

Master's thesis

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Finding help cannot be this hard

– a concept proposition of a new digital service
connecting rehabilitative psychotherapy customers
and psychotherapists



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Finding help cannot be this hard

– a concept proposition of a new digital service connecting rehabilitative psychotherapy customers and psychotherapists

In 2022, over 60 000 people attend to rehabilitative, Kela compensated psychotherapy, which aims to improve rehabilitation customer's ability to work or study. For many, the path to rehabilitative psychotherapy is too long and difficult.

This thesis focused on the adult customers' journey in applying rehabilitative psychotherapy and searching for a suitable psychotherapist and how service design mindset and methods can be utilized to describe the current state of the journey and to improve the processes. Both qualitative and quantitative research methods from literature review and benchmarking to customer survey and customer and psychotherapist interviews were used to collect accurate information regarding the topic.

As a result, the current state of the rehabilitative adult psychotherapy application and psychotherapist search processes were presented. Based on the gathered data, suggestions of improvement and a digital service concept proposition were created.

The path to rehabilitative psychotherapy can be improved in co-operation with the customers and psychotherapists. However, this requires effort and commitment from both private and public sector.

Keywords:

Rehabilitative psychotherapy, mental health services, service design

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Avun löytäminen ei voi olla näin vaikeaa

– uusi digitaalinen palvelukonseptiehdotus kuntouttavan psykoterapian asiakkaiden ja psykoterapeuttien yhdistämisestä

Vuonna 2022 yli 60 000 henkilöä kävi kuntouttavassa, Kelan korvaamassa psykoterapiassa, jonka tavoitteena on parantaa kuntoutusasiakkaan työ- tai opiskelukykyä. Monille polku kuntouttavaan psykoterapiaan on kuitenkin liian pitkä ja vaikea.

Tämä opinnäytetyö keskittyi aikuisten asiakkaiden kuntouttavaan psykoterapian hakeutumiseen ja sopivan psykoterapeutin etsintään sekä siihen, miten palvelumuotoilun ajattelutapaa ja menetelmiä voidaan hyödyntää asiakaspolun tämänhetkisen tilan kuvaamisessa ja prosessien parantamisessa. Tietoa aiheesta kerättiin sekä kvalitatiivisilla että kvantitatiivisilla tutkimusmenetelmillä kirjallisuuskatsauksesta ja vertailuanalyysistä asiakaskyselyyn sekä asiakkaiden ja psykoterapeuttien haastatteluihin.

Tutkimuksen tuloksena kuvailtiin kuntouttavan aikuispsykoterapian hakemisen ja psykoterapeutin etsimisen nykytilaa asiakasnäkökulmaan keskittyen. Kerätyn tiedon perusteella esitettiin parannusehdotuksia sekä digitaalisen palvelun konseptiehdotus.

Polkua kuntouttavaan psykoterapiaan voidaan parantaa yhteistyössä asiakkaiden ja psykoterapeuttien kanssa. Tämä kuitenkin edellyttää työtä ja sitoutumista sekä yksityiseltä että julkiselta sektorilta.

Asiasanat:

kuntouttava psykoterapia, mielenterveyspalvelut, palvelumuotoilu

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1 Introduction

Mental health issues and especially the growing need for mental health services in Finland have gained increasing interest and discussion among media, healthcare professionals, politics, non-profit organizations, and individuals.

In 2019, already before the COVID-19 pandemic, around 84 000 people in Finland received daily sickness allowance due to mental health conditions – almost 10 000 people more than in the previous year. During the years 2016-2018, the amount has increased 43 %. In 2022, even though the amount of the work disability pension granted due to mental health problems was decreasing, mental health conditions were the most common reason for work disability pension in the age group of 55 and under (Eläketurvakeskus, 2022). According to OECD estimate, the total costs of mental health disorders in Finland are approximately 11 billion euros per year. (Blomgren, 2020; OECD 2018.)

Psychotherapy is one of the most efficient forms of treatment for mental health conditions. According to a consensus statement results in 2006 by the Suomalainen lääkäriseura Duodecim ja Suomen Akatemia, the situation of the people who have received psychotherapy is considerably better compared to 80 % of people with the same symptoms, but who have not applied to treatment (Marttunen et al., 2006).

