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Working experiences of members of the Sörnäinen Clubhouse and their visions for improving the employment of mental health rehabilitators

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Laurea University of Applied Sciences **Abstract**
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One of the two aims of this thesis was to find out suggestions and ideas of how to improve employment possibilities for the mental health rehabilitators and secondly to find out about rehabilitators' job experiences and how mental disorders have affected their working life. This was done by interviewing members of the Sörnäinen Clubhouse. Purpose of this study was to find out new information about how to facilitate people with mental health disorders into the labor market despite their condition.

The empirical data was collected by half-structured theme interviews wherein much space was left for the informants to freely describe their job experiences and give suggestions for improving the employment circumstances of mental health rehabilitators. The object group was ten mental health rehabilitators who are members of the Sörnäinen Clubhouse.The predetermined criteria to be chosen as an informant was that a person had a diagnosed mental health disorder which had caused problems in his/her working ability. The data was then analyzed using content analysis by creating different categories from lower groups via subcategories into main categories. In this way an effort to understand results and produce conclusion was done.

Working was found to have a healing and rehabilitating function in the lives of persons with mental health disorders. Many suggestions were made by the respondents to increase working possibilities amongst the mental health rehabilitators in general. They varied from more subtle ones like attitudes into practical arrangements in society and at the labor market.

As a conclusion of the study it can be said that there is much work to be done in Finland to give a chance of employment for all the capable and willing mental health rehabilitators. This work needs to be done on many levels from attitudes to labor market arrangements. A future research project could be done for example by studying employers' possibilities to offer opportunities for part-time work. In addition, the staff members at the Sörnäinen Clubhouse were interested in hearing the conclusions of the members' interviews so that they can plan ahead and develop their services.Thus the results of this study could be used for improving mental health rehabilitators' engagement in the labor market.

Keywords: Mental health rehabilitators, working experiences, improving employment

Laurea-ammattikorkeakoulu **Tiivistelmä**
Otaniemi
Programme

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Sörnäisten Klubitalon jäsenten työkokemuksia ja heidän näkemyksiään mielenterveyskuntoutujien työllistymisen parantamiseksi

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Tämän opinnäytetyön toinen päämäärä oli löytää keinoja mielenterveyskuntoutujien työllistymismahdollisuuksien parantamiseksi ja toinen tutkia kuntoutujien työkokemuksia ja sairastumisen vaikutuksia heidän työelämäänsä.Tämä tehtiin haastattelemalla Sörnäisten Klubitalon jäseniä. Tutkimuksen tarkoituksena oli löytää uutta tietoa mielenterveyskuntoutujien mahdollisuuksista työelämään heidän sairaudestaan huolimatta.

Empiirinen tieto hankittiin puoli-strukturoiduilla teemahaastatteluilla, joissa haastateltavat saivat vapaasti kertoa työkokemuksistaan sekä tuoda esiin ehdotuksiaan mielenterveyskuntoutujien työllisyystilanteen parantamiseksi. Kohderyhmänä oli 10 mielenterveyskuntoutujaa, jotka ovat Sörnäisten Klubitalon jäseniä. Haastatteluun osallistumiskriteerinä oli diagnosoitu mielenterveyden häiriö tai sairaus, joka on vaikuttanut haastatellun työkykyyn. Data analysoitiin sisällönanalyysillä muodostaen erilaisia kategorioita alemmista ylempiin luokkiin. Tällä pyrittiin ymmärtämään tuloksia ja tuottamaan johtopäätöksiä.

Työllä todettiin olevan parantava ja kuntouttava merkitys mielenterveysongelmista kärsivän elämässä. Haastateltavat tekivät monia ehdotuksia mielenterveyskuntoutujien työmahdollisuuksien lisäämiseksi.Ne vaihtelivat hienojakoisemmista asenneasioista käytännön järjestelyihin yhteiskunnassa ja työmarkkinoilla.

Tutkimuksen johtopäätöksenä voidaan sanoa että Suomessa on paljon tehtävää, jotta kaikki halukkaat ja kykenevät mielenterveyskuntoutujat saisivat tehdä työtä.Tätä työtä olisi tehtävä monella tasolla aina asenteista työmarkkinatilanteen uudistamiseen. Lisätutkimusaiheena voisi olla esimerkiksi työnantajien mahdollisuuksien kartoittaminen osa-aikatyön tarjoamiseen. Myös Sörnäisten Klubitalon työntekijät olivat kiinnostuneita kuulemaan jäsenten haastattelujen johtopäätökset jotta voisivat kehittää palveluitaan edelleen. Opinnäytetyön tuloksia voidaan myös käyttää mielenterveyskuntoutujien osallistamisessa työmarkkinoille.

Asiasanat: Mielenterveyskuntoutujat, työkokemukset, työllistymisen edistäminen

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1 Introduction

What would it feel like if a dear person to you would fall ill with a mental health disorder and loose his long time job? And after a few years of absence while trying to return there would be closed doors and bureaucracy blocking him from a new trial at the labor market? This is unfortunately often the case with people who suffer from various mental health issues, which have initiated their inability to work or pursue studies. Naturally it is good that such people are taken care of medically and economically by providing professional nursing and newest medication and granting them benefits and pensions.On the other it is unfair that the but at the same time depriving them from the possibility to wy are deprived from the possibility to work according to their remaining capacities. (Pylkkänen&Moilanen 2008, 168.)

In this study a humble attempt is made to describe the employment situations of Finnish mental health rehabilitators at the Sörnäinen Clubhouse. Ten persons partook in the interviews describing both their lifelong working experiences and providing ideas and suggestions of how to improve employment opportunities for the people with mental handicaps.

There has been an ongoing debate in our Finnish society on lengthening working careers in the context of the populations' economic dependence ratio. People are supposed to live longer and be healthier in the future and thus be able to continue working even up to the age of 70. Still there is a huge reserve of people whose abilities and willingness to contribute to the labor market is not utilized. (Karojärvi 2011).

One of these groups are the mental health rehabilitators who have recovered enough to actually work. They may not be able to work eight hours a day five days a week but certainly would have a lot to offer in a smaller scale. Instead of seeing the rehabilitators as an expense to the society and out of duty to the Nordic welfare model, pay them pensions and allowances, a system could be created to facilitate the rehabilitators' employment.

Internationally functioning Clubhouses have for example invented a system of transitional work which serves the interests of both the employers and the employed mental health rehabilitators. Something like that could well be implemented to facilitate thei employment in our society. As the respondents in this study pointed out, many of the rehabilitators are willing and capable of working if just given a chance.

My personal interest in choosing this topic for the thesis stems from years of working experience with mental health rehabilitators in various settings: hospitals, rehabilitation homes and in organizations. During the studies I have also been in contact with people who have mental health problems and it has become clear that many of them have a desire to work even if their working capacity maybe be reduced. I became curious about finding answers and solu-

tions for this social dilemma in which our society finds itself. In this study an attempt was made to explore means of improving work prospects for people with various mental health issues.

Rehabilitators' experiences of employment are naturally closely related to this topic. Many of them have abundant experience in different fields of work, especially from before their illness was diagnosed. The interviewees emphasized the rehabilitating effects of working and declared themselves to be eager to continue working despite their disorders. The common stance in the Finnish society that mental disorders invalidate a person from employment, was shaken by these stories.

Working has always been a fundamental principle in a Finnish society; a cornerstone without which the Nordic welfare model would not function properly. Apart from economic issues, working has multifaceted meanings related to social and psychological factors of life.The right for work should not be limited only to people who are healthy and capable of working full time. It is true that there are quite good remedies for helping employees whose working capacity has become diminished due to health reasons, but that care concerns mainly with physical problems. Mental health issues have not been successfully dealt with at the work places or at the occupational health care. (Perko 2004.) A stigma stamped on people with mental health problems still exists within our society. Empowerment of individuals and groups of mental health rehabilitators is an essential tool for changing peoples attitudes in general and of employers specifically.

2 Working life partner-Clubhouse Sörnäinen

Clubhouses are an international non-profit organization established in 1948 in USA. Nowadays Clubhouses exists in 33 countries with 330 centers (Huttunen, 2016).The ideology and functioning principles of the Clubhouses are well expressed in the following statement: "Helping to bring about a world where people living with mental health illness can experience the respect, hope and opportunities found at the Clubhouses." (Clubhouse mission statement, 2012). The membership offers individuals with a mental health illness an environment of support and acceptance where they are seen as co-existing and contributing members of the society instead of merely patients to be treated. Participation and peer support are the cornerstones of the Clubhouses function. Mental health work, social- and vocational rehabilitation are skillfully combined in the services and activities of the Finnish Clubhouses; they act as a kind of a bridge between official treatment systems and "normal" life within the society. (Avopalvelut ovat mielenterveyspalvelujen kantava rakenne,2006.)

“A clubhouse is a membership-based community formed by people recovering from mental illnesses and by the staff members. Clubhouses are founded on the realization that the recovery from serious mental illnesses must involve the person as a whole in a vital and culturally sensitive community. A Clubhouse community offers respect, hope, equality and unlimited opportunities to access the same worlds of friendship, housing, education and employment as the rest of society.” (Clubhouses’ webpages, 2014.)In Finland there are 33 Clubhouses with about 4500 members. The first Clubhouse was established in Tampere in 1995. The Houses function under Finnish Clubhouse Coalition whose mission is” to increase awareness of the empowering rehabilitation model and to improve the social position of those recovering from mental illness.” (Clubhouse webpages, 2014).

The clubhouses are famous for their system of transitional employment where the members are given a chance to work in an ordinary job for a common salary for six to nine months. This working system is meant for narrowing the gap between open labor market jobs and work at the Clubhouses. The member has a mentor from the Clubhouse staff, who also learns the particular work as well and is capable of replacing the employed member in case of sickness and inability to work. Transitional employment is a good chance for people with mental health problems to stretch out to their potential or to find out about their strengths and challenges in working life. (Järvikoski 2011, 242; Clubhouses’ webpages, 2014.) The work-coaches of the Clubhouses try to negotiate with various employers about the prospects of new contracts.

