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MENTAL HEALTH MATTERS

A PAMPHLET ON MENTAL HEALTH SERVICES FOR ENGLISH
SPEAKERS IN HELSINKI.

ABSTRACT

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MENTAL HEALTH MATTERS: a pamphlet on mental health services for English speakers in Helsinki

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This thesis aims to promote the access of information for English-speaking mental health service users which fosters their empowerment thus increasing self-determination and participation in the community. This product-based thesis produced a tri-fold pamphlet in English language, providing information on mental health, types of mental health practitioners, process of seeking mental health care, emergency contacts and information on the work life partner Psychological Practitioners Finland (PPF) ry. The pamphlet also works as a bridge to PPF's website; www.mentalhealth.fi which shares consolidated information on mental health.

The pamphlet was created using a free software where information used in the pamphlet was based on feedback received during the website creation project. Mental health service users were unaware of their rights, obligations, and the procedure in seeking mental health care hence the need to provide comprehensive information.

The evaluation of the pamphlet and the development process provided further information on the need for information on mental health services. It further encourages the collaboration of like-minded organisations in supporting the promotion of inclusivity of individuals in the society.

Keywords: Mental health, mental health services, migrants and immigrants, language barrier and pamphlet.

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1 INTRODUCTION

Globalisation and migration have both led to diversity in language and culture in many countries, some of which had enjoyed many years of having a homogeneous language and/or culture. Provision of health care, especially mental health requires an understanding of not only cultural diversity but ability to communicate effectively and understanding the need of migrants. As research has shown, people of migrant backgrounds have more prevalence to poor mental health than the general population. This vulnerability can be attributed to various factors like their migration journey, reasons for migrating, their integration journeys or living and working conditions in the host country (Refugee and Migrant Health, 2022).

One fundamental aspect in effective mental health intervention is communication in a common language especially one comfortable for the people who receive the services. Mental health service providers require relevant information from the patient for treatment planning which tends to rely on the spoken communication in many instances. Common language offers an opportunity to collect information from the patients on symptoms, personal and family health history, build trust, offering encouragement and an opportunity to address any negative attitudes towards seeking mental health care. Differences in language and culture provide an opportunity for miscommunication, misunderstanding or misdiagnosis. (Mirza et al., 2020).

This product-based thesis will present the process of producing a pamphlet that aims to share information on mental health. It is also a complementary tool which points the mental health service users to a website that offers a variety of information related to mental health and a consolidated list of available mental health services for English speaking residents in Helsinki. This leads to the empowerment of individuals, which according to WHO Regional office for Europe (2010) enables them to improve their health-related life circumstances. They can therefore take better control of their lives and participate better in society and move from a state of powerlessness ("User Empowerment in Mental Health - a Statement by the WHO Regional Office for Europe," 2010).

The thesis project is because of cooperation with the association Psychological Practitioners Finland ry (PPF), a non-profit and volunteer based professional association for psychologists and psychotherapists who have been trained outside Finland. The professionals work with the international and foreign-born community in Finland. The pamphlet is a complementary tool to the organisation's website; mentalhealth.fi/ that was a result of a project between the DIAK students' team and the organisation. This allows the association to share knowledge on a wide scale, cooperate with other like-minded societal parties and inform the public of their services.

2 BACKGROUND OF THE PROJECT

This chapter introduces and defines the thesis project's background, the work life partner, and the role they played in this thesis project. Additionally, the description of the target group and stakeholders, including their relation to the topic and thesis work is explained.

2.1 Thesis Project Context

The idea for this project-based thesis stemmed from a project in which this thesis' group members participated in between January and April 2022, as part of Diaconia University of Applied Sciences' (DIAK) course - Project Management and Innovation (PMI)- in the second last semester, under the Bachelor's Degree Programme in Social Services. The aim of the course for the students was to learn and understand the project lifecycle management, through the process of developing and managing projects (DSS 2016 - Opinto-opas, n.d.).

Working together with The Psychological Practitioners Finland ry (PPF), as a work life partner, the thesis team was to support PPF in launching their mental health website, www.mentalhealth.fi. This would be by gathering information from various mental health service users and service providers. The gathered information would be used as content on the website. PPF members while

interacting in their work with individuals who do not speak Finnish or Swedish language, understood that these individuals did not have information regarding mental health services offered in English and neither were they aware of their rights and obligations in seeking mental health help and support. The website, therefore, would provide information on mental health, including available mental health services in Helsinki for English speakers. It was hoped that having that information available would raise awareness of the English speakers in Helsinki and empower them into positive participation in society and self-determination.

The project was successful, and the website was launched. There was, however, need to expand the reach of the website. The thesis team and the work life partner PPF upon discussion realised that the website had potential to reach more people and bridge the gap of the scattered information on what mental health services were available. It was mutually decided by both teams that the project would be furthered as thesis work project. According to Dobson (2015), a project is a means of solving a problem or taking advantage of an opportunity with the premise that the result will be beneficial to the end user. It can further be explained that projects arise due to various reasons and are effective in driving change (Posner et al., 2008, 7). This thesis is as a result of taking advantage of an opportunity to further reach individuals and sharing information with them.

2.2 The thesis project

The initial thesis plan was to carry out interviews with more mental health service providers in Helsinki and use the website as a basis for the interview questions. It was hoped that a better understanding of the available mental health services in English language, in Helsinki would benefit service users, if these services were compiled into a comprehensive guidebook. However, due to unforeseen and unpredictable circumstances, the work life partner PPF was unable to publish the website within the timeframe of the thesis submission. This affected the whole project plan and changes to the planned project work, timeline, and product had to be made. These circumstances were limiting factors

to the thesis team, which in project work are known as project constraints. Project constraints are any factors that impact the quality of a project, how the project work is delivered or the accomplishment of the project (Dobson 2015, 8).

Upon discussion and evaluation of the situation, the thesis team brainstormed and proposed possible thesis project products. The idea to create a pamphlet with information on mental health and available mental health services in Helsinki, for English-speakers was submitted to the work life partner PPF. We decided on this project because we believed that information on mental health and mental health services is never enough. We wanted to bring awareness by providing relevant information on mental health and mental health services in Helsinki for English-speakers with the pamphlet. This would also bring visibility to the association and the possibility of future collaborative endeavors with other like-minded organizations while the English-speakers would benefit from information through the association's website. It would be a gateway to accessing mental health support and care.

2.3 Work life partner

The thesis work-life partner is Psychological Practitioners Finland ry (PPF), referred to as PPF in this thesis report. It is a non-profit, volunteer-based association for psychologists and psychotherapists who have completed their training outside of Finland. The association supports foreign trained professionals by organizing meetings and training in addition to offering skill and language-based networks. PPF further provides information to the public on various services provided by its members and general mental health information.

The PPF association members work with the international and foreign-born community in Finland, and they have become aware of their need for information on mental health and mental health services. Additionally, it has become apparent to PPF that those international and foreign-born individuals seeking mental health services, lack knowledge about their rights and obligations in seeking the services. By offering the pamphlet, the association would

share some information on mental health and their website www.mentalhealth.fi , which consolidates and lists various services offered by its members, for example, psychotherapists, psychologists, and other mental health service providers in Helsinki.

During the thesis project process, the PPF contact person was the association's chairperson, who is a clinical psychologist by profession. Two other association members were instrumental in sharing their suggestions, professional knowledge and expertise that was beneficial to the thesis team's work.

2.4 Target group and stakeholders

Identifying the target group is essential since it is the group of people that benefits from the outcomes of the project. The target group acts as a motivating factor that presents insightful information on how to offer tailor-made products or services that impact them positively (inquirED, 2020). Through the reforms, the responsibility of organising these services shifts from the municipalities to welfare services counties that will be set up. The changes are effective in 2023 and understanding how this development effects service provision and access is beneficial to the service users. This means that the information shared with the service users would be correct and regularly updated. (Sosiaali- ja terveydenhuollon uudistus - sote-uudistus, n.d.). The identified target group for this thesis work is individuals residing in Helsinki, who are either foreign-born or those who have returned to Finland (international Finnish people).

Project stakeholders are a vital part of any project because they are the people or organisations that are directly affected by the project outcomes. Their identification is crucial as they affect the project from the problem or opportunity identification stage to the implementation of activities to resolve the problem or creating a new product or service (Dobson 2015, 24-26). Stakeholder's level of importance should also be clarified during the planning stage to enable engaging them for the achievement of positive project outcomes (Centers for Disease Control and Prevention (U.S.) p. 168-169).

The project's stakeholders in this thesis project are mental health service users which includes our target group. As, the mental health service providers offer the services, we seek to inform our target group about basic healthcare provides by Helsinki Municipality. Its responsible for organising all the health care service as, from 1 January 2023 the Municipality will not play a direct role of providing the services but will help to promote the wellbeing of the residents (Hyvinvointialueille siirtyminen, z.d.-b). The public sector provides services through private international or local companies organization.

