

# Goals of FSHS influencing

**This document provides a summary of the results of the FSHS survey conducted by SYL and SAMOK in spring 2023 and includes the updated lobbying targets derived from the results for student health care services and the FSHS that provides the services.**

**The goals are based on the currently valid SYL policy paper. However, the perspectives identified as particularly topical also lay the foundation for updating the policy paper for the student's health care in the next operating year (2025).**

**Based on the results of the FSHS survey, we have determined four pillars of influence and compiled information that supports and develops advocacy work.**

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## 1. More accessible and student-oriented FSHS

The Finnish Student Health Service (FSHS) provides primary health care in outpatient and oral health for higher education students in Finland with an emphasis on the comprehensive well-being and health promotion of students.

Kela is responsible for organising student health care services for higher education students. This means, among other factors, ensuring sufficient availability and accessibility of services nationally and approving the student health care service network. When organising student health care, Kela must cooperate with higher education institutions, the FSHS, student representatives and other necessary parties.

Student health care services include general and mental health as well as oral health services in accordance with the service agreement between Kela and the FSHS. The services are provided as local and remote services depending on the possibilities and customer's wishes in locations where higher education institutions have physical operations. Services are provided in Finnish, Swedish and English.

In addition, the FSHS implements preventive student community work through higher education institution-specific health and well-being working groups.

Student community work aims to influence the learning environment so that it is easier for students to make choices that promote their health. Communal health promotion can produce results that are more effective than individual health promotion (yths.fi website). The FSHS focuses particularly on community health and the development of digital services. The aim of the FSHS is to improve the well-being of students through preventive work, i.e. even before the students actually need health services.

As a rule, students are very satisfied with the service they receive from the FSHS. This is supported by the NPS (net promoter score) measurements carried out by the FSHS, showing undeniable results: for social welfare and health care services, the service provided by the FSHS to higher education students is of high quality. The Foundation will continue to strive to maintain the NPS levels it has achieved, as they have continued to be at a high level this year.

## Quality of FSHS services (NPS measurement results), 01-08/2024

- How likely would you be to recommend the FSHS' services to your friend: **81**
- How likely would you recommend the professional [You encountered] to your friend: **87**

Source: FSHS review 1 October 2024.

## Use of student services and views on FSHS

The students have partially fragmented ideas of the Finnish Student Health Service and access to its services. More than 92% of university students who responded to the FSHS survey (2023) reported that they had used FSHS services. However, this means that nearly 8% of university students do not use FSHS services. At universities of applied sciences, students seem to use these services even less, with almost one in five students not using the services.

## From the FSHS survey: Have you used FSHS services?

- **Yes 87.4% (3,901)**

**UAS 80.1% (1,405) - UNIVERSITY 92.1% (2,496)**

- **No 12.6% (561)**

**UAS 19.9% (348) - UNIVERSITY 7.9% (213)**

The result of the FSHS survey can likely be partly explained by the expansion of the FSHS. Before the expansion (2021), UAS students were not in the scope of FSHS services. Especially students who started their studies before 2021 may not have had an opportunity to utilise health care services by the time the survey was carried out, nor have they formed the same connection to the services as university students.

However, it is essential to examine how higher education students use the services and, in particular, the reasons why the students have not utilised the diverse range of FSHS health services.

### **From the FSHS survey: Why have you not used FSHS services? (Of the 12.6% who had not used the services)**

- I have not needed FSHS services 44.9%
- Services are difficult to access (regionally) 35.8%
- **I do not think I could have received services 33.2%**
- I use occupational health care when I need services 25.8%
- I did not receive services or was unable to access the services 17.5%

The FSHS survey reveals that almost half of those who did not use the services have simply not needed them.

Based on the results of the survey, it can also be concluded that the FSHS should invest in and develop its communications related to accessing services and in achieving the care guarantee.

The care guarantee essentially affects the Foundation's operations as an indicator of the Foundation's success in providing the students with the services they need in a timely manner. In general, the foundation has succeeded moderately in achieving the care guarantee, even though factors such as the insufficient level of funding and shortage of

experts have made it difficult to respond to the service demand. Students should be better informed on whether the care guarantee is being realised and the aim should be to communicate how the foundation is succeeding in complying with legal requirements.

