



Sophie Keil
Rebecca Spörl

The Perceived Mental Health of Formerly Homeless People Who Work as Experts-by-Experience

A Case Study

Metropolia University of Applied Sciences

Bachelor of Social Services

Social Services

Thesis

08.11.2021

Abstract

Author(s): Sophie Keil, Rebecca Spörl
Title: The Perceived Mental Health of Formerly Homeless People Who Work as Experts-by-Experience: A Case Study
Number of Pages: 36 pages + 1 appendix
Date: 08 November 2021

Degree: Bachelor of Social Services
Degree Program: Degree Program in Social Services
Specialization option: Social Services
Instructors: Jyrki Konkka, Principal Lecturer
Sylvia Hakari, Senior Lecturer

The objective of this bachelor's thesis was to gain insight into the perceived mental health of experts-by-experience, who have experienced homelessness. We aimed to see if there could be a connection between acting as an expert-by-experience and better perceived mental health after transitioning out of homelessness. The study was conducted in collaboration with Deaconess Foundation with the goal of producing information on expertise-by-experience in homelessness work for their ATL project. The Accommodating a travelling life (ATL) –project is aiming to support interventions with homeless people by involving the formerly homeless as experts-by-experience in the process, who can help through their first-hand experience. With the help of comprehensive information and training tools, participants will be able to aid in the reintegration of homeless people, making use of their experience and this way tackle the social exclusion of homeless people.

We conducted a qualitative study with five semi-structured interviews. Deaconess Foundation provided us with voluntary participants who had experienced homelessness and were working as some form of expert-by-experience. We then conducted a thematic analysis of the data.

The results showed that acting as an expert-by-experience was found to be empowering and helped to build self-esteem. It gave participants meaning to life and promoted a sense of belonging and self-agency, which helped participants reintegrate into society. The participants gained a positive outlook on the future and felt their work was rewarding. We can conclude from our study that there appear to be benefits to being an expert-by-experience and that formerly homeless individuals experienced positive changes in their mental health. Our results correlated with the previous research and prompt further examination into expertise-by-experience in the context of homelessness.

Keywords: expert-by-experience, homelessness, perceived mental health

Tiivistelmä

Tekijät:	Sophie Keil, Rebecca Spörl
Otsikko:	Asunnottomuutta kokeneiden kokemusasiantuntijoiden koettu mielenterveys: tapaustutkimus
Sivumäärä:	36 sivua + 1 liite
Päivämäärä:	08. marraskuuta 2021
Tutkinto:	Sosionomi (AMK)
Tutkinto-ohjelma:	Sosiaaliala
Suuntautumisvaihtoehto:	Sosiaaliala
Ohjaajat:	Jyrki Konkka, lehtori Sylvia Hakari, lehtori

Opinnäytetyön tavoitteena oli luoda tietoa asunnottomuutta kokeneiden kokemusasiantuntijoiden koetusta mielenterveydestä. Pyrimme tarkastelemaan mahdollista yhteyttä kokemusasiantuntijana toimimisen ja parantuneen koetun mielenterveyden välillä asunnottomuuden jälkeen. Opinnäytetyötä on tehty yhteistyössä Diakonissalaitoksen kanssa. Tavoitteena oli luoda tietoa kokemusasiantuntijuudesta asunnottomuustyössä ATL-hanketta varten. Accommodating a travelling life (ATL) -hanke pyrkii tukemaan interventioita asunnottomien kanssa ottamalla prosessiin mukaan asunnottomuutta kokeneita kokemusasiantuntijoita, jotka voivat auttaa omakohtaisten kokemustensa kautta. Kattavien tiedotus- ja koulutusvälineiden avulla osallistujat voivat auttaa omaa ensikäden kokemustaan hyödyntäen asunnottomien uudelleen sopeutumista ja tällä tavoin puuttua asunnottomien syrjäytymiseen.

Teimme laadullisen tutkielman, joka koostui viidestä teemahaastattelusta. Diakonissalaitoksen kautta saaduilla vapaaehtoisilla osallistujilla oli kokemusta asunnottomuudesta ja työskentelivät jonkinlaisina kokemusasiantuntijoina. Teimme temaattisen analyysin kerätyistä tiedoista.

Tulokset osoittivat, että kokemusasiantuntijana toimiminen vaikutti voimaannuttavalta ja auttoi parantamaan itsetuntoa. Kokemusasiantuntijana toimiminen toi sisältöä osallistujien elämään edistäen kuuluvuuden tunnetta ja itsetoimijuutta (self-agency), mikä edesauttoi osallistujia integroitumaan uudelleen yhteiskuntaan. Kokemusasiantuntijatyö koettiin antoisaksi ja loi heille positiivisen näkemyksen tulevaisuudesta. Tutkielmamme tulosten perusteella voimme päätellä, että kokemusasiantuntijana toimimisella on mahdollisia hyötyjä ja asunnottomuutta kokeneet henkilöt arvioivat heidän mielenterveytensä muuttuneen parempaan suuntaan. Tuloksemme vastasivat aikaisempien tutkimusten tuloksia ja kielivät tarpeesta lisätutkimukseen kokemusasiantuntijoista asunnottomuustyöhön liittyen.

Avainsanat: kokemusasiantuntija, asunnottomuus, koettu mielenterveys

Contents

1	Introduction	5
2	Deaconess Foundation	6
3	Homelessness	7
4	Mental Health	9
5	Experts-by-Experience	11
5.1	History and Implementation of Expertise-by-Experience	11
5.1.1	Uses of Expertise-by-Experience in Other Contexts	12
5.1.2	Expertise-by-Experience & Participation	13
5.1.3	Expertise-by-Experience as a Part of the Recovery Process	14
5.1.4	Empowerment and Self-Esteem	15
5.1.5	Peer Support & Expertise-by-Experience in Relation to Homelessness	15
6	Implementation	17
6.1	Aim and Goals of our Study	17
6.2	Methodology	18
6.2.1	Data Collection	18
6.2.2	Analysis	19
6.3	Ethics	20
6.3.1	Voluntary Participation and Informed Consent	20
6.3.2	Privacy and Confidentiality	21
6.3.3	Other Ethical Considerations	22
6.3.4	Online Interviewing Platforms	22
7	Results	23
8	Conclusions	25
9	Discussion	28
10	Credibility	30
	References	31
	Appendix 1: Interview Questions	37

1 Introduction

Expertise-by-experience, a form of peer support, has been increasingly used in various contexts of social and health care since the 70s, particularly in mental health care. Since then, it has been implemented into work regarding homelessness, criminal justice, substance abuse, and physical health. (Miler & Carver & Foster & Parkes 2020; Kairala & Lyly & Niskala & Pohjola 2017: 66–67.) Experts-by-experience work alongside social and health care professionals, and are experts based on their own life experiences. Experts-by-experience have dealt with the negative experiences they have gone through, and many have undergone training to share their story, thus building a bridge between professionals and clients. The use of experts-by-experience as a professional tool is still a developing concept and the implementation of this type of expertise varies between different organizations. In addition to their peer support work, experts-by-experience's knowledge is utilized in the development of services and client advocacy, through their experiences of the service-user role, as well as creating a better understanding for professionals of the lived experiences of clients. (Hätönen & Kurki & Larri & Vuorilehto 2014: 19.)