The purpose of rehabilitative psychotherapy is to improve the customer's ability to work or study, and it can be offered in the form of individual, group, family, or couple's psychotherapy and art therapy (Kansaneläkelaitos [Kela], n.d.-a). In research from 2022, the benefits of rehabilitative psychotherapy were clearly visible, when comparing people who had received rehabilitative, Kela compensated psychotherapy compared to those who had not, after a five-year follow-up period. The psychotherapy customers had a six percentage-point higher employment rate, 2100 euros higher annual income on average, and a six percentage-point smaller probability of retiring due to a work disability five years after their first application to psychotherapy. (Peutere et al., 2022.)

In 2022, 62 505 people in Finland received rehabilitative psychotherapy. Compared to the amount 12 609 in 2011, in 2022 there were almost five times more psychotherapy customers. Several articles in 2010s and 2020s highlight the situation of people who would benefit from psychotherapy, but are not receiving it (Vihriälä, 2014; Rantanen, 2018). Additionally, the pain points in the psychotherapy application process and the search for available psychotherapist for rehabilitative psychotherapy have been reported on the news repeatedly, as discussed in chapters 2.4 and 2.5. (Miettinen, 2023.)

This thesis research concentrates on the current state of the adults' rehabilitative psychotherapy application process and especially the psychotherapist search process, from the eyes of the customer of the individual psychotherapy for adults – taking also into account the psychotherapists' point of view. In addition, the study collects wishes and development ideas on how the current psychotherapist search process, as well as the whole psychotherapy application process, could be improved. For the search process, a hypothesis about a digital service as a solution will be discussed.

The research target groups are limited to the Finnish-speaking adult customers of rehabilitative, Kela compensated individual psychotherapy and psychotherapists offering it, to enhance the uniformity and comparability of the results. The limitations of the thesis are presented further in chapter 1.7. However, the importance of inclusive design is acknowledged and discussed in chapter 3.4.

1.1 Background of the topic

The World Health Organization (WHO) states:

Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. (World Health Organization [WHO], 2022.)

According to Terveydenhuollon palveluvalikoimaneuvosto [Council for Choices in Health Care in Finland], around 20 to 25 % of Finnish adults have a mental disorder, but only about 12 % of women and 8 % of men have used healthcare services to treat their mental health. Terveydenhuollon palveluvalikoimaneuvosto published a recommendation stating that the psychotherapies and psychosocial interventions proven effective should be included in the public health services regarding the treatment and rehabilitation of mental health disorders. (Terveydenhuollon palveluvalikoimaneuvosto, 2018.)

In 2020, Sosiaali- ja terveystieteiden ministeriö [Ministry of Social Affairs and Health] published *The National Mental Health Strategy and Programme for Suicide Prevention 2020-2030*, which recognized the importance of mental health in the current, changing world. The strategy recognizes mental disorders as a public health challenge and states that the availability of mental health and addiction services should be organized at the same level as the other health and social services. This is achieved by increasing the availability of both preventative services and therapies. (Vorma et al., 2020.)

Mielenterveyden keskusliitto [Finnish Central Association for Mental Health], a non-profit organization, publishes every second year *Mielenterveysbarometri [Mental health barometer]*, which surveys attitudes related to mental health problems as well as experiences regarding mental healthcare and services. The participants of the barometer survey represent the Finnish population aged fifteen and older. In 2023, the new barometer shows decreased public trust in the quality of mental health services compared to 2021. Additionally, uncertainty about the availability of the services has increased already six years in a row. When comparing participants who experience mental health problems to participants who do not, 28 % of the first group perceive the availability of the services as declining, while the percentage in the latter group is 16 %. (Mielenterveyden keskusliitto [MTKL], 2023.)

This thesis has no commissioner to offer knowledge and ideas that can be freely utilized to improve the current state of the psychotherapy application process. The researcher's position outside of the healthcare field can help the

thesis to maintain an explorative and open-minded regarding the topic. It is adequately important to recognize that since the researcher is not a healthcare professional, she is collecting insights as a visitor on the field. However, the researcher's previous professional experience in digital and website content creation and development supports the ideation process of the thesis.

