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Experienced effects of the Covid-19 pandemic on the perceived well-being of mental health rehabilitees

A case study for Support Association Majakka

Metropolia University of Applied Sciences

Social Services

Bachelor of Social Services

Thesis

04.11.2021

Abstract

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Title: Experienced effects of the Covid-19 pandemic on the perceived well-being of mental health rehabilitees
Number of Pages: 44 pages + 1 appendix
Date: 4 November 2021

Degree: Social Services
Degree Program: Bachelor of Social Services
Specialisation option: Social Services
Instructors: Jyrki Konkka, Principal Lecturer
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The purpose of this Bachelor's thesis was to find out what kind of experiences adult mental health rehabilitees had of the Covid-19 pandemic, as well as of the remote activities they had participated in during this time. 7 clients of Support Association Majakka were interviewed face-to-face for the thesis in the summer of 2021. Support Association Majakka is a community and member house aimed at assisting empowerment and inclusion of mental health rehabilitees. They were forced to close for some time due to Covid-19 restrictions, and shortly after began to offer remote activities for their clients to replace the normal face-to-face activities.

This was a qualitative research, and the data was collected via semi-structured thematic interviews. The results were analyzed with thematic analysis. The results indicated that the participants had difficulties with participating in the remote activities for various reasons, such as not owning necessary technology or not being very well acquainted with the Internet and using remote services such as Microsoft Teams. However, those who participated in the remote activities emphasized the positive effect it had on their experiences of loneliness.

The participants had differing experiences of the effects of the Covid-19 pandemic on their perceived well-being. The Covid-19 pandemic had affected the participants' lives mainly through the effects of the restrictions. Many had perceived themselves to be more anxious than usual. Some had experienced very little differences, as for example they had experienced loneliness before the Covid-19 pandemic too. According to the interviews, it was apparent that Support Association Majakka serves as a major resource of peer support and social connections for the participants.

The thesis attempts to help develop the services for mental health rehabilitees as well as make their voices heard during this crisis. The thesis assists Support Association Majakka in providing the right kind of services for their clients, as well as give useful information about their clients' needs at present and in the future.

Keywords: Covid-19, well-being, perceived well-being, mental health, mental health rehabilitation, social isolation, pandemic, remote services

Tiivistelmä

Tekijä:	Lumi Lounaskorpi
Otsikko:	Mielenterveyskuntoutujien kokemuksia Covid-19 pandemian seurauksista koettuun hyvinvointiin
Sivumäärä:	44 sivua + 1 liite
Päivä:	4 Marraskuu 2021
Tutkinto:	Sosionomi
Tutkinto-ohjelma:	Sosiaalialan tutkinto-ohjelma
Suuntautumisvaihtoehto:	Sosiaaliala
Ohjaajat:	Jyrki Konkka, Yliopettaja Sylvia Hakari, Lehtori

Tutkimuskeskeisen opinnäytetyön tarkoituksena oli selvittää, millaisia kokemuksia aikuisilla mielenterveyskuntoutujilla oli koronaviruspandemiasta ja etätoiminnoista, joihin he olivat osallistuneet sen aikana. Seitsemää Tukiyhdistys Majakan mielenterveyskuntoutujaa haastateltiin kasvokkain kesän 2021 aikana opinnäytetyötä varten. Tukiyhdistys Majakka on jäsentalo ja kohtaamispaikka, jonka päämääränä on tukea ja edesauttaa mielenterveyskuntoutujien voimaantumista ja inklusiota. He joutuivat sulkemaan ovensa joksikin aikaa koronaviruksen aiheuttamien rajoitusten takia. Pian sulkemisen jälkeen he alkoivat tarjoamaan etätoimintoja asiakkailleen normaalien kasvokkaisten aktiviteettien sijaan.

Kyseessä oli kvalitatiivinen tutkimus ja aineisto kerättiin puolistrukturoitujen teemallisten haastattelujen kautta. Tulokset analysoitiin käyttäen temaattista analyysia. Tulokset osoittivat, että osallistujilla oli vaikeuksia osallistua etätoimintoihin moninaisista syistä, kuten esimerkiksi siksi, etteivät he omistaneet siihen tarvittavaa teknologiaa, tai että internetin käyttö ja etätoiminnot kuten Microsoft Teams eivät olleet heille tuttuja. Kuitenkin he, jotka osallistuivat etätoimintoihin, korostivat sen merkitystä ja positiivista vaikutusta heidän yksinäisyyteensä.

Osallistujilla oli erilaisia kokemuksia liittyen Covid-19 pandemian vaikutuksiin heidän koettuun hyvinvointiinsa. Koronapandemia oli vaikuttanut osallistujien elämään lähinnä rajoitusten kautta. Moni koki olevansa ahdistuneempi kuin tavallisesti. Osa oli kokenut hyvin vähän eroa normaaliin, koska esimerkiksi he olivat kokeneet yksinäisyyttä ennen koronaakin. Haastattelujen pohjalta ilmeni, että Tukiyhdistys Majakka toimii tärkeänä vertaistuen ja sosiaalisten kontaktien lähteenä osallistujille.

Opinnäytetyön tavoitteena on edistää mielenterveyskuntoutujien palveluja sekä tuoda heidän ääntään kuuluviin tämän kriisin aikana. Opinnäytetyö auttaa Tukiyhdistys Majakkaa tarjoamaan oikeanlaisia palveluja asiakkailleen, sekä antaa heille hyödyllistä tietoa heidän asiakkaitaan ja asiakkaidensa tarpeista nyt ja tulevaisuudessa.

Avainsanat: Covid-19, korona, hyvinvointi, koettu hyvinvointi, mielenterveys, mielenterveyskuntoutus, sosiaalinen eristäytyminen, pandemia, etätoiminnot

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1 Introduction

The Covid-19 pandemic took the world by surprise, and it is clear that it will have long-lasting effects. The pandemic and its safety measures are and will be extensively studied in various fields. The research results will shed light on the causes and consequences of the pandemic as well as how successful the measures taken to control, treat, and cope with the pandemic and its consequences have been. This information is necessary in order to be able to prepare for the future and possibly other serious pandemics.

This thesis seeks to do its part in the study of the perceived effects and experiences of the Covid-19 pandemic in Finland. 7 clients of Support Association Majakka (in Finnish Tukiyhdistys Majakka), who are all adult mental health rehabilitees, were interviewed for the study to find out exactly how they had perceived the effects of the Covid-19 pandemic. The thesis aims to find out in which ways it has affected the perceived mental health and well-being of the clients of Majakka and how well Majakka has been able to answer to their needs during this time.

2 Support Association Majakka

Support Association Majakka is a community and member house, where one can influence the content, events, and activities. The activities are free of charge and varied. One does not need to be a member of the association to participate. The services are client-oriented, and employees act side by side with the clients as equals.

The executive director of Support Association Majakka, Eija Wallinheimo, has provided me some information about their association. She told me that in their work they consider the concepts of sociocultural animation and recovery-orientation. Majakka's main purpose is to empower and increase the participation of their clients and let them come up with ideas for different activities, help them

bring those ideas into life, and then assist the clients as the clients themselves take the lead and conduct the activities. Majakka has 4 employees. They get their funding from STEA, the city of Helsinki, and Viola Ranin foundation.

Majakka keeps no records of their clients, but some clients have participated in their activities for decades. Their clients' ages range from +30 years to +70 years, but there really is no upper age limit. Their clients have histories with varied mental health illnesses, they are at different points in their recoveries and come from very different backgrounds. Before the Covid-19 pandemic, they would have 30-40 clients a day, now after the start of the pandemic, they have had roughly 10-20 clients a day.