Research on expertise-by-experience has been found to be beneficial for both the person providing support, as well as the person being supported. An individual living in a difficult life situation can feel heard and gain a feeling of hope for recovery from someone who has experienced similar difficulties (Falk & Kankaanpää & Kurki & Rissanen & Sinkkonen 2013). Working as an expert-by-experience has been shown to increase self-esteem and self-efficacy, give meaning to one's life and promote empowerment and participation. (Barker & Maguire 2017; Barker & Bishop & Maguire & Stopa 2018; Kairala et al. 2017: 78–79; Bird, Luttrell, Quiroz, Scrutton 2009; Meriluoto 2018.)

Homelessness is a complex issue. There are several risk factors related to homelessness, such as drug use, mental health issues, poverty, and childhood adversities. (Stenius-Ayoade 2019.) Dual diagnosis – having both a mental

illness and substance use disorder – is prevalent among the homeless (Erkkilä & Stenius-Ayoade 2009). Expertise-by-experience is currently being used with the homeless, but there is a lack of research on expertise-by-experience specifically with this target group. Due to the complexity and multimorbidity of the target group's issues, expertise-by-experience could be efficiently utilized on a wider scale within homelessness work, prompting further research on the topic. The ATL project that Deaconess Foundation is participating in, aims to produce more information on the use of experts-by-experience in the context of homelessness.

While there is some research on the benefits that working as an expert-by-experience can have for the expert-by-experience themselves, the research has not focused on the perceived mental health of these individuals. In addition, research regarding expertise-by-experience in the context of homelessness has been sparse. In our thesis, we focus on the expert-by-experience's perspective and their subjective experience of their work in order to expand such research, by looking into the perceived mental health of experts-by-experience who have experienced homelessness. We explore their subjective experience through semi-structured interviews.

2 Deaconess Foundation

Deaconess Foundation (Diakonissalaitos) is a Finnish foundation providing social and healthcare services in various fields of social care, such as homelessness work, child protection, and substance use work. They have become a source of expertise in these various difficult social issues (Deaconess Foundation, 2018). They are working towards improving clients' everyday life to ensure that they have a good, dignified life (Deaconess Foundation).

Deaconess Foundation is a long-time force within homelessness work. Their work with the homeless has evolved from joint projects with Helsinki's social services to reduce long-time homelessness and living in shared dormitory-like facilities, to implementing the Housing First -approach and establishing day

centers for the homeless and substance users. (Deaconess Foundation, 2018.) Deaconess Foundation is part of the private sector, which offers services that the public sector can purchase for clients. The public sector, consisting of the state and municipalities, offers services to the homeless such as support related to housing, emergency housing, and supported housing (City of Helsinki 2020). In addition to the private and public sector, third sector agencies such as No Fixed Abode NGO (Vailla vakinaista asuntoa ry) are advocating for the rights of homeless people and providing low threshold services alongside guidance (No Fixed Abode).

The Accommodating a travelling life (ATL) -project is aiming to support interventions with homeless people by involving the formerly homeless in the process as experts-by-experience, who can help through their first-hand experience. Deaconess Foundation provides training to experts-by-experience to become Journey Certified Supporters (JCS), based on the principles of peer support methodology. With the help of comprehensive information and training tools, participants will be able to help in the reintegration of the currently homeless, making use of their own first-hand experience and this way tackle the social exclusion of homeless people. Deaconess Foundation is also training professionals to conduct interventions respectfully through dialogue and without judgement. (EKPSE.)

3 Homelessness

In the Finnish context, the term “homelessness” does not only refer to living on the streets but also includes forms of supported living. An individual is considered homeless if they live outside, in a shelter, or in various forms of supported living. They are also considered homeless if they are momentarily in prison, in a hospital, in rehabilitation, or staying with family or friends, without an apartment of their own. (Saari 2015: 23.)

Homelessness is depicted as a complex issue by various studies. There is a multitude of risk factors that can be connected to homelessness, such as drug

use, mental health issues, history of violence, non-heterosexual sexual identity, poor family relationships, poverty, and childhood adversities such as being a client in foster care. (Stenius-Ayoade 2019.) Furthermore, homelessness is strongly connected to welfare structure. Most homeless people live in countries with low income, where homelessness is predominantly caused by urbanization, migration, and conflicts. (Stenius-Ayoade 2019.) Within a welfare state like Finland, homeless people are more likely to have psychosocial difficulties, different forms of disability, and often problems with substance addiction (Allen & Benjaminsen & O'Sullivan & Pleace 2020: 156).

Common factors negatively impacting homeless people's wellbeing are loneliness and a lack of trustful relationships. Living in homeless shelters is typically the last option available when there is no social network left. The people affected often do not have anybody they can truly trust. (Erkkilä & Stenius-Ayoade 2009.) Homeless people with mental illness often experience discrimination and stigma. This has a negative effect on wellbeing, housing stability, and other dimensions of their lives, which make recovery and community functioning more difficult. For this reason, there is a need for multifaceted interventions and policies addressing discrimination and stigma as regards to homelessness, poverty, and mental illness on public, institutional, and structural levels (Mejia-Lancheros et al. 2021).

In comparison to other European countries, Finland is doing well in terms of homelessness (Y-Foundation 2021). Due to Finland's commitment to build and redevelop housing, homelessness in Finland has been steadily decreasing since the 80s (Allen et al. 2020: 120-121; Asumisen rahoitus- ja kehittämiskeskus 2021). By the end of 2020, 4341 homeless persons were living alone, 259 less than the year before. The amount of long-term homeless persons was 1054, and there were 201 homeless families and couples. (Asumisen rahoitus- ja kehittämiskeskus 2021.) Over 60% of people experiencing homelessness live in the capital region (Y-Foundation 2021). Helsinki had 2,8 homeless persons per 1000 inhabitants, making it the city with the highest rate of homelessness (Asumisen rahoitus- ja kehittämiskeskus

2021). Almost two-thirds of homeless people living alone are temporarily staying with acquaintances or relatives. 721 people were sleeping outside, in stairways and emergency shelters. 489 people were living in dormitories and hostels. (Asumisen rahoitus- ja kehittämiskeskus 2021.)

4 Mental Health

There are various definitions of mental health, many of which focus on mental illnesses or describe mental health as the lack of mental disorders.

The American Psychological Association (2020) describes mental health as a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life.

Hätönen et al. (2014) present an alternative way of looking at mental health. In their definition, mental health is seen as a resource, that both people with mental disorders and those without have more or less of. (Hätönen et al. 2014: 31–40.)

When examining mental health, there are both risk and protective factors. The protective factors are aspects of an individual or their life circumstances that promote mental wellbeing, while risk factors are the opposite or absence of the protective factors. Factors that promote mental wellbeing include life management skills, good self-esteem, support from social relationships such as friends and family, a safe living environment, participation, and being able to work. (Hätönen et al. 2014: 31–40.) There are additional protective factors, but the aforementioned factors are especially important when looking at homelessness. When considering a person who is homeless, one can presume that there is an apparent lack of these protective factors, such as a safe living environment, which negatively affects their mental wellbeing.

Mental health problems are the most common reason for homeless people to reach out to public health services and mental health disorders are the most common diagnoses they receive. Typical mental health problems among homeless people are substance use disorder (SUD), mood and anxiety disorders, psychotic disorders, personality disorders, organic brain syndrome, and conduct disorders. Homeless people usually have multiple diagnoses simultaneously, with SUD and mood and anxiety disorders being the most common. Mood disorders include bipolar disorder and depression, while anxiety disorders include panic disorder, generalized anxiety disorder, and phobias. As withdrawal symptoms present similarly to these, individuals may be mistakenly diagnosed with SUD. Other common mental health problems are psychotic disorders, including schizophrenia, delusional disorder, and different forms of psychosis. (Erkkilä & Stenius-Ayoade 2009.)

