeping disorders
V	
Vapina	Tremble
Vieroitusoireet	Withdrawal symptoms
Välinpitämättömyys	Indifference
Y	
Yökastelu	Nocturnal enuresis

AMMATTISANASTO	PROFESSIONAL VOCABULARY
A	
Akuuttiosasto	Acute department
Ammatillisuus	Professionalism
Ammatti	Profession
Ammattimainen	Professional
Anamneesi	Anamnesis
Avoterveydenhuolto	Out-patient healthcare
E	
Edunvalvoja	Proxy / supervisor of the interests of another party
Elämäkriisi	Life crisis
Elämäntapa	Lifestyle
Erikoissairaanhoito	Specialized healthcare
Erotusdiagnoosi	Differential diagnosis
M	
Moniammatillinen	Multiprofessional
M1 lähete; tarkkailulähete	M1 form; referral for observation
M2 lausunto; tarkkailulausunto	M2 statement; observation statement
M3 päätös; hoitoonmääramispäätös	M3 decision; decision on involuntary treatment
H	
Hallinto-oikeus	Administrative Court
Hoitoisuus	Care intensity
Hoitokokous	Care meeting
Hoitopolku	Clinical pathway
Hoitopäivämaksu	Daily hospital charge
Hoitosuunnitelma	Care plan
Hoitotakuu	Treatment time guarantee
Hoitotyön yhteenveto	Nursing summary
Hoitoyksikkö	(Nursing) care unit
Hyvinvointi	Wellbeing
Hyvinvointialue	Wellbeing services county
I	
Identiteetti	Identity
Itsehillintä	Self-control
Itsetunto	Self esteem
J	
Jatkohoito	Continued care / treatment
Jatkohoitopaikka	Follow-up treatment unit / facility
K	

Kattovaikutus	Ceiling effect
Keskivaikea	Moderate
Kokemusasiantuntija	Expert by experience
Konsultaatio	Consultation
Kontraindikaatio / vasta-aihe	Contraindication
Kuntoutusosasto	Rehabilitation department
Kriisi	Crisis
Krooninen	Chronic
L	
Lastensuojeluilmoitus	Child protection notification
Laillinen edustaja	Legal representative
Lievä	Mild
Lähetete	Referral
M	
Mielenterveys	Mental health
Mielenterveyslaki	Mental Health Act
Mielenterveyskuntoutus	Mental health rehabilitation
Mielenterveysongelma	Mental health problem
Mielentilatutkimus	Mental examination
O	
Omahoitaja	Primary / named nurse
Omainen	Close relative / family member
Omaisuuuden haltuunotto	Possession of property
Omaisuus	Property
Osastohoito	Inpatient care
P	
Pakkotoimi	Coercive measure / method
Potilas	Patient
Potilasasiamies	Patient ombudsman
Potilastietojärjestelmä	Patient information system
Psykiatri	Psychiatrist
Psykologi	Psychologist
Päihteet / huumeet	Drugs / intoxicants
Päivystävä lääkäri	Doctor on call / on call physician
R	
Riski	Risk
S	
Salassapito	Confidentiality
Sairaskertomus	Medical report
Sairasloma	Sick leave
Sairaudentunnottomuus	Anosognosia
Sairauspäiväraha	Sickness allowance

Sosiaali- ja terveydenhuollon uudistus	Social Welfare and Healthcare Reform
Sosiaalityöntekijä	Social worker
Suljettu osasto	Closed ward
T	
Tarkkailulähete (M1)	Referral for observation / observation referral
Tarkkailulausunto (M2)	Observation statement
Terveyskeskus	Healthcare center
Todellisuudentaju	Sense of reality
Tukiasuminen	Rehabilitative residential accommodation
Työhyvinvointi	Wellbeing at work / workplace wellbeing
Työkyvyttömyys	Disability to work
Työkyvyttömyyseläke	Disability pension
U	
Ulkopuolinen lääkäri	Exterior doctor
Uloskirjata	Discharge
V	
Vastuuhoitaja	Nurse in charge / designated nurse
Velvollisuus / vastuu	Responsibility
Vertaistuki	Peer support
Virka-apu	Mutual assistance between authorities
Virka-apupyyntö	Request for executive assistance
Y	
Yhteistyö	Cooperation
Yhteistyökykyinen	Cooperative
Yleissairaalapsykiatria	General hospital psychiatry
Ylilääkäri	Chief physician

HOITO JA INTERVENTIOT	TREATMENT AND NURSING INTERVENTIONS
A	
Akuutti	Acute
Alusastia	Bedpan
D	
Dosetti / lääkeannostelija	Pill dispenser
E	
Ennaltaehkäisy	Prevention
Enteraalinen antotapa	Enteral administration
Eristys	Isolation
Eristyshoito	Isolation treatment
H	
Haittavaikutus	Adverse effect
Hengitysharjoitus	Breathing exercise
Hoitomuoto	Type of treatment method
Hoitosuhde	Patient care relationship / doctor-patient relationship
Hoitotoimenpide	Nursing intervention
I	
Ihonalainen	Subcutaneous
Injektio	Injection
Interventio	Intervention
K	
Kiinnipito (hoidollinen)	Forcible holding
Kotiloma	Home leave
L	
Leposide	Limb restraint
Lihaksensisäinen / intramuskulaarinen	Intramuscular
Luonnollinen lääke	Natural medicine
Lyhytvaikutteinen	Short-term
Lääkeaineallergia	Medication allergy
Lääkeainemyrkytys	Drug intoxication
Lääkeannos	Dose
Lääkehoito / lääkitys	Medication
Lääkejako	Medical dispensation
Lääkejäte	Pharmaceutical / medical waste
Lääkekaappi	Medicine cabinet
Lääkkeen laimentaminen	Dilution of the medication
P	

Pakkohoito / Tahdosta riippumaton hoito	Involuntary treatment
Pakkolääkitys	Involuntary medication / forced medication
Parenteraalinen antotapa	Parenteral administration
Pitkäaikainen	Long-term
Portatiivi	Portable toilet
Psykoterapia	Psychotherapy
R	
Rajoite	Restrictive method
Rajoittaminen	Restriction
Rauhoittava	Sedative
S	
Seula	Screening
Sitominen (hoidollinen)	Tying / restrain
Sivuvaikutus	Side effect
Somaattinen	Somatic
Suonensisäinen	Intravenous
Sähköhoito (ECT-hoito)	Electroconvulsive therapy
T	
Tarvittava lääke	Medication taken as needed
Terapia	Therapy
V	
Vaikuttava lääkeaine	Active pharmaceutical ingredient
Vakava / vaikea	Severe
Vapaaehtoinen	Voluntary
Vierihoito	Formal observation
Y	
Yhteisvaikutus	Interaction

PHRASES – FRAASIT

Examples - Esimerkkejä:

1. Patient was aggressive today – Potilas oli aggressiivinen tänään.
2. Patient washed him/herself - Potilas peseytyi itsenäisesti.
3. Patient took a shower – Potilas kävi suihkussa.
4. Patient refused to take her/his medication – Potilas kieltäytyi lääkkeistään.
5. Patient was cooperative - Potilas oli yhteistyökykyinen