



**THE FORENSIC PSYCHIATRIC SERVICES OF
FINLAND : AN OVERVIEW**

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DISCLOSURE

- Nothing to disclose

CONTENTS

- Past: Background
- Present: The Finnish forensic psychiatric system and mental health legislation
- Future: Trends

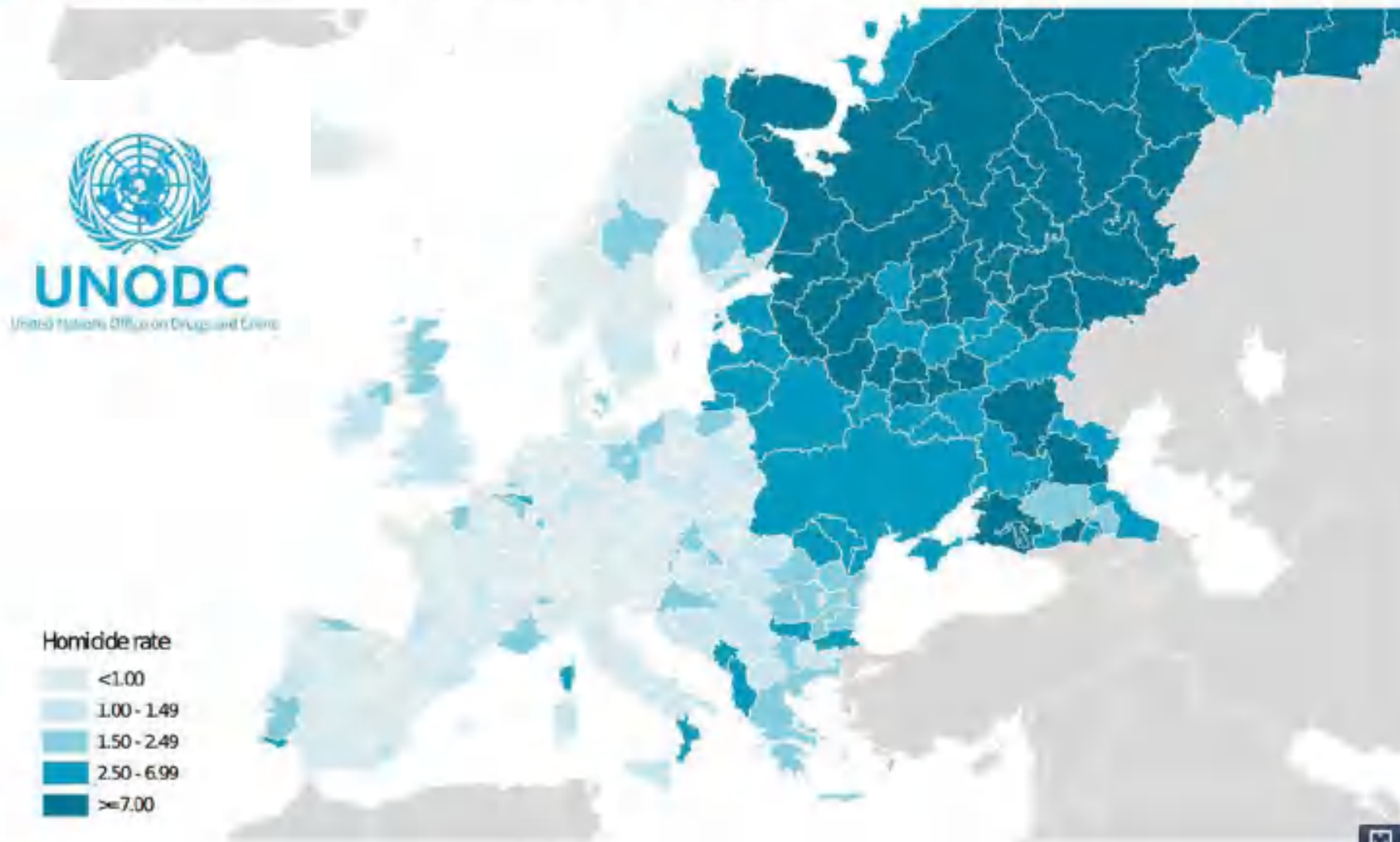
BACKGROUND

BACKGROUND

- Finland (ind. 1917) is a Northern-European urbanized parliamentary democracy and a member of both the OECD and the EU, with a total population of approximately 5.4 million.
 - Usually scores high in peacefulness and quality of life surveys



Map 1.4: Homicide rates at the sub-national level, Europe (2012 or latest year)



BACKGROUND: VIOLENCE IN FINLAND

- Data of the annual number of victims of homicides is available in Finland from the mid-1750s onwards.
- During the last two centuries, homicide rates have been considerably higher and more volatile in Finland than in the other Western European and Nordic Countries.
- In Finland the period of industrialization was accompanied by a more or less permanent increase in violent crime, while elsewhere in Western Europe homicide rates decreased.
- However, in the recent decade homicides and violent crime have become less and less frequent
- Homicide statistics:
 - 2,2/100 000 capita in 2010 decreased to the historically low 1,5 in 2019.
 - vs. >60/100 000 in 1918.

BACKGROUND: HISTORY



Finnish civil war 1918

BACKGROUND: GENETICS

- **A population-specific HTR2B stop codon predisposes to severe impulsivity.**
 - A stop codon in HTR2B was identified that is common (minor allele frequency > 1%) but exclusive to Finnish people.
 - Bevilacqua L et al. Nature. 2010 Dec 23;468(7327):1061-6.
- **MAOA alters the effects of heavy drinking and childhood physical abuse on risk for severe impulsive acts of violence among alcoholic violent offenders.**
 - Carriers of the MAOA-H allele have a high risk to commit severe recidivistic impulsive violent crimes after exposure to heavy drinking and childhood physical abuse.
 - Tikkanen R et al. Alcohol Clin Exp Res. 2010 May;34(5):853-60.