Addressing the topic of mental health among the homeless is imperative. In society, the average age of death is 80, but for homeless people, the average age of death is as low as 42–52. While most deaths occur due to a chronic medical condition and not from mental health issues or SUD alone, the risk of death is much higher if the person affected suffers from a psychiatric condition as well. If these issues are not addressed, it affects the homeless people themselves as well as societal resources. (Gutman & Raphael-Greenfield 2015.)

Considering that the experts-by-experience we interviewed were likely to have poor mental health before transitioning out of homelessness, we found it important to learn more about possible changes in mental health during becoming and acting as an expert-by-experience. While there are many different definitions of mental health, we decided to focus on perceived mental health, which can be defined as

a subjective assessment of one's overall mental health status (Amartey & Chiu & Kurdyak & Vigod & Wang 2020),

to learn more about the individual's feelings, wellbeing, and their resources, rather than approaching the subject through examining the presence or absence of diagnosed mental illnesses.

5 Experts-by-Experience

Experts-by-experience have been used in the social and health care field to work concurrently with trained professionals. They are, as the name implies, experts in a certain field, such as substance abuse or mental disorders, based on their own life experiences. They have dealt with their experiences and gained distance from them, often having undergone a training to share their story to help others dealing with the same issues, as well as to give a client perspective to professionals. To a professional, they are an expert on the issue at hand, but to clients, they are a peer. While the use of experts-by-experience is not yet fully established, and they work differently depending on the organization, they are bridging the gap between professionals and clients by teaching, participating in groups, and advocating. They play an important role in developing services to be more user-friendly and giving both current and future professionals a better understanding of the experiences of the clients they work with. For a client working towards recovery and rehabilitation from issues such as substance abuse or mental disorders, they bring hope that recovery is possible and can also act as an interpreter, bringing across the professionals' point of view more effectively to those they are supporting. (Hätönen et al. 2014: 19.)

5.1 History and Implementation of Expertise-by-Experience

The use of experts-by-experience or professional peer support persons (PPSP) originated from the United Kingdom's reforms of their social and health care. The idea was to have service users participate more actively and emerged in response to both social and economic problems. By having the client participate in the design and provision of these services, the service users would become

empowered and active agents in their care, while services would be more cost-efficient. (Meriluoto 2018.)

There were positive experiences of the use of peer support, particularly in the mental health field, and the idea of expertise-by-experience was further developed (Mikkonen & Saarinen 2018: 42–43; Kairala et al. 2017: 67). Finland adopted a recovery-oriented approach to mental health care in the 2010s, which emphasizes self-development and individual growth, as well as self-agency within one's care. This approach was included in a national strategy on mental health and substance abuse put into place by the Finnish Ministry of Social Affairs and Health from 2009 to 2015. One of the last additions to this strategy was the use of expertise-by-experience, which ended up being the best executed of the strategies included. (Raivio & Raivio 2020: 180–181.)

With the many benefits of the use of peer support and expertise-by-experience, particularly in the mental health and substance abuse field, it is currently being implemented in various contexts in social and health care (Kairala et al. 2017: 66–67). However, the amount of research on the topic is somewhat limited, and while this source of expertise is used also with groups such as the homeless, there is an evident lack of research-based evidence pertaining specifically to this target group. With the complexity of homelessness and the multimorbidity of issues being present in these individuals, the research on peer support and expertise-by-experience can be applied to this group to some degree and prompts further studies on the topic.

5.1.1 Uses of Expertise-by-Experience in Other Contexts

Expertise-by-experience has largely been researched within the context of mental health rehabilitation (Kairala et al. 2017: 66). Since the 70s, peer support has been used increasingly in mental health care, later being implemented in other fields such as homelessness, criminal justice, substance abuse, and physical health (Miler et al. 2020). In a study conducted by Pratt and Bradstreet (2010; as cited by Kairala et al. 2017: 67), having a peer support person as a

participating team member in mental health work had a positive effect on the use of empowering practices and changing attitudes within the work team. Hietala and Rissanen (2015; as cited by Kairala et al.: 67) had similar findings. They found that working with an expert-by-experience strengthened the ethical foundation of their work and helped professionals to develop a new role (Hietala & Rissanen 2015; as cited by Kairala et al. 2017: 67).

Expertise-by-experience was utilized in a project in the city of Vantaa and its substance use services. It was carried out from 2012 to 2014 in Vantaa's health care center, and Vantaa has continued implementing this form of peer support after the initial project ended. Experts-by-experience and professionals worked in cooperation to support substance users, with the experts speaking to clients about their wellbeing, their history of substance use, and available services and support measures. The project was considered a success by the clients. (Mikkonen & Saarinen 2018: 43.)

While there have been positive findings in many of the studies, there is some contradicting evidence regarding the efficacy of the use of peer support and experts-by-experience. There is a lack of a universal definition and understanding of the peer role, as well as a lack of knowledge on the subject. Furthermore, some working communities are not open to the idea or may have working models that do not allow for peer support to be implemented.

5.1.2 Expertise-by-Experience & Participation

Former service users have a unique perspective on services and rehabilitation and can affect professionals' work roles, attitudes, and the service provision system through participation in developmental work as experts-by-experience. (Kairala et al. 2017: 78–79). Participation in the community and empowering oneself through fighting structural power imbalances can be an effective way to avoid exclusion and promote wellbeing (Thomas & Gray & McGinty 2012).

Social participation can be defined as a person's involvement in activities that provide interaction with others in society or the community (Levasseur & Richard & Gauvin & Raymond 2010).

The homeless are often not included in the community, although they are often seeking the chance to connect with others and to engage (Thomas et al. 2012).

5.1.3 Expertise-by-Experience as a Part of the Recovery Process

Becoming a PPSP or expert-by-experience can play an important role in the recovery of the person providing the peer support (Erangely et al. 2020; Mendoza & Resko & Wohler & Baldwin 2015; Toikko 2016). One of the themes in Toikko's (2016) study on the training and learning process of experts-by-experience was attempting to emotionally distance oneself from difficult personal experiences. This was achieved by reflecting on one's own story and relaying it to others. Own experiences were analyzed, and the personal story was the product of this process. (Toikko 2016.)

Discussing in groups also helped the recovery process. The groups are based on dialogue, and everyone can tell their story, but also have their story heard. These discussions served as learning experiences for the peer support persons, as they had a chance to compare their own experiences with those of others. (Toikko 2016.)

Being a supporter is found to increase self-esteem and confidence (Erangely et al. 2020), increase self-awareness, extend social support through gaining new social contacts, as well as to increase self-efficacy (Mendoza et al. 2015). While there are many benefits to the supporter's recovery process, it is important to remember that they are responsible for their wellbeing, in addition to taking on the responsibility of the wellbeing of those whom they support. Discussing one's own story can trigger negative feelings or memories, which is why the training process and emotionally distancing oneself from past difficulties is important. (Mendoza et al. 2015.)

5.1.4 Empowerment and Self-Esteem

Empowerment was mentioned in a majority of the research as one of the main benefits and goals of expertise-by-experience.

