World Health Organization

European Region

Improving access to mental health care for children and adolescents

Lessons from Finland

Improving affordable access to health care

WHO Barcelona Office for Health Systems Financing

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Abstract

Finland's health system has struggled to meet a growing need for mental health care, particularly in younger people, due to a shortage of trained professionals, long waiting times, weaknesses in health coverage and issues linked to decentralization. In response, the Government has recently introduced a series of reforms to improve affordable access to mental health care for children and adolescents. Key measures have focused on strengthening waiting time guarantees, increasing mental health service delivery in primary health care and adopting a national mental health strategy, and have been supported by targeted funding, training in psychosocial interventions, digital tools and a structural reform to centralize health system governance. These policy changes have increased the delivery of mental health services for children and adolescents in primary health care but further effort is now needed to increase staffing levels, reduce regional variation in service delivery, improve the monitoring of reform implementation and funding flows and address gaps in health coverage. This brief highlights Finland's experience and identifies lessons learned for Finland and for other countries.

Keywords

AFFORDABLE ACCESS
FINLAND
MENTAL HEALTH CARE
PRIMARY CARE
HEALTH FINANCING
HEALTH SERVICE DELIVERY
OUT-OF-POCKET PAYMENTS
UNIVERSAL HEALTH COVERAGE

UHC watch

5 things to know about UHC watch

A digital platform tracking progress on affordable access to health care in Europe and central Asia

#1

Indicator explorer for the latest numbers and charts

#2

Policy explorer for up-to-date analysis of coverage policy

#3

Country pages with data, policy options and resources

#4

Country-level and comparative analysis

#5

Examples of good practice

UHC watch
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About the series

This series of briefs provides policy-makers with information on steps they can take to improve affordable access to health care (financial protection).

Each brief:

- focuses on policy changes introduced in one or more health systems in Europe and central Asia;
- considers the implications of the policy change for out-of-pocket payments, financial hardship and unmet need for health care, particularly in people with low incomes; and
- identifies the lessons learned from this experience, both for the countries involved and for other countries.

The series covers a range of health system issues but always aims to highlight the role of health financing policy in improving affordable access to health care.

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Summary

Finland's health system has struggled to meet a growing need for mental health care, particularly in young people. Factors that limit affordable access to mental health care for children and adolescents include a shortage of trained professionals, long waiting times, weaknesses in health coverage that exacerbate unequal access and issues linked to decentralization.

To address these challenges, Finland has recently introduced a series of reforms aiming to expand early intervention and service delivery for children and adolescents with mild to moderate mental health conditions in primary health care.

Key measures have focused on introducing waiting time guarantees, increasing mental health service delivery in primary health care and adopting a national mental health strategy.

With the support of targeted funding, training in psychosocial interventions and digital tools, and alongside a major structural reform to centralize health system governance, these policy changes have increased the delivery of mental health services for children and adolescents in primary health care.

Further effort is now needed to increase staffing levels, address regional variation in service delivery and improve the monitoring of reform implementation and funding flows. The Government can also do more to address those aspects of health coverage that favour employed people and people with higher incomes, exacerbating unequal access to health care – for example, by strengthening protection from co-payments for households with lower incomes.

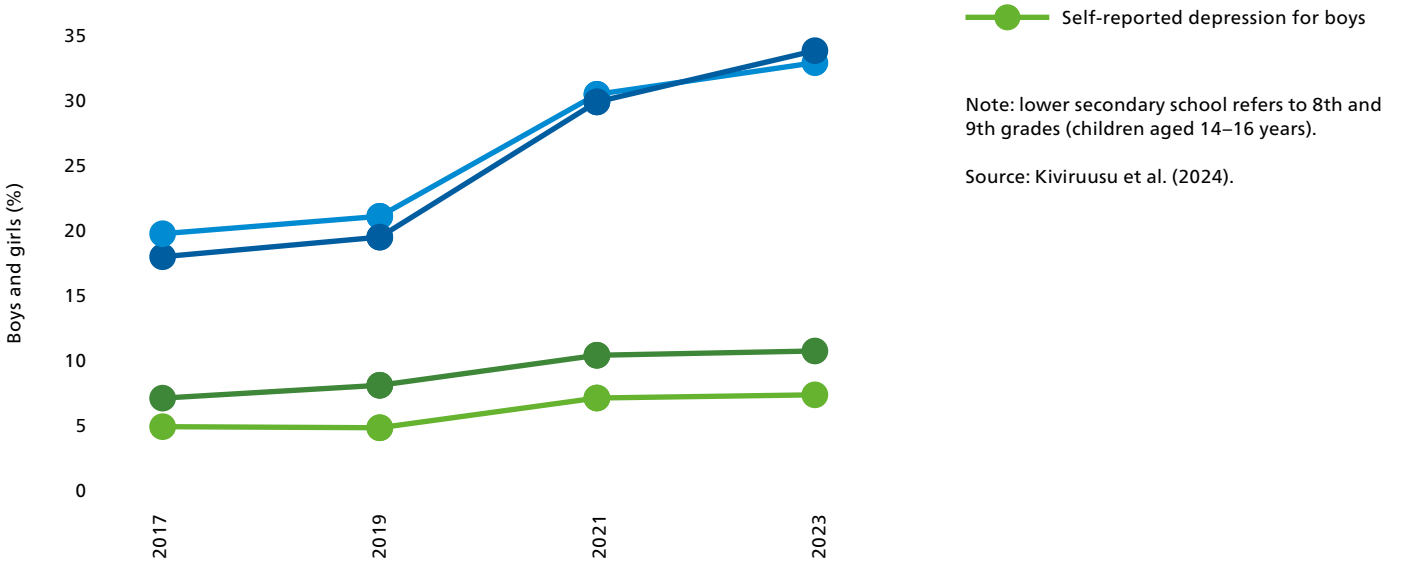
This brief highlights Finland's experience in attempting to improve affordable access to mental health care for children and adolescents and identifies lessons learned for Finland and for other countries.