The members and hired staff form the community which together is responsible for success of the activities within the Clubhouse. Apart from outside work in transitional employment, Club-houses offer many possibilities for working and social life. In Sörnäinen there is for example a lunch restaurant where the members work along with the staff. Office work, cleaning and other duties are also available. Member’s interest and abilities are taken into consideration when choosing tasks. All participation is, however, voluntary and just being there and associating with others is also appreciated. Clubhouses receive monetary support from RAY, from the third sector and also from municipalities and cities which help financing their local Clubhouses.

My working life relations have been Päivi Nortio and Auli Kuningas who work at Sörnäinen Clubhouse. Päivi works in a three year project initiated by ELY-center. Her work is to find new transitional work places and act as a counselor for the members. Auli has been working for 15 years at Helsinki Clubhouse as work coach. They were enthusiastic about this study and helped in many ways its realization.

3 Theoretical basis of the study

The theoretical basis of this study consists of a literature review with previous knowledge of the topic from various points of view. Most of the texts are from Finnish writers since the topic is quite country specific. How mental health rehabilitation is arranged especially in relation to vocational rehabilitation is discussed as well as various forms of employment options. The main concepts used are defined. Challenges and hindrances for employment will be discussed from different angles as well as preventive methods and helpful practices in maintaining or obtaining employment. The role of the working community and occupational health care will be discussed because they have a great influence in creating and maintening a nice and balanced atmosphere at the work places. (Suni 2003, 91.)

The theoretical framework does not consists of the so called original social work theories but is related practically to the topic and meant to inform the readers about the subjects related to the theme. After all, in social work practice and research various theories related to human behaviours and social interactions are utilized without a strict adherence to a certain kind of theory base like in natural sciences.

3.1 Previous studies about related topics

Some studies about related topics have previously been composed in the polytechnics and the universities.

In another Finnish Clubhouse a project has been put forward to help rehabilitators enter the open labor market.Qualities required for employment include IT- and language skills, psychosocial skills and quite a good physical health. (Kohonen 2014; Sairanen&Hänninen 2009.) The results relate to the findings of this study.

Attitudes of the employers towards mental health rehabilitators were studied and the required forms of support that employers would need for hiring a mental health rehabilitator was the topic of another thesis. A guide has been made for the working communities and employers for supporting the rehabilitator at work. (Laitinen 2012.)This study includes practical tips which help working communities and employers to facilitate a rehabilitator. The topic of that study relates to the topics in this study.

An upper bachelor's thesis was made about finding pathways for mental health rehabilitators' employment and analysis of hindrances for employment (Vehkaoja 2008). That work is closely related to this thesis and has similar conclusions about helping rehabilitators to the labor market.

Master's theses have also been made around the theme of this study. Lundell (2015) from Helsinki University, wrote 2015 about people who are able to work part-time, with the emphasis on people with mental health disorders. She argues for their right for part-time work and the stigmatization of mental health issues in our society. One can easily discover several similarities between her study and mine.

Karojärvi(2011) wrote a master's thesis about changes which should be done in the society to facilitate part-time employment so that people with disabilities could use their remaining working capacity. In that study also mental health rehabilitators were also included along with other groups of people with lowered working ability. The conclusive focus however was on increasing the opportunities for part time work.

Rönkö(2014) wrote about positive effects of employment and working experienced by young mental health rehabilitators and as a result it was found that working enhances rehabilitators' daily schedule and gives economic security. Improvement of daily schedule was also mentioned a couple of times in this study as a positive outcome of employment. Similar issues have been described in this study.

By browsing through previous studies about the related topics, it became clear that there is an interest for enhancing the mental health rehabilitators' working conditions and that there are quite a many angles from which to approach the subject.

3.2 Definition of concepts

The terms rehabilitation, mental health rehabilitator and employment are often used in this study. They are shortly defined in this chapter. In Kuntoutusselonteko rehabilitation is defined as" A planned, long-term action with the aim of helping a rehabilitator to manage his life situation." And: "A transitional process of a person and the environment with the aim of increasing functional ability, well-being, independency and employment." (Kuntoutusselonteko, 2002.)

In this study the term "mental health rehabilitator" is chosen to be describe all persons who have been diagnosed with some mental health disorder which affects their functional and working ability. The word rehabilitator refers to a person who is advancing towards an improved condition relative to the underlying illness and has an active role in his own process;the word rehabilitator is considered more positive word than for example a patient or a client, which refer more to being an object of curing procedures (Peltomaa 2005, 12). In a related literature the difference is sometimes made between so called serious illnesses as

schizophrenia and bipolar disorder and milder illnesses like depression and anxiety disorders but in this work such distinctions are not noted,instead the general term “rehabilitator ”refers to all persons who have a diagnosed mental health illness which has affected their functional ability, especially in regards to working ability.

The term employment is a broad concept. In this work it is primarily used as a general term referring to a salaried working. In the mental health field there are various options for work-related activities, for example work- centers working activity and supported employment. Many mental health rehabilitators wish to work in the “open labor market” which sometimes carries the description “competitive jobs” in English literature. Often rehabilitator’s way to open labor markets is via more supported working arrangements. In this study words employment and work are often used as synonyms meaning work that also gives economical maintenance to doer along with other benefits.

3.3 Rehabilitation of the mental health illnesses in Finland

Signs of good mental health are described as follows:” Ability to maintain social relations, to care for others, to desire and the ability to interact with other people, the ability to express one’s feelings, ability to work, ability to partake socially, assertiveness with others, ability to distinguish one’s own thoughts and needs from other’s. And in problem situations an ability to control anxiety, ability to cope, clear identity, and social independence, ability to tolerate losses and ability to understand and analyze reality.”(Pylkkänen &Moilanen2008, 168-169.)These definitions are of course variable depending on the environment, culture and general habits but they are a good summary of a person who can quite effectively act both in inner life and in the dealings with others.

Mental health rehabilitation deals with both a person’s psychosocial abilities and his subjective feeling of mental wellbeing. Mental health can be described as line segment where in the other end are the mental health disorders and on the other mental wellbeing. Even a person with mental disorders has some healthy sides which can be strengthened by rehabilitation along with trying to find suitable treatments for the disorders. Personal, social and societal levels must always be taken into consideration when planning rehabilitation. Nobody is a lonely island without bridges; people are always affected by the environment as well. (Kuntoutusportti,2013.)

Rehabilitation is a law based activity in Finland and is granted on the basis of a person’s perceived and diagnosed symptom, illness, disability or handicap. During the last few decades

weakening of working ability or a threat of a serious social exclusion are also been seen as right for rehabilitation. (Kuntoutusselonteko 2002.)

In the core of rehabilitation is empowerment of persons who are at the risk of losing or weakening of functional ability, social survival and working ability. Regarding mental health rehabilitation similar principles as above are valid with the specialty of taking into consideration the challenges brought up by mental health issues. A written rehabilitation plan is made together with the patient and his closed ones. Emphasis is on hope and trust for managing one's life despite illness and planning and carrying out one's goals in life. (Järvikoski&Härkäpää 2011, 235-236.)

Although mental health disorders have remained on the same levels for the last 20 years, physical illnesses' pervasion has reduced during that time. The ratio between paid sickness allowances due to somatic and mental illnesses is of -29% to +110% during the 1990-2005. Of all pensions paid for inability to work, 48% was granted for reasons of mental health and behavior disorders (Pösö, 2015.)"

In Finland there is over 100 000 people on pension due to mental health reasons, and about 5000 enter there annually. And every day 5-6 under 30 years' old people become a pensioner for these reasons. (The Social Insurance Office statistics, 2014). Too often the solution has been to place a person on continuum of sick leave, rehabilitation allowance and finally on pension without really screening options of suitable work. Many of the mental health patients or rehabilitators would be ready to work despite their illness if fitting and suitable employment conditions would be available. (Pylkkänen & Moilanen 2008, 168.) Having a mental illness does not disqualify one from working:" People without severe mental illness are not necessarily better workers and employees than people with severe mental illness. "(Becker & Drake 2003).

The most common conditions causing sick leaves and absenteeism from work are depression and anxiety disorders which cause about 4000 sick leaves annually in Finland. Other illnesses which cause often incapability to work are bipolar disorder and psychotic conditions like schizophrenia. According to medical terms, depression is divided into three levels: mild, moderate and severe. People with moderate symptoms are often able to continue working, but their performance level is usually lower than normally. Severe depression is quite sure to paralyze a person and make his daily functions so challenging that working is hardly possible. (Pylkkänen&Moilanen 2008, 167-168.)But taking into consideration personal differences and experienced amount of suffering and levels of abilities, strict categories cannot be made on the basis of medical diagnoses. Someone diagnosed with mild depression might need a sick leave and another with moderate one can struggle on at work. They are not, however, an in-

curable condition and do not cause permanent inability to work. These disorders are caused by various factors in individual's life and can be treated and helped successfully in psychotherapies, peer support and by good attitudes in general and especially at the work places. (Järvikoski& Härkäpää 2011, 237; Tuisku 2013, 3.)

Depending on the patient's condition, he is being prescribed anti-depressive medicine and guided to counseling first with a psychiatric nurse either in health care center or in psychiatric office. Later on if the patient wishes to and is estimated to benefit from a psychotherapy, Social Insurance Office can grant him sessions for 2-3 years. The change in Social Insurance Office's rehabilitation laws in 2014 made access to psychotherapy easier; previously a limited budget was annually granted for the therapies and often the funds diminished towards the end of the year and new therapies could not be granted. Now everyone who is in need and is estimated to benefit from psychotherapy, is allowed to start it. (The Social Insurance Office, 2014). Unfortunately only a few mental health patients actually receive psychotherapy: 87% of patients had received medication, but only 9% psychotherapy. (Pylkkänen&Moilanen 2008, 174).

