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Customer-Oriented Services in Mental Health Rehabilitation

The perspective of mental health rehabilitation professionals

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<p>Abstract</p> <p>Regionally, in South-Savo, the prevalence of mental health disorders is higher than the national level. Improving basic social and health care services is important because the demand for the mental health services is primarily focused on basic social- and healthcare services. Customer-orientation as a strategic approach to social- and healthcare services is the first step towards changing the functioning culture of organizations. A concrete change requires identification of the current state of the customer service development objects. The development of customer-oriented services is based on the understanding of the concept of customer-oriented approach, whereby studies from different perspectives on customer orientation in mental health rehabilitation serve as the theoretical framework for research. The aim of the study was to find out how to develop customer-orientation in mental health rehabilitation. The research was carried out from the perspective of mental health rehabilitation professionals by means of participatory action research. The participatory action research was carried out as a survey of customer orientation in a daily work, and a learning cafe workshop, where the mental health rehabilitation service processes were examined by SWOT analysis. 18 mental health rehabilitation professionals from Keski-Savon Hoivakehitys association and Pieksämäki Psychiatric Outpatient Clinic participated in the research. The results were analyzed by qualitative theoretical analysis. The result was information on the strengths and opportunities of the operations and the targets for development. On the basis of the results obtained, development recommendations were formulated for customer-oriented mental health rehabilitation using the Recovery-orientation. The results suggest that customer orientation should be the main value of organizational policies, in order to improve individuality in mental health rehabilitation. Manager's attitudes are paramount in changing the culture of organizations, by training the professionals of customer-orientation.</p>		
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<p>Tiivistelmä</p> <p>Alueellisesti Etelä-Savossa mielenterveyshäiriöiden esiintyvyys on korkeampi kuin kansallisella tasolla. Perus- ja terveydenhuollon peruspalvelujen parantaminen on tärkeää, koska mielenterveyspalvelujen kysyntä keskittyy ensisijaisesti sosiaali- ja terveydenhuollon peruspalveluihin.</p> <p>Asiakaslähtöisyys strategisena linjauksena sosiaali- ja terveyspalveluissa on ensimmäinen askel kohti organisaatioiden toimintakulttuurin muutosta. Konkreettinen muutos edellyttää nykytilan tunnistamista, millaisia asiakaslähtöisyyden kehittämisen kohteita palveluprosesseissa on tällä hetkellä. Asiakaslähtöisten palvelujen kehittäminen lähtee asiakaslähtöisyyden käsitteen ymmärryksestä, jolloin erilaisista näkökulmista tehdyt tutkimukset asiakaslähtöisyydestä mielenterveyskuntoutuksessa, toimivat tutkimuksen teoreettisena viitekehyksenä.</p> <p>Tutkimuksen tavoitteena oli selvittää, miten kehittää asiakaslähtöisyyttä mielenterveyskuntoutuksessa. Tutkimus toteutettiin mielenterveyskuntoutuksen ammattilaisten näkökulmasta, osallistavan toimintatutkimuksen keinoin. Osallistava toimintatutkimus toteutettiin kyselynä asiakaslähtöisyydestä päivittäisessä työssä, sekä Learning cafe työpajatyöskentelynä, jossa mielenterveyskuntoutuksen palveluprosesseja tarkasteltiin SWOT analyysin avulla. Tutkimukseen osallistui 18 mielenterveyskuntoutuksen ammattilaista Keski-Savon Hoivakehitys ry:n ja Pieksämäen psykiatrian poliklinikan henkilöstöstä.</p> <p>Tulokset analysoitiin laadullisella teorialähtöisellä analyysillä. Tuloksena saatiin tietoa toiminnan vahvuuksista ja mahdollisuuksista sekä kehittämisen kohteista. Tulosten pohjalta muotoiltiin kehittämissuosituksen asiakaslähtöisten mielenterveyskuntoutuksen Recovery-orientaatiota hyödyntäen. Tutkimuksen tulokset viittaavat siihen, että asiakaslähtöisyyden tulisi olla organisaatioiden toimintapolitiikan tärkein arvo, jotta mielenterveyskuntoutuksen yksilöllisyyttä voidaan parantaa. Johtajien asenteet ovat ensiarvoisen tärkeitä organisaatioiden kulttuurin muuttamisessa, kouluttamalla asiakaslähtöisiä ammattilaisia.</p>		
<p>Avainsanat (asiasanat) asiakaslähtöisyys, mielenterveyskuntoutus, asiakaslähtöinen organisaatio, mielenterveyskuntoutuksen henkilöstö, asiakaslähtöiset palvelut, Recovery</p>		

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1 Introduction

Customer-oriented services in mental health rehabilitation -research subject has risen from the interest of reform of Finnish social and health care services and service structures, and the need to develop local services. One of the aims of the national reform is to develop services customer oriented (Services as a customer-based leading project; HE 15/2017). Customer oriented services aim at the effectiveness of social and health care services by engaging the people living in Finland to take care of their own health by providing the customer with services that will benefit from their individual starting points. From an economic point of view, well-being and health is socially significant. The ratio of health care costs to GDP in 2016 was 9.5 per cent, which was half a percentage point higher than the OECD average (Statistical Report 20/2018, The National Institute of Health and Welfare). In 2017, nearly 200,000 patients in Finland were treated in specialized psychiatric care. Previous number does not include primary health care reception and home care. (Statistical Report 33/2018, The National Institute of Health and Welfare.)

Regionally, in South-Savo, the prevalence of mental health disorders is higher than the national level; the number of people entitled to special treatment for psychosis is 2.3% (1.8% for the whole country) and the proportion of people receiving a pension due to mental health and behavioral disorders is 4% (whole country 3%). Suicide mortality is the second largest in South-Savo in Finland. (The National Institute of Health and Welfare 2018.) From a human point of view, anguish affects not only the quality of life of a person with mental health disorders, but also persons social network.

Improving basic social and health care services is important because the demand for mental health services is primarily focused on basic social and health care services. In basic services, it is possible to identify and manage mental health disorders or direct the customer to the care they need (Government Communications Department 7.2.2018; Binnger, Hartveit, Sundfør, Ruud, Borg 2017; Walhbec, Hietala, Kuosmanen, McDaid, Mikkonen, Parkkonen, Reini, Salovuori, Tourunen 2018). Customer-oriented services define how services meet customer needs, aspirations, and expectations.

Customer-oriented services in mental health rehabilitation have been modeled internationally since the late 1980s. Recovery is rooted in both customer-oriented and solution focused services (Anthony 1993; Vanderplasschen, Rapp, Pearce, Vandeverde, Broerkaert 2013). In Finland, social psychiatric associations have in recent years developed services more customer-oriented, by training staff in Recovery-orientation, and engaging customers in service design. Internationally, Recovery has been researched and developed since the 1990s (eg McGorry 1992; Jacobson & Greenly 2001; Slade, Amering, Wolf, Hamilton, O'hagan, Panther, Perkins, Shepherd, Tse & Whitley 2014). According to Pilgrim & Mccranie's theory, Recovery-orientation should be used as a basis for holistic rehabilitation, which means a change from patronizing attitude towards a genuine partnership model (Pilgrim & MacCranie 2013).

The purpose of the research is to find out how the mental health rehabilitation offered in Pieksämäki, in region of South-Savo, could be developed more customer oriented with the help of Recovery thinking, from the point of professionals of mental health rehabilitation. The aim of the research is to create a recommendation for customer-oriented services, and to reflect recommendation to Recovery-orientation.

2 Customer-orientation

Customer-orientation as a concept is more sophisticated than the concept of customer-centeredness in the 1930s in the United States. Customer-oriented role in developing services, as an expert in your own well-being and as a resource in implementing services, is a significant customer-oriented approach. (Koivunen 2017, 3-4.) An analysis of the concepts, of customer-orientation and Recovery, opened an internationally studied, widely used, customer-oriented mental health work framework that includes customer-oriented services, service culture, and mental health practices that support the realization of human rights. (Mental Health Commission of Canada 2015; Commonwealth of Australia 2009; National Mental Health Division 2017.)

In the social and health sector the definitions of customer-orientation consist concepts of service, activity development, operating culture and customer experience, repeatedly. From the perspective of organizations, organization's own operating culture should be viewed "by the eye of the customer", in order to develop the services more customer oriented. At a practical level, getting customers to the core of services means developing services according to the needs of the customers, while the customer is an active health expert and user of services. (Juuti 2015, 27-28, 30; Moeke, Verkooijen 2013, 173; Association of Municipalities 2011, 6.)

2.1 Customer focused organization

According to Verkooijen (2006), customer focus can be understood as how health services meet customer needs, where, when, who, what and how the treatment is organized. In health and medical care, customer focus has been on taking customer needs into account, respecting the customer and improving interaction. As an expert in their own health, the customer can influence his or her own health with choices and decisions. (Association of Municipalities 2011, 6; Moeke, D., Verkooijen, L. 2013, 173; Virjonen 29.4.2015; Koivunen 2017.)

The overall reform of Finnish social- and healthcare services and the municipal structure has been prepared in the 2010s during the two reigns. Municipal reform started in 2011 (Valli-Lintu 2017, 10), after which the studying the restructuring of social and health services has been carried out since 2013. The aim of the reform of social- and healthcare services is to ensure equal and high-quality services for people living in Finland. An expert panel of representatives of WHO, OECD and European Universities has assessed the restructuring of Finnish social and health services and has made a statement that customer choice in the choice of services requires good background information on end-users of services (Ministry of Social Affairs and Health 16.12.2016). Regular collection of customer feedback has been the national recommendation and quality document of the social- and healthcare organizations (Ministry of Social Affairs and Health n.d.; Stakes and Municipal Association 1999, 8-11). The National Institute for Health and Welfare has developed indicators for public health care to improve customer engagement to assess the quality of services from a customer perspective. The surveys are carried out with new indicators every two years (The National Institute for Health and Welfare n.d.).

Various project-funded studies have been conducted to improve the impact of customer experience and care in Finland. In 2013 the “Mind key” project, the Recovery stories of mental health rehabilitators were analyzed by factors that affected rehabilitation. The goal has been to increase the involvement of service users in the Finnish mental health and substance abuse services system. (Falk, Kurki, Rissanen, Kankaanpää, Sinkkonen 2013.) “Together with the Mind” project focused on exploring functional mental health and substance abuse services. The main findings were the emphasis on evidence-based and good practice models, as well as the opportunities for mental health and substance abuse services created by new customer oriented, inclusive and peer-based approaches. (Walhbec, Hietala, Kuosmanen, McDaid, Mikkonen, Parkkonen, Reini, Salovuori & Tourunen 2018.) “The Zappa” project was carried out in the Satakunta Hospital District, which examined the effectiveness and cost-effectiveness of the hospital's own activities. During the project, new outpatient forms were tested, and the effectiveness of mental health services was monitored quality of life experienced by mental health patients. The results of the study found that the quality of life of mentally ill patients is clearly lower than that of the rest of the population.