- The majority of Finnish homicides occur in the context of drinking quarrels between unemployed, middle-aged male alcoholics.
- During the period 2010–2018, in 58% of all homicides all persons involved were alcohol-intoxicated and in 77% of the crimes at least one of the persons involved was intoxicated.
 - so-called “ryyppyriitatappo”
- Only in 14% homicides no intoxicants involved

THE FINNISH FORENSIC PSYCHIATRIC SYSTEM AND MENTAL HEALTH LEGISLATION

- During court procedures the judge may decide that a **mental state report** is needed before judgment can be passed in order to define level of responsibility.
 - In less serious cases, particularly if the accused is undergoing psychiatric treatment, a report from the treating psychiatrist will suffice.
 - In more serious cases, namely violent crime a full forensic examination is conducted in order to answer for

1. diagnoses

2. criminal responsibility

3. need for treatment

4. fitness to be heard at trial

- The examination is performed in a **state mental hospital, the forensic psychiatry unit of a university hospital or the prison mental hospital.**
- Takes a maximum of **two months** and is supervised by a specialist in either forensic psychiatry or general adult psychiatry.
- The **multidisciplinary** examination team also includes a psychologist, social worker and a psychiatric nurse.
- The examinee is subject to structured and unstructured **interviews, psychological tests, constant surveillance and various radiological scans and lab-tests.**

Forensic Psychiatric System in Finland 2017

JUDICIAL PROCESS

Ordering a **Forensic psychiatric examination** by a judge at either the pretrial investigation period, or after prosecution.

Yearly ca. 80-100 persons. THL requests the examination from a suitable unit.

No examination

Statement based on records by THL 2 - 5

Independent **Judicial decision**, i.e. the final verdict

No examination		With examination	
no	ca. 20	no	30 - 35
dim	40 - 60	dim	ca. 10
full	57 000	full	50 - 65

no 30 - 35
dim ca. 10
full 50 - 65

Irresponsible 50 - 55

Assessment of need for treatment by THL

0 - 4 per year

No treatment, no punishment ca. 20

Administrative courts review forced care every 6 months, based on a report by both the treating psychiatrist and an independent psychiatrist.

PSYCHIATRIC PROCESS

Full forensic psychiatric examination and statement
-Usually on an in-patient basis
-Takes ca. 2 months
-Team: 1-2 psychiatrists, a psychologist, a psychiatric nurse, a social worker

Forensic psychiatric statement sent to THL, who then either agrees or disagrees on
-Responsibility. A person is irresponsible if, during the offence, he is unable, due to insanity, deep mental retardation or a serious disorder of mental health or cognition, to understand the nature of the act or its illegality or his ability to control his actions is crucially limited because of these reasons.
- Need of treatment. A person can be committed against his will if he is 1) Mentally ill 2) His mental illness is at risk of worsening, or he may endanger the health or safety of himself or others 3) No other psychiatric services suffice.

Committing to treatment by THL after examination (30 - 33)

Committing to treatment by THL with no examination (0 - 2)

Forced forensic care (ca. 400)
- average length of treatment ca. 10 years
- discharged by THL: 30-40
- discharged by THL under supervision (for 6 months): 30 - 50
- extended supervision by THL: 75-85
Decisions made based on statement by the treating psychiatrist.

Psychiatric treatment within the prison health care system if needed during sentence

Dim and full to **prison**

no = Irresponsible
dim = Diminished responsibility
full = Responsible

THL= National Institute for Health and Welfare, board of forensic psychiatric issues. The board includes experts on forensic and general psychiatry, intellectual disability and law.

Figures are annual approximates (THL statistics, Seuraamusjärjestelmä 2014).