During this pandemic, their modes of operation have changed drastically, at one point being closed and during the spring of 2021, their activities were completely online. They have organized some walking groups, they have an online chat, they have live meetings on Microsoft Teams 3 times a week, and they organize online bingos and record panels weekly. The employees also call some of the clients at least once a week, some every day. Their challenges with planning activities during the Covid-19 pandemic have been mainly with their clients not having the latest technology to be able to access the internet and participate through Microsoft Teams and Facebook.

2.1 Mental health rehabilitation

Mental health rehabilitation, or psychiatric rehabilitation, is aimed at helping individuals suffering from mental health illnesses and diseases to develop their emotional, social, and intellectual skills. The goal is for them to eventually act as social, functioning members in their communities with as little professional support as possible. (Rössler, 2006: 151-157.) The term "mental health rehabilitee" refers to a person who has a mental illness, has already suffered from the illness for a while, and begun to act for their recovery and rehabilitation (Piipponen, 2012: 20).

2.1.1 Recovery-orientation

Majakka utilizes a recovery-oriented framework in their services. The main idea of a recovery-oriented service is that people can recover from mental illness. This may sound obvious to us now, but it has not always been the case. In the past, the belief was that people with severe mental illness would not recover, and that the illness would be deteriorating, or that it could at best be maintained. The mental health services and systems were constructed on this belief until the concept of recovery-oriented services began to take hold in the 1990s. (Anthony, 2000: 159-160.)

In recovery-orientation, recovery is seen as a unique, personal process, in which an individual's values, attitudes, emotions, skills, roles, and goals change, thus creating the conditions for a meaningful, fulfilling life in spite of the illness or disability (Anthony, 2000: 160-161). The concept is based on the ideas of self-determination and control of one's own life, and the focus is on the individual's strengths and resources instead of the symptoms and challenges of the illness (Falk et al., 2013). The individual is in control of their own life and knows and utilizes their resources to cope with the challenges their psychiatric disability brings. In short, recovery orientation refers to the internal growth of the individual. (Anthony, 2000: 160-161).

A mental health rehabilitee's ability to work or study is not only determined by the diagnosis, but their own assessment of their capacity to act should also be considered. Maintaining hope is paramount, and the focus should be on promoting the fact that one can climb up from any starting point or diagnosis. Succeeding in one area of life can improve self-esteem and self-confidence and through that help the individual in other areas of their life. For example, applying for education or for a new job may help promote self-esteem. (Vilppola, Aarnio, 2021: 6)

2.1.2 Socio-cultural animation

In terms of the services of Majakka, it is also necessary to briefly review the concept of socio-cultural animation. Socio-cultural animation can be described as a process, which includes mental, physical, and emotional stimulation in people's lives. The aim is to motivate people towards gaining personal experiences and promote personal realization and self-esteem through participation. The methods of socio-cultural animation aim to develop an individual's abilities in groups and community settings, as well as encourage participation in the social environment. In short, socio-cultural animation is aimed at increasing the participation of people in the process of their own and their environment's development. Participation is used as a method and as the main objective simultaneously. (Zbudilová, 2017.) The animators, i.e., people who use the methods of socio-cultural animation, roles can range from that of an advocate to that of a guide, leader, or protector. They act as mediators and communicate between different areas, as well as guide individuals in the right direction. (Kurki, 2000.) Majakka has explained that their employees work in this very way and that their goals reflect the aims and methods of socio-cultural animation.

2.2 Adulthood

The clients of Majakka are 30+ years old adults. According to the Merriam-Webster dictionary, an adult is a "grown-up", and "a human being after an age (such as 21) specified by law" (Merriam-Webster). Generally speaking, in industrial countries an individual is legally recognized as an adult somewhere between the ages of 18 and 21. In general, an adult is expected to take responsibility for themselves and others around them. However, some adults can struggle with getting society to let them take responsibility for their own lives (as may be the case for adults with disabilities or older people, for example). (Beckett, Taylor, 2016: 130-132)

Adulthood can be divided into different periods, often young/early adulthood, middle adulthood, and old age. Young adulthood is roughly speaking from the

ages of 20 to 40, and middle adulthood can be seen beginning from 40 to the onset of old age. Of course, people go through different developmental stages at different phases and there are many different routes through adult life, and the perspective on ages and stages of life differ depending on different points of view or cultural differences. (Beckett, Taylor, 2016: 130-149) The participants in this study are in different phases of adulthood, most can be considered to be in young or middle adulthood. However, some of the clients interviewed for this study can be considered elderly, as they are in their early 70s.

2.2.1 Difficulties in adulthood

Just like any other period of life, adulthood has its own challenges. Some challenges of young adulthood include establishing a strong identity, forming intimate relationships, forming an occupation and a dream, generativity, and contributing to the community. Difficulties with meeting the demands of adulthood may result in drug or alcohol misuse, mental health problems, and relationship and parenting problems. The age of 40 is often seen as a transition point, in which some people may go through personal turbulence, also known as the “midlife-crisis”, and review and make changes to commitments made in earlier life. Middle adulthood may bring issues such as some physical decline, a decline in fertility for women, adolescent children and coming to terms with the “empty nest”, fewer career options, own parents entering old age, and letting go of dreams. Old age may bring along more physical changes and physical decrepitude, as well as cognitive changes such as memory loss. Another challenge that old age brings is the loss of others and having to come to terms with ageing. (Beckett, Taylor, 2016: 130-211)

In life in general, people go through different transitions. Another word for transition is change, which often involves the loss of something. Elements of loss are apparent in both sad and happy life events. Life events, be they predictable or not, determine the course of life and affect stress levels and health. Holmes and Rahe, as cited by Beckett and Taylor (2016), came up with the social readjustment rating scale in 1967 and ranked the life events most likely to cause

stress. The highest-ranking events were close family bereavement, divorce, imprisonment, illness or injury, redundancy or retirement, marriage, pregnancy, and childbirth. (Beckett, Taylor, 2016: 136-137) The Covid-19 pandemic is certainly one transition that has affected, and continues to affect, all of our lives and has caused us different kinds of losses.

3 The Covid-19 pandemic

3.1 The outbreak

Coronaviruses (Coronaviridae or CoV) are a broad family of viruses that infect humans, animals, and birds. Coronaviruses are zoonotic – this means infectious diseases that are transmitted from an animal or insect to a human. Coronaviruses cause respiratory and intestinal infections. Respiratory infections can range from the common flu to more serious and acute respiratory diseases. The animal can carry the pathogen without suffering from the disease itself (Calleja, 2020: 15-21.), in other words, they can be asymptomatic. (Ahmed et al., 2020).

World Health Organization (WHO) declared the coronavirus disease 2019 (Covid-19) as a public health emergency of international concern in January 2020. Covid-19 is a highly contagious viral pandemic caused by a new strain of novel coronavirus SARS-CoV-2. The virus is transmitted via droplets (Ahmed et al., 2020.) feces (Calleja, 2020: 21-22), contaminated surfaces, and contact with an infected person (Ahmed et al., 2020). The virus that caused the pandemic most likely came from China, as it was first reported in the Chinese province of Wuhan in the end of 2019. Evidence has pointed towards the Huanan Food Market, which is a large food market in the province of Wuhan. In the food market, there were about a thousand vendors, whose selection included at least 112 different species of animals for food. In the market, the live and slaughtered animals, including various wild animals, were mixed and exposed to each other's blood, droplets, and feces. Two-thirds of the first people to contract the Covid-19 disease were in direct contact with the food market. (Isomäki, 2020: 6-8)

The first coronavirus case in Finland was reported on 28 January 2020. The virus had come directly from Wuhan, China. (Helsingin Sanomat, 2020.) In February 2021, the government of Finland declared a state of emergency throughout the country. Emergency conditions closed restaurants, except for takeaways, from 8 to 28 March 2021 in many counties. Many hobbies were also suspended or recommended to be suspended. The use of facial masks, distance learning, and remote work continued to be recommended. There were some restrictions on the use of public premises and the number of passengers on public transport. (Government Communications Department, 2021.) As of the 31st of October 2021, there have been 247,346,786 confirmed Covid-19 cases reported worldwide. There have been 157,531 confirmed cases and 1,158 coronavirus-related deaths reported in Finland. (WorldOMeter, 2021).