The main goal of psychotherapy granted by the Social Insurance Office is to help the receiver to improve his working or educational ability. That is an understandable motive for the official facilitator of an expensive treatment but it is also important to note the personal growth and diminishing of suffering experienced by the receiver himself. The Social Insurance Office is in charge of rehabilitation of depression and anxiety disorder clients whereas public health care takes care of psychosis disorders. (Pylkkänen&Moilanen 2008, 175-176.)As a successfully done process the psychotherapy contributes to the overall wellbeing and emotional balance of the client as well as "produces" a well-functioning and productive citizen.

Effectiveness of the psychotherapies is high: 80% of receivers' condition improves better than those who did not receive therapy. Motivation and positive expectations of the patient are important. Long-time research results comparing different therapies have been done scantly. Therapy helps at least as much as medication, it is important to consider patient's symptoms in choosing between long or short therapy (Kuntoutusportti, 2013.)

If illness symptoms are severe, a person needs hospitalization at a psychiatric ward. Psychotic symptoms can appear even in severe depression although they are generally connected with schizophrenia, which is the most severe form of the mental illnesses. Time at the hospital varies from a few days up to weeks and months depending on the condition. Hospitalization often passivates people and strengthens a patient role which may cause passiveness even after returning to home, especially if sick allowance continues (Becker&Drake 2003, 45).

Apart from official care in health care units, there are possibilities of peer support and rehabilitation etc. within third sector services. Clubhouses and mental health organizations offer various courses, cheap lunches and an accepting atmosphere. Of course not everyone is a social person who wishes to go to these places, especially immediately after hospital period or during sick leave. One may also not want to identify himself as a "mental health rehabilitator" who needs likewise association. Internet-services for mental health could be beneficial for such persons. There are for example tukinet.fi and mielenterveystalo.fi which offer counseling, courses and information.

3.3.1 Vocational rehabilitation

Vocational rehabilitation is an important concept within mental health rehabilitation since mental health disorders usually affect abundantly one's capacity to work. And since working is such an important activity from many points of views, it is beneficial to try to find a suitable working or studying engagement. Vocational rehabilitation in Finland is targeted for people risking to be marginalized from the labor market due to health reasons. Irwing and Waddell(2000) cited in Järvikoski &Härkäpää (2011,215-216), state that vocational rehabilitation is broad by nature: all activities and procedures aiming to keep a diseased or handicapped person at the labor market are considered to include in the process. They further state that three aspects are important in vocational rehabilitation: early reaction to weakened working ability, arrangements to ease the reentry to the work place and empahasizing the employers active role at the work place during the rehabilitation.

If the rehabilitation procedures remain only within the hands of its official arrangers without a living contact to work place, the results are weaker. Of course if a person had no work place before his illness or handicap, it is more challenging to find a new one.

Vocational rehabilitation has not been used sufficiently in the treatment of mental health disorders, although in research it has been found to be an efficient method in supporting the working careers of patients with mental illnesses. (Haanpää 2013;Unkila 2015,). If vocational rehabilitation is started at the early stages of the symptoms, the patient has a much bigger chance of recovery and returning back to the working life again.(Tuisku 2013,38; Järvikoski&Härkäpää 2008, 64; Pylkkänen&Moilanen 2008, 177). Cooperation and communication with occupational health care, work place and employment service agencies are important for keeping all the avenues open for required changes in the working conditions. These adjustments may mean shorter working hours, change in the tasks and special support from the superiors and co-workers. Rehabilitator's active involvement in the group is essential; being one of the team gives him the feeling of control and belonging instead of being an object of projects and procedures. (Tiainen 2011 cited in Tuisku 2013, 6.)

Challenges in vocational rehabilitation of people with mental health problems are unemployment or the threat of becoming unemployed before the illness breaks out, and hardness of the job. Furthermore, procrastination in trying to return to work after sick leave, is found to be a risk factor.A successful return to working life is symptomized by following qualities: rehabilitator's own feeling of his working ability and a belief in his recuperating, sufficient healing as a result of the treatment, continuing support from the occupational health care and the above mentioned cooperation among the various participants of the recovery program. (Tuisku 2013,10.)It is interesting to notice how many components there are on the pathway back to work; it is an art of combining the external procedures and the individual's own situation in a mature way to produce a healthy and functioning citizen even in the presence of a mental health problem.

58% of the convalescents who have been through vocational rehabilitation, felt that it had begun too late. They complained that the need for this type of therapy was not recognized early enough and that the cooperation between various participants was also insufficient. (Gould 2008 and Saari 2013 cited in Tuisku 2013, 12.) Patient's good balance in the treatment, adequite motivation and personal strengths as well as a sufficiently stable life situation and social network are seen as prerequisites for starting vocational rehabilitation. Furthermore the working ability must be estimated to be restorable by the rehabilitation methods. Negotiating between various facets who arrange rehabilitation can be challenging and different point of views can collide. (Tuisku 2013, 65.)

Vocational rehabilitation is arranged either by the Social Insurance Office or a private insurance companies who have a contract with the rehabilitator's employer. The Social Insurance Office is the facilitator when the person has not been steadily employed or had been unemployed before the illness started. The rehabilitation law of that applies to the Social Insurance Office defines that the right for vocational rehabilitation is a subjective right for persons whose working or earning ability is estimated to be endangered or weakened within the next few years due to illness or disability. Estimations are also done concerning a person's ability to accomplish the goal of their studies and then work in a new profession after education.In addition the authorities make estimates on the probable lengh of a persons working life prior to old age pension. (Huusko 2014, 37.)

TYK-rehabilitation for maintening working ability is for persons who have been employed prior to their sickness and have usually had a long working history. Forms of rehabilitation may include work trials, vocational courses and various other preparatory courses. A quite common form of initial rehabilitation for mental health convalescents is a set of courses tailored for their particular needs. For example the Central association for mental health arranges

courses for empowerment, identity and strength building etc. (The Finnish central association for mental health, 2014).Educational trials are also possible when a person is looking for a new profession.

3.3.2 Supported employment

Supported employment has proven to be the most successful way of resuming working life after the mental health illness breaks out (Kuntoutusportti, 2013).The jobs are tailored to suit the skills and preferences of each rehabilitator and additional support is available by the work coach. The aim is kept high: the return into the open labor markets and regularly salaried employmemt. (Valkonen 2006, 107; Idström,Stenroos, Uimonen 2013,127-128.) Compared to ordinary ways of rehabilitation like job coaching and work trials supported employment has been found superior in producing longer lasting employment (Järvikoski,Härkäpää 2011, 228; Vuorikuru 2012, 36; Becker 2003, 2).It appears that a direct contact to the open labor market jobs uplifts the spirits and encourage the rehabilitators to reach their highest potential. Assummably these positive reactions gain from the self-identification of being a real worker instead of labeling oneself as a rehabilitator who is only capable of work-related engagement outside the open labor market.

There are seven central components by which the supported employment should be arranged. These principles have been proven to be effective both by international research and practical experiences.In closer axaminationr: ” 1. Looking directly for open labor market jobs (instead of job practices, sheltered work or day center activities) 2. The service model is open for all clients who desire to work 3. Quick searching for a job (not practicing searching) 4. Clients’ own desires and choices are important in choosing the type of a job.5. Support is individual and long-lasting if needed. The rehabilitator is not left alone after starting the job but rather given support during the employment by the job coach. The employer is also helped and supported if needed.6.Cooperation among care personnel is important especially in mental health rehabilitation 7.Service guidance related to monetary allowances; it is common to be afraid of losing some benefits because of work and salary.” (Järvikoski,Härkäpää 2011, 228-230).It appears clear in the the above statements that a straightforward approach with a belief in the rehabilitator’s skills and possibilities bear the best results whereas procrastination with too many preparative steps of activity distances one from working life.

The Finnish Clubhouses offer both supported work and transitional work. The main difference between them is the amount of support offered by the Clubhouse staff. A member who wishes to have a supported work from the open labor market is helped finding a job by a work coach and after starting to work can get support from the Clubhouse but not at the work place itself. He must also commit to the employment contract independently with the employer

whereas in transitional work a work coach from the Clubhouse is present when the employment contract is signed. Absence coverage is also only valid in transitional work places. (This means that if the hired member becomes ill and cannot work for a few days, the work is done by a work coach from the Clubhouse. Thus it always guarantees performed work for the employer.) Transitional work is the most supported form of work, whereas supported work is more independent. (Nortio 2016)Supported work also does not have a time limit as is the case in transitional work. The working relationship can continue as long as both the employed and an employer are satisfied. It can be either full time work or part-time whereas transitional work is always part-time. Furthermore, in supported work the work place belongs to the member and in transitional work the place is "owned" by the Clubhouse (Clubhouse employment manual 2010, 61.)

Becker& Drake(2003,130-132) and Idström(2013,129) also write about different kinds of support one might need to maintain a job. Support is often needed at the workplace to clarify difficulties and misunderstandings and to check how the job is going on every now and then. Emotional support is often crucial, especially in lifting up the spirits and self-reliance of the rehabilitator. Support from family members and peers is crucial; sharing experiences and feeling the presence of backup groups. Having a chance to work contributes to the maintenance of a daily schedule, participation in the community, building one's identity and the sense of equality. Shortly said supported employment increases mental health rehabilitators' quality of life (Jahoda &Black 2008 in Tuisku 2013.)

3.4 Challenges in employment and working

The most common reasons for unemployment among mental health rehabilitators are lack of education and/or working experience. Many fall ill in a younger age and haven't acquired vocational education. Others working careers have been interrupted by sick leaves due to periods of worsening in their mental health(Vehkaoja 2008,5;Valkonen 2006,68).They live in a kind of a vocational adolescence having not found their place in the working life. Lack of appreciation for their input at work and the bad atmosphere at the work place affect especially employees with mental health problems. Furthermore, if the work is not according to one's qualities and liking or too monotonous without changes, a rehabilitator easily feels himself unmotivated (Valkonen 2006, 105.)