The work-life partner Psychological Practitioners of Finland (PPF) ry are also stakeholders since they are directly involved in the project. The association members offer mental health services to different groups of individuals. They can identify the needs in society and take advantage of their ability to propose ways of dealing with the different problems faced by service users. The association has the potential as an advocacy agent, to suggest ways in which policy makers and other parties develop and offer services, especially to the target group identified in this thesis work.

The international and local companies are other key stakeholders in this thesis project. They employ international employees who fall under the target group segment. These companies are the first point of contact and the link between the new employees and society, and they can be approached and used as a source of information for the target group. PPF can therefore tailor make info packages that can be shared with these companies. These companies promote healthcare for the people who work with them, especially the mental wellbeing of the people. These companies play a role in promoting the services which are available for their people. The third sector, which refers to non-governmental organizations (NGOs) plays a direct role in providing services which are mostly free of charge to the service users. They bridge the gap that is experienced in the public sector.

Other stakeholders are other like-minded organisations that offer mental health services to the target group and/or other groups that are in contact with the target group. By identifying them, possible cooperation between PPF and these organisations could be beneficial to the target group. It means that joint

work efforts can better offer targeted services and reduce duplication of services. Additionally, the thesis team and mostly PPF needs to follow the developments in the healthcare, social welfare, and rescue services reforms closely.

2.5 Similar work and other projects

The Helsinki Municipality currently provides mental health information and services mostly in Finnish and Swedish languages. Information in English and other languages is not as comprehensive. The municipality offers mental health services in selected mental health stations and at the mental health service unit Mieppi. At the mental health service unit Mieppi, mental health discussion support is offered free of charge and interpreters are available for those who do not speak Finnish or Swedish (Mental Health Service Unit Mieppi, z.d.). There are various projects, handbooks, pamphlets, and guidebooks related to mental health provided by other organizations however, they are also mostly in Finnish and Swedish languages (Mirza et al., 2020). There are few in other languages like Arabic, Somali or Russian. Some of these organizations are Mieli ry and Finnish institute for health and welfare (THL).

Mieli ry, is a Finnish association working to promote mental health and offer support in crisis situations. The association has carried out many projects, produced handbooks and posters that promote mental health, and its services are mostly in Finnish language, but only a limited amount of those are available in English language. Mieli ry's English version of the website offers a handbook for children like Child's mind and guidance posters for mental health like hand of mental health, roller coaster of emotions, however, one might need to pay for them (*What Does MIELI Mental Health Finland Do, 2022*). There are several brochures, posters and videos available in Mieli ry's websites, but there is not much information in English on the website. Meili ry also posts information about their upcoming projects through their social media (Facebook, Instagram) and advertises the available services.

The website www.infofinland.fi provides helpful information on housing, education, work, healthcare, and information on mental health services in Finland

for those who are planning to move or have already moved to Finland (Your guide for living in Finland, z.d.). The website is available in different languages which is helpful for the immigrants but at the same time it might be difficult to navigate through since the information provided is across different sectors and is mixed. In essence, the website www.mentalhealth.fi would be a simpler and targeted source of mental health information as it only contains information related to mental health and mental health services available in Helsinki.

The Finnish Institute for Health and Welfare (THL) has many projects which have been organized to help the immigration sector of Finland. Projects like PALOMA Training, which is free of charge is meant for the wellbeing of the immigrants. Another is Mental Health for Migration: Psychoeducation and Mental Health Promotion for Newly Arrived Refugees (TUULI) where surveys have been conducted on the well-being of the foreign-born population on Finland (FinMonik 2018-2019) to know the mental health status of immigrants (PALOMA-Training - THL, 2021). The PALOMA center provides support for all the professionals and organisations working with the mental health of people from refugee backgrounds. In the center, they have PALOMA training, which is free, web based which is comprehensive training package. This includes all the basic information about encountering people with refugee backgrounds and fostering their wellbeing in Finland (PALOMA-Training - THL, 2021). The pamphlets related to mental health services are hard to access unless one visits the organization's offices, its website, or social media platforms. Recently, due to the covid19 pandemic, information had to be digitalized, and the pamphlets with information on available mental health services in English is limited.

3 AIM AND OBJECTIVE OF THE PROJECT

This chapter explains the aim and the objectives of the project that the team and the work-life partner sought to achieve.

3.1 Aim of the Project

An aim refers to a broad statement that acts as a guide to any project that has an intention to create change. The intention acts as the driving force behind the desire to achieve a particular goal. As stated by Posner et al (2008,16), the project aim should include a description of the form in which it will be realized or experienced by the end user. The aim of our thesis project was to share information on mental health to empower people to talk about mental health and seek the help they need.

3.2 Objectives of the Project

Objectives are the statements on how a project seeks to accomplish its overall aim, by defining the measurable steps of action to reach the desired outcome. In research by Griffin (2015, 98), well formulated objectives act as a guiding tool to keep the project team on track. Our thesis project objectives were formulated using the SMART technique. SMART is an abbreviation for Specific, Measurable, Achievable, Relevant, Time-bound and it was formulated by George T. Doran in November 1981.

The objectives of this thesis project were: one, to create a pamphlet sharing basic information on mental health and available mental health services. Two, to direct mental health service users to PPF's website that has consolidated comprehensive information on mental health and available mental health services for English speakers in Helsinki (Mental Health | Getting Mental Health Help in Finland, n.d.). Table 1 below shows the project aim and objectives.

Table 1: Project aim and objective 1

Project Aim	Project objective
To share information on mental health to empower people to talk about mental health and to seek the mental health help that they need.	To create a pamphlet that shares information on mental health. To direct mental health services users to PPF's website www.mentalhealth.fi that has comprehensively consolidated information on available mental health services in English, in Helsinki.

4 PROJECT KEY CONCEPTS

This is a project-based thesis. The keywords that will be frequently used during the thesis process are mental health, mental health services, migrants and immigrants, language barrier, and pamphlet. This chapter will explain the definitions and relevance of each concept within our project thesis.

4.1 Mental health

Mental health is an integral and essential part of an individual's health, and it is impossible to live a healthy life without mental health (Mental Health: Strengthening Our Response, n.d.). Mental health is all about how people think, feel, and behave and the term can sometimes mean the absence of a mental health disorder (What Is Mental Health? 2020). Several factors like social and financial circumstances, biological factors and lifestyle can shape people's mental health and good mental health state depends on the balance of all these factors (What Is Mental Health? 2020). The mental health state indicates that a person can form and maintain affectionate relationships with others, perform social roles that are typically played in their culture and to

recognise, accept, manage, and communicate positive actions and ideas (Bhugra et al., 2013).

Mental health can affect how individuals live daily, how they interact with others and their overall physical health. According to the World Health Organisation (WHO), mental wellbeing is a state of mental health where individuals can cope with life stresses; by acknowledging them, realizing how to use their abilities to cope with them and still learn, work, and contribute to the society. (Mental Health: Strengthening Our Response, 2022). It has increasingly become important, especially after the recent pandemic, to take steps to ensure that we maintain our mental health. This burden lies not only on individuals but on society at large.

This thesis's main heading mental health matters has a double meaning. First, mental health matters refers to mental health as an integral part of every individual's wellbeing and their ability to function in society. Mental health should therefore be considered seriously. The second mental health matters points to factors that encompasses the topic of mental health: how mental health is perceived, different mental health disorders and how they are treated, available mental health services and their accessibility by members of society who might need them. By providing information that empowers the mental health services users and the general public, self-determination is fostered through mental health awareness.

4.2 Mental health services

The mental health services refer to services which are aimed at preventing the threat to mental health – the problems and consequences. The mental health services include providing guidance, advice, psychosocial support, support in crisis situations, study, treatment, and rehabilitation of mental health problems. The promoting of mental health can also be considered as mental health service. In Finland, the ministry of social affairs and health is responsible for all the legislation related to mental health services along with the regulations related to treatment and other official governance. The wide range of NGOs (third

sector) provide mental health services in Finland. The private sectors are significantly providing services and its important, particularly in psychotherapy (Mental Health Services - THL, n.d.)

Various mental health interventions have been formulated where promotion and prevention activities identify factors affecting mental health on the individual's social and structural levels of society. These are then utilized differently on individuals, specific groups, or even whole populations with the aim of reducing risks, building resilience, and establishing supportive environments for mental health. (Mental Health: Strengthening Our Response, 2022).

