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FSHS survey result report

Survey and respondents

The survey received responses from 1,702 higher education students, exactly half of whom study at a university of applied sciences (UAS n=851) and half at a university (n=851). The figures in the report are based on the survey data. Comparisons with the previous survey conducted in 2023 were made for the sections where comparison data was available.

- **Native language:** 87.2% of the respondents were Finnish-speakers, 3.8% Swedish-speakers, and 6.6% speak some other language. There were more Swedish-speaking respondents in universities (5.5% versus 2.1%) and more speakers of other languages in universities of applied sciences (8.0% vs. 5.3%).
- **Gender:** 71.7% of the respondents were women, 21.3% men and 3.2% other.
- **Use of services:** 81.7% of the respondents had used FSHS services. FSHS services had been used by 89.7% of university students and 73.7% of UAS students. The difference between the two groups has increased slightly from the previous year.

Summary

Students are using the services of the Finnish Student Health Service (FSHS) and mainly feel positively about them. The main findings of the survey revealed concerns about receiving care after graduation, wishes that there was a wider range of services provided by the FSHS, and positive initial experiences of the new service platform YTHSDigi.

- **Concerns about care after graduation:** 49.6% of respondents were fairly concerned or very concerned about whether they will receive the care they need from the public health care system after graduation.
- **Expanding the range of services:** 53.6% would like the FSHS to provide specialised medical care, such as gynaecology, dermatology and specialised internal medicine. Free contraception was the second most common wish (39.3%).
- **YTHSDigi is meeting needs:** 38.7% of the respondents had already used the application even though it had only been launched just under a month ago. Of the application users, 61% found the service easy to use.
- **Increased trust in access to services:** Doubts about being able to access services as a reason not to use services had decreased from 33.2% to 19.2% since 2023.

Almost one in two worried about receiving care after graduation

Almost one in two respondents were concerned about receiving care after graduation: 49.6% were fairly concerned or very concerned about whether they will receive the care they need from the public health care system after graduation. This concern was particularly prominent among English-speaking respondents and women.

At the same time, the majority of respondents were at least somewhat confident that they would receive the care they need from the public health care system. This trust was highest



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among Swedish-speakers, and men had slightly more trust in access to services than women.

The FSHS meets many of students' needs:

- Most-used services: oral health (75%), general health (57.3%) and mental health (39.4%).
- Almost one in four (23.6%) had also used contraception, family planning and sexual health services.

From the perspective of SYL and SAMOK, the results speak for the benefit of strengthening health care services specialised for students. The value of services provided by the FSHS is recognised, and students want to develop them to meet their needs even better. Uncertainty about income and the future is prone to highlighting the importance of easily accessible help in students' daily lives.

FSHS should be developed in a student-focused, effective and cost-efficient manner. The aim is to provide timely care that supports students' health and ability to study. Development requires listening to students' experiences and securing sufficient operating conditions.

Specialised medical care and free contraception at the top of the wish list

Of the respondents, 53.6% would like the FSHS to expand its services to specialised medical care. The second most common wish was free contraception (39.3%).

When asked "How would you like the FSHS to be developed?", the respondents were able to select several options. The most popular options were:

1. Specialised medical care (e.g. gynaecologists, dermatologists) **53.6%**
2. Free contraception **39.3%**
3. More local services **38.5%**
4. More or more versatile mental health services **35.7%**
5. More or more versatile preventive services **29.5%**

Wishes varied by respondent group:

- Users and non-users of services: The greatest difference was in specialised medical care, which was among the wishes of 57.6% of service users and 35.9% of non-users.
- Gender: The greatest differences were featured in specialised medical care and free contraception, which concern women more often. A wish for more local services was expressed by 37.4% of women and 38.4% of men.
- Language: Specialised medical care was the top wish in all language groups. With Swedish- and English-speakers, local services were more popular than free contraception.



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- Higher education sector: Of university students, 22% would like more help with study-related challenges. The top wishes were still the same.

SAMOK and SYL consider it essential that FSHS services be expanded to a limited capacity to special fields that are central to students' needs.

Reintroducing gynaecology and a dermatology to FSHS services would match the wishes highlighted in the survey and strengthen the continuity of care. In our view, a sufficiently resourced expansion could also alleviate the burden on wellbeing services counties and reduce the number of students switching from one service provider to another. For students, this would mean that more of health care could be managed in familiar student services that are aware of the student's circumstances.

YTHSDigi found its users quickly

The YTHSDigi platform was launched for users about one month before the survey was conducted. Still, 38.7% of the respondents had already tried the service channel. Users mainly had a positive view of the application.

- Ease of service use: 61% of respondents who had used YTHSDigi found the service very easy to use.
- Efficiency: 56.2% of respondents felt that the application met the service need very effectively.

Easy-to-use digital services can also lower the threshold for seeking help when the nearest service location is far away. This is an important direction of development, especially from the perspective of UAS respondents, since the difficulties of local availability was highlighted in their responses as a reason for not using services.

Digital services do not eliminate the need for local services, but they can facilitate contact, service guidance and remote care. SYL and SAMOK see this an opportunity to strengthen the accessibility of the FSHS: health care support specialised for students must also be available to people studying further away from service locations.