Attitudes at the work place play a significant role in feeling good about working. They can be external or internal. Mental health disorders carry quite a strong stigma in our society and rehabilitators sensitively experience it. In a job interview it is often painful or humiliating to have to explain why years are missing from the CV. One's own lack of self-esteem as a professional and even as a citizen of the country makes rehabilitators often feel themselves as out-

siders of the main stream society. Becker & Drake (2003, 42) and Valkonen (2006, 111) write that the stigma could and should be fought back by integrating mental health rehabilitators into mainstream society. They should be seen and feel themselves in normal adult roles along some "spice" from the mental health issues.It should be more broadly realized that people in general have a wide array of smaller or bigger peculiarities, whether officially diagnosed or not, that the common mood should be of relaxed and honest acceptance of variety instead of labeling and finger pointing.

3.5 Helpful practices for maintaining or attaining employment despite mental health disorders

There are several factors which contribute to maintaining an already existing employment of a mental health rehabilitator. Good communication at the work place is important: openness, fairness and trust. Creating and maintaining a good open atmosphere in the communication of the work place serves everybody's interests and is of great help to a colleague with mental health problems. Emotional support and the knowledge of mental health disorders reduces the stigma and prejudices towards them. (Vuorikuru 2012,50-51; Markkanen, Kohonen, Nieminen 2007,134-135.)

The superiors at the work place have a significantt role in creating a good atmosphere and providing guidance and changes in duties if needed. In their recent report Kuntoutussäätiö mentions four main working procedures which have been proven to be helpful for the rehabilitators in returning back to work after a sick leave due to depression: service guidance, supported employment, peer support and as a therapy approach the solution focused method. In addition, personal guidance from rehabilitation professionals at the various stages of the sick leave and at the return to work are proven to be essential. Service guidance offered by for example a psychiatric nurse or a social worker has proven to be quite an effective and personal way of assisting mental health rehabilitators in various fields of life. (Korkeamäki & al.2015,5-6).

For example the Helmi mental health organization has two full time service guidance-professionals who help members with the paper work at institutions and offices, with employment-questions and other personal matters. The Clubhouses job coaches' role is also very personal when looking for and assisting members with supported employment issues.

Although long psychoanalytical therapies have their merits, in Kuntoutussäätiö's report it was assessed that the solution focused therapy approach was the most suitable form of therapy in helping the return to work afte ar sick leave or rehabilitation allowance period. The positive, strength-emphasizing method is effective for bringing hope and strength to the mental health

rehabilitator at least in work related matters. A deeper childhood based analysis could be helpful in finding the roots of depression, but would need more time and ruminating from the rehabilitator; this approach might even weaken his working ability for some time, until he finds new realizations for an active life at work.

Prevention is better than cure, says an old aphorism, which is true also in mental health disorders at the work workplace. Occupational health care has an important role in helping employees at the risk of depression or other disorders. Trustful and open communication is essential and instead of just prescribing medication with a sick leave, it would be beneficial for both the employee and the employer to keep channels open for discussion. Leaving an employee alone with for example depression does not usually produce good result for the future return to work. For the rehabilitator it is mutually important to have faith in the doctors and nurses of the occupational clinic; to understand that they are not the boss's left hands but are really there to serve employees best interest with absolute confidentiality. (Masto-hankkeen toiminta-ohjelma, 2008, 28-29; Lehto & al. 2005, 23).

Vuorikuru writes (2012, 57) about a "leaving and returning thresholds" while experiencing difficulties at work.A leaving threshold refers to hesitation in going on a sick leave after starting to experience symptoms of depression or other mental disorders. An employee may continue working although feeling the weakening of his ability; for example memory losses, low spirits and feelings of hopelessness or tiredness at work or after the work day. Such a person might be dutiful by nature and does not feel to deserve a break from the work although his performance has diminished or much of his leisure time is consumed by for experiencing mood shifts, anxiety or extreme tiredness. Confronting oneself and booking a time for occupational health care doctor might be a difficult and a time consuming decision. And telling the boss about one's mental health problems is usually also not the easiest task to do. A foreman or a colleague might notice the co-workers problems and take up the matter, but it is still quite rare to have such close relationships at the workplace.

Returning to work after a sick leave due to mental health problems has also been proven to be challenging. The term "returning threshold" describes hesitation and even shame in the mind of a person trying to return, especially after a longer absence. Communication with the fore-man during the sick leave would help. Confidentiality must be carefully maintained; the matters should be discussed strictly between the employee and employer. By keeping contact with for example occasional phone calls or email, the foreman can show his care and concern. This of course requires sensitivity and a trustful relationship with the employee. In general however such advances foster good spirits of the employer on the sick leave and make his return to work easier. After coming back it would also be beneficial to tailor shorter working hours and lighter duties which do not require as much as 2003 before. (Vuorikuru

2012, 57-58; Masto-hankkeen toimintaohjelma 2008,52; Pitkittyvä sairausloma ja työhön paluu-opas työntekijälle,2005.)

Protecting workers from stress and failures is equally important. Finding suitable, fitting work duties and tasks is motivating and enabling. Sometimes this is possible inside one's company where one is working and on other times new challenges must be found elsewhere to maintain a personally satisfying working situation. (Becker 2003, 18-20; Andersson, Boedeker, Houtman&Järvisalo, 2005, 73-74.) Instead of having breaks in one's career,with suitable support at the work place a mental health rehabilitator could continue working. This does not of course mean that one should work while having major emotional imbalances, but rather that during milder stages one could even benefit by continuing his work in a supported atmosphere. Seeing mental health rehabilitation as a "returning field" into working life would demonstrate a positive attitude and belief in the process. (Vuorikuru 2012, 5- 8.) In the occupational health care act it is even stated that responsibility of maintaining employees working ability is on the employer. (Työterveyshuoltolaki, 2001).This kinds of procedures would be good to be develop more in Finland.

3.6 Experimentalism

Since in this study experiences of the rehabilitators are in a core role, a few words about experimentalism are needed. In his educational theory of experimentalism an American philosopher John Dewey (1859-1952) found out that western thinking tends to belittle or minimize the personal experiences of people. Dewey saw reasons for that to be in a hectic lifestyle which values economic efficiency and thus allows neither the space or the time for pondering and analyzing one's own experiences. In addition to this, the scientific and technical emphasis in our societies reduces the possibilities of a deep understanding of what is happening to us and to our environment. It would still be crucially important to have time and inner peace to ponder the nature of human perception and how our own personal experiences relate to the various circumstances of the world. (Alhanen 2013, 7.)

Dewey also combined activity and experience; increasing mere knowledge without applying it into practice is not sufficient. Practical applications define the quality and value of theoretical knowledge.A certain kind of action fractions one's experience and another kind increases one's integrity and makes the experience meaningful. It is thus important to understand that one's own actions modify one's experiences. (Alhanen 2013, 8.) A story of a young girl could could be given at this instance. The girl has realized herself to be shy and a bit reserved with boys and she understands that it is best for her to deal with boys cautiously and keep a certain distance. But once in a social gathering with friends, who are more loose and extra-

verted, the girl feels the social pressure and goes along with the other girls' behavior and wind up engaging herself in an unintended intimate affair with a boy. Later on she regrets and feels cheated and morose because of acting against her inner realization and perception of her own nature. If she had followed her experience of herself and refrained from the affair, she would have felt integrity and protection and increased her self-esteem.

How a human being can learn from his experiences is a core question in Dewey's philosophy. Koivisto also(2012,119) writes quoting Husserl(1965) and Rauhala (1996)that an "experience is always an experience of something and is an inner state wherein one realizes something on the basis of his life situation and social relationships and which he values as important and meaningful". Dewey criticized the common understanding that experiencing is merely an individual's inner subjective experience without connection to his sociocultural environment and nature. As a result of such thinking, experiencing and action have been separated. As an example of such separation, Dewey mentioned the western educational system, which separates theory and practical action. Children are taught to appreciate and contest for individual performances instead of developing children's natural curiosity and experimental spirit by doing things together and pondering the experiences together within the learning group and with adults. (Alhanen 2013, 8-11.)

This understanding and philosophy can be applied to the theme of this thesis as well. The mental health rehabilitators and their experiences in our society and in the employment market, are not separate, meaningless voices merely of " the world of mentally ill people." They are instead valuable and important as so called experts by experience (kokemusasiantuntijoita), whose experiences and knowledge should be taken into consideration when planning future procedures and actions at the labor market as well in othersegments of humanistic life in our society(Koivisto 2012,118).

In a recent project called Mieli 2009-2015 an important step has been taken towards considering the experiences of the mental health and substance misuse clients. It has been realized that without the experts by experiences' contribution the developing, planning, realizing and estimating of the services and projects meant for these client groups, would be insufficient. Being part of the commissions planning of the services, for example in housing and rehabilitation, not only takes into account the opinions of the clients but also helps them to feel being part of the process and to build new identities as a worthwhile and respected citizens. The experts by experience can be either rehabilitators or their next of kinds. It is empowering when others listen to one's own, often hard experiences and give them meaningfulness. Identity is thus built as being an expert on one's own field instead of being a patient, a client or a rehabilitator. (Hietala&Rissanen 2015, 11-12.)

In a phenomenological research experiences of individual persons are the main source of information. Experiences explain about meanings and intentions an individual gives to the environment and about relations in the relationship with himself. Various qualities and degrees of experiences are for example emotional, cognitive, religious or functional. (Rauhala 1996 cited in Koivisto 2012, 120.)As a special branch of scientific research, phenomenology suits well at finding out about meanings in the experiences of various individuals.