The work life partner PPF, through the work of its members was able to identify the need for information on the available mental health services, more so, by the English-speakers in Helsinki. This is because most of the available information on mental health is in Finnish or Swedish. Additionally, the scattered nature of the information also indicated that there was need to consolidate the information and empower the service users on their rights and obligations while seeking those services. By carrying out this thesis project, the information gap would be bridged, with the hope of empowering the target group.

4.3 Migrants and immigrants

A person who moves away from his/her place whether within a country or across an international border, temporarily or permanently due to many reasons are migrants (Who Is a Migrant? n.d.). There are many reasons behind migration: voluntary which can be for work, education, family reunion and marriage or involuntary to seek asylum due to special circumstances. Migrants who settle in one place are known as immigrants. Migration can bring drastic changes in day-to-day life which too can affect mental health. Immigration in Finland is growing rapidly with about 6.8% of the Finnish population having been born outside than Finland in 2017 (Kieseppä et al., 2019b).

Migrants and immigrants might develop mental health problems due to the stress of moving to or living in a new country, learning, and having to speak a

new language, or adjusting to a new culture. According to research by WHO (2021), many migrants may experience distress like fatigue, hopelessness, difficulty sleeping, anger or sadness and with time, these reactions may improve. The people who develop mental disorders need psychological, physical, and social support (Mental Health and Forced Displacement, 2021). Most of the governmental services are free of charge and available in Finnish or Swedish hindering access to the services. Other challenges being cultural, language and financial barriers.

In its recommendations on how to support the mental health of migrants, WHO (2021), states that culture and language should be considered while mapping out interventions of migrants. These considerations guide the adaptation of services provided to suit the needs of migrants while ensuring that they fall under the mental health national guidelines and policies. Improving communication between different mental health practitioners and assuring continuity of service provision to the migrants can support them in overcoming barriers to positive mental health (Mental Health and Forced Displacement, 2021).

4.4 Language barrier

Clear communication between mental health service providers and service users is imperative in supporting the mental health of individuals. In Finland since 1992, Finland has been officially a bilingual country with two national languages - Finnish and Swedish. When language is a barrier, the diagnosing and identification of problems becomes a challenge hindering timely intervention. In research by Mirza et al., recent migrants have a higher chance of experiencing problems accessing mental health services due to their lack of information especially in cases where language is a huge barrier to information on available mental health services (Mirza et al., 2020).

Information on health and welfare services in Finland is mostly in Finnish and Swedish. For individuals who have recently migrated to Finland, finding the right information for their needs can be challenging. The information on different services is also scattered, and one needs to spend a considerable amount

of time to find the right place to visit. The language barrier hinders the non-Finnish and Swedish speakers from accessing significant services and opportunities. This might cause them to experience struggles in different ways which lead to unstable financial status. The available information on mental health and mental health services in English and other languages is also scattered, requiring service users to spend a substantial amount of time researching for the appropriate service provider. In a population-based survey research by the Finnish Migrant Health and Wellbeing Study (Maamu) among Russians, Somalis, and Kurdish origin migrants, results showed that the mental health of the immigrants is poorer than the natives which can also be linked to unstable financial state (Rask et al., 2015).

4.7 Pamphlet

A pamphlet is a tool that contains clear and simple to read information that can deliver a clear message to the reader. It can be used for advertisements or as a means of conveying general information. It is often used as a marketing tool by companies or organisations to communicate to clients of their business offerings. These can be about products or services being offered. Considering the usefulness of the pamphlet and the information therein is crucial as it affects how the target group interacts with it. Its usefulness to the target group affects the duration they stay with it and if they pass it on to others user ("7 Things to Consider for Effective Brochure Design," 2017)

The design of pamphlets is created in a manner that captures the attention of the potential client and its content is written in simple and easily understandable language. A pamphlet therefore has multiple purposes and educating people or informing and empowering the potential client is a crucial one ("Type of Information can you get ready made pamphlet," n.d.). In this case, the mental health pamphlet creation plan was to use tones that would be pleasant to the target groups eyes and template used would be one that encompassed calming design flow while at the same time drawing the clients to want to read the information in it.

With the use of technology, it is possible to use online templates that have been designed and made available either free to use by modifying the design and colour and adding your own information, while others are made available for a small fee. In the case of this thesis project's pamphlet creation, a free template was used. The thesis team and the work life partner-PPF worked together in modifying the template and compiling the information added to it.

5 DEVELOPMENT PROCESS AND METHODS

This chapter will explain in detail the implementation process of the thesis project. This will include the schedule and division of work by highlighting the tasks and time frame. Additionally, the risk assessment and the ethical consideration made in carrying out the project will be considered. Finally, an explanation on the budgeting and financing of the project will be discussed.

5.1 Implementation

The decision to produce a pamphlet rather than a mental health information handbook as initially communicated in the thesis idea and proposal was because of feedback that was received during the thesis proposal presentation. Since the thesis work was linked to a project the thesis team was earlier involved in, a distinction between the previous project's output and the thesis product needed to be established. The previous project work produced information that was used to inform the work life partner PPF's website www.mentalhealth.fi. The handbook would also have carried the same information which would have been a duplication of work.

Time constraint was another factor leading to changing the project outcome. The work life partner would not have been able to meet the deadline of updating the website for the thesis team to use the information to create a mental health information handbook. The idea of creating a pamphlet that complemented PPF's mental health website was the best option. In this case, the

pamphlet guides the target group to the website by giving a glimpse into the information found in it.

The project schedule is the method of breaking down the project objectives into actionable tasks that guide the project's team to work according to the project's plan and optimal use of project resources. Implementation of a project is the stage at which the action according to the plan (Lutkevich, 2021). A detailed plan is provided in table 2 below.

Table 2: Process of thesis Implementation

Timeframe	Project Phase	Project Tasks
July 2022	Planning	<ul style="list-style-type: none"> • Discussing with the work life partner of the idea to change the product • Discussion on pamphlet • Research on pamphlet creation • Research on pamphlet layout • Research on pamphlet creation platform
July – August 2022	Implementation	<ul style="list-style-type: none"> • Compiling content for the pamphlet • Collecting feedback from possible services users • Collecting feedback from the organisation • Finalising the pamphlet
August 2022	Product Evaluation	<ul style="list-style-type: none"> • Evaluating the pamphlet creation process
September 2022	Thesis manuscript presentation	<ul style="list-style-type: none"> • Presenting the thesis manuscript in the thesis seminar

5.2 Creating the pamphlet – Anne and Sunita 21.11.2022

The process of creating the pamphlet took place over three months from the development of the pamphlet design concept to submitting the final version of the pamphlet to the work life partner organisation. This section will detail the stages of development we undertook to create the pamphlet. The development process was broken down into three stages which allowed us to break down each stage into manageable tasks, allocate time and monitor accordingly.

5.2.1 Stage one

A brainstorming session was held in July 2022, where the thesis team had to consider a new project outcome because the initial thesis idea would not be viable due to the slow process updating the organisation's website. We discussed ideas as a group and shared the proposal of creating a pamphlet. After further brainstorming sessions and deliberating with the work like partner, it was concluded that a pamphlet offering mental health information in English, would encourage English speakers seeking mental health support to find help. Additionally, it would discuss mental health services in Helsinki and direct them to the organisation's website which has consolidated comprehensive information on mental health and available mental health services in English in Helsinki.

5.2.2 Stage two

At this stage, we began to brainstorm ideas of information that would be included in the pamphlet. We focused on the service users' needs, considering what information would be a priority. We compiled information on current, relevant, and useful mental health services that was available for someone in need of mental health services care. Additionally, a short explanation about the work-life partner's mission in supporting the service users access mental health support in English by providing information would include. Once the

pamphlet idea was finalized, gathering of the information was decided by carrying out research into pamphlets that already exist. We looked for ideas which we could incorporate into our own pamphlet. Many different layouts were possible, we it was decided that a tri-fold pamphlet would be the best option.

After our research, we began to compile the information together into a draft pamphlet that would be shared with the work life partner. This would help in collecting feedback and give an understanding of what the product would look like. We chose to use the work-life partners website colours as a basis for the pamphlet however, the organisation did not like the colours and suggested using the blue colour from the organisation's logo.

Th first draft also focused on information on reducing the stigma of mental health. The work organisation felt that the issue of stigma was not a key issue in Finland and therefore would not be a focal point of the pamphlet. Their wish was instead to include information focusing on the ways in which to access mental help and support with particular focus on the language aspect.

We were given feedback on the language and terminology to be used in the draft pamphlet. With the feedback from the organisation, we were able to focus our pamphlet more on the importance of seeking mental health help and how to seek help. This led to the development and creation of our final pamphlet (Appendix 1).