However, with psychiatric specialized care, the quality of life improved significantly. (Nevalainen 31.8.2014.)

Professor of Psychiatry Jyrki Korkeila takes a view of the return of Recovery and the desire to get a reference framework for mental health services based on Recovery orientation in Finland (Korkeila 2017). Internationally, Recovery and customer orientation in mental health rehabilitation have been developed extensively in the United States, Canada, Australia, the UK and Denmark. In many English-speaking countries, mental health work is based on the Recovery Framework (Amering, Mikus, Steffen 2011).

Customer-focused organization emphasizes the importance of customer interface. The goal of management is to enable the customer to look at their own operations. In a customer-oriented organization, managers serve the staff so they can serve customers. (Juuti 2015, 27-28, 30.)

2.2 Customer-oriented services

Customer-orientation in services is the starting point for the design and development of service systems and service entities. Professional response to customer needs, aspirations and expectations in a customer service situation. Activities can be considered customer-oriented when implemented with the customer. (Virjonen 2015; Koivunen 2017.)

In healthcare, customer-orientation in services is based on equal interaction between the customer and the professional. The customer's own vision is paid respect, and customer's needs, wishes and expectations are met. A key priority in health and medical care is that the customer is an expert in their own health. (Association of Municipalities 2011, 6.)

Heidi Palo-Oja (2015), in her Master's thesis, presents the difficulty of rehabilitation from the consequences of illness, even more difficult than rehabilitation of the disease itself (Palo-Oja 2015; Anthony 1993; Mental Health Commission of Canada 2015, 40). As a result of this research, the core factors of interaction that support the acquisition of one's own life, were based on the following main factors; building trust, co-operation, opportunity for change and maintaining hope. Based on the results, a customer-oriented self-evaluation indicator was developed for Päijät-Häme Social Psychiatric Foundation, which replaces the previously used rehabilitation plan. The core factors of interaction work as tools for professionals in self-assessment, in collaboration with the client. (Palo-Oja 2015, 4, 50-51.)

In the spring of 2017, the first Recovery-based Bachelor's thesis was carried out from the perspective of the home rehabilitation activities of Keski-Savon Hoivakehitys association. The results highlighted support for the customer's own choices, strengths and skills, as well as giving positive feedback, which were also raised as development targets in home rehabilitation. Successful deployment of Recovery also requires a willingness to change and a new attitude towards the staff. The authors of the thesis saw that the rehabilitation activities in home rehabilitation enable stronger support for rehabilitators towards more independent life (Halonen, Hirvonen & Ylönen 2017, 22, 25-26).

2.3 Recovery orientation

There are several similar definitions for the concept of Recovery. Close concepts of Recovery are; rehabilitation, empowerment and healing. (Avant, Walker 2014, 166-167, 173-174.) Services based on recovery emphasize customer orientation, meeting the needs of the rehabilitator, and focusing on solutions. The key to Recovery is to find ways to increase the power of individuals in their lives and thus support the actor. (Vanderplasschen et al. 2013.)

Jan Wallcraft describes Recovery as a user of the service as a journey that does not mean liberation from all symptoms, but as a continuous process of rehabilitation. The

process also involves doing mourning. Employees can help here, along with their own professional skills, by being a human being and a partner on their way to a more independent management of their own lives. (Wallcraft n.d.)

The prerequisites for an operating environment that supports rehabilitation are human rights, positive culture in nursing and services supporting rehabilitation. In an organization that carries out a positive culture of nursing and rehabilitation services, human rights are also realized. Recovery principles includes hope of recovery. It is not recovery into health but recovery to quality of life and self-management, focusing personal strengths (Higgins 2008).

The roots of Recovery are in the decommissioning of institutional care in the 1960s and 1970s, as well as in open-minded and customer-oriented services of the 1980s, as well as in civil rights movements. The impetus for the development of the Recovery concept has come directly from people who had experience with mental health problems. Among others, from peer experts on recovery-oriented services Patricia Deegan (Deegan 1996) and Mary O'hagan (O'hagan 17.1.2012; Tondora et al. 2014). International research on Recovery has been abundant since the 90s to this day. Anthony's 1990s' vision of Recovery based mental rehabilitation included extending the service culture to factors that support self-esteem, "inability" to think about "supporting talent", gaining power, and exercising self-determination (Anthony 1993).

In the 21st century, Recovery-orientation has been further utilized by developing and reforming social and health care education and nursing models based on Recovery (Compton, Reed, Broussard, Powell, Thomas, Moore, Cito & Haynes 2012). Recovery orientation is also linked to Community support. Community support and Recovery oriented practices have common features, including: a customer-oriented approach based on respect and trust, partnership in decision-making in care, strengthening customer rights, a holistic approach to mind and body care, the importance of family and community support, enabling support for the client's own environment and culture, seamless and timely access to community support, evidence-based best practices using practices and reducing stigma and discrimination. Recovery orientation is essential

to the culture of nursing and the realization of human rights. (Mental Health Commission of Canada 2015.)

Recovery has been included as a national mental health reference framework in Australia, Canada and Ireland. There are also number of national organizations in other countries that promote Recovery-orientation, including: New Zealand, Holland, Scotland, United States of America and England. In England, Recovery-orientation has been incorporated into national mental health policies. New Zealand also has a national plan to implement Recovery, which was included in the 10-year Mental Health Strategy in 2012 (Tondora, Miller, Slade & Davidson 2014). The National Institute for Health and Welfare's mental health unit development manager Esa Nordling describes Recovery as a framework for holistic thinking and action, focusing on hope, resources, participation, relevance and positive mental health (Nordling 2016).

3 Mental health rehabilitation

Mental health rehabilitation is a broader concept than psychiatric rehabilitation. The subject of mental rehabilitation is the factors that support mental well-being and functioning, which are related to the everyday life of the client. Rehabilitation is a goal-oriented activity to support the individual's ability to function, well-being and work ability. (Riikonen & Vataja 2009; Salminen & Rintanen 2014.)

Rehabilitation itself is a process of transformation that seeks to eliminate the limitations of well-being according to the customer's individual goals. The individual goal is dependent on the forms of rehabilitation and the opportunities available within it. Mental health rehabilitation can start from the client's resources, depending on clearly defined, small things in everyday life. Rehabilitation is supported by a written rehabilitation plan, which is also a statutory under 39 § on the Social Welfare Act (Sosiaalihuoltolaki 1301/2014). Realistic and customer-motivated systematic rehabilitation has a significant social significance. (Mental Health House n.d.)

Mental health rehabilitation can be implemented through various forms of service

provided by public and private service providers, including community-based housing or supported housing with services to your own home through intensive and individual work. The services provided by the social- and healthcare units include services for basic healthcare and acute specialized medical care, and psychotherapy services. Mental health rehabilitation is always designed individually, with supporting customers daily survival, and preventing from exclusion. (Mental Health House n.d.)

4 Purpose and objectives of the study

The purpose is to find out how the mental health rehabilitation could be developed more customer oriented with the help of Recovery. The aim is to provide information on the opportunities and development targets of customer-oriented operations in mental health rehabilitation customer processes. The result of the research is a written recommendation for mental health professionals, on the factors and opportunities, which needs to be payed respect in developing customer orientation using Recovery orientation.

Research question: What kind of customer-oriented development targets in mental health rehabilitation processes are in Pieksämäki. The research question was approached with the following sub-questions: what factors are important for customer-oriented mental health rehabilitation and how to develop customer focus on mental health rehabilitation with Recovery-orientation.

5 Research method

This research is guided by an emancipatory interest in knowledge, which aims to understand the essence of customer-orientation, and the need for change in the functioning culture of mental health rehabilitation, through deepening understanding (Habermans n.d). The researcher proceeds the dialogue with the basis of theoretical knowledge and proportioning the research question to the wider contexts. When the context of the research question is made visible, the answer to the research question

is also clear. The result is proposals, or in this case recommendations for the development of mental health rehabilitation, through a customer-oriented framework. (Haaparanta & Niiniluoto 1994, 71.)

5.1 Action research as a method of this study

The research method is an action research that combines both activity and development of operations. The action research was developed by social psychologist Kurt Lewin in the 1940s, whose research was characterized by the pursuit of joint development as a group. The definition of action research could be described as a research strategy that approaches the phenomenon under investigation and provides information for the implementation of the change.

The experience of mental health rehabilitation professionals is collected by various methods aimed at developing customer-orientation for mental health rehabilitation in Pieksämäki. The goal is to solve the development issue that arises from practical work. Figure 1 below describes the steps of the spiral of this study from practice to the analysis of the results are presented in the following paragraphs 5.2 to 5.8. (Eskola 1973; Suojanen 2004).