4 Objectives of the study

In a qualitative research report it is important to express the purpose and the goal of the study. The limitations also need to be stated; in other words what does the particular study research and what is left outside. The purpose handles the phenomena related to the topic or various factors related to it. The goal instead expresses the possible benefits and usefulness of the study. (Tuomi & Sarajärvi 2009, 156-157.)

The purpose of this study handles the employment situation of people who have somekind of a mental health disorder. The topic is related to a broader phenomenon which is being discussed in the Finnish society, namely the employment and labor market arrangements as well as to the topic of inclusion versus marginalization among some groups of people, usually with some functional impairment. The study is meant to describe and develop the employment situation of rehabilitators from their own point of view, expressed in interviews as well as literature review with related texts.

The first goal of the study is find out ideas and ways to increase working opportunities of the people with some mental health disorder. This is being done by interviewing rehabilitators and by comparing their contribution to the related literature. The results may hopefully be useful in developing employment pathways for this marginalized group. The workers of the Sörnäinen Clubhouse also wish to receive some new information and ideas how to develop their services for the members. They want to know what the interviewed members expressed on the employment related services.

A second goal is to find out about working experiences of the rehabilitators at the Sörnäinen Clubhouse and how illness has affected their working careers. Inquiring about the experiences is meant to give a voice to the rehabilitators and to let them share their understandings and personal history at the working life.

5 Study design

5.1 Research methods

A qualitative approach was used in this study. There are three main ways of analyzing the data within qualitative content analysis; theory based, content based and theory driven analysis. In a theory based analysis the researcher has a certain theory base which he believes relates well to the phenomena being researched. After the empirical data collection, he looks for the issues in the empirical data which relate best to the chosen theory and writes an analysis on that basis. It is called a deductive method, wherein the research process proceeds from general towards private knowledge. The weakness in that method is perhaps that sometimes the empirical data brings up some themes or issues which are not dealt within the theory base and thus the research remains not fully thorough. But in many cases though the theory based method is a very suitable way of analysis. (Tuomi & Sarajärvi 2009, 115.)

In a content based analysis the theory is written after the collection of the empirical data or along with the data collection process. It is an inductive process wherein the empirical data is processed in a three phased way: reducing, clustering and abstracting (creating theoretical concepts.) Thus the data helps in forming and producing the theories. This kind of analysis suits well when the researcher studies some new not much studied subject or phenomena and there is not much theory available about the topic. The empirical data is given much emphasis in this method.(Tuomi &Sarajärvi 2009, 108-110.)

A theory driven content analysis is a rarely used way of analysis in social work research and it gives more freedom to compare the empirical data with the theoretical framework and to also create some new information on the basis of the empirical results. It resembles content based analysis in the handling of the empirical data since in both cases the data is handled in the same way. The difference is in how the data is connected to the theoretical framework. In a theory driven analysis the researcher has some conceptions about the theoretical framework before the empirical data collection and he compares them with each other with the aim of finding something new about the studied subject. This method was chosen to this study, since it seemed to fit best into the subject. It combines the good sides from both the theory based and the content based analysis and facilitates flexible comparison of the old, already known data with the new data from the interviews. (Tuomi & Sarajärvi 2009, 115-119.)

5.2 Collection of data

The data was collected by interviewing ten members of the Sörnäinen Clubhouse, who all have a diagnosed mental health disorder. The two workers at the Clubhouse who have been my working life connections, kindly offered to help in choosing the interviewees since they know them better and could estimate which members would be most suitable for this study. The only preset criteria for the interviewees was that they have a mental health disorder. Details about the diagnosis was not asked since they were not relevant for the study. A poster was pinned on the notice board of the Clubhouse but the most effective way of reaching the informants was proven to be the staff members personal contacts. In addition the staff members also took a copy of the interview- questions and told the interviewees about them in advance so that they could think beforehand their answers. Two broad, open questions were presented during the interviews which gave the informants space to freely speak about the themes. Quite a free thematic interviewing style helped the informants to speak deeply about the subjects. (The questions were: 1. Would you please tell about your working experiences throughout your whole life? and 2.Do you have ideas, suggestions or visions how employment possibilities of the mental health rehabilitators could be improved?)Additional questions were also asked according to the need to clarify or deepen the answers. After the verbal discussion, a questionnaire asking for casual details was also given to the respondent (see appendix). The interviews were conducted in December 2015 in about ten days.

Two of the ten persons I met personally at the Clubhouse and asked if they wanted to take part in the study. This was mainly due to a person failing to appear at the planned time and another one came herself to ask about what kind of research I was doing and whether she could take part in it. The original plan of interviewing 4-6 persons was overdone since many more members wanted to take part. It meant more work in transliterating and analyzing but was worth the labor. The interviews were recorded in a secluded room within the Clubhouse with no outside disturbance. At the end of the interview, an A4 questionnaire inquiring about practical and personal details, was handed over to the participants for filling in.

5.3 Analysis of the data

The data was analyzed using qualitative content analysis with the aim of producing a clear description of the phenomena being studied. A Common way of handling the data in a theory driven content analysis is to use a multi-level abstraction process from original expressions which answer the research questions. It is important in this process to keep the research questions in mind to guide the work. Clustering refers to grouping of the data according to the original expressions and looking for similarities or differences. Categories and classes are

created and named according to the concept which describes the content. (Tuomi&Sarajärvi, 2009, 109;http://kelo.oulu.fi/jatkokoulutus/AT_Laadullisen_aineiston_analyysi_170407.pdf.)

The interviews produced 39 pages of transcribed text which was read through with the mind focused looking for answers to the research questions. From the original expressions, simplified expressions were formed and then from them initial groups or categories were made according to certain themes which answered the research questions. The grouping process was continued by looking for more conceptual and theoretical expressions and forming them further into sub-categories and main categories.

For the first research question (about working experiences) five lower categories were found which were then compressed into three subcategories. For the second question (about rehabilitators' suggestions for improving employment situation) seven original lower categories emerged and similarly they were abstracted into sub-and main categories.

Lower groups/categories	Combinations of lower groups	Subcategories	Main categories
Other people's attitudes towards the rehabilitators	Worries about others attitudes	Matters related to attitudes	Attitude climate
Rehabilitators' own attitudes to working	Doubts about own working ability	Matters related to attitudes	Attitude climate
Societal arrangements and legislation	Worries/doubts about finding suitable work	Changing labor market structures & legislation	Labor market structures
Personal economic situation	Worries about own income	Changing labor market structures & legislation	Labor market structures
Meaning of transitional work		Meaning of work for social beings	Rehabilitating aspect of activity
Meaning of work and studies			Rehabilitating aspect of activity
Spreading of information in society about mental health issues	Changing attitudes about mental health issues	Reduction of stigma	Attitude climate

Table1.An example of the abstraction process

5.4 Validity and reliability

Concepts of validity and reliability originate from quantitative research. Validity measures how correctly the chosen research methods measure the phenomena being studied: e.g. does the research measure that what was intended? For example the object group and interviewing questions must be right. On the other hand reliability estimates repeatability of the research. Similar kind of results should be obtained if the research would be repeated.

The validity related to the results estimates the chosen method; a randomly chosen method does not guarantee wanted information. The researcher must carefully consider what methods suit the particular research and what can be concluded from the result. Is the data sufficient for giving reliable results on the studied phenomena? Are the results "right"?

Validity of the content: the researcher must describe the data/content, interpretation and the ways of interpretation. The research process must be estimable by another researcher. (Hirsjärvi & Hurme 2000,186; Hiltunen 2009.)

Personal interviews appeared to be the most convenient approach in trying to find out about the sensitive topics such as mental health rehabilitators' ideas about improving their employment possibilities and their personal working experiences. Prior to meeting and discussing with the rehabilitators, the student familiarized herself with related literature and previous research on the subject. On the other hand a written questionnaire with structured questions could have been used with the idea of dealing with personal matters. That method might have not, however, given deep and individual answers as a face to face discussion could give. As a final notice, the thematic interviews seem to have reflected quite well the wanted topics and questions. (Sarajärvi & Tuomi 2009, 157.)

About the sufficiency of the data can be said that as bachelor thesis the results are not nationwide nor provide general results of the topic, but ten quite extensive and open interviews gave quite reliable and direction-giving results on the phenomena being studied. Saturation seems to have occurred during the collection of the empiric data, since many informants spoke about the same themes and issues without a large varietation. The informants answered well and produced solutions to the research questions.

The validity of the theory deals with the correctness of the theoretical approach. In this study the chosen topics in the theoretical framework deal with mental health rehabilitation in Finland with the emphasis in vocational rehabilitation and supported employment. These have been chosen because of the work -related topic of this study in the mental health field.

Meaning of experiences is also discussed in the theoretical part since half of the study addresses spefically the rehabilitators own personal experiences of working. Acknowledging the importance and value of such narratives as a knowledge producing method is essential. The main concepts used in the study are also shortly defined to clarify the topic to the readers. (Hirsjärvi & Hurme 2000, 186; Hiltunen 2009.) Naturally, the theory part could have been chosen better and more comprehensibly, but maybe the insufficiencies and lacks can be forgiven for the first time doer of a research.

Reliability expresses how reliably the chosen research method works in analyzing the data. The research must be repeatable and give similar results if repeated by another person. (Hirsjärvi 2000,186; Hiltunen 2009.)Low reliability can arise from for example if the answerer understands questions differently or remembers something wrongly or if his answers are not truthful. does not speak truth in his answers. Furthermore, the mood (mental state) of the informant and the circumstances may affect the results. The researcher may even write the answer down incorrectly by mistake. It is thus important to formulate the questions in a simple, understandable way and conduct the interviews carefully. (Hiltunen 2009.) In this kind of a sensitive topic where the data is collected by theme interviews, a possibility of mistakes has to be considered. If another person were to repeat the interviews, some changes could naturally occur because of the nature of the topic and of the informants. The answerers, however, appeared to be dedicated and honest about their understandings of the topic and the researcher tried her best to avoid the factors weakening the reliability.