5.2.3 Stage three

Once the pamphlet was ready, we sent it to the work life partner for their approval. Also, at this point we asked for feedback and their evaluation regarding it. We requested informal feedback from the different PPF workers via WhatsApp and email. Following their approval, the pamphlet was ready to be printed and used and distributed by the work organisation. The finished version of the pamphlet was then shared with service users and their feedback was used to evaluate the content and information in there.

5.3 Division of work

The thesis work was divided equally between the team members with emphasis on the members' strengths in producing the work. All group members have their own skills, knowledge, and capacity therefore work was distributed accordingly. Each team member understood their responsibility through participating in the brainstorming sessions, constant communication, report writing and supporting each other. In cases of difficulties or challenges regarding the work, the team was in contact to support and assist one another. The table below shows details of the project tasks, the responsible team member and time.

Table 3: Project work division of labour

Dates	Tasks	Responsible person
March 2022	Meeting with work life partner	All
2 July 2022	Change in work plan make product into pamphlets	(idea) Márcio and others agreed later the idea
3 July 2022	Discussion about pamphlet design	All
3-15 July 2022	Research about pamphlet	All
15 July - August 2022	Creating the pamphlet	Márcio and Anne
Last week July - August 2022	Adding content onto the pamphlet	All
August 2022	Send pamphlet for work life partner feedback for changes	Márcio and Anne
August 2022	Changed on pamphlet as per work life partner feedback	All

30 August 2022	Final version of pamphlet	Márcio
August - 1-3 September 2022	Send pamphlet for more feedback to work life partner and others	All
4- 5 September 2022	Evaluation of the feedback	All

We, as a group, worked very well and had open and honest discussions when needed. In every group, the main thing is supporting each other's when someone is lacking and in our group everyone was supportive. It is not like we did not have a problem in our group, the main problem was time management. Most of the members were working so due to this it was hard many times to work together as a group. Despite having problems or difficulty, we as group had one and one conversation and tried to solve it. We make sure we communicate about it rather than complaining and not talking about it. We always communicate through WhatsApp messages and calls if someone is having difficulty with their parts. We worked as a group in our project and had teamwork in every step of our project process.

5.4 Risk Assessment

For a project to be successful, conducting a thorough risk assessment at the beginning is imperative. Dobson (2015) describes a risk to be an uncertain event or incident that if it occurs, the impact may affect the outcome of the project severely. Identifying risks helps support the project's success in two keyways. First, by identifying risks in the early stages you can successfully plan your project and avoid those risks from occurring. Secondly, when you are aware of the risks, you can plan solutions for them and monitor them throughout the project. This allows the project team to be aware of the potential risks, plan for the eventuality that they would arise and enable them to successfully navigate them without jeopardizing the project's end goal (Dobson 2015, 204).

The thesis project's risk assessment was carried out using a SWOT analysis. SWOT is an acronym for strengths, weaknesses, opportunities, and Threats and the framework development is credited to Albert Humphrey in the 1960s and 1970s. The framework allows a project team to evaluate the internal environment's strengths and weakness of its project while considering the external environment's opportunities and threats. By conducting a project SWOT analysis, we were able to keep realistic timelines while updating our work plan regularly when need arose (Schooley, 2022). The work plan is shared in chapter five.

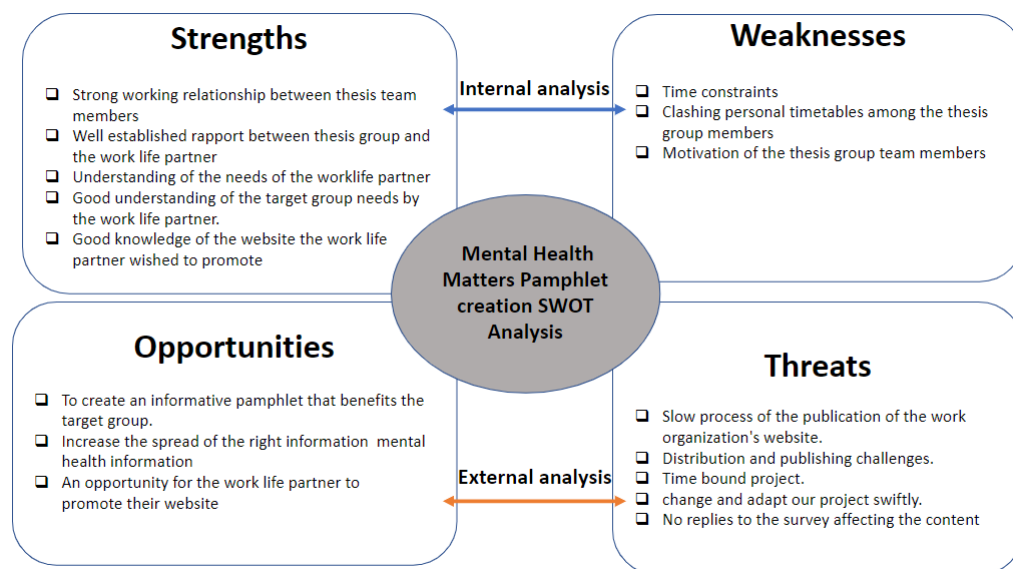


Figure 1: SWOT analysis of the project

The project strengths and opportunities are positive factors and should be maximized while the negative factors, the weaknesses and threats reduced so the risk of occurrence are minimized. The fact that we had a good working rapport with the work life partner meant that communication channels were open, and the best communication channel had already been established. Our needs and those of the work life partner had already been clearly communicated thus reducing the risk of any delays on communication. We hoped that this, and the knowledge we possessed of the target group's need for information on mental health services in English in Helsinki, would motivate us to meet the project aim and objectives. The analysis would benefit us in

developing the pamphlet and making sure it was appropriate and useful to our target audience.

The weaknesses and threats that had been identified allowed us to keep requesting updates from PPF. The use of our internal evaluation process allowed us to foresee the slow process of the publication of PPF's website. This had been our main concern from the outset and one we followed. The threat meant that implementing our initial thesis idea would be impossible. Having noticed that the threat was imminent, we were able to propose changes to the project product. We therefore regrouped, brainstormed, and came up with a new idea that we would share with the PPF team.

5.5 Resources and financing the Project

The project did not have any budget requirements. PPF bore the financial costs involved in updating their website during the PMI project development process. We carried out research on mental health services and adding information to the pamphlet. We used free pamphlet design and creation software. The idea of the pamphlet was discussed in different conversations with the organisation's CEO and the organisation's members. The concept was developed with the idea of advertising the website, which was created with the help of our thesis group in another course and promote information. Our main goal was to promote the website, make people interested in the content that has been published and at the same time, spread information on mental health support vehicles for English speakers in Helsinki.

As we shared tasks, one member took the responsibility of developing the pamphlet foundation and content and it was further discussed and developed with the other team members with the help of the organisation's feedback. During the research for template and formats to use, a suitable sample format was identified, and it was shared with the work life partner for approval in terms of information layout, graphics, and colour scheme. The research of the pamphlet took about five days to be completed because of the evaluation and comparison with other pamphlets found from various search engines. Each search

gave us new insight that some changes were made. We had to wait for the approval of the organisation in terms of content, how it was used and placed on the pamphlet. In fact, after the updates and editing, the pamphlet just got ready at the day of the submission of the revised manuscript.

Other resources included the use of our own laptops, internet connections, time as well as the use of a free survey software to conduct the evaluation of the pamphlet. We had to navigate through our own individual timetables and sought to set meeting times that were suitable for all the team members.

6 THE MENTAL HEALTH MATTERS PAMPHLET

This chapter will explain the pamphlet, its content, and the relevance of the content to the project.

The tri-fold format pamphlet, attached as appendix 1, was the final product of this thesis. It was created within 3 months and an additional month was spent on collecting feedback, making amendments, and the evaluation for pamphlet and thesis work. The aim of creating the pamphlet was to sharing information on mental health and most importantly, to guide the mental health service users to the website (www.mentalhealth.fi) which had been created by our work life partner Psychological Practitioners Finland ry (PPF). The website was because of collaborative work between our team and PPF during a course -Project Management and Innovation (PMI) course.

The website has information in English on mental health, types of mental health practitioners, available mental health services English in Helsinki and how to access them. The pamphlet, therefore, is not a comprehensive guide to mental health, but rather a way of giving a glimpse into the kind of information that is available on the website. PPF can continuously utilize the pamphlet as a bridge between mental health service users and its website by creating a pathway to more information.

6.1 Information in the pamphlet.

A brief introduction of the association - Psychological Practitioners Finland (PPF) - as the organisation that has facilitated the creation of the pamphlet and the mental health website. The association is young in its existence and having recently launched its website, needed a platform in which they could share information about their services but also to promote mental health. The need to create and share that information arose when the association members in their work encountered individuals who not only did not have the Finnish language proficiency to seek mental health care but also lacked understanding of the process of seeking mental health services in Helsinki. Furthermore, enquiries by service users about affordable mental health services in was another factor which signified the lack knowledge on the rights and obligations of mental health service users.