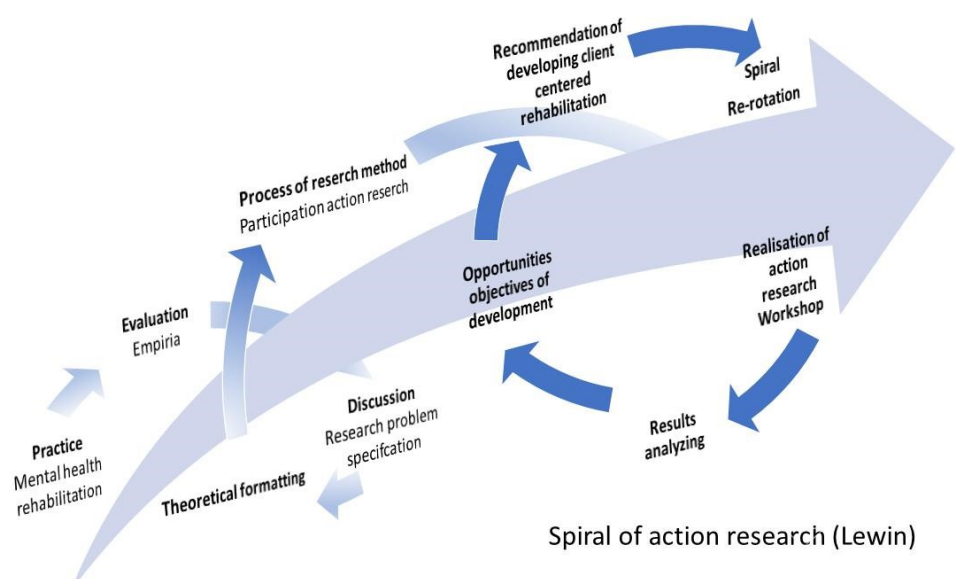


Figure 1 The process of action research of this study

Lewin's thinking was influenced by American pragmatism, developed by Charles Peirce in the late 19th century. Lewin's theory of action research only met Jürgen Habermans' critical theory in decades. Habermans' interest theory of knowledge has been considered in the action research as a justification for the existence of a critical theory. Mission of the critical theory is to produce emancipatory information about social interest in society. The purpose of the interest of knowledge is to highlight the social significance of knowledge, but also to justify the necessity of critical theory. In accordance with the emancipatory interest, the aim is to produce human self-reflection that promotes the release of old thought patterns. Based on Habermans' critical theory, participatory action research has also been developed from operational research. According to Moser (1977), action research includes a dialogic understanding of the knowledge that is realized at the same level as the involvement of researchers and the research team. (Huttunen & Heikkinen n.d.). The Participatory action research is a logical solution to gather information for developing customer-orientation from the perspective of professionals, while the researcher herself works in practical work and as the representative of the service provider in the mental health rehabilitation of Keski-Savon Hoivakehitys association. Participating action research involves members of research group in research process as information provider and partner in development. Researcher invites people whose work is the subject of research to involve in participating action research. In health care research it is a form of social learning where the cycle of continuous reflection supports the development of knowledge. The process of action research guides research through an example of collaboration and confidentiality. The researcher is responsible for ensuring that the differences between stakeholders do not affect the autonomy of the participants in the research. (Wright, Cook, Harris, Kleba, Madsen, Springett & Wakeford 2013.)

5.2 Practice; mental health rehabilitation into customer-oriented services

Keski-Savon Hoivakehitys is a third-sector service provider and a partner in substance abuse and mental health rehabilitation with the psychiatric outpatient clinic at Pieksämäki city. The psychiatric outpatient clinic itself provides reception services and

psychosocial small-scale support as home visits. The outpatient clinic will grant commitments to clients for mental health rehabilitation housing services and psychosocial home rehabilitation. Keski-Savon Hoivakehityks Association offers housing services to mental health customers and psychosocial home rehabilitation to the client's own home. Psychiatric outpatient clinic and Keski-Savon Hoivakehityks have been co-operating for twenty years. Rehabilitation is based on customer needs and co-operation.

The underlying research is the reform of social and health services, aimed at equal treatment of social- and healthcare services, enabling the customer to be free of choice. Customers' inclusion and self-care are designed to develop the customer's surface with the necessary needs, in other words, customer-oriented. According to Koskinen (Koskinen 2016), the customer orientation in action is realized through a professional activity and care task. Leadership is also expected to show direction and value leadership, staying ahead, managing resources and knowledge, along with participation. (Koskinen 2016.)

5.3 Evaluation of the impact of nursing on customer-work practices

Kristiina Särkelä (2015) studied the effectiveness of nursing management in nursing, in her Master thesis. The results of the study revealed the wish of health care professionals to promote customer-orientation by means of management, developing operations to serve the customer work processes. Customer-orientation requires support for the customer and the commitment of the entire organization customer-oriented operations. According to the results, task orientation was considered the opposite of customer-orientation. (Särkelä 2015.)

The experiences of health care professionals about customer commitment to mental health services have been studied also in other countries. Studies showed that healthcare professionals are positive about outpatient treatment, but the focus of treatment was more on the patient's inability than on autonomy (Stensrud, Høyer, Beston, Granerud, Landheim 2015). Collaborative planning and training among health

professionals will facilitate the development and continuous improvement of operating culture (Bhanbhro, Gee, Cook, Marston, Lean, Killaspy 2016). Also organisational priorities influence staff understanding of recovery support. Le Boutier's research team got evidences from systematic review of empirical primary research, that mental health professionals do not have a common understanding of what Recovery means. In practice, this is a challenge for successful implementation of Recovery-orientation in mental health care. (Le Boutillier, Chevalier, Lawrence, Leamy, Bird, Macpherson, Williams, Slade 2015). Organizational management and administration have a major impact on how customer views are payed respect in service production. So, the question is about service processes and customer responsibility. (Virtanen, Suoheimo, Lamminmäki, Ahonen & Suokas 2011, 18).

Le Boutillier's research team has developed a multidimensional theory of Recovery-oriented practice. Recovery orientation has three competing priorities, such as health process priorities, business priorities, and staff understanding of their role in rehabilitation. Employee understanding Recovery practices is a major factor in bringing orientation into practice processes. However, all areas need attention when it comes to moving services towards Recovery practices (Le Boutillier, Slade, Lawrence, Bird, Chandler, Farkas 2014).

5.4 Discussion; specification of customer-oriented nursing model

Recovery has been described as a common factor in individual experiences and customer-oriented services and culture (Ragins n.d.; Lakeman 2010; Amering, Mikus & Steffen 2011; McDaid 2013; Tondora, Miller, Slade & Davidson 2014; Coffey, Hannigan, Meudell, Jones, Hunt & Fitzsimmons 2018). Recovery is based on personal attitudes, experiences and change processes, as well as external operating environment conditions, events, actions, and practices that facilitate Recovery. Together, these internal and external conditions produce a process called rehabilitation. (Jacobson & Greenly 2001.) Finnish literature on Recovery is still limited.

In the state of Wisconsin, a customer-oriented nursing model was developed in the 1990s, where rehabilitation from a mental health problem is based on the rehabilitator's own experience of hope, recovery and empowerment, as well as external rehabilitation factors such as human rights, a positive culture of nursing, and rehabilitation services. In the Recovery model, the service system represents external conditions within a basic mission and practice that facilitates recovery. Individuals' experiences, customer-oriented services and a positive nursing culture produce a process called rehabilitation. Keywords in the rehabilitation process are hope, recovery, empowerment and social connection (Jacobson & Greenly 2001).

Maintaining hope enables recovery to begin. Persons understanding and acceptance of the impact of the mental health problem on his/her own life as well as the commitment to change from personal perspectives are highlighted as areas of hope. Focusing on persons own strengths, looking forward, adopting the importance of small steps, rather than expecting a quick progress in a short period of time, and reorganizing values and developing optimism are the key enablers of hope (Jacobson & Greenly 2001). Developing optimism from the perspective of professionals is a belief in the ability of a client to live an independent, high quality life based on their own strengths (McDaid 2013, 9).

In the process of recovery, the rehabilitator understands the illness as part of him/herself and does not base his/her identity on the illness. As the identity develops, the understanding of what is illness and personality also increases. The key to illness management is finding ways to relieve the symptoms of the illness, or social and psychological stress. Usually medication is an effective way to manage mental health disorders, also self-exercises can be a way to learn to control symptoms, like adopting healthy lifestyles or using symptom monitoring as self-care techniques. At this stage of recovery, the rehabilitator understands the impact of persons own actions on his/her rehabilitation and has taken responsibility for his/her own life. Mental health disorders and personal life management are important factors in the process of empowerment (Jacobson & Greenly 2001). Disease management can also be thought of as the ability to move from disorder-centered to other areas of interest and activity (Anthony 1993; Wallcraft n.d.).

The feeling of empowerment comes from the individual itself, also significant is the contribution of external support. The path of empowerment can be divided into three stages, the first being the ability to act independently. The means for independent action's, are the acquisition and control of knowledge, self-confidence and the existence of the relevant choices available. Second, the path of empowerment has the courage to "speak with your own voice" and step out of safe routines. Third, the goal is to take more responsibility for itself. Here are the responsibilities of working with professionals and loved ones, giving the rehabilitator information about existing alternatives, and working out a plan to achieve the goals of individual rehabilitation (Jacobson & Greenly 2001.).

Rehabilitation is basically a social process. The ability to connect with others is the result of hope, recovery and empowerment, as well as the way to implement a personal recovery process. The ability to make connections also acts as a bridge to the external operating environment, enabling interaction and collaboration with professionals and loved ones (Jacobson & Greenly 2001). Social connectivity and support also have a profound impact on quality of life, and the loved ones say that they are on the path of recovery (Coffey, Hannigan, Meudell, Jones, Hunt & Fitzsimmons 2018).

The British Mike Slade's research group developed a Recovery Framework CHIME that emphasizes relevance in addition to the previous key factors: Connectedness - Hope - Identity - Meaning – Empowerment. Also other various means have been developed to support Recovery: peer-to-peer, pre-plans, wellness recovery action planning (WRAP), disease management and recovery, refocus, strength model, recovery college and recovery training, individual placement and support, supported housing and mental health dialogues. (Slade et al., 2014.)

5.5 Theoretical formatting of the frame of reference

The theoretical framework is made up of a research method and existing knowledge of the phenomenon being studied. (Tuomi & Sarajärvi 2009, 18-19). The keywords of the theoretical framework are; customer-orientation, mental health rehabilitation,

customer-focused organization, mental health rehabilitation personnel, customer-oriented services and Recovery.

Mental health rehabilitation customer process can be various in different frames of references. Theoretical framework of this study contains co-work of organizations of psychiatric polyclinic and Keski-Savon Hoivakehitys association, and the mental health rehabilitation professional's experiences of the local mental health services culture. Analysing mental health rehabilitation customer process helps to measure developing customer-orientation in mental health rehabilitation.

5.6 Process of research method

The starting point of the study has been a pre-understanding of the customer's approach to social- and healthcare services. At first, researcher aim to describe customer-orientation in mental health rehabilitation, as well as to give the phenomenon what it is and how it could be further developed as a customer-oriented approach. Survey at Keski-Savon Hoivakehitys association staff-meeting was the first step of the participatory action research.

Second opportunity in data gathering of the participatory action research was given in the co-working day "Shared Expertise" of the Keski-Savon Hoivakehitys association, the Mental Health Confederation and the FinFami Family Organization on September 7th 2018, at Keski-Savon Hoivakehitys premises. Recovery was one of the themes, presented by the author. The presentation discussed Recovery-orientation as a reference framework of mental health rehabilitation (Annex 2). Listeners were given the address of the electronic Padlet platform, to which feedback could have been given anonymously, e.g. by a nickname. However, the open Padlet site did not function as expected in the scheduled program, positive feedback on customer-oriented development came from both relatives and professionals, who were listeners of the presentation, in the form of their own stories.