3.2 Restrictions and safety measures

Due to the Covid-19 pandemic, the world has changed. The virus spreads through droplets, and therefore wearing facial masks, washing hands thoroughly and frequently, and using disinfectant has been enforced. The sick and those who may have been in contact with them have been ordered to quarantine. Several social-distancing measures have been used to slow down the spread of the Covid-19 virus, such as canceling mass gatherings, closing of schools and workplaces, restricting open hours of restaurants and bars, and closing movie theaters and other event venues. People have been told to avoid public places, move less outside of their homes, and maintain a distance of 1-2 meters with others. Companies have been encouraged to work remotely whenever possible. (Calleja, 2020: 40-47.)

Some companies whose nature of services do not allow for social distancing, such as barbershops and beauty salons, have had to close their doors in some countries either voluntarily or at the behest of the government. Concerts, conferences, and other mass events have been postponed, canceled or hosted on online platforms. Other safety measures have been used: contactless payment is recommended in stores, and some places refuse to accept cash

altogether. Contactless deliveries are recommended; packages containing food are left behind the door. (Calleja, 2020: 59-62.)

These measures have been used to ensure that the number of patients does not rise rapidly so that the health care system becomes unsustainable. For example, during the current pandemic, some of the most serious cases need the help of ventilators. If there are not enough ventilators for everyone, doctors must choose the ones to whom they are distributed. Then the others are possibly in danger of losing their lives. Another factor is the limited number of treatment places and hospital beds, some patients may be forced to be placed outside the hospital if the health care system becomes overloaded. (Calleja, 2020: 59.)

3.3 Covid-19 and the inequality

In global emergencies, social problems also often worsen, and inequality is highlighted, but there is little time or resources to address these grievances. People have very differing living conditions; some may simply not be able to participate in remote work or school due to limited resources. Some may lose their jobs and not be able to provide for and support themselves or their families. Some may not have access to the latest information due to language barriers. Some may be homeless and have limited opportunities to take care of their hygiene. (Calleja, 2020: 62-68.) There is certainly variation in the social status of the clients of Majakka and these aspects were kept in mind when the interviews were conducted.

3.4 The effects of the pandemic

A lot of the studies of the effects of the Covid-19 pandemic that have been published focused on the first beginning months of the pandemic, and the first few weeks of lockdown. At the beginning of the pandemic, there was hope that the pandemic would be relatively short, and things would go back to normal soon. However, the pandemic has lasted much longer than initially anticipated, and many countries are currently going through second or third waves. 'Behavioral

fatigue' has begun to show its face as people have grown more tired of following regulations and recommendations (Sibony, 2020). The effects of the Covid-19 pandemic need to be studied further in order to fully understand how it affects well-being, seeing that the pandemic is not as short-lived as initially thought.

The Finnish Institute for Health and Welfare is conducting research between 2020 and 2022 on the social impact of the Covid-19 pandemic on the most vulnerable customers and their services. The research project examines how the well-being and services of the most vulnerable social service clients have changed as a result of the changes and restrictions made due to the Covid-19 pandemic. (The Finnish Institute for Health and Welfare, 2020.)

3.4.1 The toll on mental health and well-being

As a collective, we understand that this is temporary, but we also realize that things will never be the same. Grief expert David Kessler, as quoted by Scott Berinato for Harvard Business Review, says that this feeling is grief. Kessler says that we are feeling more than one kind of grief, one of them being anticipatory grief. We are anxious and fear death, either our own or of those close to us. But we also fear and grief the loss of normalcy, the loss of everything familiar. Frequent contact with the outside world and other people, freedom of going and coming as you please, things we took for granted. We fear the economic toll, the loss of our jobs, our favorite places going out of business. We are feeling more insecure. The future is more unknown and uncertain than ever before. (Berinato, 2020.)

There is no doubt that this pandemic affects us all mentally and physically, but we all experience it differently. In a quantitative survey conducted with Harvard Business Review readers in the fall of 2020, 85% of respondents reported that their overall well-being had declined since the start of Covid-19. The survey is part of a bigger project aimed to study people's rates of burnout during Covid-19. Nearly 1,500 people from 46 countries replied. 50% of the respondents stated that their mental health had declined. 26% reported increased work demands as

one reason for the general decline in their well-being. Some were having trouble with setting boundaries between leisure and work and being in constant drive whilst working remotely from their homes. On top of this, some respondents reported that they were feeling isolated and disconnected from their co-workers and loved ones due to social distancing. Some also reported that they were having trouble meeting their basic needs due to stress and anxiety about the future. However, the results were not all bad. 22% of those surveyed reported that their general well-being had improved since the start of Covid-19. Some reported that it was due to having more time to exercise and spend with their families, and more time to do chores and eat healthier. (Campbell, Gavett, 2021.)

A study conducted from January 2019 to April 2020 analyzing search data from Google Trends between those times in countries that were in full lockdown by the end of that period, indicated that people's mental health had been seriously affected by the pandemic and its effects. Finland was not one of the countries studied here, but it is still an interesting study. There was a substantial increase in the search for some words, such as boredom, loneliness, worry, and sadness. (Brodeur et al., 2020.) In Sweden, the early effects of the pandemic on older adults' well-being were studied. It was found that the older adults had generally low levels of worry and rated their well-being highly. It was thought that this was due to the few restrictions in Sweden at the time of the study. In the results of the study, it was emphasized that other countries' results would be needed for comparison. (Kivi et al., 2020.)

In Finland, there have been indicators of the pandemic affecting mental health as well. Finnish Mental Health Association's (MIELI) crisis phone received 27,000 call attempts in September 2020, compared to 19,000 in September 2019 (Piilonen, 2020). According to a survey organized by the Research Center of the Evangelical Lutheran Church of Finland, the majority of Finns reported the crisis so far having very little impact on their lives. However, a large number of Finns also reported that they had suffered a lot due to the crisis. As many as 300,000 Finns had experienced difficulties "very often" in recent weeks at the time of the

survey. Furthermore, half a million Finns assessed their future as grim. (Häkkinen, 2020: 136.)

The coronavirus pandemic and the crisis it has created have threatened everyday life and its basic security globally, as well as in Finland. Everyday life is a supporting force for such individuals whose mental health or resilience is fragile. Everyone benefits from the predictability, frequency, and routines of everyday life, both in terms of social relationships and mental health. The pandemic has caused all of the aspects of everyday life to break down and made it difficult to separate work and leisure and made access to work or studies more complicated. Many have become unemployed too, and the restrictions and lockdowns have caused stress, fatigue, anxiety, financial difficulties, and increasing problems and disputes in relationships and families. (Kallio, 2020: 142-145.)

The increase in remote services due to the coronavirus has been said to make it particularly difficult for mental health rehabilitees to participate, as it is difficult for them to interact, interpret cues and read the situation anyway. (Laurinolli, 2020). It is also necessary to mention that the long-term effects of the Covid-19 pandemic on mental health and well-being will likely only become apparent later, and probably show up for a long time as an increase in depressive and anxiety disorders, due to the wide-ranging social effects of the pandemic. (Karlsson, 2020.) Therefore, it is important to look at how the clients of Majakka have been coping with the effects of the pandemic now, in order to be able to help them in the future.

