



# The EU Mutual Learning Programme in Gender Equality

## Gender Equality, Mental Health and Gender Mainstreaming Health Policies

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Comments paper – Finland



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# Gender Equality, Mental Health and Gender Mainstreaming Health Policies in Finland

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## Abstract:

In Finland, a major public healthcare, social welfare and rescue services reform, and a new mental health policy framework commit to better access to care and to ensure the continuity and purposefulness of mental health work until 2030. An extensive health monitoring system is used for monitoring health inequalities by gender and socio-economic position in adult population, assessing the effects of the reform and evaluating of mental health policy framework. Still, health disparities exist between young adults and mental health services seem to struggle to respond to increased demand.

The past years have showed an increase in mental health symptoms among children and young people. The rise in psychological distress and symptoms, however, was seen already before the pandemic. The COVID-19 pandemic has drastically changed everyday lives around the globe within a short period of time. To curb the spread of the virus, various containment measures were instituted. During pandemic psychological distress and symptoms have grown especially among girls aged 13-18 years and higher education students in Finland. Students have reported increased loneliness and decreased social contacts due to distance education. It seems evident that wide cooperation is needed to tackle the growth of psychological distress, symptoms of anxiety and depression and study exhaustion among children and young people.

## 1. Finnish context

### 1.1 Health monitoring, health policies and gender mainstreaming in Finland

Finland has a tradition of 50 years to gather information about the health and welfare of Finnish adults on the population level. National surveys, administrative registers and local patient registers form a basis for the national health monitoring. The health monitoring system has been built to support targeting resources toward identified problem areas, and to predict future needs for health care and preventive measures (Kilpeläinen, Parikka, Koponen et al. 2015; Kilpeläinen, Koponen, Tolonen et al.

2019). It covers several population subgroups based on gender, age group (e.g. youth, adult, and elderly), socioeconomic status, and region.

In Finland, reduction of health inequality has been one of the main aims in all major health policy documents during more than 30 years. Despite the efforts, wide inequalities in mortality, morbidity and health behaviour persist between socioeconomic groups, gender and regions. Relating to mental health by gender, a higher proportion of young women than men are experiencing anxiety and depression symptoms. However, women have the tendency to seek more help for mental health issues and suicide thoughts (Suvisaari et al. 2021). Paradoxically, statistics show that young men are overrepresented in premature death caused by accidents, toxication and suicide (see Statistics Finland: Gender equality and Health).

Gender mainstreaming in Finland aims to ensure that gender perspectives are included in all areas of decision-making. The authorities must ascertain in advance what the gender impact is of activities and decisions, prevent direct and indirect discrimination and actively promote gender equality (<https://stm.fi/en/gender-equality/mainstreaming>). As in the Czech Republic, a major public reform, the organisation of public healthcare, social welfare and rescue services will be carried out. The responsibility for organising these services will be transferred from municipalities to wellbeing services counties from 2023. The key objective of the reform is to improve the availability and quality of basic public services throughout Finland.

At the same time, the National Mental Health strategy 2020-2023 aims at improving mental health for children and young people. According to this strategy, good mental health in children and young people is supported when society a) creates secure conditions for family-life and in other formative environments also during societal change, b) ensures that each child has equal opportunities for self-esteem, mental health skills, learning and feelings of achievements, c) gives each child equal opportunities for engaging in safe recreational activities which promote their development, d) safeguards the rights of vulnerable children and young people and those in challenging life circumstances and e) reduces childhood poverty in families (National Mental Health Strategy 2020-2023).

## **1.2 Data on symptoms of anxiety and depression and excessive use of internet by gender**

This paper presents the results based on two THL's national population studies. First, the School health promotion study is carried out every second year since 1996 with large sample size of children and adolescents. It is a voluntary and anonymous study with online questionnaire during the school day under teacher's supervision. In 2021, the study reached 77 % of the 13-15 year-olds in comprehensive schools (N= 94 389). ([thl.fi/kouluterveyskysely](http://thl.fi/kouluterveyskysely))

Second, the Finnish Student Health and Wellbeing Survey is carried out every fourth year since 2000. In 2021, a total of 12,000 randomly selected undergraduate students aged 18–34 from universities of applied sciences and universities were invited to

participate in the survey. In total, 53 % of those invited responded to the survey (N=6 258). ([thl.fi/kott](http://thl.fi/kott))

According to the results, during the COVID pandemic psychological distress and symptoms have grown especially among girls aged 13-18 years and higher education students. Symptoms of anxiety and depression and school exhaustion of children aged 13-18 years increased dramatically between 2019 and 2021 in both genders, but especially in girls. One in three girls reported moderate or severe anxiety in 2021 whereas the corresponding proportion was one in five girls in 2019 (Aalto-Setälä et al 2021).