A survey of customer-orientation in day-to-day work, which was carried out in the staff meeting, and the presentation of Recovery Framework in co-working day, challenged

the researcher to refine the method for obtaining the items sought in the research. According to the previous actions, researcher's findings on feedback has been purely positive for customer orientation in mental health rehabilitation. However, national surveys have shown the existence of development needs. Referred the description of the current situation in the service chains in South Savo, there is a need for clarity in service and care chains. The lack of dialogue between actors and the fragmentation of services raised obstacles to co-operation. (Kainulainen 2015.) Another challenge for development is access to services and the creation of low-threshold services. (Malmström, Leskelä, Lindh, Kajova, Niemelä, Rissanen & Salmisaari 2018.)

5.7 Realization of action research

Research data was gathered from the feedback and experiences of mental health rehabilitation professionals at two stages; survey and workshop. The professionals of Pieksämäki psychiatric outpatient clinic and Keski-Savon Hoivakehitys were invited to a research workshop (Annex 3). The workshop was held at the premises of Keski-Savon Hoivakehitys on October 4th 2018. In the beginning 21 professionals from Keski-Savon Hoivakehitys and Pieksämäki outpatient clinic participated in the introduction of the research topic and the theoretical basis with PowerPoint presentation. The concept of customer-orientation was introduced at the presentation, as well as the basics of Recovery and the most well-known Recovery models that have been used in other countries. After the introduction and coffee break, four small groups were divided according to the Learning Cafe method. 18 professionals participated in the data collection. The actual data collection took place in small group discussions. The topics of the discussion were mental health rehabilitation service processes, discussed through SWOT analysis.

For the small groups, voluntary chairman was selected to present the theme of the table, as the learning cafe method is done (Innokylä 2013). The time for reflection and the writing down of thoughts was 20 min. The chairman stayed at their tables and presented the theme of the table and the ideas of the previous group to the next group. Finally, the chairmen of the tables briefly presented the ideas and thoughts

collected at the tables. (Innokylä 2013). Instruments used for data collection were post-it notes, A3 pages and written research topics for each table. A total of 4 sheets of A3 pages were received, with a total of 985 characters in the replies.

The research question was discussed in small groups divided into four tables using SWOT analysis. Each table had its own area of mental health rehabilitation service process: table 1. accessibility / becoming a customer, table 2. service needs assessment / service plan, table 3. service delivery, and table 4. review / evaluation of the service plan. The small groups exchanged the table so that each group had travelled all tables and considered the themes from the point of view of strengths, weaknesses, opportunities and threats, according to the SWOT analysis.

5.8 Results analysing

A data-driven content analysis was selected for the analysis method of the survey, which seeks to establish a condensed description of the phenomenon that links the results to the context of the phenomenon of customer-orientation on daily work in the target organization. (Tuomi & Sarajärvi 2002, 105.) In a data-driven study, the focus is on the dataset, the theory is thus built as a material premise. In this case, we can talk about inductive, which means progression from individual findings to more general claims. (Eskola & Suoranta 1998, 83.)

The material was collected by anonymous questionnaire at the Keski-Savon Hoivakehityksen association staff meeting on November 30th 2017. The researcher was not present at the meeting. Survey was conducted on a paper form, with an open question. Seven replies were received. The results were transcribed to be analysed in a word-processing program (Saanen-Kauppinen & Puusniekka 2006). The analysis of data was started by carefully reading the answers and reflecting content according to the research question. According to inductive analysis, the material was reduced, grouped, and generalized to a concept.

Original expressions, received from the survey, was sought precise expressions relating to the research question "What is customer focus on mental health rehabilitation and how is it manifested in daily work?". The terms were reduced to substantive expressions and were codified in a previously known concept. This can be compared to the municipal association, and the concepts of customer focus of the home project: Customer orientation is a professional response to customer needs, aspirations and expectations Customer service situation. In health and medical care, the key policy of service providers is that the customer is an expert on their own health. The customer relationship is based on the interaction between customer and customer service, which results in the customer's choices and decisions affecting their own health. (Municipal Union 2011, 6; Virjonen 2015.)

In the qualitative theoretical content analysis, the research data was written verbatim, and repeatedly during classification. The material was grouped into themes with the same content, whereby the researcher read the material, applying for factors relevant to the research question. The terms were reduced to content and abstracted into concepts by content analysis. When the concept level was defined, for example, customer relationship management, the theory was advanced. Finally, the advanced concepts were combined to the main classifications based on the theory of research theoretical background. Original expressions in Annex 1.

Reducing survey material according to the research question

Simple phrases from answers	Classification according to answers
<ul style="list-style-type: none"> - individual goals, needs and dreams are taken into account when planning the rehabilitation. - Rehabilitation/activity targets come from the customer - Rehabilitation is treated as individuals, taking into account the needs of each rehabilitation - The needs of each rehabilitation, giving individual time, and directing them to groups 	<p>➔ Individual goals and needs</p>

<ul style="list-style-type: none"> - Rehabilitation path is built on the basis of rehabilitation goals 	
<ul style="list-style-type: none"> - Not eg. Employees' opinions or desires... - Supporting the rehabilitation of self-expression, decision-making - Respecting the choices of the rehabilitation - You can also very much affect the content of your own rehabilitation - The introduction of the rehabilitation perspective - Encouraging the rehabilitation of a self-looking life 	<p>➔ Attention to your own opinions and viewpoints</p>

Classified data	Generalized to a concept
<ul style="list-style-type: none"> - Individual goals and needs - Attention to your own opinions and viewpoints 	<p>➔ Individual objectives, needs and opinions in the rehabilitation</p>

As a result of the survey, customer-orientation is reflected in every-day work in the rehabilitation as an individuality of objectives, needs and opinions in daily work.

The method for analysing the results from Learning Café workshop, was also initially selected inductive reasoning. However, the choice of the method of analysis was blurred by the analysis of the research data. Embarrassment was aroused by the structuring of inductive analysis, and the researcher reconsidered the material to be analysed and the concepts. The answer to this dilemma was provided by Anttila's (1998) reference to abductive reasoning.

The collected research data was analysed by qualitative theoretical content analysis, also called abductive reasoning (Anttila 1998; Tuomi & Sarajärvi 2009). The developer of abduction was American philosopher Charles S. Peirce, who developed the term alongside inductive and deductive reasoning, meaning that a reasonable guess was made according to observations (Science Termbank 10.03.2019). According to Anttila (2001), abductive reasoning is characterized by the fact that it links practical thinking and reasoning processes. This is best achieved if a researcher uses a guiding idea to

look at empirical information and analyse the collected data. The leading idea is, that people's experiences that are real, cannot be challenged. Thus, the scientific problem in abductive reasoning suggests whether people's conclusions can be generalized (Anttila 2001).

6 Main results of the swot analysis from Learning Café workshop

In following paragraphs 6.1 to 6.6, a deductive analysis and the results of the customer-oriented development targets through SWOT analysis. Based on the information, it was possible to create a picture of Pieksämäki's customer-oriented development goals. Below are the main targets of the SWOT analysis in Table 1.

Strengths	Opportunities
Accessibility / becoming a customer: Accessing the right service Service needs assessment / service plan: Active support and rehabilitation monitoring Service Delivery: Customer processes and encounters Evaluation of the Service plan: Trust and knowledge transfer	Accessibility / becoming a customer: Multi-agency collaborative needs-based service Service needs assessment / service plan: Customer-oriented network at work Service Delivery: Affected local services Evaluation of the Service plan: Individual assessment from a developing perspective
Weaknesses	Threats
Accessibility / becoming a customer: Preventive and crisis work Service needs assessment / service plan: Clarity and customer orientation of the rehabilitation/service plan Service Delivery: Access to preventative services Evaluation of the Service plan: Customer experience as part of holistic evaluation	Accessibility / becoming a customer: Regional and customer group inequality Service Requirement assessment/service plan: Production of services from an economic point of view Service Delivery: Inequality in customer-based services Evaluation of the Service plan: Fragmented service culture

Table 1 Main issues about a customer-oriented service process in mental health rehabilitation in the city of Pieksämäki.

The classification of the SWOT analysis on the topic of “Customer oriented service process in psychiatric rehabilitation in the city of Pieksämäki” are opened and divided in strengths, opportunities, weaknesses and threats. The customer process was approached from the point of view of individual needs, how a customer can participate in his / her own rehabilitation as a partner, starting with accessing the service. Mental health rehabilitation service process in this case involves the complex design, implementation and evaluation of rehabilitation. The services should be organized according to the specific needs of those with mental health and substance abuse problems (The National Institute of Health and Welfare 2018; Ministry of Social Affairs and Health 2016). Original expressions in Annex 4.

6.1 Strengths in customer-oriented service process

According to the results, the strengths of customer-oriented mental health service processes in Pieksämäki are meeting customer needs and local resources, individuality, systematic rehabilitation, knowledge of local services and customers, confidentiality, professional competence and networking.

6.1.1 Accessing the right service

In the first phase of the service process, the research team discussed accessibility. The strengths were meeting customer needs, resources, and professionalism. Respondents considered local, centralized services as relevant, as well as professional expertise and multi-professional collaboration, enabling the client to gain access to a care relationship. The low turnover of professionals and the flow of information in mental health rehabilitation among established service providers was also seen as a strength in the accessibility of services.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Centralized, local services - Access to the treatment relationship 	Needs and resources	Therapeutic relationship-working	⇒ Accessing the right service

- Low turnover of professionals			
- Expertise - Multi-professional co-operation - Information flow, continuity	Multi-professional Services	Professionalism	

6.1.2 Active support and rehabilitation monitoring

In developing the service plan as strengths, individuality emerged in the mapping and rehabilitation of customer service needs. The rehabilitation plan is seen as a strong measure of rehabilitation and as a tool to monitor customer needs. Co-operation between the subscriber and the producer is a strength between the organizations involved in the research.

Simple expression	Subcategory	Abstraction	Main classification
- Rehabilitation/service plan - Service requirement tracking	Individual tracking	Service needs	⇒ Active support and rehabilitation monitoring
- Co-operation between the subscriber and the producer of the service	Co-operation in rehabilitation	Rehabilitation	

6.1.3 Customer processes and encounters

The strength of service delivery was the systematic design of rehabilitation services, co-operation with different service providers, and good access to services. Professionals are familiar with their customers and local services, enabling the customer to be directed to services that support their own desires and goals.

Simple expression	Subcategory	Abstraction	Main classification
- Individuality - Availability of services to customer's home	Personalised Services	Individuality	⇒ Customer processes and encounters
- Knowledge of local services - Weekday "Customer proximity"	Customer approach	Service culture	

6.1.4 Trust and knowledge transfer

The strength of the service plan was the long co-operation and trust of the organizations; the local service process is well known. Professional expertise is strong and networking works well. Familiar employees are familiar with the overall situation of the customer, which enables the client to support the rehabilitation in the long term.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Cooperation and network - Continuity - Local knowledge 	Communicating with the service network	Communication	⇒ Trust and knowledge transfer
<ul style="list-style-type: none"> - Understanding - Sub-goals 	Customer perspective on objectives	Confidentiality	

6.2 Opportunities in the customer-oriented service process

Opportunities included service culture, multi professional cooperation, low-threshold services and job search, networking, highlighting customer resources, locality, flexibility and peer support.