Empowerment is defined as a progression that helps people gain control over their own lives and increases the capacity of people to act on issues that they themselves define as important (Bird et al. 2009).

Through participation in breaking down structural barriers and affecting contexts that affect service-users, empowerment can be achieved, creating a sense of value for the expert. On an individual level, the supporter role can build a new sense of purpose and source of self-esteem, which promotes self-development. (Meriluoto 2018.)

Self-esteem can be defined as an individual's self-perception of his/her abilities, skills, and overall qualities that guides and/or motivates specific cognitive processes and behaviors (Juth & Santuzzi & Smyth 2008).

Through becoming an expert, it is possible to detach oneself from an old identity defined by problems and create a new identity as someone who helps others. (Meriluoto 2018.)

5.1.5 Peer Support & Expertise-by-Experience in Relation to Homelessness

While it was difficult to find research on the use of peer support and expertise-by-experience with the homeless, as well as on the effects it has on the formerly homeless as the experts providing support, a few of the studies were consistent in their findings with the research we presented earlier on the use of expertise-by-experience in other contexts. Barker, et al. (2018) came to this same conclusion in their study on the use of peer support in supporting the homeless.

The lack of evidence-based knowledge and the gap in research was mentioned by Barker and Maguire (2017) and Barker et al. (2018) in two separate studies.

While peer support is being used with the homeless in various contexts internationally, the literature to support it is missing to some extent. While some literature exists on the topic, it has not been systematically reviewed. (Barker & Maguire 2017; Barker et al. 2018.) This lack of evidence-based research was the premise for the two studies conducted by Barker and colleagues.

Peer support was found to be mostly used for health interventions in the work with the homeless, but other forms of peer support, such as expertise-by-experience complementing professionals' work, and group facilitation are also utilized. In the UK, various organizations are implementing peer support as part of their services. (Barker et al. 2018.)

In a study conducted by Erangey et al. (2020) on the use of peer support with the young and homeless, social support, reduction of substance use, improved physical and mental health, as well as an improved quality of life were mentioned as benefits found in previous literature. Barker and Maguire (2017) and Barker et al. (2018) described these same benefits. For those providing peer support, increase in self-esteem and confidence, as well as self-efficacy were highlighted as outcomes of their work. In addition, personal recovery and a newly gained sense of purpose and meaning to their own life were mentioned. (Barker & Maguire 2017; Barker et al. 2018.)

Peer supporters were named as being the bridge between professionals and service-users, which also raised concern within the inclusion of peer support to professional services. It was stated that some professionals may fear being replaced by peer supporters, which some felt may result in resistance from the professionals to integrate the use of these services in their work. (Barker et al. 2018.)

Barker et al. (2018) found only one qualitative report by Croft et al. (2013) on specifically those providing peer support within homelessness, which had consistent evidence showing benefits to the supporting role, through developing their identity and being empowered. Homelessness was also shortly mentioned

by Kairala et al. (2017: 188), where experts-by-experience highlighted building life management skills as the core of their peer support work with the homeless.

6 Implementation

After conducting a literature review, we noticed the importance of studying mental health in relation to homelessness. The use of experts-by-experience has been proven beneficial, however, the research on the benefits for the expert-by-experience was not focused on the influence on the expert's mental health, especially after transitioning out of homelessness. This gap in research ties in well with the aims of the international project Deaconess Foundation is participating in.

It was difficult to find research on the use of peer support and expertise-by-experience with the homeless, as well as the effects it has on the formerly homeless as the experts providing support. The few studies we found presented the same benefits identified in general studies on the use of peer support. While peer support is being used with the homeless in various contexts internationally, the literature to support it is missing to some extent.

6.1 Aim and Goals of our Study

Our case study aimed to create more information about the perceived mental health of formerly homeless persons who work as experts-by-experience.

Through this study, we hope to gain insight into the following questions:

- Are there benefits to working as an expert-by-experience in terms of perceived mental health for a formerly homeless individual?
- Are there any negative feelings relating to working as an expert-by-experience?

We came to this research question through a mutual discussion with our working life partner, Deaconess Foundation, and through discovering a gap in research. We wanted to highlight the perspective of the interviewees, while also benefitting the ATL project. We did not want to approach the subject through diagnoses, but rather through perceived mental health, which is a more empowering way to look at mental health. We hope to generate valuable information on the topic for both our working life partner and other organizations utilizing expertise-by-experience, as well as prompt further research on an important resource within the development of the social field.

6.2 Methodology

Based on the previous research we discovered, we decided to conduct a qualitative study for our thesis, as our study is concerning people's subjective experiences, which often cannot be measured in numbers. Qualitative research is concerned with why something is happening and focuses on the participant's perspective, intending to understand their thoughts and feelings. This is suitable for understanding an individual's experience of their mental health. (Busetto & Wick & Gumbinger 2020; Sullivan & Sargeant 2011; Sutton & Austin 2015.)

The most common methods of data collection in qualitative research are document study, (non-)participant observations, semi-structured interviews, and focus groups (Busetto et al. 2020).

6.2.1 Data Collection

For this study, we used interviews as our method of data collection. Interviews are suitable for discussing topics that may be difficult to talk about, and mental health is often a sensitive subject (Chadwick & Gill & Stewart & Treasure 2008), making interviews an appropriate data collection method for our study. The interviews were conducted in Finnish. Due to the ongoing Covid-19 pandemic, the interviews took place online on Microsoft Teams. As we wanted to take a conversational approach, we decided on semi-structured interviews. Semi-structured interviews consist of open questions that guide the conversation while still being flexible. This would make it easier for the interviewees to

discuss issues important to them and allow us to go deeper into the responses they are giving us. (Chadwick et al. 2008.) This option was also suggested by Deaconess Foundation, as some clients may find it difficult to answer very broad questions. (See Appendix 1)

Deaconess Foundation found the participants on our behalf, as it would have been very difficult for us to find suitable people to interview while still protecting the anonymity of individuals working as experts-by-experience. Criteria for participation were as follows:

- a) The participant has experienced homelessness and
- b) is an expert-by-experience.

We conducted five interviews between May and July 2021. All the interviewees were working as some kind of experts-by-experience and had experienced homelessness. Four of them had also experienced substance addiction. The interviews varied between 15 and 60 minutes. There was a range of ages and genders. We went through all the questions we had prepared unless the interviewee had answered them when discussing the general questions. We also asked a few additional questions for clarification purposes. We only asked questions that were of relevance to our study and would not guide the participant in a certain direction. The interviews were audiotaped and later transcribed.

6.2.2 Analysis

Thematic analysis is a flexible and active qualitative method for underdeveloped topics like ours (Barker et al. 2018.) It can be used to find similarities and differences within the data, and it is an effective method for exploring each participant's point of view and gaining new insights. We are not professional researchers, which made thematic analysis a good option as it is relatively easy to learn and was already familiar to us. (Braun & Clarke 2006; King 2004 as cited by Moules & Norris & Nowell & White 2017.)

We identified the following themes when analyzing the transcriptions of the interviews: substance addiction, social relationships, everyday life/life management, expert-by-experience training, getting an apartment, feelings that arise as an expert-by-experience, life when homeless, self-esteem, job definition, facts of being an expert-by-experience, life after homelessness, and effects of being an expert-by-experience. The themes were identified based on topics brought up by the participants as well as based on themes discussed in previous research done on expertise-by-experience and homelessness. In our results, we discuss the themes that were of the most relevance to our research question.