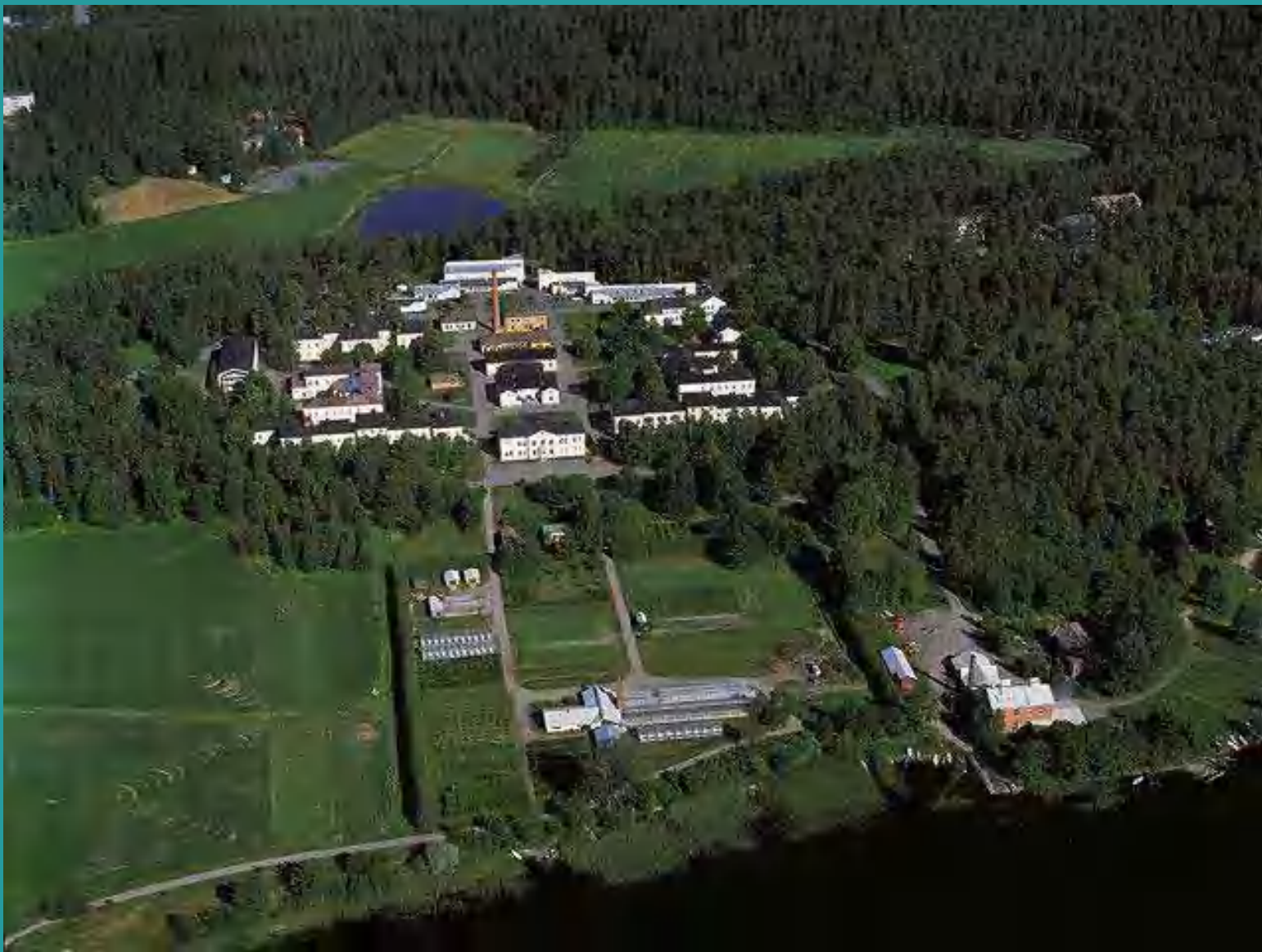
Adapted from Tapio Lappi-Seppälä 2005 by Drs Allan Seppänen, Markku Eronen Irma Kotilainen and Aulikki Ahlgren-Rimpiläinen.

LEGAL BASIS OF FORENSIC PSYCHIATRY

- The criteria for involuntary treatment for both forensic and all other psychiatric patients are the same

The three preconditions for compulsory psychiatric hospital admission.

1.	The individual suffers from a mental illness, or, if under 18, a serious mental disorder, which necessitates treatment because leaving the condition untreated would result in
2.	worsening of the psychiatric condition. AND/OR a threat to the health or safety of the individual himself AND/OR a threat to the health or safety of others
3.	All other mental health services are inapplicable or inadequate



Niuvanniemi hospital



Vanha Vaasa Hospital



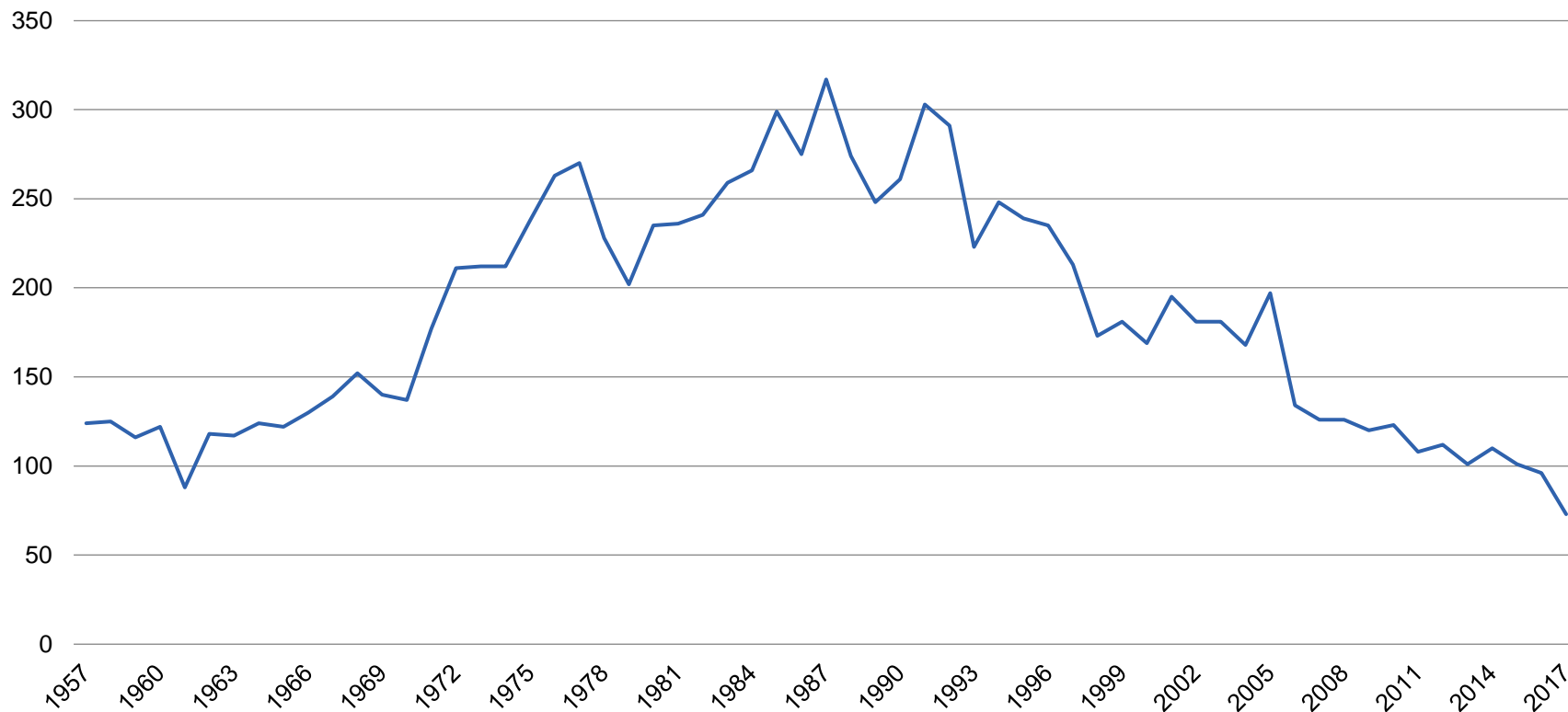
Kellokoski hospital/ Helsinki University Hospital, dept. enhanced rehab. and forensic psychiatry