3.4.2 Effects of social isolation

The Covid-19 pandemic's restrictions have surely been challenging for many. People have been recommended to keep safe distances from other people and avoid all unnecessary travel. The situation has impacted people's lives and social relationships across all age groups. People may have felt lonelier than before.

People feel lonely when their desires and the perceived amount of closeness and intimacy in social relationships do not match. Partner relationships have been

found to be the most powerful protective factor against loneliness in several studies, although one can feel lonely in a relationship too. (Mund, Johnson, 2020: 576). Loneliness decreases health and increases the risk of obesity and disease, such as cardiovascular disease. In general, lonely people often have poor control over their lives and lack motivation to take care of themselves and their health. Loneliness has been shown to increase symptoms of depression and anxiety disorders, and it has been linked to alcohol and substance abuse. It has been shown to increase memory problems and the risk of dementia in elderly people. (Saari, 2016: 90-91.) Furthermore, studies have shown that lonely people experience their own health to be worse than average (Saari, 2016: 103).

In 2018, 4.0 per cent of the population of Finland aged 16 and over, or about 179,000 people, felt lonely most or all of the time. 28,7 percent were at least occasionally lonely. Those who lived alone were lonely most often, and the loneliest were those aged 75 and over. (Tilastokeskus, 2018.) In previous research, the well-being of people who live on their own has been shown to be strongly affected by social relationships, the number of friends, and the frequency of communication (Tamminen et al., 2020).

The University of Eastern Finland and the University of Helsinki are both participating in a large international study looking at people's experiences of loneliness, isolation, and coping methods during the Covid-19 pandemic. The research has already been launched in the United States, Canada, New Zealand, the United Kingdom, Norway, and the Netherlands, with Finland joining the list now. Anyone over the age of 18 is able to participate in the online survey. The research can provide useful insight into the lives and social interactions of people from all over the world during the pandemic, as well as coping mechanisms that make it easier for people to cope with the situation. (University of Eastern Finland, 2020.)

Humans are social by nature, although the modern way of life has reduced the quantity and quality of social relationships, not to even speak of the Covid-19 pandemic. A meta-analysis conducted in 2010 of 148 studies (308,849

participants) indicated that chronic isolation increases the risk of mortality. Although more research is needed on this matter, this study showed that social relationships influence health and should be taken seriously as a possible risk factor affecting mortality. (Holt-Lunstad et al., 2010.) A prospective study of social isolation, loneliness, and mortality in Finland was conducted in 2016 with similar results. The study revealed that social isolation and loneliness were directly related to mortality and health, and even those who suffered from mild to progressively increasing intensity of isolation were affected. (Tanskanen, Anttila, 2016.)

Several studies have shown that social isolation, i.e., the lack of social relationships, affects health negatively and increases the risk of mortality. Future research will also offer insight into the effects of the Covid-19 pandemic on experienced loneliness and isolation. In Finland, having social relationships and contacts with other people has not been prohibited by law during the Covid-19 pandemic, but the government has given recommendations to limit social contacts and self-isolate, and it is believed that many people have followed these recommendations to their best ability. Many services have been moved to online platforms for this reason, including the services offered by Majakka.

3.4.3 Effects of remote work on the mental health of Finns

According to a follow-up study conducted by the Finnish Institute of Occupational Health (2021), there was a turn for the worse in the well-being of working Finns in the autumn of 2020. At the beginning of the Covid-19 pandemic in spring 2020, the well-being of remote workers improved, but by the end of the year, these benefits had been lost. In particular, the well-being of young workers and remote workers who live on their own had deteriorated compared to the time before the Covid-19 pandemic. Work fatigue and boredom at work also increased during 2020, regardless of if one worked remotely or not. (Finnish Institute of Occupational Health, 2021.)

3.5 Subjectivity of the effects

While the main cost of the pandemic has been on the economy, there have been several studies on the cost on well-being as well, and there is more to come. While lockdowns and other restrictions are absolutely necessary for containing the spread of the virus, some of the by-products of the pandemic include unemployment, social isolation, and lack of freedom, which are all risk factors for mental health and well-being (Brodeur et al., 2021).

In Finland, many of the restrictions have only been recommendations, and there have obviously been differences in the way that people have followed these recommendations, with some people suffering from optimism bias or behavioral fatigue (Sibony, 2020). Also, some people may deny the whole existence of a coronavirus altogether (Kallionpää, 2021). Therefore, the effects of the restrictions of the pandemic are very unique to each individual and each has experienced it very differently. Nevertheless, many of the studies that have already been published show that the Covid-19 pandemic has affected mental health negatively and increased symptoms of burn-out and work fatigue. It appears that many have felt lonelier than before, due to social isolation and lockdowns.

Although the Covid-19 virus has spread and caused safety measures to be taken into action globally, the social settings of different studies have to be taken into consideration, as there have been differences in the restrictions that different countries, and even different cities, have used. In some cities in Finland, the effects of the pandemic have been very minimal, if barely visible at all. Whereas in the Uusimaa area, where supposedly every client of Majakka resides in, has seen more serious actions. Still, Finland has taken slightly lighter actions in terms of restrictions than some other countries. Also, a study conducted in for example Sweden, which is a Nordic welfare country as well but has taken very different actions towards the coronavirus, would not directly give any indications of the same results being repeated in Finland.

4 Mental health and well-being

4.1 Mental health

Mental health is an integral part of health, and it refers to a state of emotional, psychological, and behavioral well-being. Mental health influences how people think, feel, and interact with others. An individual who has good mental health can cope with normal stresses of life, work productively, and act as a functional and contributing member in their community. Many different factors may contribute to mental health problems, such as biological factors, life experiences, socio-economic conditions, lifestyle choices, and family history of mental illnesses. (Galderisi et al., 2015.) Social exclusion, poverty, and disadvantage often affect people with mental health problems (Allen et al., 2016).

Mental health disorders are relatively common in Finland. Approximately one in five Finns suffer from some mental health disorder (Huttunen, 2017). Depression is the most common mental health disorder in Finland. Depression is most typical in middle age, and women experience it almost twice as often as men. (Holma, 2019: 5.) Depression is characterized by persistent feelings of helplessness, hopelessness, low mood, and self-directed resentment for those feelings. A depressed individual may express feelings of hatred towards themselves and possibly others. They are often unable to cope with stressful situations and blame themselves for being weak. (Hayat, 2013.) A depressed person often experiences somatic symptoms such as insomnia, fatigue, loss of appetite, and loss of libido. Suicidal thoughts may be prominent. (Kapfhammer, 2006: 227-234.) Approximately one in ten, perhaps even one in five, Finns experiences at least one depressive episode at some point in their lives (Huttunen, 2017).

When talking about mental health, it is important to take into consideration all the different factors that affect people's lives (Vilppola, Aarnio, 2021: 6). Mental health is not in a fixed state, instead, it is constantly changing according to life situations, experiences, and environmental factors. Protective factors can promote mental health and help an individual to cope in stressful situations and

crises. These protective factors can be divided into internal and external protective factors. Internal factors can be, for example, good physical health and genetics, positive early relationships, good self-esteem, opportunities for self-actualization, as well as satisfying relationships. External protective factors can include friends and family, education, work, social support and societal support systems, a safe environment, and the ability to influence and be heard. (Heiskanen, Salonen and Sassi, 2007: 17-21.)