1.2 Goals and research problems

The goal of the thesis consists of two parts. The first is to map the current state of the psychotherapy application and psychotherapist search processes from the customer point of view – enriched with the psychotherapist point of view. The second consists of collecting and developing solution propositions on improving the psychotherapy application process and helping the customers to find a suitable, available psychotherapist. Thus, the customers can start their rehabilitative treatment sooner.

Both the application to psychotherapy and searching for the psychotherapist process are unnecessarily difficult and energy-consuming for the customers, which leads to prolonged access to treatment, and sometimes to no treatment at all. The quality and flow of the psychotherapy application phase vary considerably depending on the individual healthcare professional who is treating the customer. When the process has proceeded to a phase where the psychotherapist should be found, the customers, who often lack resources and capabilities due to their mental health condition, are often left alone with the search.

On the opposite end, according to a psychotherapist interview, rehabilitative psychotherapists receive unnecessary contacts from customers, when the information about their fully booked schedules is not available for those who search psychotherapists (personal communication, October, 2023). As pointed out in several customer survey answers, receiving negative replies to their inquiries can affect the customers' mental health negatively and reduce

motivation towards searching for a psychotherapist (personal communication, November, 2023).

The researcher aims to find customer-oriented solutions to these problems through comprehensive research, where the main source of data is the customer. To collect valid and reliable information, the data is enriched by desk research, psychotherapist interviews, and benchmarking.

1.3 Research questions

The main research questions of the study are formulated from the research problems stated in the previous chapter. To develop the customer journeys of the psychotherapy application and psychotherapist search, the main research question is:

How can service design be used to create solutions to the challenges in both the psychotherapy application process and the search for a psychotherapist?

Supportive questions help to gather an adequate amount of research material to answer the main question. The supportive questions are:

What is the current state of the application process for rehabilitative, Kela-compensated psychotherapy from the customer's point of view as well as psychotherapist's?

What are the main challenges of finding a rehabilitative psychotherapist from the customer's point of view?

What kind of wishes, ideas, and thoughts the psychotherapy customers and psychotherapists have regarding the rehabilitative psychotherapy application and psychotherapist search process?

These research questions direct the research design and execution: they help to define suitable research and analysis methods as well as the forms of communication that are utilized to present the results in chapter 5.

1.4 Frame of reference

The frame of reference presents the cornerstones of this thesis; the knowledge base, theory, research methods, and stakeholders it is based on.



Figure 1. The frame of reference.

The knowledge base about the topic is built on a literature review about psychotherapy as a mental healthcare service, experiences with psychotherapy, current state, and phenomena of mental healthcare in Finland.

Service design thinking and service design in healthcare are the main theory bases of the thesis. Human-centric and empathic approaches help to design for people with various needs, hopes, and thoughts and support the study of sensitive topics. Finally, user experience design (UX design) and content design on websites will be briefly discussed.

The research methods chosen for this thesis present classical service design research methodology: the emphasis of the research is on qualitative research, which is supported by quantitative research questions of the survey. The research methods include benchmarking, interviewing, survey, and desk research, which are analyzed by utilizing tools such as affinity diagrams, personas, empathy maps, stakeholder map, and customer journey maps (light service blueprint).

The main stakeholders of this thesis are the (possible) psychotherapy customers and psychotherapists in Finland. The customer mindset in this thesis refers to the delicate theme of the thesis: mental health issues and conditions. Therefore, discretion, empathy, and respect towards especially the psychotherapy customers is needed throughout the thesis. The customer mindset is needed in each research phase, since creating value for the customer and remembering the customer aspect on both mapping the current state of the psychotherapy application process and when visualizing the solutions for the future.

1.5 Structure of the thesis

The original process structure and timetable of the thesis were based on an estimation from the year 2022 when the thesis process initially started. Due to reasons outside the thesis project, the timetable and thus the process chart was iterated and adjusted. Figure 2. displays the iterated process chart.