The policy challenge

Mental health conditions have become more prevalent among children and adolescents in Finland in recent years, particularly in girls, and were exacerbated by the coronavirus disease (COVID-19) pandemic (OECD & European Observatory on Health Systems and Policies, 2023; Kiviruusu et al., 2024).

Finland's School Health Survey shows how self-reported symptoms of anxiety and depression in girls in lower secondary school grew from around 20% in 2017 to over 30% in 2023 (Fig. 1) (Kiviruusu et al., 2024). Symptoms increased in boys too, but at a slower rate and from a much lower base (Fig. 1).

Fig. 1. Self-reported anxiety and depression in boys and girls in lower secondary school



Note: lower secondary school refers to 8th and 9th grades (children aged 14–16 years).

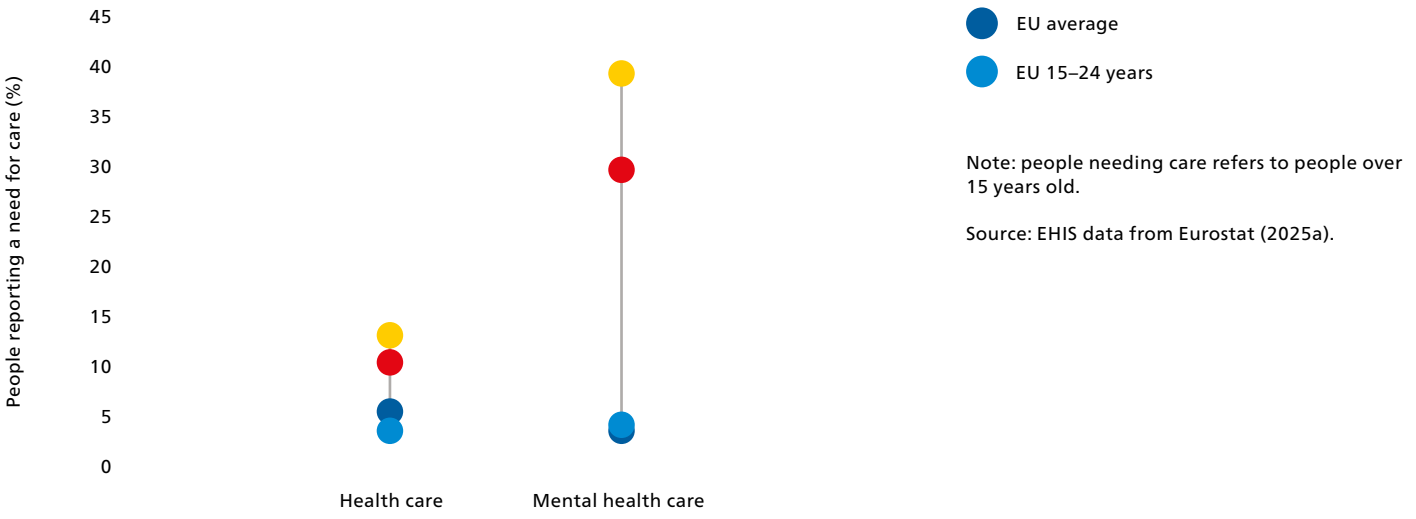
Source: Kiviruusu et al. (2024).

This growing burden has placed increasing pressure on the health system, leading to long waiting times for care. In 2019 three hospital districts reported that around 17% of adolescents referred to specialist mental health care waited more than three months for a first appointment (Finnish Institute of Health and Welfare, 2023).

Data from the European Health Interview Survey (EHIS) for 2019 (the latest available year) show that unmet need for mental health care in Finland (30%) was nearly three times higher than for health care (11%), more than eight times the European (EU) average (4%) in total and 10 times higher than the EU average in people aged 15–24 years (40%) (Fig. 2) (Eurostat, 2025a).

EU Statistics on Income and Living Standards show that in 2024 (the latest available year) levels of unmet need for health care due to cost, distance and waiting time in Finland (8.5%) were substantially above the EU average (2.5%) and heavily driven by waiting time (Eurostat, 2025b).

Fig. 2. Self-reported unmet need due to cost by type of care and age, 2019



Note: people needing care refers to people over 15 years old.

Source: EHIS data from Eurostat (2025a).

Several factors limit affordable access to mental health care for children and adolescents in Finland.