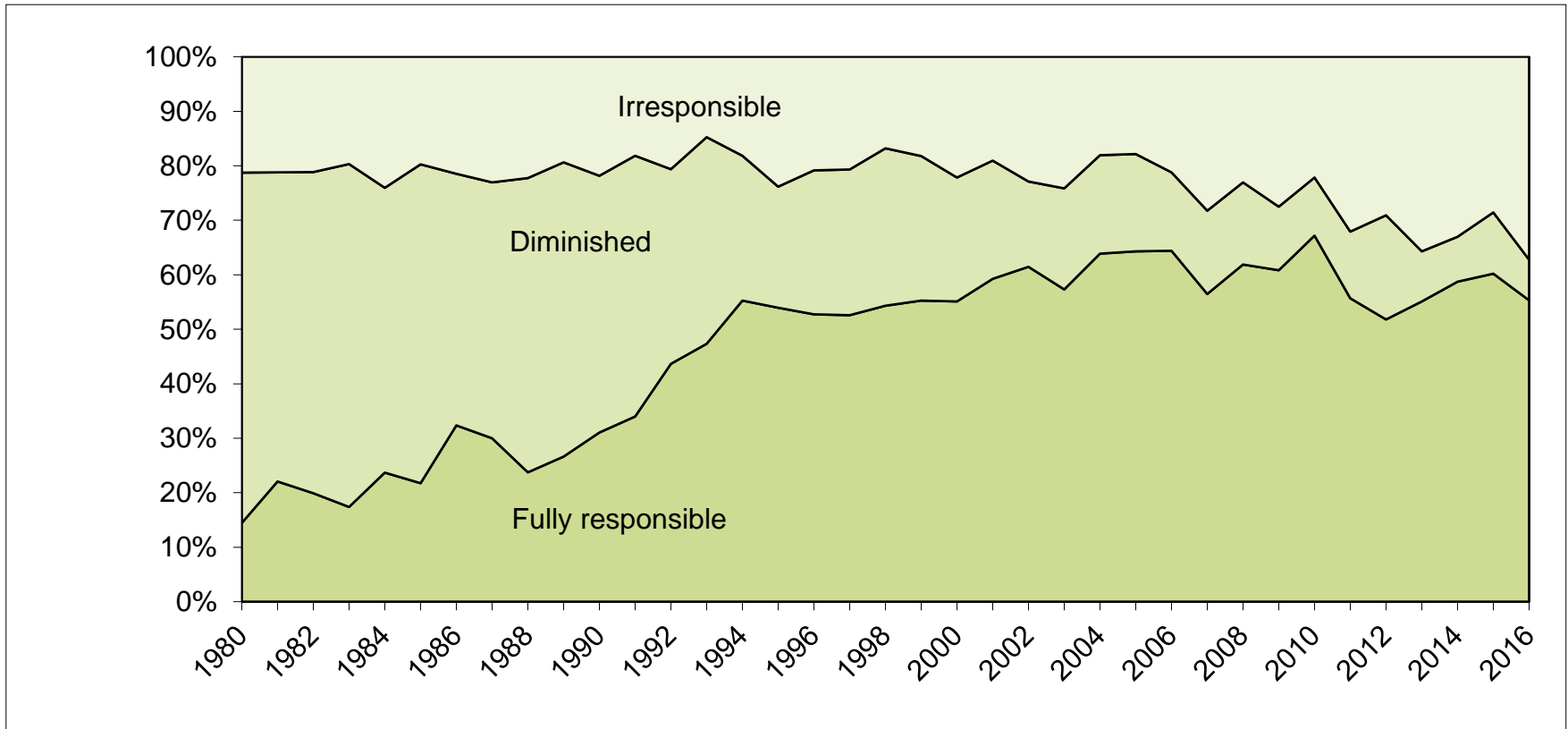
- A forensic patient that has been ordered to treatment can be released from the hospital, prior to the final discharge, for a maximum of **six months** at a time.
- During this time the person is under the supervision of a psychiatric unit of the hospital district.
 - The patient can be readmitted to the forensic unit at any time