6 The results

The ten informants produced answers which were useful in answering the research questions. Since in this study had two main themes, quite a lot of data was produced. The answers are categorized according to these two themes: respondents working experiences and their suggestions of improving the employment of mental health rehabilitators. Although studying was not originally the object of this study, it has been taken into the results since many of the respondents talked about the significance of studying in their lives.

6.1 Suggestions for improving the employment of mental health rehabilitators

One of the interviewing questions asked the informants to mention their ideas and thoughts on ways of increasing the working possibilities among rehabilitators. Eight of the ten interviewees had answers to this question and they produced a variety of categories. Below the detailed results will be given.

SUGGESTIONS FOR IMPROVING EMPLOYMENT OF MENTAL HEALTH REHABILITATORS
Attitude changes
Labor market structures & legislation changes
Spreading knowledge about mental health issues
Meaning of external support

Table 1: Various categories of responses from the interviewees

6.1.1 Attitudes

Two categories of attitudes came up during the interviews: those towards the rehabilitators from others in the society and rehabilitators own conceptions towards working and to their own work-related capabilities.

Half of the informants mentioned strong negative stigma towards mental health illnesses and the individualls suffering from them. The difficulty of bringing up one's illness in job interviews and in the CV was mentioned by a few persons. "The fear of unknown" was mentioned by some as well and as a cure many stated spreading casual and correct information about mental health disorders in the society in general and especially among employers. If people were more knowledgeable the effects of mental health illnesses, and their attitudes more accommodating, it would be easier for the rehabilitators to feel themselves as an accepted part of the society. Similarly, In the theory part of this study, Becker &Drake (2003, 42) and Valkonen (2006, 111) wrote that mental health rehabilitators should be integrated in to the main stream society without prejudice.

Two informants mentioned positive examples of how a well done work produced more employment options for the other rehabilitators. Their work had begun as a transitional period work but the employer had needs for continual part time workers and offered employment at the open labor market principles. In these two cases there was no negative attention given because of the employee's mental health background.

Apart from others attitudes towards mental health issues and rehabilitators, a few informants spoke about a need to change their own attitudes towards working. For example accepting transitional work which is not in one's favorite field. Clubhouses offer various kinds of transi-

tional jobs but some members have a tendency not to accept for example cleaning work but prefer office work. One interviewee especially mentioned his own experience of a cleaning work that wasn't appealing at first but gave him the satisfaction of being needed and doing an important work. Preparing for work by learning new skills, like IT-skills, at the Clubhouse, was also mentioned. Many rehabilitators have had a break in their working careers and Clubhouses offer good training possibilities for updating their skills on many different fields.

6.1.2 Labor market structure and legislation

Three main suggestions were made by the respondents on how to make it easier for the mental health rehabilitators to enter the working life; increasing part time jobs, transitional job places and job trials were one category of work related suggestions. Since mental health disorders often cause decreasing of working ability, many of the interviewees emphasized that by creating more options to work part –time would allow employment for many more rehabilitators. The transitional work offered by companies in co-operation with the Clubhouses was also much appreciated and many informants wished that more companies would make contracts for such work places. Job trials are one form of vocational rehabilitation and offer tailored working experiences for rehabilitators. They are a good way of returning to working life when taking into consideration one's skills, education and interests. For the employer they are free of cost and the worker receives higher monetary allowances during the trials. Lack of suitable work places is a problem among mental health rehabilitators.

"Suomen työmarkkinarakenteet on perinteisesti ollut sellaiset et täällä on aika vähän osa-aikatyötä.Sitä vois olla enemmän ja jos annettais mielenterveyskuntoutujille mahdollisuus, mo-ni ihminen tekis mielellään osa-aikatyötä ni sitä tulis mahdollisuuksia esim. kahden täyspäiväi-sen hommat vois hoitaa neljä osa-aikaista teoriassa…"(H 3)

Many of the informants mentioned economic reasons as a cause for not being able to work as much as they wanted to. The rehabilitation allowance, housing support and pensions set earning limits for a salaried work. If one earns over a certain amount by working, some of one's allowances are reduced or even completely removed. It is not encouraging to accept work for someone already on a minimal budget, which is often under the poverty line.

"Tietysti monilla on ongelma se et niil on nää edut ja eläkkeet sen verran pienet, et niil on myös tää ansaintaraja melko alhainen täs osa-aikatyössä."(H5)

"Mun henkilökohtaisessa elämässä harmittaa et on se semmonen ansaintaraja, et mä saan ansaita vaan sen 740 euroo eläkkeen päälle." (H9)

A few informants spoke in favor of the new law suggestion about that proposes changes in regular income, the so called “kansalaispalkka”, citizen’s salary, which would be of a certain amount and allow earnings above that more freely than within the present system.

“*Tulee mieleen jos meillä olis se kansalaispalkka, vaikka se 800 euroo ja sen päälle ei ois rajaa kuinka paljon sä saat tehdä töitä.”(H9)*

As a conclusion to this chapter it can be said that many of the interviewees wished that labor market arrangements would be made more facilitating for part-time work and that the earning limits of the rehabilitators would be changed into more appealing for salaried work. These changes would naturally require some modifications in the legislation.

6.1.3 Spreading knowledge about mental health issues and rehabilitators

Seven of the interviewees mentioned the importance of giving /spreading accurate and realistic information about mental disorders in the society in general and especially among the employers. They reported to be suffering from prejudices and stigmatization because of having a mental health disorder. Mental health issues are still a taboo at some level in the minds of many people and there is a tendency to a kind of a disintegration of people with mental health illnesses into another category of citizens; feared and strange. According to the interviewees this concept is mostly exaggerated and causes them a lot of suffering and feelings of exclusion. They wish to be seen by others as normal citizens, who belong to the society although having some specialty in character or some special needs. Spreading of rightful, casual knowledge about the effects of different mental health issues would help people form a more realistic conception of the rehabilitators.

“ Ihmisen luontainen pelko tuntematonta kohtaan hankaloittaa meidän työnsaantia.Siihen luontaiseen pelkoon meidän pitäis pystyy pureutuu.”(P4)

”Ennakkoluulot mielenterveyskuntoutujia ja -potilaita kohtaan on ihan äärettömän isot Suomessa. En tiedä mistä se johtuu..pitäis olla sellasta ihan ruohonjuuritason työtä..et nekin on ihan tavallisia ihmisiä ja pystyvät tekemään töitä suurimman osan ajasta ainakin.”(P10)

Some of the interviewees suggested that the media should be utilized more in helping people understand mental health issues. Recent revelations of famous Finnish people about their own depression and other mental health disorders have opened discussions in the media, which some of the interviewees experienced as positive changes in the society. Related to employment, some informants mentioned prejudices of the employers.

"Ja siinä on varmaan myös hirveen isoja ennakkoluuloja osatyökykyisiä kohtaan, et ne ajattelee et en ainakaan mitään hullua ota."(H5)

A few informants brought up the Clubhouses' good work in arranging transitional work and about the benefits it gives both to the employers and the employed rehabilitators. By convincing more companies and employers about the benefits they would achieve by offering transitional work places in cooperation with the Clubhouses was seen as an important way of spreading information.

6.1.4 Meaning of external support

Relying on others is a natural need in all humans and becomes activated when something emotionally strenuous happens in one's life. Mental health disorders increase the need for help and external support. Luckily there are many organizations and treatment facilities available. Since all of the interviewees were members of the Clubhouse, it naturally was mentioned as the main source of their support, thanks to the workers and activities at the Clubhouse.

"Niinkuin tääl Klubitalolla, et on yhteisö, jossa ei leimata toisiamme. Toimimme yhdessä."(P 2)

"Tää on hirveen hyvä paikka tää Klubitalo..autetaan just näissä opiskelu- ja työasioissa."(P9)

6.2 Working experiences of the rehabilitators

Another goal of this study was to find out and analyze working experiences of the interviewed rehabilitators. They were asked to freely tell about their working life experiences throughout their lives. This produced many interesting narratives. The contents were organized into experiences before and after the diagnosis of their mental health disorder and how the disorders had affected persons working life.

WORKING EXPERIENCES OF THE REHABILITATORS

Experiences prior to illness
Effects of illness on working capability
Meaning of work and studies
Future hopes and plans on work/studies
Role of the Clubhouse

Table 2: Various categories of working and studies

6.2.1 Experiences prior to illness

Most of the interviewees had working experience before their mental health illness was diagnosed. The careers varied from a few months up to 25 years. A combining phenomena was that the informants were all eager to work and some even said having been "workaholics" in their relationship to working. It is noticeable that even though the symptoms of mental health problems were often recognized by the persons themselves before the official diagnosis, they pursued working or studying with vigor. Some of the interviewees had fallen ill in youth and thus were not able to gain much working experience. Some had educated themselves vocationally, even up to the university level degrees, and had worked in various fields prior to falling ill. A portrait of dutiful and effortful people was outlined during the interviews. The common understanding about mental health patients as incapable of working was thus proved false.

"Elikkä mä kerkesin olla kuitenkin aika pitkään työelämässä ja osan aikaa tein kahta duunia yhtä aikaa..pari vuotta jaksoin sitä rumbaa.Työviikot oli 60-80 tuntia." (P5)

6.2.2 Effects of illness into working capability

As mentioned above, most of the interviewees had noticed some symptoms in their mental health before the official diagnosis was made. A common phenomena among this group of ten informants was that after the diagnosis was confirmed by the doctor and the treatment begun, their condition seemed to abruptly worsen. Many became bedridden, psychotic and isolated themselves from other people. Feelings of shame and being different were common. Many also were afraid of becoming labeled by ex-colleagues and people in general. Milder conditions mentioned were tiredness and fatigue even after short working periods. Informants with bipolar disorder mentioned also mood changes which affect their ability to work.