Reasons for not using services

There were changes compared to 2023 in the reasons given by respondents who had not used FSHS services. Difficulties with local availability and doubts about being able to access services are mentioned less frequently than before. On the other hand, using occupational health care services is slightly more emphasised than before.

The most common reasons were:

1. No need for services: 41.7% (in 2023: 44.9%).
2. Using occupational health services if necessary: 28.8% (25.8%).



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3. Services are difficult to access locally: 25.6% (35.8%).
4. Doubts about being able to access services: 19.2% (33.2%).

These percentages concern respondents who had not used FSHS services. The respondents were able to select multiple options.

Uncertainty about accessing help seems to be a less common threshold for seeking services than before. The share of respondents who reported having had doubts about being able to access services had decreased by 14 percentage points. This result is optimistic: it would seem that students' uncertainty about receiving help is a clearly less common threshold for seeking out FSHS services than before. This may be partly impacted due to students' increased demand for services, which would have increased the use of FSHS services.

Difficulties in local availability are also mentioned clearly less frequently: this share has decreased by 10.2 percentage points. Still, the development of accessibility must continue, as about one in four respondents who do not use FSHS services reported difficulties with local availability as one of the reasons for not using the services.

The differences between higher education sectors also indicate different ways of receiving care. Using occupational health care and experiencing difficulties with local availability were emphasised among UAS respondents, while not needing services was a more common reason among university students. Of the UAS respondents who did not use FSHS services, 36.6% reported that they would use occupational health services if necessary, while that share of university respondents was 9.1%. This factor may partly explain the lower rates of FSHS service use among UAS respondents. In other words, the fact that a student does not use FSHS services does not necessarily indicate a need for health services or lack thereof, but rather that the student is getting the help they need from somewhere else.

Respondents assessed the FSHS service network differently depending on whether they had used the services. Of all the responses to this question, 63 per cent were fairly or very satisfied with the service network. This figure was 69.3 per cent among the respondents who had used FSHS services and 30.4 per cent among those who had not used FSHS services.

What students would develop

There were five themes that emerged from the open-ended responses on the development of the appointment-booking experience and the assessment of the need for care:

1. Customer communications and service coordination: The respondents' wishes included having an estimate of the waiting time in the chat or information on the length of the queue, read receipts for messages, and the possibility of reaching out outside chat service hours.
2. Resources: Respondents wished for faster access to services, especially mental health services, and more available appointments.
3. Booking appointments: Respondents wished for less queuing and easier appointment-booking and cancellation.



- Note! These responses are partly based on the old Self service platform, which was replaced by YTHSDigi in May 2026.
- 4. System and forms: The respondents wished for more diverse options in the forms used to assess the need for care.
- 5. Encounters: The respondents wished for active listening, more individualised encounters, and more clearly going over further care plans together.

Health care fee and value for money

Of the respondents, 69.7% responded positively to the question of whether they feel they are getting value for money for the health care fee. The share was 75.6% among university students and 64.2% among UAS students.

No significant difference was observed between genders. In terms of languages, English-speaking respondents stood out, with a larger proportion of them fully agreeing with the statement.

The YTHSDigi platform had a major impact on the results. Of those who had used the application, 81% responded positively to the question on the perceived value for money. The corresponding figure among respondents who had not used the application was 75.4%.

The results indicate that the experienced value for money of the health care fee is linked to the use of services. From the perspective of SYL and SAMOK, this highlights the importance of the accessibility of services: students must have the opportunity to access the help they need.

Amount of the fee versus the availability of services

More than half of the respondents thought that the amount of the fee could be increased to make FSHS services available more quickly. The alternative was to decrease the payment regardless of its possible negative effects on the service level.

- Higher education sector: University students were slightly more in favour of a fee increase than UAS students if it meant that services were more accessible.
- Use of services: Of the respondents who had used services, 60.1% support an increase in fees. In other words, service users are more willing to pay for having services quickly available.

Language, minorities and safety

The respondents' general view was that the FSHS's language service promise has been fulfilled overall, but there are differences among Swedish- and English-speakers' experiences.

- Swedish-speakers: 65.8% of the respondents felt that the service promise had been fulfilled.



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- Sexual and gender minorities and neurodiversity: The share of respondents belonging to a sexual or gender minority was 21.6% and the share of neurodivergent people was 15.5%. The share of both has increased from the previous survey.
- Safety: Using the services of the FSHS as a member of a minority was considered very safe overall. The highest levels of unsafe experiences were reported by university students living with a disability or reduced mobility: 20% felt that using services was somewhat or very unsafe.

Conclusions by SYL and SAMOK

Students are actively using the services of the Finnish Student Health Service, but they would like to see the range of services expanded. The majority of students are prepared to pay a moderately increased fee in exchange for a better service level.

Based on the results, SYL and SAMOK demand:

1. including gynaecology and dermatology services as well as free birth control in the services provided by the FSHS. Based on the survey, specialised medical care (53.6%) and free contraception (39.3%) were the most wished-for services.
2. Sufficient funding for expanding the range of services.
3. Strengthening health care services specialised for students and ensuring a seamless transition to other services upon graduation. Nearly half of the respondents (49.6%) are worried about receiving care after graduation.

The materials also show that students expect faster access to services, especially mental health services, as well as better customer communication and an easier way to book appointments.