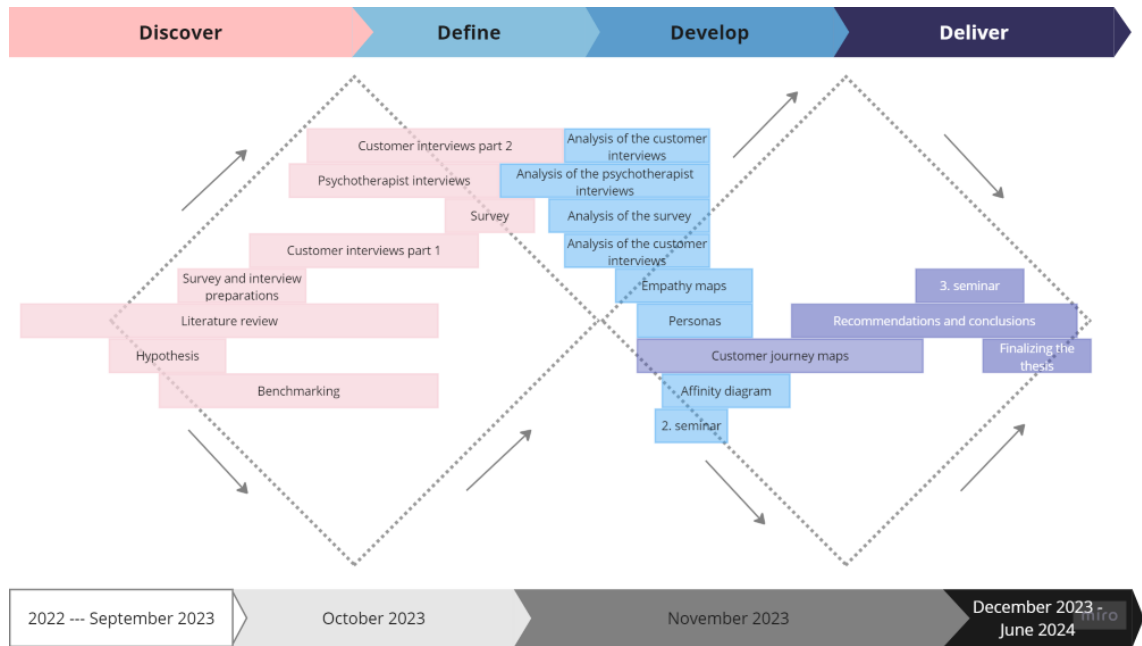


Figure 2. The thesis process chart aligned with the Design Council's Double Diamond design methodology (The Design Council, n.d.).

The thesis process chart implements the classical approach of service design: the double diamond, which includes a four-step framework for innovation. During the first, discovery stage, the researcher familiarizes herself with the topic through a literature review, benchmarking psychotherapy services and preparing survey and interview questions based on the collected information (The Design Council, n.d.)

The Discover phase then leads to the primary research, which consists of rehabilitative psychotherapy customer survey and interviewing the customers as well as the psychotherapists. During the Define phase, the results of the research are analysed and described by using various methods from affinity diagrams to empathy maps, personas, and customer journey maps.

The analysed material is utilized to compile and ideate propositions on what kind of solutions could ease and improve the psychotherapy application process and the search for an available, suitable psychotherapist.

1.6 Previous research and improvement suggestions

Improving the rehabilitative psychotherapy application and psychotherapist search processes, and access to treatment in mental health issues has been promoted through national projects as well as thesis research. This chapter displays some of those projects and research from 2010s and 2020s.

Terapiatakuu [Therapy guarantee] is a citizen's initiative, which was sent to the Finnish Parliament on 22nd October 2019. The goal of the initiative was to adjust the Mental Health Act to accelerate and ease access to mental health treatment. However, in 2024, the Government has discussed regarding the implementation of the guarantee of access to mental health treatment for children and youth, but not for adults (Mielenterveyspooli, n.d.-a; Koivisto & Lakka, 2024).

Terapiat etulinjaan [Therapies to the front line] approach provides concrete solutions to mental health crisis in Finland as well as a systemic form of development for psychosocial treatment process. It is organized and owned by HUS Helsingin yliopistollinen sairaala [Helsinki University Hospital], a public-law entity that coordinates social and healthcare and rescue operations in the Uusimaa province. By ensuring that every social and healthcare professional has enough tools to support the customer's mental well-being, the customers can receive help fast and fluent regardless of where he/she seeks help. (HUS Helsingin yliopistollinen sairaala [HUS], 2022.)