“Mut sittenhän tuli esille et mä uuvuin. Uuvuin paikassa kun paikassa. Joka kerta sen saman konseptin mukaan.”(H2)

”Jumiuduin kämpille ja alkon käytöllä pakenin ja eristäydyin maailmaa..”(H3)

”Olin siinä vaiheessa niin huonossa kunnossa ettei jaksanu ajatella edes.Mä vaan nukuin,makasin sängynpohjassa sohvaperunana jaksamatta ja kykenemättä tekemään mitään.”(H5)

One person mentioned the writing of the CV; how to explain the missing years? She felt that telling about mental health illness would endanger employment. What would be an accepted reason to tell about long absence from the labor market, she wondered. This brings back the theme of the stigmatization that the mental health issues bring upon a person. It is sad that people with mental health disorders are often seen suspiciously by the employers.

As a conclusion of this chapter it can be said that mental health disorders often cause fatigue, isolation, the fear of stigmatization and an inability to work full-time .Two informants mentioned also mocking (teasing) by other workers at the work place. They felt this to be a result of their vulnerable mental state. As a positive side some of the informants mentioned a good, nonjudgmental atmosphere in the transitional work places and inside the Clubhouse working community. Two informants also mentioned the nonjudgmental atmosphere in the open labor market work places, were they continue to work regularly.

6.2.3 Meaning of work/studies

It became obvious from the answers of the informants that working or pursuing studies has a big meaning in their lives. Being on a rehabilitation allowance or even on pension did not seem to deter most of the persons in question from wanting to be useful in the society and find a fulfilling work or studies. Thedesire to earn at least a part of one’s livelihood was a motivation for many. Studying with vocational aims was experienced by a few informants as a rehabilitating and strength giving activity. Transitional, part-time work offered by the Clubhouses was mentioned by many as an important engagement after illness onslaught. Many believed that their strengths and opportunities to work were relying on transitional work. That is understandable since that work is scheduled part-time ,the environment is accustomed to rehabilitators and thus the atmosphere at the work place is usually pleasant and accepting.

“Se tarve olla tarpeellinen..kaikista näistä pesteistä on saanut tyydytystä..kannustan aina muita lähtemään siirtymätyöhön..vaikka siihen siivouspestiin, koske ne on tehnyt hyvää itselleni..tietyllä tavalla oon elämäni kunnossa nyt tässä”.(P3)

Three of the ten informants had educated themselves as an expert by experience(Kokemusasiantuntija) and wished to work primarily in that spreading information about the mental health issues and reducing stigma in the society. They wanted to feel that their pensions or rehabilitation allowances were issued as a kind of a salary on the ground of their important work in the mental health field.

Working in a nonjudgmental and accepting atmosphere was important for many. Individually tailored working hours were also seen important for one's mental balance. A general need to be useful and needed came also up during the interviews. The satisfaction of working, even though it might not be a dream job, was mentioned by a few. Lack of work on the other hand was described by many as boredom and the feeling of uselessness.

"*Tuntuu et on vajaakäytöllä,et pystyis enempään. Nyt se tunne on aikalailla hävinnyt, et kyl tää 25 tuntia viikossa ihan työstä käy. "(H3)*

The positive impact of regular working times on one's daily rhythm was also mentioned by most of the informants. The daily schedule stayed better during the working periods than when they were unemployed.

"*Opin nousemaan kuudelta ylös ja seitsemältä lähtemään."(P9)*

"*Silloin kun mä en oo töissä ni nukun vähän miten sattuu.Saatan nukkua päivät ..viikonloput saattaa mennä kokonaan etten nuku."(P 8)*

As a conclusion for this chapter it can be said that working has an important role in the lives of people with mental health disorders. Working was experienced as a rehabilitating activity which helps in maintaining a good daily schedule, brings the satisfaction of doing something meaningful and also as enhancing one's economic situation. Vocational courses and education gave a meaning to life and the hope for employment for some of the informants.

6.2.4 Future hopes and plans about work/studies

Many of the informants mentioned their plans and desires for the future employment or studies. Some had unfinished studies in vocational education and hoped to finish them, although the belief in one's own strength to actually do so was often wavering. Many were satisfied with short vocational courses offered by the Clubhouse and the Central Association of Mental Health Organization (Mielenterveyden Keskusliitto,MTKL) which give possibilities for working.

One interviewee had recently finished an academic education, which had been started in the youth, and felt it as very satisfying. Another one, who had a university degree from the past, desired to finish his doctoral thesis even not planning to work in that field anymore.

"Opiskelu muovautui mielekkääksi koska se tuli oman kokemuksen kautta,se tuli oman tahdon kautta.Ihan kun mä olisin uudelleen syntynyt.Kun tein sitä, tuntu et tää päivä on täynnä mahdollisuuksia.On joku syy miksi nousta aamulla vuoteesta."(P2)

Two interviewees had gotten permanent part-time work which was very satisfying. Both of these employments were via transitional work in those working places.

"Mä aattelin olla töissä 70 vuotiaaksi!" (P1)

"Oon ollu yli vuoden töissä siellä.Tein sopparin et mul on korkeintaan 14 tuntia viikossa ettei mee eläkkeet...koska mä en pysty tekemään sitä 8-16 joka päivä. Oon tosi tyytyväinen kun oon saanut tommosen mahdollisuuden."(P7)

Two of the interviewees saw their chances of finding a job as a slim. They felt themselves too ill to any more work outside the Clubhouse.

"..itsenäiseen työhön mikä sellaista vakinaista..vois sanoo että lottovoitto vielä vaikeempi saada.. mut kyl mä uskon et semmonenkin löytyy..se on vaan verkostoutumista ja uudelleen kouluttautumista."(P6)

This chapter it may be concluded by saying that most of the informants had desires to work in the future despite their mental health issues. They described working and vocational training as important goals in their lives although simultaneously they felt employment challenging in the present labor market situation. A part time work in transitional work places was an optimistic option for most of the informants.

6.2.5 Role of the Clubhouse

Since all of the interviewees were members of the Clubhouse, they naturally considered the support and possibilities offered by the Clubhouse as an important factor in their lives. None of the informants criticized the Clubhouse but all were thankful and felt supported. Only one person mentioned that the mood might have become a bit too work-focused instead of a relaxing and peer supporting.

“Hyvin oon viihtyny täällä.Koen ettei täällä pakoteta mihinkään mutta vapaaehtoisesti saapi osallistua..samanhenkisiä ihmisiä ja ohjaajat on mukavia.”(P8)

”Klubitalolla mun avaintyöntekijän kanssa lähdettiin kartoittamaan mun kiinnostuksen kohteita, osaamisalueita, ja sitten ruvettiin miettimään minkälaiset työnantajat vois tarjota näihin liittyviä työtehtäviä..”(P5)

The main benefits offered by the Clubhouse were a nonjudgmental and supporting atmosphere, possibilities to learn new skills, personal support of the workers,offering opportunities for transitional work and various work inside the house. Furthermore,the personal help in finding suitable education and job trials was appreciated.

7 Conclusions

An effort is made in this chapter to draw conclusions of the whole study and let the theory and empirical data to discuss with each other. Since there were two broader questions in the the interviews, the results have been analyzed separately. The question about how to improve and develop mental health rehabilitators’ employment possibilities produced many ideas and suggestions by the informants. As the handling of the data was done by grouping into various themes, three main categories emerged from the combination of the empirical data and the theory part: attitude climate, structural arrangements and the rehabilitating influence of work for the people with mental health disorders. These three categories form a kind of an umbrella over many other matters related to the subject. These themes were also visible in the theory part although the interviews produced some new angles and information about the topic.

The other question about the working experiences of the rehabilitators produced narratives which could also be analyzed within various categories and themes. These will be addressed at the end of this chapter.

The three main categories which were created from the contents of the interviews, produced answers to the research question about how to improve the employment situation of the mental health rehabilitators. Attitudes were seen as an important factor in helping accommodate to work related matters. Valkonen and Becker &Drake write (2006, 11; 2003, 42) that rehabilitators should be integrated into the main stream society into normal adult roles. This would require, though, changes in the attitudes and understandings of mental health issues. The informants felt that it would be helpful in getting work if the negative conceptions of mental disorders and their effects, would be removed from the society. The employers could start to see the positive qualities and capabilities of people with mental health disorders giving less

attention to the symptoms which a disorder might produce if the had the rightful knowledge. The attitudes and atmosphere of working communities could also be changed similarly into more positive and supporting ones instead of suspiciousness and and avoidance. These subtle changes would make the rehabilitators feel more welcomed at the work place and in job interviews. The theory part supports these assumptions as well. Idström (2013,129), Becker &Drake(2003,130-132), Vuorikuru(2012,50-51) and Markkanen,Kohonen;Nieminen 2007,134-135) write about the importance of support at the work place. Support can be provided by the foreman or co-workers or both and as a result it is noticed that the self-reliance of the rehabilitator has raised and that they feel themselves welcomed at the workplace.

Vocational rehabilitation, which was discussed quite broadly in the theory part, was surprisingly not often mentioned during the interviews. Many did not even k,now the term and only one person knew about it a lot since he was at the present applying for vocational rehabilitation for his studies. Many informants had, however, received work and study related guidance and counseling mainly at the Clubhouse but the term vocational rehabilitaton was not used and thus it was not familiar to many. Although vocational rehabilitation has been found effective in the research, it has not become a commonly used form of rehabilitation among the mental health rehabilitators (Haanpää 2013; Unkila 2015). It thus proves the statement in the theory part that vocational rehabilitation is insufficiently used and therefore not commonly familarmong the rehabilitators. It could be developed further as a part of mental health rehabilitation.