TRENDS

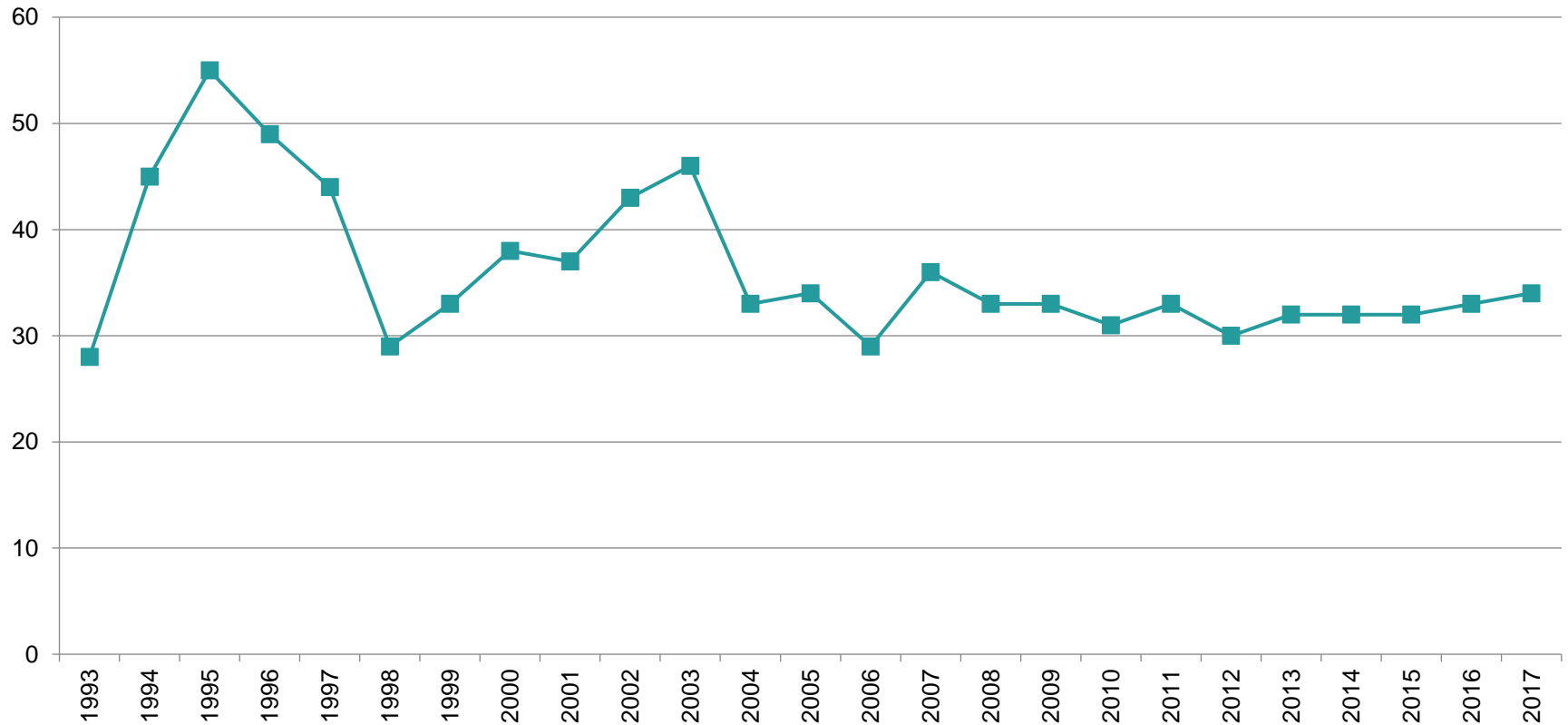
The number of forensic psychiatric examinations since 1957



Criminal responsibility since 1980



Treatment orders for irresponsible offenders since 1993



TOTAL NUMBER OF ANNUAL HOMICIDES

Näin henkirikosten määrä on vähentynyt Suomessa

Sisältää rikosnimikkeet tappo, murha, surma ja lapsensurma. Kaikki selvitetty rikokset.