First, the capacity to deliver mental health care is constrained by a lack of trained professionals in health and social care, contributing to long waiting times and other challenges.

- Specialist mental health care capacity has not kept pace with growing demand. In 2022 Finland had 170 psychiatrists for adolescents and fewer than 100 psychotherapists for children and adolescents for a total population of over 5 million. Nearly 70% of psychiatrists are expected to retire by 2035 and the number of new trainees is not enough to meet future needs (Ministry of Social Affairs and Health, 2022). Most psychotherapists have moved to the private sector, where wages are higher and working conditions are more flexible (Karanikolos, Tynkkynen & Keskimäki, 2024).

- Primary health care and schools are expected to play a key role in the early detection of mental health conditions, but shortages of trained professionals and limited resources undermine their effectiveness (Vorma et al., 2020; Huikko, Petola & Aalto-Setälä, 2023).

- Although social care has gradually taken on more responsibility for supporting young people with mental health conditions, social care professionals often lack mental health training and care continuity may be disrupted by frequent changes in placement, leading to suboptimal

treatment (Huikko, Petola & Aalto-Setälä, 2023; National Audit Office of Finland, 2024).

Second, Finland's complex layers of health coverage favour employed people and people with higher incomes, exacerbating unequal access to health care (Box 1).

- All permanent residents and all children aged under 18 years (regardless of residence status) are entitled to health care provided by the 21 wellbeing services counties (WSCs) and the National Health Insurance (NHI) scheme, but they may face long waiting times in public facilties and substantial user charges (co-payments) in private facilities (UHC watch, 2025). Children are exempt from WSC co-payments but not from NHI scheme co-payments, and protection from co-payments for people with low incomes is weak (Tervola, Aaltonen & Tallgren, 2021; Rättö et al., 2025; UHC watch, 2025).

- In addition to WSC and NHI scheme entitlements, employees also benefit from occupational health care organized and largely financed by employers, free at the point of use and provided through contracted private facilities. As a result, many employees (roughly a third of the population) have significantly faster access to outpatient services (including mental health care such as psychotherapy) than children and adolescents, pensioners and self-employed or unemployed people (Koponen & Tynkkynen, 2023; InfoFinland, 2025; Kela, 2025; Ministry of Social Affairs and Health, 2025a).

Third, decentralization and lack of coordination and information sharing across 309 municipalities and 21 WSCs have led to fragmentation in service delivery, weak continuity of care and administrative burden, which have in turn increased costs and undermined efficiency (Vorma et al., 2020; Huikko, Petola & Aalto-Setälä, 2023; Linnaranta, 2025).

This brief highlights the key policy changes Finland has introduced in recent years to improve affordable access to mental health care for children and adolescents and identifies lessons learned for Finland and for other countries.

Box 1. Entitlement to publicly financed health care in Finland

Finland's multiple coverage schemes are a source of complexity, lead to variation in benefits across the population and exacerbate unequal access to health care (Tervola, Aaltonen & Tallgren, 2021; OECD & European Observatory on Health Systems and Policies, 2023).

Permanent residents are entitled to publicly financed health care organized by **21 WSCs**. WSCs are financed by the central Government and cover all types of health care except prescribed outpatient medicines in public and contracted private facilities. Most WSC health care (including outpatient care) is subject to co-payments for adults; children aged under 18 years are exempt from WSC co-payments.

Permanent residents are also entitled to health care covered by the **NHI scheme** run by Kela, the Social Insurance Institution: outpatient prescribed

Source: UHC watch (2025).

Box 1. (contd.)

medicines, health care in non-contracted private facilities, travel costs for health care in any type of facility and some rehabilitation services. The NHI scheme is financed through contributions from employers and beneficiaries (employees, self-employed people, pensioners and social beneficiaries) and the central Government. NHI scheme health care is subject to co-payments and there are no exemptions.

Occupational health care is organized and mostly financed by employers. Employees cover around 20% of the cost of occupational health care through mandatory contributions to the NHI scheme. Employers are mandated to organize preventive occupational health care, but some employers also choose to purchase primary care for their employees. Self-employed people can organize occupational health care for themselves. Unemployed people, dependants (e.g. children or partners) and pensioners do not benefit from occupational health care. Occupational health care is mainly delivered by contracted private providers and is free at the point of use. The focus of occupational health care is prevention, but most of the care it provides is curative (Satokangas et al., 2024).

Although there are mechanisms in place to protect people from WSC and NHI scheme co-payments, including exemptions from co-payments and caps on co-payments, there are no automatic exemptions based on income and the caps are neither linked to income nor automated. Instead, households with very low incomes must apply for social assistance to cover co-payments and keep track of their co-payments to benefit from caps. As a result, take up of social assistance and the number of households benefiting from caps is low (Keskimäki et al., 2019; Tervola, Aaltonen & Tallgren, 2021; Rättö et al., 2025).

People can buy **voluntary health insurance (VHI)** to cover co-payments and to access outpatient specialist care without a referral or to bypass waiting lists in public primary care facilities. The share of the population with VHI has increased over time: in 2019 12% of adults and 45% of children had VHI, up from 8% and 37%, respectively, in 2009 (Lavaste, 2023). However, having a diagnosed mental health condition or a history of psychotherapy may be a barrier to obtaining VHI and VHI does not typically cover psychotherapy in Finland.