6.2.1 Multi-agency collaborative needs-based service

Opportunities for access to services are the service culture and co-operation and development of service-providing units. Customers can apply for psychiatric polyclinic emergency and emergency services in primary health care. Customers are also directed to services provided by the third sector. Both on-call and on-line reception can be contacted by telephone, while the city of Pieksämäki also organizes on-going / searching youth work as well as help from a crisis worker or group in crisis situations. On weekends, the need for help is assessed by telephone from the general emergency number 112. The participants of the study saw the possibility of developing services in a small town.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Emergency - 112 weekends 	Local services	Service network	⇒ Multi-agency collaborative

<ul style="list-style-type: none"> - Emergency department - Basic health care - Third sector - Crisis worker and group - Bending/outreach 			needs-based service
<ul style="list-style-type: none"> - Developed - Small town - Customer orientation - Can call 	Cooperation and development	Flexible operating environment	

6.2.2 Customer oriented network at work

Possibilities were customer relationship management and networking. Knowledge of customers and partners makes it possible to assess customer needs in a customer-oriented way. Active networking that emphasizes customer resources is also seen as an opportunity to systematically support rehabilitation.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Needs of the customers - Resource-based orientation 	Customer Relationship Management	Customer orientation	⇒ Customer oriented network at work
<ul style="list-style-type: none"> - Emphasizing customer resources - Co-operation 	Rehabilitation monitoring	Co-operation network	

6.2.3 Affected local services

The potential for local service delivery was the agility, quick response and versatility of a small town in the provision of services. Particularly mentioned was made of sports services and group activities enabling peer support and the purchase of services from private, alongside the city's own services. Low threshold services are on offer and trusted, customers are directed to services. Services are produced in a multidisciplinary manner, utilizing customer resources and experience of inclusion.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Small city ease, speed, versatility 	Locality, flexibility and effectiveness	Approachable services	⇒ Affected local services

<ul style="list-style-type: none"> - Cooperation between private and public services - Low-threshold services - Effectiveness 			
<ul style="list-style-type: none"> - Peer opportunity - Inclusion - Confidence 	Peer support and confidentiality	Impact on the customer	

6.2.4 Individual assessment from a developing perspective

The possibility of the change is seen as a responsibility worker model, whereby the most important employee for the customer goes alongside the customer on the path of rehabilitation. Regular, short-term review of the service plan was seen to activate the client's goals and provide alternative tools to support rehabilitation. Developing new customer service models and cooperation between different actors is seen as an opportunity, as well as a challenge for the employee. The customer's opportunity to change the responsibility employee was also seen as a positive thing.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Changes according to customer needs - opportunity to develop activities - Regular and frequent evaluation 	Possibility of changes in the service plan	Individualization	⇒ Individual assessment from a developing perspective
<ul style="list-style-type: none"> - Employees' perspectives - Highlighting successes 	Positive cooperation	Developing an evaluation	

6.3 Weaknesses in the customer-oriented service process

Responses were broadly considered in the present service system from the point of view of providing services. Important factors for developing customer focus were the key factors; access to preventive services as well as providing support in the evenings and weekends, clarity of the rehabilitation plan and support for the individual goals of the client, and reduction of stigma.

6.3.1 Preventive and crisis work

As development points in the mental rehabilitation service process, as a customer in the entry stage and in the accessibility of services, weaknesses emerged in first aid / emergency care, which focuses on the treatment of somatic diseases in the evenings and weekends. Weaknesses indicate that stigma and the role of young people as a user of mental health services appeared. Lack of psychiatric skills in local attendance assessing the need for a service that can lengthen access to a client's services and increase the risk of stigma. Local health care resources are perceived to be low and the weakening of the strong care relationship among young clients, was seen poor, when moving to adult services. Information retrieval by customers looking for services is hampered by outdated information in online services.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Weekends services required - Mainly somatic treatment - The load of private services - Mental health emergency only on weekdays for medication matters - Doctor shortage - No local crisis help - Psychiatric triage defective - Stigma - Scarce resources - Outdated information in network services 	First Aid/ Emergency Stigma Anticipation	Mental Health services resources	⇒ Preventive and crisis work
<ul style="list-style-type: none"> - Reduction of adult treatment visits18 years youngsters for adult services 	Youth status in services	Legislation directs service production	

6.3.2 Clarity and customer orientation of the rehabilitation/service plan

The weakness was the low use of time for both the customer plan and the use of the plan in customer work. In designing services, the economy was perceived as having a decisive role in the customer retaining. Economy's decisive role can influence the customer's motivation and expectations of his or her rehabilitation. The expertise of the

social service subscriber regarding the special features of psychiatric rehabilitation is limited.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Utilisation of the rehabilitation/service plan at work - Electronic utilisation of the rehabilitation/service plan 	Structured rehabilitation support	Methodical approach	⇒ Clarity and customer orientation of the rehabilitation/service plan
<ul style="list-style-type: none"> - Customer's lack of motivation - Lack of information for professionals 	Services meeting the customer's needs	Customer orientation	

6.3.3 Access to preventative services

The economy guides service production, the needs of individual support and the expectations of rehabilitation do not always meet. Multi-professional networking was perceived as slow. The diversity of the service structure was perceived to be narrowing, such as services to support individual hobby groups and employment opportunities. The weakness was the possibility of stigmatization, which may be a barrier to getting the right services. Preventive mental health services and employment opportunities were seen minor. Obtaining services is limited in part to the office working hours. contacting mental health care professional is difficult in the evenings and weekends.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Network work slow - Lack of intensive care relationships - Lack of prevention and adequate support 	Operation of the service structure Preventative mental health work	Preventive services	⇒ Access to preventative services
<ul style="list-style-type: none"> - Customer Wishes and needs - Decision making on economical bases 	Availability of services	Availability	

6.3.4 Customer experience as part of holistic evaluation

As a target for development, the service plan assessment phase was devoted to developing a responsible employee model, so that information flow was secured, and the

customer's voice heard. The inadequacy of financial and human resources was a cause for concern; on the other hand, rushing and unrealistic expectations of rehabilitation could reflect on the importance of an individual service plan for the rehabilitation of a client.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Employee turnover - Employee person's role 	Employee relevance	Interaction between employee and customer	⇒ Customer experience as part of holistic evaluation
<ul style="list-style-type: none"> - Customer individuality - Rehabilitation Progress - Client's unrealistic expectations - Holistic attention on customer 	Achieving the customer's overall goals	Customers experience	

6.4 Threats in a customer-oriented service process

As a result of customer-oriented mental health rehabilitation, inequality between customer groups, valuation of services and concentration according to financial resources, foreign large companies as service providers and unification of service culture (cf. customer-oriented - organizational-oriented) were seen.

6.4.1 Regional and customer group inequality

The threat was the narrowing of service production, the concentration of services in bigger cities and the inequality between different customer groups. Those in need of special support do not receive expert or craft services, and local services are not being developed while waiting for the social and health care reform.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Language issues - If a person does not get help - Hospital beds are reduced - Services focus (on a national level) 	Services and skills focusing regionally on large centres	Inequality in the provision of services	⇒ Regional and customer group inequality

<ul style="list-style-type: none"> - social and health care decisions are expected - Inequality among different customer groups - Bending/Outreach 			
<ul style="list-style-type: none"> - The economy is tight - Values - Foreign ownership in health services 	Focusing on economic resources	Valuing by profitability	

6.4.2 Production of services from an economic point of view

The scarcity of scarce resources and staff, considered a threat to the development of care relationships, or did the customer get the services they need? There was a shortage of staff and bureaucracy and “stuck” in assessing service needs. Existing structures that are perceived as rigid and inflexible have been identified as targets for development.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Administrative rigidity - Consultation and understanding of customer needs 	Organizational orientation	Economic policy	⇒ Production of services from an economic point of view
<ul style="list-style-type: none"> - Staff capabilities 	Environment	Human resources	

6.4.3 Inequalities in Services

It was a threat to get the customer's voice in the concrete implementation of the service plan if the local services narrowed. Critical images were also created by the criteria for targeting services, to whom services are targeted? The deterioration of the position of the mental health rehabilitator in the labor-market and the shamefulness of rehabilitative services raised concerns.

Simple expression	Subcategory	Abstraction	Main classification
<ul style="list-style-type: none"> - Narrowing of services - Implementation of the plan 	Producing a unique service	Service production	⇒ Inequalities in Services
<ul style="list-style-type: none"> - Inequality - Shame 	Customer appreciation	Valuing	

- Customer Consultation			
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6.4.4 Fragmented service culture

The "Rehabilitation plan know-how" raised during the evaluation phase of the service plan in many ways; by the use of time, the ingenuity, the loss of hope of the client, the different views of the client and the employee and the interpretation of the goals. The lack of consistent policies and understanding of the goals of rehabilitation in the systematic rehabilitation of the client were highlighted as a threat. At the time of the research, social and health services were perceived as frameless.

Simple expression	Subcategory	Upper class	Section
- Fragmented practices - Plan Skills	Common practices and Making plans	Practices Methodical approach	⇒ Fragmented service culture
- Scarcity of resources - Understanding of rehabilitation goals	Understanding Resource Allocation	Understanding	

6.5 Important factors in Mental Health rehabilitation reflecting results of the research

In the early stages of the research, the researcher's understanding of the phenomenon of customer-oriented culture in mental health rehabilitation was based on collected customer feedback, evidence-based nursing and good practices, and a new ideology for customer-oriented mental health rehabilitation in Finland; Recovery-orientation. Findings of the research compared to international and Finnish studies, articles and recommendations on customer orientation and Recovery in the social and health sectors. According to research's in mental health rehabilitation used in this study suggested that opportunities were seen in collaborative, affected, needs based and local services and individual assessment and customer-oriented work (Commonwealth of Australia 2009; Amering, Mikus & Steffen 2011; McDaid 2013; Mental Health Commission of Canada 2015; Tondora, Miller, Slade & Davidson 2014; Koskinen 2016; Salminen & Rintanen 2014).