The PPF's logo, email address and Quick Response Code, also known as QR code leading to the association's website were also included. The email address, which is currently one of the main communication channels, allows mental health service users or any other party that would want to communicate with the association to send messages. A logo refers to a symbol that includes colours, images or words that are used to identify a brand. They come in different sizes and have been used to identify major brands worldwide (Goldstein, 2022). The PPF's logo includes its full names and a symbol that symbolises the act of a client sitting with a mental health practitioner. This communicates the nature of the work PPF association, and its members are involved in and it becomes their identifier. The QR code is a two-dimensional barcode that was developed in 1994 by a Japanese barcode developer, Denso wave develops. It is activated by scanning the code using smartphone devices that have been developed to scan and or detect QR codes (Benjamin Claeys, info@qrtiger.com, n.d.). The choice to use QR code was made because it is a fast way to access websites especially when one is in a hurry. If the pamphlet is placed in a public place like a library or a school, an individual only needs to scan the QR code and they would be directed to the PPF mental health

website. For those who would not want to carry the printed version of the pamphlet can scan the QR code.

Basic mental health information. Some tips on maintaining good mental health are shared on the pamphlet. The more information on mental health is shared publicly and on different platforms, the more people become aware and can take steps towards self-care, talking about mental health or seeking mental health help. The pamphlet highlights four good mental health tips including people in our close circles as support mechanisms, seeking professional help and joining available circles of support like peer support groups.

Some mental health service providers. Organisations like MIELI Mental Health Finland, a mental health organisation which is Finland's oldest non-governmental organisation in the field of mental health. Its purpose is to promote mental health, offer crisis help and prevent mental health problems (What Does MIELI Mental Health Finland Do? n.d.). It also operates nationwide and employs almost one hundred and fifty professionals. Mieli was added in the pamphlet because of its long-standing experience in the field of mental health and the fact that it offers emergency calling services in English twice a week. Another organisation that was added is Substance Abuse and Mental Health Association, also known as SAMHA ry. It is an association that was founded by immigrants and for immigrants in 2009, with the aim of closing the gap between the services that are needed and those who are marginalised in the society. It has over ten years' experience in educating the community on issues pertaining to mental health and substance abuse. Its website is in Finnish, Swedish, and English and the English section of their website has a wide range of information that would empower the services users. It is an association we deemed necessary to share (Substance Abuse and Mental Health Association, 2022).

Information on the procedure of seeking mental health care through the local healthcare centre and the KELA subsidy. This is important information as the health centre is the first point of contact when seeking medical help. There was a need to clarify the process to the services users. The last service provider added is telephone numbers to the Helsinki mental health services that

receives calls twenty-four hours a day. Anyone who is experiencing severe mental health difficulties or knows of anyone who is need of mental health care, the numbers are available.

A section briefly explaining mental health disorders and mental health practitioners was also added. The information is, however, not comprehensive but gives brief descriptions and with more information available on the PPF website. This is to raise the desire of the pamphlet recipient to know more about mental health disorders and practitioners. In conclusion, the information added to the pamphlet was to inform and promote the website which contains the information on mental health and available mental health services in English, in Helsinki.

7 EVALUATION

According to the Organisation for Economic Co-operation and Development (OECD), an evaluation is the systematic and objective assessment of an on-going or completed project or programme, its design, implementation, and results. The aim is to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact, and sustainability. (OECD 2007).

Throughout our thesis project, we followed the process of project life cycle management. The project life cycle is a way of describing the process of a project's life. It follows the steps of analysing and evaluating a project from its initial phases to its end. (Mathison 2004.) This chapter will describe the evaluation techniques and outline the processes that were incorporated throughout our thesis project. It includes an explanation of the reasons why and how they were incorporated to support our project and pamphlet creation, and the outcome of our evaluation processes.

The purpose of our evaluation process was two-fold where, the first was to assess whether the content, layout and appearance of our pamphlet was well received by the service users. This included the appraisal of the pamphlet in meeting its objectives, and thus enabling us to provide the work-life organisation with feedback and ideas of further development of the pamphlet. Secondly, the evaluation was to assess our overall project and the processes we undertook while considering the possible improvements we could have made and what we would have done differently if we approached this project again.

7.1 Requirements analysis

The first evaluation phase is a requirements analysis, where needs are evaluated by the team to refine and define the project (Mathison 2004). When developing our pamphlet, we evaluated the needs and requirements of our work life partner PPF and the needs of the service users to refine our project aims and objectives. This ensured that we remained focused, and our time and

productivity was applied in the correct areas of the project. This evaluation was an important and fundamental step in our project, and it was achieved through direct contact with our work-life partner, meeting and brainstorming as a group to discuss and streamline the project overall aim and objectives, focusing on creating the pamphlet.

7.2 Evaluation by the work life partner PPF

Evaluation of the pamphlet was first done by showing the initial pamphlet drafts to the work life partner. The pamphlet was sent via email, and follow-up messages through WhatsApp. Simultaneously, informal feedback was requested regarding their opinion on the layout, colour scheme, content information and the suitability of the pamphlet to be used by the organisation.

Feedback was requested from the work life partner regarding their initial thoughts on the aesthetics of the pamphlet. One PPF worker wrote that:

“It looks great, this pamphlet is formal and would work well shared with other organisations”

(Personal communication, August 2022)

Regarding the pamphlet content information, the work life partner enquired on the source and positive feedback was received as:

“Where did you get the current content of the pamphlet? I think it is pretty good.”

(Personal communication, August 2022)

The thesis team got positive responses regarding the pamphlet which motivated the team.

7.3 Stakeholder survey

After three rounds of making amendments to the pamphlet, a final version was approved. The thesis team thereafter went ahead to conduct a stakeholder

survey with the target group (Appendix 2). The aim of the survey was to understand how service users perceived the pamphlet and their feedback regarding the content and its general usefulness. The survey questions asked service users a range of questions relating to the pamphlet's design, its usability, appearance, coherency, and overall opinion. The survey questionnaire and final pamphlet were sent to English speakers who live in the Helsinki area. The survey and pamphlet were distributed through the thesis groups' personal network connections.

The first survey question asked the respondents if the pamphlet was clear and easy to follow. Twenty Five percent of the respondents strongly agreed that the pamphlet was clear and easy to follow, sixty-five per cent agreed and five per cent of the respondents were neutral to this statement.

The second survey question asked the respondents if the colour scheme was comfortable to their eyes. The reason being different colours would deter or encourage service users to pick up and read through the pamphlet content. Forty-five per cent of the respondents strongly agreed to this statement, forty per cent agreed to this statement and five per cent were neutral with this statement.

The third survey question asked the respondents if the layout and information on the pamphlet were easy to follow. Thirty per cent of the participants strongly agreed, fifty per cent agreed whilst ten per cent were neutral in their opinions. None of the respondents stated that they did not like the layout, nor did they find the information hard to follow.

The fourth survey question asked the respondents if they found the information in the pamphlets was useful. Fifty-five per cent of the respondents strongly agreed, forty per cent of respondents agreed and only five per cent of the respondents were neutral to this statement. None of the respondents disagreed.

The fifth survey question asked the respondents if by reading the pamphlet, the information had generated an interest in the topic. Thirty per cent of the respondents stated they strongly agreed, fifty-five per cent agreed, and 15 per

cent were neutral to this question. Again no one disagreed with the question asked.

The sixth survey question asked the respondents if any questions arose after reading the pamphlet. Fifteen per cent disagreed and stated they did not have any additional questions following reading the pamphlet. Fifty per cent were neutral in their response and stated they were not sure if they had any further questions. Thirty-five per cent of the respondents stated they agreed with the question and that they had some questions relating to the topic.

The seventh survey question asked the respondents if the pamphlet gave them contact information of someone or organisation who could answer any question they may have related to the topic of mental health and mental health services. Sixty per cent strongly agreed to this statement and thirty percent agreed. Five percent of the respondents were neutral in their response to this question. Therefore, we concluded from this response that the pamphlet was successful in conveying information regarding mental health and process of seeking and accessing mental health services.

The eighth survey question asked respondents if the pamphlet provided sufficient information on how to get further information. Fifty five percent of the respondents strongly agreed that it did provide sufficient information. Thirty percent agreed with the statement and fifteen per cent of the respondents were neutral in their response. From these results we concluded that the pamphlet provided sufficient information but with room to add more information it provides.