However, having a diagnosed mental health condition or a history of psychotherapy may be a barrier to obtaining VHI and VHI does not typically cover psychotherapy in Finland.

The policy change

Efforts to improve timely and affordable access to mental health care for children and adolescents have focused on introducing waiting time guarantees, increasing mental health service delivery in publicly financed primary health care settings and strengthening national policy frameworks. These efforts have been supported by a national mental health strategy, targeted funding, training in psychosocial interventions (non-pharmacological interventions intended to treat people with mild to moderate mental health conditions, including interpersonal counselling, interpersonal therapy and cognitive behavioural therapy), digital tools and a major structural reform to centralize health system governance.

Waiting time guarantees (2005, 2025)

Waiting time guarantees for young people, first introduced in 2005, specify that people aged under 23 years should receive general medical care within 14 days, a psychiatric assessment within six weeks and the initiation of treatment within three months of confirmed need (Ministry of Social Affairs and Health, 2010).

In 2019 the *Terapiatakuu* (Therapy Guarantee) initiative emerged to advocate for better and faster access to mental health care within primary health care for young people with mild to moderate mental health conditions. It gained strong public support and helped to push mental health further up the national policy agenda. As a result, a new waiting time guarantee introduced in May 2025 requires people aged under 23 years to be offered short-term structured psychotherapy (up to a maximum of 25 sessions) or other psychosocial interventions within four weeks of a need being identified (Ministry of Social Affairs and Health, 2025b). This support can be provided through primary health care or in social care settings, depending on the specific circumstances, and people do not need to have undergone prior treatment or have an assessment confirming the need for therapy. The new guarantee applies to the 21 WSCs and to student health services in higher-education institutions.

Increasing mental health service delivery in primary health care (2017–2019)

In 2017 Finland's five university hospital districts[1] were designated as coordinators of psychosocial expertise and given responsibility for providing training and ensuring the quality of mental health care delivered in primary health care settings (Ministry of Social Affairs and Health, 2017).

A year later, in 2018, the Council for Choices in Health Care in Finland (COHERE Finland, a permanent body set up to monitor, define and assess the range of publicly financed health care) formally recognized psychosocial interventions as part of publicly financed health care (COHERE Finland, 2018).

The introduction of national criteria for access to non-emergency care in 2019 clarified the role of primary health care in managing common mental health symptoms. It also set up a stratified stepped care model in which treatment is

1. Finland's five university hospitals serve as regional hubs for mental health care in primary and secondary care and support regional planning, training, service organization, care coordination and digital health in partnership with municipalities.

matched to patient needs to guide treatment and referral pathways within a mental health care delivery framework (Ministry of Social Affairs and Health, 2019).

A national mental health strategy (2020)

The *National mental health strategy and programme for suicide prevention 2020–2030* provides a strategic framework to guide the reform of mental health care (Vorma et al., 2020). It focuses on improving access to evidence-based mental health care in primary health care settings, strengthening coordination with specialist psychiatric care and improving collaboration between the health and social care sectors. Particular emphasis is placed on delivering more timely and person-centred mental health care for children and adolescents (Vorma et al., 2020).

Targeted funding for scaling up (2020–2025)

To support implementation of the national mental health strategy and strengthen the delivery of mental health care in primary health care settings, the Government allocated €53 million to the 21 WSCs between 2020 and 2024 through two major national programmes – the Future Social and Health Services Centre Programme (2020–2023) and the Sustainable Growth Programme (2023–2024) (Koivisto & Muurinen, 2024; Linnaranta, 2025). In 2025 an additional €23.4 million was earmarked for the implementation of the Therapy Guarantee and allocated to WSCs on a per-capita basis, with an annual budget of €35 million to follow in subsequent years. A key condition attached to this funding has been to improve mental health care for children and adolescents, with a focus on training primary health care providers in evidence-based psychosocial interventions (Linnaranta et al., 2022; Koivisto & Muurinen, 2024).

It has been difficult to monitor how WSCs are using the allocated funds due to the lack of national guidance on monitoring and evaluation (Linnaranta, 2025). As a result, it is likely that there is wide variation in implementation and outcomes across WSCs.

Training for primary health care providers (2020–2025)

Between 2020 and 2024 national programme funds were used to deliver training in evidence-based psychosocial interventions to around 2400 primary health care providers. Training was delivered through multidisciplinary teams coordinated by university hospitals in collaboration with the 21 WSCs (Koivisto & Muurinen, 2024).

School nurses and other staff have also received training in psychosocial interventions to support early intervention for anxiety and depression in school settings (Hietanen-Peltola et al., 2024). These efforts are expected to expand with the roll-out of the Therapy Guarantee from May 2025. However, in the absence of mechanisms to ensure consistency, implementation has varied across WSCs, with some relying heavily on online training (Koivisto & Muurinen, 2024).