The objects of development were preventive and crisis work, access to preventive services, fragmented service culture and inequality in customer-based services both regionally and customer groups. Clarity and customer-orientation in service plan and including customer experience into planning were also needs for development (Mcalpine n. d.; Mental Health Commission of Canada 2015; Malmström, Leskelä, Lindh, Kajova, Niemelä & Salmisaari 2018; McDaid 2013; Kainulainen 2015; Coffey, Hannigan, Meudell, Jones, Hunt & Fitzsimmons 2018; Raggins n. d.; Lakeman 2010).

All materials dealt with customer-orientation in nursing or rehabilitation work. Nine of these materials dealt with Recovery-thinking in mental health rehabilitation.

7 Recommendation for customer-oriented mental health rehabilitation

Customer- and Recovery-orientation both as a framework for mental health rehabilitation supports attitudinal changes in the practices, organizational culture and service offering of professionals working in organizations. Both frameworks require a shared vision and commitment to a common goal at all levels of the organization. The customer's needs at the core of the services determine the goals of rehabilitation from the perspective of the individual's existing strengths, life experiences, aspirations and dreams.

Recommendation 1. Customer-driven low-threshold services are promoted by eliminating inequality through multi-professional co-operation and service management. It is important to pay attention to preventive mental health work by developing new service models for different age groups, in different channels. Information about the current service network is shared with up-to-date information on social and health care online services, and the service culture is integrated with customer-oriented concepts and Recovery training.

Recommendation 2. Service needs assessment focuses on supporting strengths and customer appreciation. By looking at the customer's life history, existing areas of expertise and strengths can be found. Customer-oriented thinking is represented by providing assistance from the customer's point of view, understanding, and motivation that strengthens talent.

Recommendation 3. Helping customers to find a combination of services that meet their needs and help eliminate discrimination and other obstacles to full life. Individual's contribution as a provider of care and support can be a significant factor in the path of recovery. Models supporting the service offering and new rehabilitation are being developed in co-operation with the public, private and third sectors service providers.

Recommendation 4. The implementation of services focuses on positive expectations and seeks to find ways to use peer experts and find ways to involve customers recovering from mental health disorders, into society as full members. The effectiveness of services is supported by regular assessment of the rehabilitation plan that promotes well-being and self-determination.

Recommendation 5. The assessment phase, of the service and rehabilitation plan highlights choices and successes, focuses on customer needs in the future, and supports the adoption of positive risks in terms of resources and abilities.

Recommendation 6. Implementing the Recovery-orientation for customer service requires that social and health care managers influence service processes by training staff for Recovery.

8 Discussion of the results of this research

The action research sought to answer the question of how the customer focus of mental health rehabilitation could be developed through Recovery-orientation. The aim

was to provide information on the opportunities and development targets of customer-oriented operations in mental health rehabilitation customer processes. Responses were broadly considered in the present service system from the point of view of providing services. The customer is at the heart of mental health services in defining their own service needs as an expert in their own lives.

The strengths of the customer-oriented mental health rehabilitation service process in Pieksämäki are meeting customer needs and local resources, individuality, systematic rehabilitation, familiarity with local services and customers, confidentiality, professional expertise and networking. Opportunities included service culture, multi professional cooperation, low-threshold services and job search, a customer-oriented network, locality, flexibility, peer support, a responsibility worker model, and the development of customer-oriented operating models.

Recovery orientation from the point of view of equal development targets, include the development of preventive and emergency services for the customer, the reduction of bureaucracy and stigma, the flexibility and individuality of services, the expression of recovery elements to different occupational groups, the inclusion of customer's voice in the rehabilitation plan, improvement of information flow and time management. The rehabilitation plan is relevant to the customer when the client has defined his or her own rehabilitation goals (Coffey et al 2018). Important factors from the point of view of customer-oriented development became important; getting access to preventive services and providing support in the evenings and weekends, clarifying the rehabilitation plan and supporting the customer's individual goals, reducing stigma, reducing inequalities between customer groups, providing services from a needs perspective, and unifying service culture (comparing customer-oriented – organizational-oriented).

From a social point of view, the Finnish Ministry of Social Affairs and Health's "Services for a customer-oriented" project aims to renew the social and health care processes to become more customer-oriented by making operating methods more flexible and enabling the customer to choose between service providers. The way to improve prac-

tices is to formulate service pledges for organizations providing social and health services. The purpose of service promises is to involve customers in the design and development of services, and to increase transparency in the organization of services. The change in policies also seeks to improve the efficiency and quality of social and health care costs. The result of the development work is a nationwide operating model that improves personnel understanding of customer service needs and guides customers to produce experience and development ideas through developer customer activity. (Department of Health and Welfare 2018.)

By the time the study was published, the reform of social and health services has crashed and the new government's negotiations of organization of government is taking place. In the view of the researcher, the introduction of client-oriented rehabilitation at grassroots and local level and the provision of information to partners, both professionals and customers and their loved ones, is at the heart of nursing. It is crucial to make decisions about your own care (Coffey et al 2018). Restructuring of social and health services is also a goal; moving clients from treatment to active and responsible actors in promoting their own well-being. In the preparation of the regional reform, it was important to organize the services so that the services were provided to the customer in a timely manner without unnecessary separate transactions (stm.fi: Regional and Social Reform). In the Recovery concept, people's positive quality of life is linked to social support and recovery, while delayed decision making has a negative impact on quality of life (Coffey et al 2018).

9 Ethics and reliability of research

The researcher should reflect on her own activities so that the readers receive reliable assessment information about the reliability and validity of the research and the background of the research from the initial sources of the research process (Saaranen-Kauppinen & Puusniekka 2006). In Finland, the Ethics Advisory Board provides guidance on the information to the participant in detail on. An ethically good perspective for research involves the recording of honesty, diligence and rigorous research, presentation and evaluation of the results. According to the good ethical viewpoint,

the study should use ethically sustainable data acquisition and research and the transparent and responsible communication. The researcher respects the work of other researchers and ensure appropriate and correct referencing (Tuomi, Sarajärvi 2009; National Advisory Board on Health Care Ethics 2012, 6).

9.1 Ethical review of the research aspects

The survey was conducted at a staff meeting for pre-defined and selected group. Forms was filled anonymously and returned to the query developer for a summary. The replies were recorded verbatim and the similarities were searched for classification. The forms were filled with 7 pieces, which is about a third of the professionals of mental health rehabilitation at Keski-Savon Hoivakehitys association.

The research license was obtained prior to the convening of the research team, and the necessary rights, obligations and rights of use were agreed with a written research permit and orally. Other possible interests should also be reported at different stages of the study. (National Advisory Board on Health Care Ethics 2012, 6). The members of the research organizations were described where the research is directed so that they were able to decide on their participation in the research. (Holmila, Stakes 2005, 17).

The researcher has experienced customer-orientation as an important factor for rehabilitation and efficiency. The researcher has a clear understanding of her own information interest that guided the research from beginning to end. In this case, the nurse's ethical guidelines (1996) has been guiding the researcher 's interest of information. Nurse´s basic tasks are to provide care and create a culture of care, work as a quality and collaborative developer, and as a mutual facilitator of international knowledge and skills. As a professionally important ethical task, the researcher-nurse experiences support for the moral and ethical work of his or her own profession (Nurses 3.10.2014.).

The disclosure of information is considered to safeguard confidentiality and the protection of anonymity. (Saaranen-Kauppinen & Puusniekka 2006.) The participants

were told about the technical solutions of the research material, where the material is stored and how it is arranged that no third parties can access the material (Data Archive 2017).

9.2 Reliability of research

As the research progressed, reflecting on the researcher's own activities and evaluating the reliability and competence of the research was refined so that readers can get information about the background and research process of the research. (Saanen-Kauppinen & Puusniekka 2006).

The method for analyzing the results from Learning café workshop, was provided by Anttila's (1998) reference to abductive reasoning, in which the conclusions are formed by the alternation of inductive and deductive reasoning (Koskinen 1995,51). The abductive reasoning was chosen as the method for analyzing the data, in which the formation of a new theory is possible only when there is a leading idea (Anttila 1998), which in this case was to improve the customer-orientation.

The reliability of the results of the research was tested by triangulation, whereby the customer-oriented element of the research was set as the main idea of the research task (Layder 1993, 120). Triangulation was used in the perception of the whole of the phenomenon. When analyzing customer-oriented or Recovery-oriented concepts, all definitions repeatedly explain service, action development and customer experience. Definitions of customer-orientation were compared to the principles of Recovery-orientation, when an internationally studied framework for mental health rehabilitation was opened by the researcher. The concept of customer-orientation lies in Recovery-orientation as a form of action, that is the guiding principle of mental health rehabilitation in the Recovery models (Higgins 2008).

The findings of the participatory action research were compared to the results of the Recovery researches from different perspectives, as well as the national guidelines for social and health care reform in Finland. Through triangulation, customer-orientation

has been interpreted as part of a broader mental health rehabilitation context, Recovery-orientation. In action research, the use of triangulation is not a routine solution, but its use has been assessed critically. The researcher has considered the use of triangulation as a measure of the reliability of research results. The American quality research tradition is considered as an alternative to the reliability test. In this case, triangulation is used as a single method of research that binds the results to reality. (Tuomi & Sarajärvi 2002, 144-148.)

In the data acquisition phase of the research, theoretical knowledge was acquired as secondary data from previous researches. Evaluating the truth and objectivity of main issues in qualitative research is challenging; according to pragmatic theory of truth, knowledge is related to practical consequences and opportunities for action (Tuomi & Sarajärvi 2009, 134-135). The results of the abductive analysis, reflecting theory and experience, are comparable to good practices that, through agreement between professionals in clinical research and practical experience, create policies for action. The reliability and impartiality of observations is supported by the method used to collect answers from the research team. The researcher instructed the group in the Learning Cafe method, and the members of the research group acted as the rapporteur and author of the topic to be discussed in each small group. After small group work, the answers were presented to the whole research group. The results of the research are based on the experiences of mental health professionals which are permanent. The expertise of the mental health rehabilitation professionals involved in the research, has been acquired through education and work experience.

10 Conclusions

Based on the results, customer orientation requires urban growth centres to develop services, but also the maintenance of local structures and diverse co-operation between the public, private and third sectors - focusing on the customer who is involved in determining their service needs to support their own well-being. Research on customer-centric history, ending with Recovery orientation, formed a new kind of social and health care reference framework, where customer-orientation guides a positive

culture of mental health rehabilitation. A service that focuses on recovery recognizes the life experience of mental health professionals and the importance of the knowledge gained through it. Clinical expertise integrated into professional experience creates the basis for professional rehabilitation. In mental health rehabilitation under the Recovery Framework, the professional will recognize the inherent strengths of the client suffering from mental health problems and the existing well-being that are supported at each stage of the client's rehabilitation process (Commonwealth of Australia 2009, 1-3).

