AUTISM IN FINLAND

The Finnish public health care system consists of:

- primary healthcare
- specialised medical care
- highly specialised medical services (university hospitals).

The 311 local authorities are responsible for providing both primary healthcare and specialised medical care for the residents in their area. Highly specialised services must be provided according to the need of the population on a national level. Third sector organisations and foundations supplement the public sector services in health care. The Finnish Association for Autism and Asperger’s Syndrome also has an important role in lobbying, advocacy and education.

Screening for autistic features in children in primary health care

Public health nurses and paediatricians meet parents and their children at child welfare clinics approximately eight times during the first year. The follow-up continues annually until the child enters the school system at the age of 7. Thereafter, school nurses and paediatricians take over the responsibility for monitoring children’s health and progress at school until comprehensive school ends at the age of 16. Health care nurses are available at school and paediatricians liaise when needed.

Despite intensive and regular visits to child welfare clinics, screening for autism is still not sufficiently systematic. Often parents report that they start worrying about their child’s development when they are still a baby, yet autism diagnosis is generally made when a child is approximately 3 to 4 years old. A toddler may already show signs of autism when visiting the child welfare.

In Finland, the screening at child welfare clinics is based on several recommended screening methods, such as the assessment of neurological and psychological development in infants (Vane-Psy = Baby’s psychological and neurological development) and the assessment of
neurological development in toddlers (Lene = Toddler’s neurological development). To our knowledge, however, there is no single screening method for autism in systematic use.

After an autism diagnosis, a child is referred to a Child Psychiatry clinic or to developmental disability service, depending on the level of cognitive development. In specialised medical care, the child neurologist first makes the decision whether a child needs further evaluations in a child neurological department where both ADI-R and ADOS observations are made in order to determine whether a child has autism.

**Rehabilitation**

The main aim is to start interventions with toddlers as early as possible. If the diagnosis is uncertain, interventions are still recommended in order to support the child’s development and family life. Initially, the therapy is paid by municipalities. After a child receives a diagnosis of autism, the national social insurance system pays the therapy costs. Currently the intervention is guaranteed for autistic children.

Generally, the first intervention recommended for a young child is speech and language therapy to support the child’s communication. Later, or sometimes simultaneously, other therapies are recommended according to the perceived need. Recently there have been training courses of ABA (Applied Behaviour Analysis) and ESDM (Early Start Denver Model) in Finland, and the first steps have been made to incorporate ESDM in the Finnish health care system.

In the Finnish healthcare system, autistic children, adolescents and adults can find it difficult to access support unless they also have a learning disability, something autistic people and their families find unfair.

**Education**

The Finnish education system is based on equality, and inclusion is widely implemented.

In early childhood education, special groups have largely been discontinued and children with special needs are integrated with their peers. The aim is to integrate school-age children with special needs into mainstream education with support according to their individual needs as far as possible. However, there are still some special schools and separate classes in primary schools, where many of those children with special needs, including autistic children, are educated. Inclusion has caused challenges in teaching and the resources have not always been sufficient (for example, lack of supporting professionals, such as school assistants or therapists; teachers may not have enough knowledge of autism, etc.)

**Adolescents and adults**

Developmental disability service has the responsibility for autistic individuals with learning disability. Autistic adolescents without a learning disability are seen in an adolescent psychiatric unit. They may have a co-occurring diagnosis needing psychiatric and sometimes neurological assessment and treatment. Sometimes autism is diagnosed in adulthood. Autistic adults are
usually referred to primary health care after a multi-professional team has made assessments in special care.

In Finland, services and care for autistic adults, is covered by two different pieces of legislation. Those persons with both a diagnosis of autism and learning disability receive services based on disability legislation, but autistic people without a learning disability receive services based on social welfare legislation. Local authorities are responsible for funding the social services sector. The services are not guaranteed for autistic adults. The provision and availability vary considerably depending on the place of residence.

In Finland the private sector has a growing role together with the third sector in offering effective support for autistic people and their families. However, autistic adolescents and adults could do with more support to manage their daily routines. On a European level approximately 76–90% of autistic people are unemployed, and the situation is similarly challenging in Finland. Autism presents a clear risk of social exclusion for both adolescents and adults.

**Future development needs summary:**

1. earlier systematic screening for autism at child welfare clinics in Finland
2. early diagnosis of autism to prevent a long gap between identification of the first features and final diagnosis
3. evidence-based research on interventions and their effects
4. therapy and support, as well as better cooperation between different services in the case of autistic adolescents and adults
5. improved recognition and support of autistic older people and autistic girls/women

**Planned developments**

The current plan in Finland is to introduce a better integration of health care and social welfare by forming 18 regions. This reform, scheduled to start in 2020, may open new possibilities for earlier detection of autism in children. In addition, development of the current care guidelines on autism will begin in the near future.

**References and further information**

- [Autismisäätiö](https://www.autismisaaesti.fi/) (Autism Foundation).
- [Autism and Work: together we can](https://www.autism-europe.org) (report on autism and employment by Autism Europe)

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- Hospital Discharge Register at THL National Institute for Health and Welfare, including inpatient and outpatient hospital care

Notes

1 In Finland, rehabilitation is the official term in English: www.kela.fi/web/en/what-is-rehabilitation

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