Digital tools (2021)

MentalHub – a digital platform originally developed by Helsinki University Hospital in 2009 and funded by the Finnish Ministry of Social Affairs and Health and WSCs – offers people with mild to moderate mental health conditions self-help programmes in multiple languages. A referral is required to access the programme (Health Village, 2025).

Since 2021, the portal has also offered e-learning modules on psychosocial interventions for primary health care providers, with digital training complemented by local supervision and in-person sessions.

The rapid uptake of digital tools such as MentalHub was driven by the COVID-19 pandemic and the limited availability of trained professionals and funds, despite limited evidence on the safety and clinical effectiveness of digital tools for children and adolescents. More recently, in some WSCs, concerns have been raised about the growing use of digital tools as a mandatory first step before people are able to access more intensive care services because it could delay the start of appropriate treatment for those with complex conditions (National Audit Office of Finland, 2024; Linnaranta, 2025).

Structural reform to reduce fragmentation (2023)

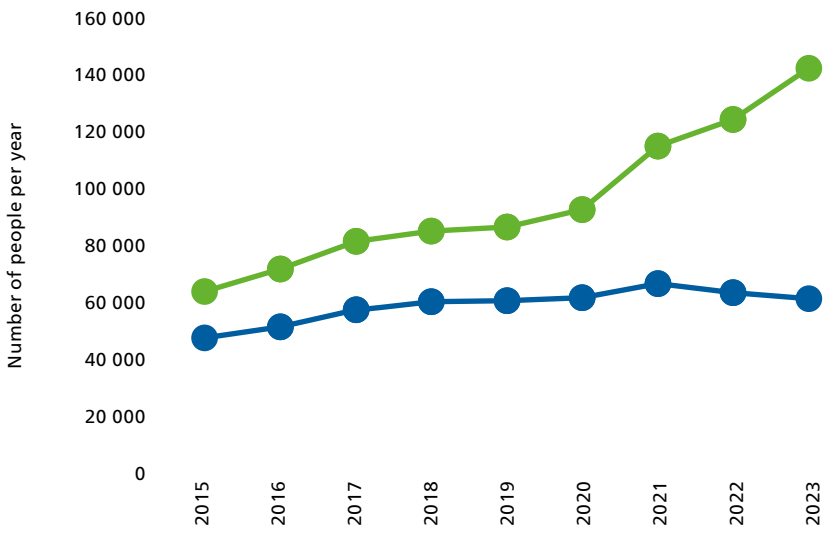
In 2023 a structural reform shifted responsibility for organizing health and social care services from 309 municipalities to 21 newly created WSCs (Ministry of Social Affairs and Health, 2021; Karanikolos, Tynkkynen & Keskimäki, 2024; Koivisto & Muurinen, 2024). WSCs are financed through the Government budget and grouped into five collaborative areas, each anchored by a university hospital (Karanikolos, Tynkkynen & Keskimäki, 2024). The reform aimed to reduce fragmentation between primary health care and specialist care, improve equity by reducing geographical variation and enhance efficiency by pooling resources at county rather than municipal level.

Mental health was not the primary focus of the reform, but the new structure laid important groundwork for strengthening the delivery of mental health care and several WSCs have established dedicated mental health units for children and adolescents (Koivisto & Muurinen, 2024; National Audit Office of Finland, 2024; Linnaranta, 2025). However, differences in implementation persist due to varying structural and organizational capacities across WSCs.

Policy impact

Psychosocial treatment in primary health care has grown rapidly, especially since 2020. The number of children and young people aged between 7 and 22 years receiving primary health care-based short-term psychosocial interventions rose from about 64 000 per year in 2015 to over 142 000 in 2023, coinciding with a decline in the numbers of people receiving specialist psychiatric care (Fig. 3) (Finnish Institute for Health and Welfare, 2025). The number of primary health care visits has nearly doubled since 2020 but remains below the number of specialist psychiatric visits (Fig. 4).

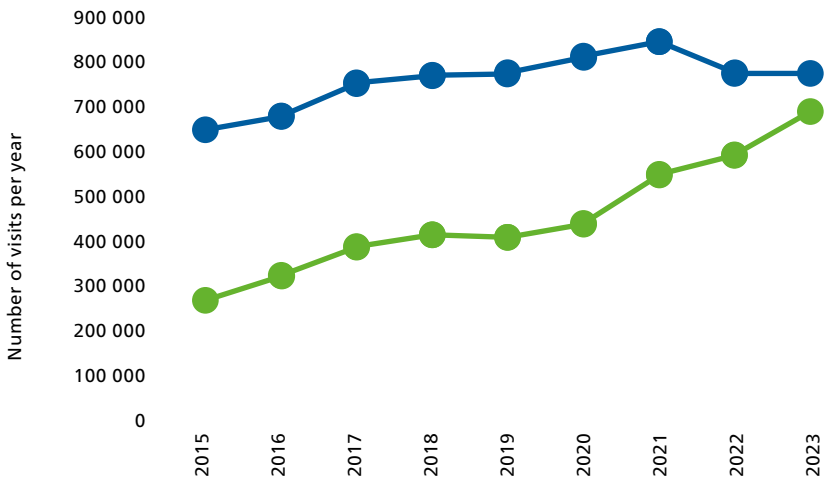
Fig. 3. Number of children and young people a year receiving psychosocial interventions in primary health care and specialist psychiatric care



Note: children and young people are aged 7–22 years.