Many students who do not use the services find the FSHS difficult to access, which also signals the need to improve the accessibility and clarity of communications. The FSHS should take a stronger approach to shaping students' perceptions of it by investing in visible, easy-to-understand and accessible communication. Simply updating the Foundation's social media accounts is not enough if students do not follow these channels. The Foundation should develop its communication strategy more comprehensively.

Another important factor that stops students from using the services is the misconception that services are not available or being offered. This is clearly a problem as it indicates a lack of information or misunderstanding about the services provided by the FSHS. In this matter, the FSHS must particularly enhance its communications and actively correct erroneous perceptions of the access to services spreading on e.g. social media.

### **Goals of influencing:**

- SYL proposes a comprehensive reform of the Foundation's communication strategy and the development of the letter on the health care fee sent by Kela as concrete development ideas to improve the accessibility of communications and the Foundation's services.
- Kela's letter regarding the students' health care fee should include a broad description of the range of student health care services and community health services that benefit all students. This would support the objective of raising awareness of the services provided by the FSHS and their effectiveness among students. This is particularly important, as basic communication alone is not always enough to reach all students.
- In addition to the information package, the FSHS should develop its communication platforms. For example, students' dissatisfaction with the availability of services could be reduced if they could view a real-time waiting list. A "treatment queue" could provide students with a clear idea of why they may not be able to get an appointment immediately and increase the understanding of the capacity of FSHS services and the impact of expert shortages on service provision in the social and health care sector. The treatment queue could also be developed in cooperation with the wellbeing

services counties so that it would show the treatment queue for both the FSHS and public health care.

- In addition, the Foundation should pilot a “social media ambassador” concept. This could mean, for example, hiring university trainees to the communications team to bring a stronger perspective from the student body to communications. Alternatively, the Foundation could make local higher education students into social media ambassadors who would share information on FSHS activities and services on their own campuses. Local communications are often more accessible and effective than national communications. Social media ambassadors could also be found within the current personnel of the FSHS.
- In addition, the FSHS should produce ready-made communication material for the use of student unions. Student unions communicate directly to students which significantly increases the possibility of reaching a larger number of students. This cooperation could enhance the visibility of the FSHS and improve students’ awareness of services on different campuses.

## 2. Increased student service needs and expectations

The need for student health services has increased and continues to grow, and there is no end to this trend. Global crises, such as pandemics, have deepened the mental health crisis of students and the importance of preventive measures has become increasingly important. Students need services that respond to their changing needs quickly, comprehensively and efficiently.

The preventive work of FSHS services plays an important role, but expanding and developing the services is necessary to meet growing needs. The students’ message is clear: more easily available and versatile services are needed.

### From the FSHS survey: Which FSHS service(s) have you used?

- Oral health services (including oral health examination) 74.2%
- General health 56.0%
- Mental health services 38.9%
- Laboratory and imaging services 31.8%

- Contraception, family planning and sexual health 26.6%

The FSHS survey shows that the three most used services are oral health services, general health services and mental health services.

When the students were asked what services in the FSHS needed development, more versatile and accessible mental health services were clearly highlighted. The Foundation has, in fact, made headway in this during the coronavirus years, for example by developing a digital mental health clinic.

The second highest number of comments concerned specialised medical care. The third most wished development was free contraception.

The Foundation does not generally provide specialised medical care services, as under the law, specialised medical care and emergency measures are in the scope of wellbeing services counties. Gynaecologists and dermatologists, which were previously included in the services, were separately highlighted regarding the need for specialised medical care.

## **From the FSHS survey: How would you like the FSHS to be developed?**

- More or more versatile mental health services 60.4% (2,696)
- Specialised medical care (e.g. gynaecologists, dermatologists, internal diseases) 54.4% (2,428)
- Free contraception 50.6% (2,259)
- More local services 42.3% (1,886)
- More or more versatile preventive services 40.9% (1,827)

## **Goals of influencing:**

- The students' message about the services is clear: The FSHS must continue to invest in low-threshold mental health services, such as the digital mental health clinic which has proven to be a good idea, and strive to allocate its resources so that students in need of help with their mental health could receive treatment as quickly as possible.
- In addition, there is a good reason to campaign for the legislation to return certain services in specialised medical care to the scope of the services of the FSHS. This does not mean a large-scale provision of specialised medical care, but adding to the current range of services that are clearly limited and necessary for students, such as dermatological and gynaecological services. In SYL's view, the matter should be raised especially during the next update of the FSHS Act.