6.3 Ethics

As researchers, it is our responsibility to consider the vulnerability of the participants in our study. Vulnerable populations are groups of people who need more specific supporting considerations and increased protection during the research process. Vulnerable individuals have limited freedom and a diminished capacity for self-preservation, making it difficult to provide informed consent and exercise free will. (Shivayogi 2013.)

Homeless people meet these criteria, as they are often suffering from mental illness and/or SUD, have been through traumatic events and their freedom is limited, due to their life being mostly dictated by others. Despite the participants in our study having transitioned out of homelessness, we wanted to ensure that their participation and consent are truly voluntary, and they do not feel pressured into taking part in our study. We have considered their potential vulnerability throughout the ethical considerations below. (Economic and Social Research Council 2021.)

6.3.1 Voluntary Participation and Informed Consent

Our study is based on voluntary participation and there were no incentives to participate.

Voluntary participation refers to a human research subject's exercise of free will in deciding whether to participate in a research activity. In deciding whether participation is voluntary, special attention must be paid to the likely participants' socioeconomic circumstances in determining which steps must be put in place to protect the exercise of free will. (Lavrakas 2008.)

For this reason, it was our duty to ensure that no one was pressured into participating. Deaconess Foundation helped us provide possible participants with sufficient information about our study, the interviewing process, and informed consent. They committed to being ethical in doing this.

Informed consent in research refers to a participant making decisions based on an adequate understanding of the study being made while protecting their autonomy and freedom of choice. Therefore, we needed to provide the participants with information about our study in a language they understand. The information leaflet included an explanation of the study, which consisted of the purpose of the study, methodology, how we handle the data, and notice that the research will be published online. We will also provide participants with a summary of the results of the study once the thesis is published. (Council of International Organizations of Medical Sciences 2016; World Health Organization 2011.)

Consent must be documented, therefore we provided participants with an information leaflet about the study and a consent form to sign. Participants were given an appropriate amount of time to make their decision and could ask us questions throughout the process. Participants were also made aware that they can withdraw their consent orally at any time. (Council of International Organizations of Medical Sciences 2016; World Health Organization 2011.)

6.3.2 Privacy and Confidentiality

We aimed to ensure privacy and confidentiality throughout the entire research process, as violations of these basic human rights can have negative effects, such as stigma (World Health Organization 2011).

Records of the interviews were kept electronically with password protection on the document as well as on the device itself to maintain confidentiality. No third parties had access to the documents, and they were only viewed in private settings. This is also the case for the interview recordings. Transcripts were undertaken by us, and participants were identified by a letter rather than their real name. Interviewees were advised not to mention anything that they or third parties can be identified by, i.e., personal data such as age, gender, and location. Direct personal data was anonymized to prevent individuals from being identified. The only personal data we had of participants was their contact information and other information they disclosed during the interviewing process. Participants were made aware that we have access to their contact information and signed a separate personal data consent form in line with the European Union's General Data Protection Regulation (GDPR).

6.3.3 Other Ethical Considerations

As our study pertains to sensitive and personal topics, we ensured that the questions were ethical, by only asking questions of relevance to our study. We only discussed topics participants agreed to talk about. Participants were made aware of time limitations for the interviews and were notified of the discussion ending at an appropriate time. We offered a debriefing after the interview if participants wanted to discuss any negative emotions that may have arisen but none of the participants requested this.

6.3.4 Online Interviewing Platforms

We chose Microsoft Teams as our platform for conducting the interviews online. Communication on Microsoft Teams is encrypted by default and data is protected. Microsoft Teams has optional configuration settings that further protect anonymity and confidentiality. For the interview meetings, we used settings, such as ones that would inform us about callers joining the Teams meeting room and prevent unwanted callers from accessing our communication. (Microsoft 2021a; Microsoft 2021b.)

To further protect our interviewees, we used a separate recording device. We informed interviewees of this in the consent document and reminded them about it at the beginning of the interview. We showed them the device, before starting the recording. The recording device would be turned off in the case of an interviewee not feeling comfortable being recorded. Recordings were deleted as soon as they were transcribed by us. This way the recordings would not be uploaded to any online server, which makes third-party access unlikely.

7 Results

When discussing life after homelessness, the response was rather positive. Interviewee A has experienced personal growth and can face life and their feelings as they are. Knowing that others have made similar mistakes gives them peace of mind. They also shared how they are now happy, even if there are setbacks in life, and they can seek professional help when needed.

Interviewee B has worked on themselves as well and considers themselves to be happy. When they were homeless, they felt they had nothing to lose, and now they feel like they have something to lose. Both interviewees A and B need peer support and the feeling of having support. They have both learned to accept themselves. Interviewee E explains how there is now only positive stress that motivates them, and the negative stress is gone. They experience positive and normal exhaustion in day-to-day life but are finally able to have dreams. They are now able to show emotions and also accept their darker feelings. Interviewee D is slowly finding themselves.

During the interview, we asked every interviewee what term they are using for the work they are doing. All but one interviewee use the word “kokemusasiantuntija” (expert-by-experience), among other terms. Interviewee E was the only interviewee, who does not use expert-by-experience. They instead use “kokemusmenttori” (experience mentor) and sometimes “vertainen” (peer support person). Interviewee D uses the term ‘peer support person’ as well. Interviewee A mentioned they want to stop using the term expert-by-experience because they see themselves as an expert and do not see the need

to add “by-experience”. Interviewee C mentioned that the term ‘expert-by-experience’ is used for billing purposes. Interviewee C also goes by the term of “erikoisiasiantuntija” (specialist) in addition to expert-by-experience. The work that the interviewees were doing varied to some degree, but they were all working based on their personal experiences. Some may have started as offering peer support as an expert-by-experience, later focusing on advocacy and the role of providing expertise to professionals.

The expert-by-experience training process was discussed shortly in the interviews. Four of the interviewees had undergone formal expert-by-experience training. The training slightly varied in structure but the main theme in the training was going through one’s own story. The interviewees described the training as empowering, especially when the training was arranged in a school, where the experts-by-experience could feel that they were on the same level as the students and that they were not “hidden in a basement”. The training also gave a chance to learn about oneself, as well as to network.

The interviewees named a variety of feelings that arise from their work as experts-by-experience, both positive and negative. Interviewee D focused on how the work helps to make something positive out of one’s trauma, while also feeling like one is not alone. Interviewee A discussed how it makes them feel important and a part of society, as well as how rewarding the work is, which interviewee E also mentioned. The good feeling resulting from gaining someone’s trust was brought up by interviewee B. Four of the interviewees disclosed some negative feelings associated with the work. Interviewee C talked about the negative aspects of the work, which included anger about the state of the service system and how people are treated. They also described having to talk about difficult things honestly, which can be scary. Frustration about not always being able to help was discussed by interviewee A. Interviewee E characterized being an expert-by-experience as often being tough and challenging, and involving things that hit close to home, although the work mostly generates positive feelings.

Since working as an expert-by-experience, all the interviewees have noticed a positive influence on their self-esteem. Interviewee E explained that their work accomplishments and their ability to keep an apartment have improved their self-esteem and helped build strength. Interviewees E and A both mentioned that they are now able to accept compliments and positive feedback. Interviewee A also shared that they feel important and entitled to their feelings. Trust from other people positively influenced interviewee A's self-esteem and made them more confident. Interviewee E mentioned that the work has affected how they have built a new identity.