4.2 Well-being

There are many different theories for well-being, for example hedonistic theories, which say that well-being is pleasure or having more good experiences than bad experiences, and fulfilment of needs -theories, according to which well-being is fulfilment of an individual's desires and needs. (Mattila, 2018a.) For example, 'Having, loving, being', which is a model of well-being developed by Erik Allardt. In his theory, well-being is seen as a state in which a person has the opportunity to meet their needs. 'Having' refers to material resources and property, 'loving' refers to the need for connections and interpersonal relationships, and 'being' refers to self-realization and the need to contribute to the society. In terms of being, Allardt emphasized topics such as being a respected member of society, being able to influence politics, and having opportunities for meaningful activities. This could also be described as having capabilities. He also emphasized, that for well-being it is important to have contact with other people. Allardt combined both objectively measurable and subjective perceived aspects of well-being because he believed that these two complement each other in terms of overall well-being. (Allardt, 1976: 16-31.)

Third, there is L.W. Sumner's theory of true happiness. According to him, well-being is authentic, subjective happiness, which includes satisfaction and positive feelings of one's own life. In other words, life satisfaction. (Mattila, 2018a.) Life satisfaction may have many different definitions, but one way of describing it could be that one sees their life as favorable and satisfactory when all things are considered. (Haybron, 2007: 99-105.) Life satisfaction has commonly been

referred to as happiness and subjective well-being (Veenhoven, 2009: 344-350). Haybron has critiqued Sumner's theory (Mattila, 2018a), as one may say that they are satisfied with their life as it is despite being in a difficult situation or feeling bad about some things. People in hard circumstances can report that they are satisfied with their lives, but it does not necessarily mean that they are doing well. However, according to Haybron, studying life satisfaction is important, as knowledge of whether one group is more satisfied than another tells us about relative levels of well-being. (Haybron, 2013: 31-40.)

Fourth, ethical eudaimonism refers to theories where the basic concept is eudaimonia. Common to these theories (including Aristotle, Epicurus, and the Stoics) was the idea that well-being means the realization of human nature, the realization and expression of oneself. Thriving is about living fully or truly a person's life. Amartya Sen's and Martha Nussbaum's capabilities approach is possibly the most famous recent theory based on these theories. Eudaimonistic theories have also been criticized for generalizing what benefits people, and also for not paying enough attention to subjective well-being and pleasures. In eudaimonistic theories, pleasure is seen just as a by-product of virtuous activity. (Mattila, 2018a.)

Furthermore, well-being can be described through listing good things that are required to achieve well-being, such as knowledge, achievements, relationships, and enjoyment, according to list theories. Through these theories it is possible to take into account all the components of well-being. For example, according to Ed Diener and Robert Biswas-Diener, as cited by Mattila (2018), psychological wealth is about experiencing well-being and a good quality of life, as well as living in a rewarding, interesting, meaningful and enjoyable way. They list prerequisites for getting into this sort of state, such as life satisfaction and happiness, spirituality and meaning, positive attitudes and feelings, loving social relationships, interesting activities and work, achieving goals and values, good physical and mental health, satisfying material possessions and fulfilment of basic needs. (Mattila, 2018a.)

4.2.1 Happiness

One can see happiness as life satisfaction, or it can be looked at from the view of hedonism; that happiness means pleasure or a favorable balance of pleasure over pain. (Haybron, 2007: 103.) It can also be seen as a sort of opposite of depression and sorrow (Mattila, 2018b), an overall emotional state (Haybron, 2007: 103). Bentham defines happiness as “enjoyment of pleasures, security from pains” (Bentham, 1789: 61). Daniel M. Haybron (2013) defines happiness as emotional well-being. He divides happiness into five different themes: security, outlook, autonomy, relationships, and skilled and meaningful activity. The main aspect of happiness is that an individual does not feel threatened in any way. It can be a feeling or an experience of safety and security, but it can also be material. The individual’s status in the community also plays a role in the feeling of security, as well as the perceived opportunities of succeeding in something, and that one has enough time in their hands to engage in activities. Stress reduces happiness. (Haybron, 2013: 54.)

The matters of happiness and capability are related. Capabilities affect happiness and vice versa. The term ‘capability’ refers to being able to improve one’s situation and being able to live a truly human life. It also refers to an individual’s ability to take control over their life, as well as being free from external and social restraints. Both capability and happiness are vital for quality of life. (Veenhoven, 2009: 344-350.)

4.2.2 Quality of life

Quality of life is somewhat similar to life satisfaction, however, quality of life also refers to the actual living conditions of an individual, not only to the perceived quality. (Vaarama et al., 2014: 22-23) Quality of life is a term that has been used to emphasize that well-being involves more than just material good (Allardt, 1976: 18). A quality life often involves healthiness, comfort, and the ability to participate and influence. Quality of life is subjective, and people often mirror their own quality of life to the quality of life of other people in a similar situation. Some

determinants that have been seen to affect the quality of life include perceived well-being and health, mental health, social relationships, meaningful activities, living conditions, and the quality of the living environment. (Vaarama et al., 2014: 22-23.)

A 2013 study aimed to find out whether Finns were satisfied with their overall quality of life. The results of the 2013 survey were compared with the results of a similar survey made in 2009, and it was determined that the majority of the adult population living in Finland were satisfied with their quality of life. However, the results determined that those who were better off in the society also perceived their quality of life in better terms. Disability, unemployment, and poverty showed to be the biggest risk factors for poor quality of life for adults. Loneliness was most common in the unemployed and elderly population, especially in men over the age of 85. (Vaarama et al., 2014: 30-34.)

4.2.3 The World Happiness Report

The World Happiness Report is a survey that measures the state of subjective worldwide happiness through empirical research. It ranks 156 countries by how happy their citizens perceive themselves. In 2020, the report ranked cities by their subjective well-being and looked at happiness from a wider perspective, attempting to include the various different aspects that affect people's happiness. (The World Happiness Report, 2020.)

The Nordic countries have typically ranked well in The World Happiness Report, with the five Nordic countries being in the top ten ever since 2013. Key findings have been, that people perceive themselves to be happier in communities where there is less inequality and high trust in other people and public institutions. In those communities, people are more resilient towards different challenges to their well-being and have a better sense of belonging. Different aspects of the social environment affect people's happiness, for example having other people to count on, generosity, trust, and being capable of and having abilities to make key life decisions. Also, green and natural environments have a positive effect on well-

being. Furthermore, the happiest countries have been those that pay great attention to sustainable development. (The World Happiness Report, 2020.)

Earlier reports have indicated that in-person contact supports happiness, while online connections do not. However, Covid-19 and the limitations it has put on face-to-face contact may develop the potential for online connections to create and maintain happiness-supporting social bonds. (The World Happiness Report, 2020.)

In 2020, Finland ranked as the happiest country in the world, for the third time in a row. Helsinki, the capital of Finland, also ranked as the happiest city in the world. (The World Happiness Report, 2020.)

5 Methodology

5.1 Research questions and aim

The research questions were as follows: How has the Covid-19 pandemic affected the perceived well-being of the clients of Majakka? And have the services Majakka has provided during this period answered to the clients' needs?

Most of the studies published about the effects of the Covid-19 pandemic thus far focused on the beginning of the pandemic or the very first lockdown. Almost all of the studies emphasized a need for further research and possible comparison between different groups and different countries. This thesis attempts to help develop the services for mental health rehabilitees as well as make their voices heard during this crisis. The aim of the thesis was to find out in what ways the pandemic has affected the perceived well-being of the clients of Majakka. This was done by asking the clients to talk about their individual experiences. The aim of the thesis was also to find out whether the clients feel that the actions taken by Majakka during this Covid-19 pandemic have been sufficient in assisting the clients' well-being and rehabilitation. This will assist Majakka in providing the right

kind of services for their clients, as well as give useful information about their clients' needs in this time and the future.