- If these specific services could be provided directly through the FSHS, the students' everyday lives would be significantly easier. At the same time, faster access to a specialist would reduce the risk of prolonged symptoms or illnesses and the impaired ability to study.
- Free contraception was also frequently mentioned in students' wishes and expectations related to the Foundation's development needs. SYL's view is that the foundation should be able to offer free contraception nationwide consistently to all students who want and need it.
- Higher education students are generally skilled in using electronic health services, and the FSHS has taken this into account by continuously developing its digital services. However, development work must continue to make the platform more easy-to-use and flexible.
- For example, it should be possible for students to book appointments at all locations regardless of where they study or which city they are staying in. This is particularly important if the student's own service point has long queues. Access to services must be flexible, for example, when a student moves temporarily to another location due to a summer job. This allows the student to flexibly find services through another location if necessary.
- The assessment of the need for treatment should also be further developed so that the process can be as smooth as possible for both the student and the FSHS professional. In the best case scenario, digital solutions, such as evolving artificial intelligence, could help transfer expert resources directly to care work, which means that the first contact with a health care professional would more often be directly a treatment and not just an examination of the student's health.
- It is important to develop the care pathways between the FSHS and the wellbeing services counties so that the students' access to specialised medical care provided by the wellbeing services counties is not significantly delayed. If access to treatment is delayed, the FSHS must ensure that students are not left without support. This could mean, for example, support in mental well-being, low-threshold services or other primary health care measures so that the student's situation does not deteriorate during the waiting period.
- Although the FSHS cannot solve public health care problems alone, it must ensure that the student feels safe and supported even when access to treatment in the wellbeing services county is delayed. This requires closer cooperation with the wellbeing services counties and support for the student until they receive the specialised medical care they need.

- The new FSHS strategy emphasises the importance of preventive services, which should definitely be a goal. Effective and impactful preventive measures can prevent the accumulation of health problems and other factors that negatively affect the ability to study. In addition, preventive services generate financial savings in the long term, as responsive treatment can be considerably more expensive and long-lasting than preventative care.
- The FSHS is further increasing the importance of preventive student community work services. It is therefore essential to create clear practices and manuals for higher education health teams to ensure the continuity and quality of student community work also during changes, such as in staff changes.
- The results of the HealthStart questionnaire aimed at new FSHS students and the significance of health advice should be highlighted as important pillars of preventive work.
- This ensures that students receive consistent and high-quality support and care, which in turn promotes their well-being and ability to study.

### 3. More equal student health care

Equality is strongly present in the values that the FSHS has defined for its activities. Emphasis on this value is increasingly important as the student body continues to grow more diverse.

Equality means that every student has equal opportunity and right to receive high-quality, accessible and unprejudiced healthcare that suits their needs. The aim is to remove obstacles and create a safe environment in which every student can use FSHS services with a calm mind.

The current state of equality was surveyed in the FSHS questionnaire as an individual set of questions.

#### From the FSHS survey: Are you part of one of these minorities?

- Sexual or gender minority 17.9% (799)
- Disability and reduced mobility 2.0% (91)
- Neurodiversity (autism, ADHD, ADD, Tourettes, etc.) 10.1% (452)
- Ethnic or other visible minority 3.1% (137)
- I do not belong to a minority or I do not wish to answer questions concerning minorities 74.2% (3,312)



Nearly 18% of the respondents to the FSHS survey reported that they belong to sexual or gender minorities, which means almost one in five students.

Approximately 10%, or one in ten respondents, said they were neurodivergent.

