

**An overview of: Mental health services at the local government and community levels:
Organization and good practice in the U.S., Belgium, and Nordic countries -
Norway and Finland**

**An addendum to the original report created for
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Introduction

The sizes of the countries reviewed in this report, and the number of municipalities within them varies a great deal. In the U.S. there are 35,879 general purpose local governments, which includes 19,519 municipal governments, 16,360 town and township governments, and 3,031 county governments (National League of Cities, 2022). Belgium comprises 581 municipalities—300 of them are grouped into five provinces in Flanders and 262 in five provinces in Wallonia, while the remaining 19 are in the Brussels Capital Region which is not divided into provinces (Wikipedia, 2021). Norway is divided into 11 administrative counties which are then subdivided into 356 municipalities (Wikipedia, 2021). Finland comprises 310 municipalities, and each municipality has from 690 to 650,000 inhabitants, leading to very differing administrative agreements (Korkeila, 2021).

For the purposes of this report, one municipality was chosen from within the 50 states of the United States to present an example of one specific municipality within the U.S.. However, there is a great range of services, funding, structure, support, etc. within municipalities of different sizes and within different states and geographical regions throughout the country. In the remaining countries this report covers, a specific municipality was not chosen.

United States

Baltimore, Maryland. Baltimore City is the largest municipality in the state of Maryland, with a population of 575,584 (World Population Review, 2021). Baltimore City Health Department, the governmental public health organization in Baltimore, tasked Behavioral Health System Baltimore, a nonprofit organization, to manage and lead the behavioral health system of Baltimore City.

Behavioral Health System Baltimore. Behavioral Health System Baltimore (BHSB) provides resources and information and helps connect communities, families and individuals to networks of care and support within the city, including having a 24/7 information and referral line for mental health and substance use help. BHSB also supports innovative approaches in prevention, early intervention, treatment and recovery for people with mental health and substance use disorders. They do this by allocating resources for mental health and substance use disorder services to Baltimore service providers, raising public health awareness about behavioral health issues, and influencing policy development through state-level advocacy. BHSB also promotes and supports emotional health and wellness for every community and person in Baltimore City. While BHSB itself is a non-profit organization, it works with Baltimore City and the Baltimore City Health Department.

Crisis Response. Baltimore Crisis Response Inc. (BCRI) is Baltimore City's first and to date only comprehensive crisis center. It is a private, non-profit organization that provides community-based behavioral health crisis response services to Baltimore City residents. BCRI offers a 24-hour crisis hotline. It also has a 24/7 Mobile Crisis Team, made up of mental health professionals including psychiatrists, social workers and nurses. The mobile crisis team goes to those in crisis and provides immediate assessment, intervention and treatment, and transportation to inpatient facilities, if needed.

Non-Profit Organizations. NAMI Metropolitan Baltimore is a local level chapter of NAMI: National Alliance on Mental Illness, the nation's largest mental health organization, which also has state level chapters. NAMI is a non-profit, grassroots organization that provides education and support programs for people living with mental illness and their loved ones. It also raises awareness and advocacy for mental health within the community in general. Since being

established in Baltimore in 1983, NAMI Metropolitan Baltimore has become the “local voice on mental illness.” It has a very large and active online presence via their website and social media.

Additional organizations that have such national-, state- and local-level chapters, including in Baltimore, are AFSP: American Foundation for Suicide Prevention, Mental Health America, and Depression and Bipolar Support Alliance. These organizations all have similar missions, community engagement, and online presence.

There are also many smaller and locally based non-profit organizations that focus on support for specific demographics including at-risk youth, LGBT+, the homeless, substance users, refugees, survivors of human trafficking, and survivors of domestic violence, but that also include a focus on mental health.

Community Resources. There are a great number of additional resources for mental health support, education, services, awareness and advocacy within communities throughout Baltimore. These include schools (K-12), universities, church organizations, hospitals, nursing homes, and public libraries.