5.2 Participants

7 clients of Majakka were interviewed face-to-face for the study during the summer of 2021. Two men and five women participated, and their ages ranged from 34 to 73. The interviews were conducted in the premises of Majakka, a familiar and safe place for all the participants. Participants were asked to participate voluntarily, and they were asked whether they allow the recording of the interviews. They were asked to sign a leaflet where the purpose of the interview was explained, as well as the process of what happens to their answers and to the tapes should they allow the recording. It was explained that they could sign the paper anonymously and that their names or any contact information would not be collected, and any personal information they shared would not be shared with anyone outside the study. They were also asked whether they had any questions before and after the interviews to ensure transparency. Only one client did not want the interview recorded, and thus in that case their answers were written down during the interview.

5.3 Qualitative research

The research method was qualitative research. In qualitative research data is obtained through many different ways, such as interviews, observations, statements, documents, or recordings. This research method was chosen, because the aim of the thesis was to understand the unique experiences of the clients, which could not be done through quantitative research. Qualitative research provides in-depth understanding of the participants everyday lives. It is valuable in studying areas where little is known, such as individuals' thoughts and experiences. Through qualitative research, it is possible to understand new aspects and reduce factors that vulnerable people may be oppressed by. (Webber-Ritchey et al., 2021: 14.) It is the ideal method when working closely with people and the aim is to make their voices heard.

5.4 Interview questions

The material for the thesis was collected through semi-structured thematic interviews with the clients of Majakka. The advantage of this type of interview is that it is rather informal, and it is possible to make further questions and solve misunderstandings during the interview, and there is plenty of room for free discussion. It allows the interviewees to describe their experiences in further detail and possibly through stories, which provides useful information. In semi-structured thematic interviews, important themes to discuss are chosen before the interview process, and they are discussed with all of the participants to ensure that the same general information is collected from everyone. The order of the themes is chosen beforehand and kept in all of the interviews, but new questions related to the themes may arise. Relevant background information is discussed first – the interviews begin with easy questions and move onto deeper themes naturally. The interviewer must stay neutral throughout the entire interview and not steer the answers into any directions. (Puustinen, 2013: 5-6.)

There was an hour reserved for each interview, although some interviews took approximately half an hour. An hour was a good time limit, as the conversation topics started to repeat themselves by the end of the hour. As typical for semi-structured thematic interviews, the themes and interview questions related to them were chosen beforehand and are included in Appendix 1. However, there was lots of room for open discussion to talk about the topics and other things around them. The themes for the interview questions derived from previous studies on the effects of the Covid-19 pandemic, and on theories of happiness and well-being. In the beginning of the interview, the participants were asked some questions about their backgrounds to find out whether they are working and if remote work, social isolation, or unemployment has affected them.

Questions about well-being and the Covid-19 pandemic's perceived effects on that were added, by for example asking, how their everyday life had changed due to it, how they had experienced that, and whether it had affected their symptoms. Whether the clients have been lonely before or during this time was also seen as

an important question when trying to find out how this crisis has affected their perceived well-being. Questions about the meaning of happiness, what sort of things have increased their happiness during this crisis, and what sort of things usually make them happy were added in order to explore what kind of meanings the participants give to happiness, what sort of things they value and what kind of things they have had as protective factors. The World Happiness Report is useful when trying to define what are the things that make people happy, things that people value. Some of these things included community, social contacts, equality, trust, generosity, capabilities, opportunities, and greenery (The World Happiness Report, 2020). The interview question themes were decided keeping those aspects and different theories in mind. The pandemic has certainly disrupted and made the availability of some external protective factors, such as friends, education, and work, very minimal and thus may have affected the participants' lives.

Majakka also had a desire to gather information about whether the remote activities they have provided have been able to answer to the clients' needs. Therefore, questions about whether the clients have been satisfied with the services, whether they have been helpful, whether they would have wished for more or something else, and if they have experienced communality (which had also been seen to increase happiness in the World Happiness Report), were also considered.

5.5 Thematic analysis

The method of analysis was thematic analysis, which is widely used in qualitative research. It provides a flexible approach that can produce detailed data. It is useful in highlighting similarities and differences, as well as in summarizing the key features of the data. In thematic analysis, the data is first collected and then familiarized with. It is necessary to mention here, that if data were collected through for example interviews, researchers will likely start the analysis process with some prior knowledge of the data and some preliminary ideas or thoughts. In that case, documenting those thoughts is beneficial. It is recommended that

the data is read through completely at least once before starting the coding phase. After this, the initial coding phase starts, and the data is revisited multiple times. Key parts of texts are classified, and labels are assigned to them, so that they can be indexed according to different themes or issues in the data. Full attention is given to each data item. (Nowell et al., 2017.)

After the coding process, themes are searched by sorting the potentially relevant coded items into different themes. Themes may also arise deductively from theory or prior research, and even from the raw data. In an inductive approach, the themes are data-driven, they are not trying to fit into a prior coding frame or preconceptions. After that process, the themes are reviewed and defined, analyzed and then reported. (Nowell et al., 2017.) This thesis followed this process: the interviews were transcribed, reviewed, and then coded and reviewed again. Themes with a shared meaning were developed by using a thorough inductive coding process. Excel and Word were utilized for this. First, the recordings and written notes were all transcribed into one single Word file, which was only saved on my personal laptop. Then the data was read through completely, and then read through again whilst also coding and highlighting key parts of the text. I started to notice similar themes in each of the interviews as I kept going back to the text, and that is when I started to label those items into different themes by highlighting them with different colours. I named the different themes, for example “loneliness”, “perceived negative/positive effects of Covid-19”, “importance of Majakka”, “anxiety”, “remote activities” and so on. The themes were collected on a file on Excel, and another file on Word, where I gave each participant a label (such as informant a) and included their comments, which I had highlighted before, under different themes. These were then reviewed and analyzed again and returned to multiple times.

5.6 Ethical consideration

The identities of the participants are not revealed to anyone outside the study. The participants were told before the interviews that even the employees of Majakka will not know specifically what they have said. Personally-identifying

information, or any details that may expose individual participants, was not included in the answers, and any recordings of the interviews were deleted after the analyzation process to ensure confidentiality. Their answers were compiled into results and discussed in this thesis. All transcriptions and recordings were for my use only.

To ensure informed consent, the participants were talked through the aims, purpose, and methods of the thesis. They were able to sign a leaflet where these were explained shortly. In the leaflet, the confidentiality and anonymity of the study was explained. They were able to choose to agree for the recording of the interview by ticking the box and signing the leaflet. It was explained in the leaflet that the recordings would be deleted afterwards, and no one else gets to hear them. It was explained to them that if they chose not to agree with the recording, then the interview would be written down. In that case, too, only the interviewer would have access to the written down material. They did not have to sign the leaflet with their own name to ensure anonymity, and any questions they had were answered as best as possible to ensure transparency.

6 Results

The key themes that rose from the interviews were loneliness, anxiety, remote services, and the importance of Majakka to the participants. Also, questions of happiness and perceived effects were discussed widely.

6.1 Background

The participants ages ranged from 30 to 70+ year old. 5 women and 2 men participated in the study. Some had family, some did not. Some were unemployed and some were retired or on disability pension. Most had been members of Majakka for several years, and some used to go to their premises multiple times a week. Everyone had used the remote services of Majakka, although some only in the form of phone calls.

6.2 Participants' conception of happiness

When asked about the different things that the participants valued in life, things that made them happy, they named things such as encounters and really being seen by other people, religion, music, hobbies, nature, relationships, friends, family, clean environment, and being financially stable.

“Other people. I am pretty social, now that everything has been closed, I have been lonely.”
- Informant g

The concept of happiness and what happiness is seemed to be a difficult question for the participants to answer, and many resorted to naming things that make them happy in life, or things that they were missing; things they were longing for in order to be truly happy. I decided to ask the participants, what is happiness to you, what it means to you, in order to get their own answer instead of any internalized clichés. The participants named similar things that were named in The World Happiness Report too. For example, being capable of making key life decisions and having the ability to influence one's own life.