The ninth and final survey question asked the respondent if they would recommend the pamphlet to other people who were or would need more information on mental health and mental health services in Helsinki. Sixty per cent strongly agreed, thirty percent agreed and ten per cent were neutral in their response. Therefore, we concluded that the pamphlet had the possibility to provide essential information regarding mental health and mental health services in Helsinki, in English as it would be recommended to others.

This survey feedback highlighted and showed that the pamphlet was successful in its overall design and clarity, but still with the possibility for some improvements. It was easy to follow, and respondents were able to clearly understand the purpose of the pamphlet and answer questions they may have had regarding the topic. The key results were that the respondents felt that the pamphlet clearly provided the ways in which to seek further help and support and they could easily find the contact information on the pamphlet.

7.4 Developmental survey feedback

Implementing the survey and getting feedback was an opportunity to gain developmental information and ideas regarding the pamphlet which could provide insight to the work life partner. The possibility by the respondents to give their feedback in each section gave beneficial information. This would give them the necessary knowledge they would need if they further wanted to develop the pamphlet in the future. Below are the results from the collective survey done by the thesis group.

The first written survey feedback that was received was regarding the pamphlet's clarity and easy to follow, the respondent stated that:

“The ABC and 123 were somehow confusing. I was also distracted that 123 are not aligned and are different font styles and colours”

(Anonymous survey respondent, September 2022)

The second written survey feedback that was received was regarding the colour scheme and if it was comfortable to the respondent's eye. One respondent stated that:

“The blue and white colour scheme is nice, but the clack ABC and 123 jump out and distract the eye from the text”

(Anonymous survey respondent, September 2022)

Two written responses were received to our third question which asked respondents if the layout and information in the pamphlet was easy to follow. One respondent stated that:

“Information is good, but a bit too much text for someone that is mentally unstable”

(Anonymous survey respondent, September 2022)

The second respondent stated that:

“As already mentioned, the abc and 123 were confusing. Instead of 1,2 or 3 maybe say step 1, step 2, step 3. Also use similar colours in the subheading otherwise it is distracting.”

(Anonymous survey respondent, September 2022)

When asked if the pamphlet gave the contact information needed to help them find further answers to questions, one respondent stated that:

“The QR code is quite small”

(Anonymous survey respondent, September 2022)

All of the survey information was collected and given to the work life organisation. Our hope is that this survey will provide development potentials, as well as functioning as evidence that our pamphlet is a useful and positive tool for them to use.

7.5 Work organization final feedback

We initially requested final feedback from our work-life organisation in early September 2022. Feedback was given to us in early October 2022. Our feedback from the organisation was mostly positive however there were some

corrections they felt were important to implement. The work organisation stated:

"I have looked carefully at your pamphlet and here is the feedback: The visual design is great, very professional, good colours. Logo looks good. Layout makes sense. The content: mostly good, some sections better than others. Info on website and PPF is fine. Encouragement to seek help is excellent. Less good content in sections A and C. There is no information about the types of organisations. You could have said here that the PPF website lists many of these organisations. In C, there is no attempt to explain the different roles, just the names are given.

I realise you don't have much space, but you could say for example "doctors and psychiatrists are medical doctors who can prescribe medicines; psychoanalysts are a type of psychotherapist; both psychotherapists and psychologists use talk therapy to treat mental health conditions."

Also, the brief introduction to Mental Illness is poorly written, and should say Mental Health Disorders, not mental illness (better term and consistent with rest of article). It is too long but doesn't say much. Why not just say:

"Common types of mental health disorders are depression and anxiety. These disorders affect how you behave, think, and feel and can impact daily life".

I don't know if this feedback still helps, but I think if you can make some changes, we will definitely use this pamphlet at events. "

(Psychological Practitioners ry CEO, September 2022)

We have asked for the organization's feedback on the 06.09.2022, however we just received it on the 01.10.2022. The thesis manuscript corrections were made and was ready to be submitted on 01.10.2022. We agreed with the organization, that we would do the requested changes on the pamphlet, and we

would give them the access codes, so they can further on update the information on the pamphlet when necessary and edit it in case they wish to do other changes on the content and/or layout.

Following this feedback, we felt it was important to implement the organisation's requested changes. These changes were implemented into the final finished pamphlet (Appendix 1). We also gave the organisation the access codes to the templated model for the pamphlet. We as a group felt this was important so that the organisation can update and modify the pamphlet, when necessary, in the future.

7.6 Self Evaluation

Self-assessment is the relatively autonomous and deliberate engagement in reviewing and critiquing one's work in an appraisal of progress made over a period of time. Often self-assessment is closely aligned with (self)-monitoring and reflection (on action). It is meant to increase the learner's self-responsibility and self-regulation in learning (Zimmermann, 2000).

Upon completion of the creation of our pamphlet, we, as a group decided to evaluate our work and processes as a project team. During the process from planning to creation, we as a team had to work in an adaptable and flexible way. The process of changing our project objectives and goals from our original plan was challenging. We however were supported in our decisions through our risk assessment and knowledge of the time restrictions we faced in this project. As a team, we managed to navigate this change together and it motivated us to create a useful pamphlet that benefited both the service users and our work-life partner.

The process of pamphlet creation was challenging after brainstorming and putting all our ideas and thoughts into one pamphlet. However, by creating a draft and adding the different ideas, we were able to share it with our work-life partner. This enabled us to focus better on a unified idea generation and revision process to meet the pamphlet's content requirements.

The process we undertook required us to be flexible and adaptable when it came to creating the pamphlet. This was challenging at times which created worry and anxiety in the group when the plan was not going as planned. However, the team came together as a group and as professionals to overcome those challenges and obstacles objectively and logically when they arose. The strong connection, long teamwork history and mutual respect enabled us to navigate through this project.

The evaluation process gave us an opportunity to appreciate the whole project process we have gone through. Although the project had some complications and setbacks which sometimes affected the team motivation levels, it was a welcome success to look back and reflect on the personal and professional growth. The evaluation processes showed us that the team was able to meet the project's aim and objectives by creating a pamphlet and add basic information on mental health, mental health services and mental health service providers and direct English-speaking service users to PPF's website that has more comprehensive information.

8 ETHICAL CONSIDERATIONS

Ethic is defined as “a set of moral principles, especially ones relating to or affirming a specified group, field, or form of conduct.” (Oxford English Living dictionaries. Ethic). Many people from different parts of the world seem to have similar problems related to mental health problems and issues about where to get help (Metten et al., 2005). While promoting and giving services we must consider the people, where they belong and what kind of activities affect them (Metten et al., 2005). This consideration allows us to offer information that is inclusive of all groups of people in society.

The ethical considerations during our thesis process involved ensuring the information we used was correct and accurate. The sources of information that were used were clearly vetted considering that we were providing a pamphlet that would be guiding people towards service providers.

The types of mental health services that we provided varied from low threshold to emergency support. By compiling the information on various mental health services users, we had to ensure that the sources were authentic, accurate, of a high standard and were recognised and approved by our work life partner. The PPF professionals counter checked and approved all the information that was presented in the pamphlet.

Processing of personal data was considered while conducting the evaluation of the pamphlet. We did not collect personal data of individuals since we did not require any demographic evaluation. In line with the GDPR regulations, we would need to collect consent from the survey participants as well as providing information on where and how long the information would be stored.

9 CONCLUSION

This chapter outlines a reflection of the thesis project, by examining the success of meeting the aim and objectives of the thesis project. Additionally, an outline of ways in which the project could have been improved is given. Finally, our recommendations and advice on how similar projects could be developed in the future, with the aim of getting information on mental health and mental health services closer to the service users is outlined.

9.1 Achieving the project aim and objectives

Our thesis had the aim of informing and empowering mental health service users by providing information on mental health and available mental health services that are provided in English, in Helsinki. A tool to provide service users in Helsinki with information to support their access to mental health services.

Our first objective was to produce a pamphlet that contained information on mental health. From the feedback we received during the evaluation process, information on mental health is necessary. Communication on new mental health service providers should be shared continuously. This gave us an opportunity to think of how to utilize our skills. Creating skills, research skills and writing skills were utilized in undertaking an important endeavor.

The second objective was to direct mental health services users to PPF's website: www.mentalhealth.fi that has comprehensively consolidated information on available mental health services in English, in Helsinki. During the whole thesis process, it became evident that dissemination of information on mental health issues and how to tackle them still needs more resource allocation to enable people access it. Some people suffer in silence due to lack of information which is detrimental for their survival. The issue of shame and stigma must be highlighted even more, to give people the confidence to rise and seek mental health support and care.

This project achieved its aim though successfully achieving the objective of developing a pamphlet. The pamphlet shares information related to mental health and available mental health services in English language, in Helsinki by directing service users to the work life partner PPF's website that has comprehensively consolidated the information. The pamphlet is a tool which our work life organization, PPF, will implement and will support its goals and aims.