The challenges of Recovery-based practices in mental health structures include expanding the culture of Recovery-based nursing, implementing organizational change and promoting inclusion (Slade et al. 2014). In the Recovery thinking-based, positive nursing culture, the professionals as well as customers are empowered and committed. A key factor in development is the partnership where the customer is an active party. For professionals, this means learning to see a person behind the diagnosis. (Jacobson & Greenly 2001). The Social Insurance Institution of Finland's GAS meter will emphasize the customer's experience in managing one's own life; What kind of change in functional capacity in your life would be important and possible? A good target is relevant to the customer, for which the customer's existing resources in rehabilitation are supported (Autti-Rämö, Vainiemi, Sukula n.d.).

The participatory action research was carried out in its most natural form as a standpoint method in which the researcher is in a similar situation with the members of the research group. In other words, the researcher had her own perspective on the phenomenon being studied (Anttila 1998). Grönfors (1985) examines the role of researcher in participatory research methods; It is easier for a researcher in the culture to approach a group with a similar experience base. This, however, poses challenges for the researcher to remain objective, to find new knowledge about development topics that are relevant to research. Grönfors (1985) advocates the presentation of the research topic and objectives to the research group (Grönfors 1985, 40-44). Presentation of the research topic was realized both at the application stage of the research license, and at the beginning of the research event in the opening of customer-oriented and Recovery concepts.

The cycles of the research proceeded in accordance with the spiral of action research. The objectives of the study did not include re-rotation (Figure 1), which provides a follow-up study on the change in attitudes of professionals based on new knowledge. Participatory action research wasn't realized using the traditional method of monitoring in the study, with the same kind of data collection method, so it is not academically reliable. Results though reflect nationally and internationally studied phenomenon of customer orientation and need for further development in customer-oriented culture in social- and health care.

The topic of further research on practical treatment relationships in Recovery's bottom-up mental health rehabilitation: Collaboration and responsibility sharing at different stages of the rehabilitation process. This is how we get back to the question about social and health care managers influence in service processes and customer ability to take responsibility of their lives. It's about question of training mental health professionals in customer- and Recovery-orientation. Recovery is unique way to support customer's existing abilities and walk the path of Recovery side by side on customers way to independent life.

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12 Annexes to the research

- Annex 1 Survey material 30.11.2017
- Annex 2 "Shared Expertise" co-operation day 7.9.2018 presentation in Finnish
- Annex 3 Invitation to the workshop 4.10.2018
- Annex 4 Customer-oriented service process for psychiatric rehabilitation in the city of Pieksämäki. Original expressions of Swot analysis

"What is customer focus on mental health rehabilitation and how is it manifested in daily work?"

Original expressions:

- Community treatment is already based on customer focus within the community. Individual goals, needs and dreams are taken into account when planning the rehabilitation. The client is the focal point of rehabilitation and rehabilitation begins with the customer's needs. Personal conversations open the doors to the inhabitants' minds and help them to gain confidence, something that all originates.
- Mental health rehabilitation It means that the objectives and means of rehabilitation/action are leaving the needs and wishes of the client. Not eg. The employee's own opinions or desires (excluding the professional, evidence-based vision, which is therefore the customer's point of view).
- Customer centralism means working with the Customer's requirements and according to the customer's wishes. The customer can affect most of the day-to-day activities, including discussions, mobility, leisure activities. Customer centrality is also manifested by the careful monitoring of the rehabilitation and the findings of the determination. You can also very much affect your own rehabilitation content (jobs, work activities, conversations, your own interest).
- Supporting the rehabilitation of self-expression, independent decision-making-> The perspective of the rehabilitation. Recovery-Thought Model-> The rehabilitation of the enthusiast's own conception of a meaningful life and ways of achieving it, or how it could be possible-> satisfaction to this moment. Encourage the rehabilitation of the self-looking life. The rehabilitation path will be built on the basis of the rehabilitation objectives-> Moya, Rehabilitation Evaluation support. Respecting the personal choices of the rehabilitation enthusiasts.
- Each rehabilitation is subject to the same Village rules that must be followed. Rehabilitation is treated as individuals, taking into account the needs of each of the rehabilitation participants.

- The rehabilitation of the individual. The needs of each rehabilitation, giving the individual time, and directing them to groups. According to rehabilitation plan.
- Rehabilitation goals come from the client. The customer is supported towards their goals. The customer is informed about the various services, etc. The customer's interests are primary.

MITÄ ON RECOVERY?

RECOVERY -AJATTELU

Recovery on ajattelun ja toiminnan viitekehys, jossa painottuvat toivo, voimavarat, osallisuus, merkityksellisyys ja positiivinen mielenterveys. (Nordling 31.8.2016)

Recovery-ajattelun pohjalta toimivissa palveluissa korostuvat asiakaslähtöisyys, kuntoutujan tarpeiden kohtaaminen ja ratkaisukeskeisyys. Keskeistä on löytää tapoja kasvatkaa yksilöiden valtaa oman elämänsä suhteen ja tukea siten toimijuutta. (Vanderplasschen, Rapp, Pearce, Vandeverde, Broerkaert 2013.)

Juuret asiakaslähtöisissä hoitotyön malleissa. Käsitteitä:

Asiakaslähtöisyys - palvelujärjestelmien ja palvelukokonaisuuksien suunnittelun ja kehittämistyön lähtökohta. Ammatillista asiakkaan tarpeisiin, toiveisiin ja odotuksiin vastaamista asiakaspalvelutilanteessa.

Asiakaskeskeisyys -Terveiden ja sairaanhoidossa palveluntuottajien keskeinen toimintaperiaate, jonka mukaan asiakas on oman terveytensä asiantuntija. **Asiakassuhde perustuu asiakkaan ja asiakaspalvelijan vuorovaikutukseen,** jonka tuloksena asiakas voi valinnoillaan ja päätöksillään vaikuttaa omaan terveyteensä. (Kuntaliitto 2011, 6; Virjonen 29.4.2015)

Asiakasläheisyys – asiakasprosesseja ja asiakaskohtaamisia ohjaava toimintaja työtapa.

(Virjonen 29.4.2015)

ASIAKASLÄHTÖISYYDESTÄ KUNTOUTUMISEN MALLIKSI

Recovery Yhdysvalloissa

Wisconsinin osavaltiossa kehitettiin 90-luvulla asiakaslähtöistä hoitotyönmallia, jossa **kuntoutuminen mielenterveysongelmasta perustuu kuntoutujan omiin kokemuksiin toivosta, toipumisesta ja voimaantumisesta,** sekä **ulkoisista kuntoutumisen mahdollistavista tekijöistä,** joita ovat ihmisoikeuksien toteutuminen, hoitotyön positiivinen kulttuuri ja kuntoutumista tukevat palvelut.

Recoveryä on kuvailtu **yksilöiden kokemusten, sekä asiakaslähtöisten palvelujen ja palvelukulttuurin kokonaisuudeksi.**

Recovery-mallissa toipuminen perustuu henkilökohtaisiin asenteisiin, kokemuksiin ja muutostarpeeseen, sekä ulkoisiin olosuhteisiin, eli palvelujärjestelmän toimintaan ja käytäntöihin, jotka helpottavat toipumista.

Yksilöiden kokemukset, asiakaslähtöiset palvelut ja positiivinen hoitotyönkulttuuri tuottavat prosessin, jota kutsutaan kuntoutumiseksi. Avainsanoja tässä prosessissa ovat toivo, toipuminen, voimaantuminen ja yhteys. (Jacobson & Greenly 2001)

TOIVO

Toivon ylläpitäminen mahdollistaa kuntoutumisen alkamisen.

Toivon osa-alueita ovat:

- ongelman huomioiminen ja hyväksyminen,
- sitoutuminen muutokseen,
- keskittyminen vahvuuksiin,
- eteenpäin katsominen,
- pienten onnistumisten juhlistaminen sen sijaan että odotetaan hurjaa edistymistä lyhyessä ajassa,
- sekä arvojen uudelleen järjestäminen ja kehittävä optimismi.

(Jacobson & Greenly 2001)

TOIPUMINEN

Toipumisen prosessissa kuntoutuja ymmärtää sairauden vain osana itseään. Oman identiteetin kehittyessä kasvaa myös ymmärrys, mikä on sairautta ja mikä persoonallisuutta.

Oman sairaudenhallinta on tärkeä kuntoutumisen mahdollistaja. Sairauden hallintaan kuuluu keinojen löytäminen sairauden oireiden tai sosiaalisen ja psykologisen stressin helpottamiseksi.

Yleensä lääkitys on tehokas keino sairaudenhallintaan, myös itseharjoitteet ovat tapaa oppia hallitsemaan oireita, mm. terveellisten elämäntapojen omaksuminen tai oireiden seurannan ja itsehoitomenetelmien käyttöön ottaminen.

Toipumisen prosessissa kuntoutuja on ottanut vastuun omasta elämästään.

Sairauden ja oman elämänhallinta ovat tärkeitä tekijöitä voimaantumisessa.

(Jacobson & Greenly 2001)

VOIMAANTUMINEN

Tunne voimaantumisesta nousee yksilöstä itsestään, myös ulkoisen tuen myötävaikutus merkittävää voimaantumisessa.

Voimaantumisen polulla ensimmäisenä on mahdollisuus toimia itsenäisesti. Keinoja itsenäiseen toimintaan ovat:

tiedon saaminen itsenäisesti hoidettaviin asioihin liittyen

itseluottamus

tarjolla olevien merkityksellisten valintojen olemassaolo.

Toisena voimaantumisen polulla on rohkeus ”puhua omalla äänellään” ja asua ulos turvallisista rutiineista.

Kolmantena kuntoutumisen polulla on tavoite ottaa enemmän vastuuta itseltään. Osavastuita tässä ovat työskentely ammattilaisten ja läheisten kanssa, jolloin kuntoutujalle annetaan tietoa olemassa olevista vaihtoehdoista, sekä tehdään yhteistyössä suunnitelma kuntoutumisen tavoitteiden saavuttamiseksi. (Jacobson & Greenly 2001)

SOSIAALINEN YHTEYS

Kuntoutuminen on pohjimmiltaan sosiaalinen prosessi.

Kyky solmia yhteyksiä muihin on toivon, toipumisen ja voimaantumisen tulosta, sekä myös tapa toteuttaa henkilökohtaista toipumisen prosessia. Kyky solmia yhteyksiä toimii myös siltana ulkoiseen toimintaympäristöön, mahdollistaen vuorovaikutuksen ja yhteistyön.