“For me happiness is that I get to live a life that looks like me, do things that I want to do. Like, pay attention to the things that I want to do in life. And being financially stable... having a roof over your head.”
- Informant b

“For me it is being a mother --- I think that in my life I try to find meaning. --- Being with other people, doing things together, and encounters. Somehow it is really important to me. I think that life is something like sharing and being there for each other. That I am a human being only after I am with other people.”
- Informant a

“Happiness is that you are in balance and accept yourself. And try to live as one with the nature and other people. Have good relationships and clean environment. And that you get by financially.”
- Informant f

Indeed, having opportunities to influence one's life came up in many of the answers, as some said that in order for them to be truly happy, they needed

something meaningful to do, and something to hope for or to aim at. Everyone said that someone can be happy despite having bad days or being sad sometimes. Based on the perception of the participants, happiness seemed to relate very much to life satisfaction. Good health was named as one of the things that some of the participants were missing in order to be happy. Many of the participants emphasized the need for other people and being social and named loneliness as one of the main obstacles for their happiness. From the results, it was apparent that Majakka acts as a great source for social contacts and social life for the participants. In fact, when asked about communality, the participants all agreed that there was communality in Majakka, although not everyone gets along, and conflicts happen every now and then. Many felt that they could be themselves in Majakka, openly talk about their problems and receive peer support there.

“Peer support, here people understand. Everyone has had similar difficulties; everyone is on the same wavelength.”
- Informant g

“I think that I am a sort of inbetween, I am long-term unemployed, and I can be myself here. I cannot be myself in every place like I can be here. I have to think about what to say so that I do not look worse than others, or that I do not give a bad picture of myself. Usually I think, so-called normal people, when you tell them any mental health things, they label you. In that sense, it is good here.”
- Informant c

According to the results, Majakka’s closing came initially as a shock to the participants. To some of the participants, Majakka had served as a reason to get out of the house. Many would have lunch at Majakka weekly and socialize with people or participate in the many activities Majakka offered, and their everyday life would revolve very much around those activities.

“When we received the notification that Majakka will close, I felt like oh ----. Like where can I go to socialize now? --- Majakka helped me to get out of the house.”
- Informant b

6.3 Protective factors

The participants named many things that have helped them during the pandemic, for example exercise such as walking or football, listening to music, Netflix, YouTube, video games, summer cottage, having conversations, concrete help from others, reading, painting, and even mundane things such as going to the store. Also, the remote services and weekly phone calls that Majakka started to offer after closing were named as factors promoting resilience by many.

“I have been walking together with people and then called people who have become important to me. With other people’s help and exercise.”

- Informant a

6.4 Perceived effects

As anticipated, the participants had differing experiences of the perceived effects of the Covid-19 pandemic. Many had perceived negative effects, but nearly all of them had to do with the restrictions that were set upon to stop the spread of the virus. Some had started to walk more in nature than they did before, as they were not able to go to the places they would normally go to. Some had started to find new places to go to and tried out new hobbies, but some said that they had become less active than before.

“I see people even less than before, I do even less than before. I am more at home. Like, locked at home. --- My financial situation has gone to hell because I have stayed at home and have not been able to do anything. Mental health problems for me, they show up as inability to do anything, so it has affected me in that way. And then sometimes I feel desperate, like f--- when does this end, when can we live more like normal again.”

- Informant b

Many perceived that they had experienced more feelings of anxiety than before. Some felt anxious because the pandemic had affected them financially, some felt anxious because they were not able to visit places and see their friends because of the restrictions, and some were anxious because they were afraid of getting sick. Many perceived themselves to be more anxious because of the news and

constantly changing recommendations, and because they did not know when life would go back to normal and what the future would hold.

“I sleep a lot now because I feel anxious. I sleep for almost 24 hours.”
- Informant e

“I do feel more anxious because I am afraid of contracting corona, and knowing that I am this age, it can be really dangerous. I am afraid that I get corona.”
- Informant f

When asked about whether the Covid-19 pandemic resulted into anything good, many said that they had been able to save some money due to places being closed. Some had noticed that their physical ability had increased due to walking a lot more in nature, but some had experienced opposite perceived effects. Some had learned that they are more resilient than they thought they were and had been able to find new ways to ease anxiety and looked for new places to find contacts and encounters with other people.

“I have noticed that I have much more fighting spirit. I think that I have tried to do a lot more than what I am capable of. I have told myself that now I just absolutely have have have have to.”
- Informant a

One participant said that they made a testament due to the Covid-19 pandemic and viewed that as a positive thing. Some named things that they had noticed in their environment, such as the air being cleaner due to there being less air traffic, or they had perceived that there have been fewer common flus because people have been distancing. Some had perceived that people had started to view the little things in life in a different light.

“I think it sort of shakes people’s values. That life is not that vague.”
- Informant d

“Little things suddenly become more meaningful, such as meeting a friend or calling someplace or something.”
- Informant g

6.5 Loneliness

Every participant perceived that they had experienced loneliness, but some said that their experienced loneliness had not increased due to the Covid-19 pandemic. Many felt lonely despite having lots of social contacts.

“Pretty often I feel that I am different than others. And that is probably where the loneliness arises from. I may have many social contacts, but it is like two different things. That deep down I am still alone.”

- Informant a

“I have experienced loneliness. That is why I have stayed in bed.”

- Informant e

However, some said that they had experienced loneliness only because of the Covid-19 restrictions. Many said that they had experienced more loneliness than before due to Majakka being closed.

“I have experienced loneliness because I have not been able to come here. I have not been able to go anywhere where my friends meet. Everyone has wanted to distance because of this corona. I do not have a lot of friends, and then the few that I have, I have not been able to see.”

- Informant c

6.6 Life satisfaction

When asked how satisfied the participants had been with their lives during the past year, and how they would rate their satisfaction on a scale of 1-10 when 10 is very satisfied, the numbers ranged from 3 to 9. Those who felt more satisfied generally attributed it to getting concrete help from other people and being active themselves in seeking that help. The most common number was 7. One person said that usually when they are asked this question, they would say 8 in front of other people, but now because it was just us two, they felt comfortable saying a lower number. However, they still viewed themselves to be generally doing better than other people they knew and probably being more satisfied with their life than those other people, despite saying the lowest number of the participants. They, of course, did not know that they were saying the lowest number.

6.7 Remote services

When asked, whether the participants perceived the actions of Majakka to be sufficient in assisting their well-being and mental health during this time, every participant said that the phone calls the employees of Majakka made had been useful. Many understood that Majakka had very limited options and were forced to close and move on to remote services, but many were sad and disagreed with the closing and the restrictions, nevertheless. They all, however, had come to terms with accepting the situation, and said that the little Majakka had been able to give during this time had been useful for them.

Many of the participants had difficulties with participating in the remote activities that Majakka offered after having to close. Some were not able to participate due to not having the necessary technology, such as smartphone or computer, and some, who were lacking skills in the remote services and using their computers, sought out help from other places in order to learn and were initially able to participate. Still, some did not participate for other reasons such as simply not being interested in online activities.

“It is complete Hebrew to me --- I do not understand anything about the remote activities. I really do not understand how one can play boardgames on a computer. --- I have the technology, but I do not care for it.”
- Informant a

However, those who had participated said that the remote activities Majakka had utilized during this time had been really helpful and they experienced feelings of relief, as they had been able to see other people who go to Majakka and converse with them online. Many said that they had felt less lonely thanks to the remote activities.