NEW TRENDS: USE OF ALCOHOL DECREASING

Alkoholin kulutus laskenut

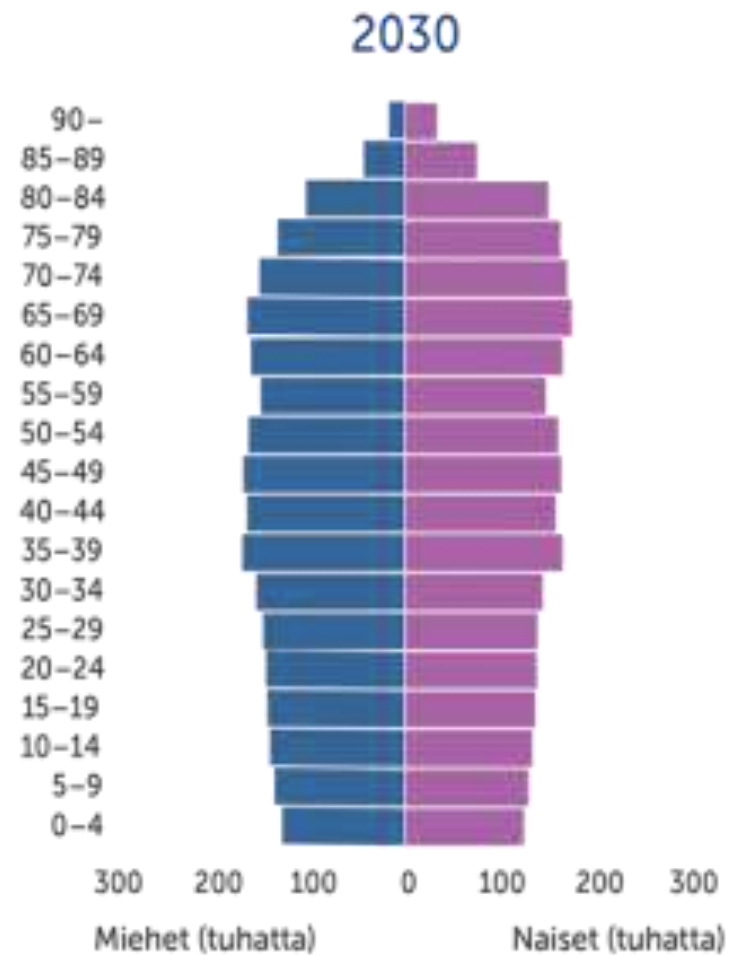
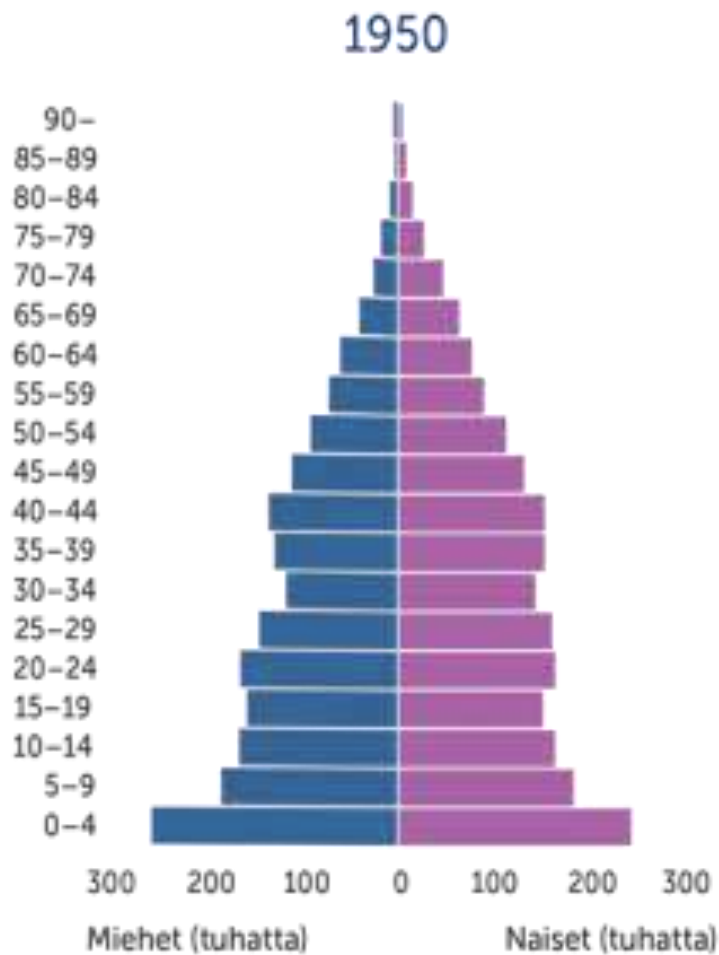
KOKONAISKULUTUS 100%:na ALKOHOLINA / 15-v. TÄYTTÄNYT
SISÄLTÄÄ MATKUSTATUONNIN



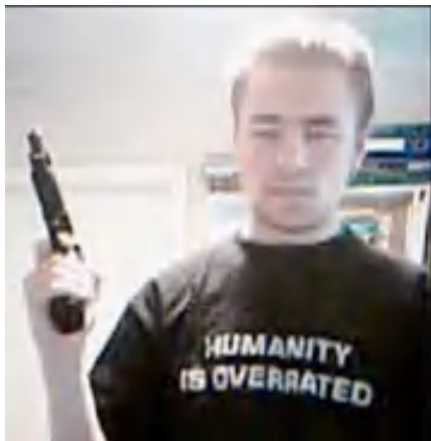
2014
11,1 L

lähde: SVT, THL, Valvira

POPULATION AGING



SCHOOL SHOOTINGS



2007 Jokela, Finland: 9 deaths (incl. the perpetrator)

The perpetrator stated that he was hoping to inspire a revolution of the “small minority of strong-minded and intelligent individuals” against the ”idiocracy” of the “weak-minded masses.”



2008 Kauhajoki, Finland: 11 deaths (incl. the perpetrator)

A police spokesperson commented: "...left notes saying he had a hatred for mankind, for the whole of the human race, and that he had been thinking about what he was going to do for years. The notes show he was very troubled and he hated everything."

TURKU KNIFE ATTACK 2017



2010-2015 STATS.

- 90% perpetrators Finnish nationals born in Finland
- 5% Finnish nationals born abroad
- 4% foreigners