## **From the FSHS survey: How safe do you feel using FSHS services (asked only from members of minorities)?**

- Sexual or gender minority (very unsafe) 1.3%,
- Sexual or gender minority (somewhat unsafe) 6.8%
- Ethnic or other visible minority (very unsafe) 4.1%
- Ethnic or other visible minority (somewhat unsafe) 8.9%
- Disability or reduced mobility (very unsafe) 4.8%
- Disability or reduced mobility (somewhat unsafe) 15.7%
- Neurodiversity (autism, ADHD, ADD, Tourettes, etc.) very unsafe 5.9%
- Neurodiversity (autism, ADHD, ADD, Tourettes, etc.) somewhat unsafe 22.7%

The majority of those belonging to sexual and gender minorities felt that using services with the FSHS was safe, as only 1.3% reported that they felt extremely unsafe and 6.8% felt somewhat unsafe.

On the other hand, the highest levels of unsafe experiences were reported by neurodivergent students: 5.9% felt that using services was very unsafe and 22.7% felt somewhat unsafe. The second most common experience of feeling unsafe was with students with a disability or physical restriction (very unsafe 4.8%, somewhat unsafe 15.7%). Students belonging to an ethnic or otherwise visible minority felt the third most unsafe: 4.1% felt highly unsafe and 8.9% somewhat unsafe.

The results related to experiences of feeling unsafe raise concerns. For a more detailed analysis, the experience of feeling unsafe should be examined in more detail, especially as at the same time the NPS results of the FSHS show that the services are of high quality and generally well-liked. The reasons that students feel unsafe and ways to improve the situation should therefore be investigated together with the FSHS.

### **Goals of influencing:**

- The FSHS must continue to commit to the continuous development of its equality work and training so that student health care services are open, safe and easily accessible to all students.

- The FSHS should ensure that it understands the needs of students belonging to all types of minorities, for example through surveys, and consistently work to improve the safety of all students belonging to a minority. The experiences of stress by different minorities affect students' health care needs and their sense of security in health care services.
- In order for the FSHS to be able to implement student health care that is based on genuine equality, the continuous training of personnel plays a key role. In personnel training, expert cooperation with different stakeholders should be utilised to ensure that the staff have up-to-date tools for encountering and supporting students in their individual needs.
- Training must cover, among other things, the identification of neurodiverse features, means of encountering people with them and practices that improve the accessibility of health care for all students. Training should also include best work practices in supporting anti-racism, anti-ableism and sexual and gender minorities.

## **International students**

The status and situation of international students also have a significant impact on equality. The current state of student health care does not work for international students.

In general, international students can be divided into four different categories based on their status and thus into four different areas of responsibility in health care. Generally, degree students in Finnish higher education institutions, including those from EU and EEA countries and outside them, are entitled to FSHS services, but exchange students are not.

## Diverse healthcare channels for international students

	Degree students	Exchange students
<b>International students from EU and EEA countries</b>	Do not pay the FSHS fee and are entitled to FSHS services. Kela charges the costs from the country of origin and pays them to the FSHS.	Do not pay the FSHS fee and are not entitled to FSHS services. The treatment is first paid by the student who claims it from the social security system in their home country.
<b>International students from outside the EU and EEA</b>	Pay the FSHS fee and are entitled to FSHS services.	Do not pay a health care fee and are not entitled to FSHS services. No right to treatment under the European Health Insurance Card. Must have valid private health insurance when arriving in Finland.

Creating a uniform system for all students, including exchange students, would significantly reduce concerns about access to healthcare services and make service provision clearer. This would also improve students' access to help and support from each other, as everyone would be in the scope of the same system and practices.

If all students, including international exchange students, paid the health care fee for higher education students and would thus be in the scope of FHS services, the student health care system would be significantly more consistent and equal.

Currently, exchange students from EU and EEA countries are only entitled to public health care under the European Health Insurance Card, whereas exchange students from outside these regions are not even entitled to that.

In 2021, international exchange students were excluded from FSHS services as a result of the extension of the Foundation and the legislative reform, which has left them in an unequal position. The intent of SYL is to return all international students, both degree and exchange students, to the scope of FSHS services.

## 4. Stable and adequate funding base

The plight of the public economy is particularly reflected in the finances of the wellbeing services counties, which is a trend that cannot be ignored when describing the FSHS and its goals for influencing. The funding models of the regions and the FSHS differ significantly from each other, for example because they have been prepared to correspond to models for different social welfare and health care services (Sipilä cf. Rinne Governments).