“I have noticed that, when Majakka started these weekly Teams-meetings, that I have been able to see people, see people who go to Majakka, like, see their faces. That has been really relieving to me, some contact with other people.”
- Informant b

Also, they had been able receive peer-support, help with filling out forms, and help with other problems and questions through the Teams meetings.

“Whenever I have some problems, I can talk about them with someone. And if I have any questions, which I often have, I have been able to ask someone. That has helped me tremendously.”

- Informant b

However, those who participated in the remote activities also experienced difficulties with them, for reasons such as group settings being difficult for them overall. Some experienced more difficulties with participating in group settings through video calls than they would in live conversations. Some disliked the group settings, because they felt that they could not openly discuss how they felt, and because they did not want to share with everyone in the group.

“You cannot choose people there, here you can. There are many rooms here, you can go to talk to your friend, the person you best get along with. --- There people hear things that they do not necessarily hear if you talk with someone in a room here. Personal things. There they hear everything, the employee and everyone. --- Even if you feel bad, there they cannot take that, you get blamed for it.”

- Informant c

“And in the Teams meetings, I have difficulty all the time because I am not good at group things, and I am really bad at getting the floor to myself when there is more than one person with me. Sometimes I feel like I do not get to say everything I want to say, because I do not know how to function in a group. It is difficult live too, but it is highlighted in video calls.”

- Informant b

7 Conclusion

This thesis aimed to find out how the participants had experienced the effects of the Covid-19 pandemic, and how those effects had affected their perceived well-being. There was also a desire to know what kind of experiences they had of the remote activities.

The concept of well-being and happiness was very difficult for the participants to describe. Based on the participants' narratives, happiness seemed to include concepts such as having the opportunity to influence one's life, having meaningful things to do, having good relationships with other people, being financially stable, living in a good clean environment, and being healthy.

As was seen in a 2013 Finnish study before (chapter 4.2.2), those who are better off in the society tend to also perceive the quality of their life in better terms, and disability, unemployment and poverty were the biggest risk factors for poor quality of life. Furthermore, loneliness was common for the unemployed and elderly (Vaarama et al., 2014: 30-34.) The participants were disadvantaged in society in multiple ways, for example by being unemployed and having mental health issues. These showed in different ways in the results, for example many felt that they had limited abilities to affect their situations, or they felt like inbetweeners or outsiders in the society. Also, many of the participants were elderly and loneliness came up a lot in the interviews. Although loneliness was apparent for all of the participants regardless of their age; everyone stated that they felt lonely often.

Some had perceived the effects of the pandemic to affect them very little, whilst some said that they perceived themselves to feel lonelier and more anxious than before. According to the narrative of their experiences, they were feeling more anxious for reasons such as places closing, everyday life changing, becoming unemployed, constantly changing restrictions, and fear of contracting the virus. Many of the participants perceived themselves to be lonelier than before because they were not able to go to their usual places for socialization and because they had to think about social distancing. This would be in line with some of the studies discussed earlier in the thesis. However, some said that they did not experience more loneliness than before, as they had been just as lonely before the pandemic.

The participants also had differing experiences of the remote activities, as some had not been able to participate in them at all because they were lacking necessary technology or skills. However, those people had utilized the weekly phone calls, and some had participated in the outdoor walks and perceived that

those had been beneficial for their well-being during this time. Those who participated in the remote activities also said that they had been helpful, and they had enjoyed seeing their friends through Microsoft Teams. They perceived that it had decreased their feelings of loneliness. However, they had experienced difficulties participating in the group settings despite generally enjoying them. Some said that it was difficult for them to get speaking turns, and some said that they disliked having to share with everyone in the group.

Based on the participants' narratives, they use the services of Majakka in many different ways in their everyday life. Obviously then, when Majakka had to close it turned the participants' everyday life upside down. In many of the interviews, this turned out to be the biggest concern for the participants during the Covid-19 pandemic. If anything, it is safe to say based on the results that Majakka is very important to the participants and serves as a great source of peer-support and social contacts for them.

8 Discussion

I decided to conduct interviews to get a more in-depth response, and that turned out to be absolutely necessary for a study where the aim is to find out what kind of experiences people have had. Every interview situation was slow-paced and calm, and I made sure that there were no interruptions on my end. I asked a lot of background questions to understand the full situation of the participants and the reasonings behind their experiences and how they were feeling. In short, I asked a lot of "why" questions. Many of the participants opened up about really deep and intimate details to me and told me about things they said they usually do not open about even in Majakka. Therefore, I think it is safe to say that the participants felt that they could trust me and experienced me as a non-judging and safe person to tell these things to, even though we were meeting for the first and possibly the last time. Perhaps it was precisely for this reason that they felt at ease to have these deep conversations with me, despite the recording of the conversations.

The questions of life satisfaction revealed that it is very subjective and studying perceived life satisfaction with numbers is very difficult. It proved to be more efficient to ask about why they were feeling dissatisfied/satisfied rather than asking the participants to name numbers on a scale, as the numbers told me nothing in this qualitative study with small sampling. I, however, wanted to include this question because I thought that it would give me some kind of direction of how the participants perceived their life satisfaction during the past year. The question in itself was faulty, as they could have said something completely different on a different day. Emotions and memory are very much at play.

Based on the informants' experiences, the participants had perceived the effects of the pandemic in multiple different ways, and some initially said that the effects had not affected their perceived well-being at all. However, in their answers they revealed that they too had experienced more feelings of anxiety than before, were it for the fear of getting the virus or just everyday life becoming more bleak. However, the participants were interpreting their own narratives, and memory is never a reliable source of information.

Despite that, these findings indicate that the Covid-19 pandemic may have caused these mental health rehabilitees to experience more feelings of anxiety, according to the perception of these participants, and thus affected their perceived well-being negatively. Most of the participants also felt that they had limited abilities to socialize during this time and perceived themselves to be lonelier than before for this reason. Furthermore, the participants agreed that the services Majakka had offered to them during this time had been useful for them, despite some having difficulties with the remote services.

More studies could be done on whether mental health rehabilitees have perceived the effects of the pandemic or the use of remote services differently than those who do not suffer from mental health problems. Or this study could be repeated again after the pandemic to look at the potential long-term perceived effects of the pandemic for the participants. There is a need for more information about the long-term effects of the pandemic, and even studies of perceived

effects are necessary in order to hear people's own narratives of how the pandemic has affected on a grass roots level.

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Appendix

Interview themes / Haastattelurunko

Tausta:

1. Kerro hieman itsestäsi.
2. Minkä ikäinen olet?
3. Työskenteletkö? Opiskeletko?
4. Kauanko olet ollut mukana Majakan toiminnassa?

Koronan vaikutukset:

1. Miten arkesi on muuttunut korona-aikana?
2. (/Miten koronarajoitukset ovat vaikuttaneet sinuun?)
3. Miltä se on tuntunut?
4. Miten korona-aika/korona on vaikuttanut oireisiisi?
5. Oletko kokenut yksinäisyyttä korona-aikana? Miksi/miksi et?

Hyvinvointi:

1. Millaiset asiat ovat parantaneet hyvinvointiasi korona-aikana?
2. Millaiset asiat ylipäättään tekevät sinut onnelliseksi?
3. Mitä mielestäsi on onnellisuus?

Tukitoimet:

1. Miten Majakan järjestämät etäryhmät (bingo, levyraati, chat, Teams, lautapeliryhmät) ovat vastanneet tarpeisiisi?
2. Oletko osallistunut ryhmiin? Jos et, miksi?
3. Jos olet, niin millaista apua ryhmistä on ollut?
4. Onko Majakassa yhteisöllisyyttä?
5. Olisitko kaivannut jotain?
6. Haluaisitko lisätä vielä jotain? Heräsikö muita aiheeseen liittyviä ajatuksia mieleen?