9.2 Discussion

There is a need to continue the discussion on how to better reach people with information on mental health. Individuals and organizations can mobilize teams and create information relevant and beneficial to different societal groups where needed. It is no longer the task of one individual, one organization or one government body to plan and handle issues concerning the citizens' mental health help, care, and support.

Collaborative endeavors consisting of various stakeholders – from services users to advocacy groups, education institutions, government bodies, resource allocation institutions, grassroot-level work organizations among others can organize round table discussions and produce innovative ways that aim at preventive measures in mental health. Life after the Covid 19 pandemic has shown us that collaborative work is the way forward and more planning needs to be done is sharing information with the citizens.

9.3 Professional development

The experiences of the team members have been varying depending on the part of the project life cycle we were in. We encountered both positive and negative experiences that influenced how we worked and produced our work. Time was the biggest hurdle because our busy schedules interfered with meeting times and in some instances, meeting of our personal deadlines. It was at times challenging to have the three team members available to work on the project simultaneously. We ended up meeting and disseminating tasks and

agreeing on deadlines, proof reading and giving feedback was done through the work document. Upon reflection, it gave us an understanding of how teams with individuals working from different geographical locations handle team tasks. This is the future.

Working with the work life partner was an opportunity to work with professionals who are already present in the mental health field. During the brainstorming sessions and other meetings, we learnt about different mental health professionals, professionals working outside the public sector and learnt about entrepreneurship in the mental health field. From the PPF team, we became aware of the need for information dissemination about mental health and mental health services for different demographic groups in society. We recognized that information is scattered, and this has the potential of affecting groups of people negatively, especially those that are marginalized. Our target group, English speakers in Helsinki was only one part of that society.

Communication was another factor that affected our work. The team comprises of three individuals who originate from three different countries and backgrounds. Our experiences, working methods and communication styles are different and our teamwork was put to the test. Miscommunication, especially in written messages, occurred frequently, causing some friction in the group. We settled the matters through group calls or online meetings. It was later decided that written messages especially on the WhatsApp channel was not the best in communicating important issues.

Personal factors also affected our output and motivation levels. Keeping the team spirit going and staying focused was a task that each team member had to force themselves to do. During the process of changing the project product, we had to force ourselves to brainstorm and keep the communication channels open to keep the thesis project deadlines. We quickly conducted research, conferred with the work life partner PPF team and agreed on producing a pamphlet that would be share with PPF's clients and other collaborating organisations. This compelled us to think as professionals, keeping the target group's needs always in mind and producing the pamphlet.

This thesis process taught us, the thesis team, new professional skills- both soft and hard while enabling us to refine the skillset we already possessed. We learnt the value of good communication skills, within our team, with the work life partner and with the service users. Communication was a key skill in managing and accomplishing the project aim and objectives. By refining our communication skills, we were able to avoid the risk of jeopardizing the project implementation process. Social service professionals work with different service users and good communication skills are a necessity.

Adaptability and flexibility are skills we learnt and get tested significantly during teamwork. When encountering hurdles, we had to regroup, find solutions and forge ahead to accomplish the project aims and objectives. We averted a project crisis when the work life partner communicated, they could not keep the deadline of our initial project plan. These two skills – adaptability and flexibility- are necessary when working as social service professionals. Circumstances in life and around us may change instantly and significantly, whereas navigating through them is enabled by those two skills.

9.4 Recommendations

Based on feedback and evaluation of the pamphlet, we the thesis group considered recommendations for further development of this project that would benefit our work life partner PPF or other groups intending to venture into similar projects. If this project were to be developed further in the future, we would advise the work-life partner to clearly define and focus on the target audience of the pamphlet. This should be performed in the initial stages of the project, with a clear focus on the pamphlet's content and branding. This could be done through market research and analysis of the target audience's needs. Through our thesis project process, we learnt that different types of pamphlets attract different demographics of people withing a broad audience and with that on mind various types can be used to reach different service users.

We would also recommend the use of an empathy map to support further understanding of the target audience. This would ensure that the project group

understands the actual needs of the target group which would affect the direction and aim of the project. Finally, we would recommend similar projects to be mindful of scheduling and keeping realistic task lists and time schedules. This is especially important when collaborating with other organizations or individuals. Unexpected situations occur, interfering with the best laid out plans. Being adaptive and open to change is crucial.

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APPENDIX 1: The Mental Health Matters Final Pamphlet

Mental Health Pamphlet Side A

Regaining a healthy mental state is possible.

 **Talk to a loved one.**
You can find support through them, which can make you feel less alone.

 **Visit your local health care center.**
Talk to a doctor, tell how you feel and ask for help.

 **Find a mental health practitioner.**
They are trained to assess and support you on your path to recovery.

 **Join a peer support group.**
Peer support groups can be valuable in offering peer support that are led by a group facilitator.



Find a practitioner.

Contact us:

psychologicalpractitioners@mentalhealth.fi

www.mentalhealth.fi



SCAN ME



PPF


**Are you
an English speaker
seeking mental health
support in Helsinki?**

**You dont have to struggle
in silence.
Find support for your
mental health!**


In collaboration with Diak students;
Anne Wanjiku Fagerström, Márcio Paulo Bispo
& Sunita Tamag

In the event of a life-threatening emergency, call **112**.

Mental Health Pamphlet Side B

 **Mental Health Disorders**

Common types of mental health disorders are depression and anxiety. These disorders affect how you behave, think and feel and can impact daily life.



Mental health practitioners


There are different mental health practitioners. Doctors and psychiatrists are medical doctors who can prescribe medicines; psychoanalysts are a type of psychotherapist; both psychotherapists and psychologists use talk therapy to treat mental health conditions.

Access our website or contact us by email to find a practitioner.

Psychological Practitioners Finland ry

Psychological Practitioners Finland ry is a non-profit, volunteer-based organization of psychologists and psychotherapists who have completed their training outside of Finland and work with the international and foreign-born community in Finland.

The association's mission is to bring better mental health care to all residents of Finland, no matter what their culture or language is.



Types of Mental health support for English-speakers in Helsinki.

Mieli Crisis Helpline

- Provides assistance in English and Arabic. Call: +358 9 2525 0113
Mon and Tue 11-15, Wed 13-16 and 17-21, Thu 10-15.

Psychotherapy KELA B-lausunto
The "B-lausunto" entitles an individual to 20 - 80 sessions of KELA subsidised psychotherapy for a year, extendable to 2 or 3 years.

Telephone health service 24h
- If you live in Helsinki and you or a loved one experiences severe mental health difficulties, call: +358 (0) 9310 10023

SAMHARY
- Substance Abuse and Mental Health Association founded by immigrants, for immigrants. Counselling sessions free of charge. Call: +358 46 880 6319

Access www.mentalhealth.fi to find more information on the right organization for you.

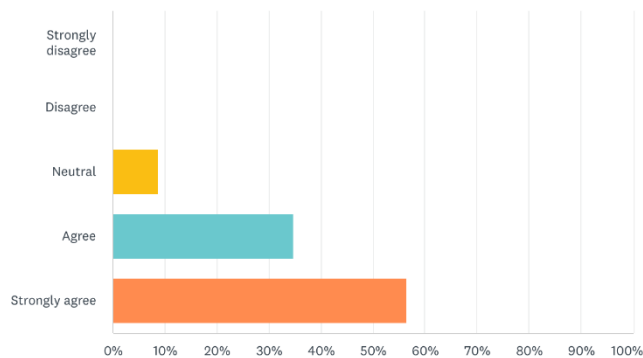
What info can you find on the website?

- Info in English in a variety of ways of getting mental health care in Finland.
- Explanations on the different types of psychological services.
- How to find an english-speaking mental health practitioner in Helsinki.

APPENDIX 2: Mental Health Matters Survey Reponses

I would recommend that other people in need of more information and help receive this pamphlet.

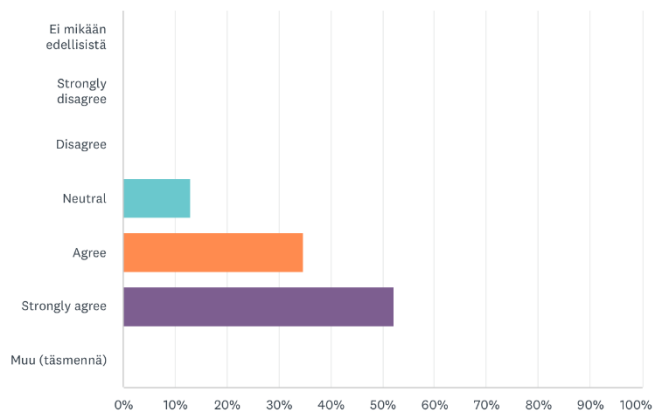
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neutral	8.70%	2
Agree	34.78%	8
Strongly agree	56.52%	13
TOTAL		23

The pamphlet provided sufficient information on how I could get more information.