Source: Finnish Institute for Health and Welfare (2025).

Fig. 4. Number of children and young people a year receiving psychosocial interventions in primary health care and specialist psychiatric care



Note: children and young people are aged 7–22 years.

Source: Finnish Institute for Health and Welfare (2025).

Mental health support in schools has also expanded, demonstrated through (Hietanen-Peltola et al., 2024):

- school nurses, psychologists and social workers reporting dedicating more time to addressing mental health concerns among students;
- adolescents reporting more often having spoken to a trusted adult about their symptoms in 2025 compared to 2023; and
- the use of digitally guided self-management contributing to reducing the time to first contact in primary health care.

Despite these achievements, and even with the waiting time guarantees introduced in 2005, timely access to specialist psychiatric care continues to vary across the country and remains a challenge for many WSCs. In 2024 several WSCs reported that over 10% of adolescents waited more than three months to access psychiatric care (Finnish Institute for Health and Welfare, 2025). In some counties up to 80% of adolescents faced delays of more than three months – much more than in 2019 (Finnish Institute for Health and Welfare, 2025).

The new and stronger waiting time guarantees introduced in May 2025 may help to resolve this issue, but are only likely to succeed if there is significant growth in staffing levels. One of the main reasons for lack of progress in bringing down waiting times is that most additional funds for mental health care were used to support professional development projects rather than increase the number of people involved in providing specialist psychiatric care and services in primary health care. At the same time, psychiatric services have reported a reduced capacity to deliver care , partly due to staff being moved to work on development projects (Koivisto & Muurinen, 2024; Linnaranta, 2025).

Lessons learned

Finland's experience offers several lessons for countries seeking to improve affordable access to mental health care for children and adolescents.

A national strategy provides a clear framework for reform. *The National mental health strategy and programme for suicide prevention 2020–2030* outlined a system-wide vision centred around early intervention, better integration between health and social care and the expansion of mental health care within primary health care, with a particular focus on children and adolescents.

Waiting time guarantees and public advocacy help accelerate change. The Therapy Guarantee – an initiative supported by strong public advocacy – led to binding legislation introducing waiting time guarantees for short-term structured psychotherapy for people aged under 23 years. However, timely access to specialist psychiatric care continues to vary across the country and remains a challenge in many WSCs, partly due to a shortage of trained professionals.

Targeted funding supports scale-up and the training of existing staff but should also be used to increase staffing levels. Between 2020 and 2025 additional national funding enabled the expansion of mental health care for children and adolescents in primary health care and supported the training of many primary health care providers. However, most funds were used to support professional development projects rather than to increase staffing levels, which have not kept pace with growing demand for mental health care. In addition, the absence of consistent use of monitoring tools has made it difficult to assess how funds were used across WSCs or to assess the impact on health outcomes.

Digital tools can play a role but should not delay access to treatment for people with more complex needs. Self-evaluation and self-management tools have facilitated more rapid access to mental health care, particularly for adults with mild to moderate symptoms. However, where digital interventions are required before face-to-face care can be accessed, concerns have been raised about safety and potential delays in effective treatment for people and families with more complex needs or those who need assistance accessing or using digital platforms.

Structural reform reduced fragmentation but national guidance and monitoring are needed to ensure consistency across the country. The transfer of responsibility for organizing health and social care from 309 municipalities to 21 WSCs reduced fragmentation and, led by the five university hospital districts, has also enhanced collaboration and promoted evidence-based practice. However, national guidance and monitoring have not been efficient, which has allowed the use of interventions that have not been evaluated for safety and effectiveness.

Finland's complex layers of health coverage favour employed people and people with higher incomes, exacerbating unequal access to health care. Children and adolescents do not benefit from occupational health care, which

is free at the point of use and gives employees faster access to outpatient care, including mental health care. Unless their families can afford to pay for private treatment (either out of pocket or through VHI), children and adolescents are reliant on care under the WSC and NHI schemes and may face long waiting times and substantial co-payments. To reduce high levels of unmet need and financial hardship, the Government can automate and increase protection from co-payments for households with lower incomes.

References[2]

COHERE Finland (2018). Terveydenhuollon palveluvalikoimaneuvoston suositus. Psykoterapiat ja muut psykososiaaliset hoito- ja kuntoutusmenetelmät mielenterveys- ja päihdehäiriöiden hoidossa [Recommendation of the Council for Choices in Health Care. Psychotherapy and other psychosocial treatment and rehabilitation for mental and substance abuse disorders]. Helsinki: Council for Choices in Health Care (COHERE) Finland (https://palveluvalikoima.fi/psykoterapiat-ja-muut-psykososiaaliset-hoito-ja-kuntoutusmenetelmat-mielenterveys-ja-paihdehairioiden-hoidossa) (in Finnish).

Eurostat (2025a). European Health Interview Survey (EHIS) [website]. European Union (https://ec.europa.eu/eurostat/web/microdata/european-health-interview-survey).