Regarding students in higher education, the COVID pandemic and remote learning have had impact on their well-being. One in three higher education students suffer from symptoms of anxiety and depression (Parikka, Holm, Ikonen et al. 2021). Students displayed proportionally more mental health symptoms and psychological distress than the adult population as a whole. The situation of women studying at universities and universities of applied sciences was the worst. Forty percent of women reported symptoms of anxiety and depression whereas in men the proportion was 28 percent. Moreover, more than half of students report that their feeling of loneliness has increased. Loneliness affects especially women aged 18–22 studying at universities: up to three out of four have experienced loneliness more often than before.

In line with the results in Sweden, boys spent more time in gaming with digital devices while girls spend their time in social media also in Finland. The prevalence of daily gaming was almost twice as high in boys compared to girls: half of boys reported gaming with digital devices almost every day. Instead, excessive and time-consuming internet use was more common among girls compared to boys in age-group 13-15 (Table 1).

**Table 1. Prevalence (%) of using internet indicators among children aged 13-15 years-old in comprehensive school by gender.**

	boys	girls	total
Tried to spend time less in internet, but has not succeeded	20.6	37.5	29.4
Pupils that have often experienced that they should spend time some other way than in internet	25.9	34.3	30.3
Feeling anxious when does not get online	14.9	22.0	18.6
Have found themselves online even though they did not really feel like it	29.3	45.8	37.9
Have failed to eat or sleep because of being online	12.0	16.8	14.5

In higher education, students' compulsory internet use was more common among women compared to men: 52 percent of women reported compulsory internet use measured with CIUS-5 questions whereas 40 percent of men reported compulsory internet use.

Young people's online pornography consumption is not high on the agenda in Finland as the prevalence of problematic use is low. In higher education students' survey, approximately 4 % of students reported problematic use of online porn. Approximately the same proportion reported problematic online shopping. The highest prevalence was noted in problematic use of social media: one in four students reported problems in using social media. Prevalence was higher among women compared to men (33 % vs 18 %).

## 2. Comparing good practices

Compared to Sweden, some similar good practices exist also in Finland. For example, The National Audiovisual Institute (KAVI) (<https://kavi.fi/en/>) is responsible for the promotion and coordination of media education at a national level, and the supervision of the provision of audiovisual programmes in Finland from the perspective of protection of children. The Ombudsman for Children (<https://lapsiasia.fi/en/front-page>) is an autonomous and independent authority that promotes the realisation of the rights and best interest of children. The authority also ensures that the position and rights of children are taken into account in legislation and decision-making. The Office carries out The Child Barometer, which is a study on the everyday lives of 6-year-old Finnish children.

In Finland, Centre for Gender Equality Information (<https://thl.fi/en/web/gender-equality>) operates under the Finnish Institute for Health and Welfare (THL). The centre compiles and distributes information related to gender equality and gender studies, acts as an expert on gender equality information, responds to information requests concerning equality and gender, cooperates with domestic and international gender equality actors and provides the gender equality website. The experts of the centre are also active in social media and they participate in discussions on gender equality, health and well-being of gender minorities and of foreign-born population.

## 3. Conclusions and recommendations

I agree with many proposals presented in the Swedish and the Czech Republic reports regarding opportunities and challenges. Especially insufficient data and lack of understanding in the LGBT (lesbian, gay, bisexual, transgender and intersex) young adult's mental health and wellbeing is evident also in Finland. More research is needed especially on risk factors and protective factors of mental health in LGTB young adults. Moreover, the research on relationships with digital media and potential effects on mental health in young people is scarce. Longitudinal studies are needed to better understand whether there is, or there is not, causal relationship between digital media use and mental health symptoms.

However, instead of only controlling the negative effects of digital media use, it would be more feasible to overcome childhood adversities (e.g. parental mental illness, child abuse, neglected childhood poverty) in order to reduce severe psychological distress and symptoms during lifetime, and an adolescence- and childhood-onset cases. Most importantly, the disadvantaged backgrounds might make children vulnerable to negative effects of digitalisation. Studies have shown that childhood circumstances and adversities are associated with a variety of indicators of mental health in adolescence and in young adults (Schilling et. al 2007, Kestilä 2008). It might be more helpful to identify vulnerable groups than to try to control digital media.

In Finland, mental health services for young people seem to struggle with increased need. The providers of health care have reported the disruptions in access to mental health services for children and youth during 2021. As a solution, the new online self-services have been launched to support students to take care of health-related issues. In student health care, the digital services are seen as a route to reach vulnerable youth with mental health problems and to provide an access to a remote consultation. Thus, supporting young people's mental health through the COVID-19 crisis needs adequate support and timely intervention in terms of assessing the need for treatment and use of digital self-help services. Moreover, the teaching staff need to have contact with the higher education students. Face-to-face encounters are particularly important for those students whose psychological distress is caused by study difficulties resulting from distance learning.

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