Belgium

Networks in Mental Healthcare for Adults. In 2010 a national reform began in Belgium which prompted the organization of multisectoral mental health care networks throughout the country. The networks were to offer assorted mental health services, including outreach services, prevention services, in- and outpatient mental health services, primary care, day care, and vocational, housing and social care services. The networks were created based on accessibility and availability of services within a geographic area rather than specific municipality jurisdictions. They involve everyone in the regions by integrating resources from

both hospitals and community services and allow for more providers to be involved in the mental health care of the communities that the network is providing services for.

All mental health professionals are considered network partners. As such, networks are able to involve providers who are not yet in the formal mental health care sector, but who provide mental health care. There are also partners who participate in the networks, such as professionals from the employment sector, who provide reintegration help for those who have had serious mental health problems. Professionals are able to provide their expertise, skills and work, and those in need are offered a greater amount of support and care.

Seven years after the networks were created, they were evaluated and some were redesigned. Today, every municipality in Belgium is part of one of 20 Mental Health Care (MHC) networks.

Networks in Mental Healthcare for Children. In 2015, a new policy for children and young people was approved and 11 networks were set up throughout the country to focus on the mental health of children and young people (GMCY), separate from the networks created for the adult population. The GMCY networks provide comprehensive and integrated services for all children and young people aged 0-23 with mental and/or psychiatric problems. The aim of the GMCY is to respond to the needs of children and young people as quickly and continuously as possible. The network integrates partners from all health care providers, institutions and services who work with young people. Each network includes all relevant actors, care providers, services, institutions, etc. needed, from mental health as well as other sectors. In addition to helping children and young people, these actors work together and coordinate their policies. Each network is supported by coordination of 1-3 people.

Mobile Teams. In addition to the services provided within the networks, as of 2018 there are approximately 59 active mobile teams—24 mobile crisis teams, and 35 mobile teams for chronic mental health problems. The multidisciplinary mobile treatment teams are made up of hospital-based staff, or other network partners, and are financed from the hospital budget but operate fully in the community. The use of mobile teams within all of the networks has resulted in a decrease in hospitalizations and an increase in outreach services, ambulatory rehabilitations, and recovery centres in the communities being founded, which was an aim of the reform.

First-line Psychological Function (FLP). In 2019, a pilot project was created for those with mild and moderately severe mental health problems. In these cases, doctors can refer patients to a clinical psychologist or other clinical specialist for short-term, first line psychological treatment through the First-Line Psychological Function (FLP). Treatment includes an intake interview, diagnosis of the psychological problem, and a series of individual talk therapy sessions.

Norway

Mental Healthcare for Adults. Municipalities in Norway have the responsibility and legal obligation of providing mental health services for their inhabitants and as such, provide a variety of support and treatments for people who are experiencing mental health problems. In general, the recommendation given to those experiencing mental health problems is to contact their general physician or the municipality in which they live. Municipalities run primary healthcare, including general physicians, as well as team-based primary mental health and substance abuse care.

Mental Healthcare for Children and Adolescents. Prevention, treatment, and follow-up for young people with mental health problems includes primary health services, made up of general practitioners, health centers, school health services, as well as mental health services. At schools, health service staff speak to students about mental health problems and what to do if they need more support; they may also contact the students' general physician to ensure they get the help they need. Oftentimes early stages of mental health problems are recognized by school health services and as a result, in addition to referrals and talking to students, there may also be advising of parents.

Local municipalities offer free short-term psychological treatment for mild to moderate mental problems and disorders; discussion groups; work and educational support; activities; outreach teams; and services specialized for younger people and families. There are also health centers within municipalities, separate from general physicians and school health services, that provide guidance for mental health issues. And for those with more specialized psychiatric treatment needed, there is a specialized health service available until the age of 18.

Community-Based Mental Health Services. Community-based mental healthcare in Norway is made up of local community mental health centres (CMHC) who collaborate with general practitioners and primary mental healthcare services in the municipalities, along with psychiatrists and psychologists who work in private practices and provide a broad range of comprehensive mental health services. The CMHCs have inpatient wards, outpatient clinics, and mobile teams, collaborate with hospital-based mental health services, and serve patients needing specialized mental healthcare.

Utekontakten is a service for adolescents which connects them with people they can talk to about issues of concern, and also get support with overcoming personal or practical problems.