The challenges of employment were found quite similar both in the theory and the interviewing data. If the illness had started earlier in life, the main obstacle of employment was the lack of education and/or work experience. Such persons live in a kind of a vocational adolescence having not found their place in the working life. (Valkonen 2006, 68.) Many interviewees brought up the subject of missing years in the CV because they felt that employers are suspicious about the reasons why somebody has not been working steadily. Many of the younger interviewees were planning for vocational studies followed by a place in the job market. This should be facilitated better in the society.

Related to helpful practices in employment there are things that help and facilitate working of the rehabilitator's. As a major beneficial arrangement, supported employment in its various forms has proven itself as functional way of facilitating working. In Finland it is mainly available at the Clubhouses. Supported employment has been praised both in the literature and by the informants of this study. If work force would really be intended to increase, supported work places should be arranged much more in the Finnish society. Many of those having a partial working capacity could then contribute to the labor market. This would include not only people with issues in their mental health but also others who are in a weakened posi-

tion at the labor market; physically handicapped, mentally retarded, young people with broken education, aged persons, long –term unemployed, immigrants etc. (STM reports 2011, 44;Karojärvi 2011.)

Other helpful factors found which were mentioned both in the interviews as well as in the literature were a good communication culture at the work places, good leadership and individual arrangements in working hours and tasks. Emotional support and individual consultation with rehabilitation experts like psychiatric professionals or workers at the Clubhouse were found to be significant in maintain a working condition.(Vuorikuru 2012,50-51; Markkanen, Kohonen, Nieminen 2007,134-135.)

Vuorikuru (2012, 57) mentions the concepts of "leaving and returning thresholds" related to working. This came up during the interviews as well. Many informants told that they had struggled at work and continued even though some symptoms of mental problems bothered them. Working is such an important identity builder that it is difficult to quit and surrender to the role of a patient. Vuorikuru writes (2012, 58) that many sufferers of depression for example continue working although they notice their decreased level of concentration, strength etc. Returning to work after an especially long sick leave due to mental health reasons is often also challenging. The fear of being stigmatized and not trusting to one's abilities to work as before etc. can make one hesitant to return. (Masto-hankkeen toimintaohjelma 2008, 28-29.)Many of the informants told that they have personally experienced these difficulties. Informants also mentioned that after getting the diagnosis and starting medication, their condition initially worsened so that there was not even a question about continuing working. They surrendered to the illness after struggling at work and then getting a diagnosis.This naturally is true only with persons who had a job prior to falling ill. Most of the informants were in that position.

For the other question about the working experiences, the informants produced narratives which could also be analyzed within various categories and themes. Emphasis became divided between experiences before and after the illness started and on how the illness had affected the informants working careers. Although the tendency in a modern technically emphasized society is to minimize values of personal experiences, especially as a source of knowledge, philosopher John Dewey defended experiences as an important pathway in to understanding how to relate to one's surroundings, and into various phenomena's in the society. (Alhanen 2013, 7.)

During the last few years, experts by experiences' consultation has been started to use especially in the field of mental health and substance abuse. They can give valuable knowledge in relation to planning treatments, housing and other social and healthcare issues. Listening to

their experiences has produced new understandings among professionals working with these client groups. (Mieli-projekti 2009-2015.)That was similarly the idea in this study by asking rehabilitators themselves about their working experiences and suggestions for improving the situation. The discussions about rehabilitators working experiences functioned as personal narratives which had an empowering effect on the informants. Many of them were thankful for being asked about this and for being carefully heard by another person. The whole process gave them a chance to memorize and analyze their relationship to working throughout their lives and become carefully heard by another person. To be heard and seen is one of the basic needs in a human being and in this regard, we feel that the empirical part of this study served well in fulfilling this need among the partakers.

As a final conclusion, this study seems to have answered quite satisfactorily to the research questions. Some new information on improving the working possibilities of the mental health rehabilitators has been produced by the opinions and visions of members of the Sörnäinen Clubhouse. It is has been rewarding to notice that the answers from the informants and the findings in the theoretical part track along the same lines. With a mere literature review this study would have omitted important angles and visions which were provided by the ten informants.

7.1 Ethical considerations

In any research ethical considerations are important. A German sociologist Max Weber stated a hundred years ago that the researcher's values contaminate every research at least to some extent. Different researchers could find different conclusions from the same topic based on their biases and moral beliefs. (Silverman 2001, 270.) In this light any study cannot be totally true and ethically pure. Being conscious of this, we have tried to make this study as ethically sustainable as possible. Considering the ethical codes for social workers and especially the concept of informed consent related to the participants of the interviews was important. Before the interviews I told to the informants what the purpose of my study is and how the results will be used. Since the interviews were recorded, I mentioned to the informants how the recordings will be handled: that only I listen to them and after transcribing into text, delete the speeches from the recorder. At all stages of the study, the identity of the informants will be kept anonymous was also mentioned to the interviewees. I also told them that participation is voluntary; that at any time during the interviews or while waiting their turn, they were free to cancel their participation. Everyone seemed to understand this well and no one cancelled their participation. The discussions with the informants became a form of therapy, where they freely told about their working experiences and how the illness had affected their working careers.

Since the informants in this study are all adults and represent just themselves as individuals, concent is not required from any organization but solely from the people concerned. Another ethical issue was to maintain a friendly and warm communication with the participants and emphasize confidentiality so that trust will be created and maintained during the initial contacts as well as during the interviews.

As for ethics of the whole study, it would be important to maintain an internal consistency. It is related to how the author arguments about the results and conclusions as well as what kind of reference literature is used. Ethical sustainability, on the other hand, is estimated by the quality of the research plan, by the ways the results are reported and in general how the whole study is planned aiming to produce as reliable and valuable results as possible. (Tuomi & Sarajärvi 2009, 127.)Ideally, a good ethical conscience should follow the whole process from planning the topic until the presentation of the results and conclusions. This instruction has tried to befollowed in this study.

7.2 Areas of future research

Some ideas for further studies rose up during the process of writing this thesis. As stated above, vocational rehabilitation is insufficiently used in mental health illnesses. It would probably be worthwhile to investigate about its possibilities more and make some plans with vocational engegament with mental health rehabilitators.

Rehabilitator's own visions of what kind of support they would need for starting and maintaining employment, could also be a good topic for a research. This is done already to some extent with the experts by experience –program but its emphasis is not so much on the theme of employment. Service guidance could be included in this study to map out the needs for close support from professional counselors.

Cooperation between occupational health care, the employer and the employee with symptoms of mental health disorder would be a sensitive but important topic for further study. By such a cooperation some prevention methods for example for depression might be found.

7.3 Author's critisism of work

As a first timer in bachelor degree's social work research, the author admits lackings and insufficiencies in the process of producing a thesis. It has been an educational process and hopefully some new information has been produced despite the imperfections. Maybe some more emphasis could have been given on browsing through related literature to find even more comprehensive discussions.

The interviews produced material which could well have been addressed by the anti-oppressive and structural social work theories. As mentioned in the results section, there was discussion about the structural changes needed in the society for improving the employment opportunities of the mental health rehabilitators. The anti-oppressive theories emphasize the societal/structural conditions which effect individuals and groups and aim at changing the power structures which inhibit the opportunities and freedom of some of the citizens. They are often referred to as the marginalized or oppressed groups and individuals.Defining the problem would effect which solution is chosen to alleviate it. If unemployment for example is seen as a personal problem of the unemployed, the resolution efforts are concentrated on motivating him to work but if, on the contrary, if unemployment is defined as a societal mis-arrangement of not providing suitable jobs, an entirely different solution would be chosen. Changing the environment is given emphasis over changing an individual is the motto in structural social work.(Goldberg & Tully 2006,20-21.) By a human mistake, the structural social work and anti-oppressive theories have not been included directly in the theoretical part of the thesis.

Time planning and schedule keeping could have also been better so that the work would have been earlier done. But the author has to say that despite the insufficiencies, she will miss the process of probing deeply into something interesting and writing about the findings.

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Figures

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Tables

Appendixes

Table 4 Background information of the interviewees

TAUSTATIEDOT

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g. 56-60

h. 60-65

2. Koulutuksesi (Voit ympyröidä useita vaihtoehtoja ja mainita myös keskenjääneet koulutukset, jos niitä on.)

a. Peruskoulu

b. Lukio

d.Ammatillinen oppilaitos. Minkä alan?

e. Opisto tai AMK-tutkinto.Minkä alan?

f.Yliopistotutkinto.

g.Muu.Mikä?

3.Oletko osallistunut klubitalon siirtymätyöohjelmaan?

a. En

b. Kyllä. Minkalaisessa työpaikassa? Minä vuonna olit siirtymätyössä?

4. Oletko saanut ammatillista kuntoutusta sairastumisesi jälkeen?

a. En

b. Kyllä.

4. Minkäikäisenä sait diagnoosin mielenterveyden ongelman perusteella?

SYDÄMELLISET KIITOKSET OSALLISTUMISESTASI!

HAASTATTELUJA OPINNÄYTETYÖHÖN

Etsitkö töitä? Oletko ollut töissä aiemmin? Mitä mieltä olet mielenterveyskuntoutujien työmahdollisuuksista?

Tule kertomaan näkemyksistäsi ja kokemuksistasi!

Teen lopputyötä Laurea ammattikorkeakouluun sosiaalialan opintoihin ja haluaisin haastatella Sinua joka olet kiinnostunut työllistymisestä tai olet ollut töissä tai muuten vaan sinulla on ajatuksia ja mielipiteitä työhön liittyvistä asioista.

Haastattelut tehdään yksilöllisesti ja luottamuksellisesti niin että henkilöllisyys ei tule esiin missään vaiheessa.

Haastatteluaika olisi mieluiten joulukuun alkupuolella.

Terveisin sosionomiopiskelija Taina Virkki puh.0504068962

Appendix 1: The appendix titles are written by clicking the “Insert Caption”-button found in the References tab