During the interviews we gathered general comments about being an expert-by-experience – it was described as challenging and tiring. Rest is required and an expert-by-experience might expect too much from themselves. Two interviewees mentioned how being in a good shape mentally and having dealt with your own experiences is crucial for the work of an expert-by-experience. In addition to that, reflection and a good work community are of importance, according to interviewee E. Interviewee E also mentioned that a person needs to be “crazy in a good way” to do this type of work.

Some of the positive changes in their life were attributed to being an expert-by-experience. In addition to the positive effect on self-esteem, it promoted sobriety for interviewee E. Both interviewees A and B explained how working as an expert-by-experience is difficult at first, but it helped them deal with their past. Interviewee A also shared how helping one person can help to keep going. They learned to trust the professionals they work with and developed as a person. Interviewee D found that it gives meaning and content to their life and interviewee B shared that the work gives them hope.

8 Conclusions

Based on our findings from the interviews, we can conclude that acting as an expert-by-experience seems to have benefits for the expert-by-experience. While it can promote good perceived mental health and support other positive

changes after transitioning out of homelessness, it is not a viable option for all individuals who have been homeless. Acting as an expert-by-experience requires stability and having dealt with one's past, as sharing one's own story can trigger negative emotions. Previous literature also highlights the importance of experts-by-experience learning how to distance themselves from their past, while sharing their story with others (Mendoza et al. 2015). As with other social work, it requires reflection skills and a good work environment. The work can also be challenging and tiring, especially if the expert-by-experience's unresolved feelings come up. In addition, seeing how the system works and in which ways it is lacking, can cause anger and frustration. Despite the negative effects it can have for some experts-by-experience, the work is above all perceived as rewarding in many aspects.

Working as an expert-by-experience was perceived as supporting the expert's recovery. Working as an expert-by-experience gives our interviewees meaning to their lives, promotes their sobriety, builds self-esteem, and helps them develop and move on in life through dealing with their past. Learning how to gain distance from their own negative experiences allows them to help others while having the ability to deal with potential negative feelings that arise, which was found to be crucial when helping others. The expert-by-experience training also gave them a daily routine, which was seen as beneficial. Previous literature also suggested a connection between becoming an expert-by-experience and a positive influence on recovery. (Erangey et al. 2020; Mendoza et al. 2015; Toikko 2016). Sharing their stories with others in the expert-by-experience training, dealing with unresolved feelings, and learning how to effectively help others was considered to prevent potential negative effects of the work, resulting in having better feelings about their work. The group discussions are based on dialogue, which allows everyone to share their own story and also be heard by the other participants while having the possibility to compare one's experiences to those of the others. (Toikko 2016.)

Acting as an expert-by-experience helps build the feeling of belonging to society and self-worth. Even though the homeless are often trying to connect with

others, they are frequently not included in the community (Thomas et al. 2012). For this reason, taking part in training, especially when the training takes place in a school together with other students, where experts-by-experience are seen as equal and their experience and knowledge are seen as valuable, can be empowering and fosters participation. Networking with other students, teachers, working life partners, and experts-by-experience and learning about oneself, helps to integrate into society as well as build self-esteem and one's identity. Overcoming homelessness promotes self-agency by the individual gaining control over their own life. Helping others who are in a situation the expert was previously in, can further foster the expert-by-experience's sense of belonging to society and being an active agent. Advocacy was described as part of the work of an expert-by-experience, both by literature and our interviewees, which is a direct form of participation by bringing forth the voices of the disadvantaged, as well as working towards making changes in the structures of society. These results tie in well with the findings of Thomas et al. (2012), who state that fighting structural power imbalances and participating in community can be effective ways to promote wellbeing and tackle exclusion.

Feeling important and receiving positive feedback on work accomplishments gave our interviewees confidence and helped build their self-esteem, especially through gaining people's trust and feeling like one is making a positive change. Creating something positive out of one's trauma was seen as empowering. It helped the experts-by-experience to feel entitled to their feelings and grow personally. Personal growth builds resilience, which helps deal with good and bad things in life. One can focus on the future and thrive, rather than just survive. Working as an expert-by-experience also helped bring routine to daily life and balanced free time, which in turn gave meaning to the expert's free time. A normal daily life that may be considered boring, brought stability, and was considered a positive thing. Working makes one feel like a functioning member of society and gives one a positive outlook on life. Previous studies also found that being an expert-by-experience not only increases self-awareness, extends social support through gaining new social contacts, and

increases self-efficacy (Mendoza et al. 2015) but also promotes self-esteem and confidence (Erangey et al. 2020).

Many of the benefits of working as an expert-by-experience, that came up in our interviews, such as life management skills, good self-esteem, support from social relationships, participation, and being able to work, are protective factors for mental wellbeing (Hätönen et al. 2014: 31–40). Together with transitioning out of homelessness and having an own apartment, these factors support the individual's holistic mental wellbeing. Getting an apartment provides them with a safe living environment, which is another protective factor for mental wellbeing. (Hätönen et al. 2014: 31–40). Having a home to take care of and being able to keep the home was perceived to build a sense of responsibility and improve self-esteem, which allowed for the possibility of becoming and working as an expert-by-experience. Working as an expert-by-experience improved life-management skills, by providing the expert with a daily routine and a balance of work and free time. Work accomplishments, gaining people's trust, and making a positive change promoted the experts' self-esteem and networking at their training and job provided them with new forms of social relationships. Being an expert-by-experience allowed them to work and actively participate in society. While some of the benefits to the experts' perceived mental health can be attributed to changes stemming from transitioning out of homelessness, the benefits of working as an expert-by-experience are supporting or further developing these changes.

9 Discussion

Through our interviews, we were enlightened on other valuable phenomena related to our topic. Participants discussed their experiences of homelessness, which provided valuable first-hand insights on the homeless experience. While there were similar traits in their experiences, each story was unique. The path to homelessness varied and illustrated well how certain factors, such as a foster care background and problematic intergenerational behavioral patterns put someone more at risk for homelessness, but that these factors are not required

for someone to end up with the same fate. While some participants' homeless experience could be described as hidden homelessness, spending the night at a friend's place or other unsure accommodation, others lived in forests and on the streets, pride preventing them from sleeping at shelters.

The connection between homelessness and substance dependency was a reoccurring topic in the interviews. Four out of five participants were recovering from a drug dependency, which was discussed as a contributing factor in becoming homeless, as well as affected their experience of being homeless. While one participant lost their apartment due to their dependency and had to survive on the streets while going through withdrawal, another participant was able to find a place to sleep through having drugs to sell, rather than having to resort to trading sex for accommodation. On the contrary, one participant who did not have a substance dependency was placed into housing with substance users. When homeless, one is often put into the category of being mentally ill or addicted by professionals, which is not always the case. One of the participants described the connection between homelessness and substance dependency well:

Substance dependency is not the sole reason for becoming homeless, but homelessness almost always leads to a substance dependency.

There are many deficits within the system. Working as an expert-by-experience and having personal experience of services gave the participants a unique perspective on various issues that affect service users. The participants mentioned bureaucracy, a lack of resources, ineffective assessment of the need for services, and negative attitudes of professionals as some of the main issues that the service system faces. A prominent issue within social work with the homeless according to our participants was that homelessness is handled as a substance use- and mental health problem and that there is a negative attitude towards poverty. The participants found that there should be better substance services, people should be guided to the appropriate services and help should be given when people need it. These deficits are at the forefront of most

discussions concerning the problems the Finnish service system faces and ones we have witnessed as soon-to-be professionals in the social field.