Familiens huns (“The Family’s House”) are multidisciplinary centers that provide help to families and children. They provide support for mental and physical wellbeing for children, young people and families, without referrals or waitlists, and can be found in about half of the country’s municipalities.

Frisklivssentral (“Healthy Life Centres”) provide assistance in changing lifestyles or coping with different diseases and ailments, and some centers are also able to provide help with coping with different mental health issues and concerns. The centers are open to all ages and are found in over half of municipalities in Norway.

Finland

Health districts. Finland is divided into 21 hospital districts, comprising general as well as psychiatric hospital treatment for most of Finland’s municipalities. Within these 21 districts are five university hospitals that, in addition to general care, have specific psychiatric care for adolescent, child and general psychiatry, and some have detoxification units as well. Health districts also include outpatient psychiatric services, adolescent and child psychiatric outpatient care, outsourced psychotherapy services, social services, educational services for families with under-age children, home services, rehabilitative work activities, housing services, and community rehabilitation services. In some larger cities, including Helsinki, Tampere and Espoo, there are also psychiatric emergency services, health stations, psychiatric and substance abuse centers, day activity centers, and preventative mental and substance abuse work.

Municipalities. Municipal social welfare and healthcare services, with support from the government, are the basis of Finland’s social welfare and healthcare system. These services include prevention of mental health disorders, early diagnosis, treatment and rehabilitation. Municipalities are also responsible for organizing mental health services and offer primary healthcare and social services, outsourced psychotherapy services, youth clinics, prevention, and promotion services. Within larger cities, they also offer general hospital services, adult psychiatric hospital services, adolescent and child

psychiatric services, and adult, adolescent and child psychiatric outpatient care. Municipalities can also work together and organize “unions of municipalities” or “hospital districts” which cover both primary healthcare services and outpatient psychiatric services.

Mental health services within municipalities are available from health care centers, private clinics, specialized psychiatric care, private psychotherapists, “depression nurses,” churches, and various third sector organizations. University students also have access to Finnish Student Health Services who can refer students to specialized care if needed. The implementation of all of these mental health services, however, greatly differs with each municipality due to the size and financial resources. The structure of care and services also differs between municipalities in relation to their size; the larger a town, the more service providers available and the more versatile the services. Larger cities such as Helsinki have the broadest range of services, including 24/7 emergency social services and 24/7 crisis emergency support.

Private Sector. Private sector services include psychiatrists’ services, rehabilitation, and addiction services. Unfortunately, psychiatric polyclinics are often unable to provide frequent or long-term psychotherapy, and it must be paid for privately if continuation of care is desired, however, sometimes financial support can be obtained from the Social Institution of Finland (KELA).

Crisis Hotlines. MIELI Mental Health Finland’s Crisis Helpline provides immediate support for those in crisis. The phone lines are answered by crisis workers and trained volunteers, and there are personnel on-call in 17 municipalities throughout Finland. The National Crisis Helpline is also available in Arabic and English by phone and on WhatsApp during certain hours. SOS Crisis Centre offers immediate conversational help for those in crisis and difficult situations, as well as for their families and friends. It offers counseling in Finnish, Swedish, English, and, if needed, through an interpreter in the person’s mother tongue.

Third Sector. Organization-based help services are mostly funded with the support of Veikkaus Oy and are free of charge. The organizations offer help via hotlines, supportive online services, face-to-face crisis work and group support. People can take part in activities hosted by multiple organizations.

MIELI Mental Health Finland is the world's oldest non-governmental organization dedicated to mental health and has been helping people in Finland for over 120 years. It operates at the national level but has 54 local member associations. Operations are run by almost 150 professionals and over 3,000 volunteers. The main mission of Mieli is to promote mental health and prevent mental health issues. Mieli coordinates and offers a variety of services both online and in-person, for all age groups (children through elderly) throughout the country.