Kuntoutumista tukevan toimintaympäristön edellytyksiä ovat ihmisoikeudet, hoitotyön positiivinen kulttuuri ja kuntoutumista tukevat palvelut. Organisaatiossa, jossa toteutuvat hoitotyön positiivinen kulttuuri ja kuntoutumista tukevat palvelut, toteutuvat myös ihmisoikeudet.

Positiivinen hoitotyönkulttuuri

Positiivisessa hoitotyönkulttuurissa sekä ammattilaiset, että asiakkaat ovat voimaantuneita ja sitoutuneita. **Avaintekijänä kehittämisessä on yhteistyösuhde, jossa asiakas on aktiivinen osapuoli. Todellisessa yhteistyösuhhteessa molemmat näkevät toisensa ihmisenä.** Ammattilaisilla tämä tarkoittaa oppimista näkemään ihminen diagnoosin takana. (Jacobson & Greenly 2001)

RECOVERYN PERIAATTEET

Keskeistä palvelun käyttäjän kokemus

palvelujen käyttäjä ratkaisee mikä on tärkeää hänen omassa elämässään

organisaatioiden tasolla on tärkeää tunnistaa, että palvelun käyttäjällä, hänen läheisil-

lään ja asiantutijalla on tärkeä merkitys palvelujen suunnittelulle, toteutukselle ja arvi-

oinnille, sillä heillä on runsaasti kokemusta elämisestä ja toipumisesta mielenterveyden haasteiden kanssa. Palvelun käyttäjä voi tarjota omaan kokemukseen perustuvan asiantuntemuksen omaan toipumisprosessiinsa.

kaikkien sidosryhmien välinen yhteistyö recovery-keskeisten palvelujen edistämiseksi organisaation sitoutuminen recovery-keskeisten mielenterveyspalvelujen kehittämiseen

kaikkien sidosryhmien tuki recovery-keskeiseen oppimiseen ja käytäntöihin

(A National Framework for Recovery Mental Healthcare s.8-9)

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Invitation to the workshop 4.10.2018 at 12-16

"Customer-oriented services for mental health rehabilitation"

Nikulanmäki Rehabilitation Village Nikulanmäentie 90 A, 76100 Pieksämäki

The Workshop is part of the social and health Senior bachelor's degree programme "Social and Health development and management", as well as the International Master of Healthcare Management degree in final work.

The purpose of the action research is to find out how to develop mental health rehabilitation as a customer-centric Recovery Framework. Information is collected from the Learning Cafe method, from the perspective of psychiatric clinics and professional staff in Keski-Savon Hoivakehitys.

A written recommendation on the results of the workshop is Recovery Mental health rehabilitation, as well as a coherent set of psychiatric rehabilitation policies in Pieksämäki.

The Workshop is a closed opportunity and complies with the principles of good scientific research. The material collected in the survey consists of ideas, ideas and feedback from professional staff. No identifiable background information is collected for the study. The opportunity is directed at all psychiatric rehabilitation professionals. Organizations.

Program 4.10.2018:

12.00	Tuning to group work with food, Nikulamäki Kuntoutumiskylä Main house
12.45	Presentation of the research topic and theory base
13.45	Coffee break
14.00	Learning Cafe for small group work
15.30-16.00	Demolition of ideas and ideas, final debate

Registrations we ask for a meal to be arranged 21.9.2018 by the study organization responsible
020 761 4881/Mervi or email
mervi.jouha@hoivakehitys.fi

Welcome!

Mervi Jouha

Home Rehabilitation Manager
Keski-Savon Hoivakehitys Association
Nurse Yamk/Master of Healthcare Management student



Annex 4 Customer-oriented service process for psychiatric rehabilitation in the city of Pieksämäki. Original expressions of Swot analysis

1. Access to services/customer input

Opportunities

- Mental health - substance abuse standby Mon-Fri 9-11
- Evening view of the overnight acute department, urgent emergency
- The supply is: foot-finding/outreach and home rehabilitation
- Third Sector
- "Neuvokas" community house, "Via-Dia" organization, housing services
- Developed – developed
- Customer-oriented
- A small town, one door or health center
- Quick reception until 21.30, at 1.00
- Weekends 112
- Mon-Fri-O 9-11
- The third sector – Via-Dia, AA, NA
- Crisis Worker (Mikkeli City)
- Based Flash GAM. Downstairs daily, if not present, can call
- "Kröger" Group, debriefing

Threats

- If you do not get help, your substance will be included
- Hospital places reduced
- If you do not receive assistance from
- Contacts many times-there will be no help
- Tricky case
- (Social and health) decisions are expected
- Small municipalities-money
- The world of values, where is the money spent
- Inequality
- Class differences – Development disability – elderly –
- Mental Health rehabilitation
- Amenities at Decreases
- Money/economy gets tougher
- Concentrating on larger cities
- Foreign companies Owns Health
- Language problems in the reception-language differences

Strenghts

- Mental health - substance abuse Emergency access
- Treatment relationship can be
- No long queues
- Cooperation partners know each other
- Still psychiatrists
- Permanent staff
- Multi professional
- Anne´s (Department secretary, MI-O) Expertise
- Familiarity
- New SOS. Nurse Amenities at
- Small locality
- Grapevine
- Centralised services, basic security

- The third sector; "ViaDia", "Keski-Savon Hoivakehitys Association", "Matti and Liisa Koti", "Savela", "Pientare" -nurse

Weaknesses

- Weekends Hospital Rush Emergency
- Long wait
- Treatment Access Required
- "Nikulanmäki rehabilitation village" Crisis phone calls many – Distress High – taking against although there is no commitments (ex-post)
- Acute department overnight
- health center Physicians do not start/interfere with waiting for Mi-O
- Genuine acceptance of diversity
- Night time
- Not Places Where to go
- The shelter is not
- Customer Urgency Assessment
- The shortage of doctors
- Prioritization
- Lack of staff
- Economic
- Website/update
- Basic services/advice on how to move Psyk. Side – Treatment Visits Decreases
- 18 V Wish – 20 V

2. Service Requirement assessment/service plan

Opportunities

- Customer Orientation
- Individuality
- Customer knowledge
- Network work
- Partners know each other
- The client's rehabilitation is planned
- Highlighting customer assets

Threats

- Personnel shortage
- Rigid bureaucracy
- Stuck with the ice plan
- Hurry: Do not have time to properly dwell Planning
- Unrealistic expectation of the paying agency
- The rehabilitation programme remains Money solves
- Staff turnover
- The payer speaks a different language

Strengths

- Plan for all available
- Multiprofessional
- The payer is interested in the progress

- Cooperation
- Plan for Rehabilitation Tool
- Gauge for Fitness
- will be revised
- Suitability of the current service

Weaknesses

- Poor utilisation of plans
- Does the worker know how to use the plan creatively
- The electronic use of the plan is difficult
- Customer Incomplete Motivation/Expectations
- Lack of employee information on available Services
- The social side does not know about rehabilitation Process (Mental health)

3.Implementation of services

Opportunities

- Small unit, easy to manage, shorter queues, faster response versus big city
- Versatility
- Good facilities
- Exploiting the city's services (e.g. exercise)
- Group Activities-> peer
- Buying Private Services
- Customer Trust-> customers will take Help against
- Low threshold for treatment access
- The cheaper services-> could be an opportunity. e.g. develop a passing market
- Inclusion experience
- In better condition, customers
- Multi professional

Threats

- Lack of time-> diversity of services
Narrowing
- Faster response ct Big city
- Ongoing treatment relationships
- Incomplete monitoring
- Shame on seeking services
- Group Activities-> peer
- No equal position in the labour market
- Simplification-> Whether the customer's voice
- Low service Offering
- The customer is forced to change the services
- More intense economic > who is being targeted
- "Making plans only"->
No concrete action
- Multiple problem

Strengths

- Independent work-> customer-orientation, Specification

- Collaboration between services-> planning
- Healthy Nutrition Guidance->
"Customer-looking food"
- Home-Export Services
- "One hatch"-> to services for fast,
Services nearby
- Knowledge of services-> service control Clear/
Easy
- Everything is on the same map
Knowledge of the clientele-> people can face
Using the Services

Weaknesses

- Multi-professional-> Exhaustion of the process
Complex
- Multi-professional-> contact difficult
- Multi-professional-> complexity
- Multi-professional-> Too many people
- Scarce resources-> not a chance for Close treatment relationships
- Existing structures-> stiffness,
Inflexibility
- Limited employment Opportunities
- Staff turnover
- Tight budget
- Rigid working hours (services in service)
- It is not possible to practise what you want
- Insufficient access to aid-> ice
Rehabilitation among?
- Not possible for proofing
- Stigmata-> Prejudices and expectations,
Does the right services

4.Service Plan review/evaluation

Opportunities

- Organisational changes: the most basic
Employee included
- Developing new policies for customers
Serving
- opportunity to develop and enhance cooperation between
Operators-> Overall responsibility of the payer
- Customer-driven evaluation on a regular basis-> can be
Promote rehabilitation by stimulating the situation and
The options displayed by importing
- Small steps important-> positive feedback &
Incentive-> Lift!
- Successes raised, concrete in services!
- Review of service plan frequently-> reduced intervals->
requires active rehabilitation, also challenges employees
- New Employee/New perspectives
- The observation of chemistry in the rehabilitation process->
Change Employees

Threats

- Policy fragmentation-> convergent alignments missing

- Goal layout, concrete, cleavage
Evaluation-> realism
- Rehabilitation Plan Expertise
The plan will be made in a haste-> losing of Hope
- Organisational changes: adequacy of resources, churn,
Securing services
Social and health services/brutality->
Structures complex and unclear
- Scarcity of economic resources
- Fragmentation of services
- Lack of client's illness-> ability to understand
and think of your own aspiring?/My understanding as a caregiver
- Different people interpret the objectives of the rehabilitation methods differently
- Too strict self-determination

Strengths

- Cooperation, trust
- Knowledge of field/activity/Employees
- Understanding of the individuality of the rehabilitation process
- Goal cleavage
- Understanding the overall situation of the customer-> familiarity,
Security
- Ability to see customer progress on a sustained
Network work: the inclusion of operators and

Weaknesses

- Employee turnover, challenge to build confidence
Over and over again, customers bring their behaviour
The customer, the employee's person/
Familiarity with the big significance
- Responsible model of the newly emerging-> data outages,
The customer's voice heard
Insufficient resources
- "Forgetting" rehabilitation services (not actively exporting
Fitness forward)
- Hurry to exercise yourself, unrealistic expectations
- Forgetting individuality
- The overall situation is not sufficiently
Individual matters