Eurostat (2025b). European Union Statistics on Income and Living Conditions (EU-SILC) [website]. European Union (https://ec.europa.eu/eurostat/web/microdata/european-union-statistics-on-income-and-living-conditions).

Finnish Institute for Health and Welfare (2023). Hoitoonpääsy erikoissairaanhoidossa 31.08.2023 [Access to treatment in specialist health care. 31 August 2023]. Helsinki: Finnish Institute for Health and Welfare (THL) (https://www.julkari.fi/bitstream/handle/10024/147423/TR56_ESH_2023_hoitoonpääsy.pdf) (in Finnish).

Finnish Institute for Health and Welfare (2025). Lasten ja nuorten mielenterveysperusteinen tutkimus ja hoito 2023 [Mental health-based examination and treatment for children and adolescents in 2023]. Helsinki: Finnish Institute for Health and Welfare (THL) (https://urn.fi/URN:NBN:fi-fe2025032521229) (in Finnish). Licence: CC BY-NC-ND 4.0.

Health Village (2025). MentalHub [website]. Helsinki University Hospital (https://www.terveyskyla.fi/en/mentalhub).

Hietanen-Peltola M, Jahnukainen J, Huurre T, Vaara S. Opiskeluhuoltopalvelujen selvitys (2024) [Survey of student welfare services 2024]. Helsinki: Finnish Institute for Health and Welfare (THL) (https://julkari.fi/handle/10024/149686) (in Finnish).

Huikko E, Peltola P, Aalto-Setälä T (2023). Lasten ja nuorten mielenterveystyön vaikuttavuuden lisääminen: kansallisen lapsistrategian toimenpiteen 13 loppuraportti [Improving the impact of child and adolescent mental health work: final report on measure 13 of the national children's strategy]. Helsinki: Finnish Institute for Health and Welfare (THL) (https://urn.fi/URN:ISBN:978-952-408-015-6) (in Finnish).

InfoFinland (2025). Mental health [website]. City of Helsinki Cultural Office (https://www.infofinland.fi/en/health/mental-health).

Karanikolos M, Tynkkynen LK, Keskimäki I (2024). Finland: health system summary, 2024. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/379912). Licence: CC BY-NC-SA 3.0 IGO.

2. All references were accessed on 11 June 2025.

Kela (2025). Kelan työterveyshuoltotilasto 2023 [Kela occupational healthcare statistics 2023]. Helsinki: Kela (https://tilastojulkaisut.tietotarjotin.fi/tyoterveyshuolto/2023/#tietoja-julkaisusta) (in Finnish).

Keskimäki I, Tynkkynen LK, Reissell E, Koivusalo M, Syrjä V, Vuorenkoski L et al. (2019). Finland: health system review. Health Systems in Transition 21(2):1–166 (https://apps.who.int/iris/handle/10665/327538).

Kiviruusu O, Ranta K, Lindgren M, Haravuori H, Silén Y, Therman S et al. (2024). Mental health after the COVID-19 pandemic among Finnish youth: a repeated, cross-sectional, population-based study. Lancet Psychiatry. 11(6):451–460 (https://doi.org/10.1016/S2215-0366(24)00108-1).

Koivisto J, Muurinen H (2024). Tulevaisuuden sosiaali- ja terveyskeskus -ohjelman hyötytavoitteiden toteutumisen kansallinen seuranta ja arviointi: Loppuraportti [National monitoring and evaluation of the implementation of the benefit objectives of the Future health and Social Services Centre Programme: final report]. Helsinki: Finnish Institute for Health and Welfare (THL) (https://urn.fi/URN:ISBN:978-952-408-347-8) (in Finnish).

Koponen P, Tynkkynen LK (2023). Työterveyshuollon sairaanhoitopalvelut: Näkökulmia suomalaisen terveydenhuoltojärjestelmän oikeudenmukaisuuteen [Occupational health care services: perspectives on the fairness of the Finnish health care system]. THL Working Paper 8/2023. Helsinki: Finnish Institute for Health and Welfare (THL) (https://www.julkari.fi/handle/10024/146227) (in Finnish).

Lavaste K (2023). Private health insurance in the universal public healthcare system: the role of healthcare provision in Finland. Health Policy. 132:104820 (https://doi.org/10.1016/j.healthpol.2023.104820).

Linnaranta O, Ranta K, Marttunen M, Aalto-Setälä T, Stähle M, Suvisaari J et al. (2022). A national implementation of Interpersonal Counselling, Adolescent version (IPC-A) in Finland. Psychiatria Fennica. 53:24–35 (https://www.psykiatriantutkimussaatio.fi/wp-content/uploads/2022/11/Psychiatria_Fennica-2022-Linnaranta.pdf).

Linnaranta O (2025). Mielenterveyspalvelut [Mental health services]. In: Tynkkynen L-K, Paatela S, Aalto A-M, Keskimäki I, Nykänen E, Peltola M et al., editors. Tilannekuvia hyvinvointialueilta: muutokset palvelujärjestelmässä sote-uudistuksen alkuvuosina [Situational snapshots from wellbeing services counties: changes in the service system in the early years of the social and health care reform]. Helsinki: Finnish Institute for Health and Welfare (THL):155–162 (https://urn.fi/URN:ISBN:978-952-408-459-8) (in Finnish).