Several factors are taken into account in the funding model of the wellbeing services counties: about 79% of the funding is based on THL's studies on the need for social welfare and health care services in the region, and about 15% is determined by the local population numbers. In addition, the number of foreign-language speakers and Swedish speakers as well as the proportion of Sámi speakers, archipelago areas and population density are taken into account.

On the other hand, the funding of the Finnish Student Health Service (FSHS) is based on the maximum cost per student (by reflecting the actual costs of previous years) and the estimated number of students. The state covers most of the annual budget of the FSHS (77%), but students pay approximately 23% of the total costs through the statutory health care fee.

The legislative amendment that entered into force in 2024 brought a significant change to the Foundation's funding model: even if the number of students is significantly higher than estimated, the funding no longer automatically increases, as the cap on the maximum cost limits set in the budget limits the costs. This poses challenges for the FSHS, which has to adapt its services to real demand without a flexible level of funding based on the number of students. If, in the future, funding needs to be adjusted to correspond to the actual number of students during the year, the only way to do so is through the supplementary budget.

### Goals of influencing:

- The maximum limit of costs brought about by the legislative change creates pressures for the development and safeguarding of services in the long term. It is therefore important to strengthen the messages targeted at the Ministry of Social Affairs and Health, which proposes the level of funding, regarding the estimates of the number of students in the coming years by the Ministry of Education and Culture, the FSHS and Kela. This way, situations like what has happened this year (2024) can be avoided as the foundation has had to operate with undersized resources due to incorrect estimates of student numbers.
- The funding model should also have flexibility during the year, for example due to changes in the number of students or increased service needs.
- The FSHS, on the other hand, must continue its work in maintaining and further developing cost-effective and impactful operating methods. In the development work, it is important to assess which services can be implemented entirely remotely or by utilising a wider digital platform and artificial intelligence. This could release resources for the actual treatment of students.
- It should also be considered whether it is necessary for the nurse to have direct contact before the actual treatment situation, or whether, for example, online forms, self-assessments and artificial intelligence could reduce the need for phone-based examination work. Such measures not only improve efficiency but also the accessibility of services and customer experience.
- The Foundation must continue to invest in the high quality of care so that students can have an excellent response to treatment. The treatment must be effective, timely and targeted at the needs of each student. High-quality and timely treatment ensures that students receive help in good time, which prevents the worsening of symptoms and thus prolonged treatment. This not only improves the well-being of students but also reduces the overall costs of health services, as preventive measures reduce the length of treatments and the need for more expensive care.
- The current funding model of the FSHS does not allow the Foundation to receive donations without deducting them from basic funding. For this reason, it is important to influence the FSHS Act so that the next round of updates to the Act would enable donations to be received without undermining the basic funding of the Foundation.
- The aim is to create a more sustainable funding base that supports FSHS activities and service development.

## **From the FSHS survey: In your opinion, which of the following options regarding the health care fee is better? (Of those that replied)**

- The fee is as small as possible, despite its impact on the availability of FSHS services 35.7% (1,168)
- The fee increases and the FSHS services are available fast 64.2% (2,097)

Almost 65% of the respondents would be willing to pay a higher health care fee if FSHS services were available faster. With regard to student health care, the return from paying the fee - the availability of adequate and high-quality services - is thus highlighted as more important among students than the amount of the health care fee.

In the Foundation's funding model, raising the health care fee would automatically mean that central government funding would also increase in accordance with the target shares specified in the Act (23% / 77%).

## **In summary**

The Finnish Student Health Service (FSHS) offers effective, affordable and appropriate services for higher education students that are tailored specifically to the needs of higher education students.

The specialisation of the FSHS as the best expert in student health care means that its activities are effective and targeted, as it understands the special needs of its client group and the development of health-related issues.

According to SYL, the position of the FSHS in student health care and the Finnish health care system is unequivocally important. The Foundation's development of digital-based social and health care services, cost-effectiveness and excellent response to treatment make it an essential part of services that support the well-being of higher education students.

Continuous investment in the student-oriented development of FSHS activities ensures that students receive high-quality and accessible care, which promotes their well-being and study ability in the best possible way. The Finnish Student Health Service is thus the best partner in the health of higher education students.