Experts-by-experience are not yet appreciated enough and utilized as widely as they could be. One of the participants wanted to emphasize that we need more experts-by-experience in the social field, and another participant brought up the lack of appreciation for their knowledge in some work communities. Experts-by-experience are being found in a slowly increasing variety of settings. Pre-existing research on expertise-by-experience and the use of peer support has found benefits to these experts supplementing the expertise provided by professionals of the social and health care field. We also noticed the lack of a universal and established definition for the work and title of an expert-by-experience, which has been acknowledged within the literature on the topic. Our interviewees used many different terms for the work they are doing. The most common term used was 'kokemusasiantuntija' (expert-by-experience), which often refers to someone who has gone through the expert-by-experience training and uses it for billing purposes. The work of the interviewees was multidimensional and varied between the participants. This displays a high need for an established term, particularly for research purposes, to gain more clarity on the subject. Furthermore, more evidence-based research on the benefits and the importance of this type of work for someone transitioning out of issues such as homelessness, ill mental health, and substance dependency is required for this type of expertise to be utilized on a wider scale and more effectively in the future.

10 Credibility

Through our study on the topic, we have gained an adequate understanding of homelessness and different factors related to it, to be able to ask the necessary questions for our study. We are studying Social Services, meaning we have general knowledge about the issues at hand. However, we are not professional researchers, and our study, therefore, has limitations. This is a case study, and it is not fully generalizable, but the study will provide useful insight into the topic.

References

Allen, Mike & Benjaminsen, Lars & O'Sullivan, Eoin & Pleace, Nicholas 2020. Ending Homelessness? The Contrasting Experiences of Denmark, Finland and Ireland. 1. edition. Bristol: Policy Press.

Amartey, Abigail & Chiu, Maria & Kurdyak, Paul & Vigod, Simone & Wang, Xuesong 2020. Trends in objectively measured and perceived mental health and use of mental health services: a population-based study in Ontario, 2002–2014. *Canadian Medical Association Journal* 192(13). 329-337. DOI: 10.1503/cmaj.190603 Referred 31.10.2021.

American Psychological Association 2020. Mental Health.
<<https://dictionary.apa.org/mental-health>> Referred 30.10.2021.

Asumisen rahoitus- ja kehittämiskeskus 2021. Asunnottomat 2020.
<[https://www.ara.fi/fi-FI/Tietopankki/Tilastot_ja_selvitykset/Asunnottomuus/Asunnottomat_2020\(59753\)>](https://www.ara.fi/fi-FI/Tietopankki/Tilastot_ja_selvitykset/Asunnottomuus/Asunnottomat_2020(59753)>). Referred 24.04.2021.

Barker, Stephanie & Maguire, Nick 2017. Experts by Experience: Peer Support and its Use with the Homeless. *Community Mental Health Journal*. 53(5). 598-612. DOI: 10.1007/s10597-017-0102-2. Referred 25.02.2021.

Barker, Stephanie & Bishop, Felicity & Maguire, Nick & Stopa, Lusia 2018. Peer support critical elements and experiences in supporting the homeless: A qualitative study. *Journal of Community & Applied Social Psychology* 28(4). 213-229. DOI: 10.1002/casp.2353. Referred 25.02.2021.

Bird, Kate & Luttrell, Cecilia & Quiroz, Sitna & Scrutton, Claire 2009. Understanding and operationalising empowerment
<<https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/5500.pdf>>. Referred 02.03.2021.

Busetto, Loraine & Wick, Wolfgang & Gumbinger, Christoph 2020. How to use and assess qualitative research methods. *Neurological Research and Practice*. 2(14) <<https://doi.org/10.1186/s42466-020-00059-z>>. Referred 14.03.2021.

Chadwick, Barbara Lesley & Gill, Paul & Stewart, Kate F. & Treasure, Elizabeth T. 2008. Methods of Data Collection in Qualitative Research: Interviews and Focus Groups. *British Dental Journal: BDJ online*. 204(6). 291-295. <https://www.researchgate.net/publication/5495328_Methods_of_data_collection_in_qualitative_research_Interviews_and_focus_groups>. Referred 14.03.2021.

City of Helsinki 2020. Asunnottomien tuet ja palvelut. <<https://www.hel.fi/helsinki/fi/sosiaali-ja-terveyspalvelut/sosiaalinen-tuki-ja-toimeentulo/asunnottomien-tuet-ja-palvelut/>>. Referred 31.10.2021.

Council of International Organizations of Medical Sciences 2016. International Ethical Guidelines for Health-related Research Involving Humans. <<https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf>>. Referred 14.03.2021.

Deaconess Foundation. Boldly working for human dignity. <<https://www.hdl.fi/>>. Referred 27.02.2021.

Deaconess Foundation 2018. Heikoimman puolella. <<https://www.hdl.fi/blog/heikoimman-puolella/>>. Referred 27.02.2021.

Economic and Social Research Council 2021. Research with potentially vulnerable people. <<https://esrc.ukri.org/funding/guidance-for-applicants/research-ethics/frequently-raised-topics/research-with-potentially-vulnerable-people/>>. Referred 14.03.2021.

EKPSE. Accommodating a Travelling Life (ATL): A journey back home supporting peers. <<http://ekpse.gr/images/myfolder/ATL-Erasmus-program.pdf>>. Referred 27.02.2021.

Erangey, James & Marvin, Connor & Littman, Danielle Maude & Mollica, Meredith & Bender, Kimberly & Lucas, Tom & Milligan, Tara 2020. How peer support specialists uniquely initiate and build connection with young people experiencing homelessness. *Children and Youth Services Review*. 119. <<https://doi.org/10.1016/j.chilyouth.2020.105668>>. Referred 25.02.2021.

Erkkilä, Elisabet & Stenius-Ayoade, Agnes 2009. Asunnottomat vastaanottoyksiköissä: Asunnottomien vastaanottoyksiköiden asiakkaiden sosiaalinen tilanne ja terveydentila pääkaupunkiseudulla. <http://www.socca.fi/files/150/Asunnottomat_vastaanottoyksikoissa.pdf>. Referred 02.03.2021.

Falk, Hanna & Kankaanpää, Sini & Kurki, Marjo & Rissanen, Päivi & Sinkkonen, Niina 2013. Kuntoutujasta toimijaksi – kokemus asiantuntijuudeksi. <<https://core.ac.uk/download/pdf/18618505.pdf>>. Referred 31.10.2021.

Gutman, Sharon A. & Raphael-Greenfield Emily I. 2015. Understanding the Lived Experience of Formerly Homeless Adults as They Transition to Supportive Housing. *Occupational Therapy in Mental Health*, 31(1). 35-49. DOI: 10.1080/0164212X.2014.1001011 Referred 02.03.2021.

Hätönen, Heli & Kurki, Marjo & Larri, Tuulevi & Vuorilehto, Maria 2014. Uudistuva mielenterveystyö. 20. edition. Helsinki: Fioca Oy.

Juth, Vanessa & Santuzzi, Alecia M. & Smyth, Joshua M. 2008. How Do You Feel? Self-esteem Predicts Affect, Stress, Social Interaction, and Symptom Severity during Daily Life in Patients with Chronic Illness. *Journal of Health Psychology*. 13(7). 884–894. DOI: 10.1177/1359105308095062 Referred 31.10.2021.