Ministry of Social Affairs and Health (2010). Terveydenhuoltolaki [Health care act]. Finland (1326/2010 of 31 December 2010; http://data.finlex.fi/eli/sd/2010/1326/ajantasa/2025-03-28/fin) (in Finnish).

Ministry of Social Affairs and Health (2017). Valtioneuvoston asetus erikoissairaanhoidon työnjaosta ja eräiden tehtävien keskittämisestä [Government decree on the division of labour in specialist medical care and the centralization of certain tasks]. Finland (582/2017 of 29 August 2017; http://data.finlex.fi/eli/sd/2017/582/ajantasa/2023-03-30/fin) (in Finnish).

Ministry of Social Affairs and Health (2019). Yhtenäiset kiireettömän hoidon perusteet [Standardized criteria for non-urgent care]. Publications of the Ministry of Social Affairs and Health 2019:2. Helsinki: Ministry of Social Affairs and Health (http://urn.fi/URN:ISBN:978-952-00-4036-9) (in Finnish).

Ministry of Social Affairs and Health (2021). Laki sosiaali- ja terveydenhuollon järjestämisestä [Act on organizing social and health care services]. Finland (612/2021 of 30 June 2021; http://data.finlex.fi/eli/sd/2021/612/ajantasa/2024-07-05/fin) (in Finnish).

Ministry of Social Affairs and Health (2022). Erikoislääkäri- ja erikoishammaslääkäritilanne ja koulutustarve vuoteen 2035 [Specialist medical and dental workforce projections to 2035]. Helsinki: Ministry of Social Affairs and Health (https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/164401/STM_2022_21_rap.pdf?sequence=7) (in Finnish). Licence: CC BY-NC-ND 4.0.

Ministry of Social Affairs and Health (2025a). Mental health services [website]. Ministry of Social Affairs and Health (https://stm.fi/en/mental-health-services).

Ministry of Social Affairs and Health (2025b). Ohje: Säännökset lasten ja alle 23-vuotiaiden nuortenpääsystä perusterveydenhuollon lyhytpsykoterapiaanja sosiaali- ja terveydenhuollon määrämuotoisiin lyhytinterventioihin (terapiatakuu) [Guideline: Regulations on access for children and young people under 23 to short-term psychotherapy in primary health care and to structured short interventions in social and health care services (Therapy Guarantee)]. Helsinki: Ministry of Social Affairs and Health (https://stm.fi/documents/1271139/150123656/Ohje_Lasten%20ja%20nuorten%20terapiatakuu.pdf/a2fa3f86-84c8-bbfa-5b08-380c2b9c2472/Ohje_Lasten%20ja%20nuorten%20terapiatakuu.pdf?t=1741767049540) (in Finnish).

National Audit Office of Finland (2024). Mental health and substance abuse services for young people in wellbeing services counties – service availability, accessibility and coordination. Helsinki: National Audit Office of Finland (https://www.vtv.fi/en/publications/mental-health-and-substance-abuse-services-for-young-people-in-wellbeing-services-counties-service-availability-accessibility-and-coordination/).

OECD, European Observatory on Health Systems and Policies (2023). Finland: country health profile 2023. State of health in the EU. Paris: OECD Publishing (https://eurohealthobservatory.who.int/publications/m/finland-country-health-profile-2023).

Rättö H, Aaltonen K, Lavikainen P, Martikainen J, Gallardo Martínez M, Thomson S (2025). The impact of increasing user charges for diabetes medicines: lessons from Finland. Copenhagen: WHO Regional Office for Europe (Improving affordable access to health care series) (https://iris.who.int/handle/10665/381470). Licence: CC BY-NC-SA 3.0 IGO.

Satokangas M, Arffman M, Kivimäki I, Turunen J, Reissell E, Soini S et al. (2024). Työterveyshuollon palveluiden käyttö työikäisten terveydenhuollon palvelukokonaisuudessa: Perusterveydenhuollon hoitoilmoitusrekisterin (Avohilmo) tietojen hyödyntäminen tilannekuvan luomisessa [The role of occupational health care use in the set of health services available for working-aged people in Finland: forming a situational picture of the data in the Register of Primary Health Care Visits]. THL Working Paper 27/2004. Helsinki: Finnish Institute for Health and Welfare (THL) (https://urn.fi/URN:ISBN:978-952-408-312-6) (in Finnish).

Tervola J, Aaltonen K, Tallgren F (2021). Can people afford to pay for health care? New evidence on financial protection in Finland. Copenhagen: WHO Regional Office for Europe (https://iris.who.int/handle/10665/346170). Licence: CC BY-NC-SA 3.0 IGO.

UHC watch (2025). UHC watch [online database]. Copenhagen: WHO Regional Office for Europe (https://apps.who.int/dhis2/uhcwatch/).

Vorma H, Rotki T, Larivaara M, Kosloff A (2020). National mental health strategy and programme for suicide prevention 2020–2030. Publications of the Ministry of Social Affairs and Health 2020:15. Helsinki: Ministry of Social Affairs and Health (http://urn.fi/URN:ISBN:978-952-00-5401-4).

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