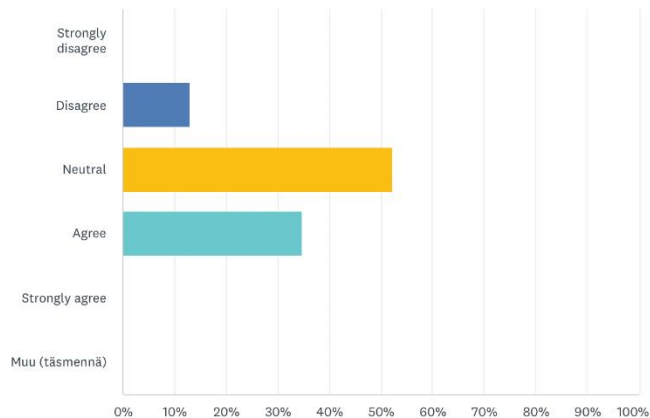
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ANSWER CHOICES	RESPONSES	
Ei mikään edellisistä	0.00%	0
Strongly disagree	0.00%	0
Disagree	0.00%	0
Neutral	13.04%	3
Agree	34.78%	8
Strongly agree	52.17%	12
Muu (täsmennä)	Responses 0.00%	0
TOTAL		23

I did have additional questions after reading the pamphlet.

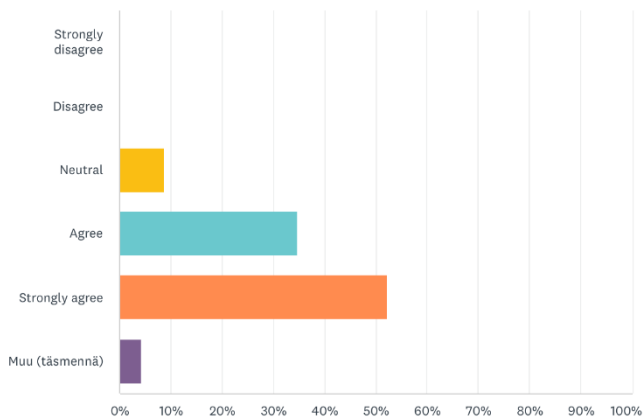
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree	0.00% 0
Disagree	13.04% 3
Neutral	52.17% 12
Agree	34.78% 8
Strongly agree	0.00% 0
Muu (täsmennä)	Responses 0.00% 0
TOTAL	23

The pamphlet gave me the contact information I wanted to get in touch with someone who could answer my questions.

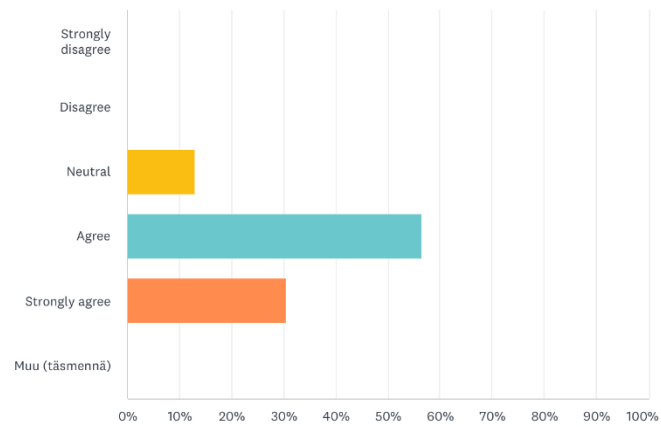
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neutral	8.70% 2
Agree	34.78% 8
Strongly agree	52.17% 12
Muu (täsmennä)	Responses 4.35% 1
TOTAL	23

Reading the pamphlet generated more interest in the topic.

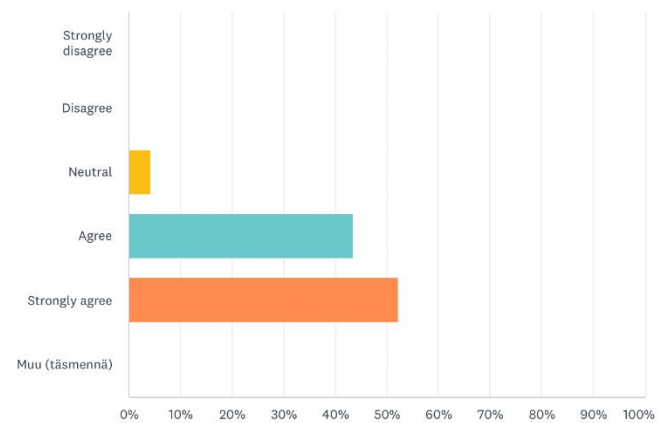
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neutral	13.04% 3
Agree	56.52% 13
Strongly agree	30.43% 7
Muu (täsmennä)	Responses 0.00% 0
TOTAL	23

I found the information provided in the pamphlet to be useful.

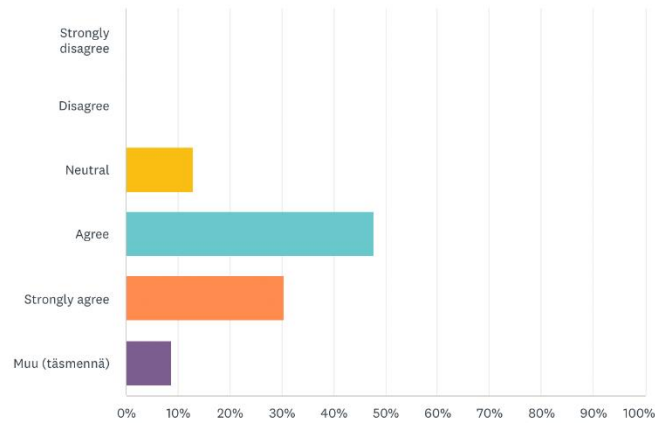
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neutral	4.35% 1
Agree	43.48% 10
Strongly agree	52.17% 12
Muu (täsmennä)	Responses 0.00% 0
TOTAL	23

The layout of information on the pamphlet was easy to follow.

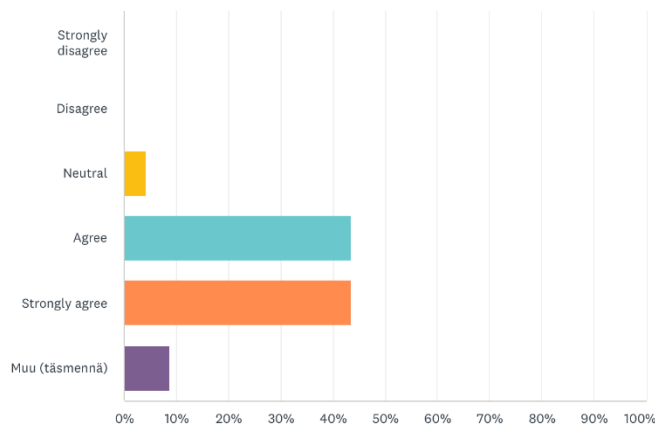
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neutral	13.04% 3
Agree	47.83% 11
Strongly agree	30.43% 7
Muu (täsmennä)	8.70% 2
TOTAL	23

The pamphlet color scheme was comfortable to my eyes.

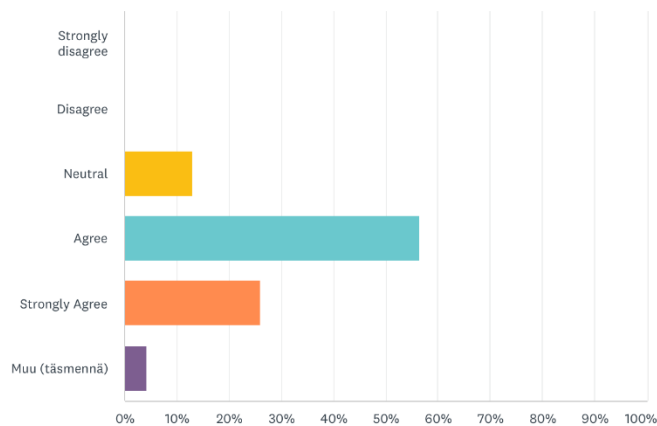
Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neutral	4.35% 1
Agree	43.48% 10
Strongly agree	43.48% 10
Muu (täsmennä)	8.70% 2
TOTAL	23

The pamphlet was clear and easy to follow.

Answered: 23 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree	0.00% 0
Disagree	0.00% 0
Neutral	13.04% 3
Agree	56.52% 13
Strongly Agree	26.09% 6
Muu (täsmennä)	Responses 4.35% 1
TOTAL	23