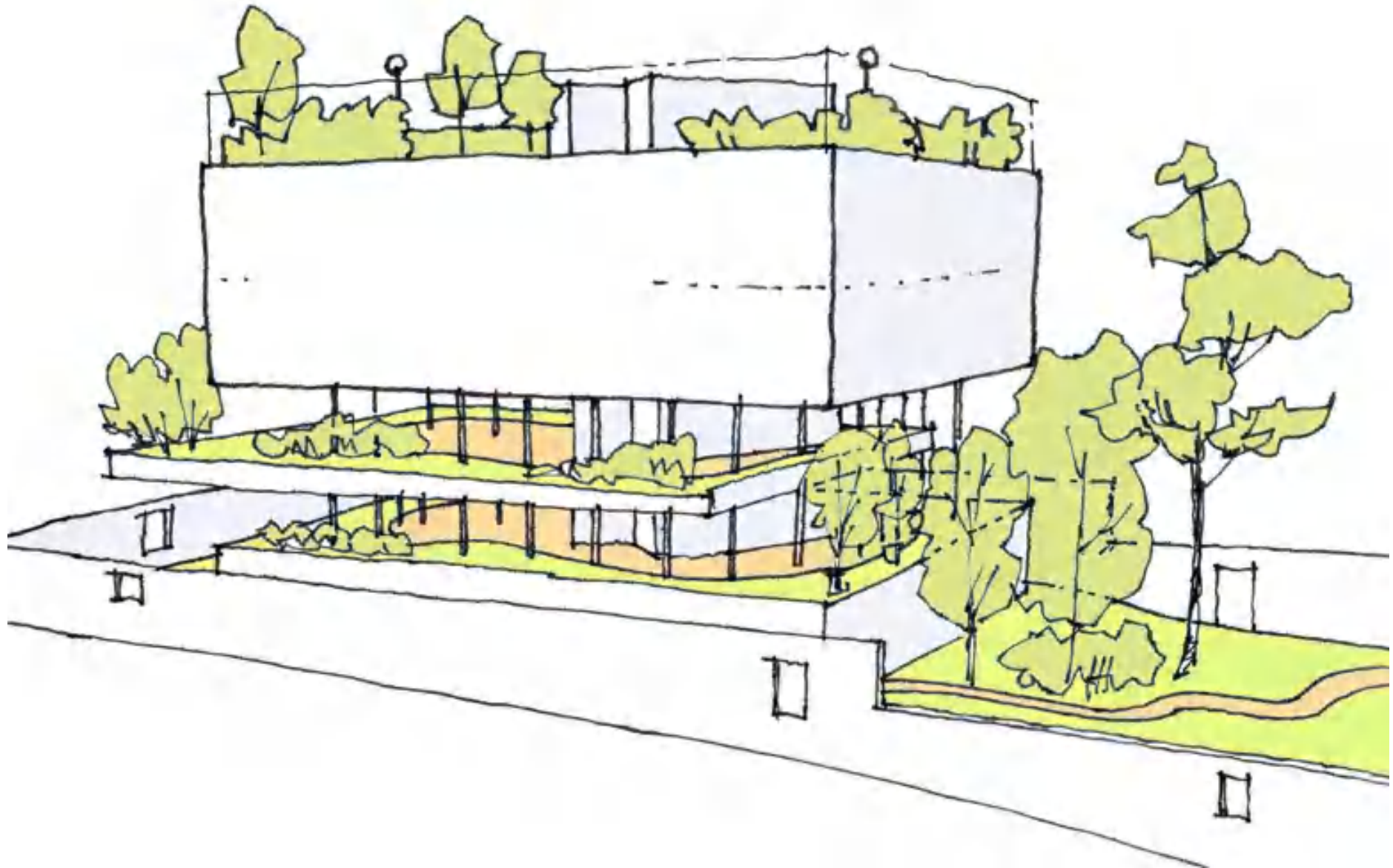
FORENSIFICATION

- The current general psychiatric bed provision is ca. 0.6/1000; decreased from 4/1000 in the 1970's.
 - Transinstitutionalization?
- Increase in psychotic prisoners
- Ongoing capacity building projects in forensic hospitals
- Legal reforms: aim to increase self-determination, but also tackle security issues.

