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Increasing access to therapy from primary care : The Finnish First-Line Therapies - initiative and stepped-care model

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Introduction: Mental disorders pose a major global health burden, yet a persistent treatment gap leaves most people in need without adequate, timely and evidence-based treatments, especially psychotherapies. Despite two decades of WHO-led initiatives to scale up and invest in mental health services, progress remains limited. Most countries have not met mental health service targets due to chronic underinvestment, and have failed to scale up evidence-based psychosocial treatments to match population-level needs.
Objectives: To describe Finland's First-Line Therapies (FLT) initiative, a nationwide system-level initiative launched in 2020 to close the treatment gap through strengthening and digitally augmenting primary care mental health services.
Methods: FLT was implemented as a change-management initiative within Finland's sweeping 2023 health and social systems reform, emphasizing process redesign and digitalization over new treatments or increase of resources. Key strategies included a localized stepped-care model, digital tools for assessment and treatment, and a national e-learning platform for workforce competence development.
Results: FLT was rapidly scaled up nationwide. Key components include a digital triage tool (Finnish Therapy Navigator, FTN), over 50 online self-help and guided self-help programs, a nationwide internet-based CBT service, and a national e-learning platform to train thousands of clinicians annually in evidence-based therapies. The FTN is used by over 2% of the population annually, standardizing initial assessments to under 30 minutes and saving clinician time, with over 90% patient and 95% provider acceptance. The stepped-care model ensures low-intensity interventions are used first if appropriate, with higher-intensity therapy provided as needed. The nationwide iCBT service enables patients to start therapy within one week at no cost to them. A new e-learning platform has trained ca 16 000 thousand professionals in several brief evidence-based psychotherapies, greatly expanding workforce competence. Notably, these improvements in access and efficiency were achieved with minimal new spending.
Conclusions: The FLT joins a growing list of models aiming to improve early access to evidence-based psychosocial treatments, spearheaded by the UK IAPT / NHS Talking therapies model. The Finnish experience shows that digitally augmented system reform can in some cases also narrow the mental health treatment gap without major new increases in staff. By focusing on scalable interventions and embedding changes into existing services, FLT addresses key barriers such as implementation failure, limited scalability, and underinvestment, and offers a WHO-aligned framework for reform that can be of intrest to other countries (including low-resource settings) in expanding access to evidence-based treatments within existing systems.

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Agency and shared decision-making in psychosis: A discourse analytic study

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Introduction: Clinicians have often been criticised for excluding psychotic patients from decisions about their own treatment. While shared decision-making (SDM) is widely promoted, its use in psychiatry is still under-researched and sometimes contested. Some studies suggest SDM hasn't delivered the expected benefits in general healthcare and may even leave patients feeling abandoned. This makes it important to look more closely at which kinds of SDM actually help patients feel more in control and empowered—especially in an inpatient, psychosis setting, where agency can be harder to support.
Objectives: This study explores how clinicians can foster agency in psychotic patients during treatment planning. We focus on inpatient consultations where patients actively express a desire to be involved in treatment decisions.
Methods: The study draws on four months of ethnographic fieldwork by the first author (KS) in a Danish mental health ward. During this time, she observed and/or recorded 58 doctor-patient conversations. For this analysis, we zoom in on consultations where patients showed a wish to participate in treatment decisions, using discourse analysis to unpack how these moments unfolded.
Results: In the inpatient setting, patients mainly tried to be involved in decisions about hospitalisation status—sometimes indirectly—while clinicians tended to focus on decisions about medication. Clinician responses to patient agency fell into three broad patterns:

1. Ignoring the patient's expressed or insinuated wish for treatment.
2. Acknowledging the wish but discouraging agency by asking the patient to put trust in the clinicians or medicine.
3. Fostering agency by identifying patient resources and encouraging patients to reflect on them.

Conclusions: Clinicians can better support patient agency by 1) recognising patients' treatment preferences and 2) actively identifying and discussing their coping strategies and goals. As psychiatric hospitals face challenges with frequent readmissions, helping patients mobilise their own resources may be one way to improve long-term outcomes.

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