Tukinet is a relatively new supportive online service that offers personal support via staff or volunteers at crisis centers, participation in discussion groups, or searching information from Tukinet's Service Lookup or Material Database. Topics include every day things, diversity, interpersonal relationships, mental health, suicide, crisis, relatives and loved ones, substance use, addiction, sexuality and gender, health and illness, work and unemployment, disability, and violence. Tukinet has become very popular, especially amongst younger adults, as a means of accessing support and information online.

A-Clinic Ltd. is a non-governmental and non-profit organization owned by the A-Clinic Foundation. It offers alcohol and substance abuse services, addiction hospitals, detoxification units, opiate dependence substitution treatment, outpatient and digital services, housing services, and family and youth services.

Summary of municipal level mental health services, organization, and good practice

- **U.S. – Baltimore, Maryland:** partnerships between local government and non-profit organizations; use of social media, especially by non-profit organizations; 24/7 crisis hotlines and mobile crisis teams; accessible online information and resources; non-profit organizations for specific populations; support for those with mental health issues as well as for family and friends; education, prevention, outreach, advocacy, awareness; suicide prevention; community events; destigmatization of mental illness
- **Belgium:** networks of mental healthcare – based on availability of services, not governmental borders, and divided into adult and children; focus on community- and people-centered care; de-stigmatization of mental illness; outreach; prevention; access to care from multiple sources; multidisciplinary care; mobile teams for crisis and chronic needs; first-line psychological help
- **Norway:** municipalities obliged to provide mental health services to its people; mental healthcare for young people a collaboration between different care providers and school; school health services (support for students and parents); community mental health centers; services for adolescents; family house center for families; healthy life centers for all ages
- **Finland:** strong federal support and cooperation; health districts; prevention, early diagnosis, treatment, rehabilitation; municipalities–basis of social welfare and healthcare system, organization of services, unions of municipalities; Finnish Student Health Services; 24/7 crisis support in larger cities; financial support for private care; partnerships with third sector; third sector organizations; use of social media, especially by third sector organizations; crisis hotlines, including in different languages; online support; outreach, advocacy, awareness; suicide prevention

Summary (from original report)

While the U.S., Belgium, Norway and Finland all have very diverse historical backgrounds, geography, population, and governments, as well as strategies to approaching mental health care and services, there are still areas of overlap of good practice for local governments and communities in some, if not all of them:

- Strong support from the government, beginning on the national level, provides not only funding, research, and structure for mental health care and services, but also a clear message about the importance of mental health and the need to support it.

- Government support, at all levels, is key in funding and maintaining mental health care, along with creating structure for more mental health services to be created and rendered, whether they be through hospitals, clinics, or community settings.

- Cooperation between non-profit organizations, communities, and governments is most effective in reaching the greatest number of people, whether through crisis helplines, crisis centers, mobile crisis teams, outreach, advocacy, or prevention.

- Creating networks of care based on need and accessible support, rather than geographical boundaries, can be much more effective in reaching people in need of mental health services in a timely manner. Moreover, the ability to use multidisciplinary service providers allows for more flexibility as well as care for a person as a whole.

- Having centers for people of all ages, whether family centers or general centers, and without the need for a referral, allows for members of communities to take care of and even foster their own wellbeing and mental health. It also allows for those who are in need of extra mental health care to seek it without the bottleneck of referrals, wait times, or lack of care providers.
- The use of social media is prevalent among most age groups in at least all of the countries reported on, but perhaps also for most of the world. While the exact demographic that uses each kind of social media may differ in each country, if a mental health organization is able to have a presence in each one, it is likely to reach a far greater audience than if using only its website. Furthermore, social media often allows for interactive use, promoting discussion, sharing of information, and also access or redirection to emergency help, if needed.

As the global COVID-19 pandemic continues, creating a surge in the global mental health crisis, the WHO has updated its 2013-2020 Comprehensive Mental Health Action Plan to 2013-2030. The need is clear around the world, from the global level to national, municipality, and community levels. While there are some new aspects of mental health, well being and prevention included in the report, its original four major objectives remain:

“more effective leadership and governance for mental health; the provision of comprehensive, integrated mental health and social care services in community-based settings; implementation of strategies for promotion and prevention; and strengthened information systems, evidence, and research” (WHO, 2021).

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