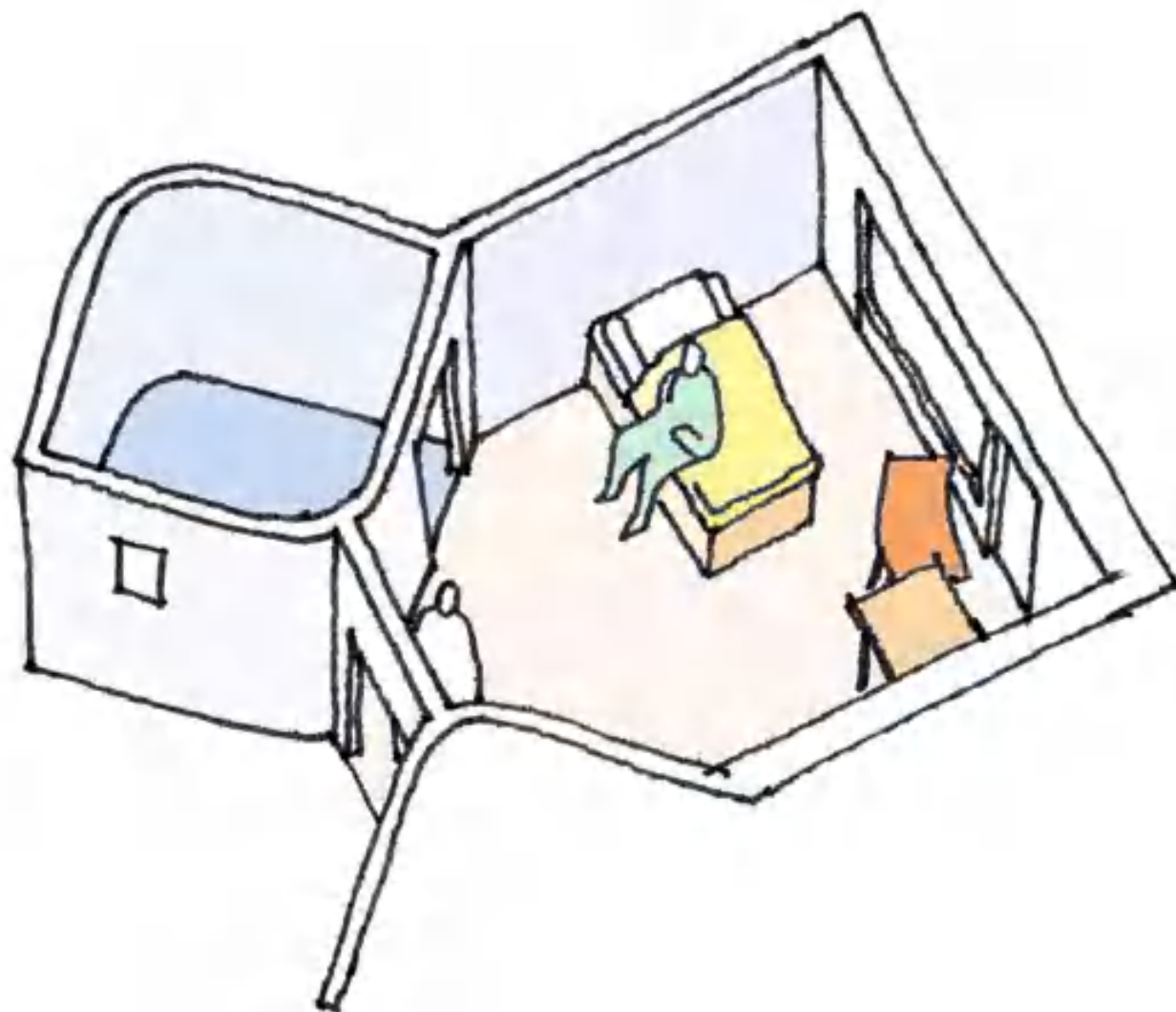
NEW HELSINKI UNIVERSITY HOSPITAL URBAN FORENSIC FACILITY

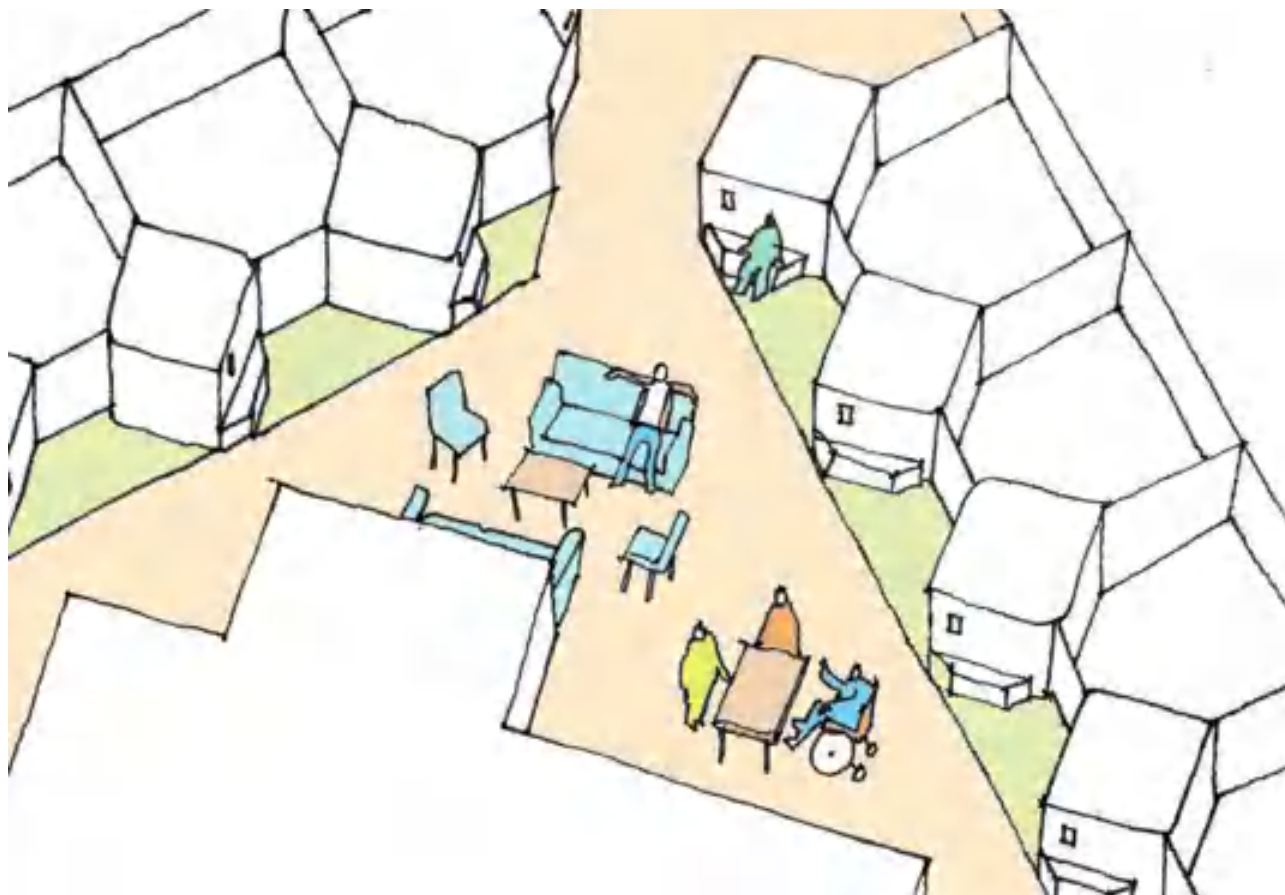












IN CONCLUSION

- Major reforms happening in Finland
 - legal
 - capacity (hospital) building
- These are based on societal, psychiatric services- related and criminological trends
- One major hindrance, in my view, in rational and analytical service development is the **total lack of centralized decision making in developing the national forensic services**
 - No national authority exists that has comprehensive responsibility in capacity planning and coordination
 - Example: 4 separate decision-making processes/building projects in Finland for the forensic population

REFERENCES

- Seppänen A, Joelsson P, Ahlgren-Rimpiläinen A, Repo-Tiihonen E. Forensic psychiatry in Finland: an overview of past, present and future. *Int J Ment Health Syst.* 2020 Apr 16;14:29.
- Seppänen A, Törmänen I, Shaw C, Kennedy H. Modern forensic psychiatric hospital design: clinical, legal and structural aspects. *Int J Ment Health Syst.* 2018 Oct 20;12:58