Kairala, Maarit & Lyly, Hannu & Niskala, Asta & Pohjola, Anneli 2017. Asiakkaasta kehittäjäksi ja vaikuttajaksi, Asiakkaiden osallisuuden muutos sosiaali- ja terveystalouksissa. 1. edition. Tallinn: Vastapaino.

Lavrakas, Paul 2008. Voluntary Participation. Encyclopedia of Survey Research Methods. <<https://dx.doi.org/10.4135/9781412963947.n629>>. Referred 14.03.2021.

Levasseur, Mélanie & Richard, Lucie & Gauvin, Lise & Raymond, Émilie 2010. Inventory and Analysis of Definitions of Social Participation Found in the Aging Literature: Proposed Taxonomy of Social Activities. *Social Science & Medicine* 71(12). 2141-2149. <<https://www.sciencedirect.com/science/article/abs/pii/S0277953610007185?via%3Dihub>>. Referred 26.02.2021.

Mejia-Lancheros, Cilia & Lachaud, James & Woodhall-Melnik, Julia & O'Campo, Patricia & Hwang, Stephen & Stergiopoulos, Vicky 2021. Longitudinal interrelationships of mental health discrimination and stigma with housing and well-being outcomes in adults with mental illness and recent experience of homelessness. *Social Science and Medicine*. 268. <<https://doi.org/10.1016/j.socscimed.2020.113463>>. Referred 26.02.2021.

Mendoza, Natasha & Resko, Stella & Wohlert, Beverly & Baldwin, Adrienne 2015. "We have to help each other heal": The path to recovery and becoming a professional peer support. *Journal of Human Behaviour in the Social Environment*. 26(2).137-148. DOI: 10.1080/10911359.2015.1052912 Referred 25.02.2021.

Meriluoto, Taina 2018. Turning experience into expertise: technologies of the self in Finnish participatory social policy. *Critical Policy Studies*. 12(3). 294-313. DOI: 10.1080/19460171.2017.1310051 Referred 25.02.2021.

Microsoft 2021a. Microsoft Teamsin tietosuoja, suojaus ja vaatimustenmukaisuus. <<https://www.microsoft.com/fi-fi/microsoft-teams/security>>. Referred 14.03.2021.

Microsoft 2021b. Security and Microsoft Teams. <<https://docs.microsoft.com/en-us/microsoftteams/teams-security-guide>>. Referred 14.03.2021.

Mikkonen, Irja & Saarinen, Anja 2018. Vertaistuki sosiaali- ja terveystalalla. 1. edition. Tallinn: Tietosanoma.

Miler, Joanna Astrid & Carver, Hannah & Foster, Rebecca & Parkes, Tessa 2020. Provision of peer support at the intersection of homelessness and problem substance use services: a systematic 'state of the art' review. BMC Public Health. <<https://doi.org/10.1186/s12889-020-8407-4>>. Referred 02.03.2021.

Moules, Nancy J. & Norris, Jill M. & Nowell, Lorelli S. & White, Deborah E. 2017. Thematic Analysis: Striving to Meet the Trustworthiness Criteria. International Journal of Qualitative Methods 16. 1-13. <<https://doi.org/10.1177/1609406917733847>>. Referred 14.03.2021.

No Fixed Abode. Vailla Vakinaista Asuntoa Ry – VVA Ry. <<https://vvary.fi/yhdistys/>>. Referred 31.10.2021.

Raivio, Jouko & Raivio, Markus 2020. Toipuva mieli, Opas toipumisorientaatioon. 1. edition. Keuruu: PS-kustannus.

Saari, Juho 2015. Huono-osaiset, Elämän edellytykset yhteiskunnan pohjalla. 1. edition. Tallinn: Gaudeamus.

Shivayogi, Preethi 2013. Vulnerable population and methods for their safeguard. Perspectives in Clinical Research. 4(1). 53–57. DOI: 10.4103/2229-3485.106389 Referred 30.10.2021.

Stenius-Ayoade, Agnes 2019. Housing, Health and Service Use of the Homeless in Helsinki, Finland. Department of General Practice and Primary Health Care, Faculty of Medicine, University of Helsinki. <<https://helda.helsinki.fi/bitstream/handle/10138/301731/HOUSINGH.pdf>>. Referred 26.02.2021.

Sullivan, Gail & Sargeant, Joan 2011. Qualities of Qualitative Research: Part 1. Journal of Graduate Medical Education. 3(4). 449-452. DOI: 10.4300/JGME-D-11-00221.1 Referred 14.03.2021.

Sutton, Jane & Austin, Zubin 2015. Qualitative Research: Data Collection, Analysis, and Management. The Canadian Journal of Hospital Pharmacy. 68(3). 226-231. DOI: 10.4212/cjhp.v68i3.1456 Referred 14.03.2021.

Thomas, Yvonne & Gray, Marion & McGinty, Sue 2012. An Exploration of Subjective Wellbeing Among People Experiencing Homelessness: A Strengths-Based Approach. Social Work in Health Care. 51(9). 780-797. DOI: 10.1080/00981389.2012.686475 Referred 25.02.2021.

Toikko, Timo 2016. Becoming an expert by experience: An analysis of service users' learning process. Social Work in Mental Health 14(3). 292-312. <<https://doi-org.ezproxy.metropolia.fi/10.1080/15332985.2015.1038411>>. Referred 25.02.2021.

World Health Organization 2011. Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants. <https://apps.who.int/iris/bitstream/handle/10665/44783/9789241502948_eng.pdf>. Referred 14.03.2021.

Y-Foundation 2021. Asunnottomuus Suomessa. <<https://ysaatio.fi/asunnottomuus-suomessa>>. Referred 24.04.2021.

Appendix 1: Interview Questions

In Finnish

- **Haluatko kertoa meille yleisesti kokemuksestasi asunnottomana?**
 - Millaista elämä oli silloin?
 - Miten elämäsi on muuttunut sen jälkeen?
- **Millaista on ollut toimia kokemusasiantuntijana?**
 - Miten päädyit kokemusasiantuntijaksi?
 - Kerro lisää koulutuksesta. Millaista se oli?
 - Kuinka kauan olet ollut kokemusasiantuntija?
 - Millaista on auttaa muita elämäntilanteessa, jossa olit itsekin joskus?
 - Mikä on vaikeinta kokemusasiantuntijana toimimisessa?
- **Oletko huomannut jotain muutoksia mielentilassasi? Esimerkiksi nykyisen ja sen ajan kun olit asunnoton väliltä.**
 - Miltä on tuntunut kouluttautua kokemusasiantuntijaksi?
 - Onko kokemusasiantuntijaksi kouluttautuminen auttanut sinua käsittelemään omia kokemuksiasi?
 - Millaisia tunteita muiden auttaminen herättää?

In English

- **Tell us about your general experience of being homeless, if you feel comfortable with it.**
 - What was your life like during this time?
 - In which ways did your life change afterward?
- **What has working as an expert-by-experience been like for you?**
 - How did you end up as an expert-by-experience?
 - Tell us about the training process. What was it like?
 - How long have you been an expert-by-experience?
 - What is it like to help others in the situation you used to be in?
 - What is the hardest thing about working as an expert-by-experience?
- **Did you notice changes in your mind's state from being homeless to now?**
 - How did becoming an expert-by-experience make you feel?
 - Did becoming an expert-by-experience help you deal with your experiences?
 - What kind of feelings does helping others bring up?