The three main themes of the Terapiat etulinjaan approach are tiered psychosocial services from lighter to more intensive, enabling equal co-creation with professionals and organizations, and finally, increasing the accessibility of services by utilizing digital services. Regarding this thesis, the digital services, including Mielenterveystalo.fi website, Terapiainavigaattori [Therapy navigator], a survey tool for customers, which streamlines evaluation process, and an education platform for healthcare professionals are relevant. In January 2024 published statistics show, that 83 % of the Terapiainavigaattori users completed the survey, 15 % found it exactly what they needed and 48 % regarded it as a

good and useful tool (HUS, 2024a). However, during the research phase of this thesis, only one psychotherapist mentioned Mielenterveystalo.fi in interview, though it is established in 2009 and developed further in 2013-2015 and in Terapiat etulinjaan project in 2021-2023 (HUS, n.d.; HUS, 2024a; HUS Psykiatria, n.d.-b.)

Improving psychotherapy customer journeys has been a topic in several thesis research. Katariina Rahkola wrote her thesis with similar topic: Designing an online service for finding a psychotherapist. Though the research phase involved only three customer participants, the results of the interviews and card sorting included recurring themes. (Rahkola, 2023.)

The need for digital services in customer psychotherapy process was studied by Satu Mäki's master thesis in 2015. The research utilized service design methods and included three solution-focused short-term psychotherapist and one psychiatrist interview. Though the research did not consider rehabilitative psychotherapy, the insight about the long psychotherapy application and psychotherapist search process as well as the strong belief in need for psychotherapies in the future, was mentioned. Digital, easy to approach and find content was considered beneficial for accelerating the psychotherapy process. Additionally, digital peer support, digital therapy diary and booking system were suggested as supportive features of the digital service. (Mäki, 2015.)

Matti Kilponen's master thesis focused on studying how a chatbot could aid to find psychotherapy. According to the test users of the prototype chatbot, some success was encountered, but further research was needed. The prolonged psychotherapy application and psychotherapist search process and aspects on search websites such as minduu.fi and Kela service provider search were mentioned. (Kilponen, 2019.)

The long queues of mental healthcare services were acknowledged in Elina Rajala's bachelor thesis, which collected ideas for a first-aid kit to support the wellbeing of those who are still waiting for mental healthcare service. Based on

ten survey answers from psychiatric nurses, the customers could benefit from different practices, such as mindfulness and physical activities, social relations, lifestyle, and services, such as digital services and peer support groups. Also, information regarding mental healthcare and patient care relationship were discussed. (Rajala, 2022.)

The research results of this thesis regarding the customer experiences in searching a psychotherapist were rather similar to the results of Rahkola's thesis research, which supports the validity of this thesis. In addition, The desk research of the thesis highlighted similar challenges and aspects to the ones found in Kilponen's thesis. (Personal communication, October & November, 2023.)

The above-mentioned projects and research along with the knowledge of rehabilitative psychotherapy influenced the thesis process in mainly two stages: during the interview and survey planning and in creating the improvement suggestions for the rehabilitative psychotherapy processes in chapter 5.

1.7 Limitations of the thesis

This thesis aims to make adults' rehabilitative psychotherapy customers' voices heard and improvement suggestions made known based on real customer needs, not to forget the psychotherapist point of view. Psychotherapy application process is an extensive topic, even when the focus is on rehabilitative, Kela compensated individual psychotherapy for adults. Due to the time and resource limitations of the researcher, this thesis and its research methods are limited. Therefore, it is essential to identify and acknowledge the limitations of the thesis research, presented in this chapter.

The research phase of this thesis is composed of desk research, rehabilitative psychotherapy customer survey with 107 participants and interviews of 15 customers, and six rehabilitative psychotherapist interviews. The survey is implemented in Finnish and delivered through three mental health non-profit organizations and in one Facebook group. Since the survey is executed online,

the participants represent adults who have adequate digital skills and access to the internet. Also, most of the interviews are held online as video meetings, which limits the customer sample.

The rehabilitative psychotherapist interviewees represent different parts of Finland – except Lapland and the Åland islands. The sample include four women and two men, who serve their customers in Finnish. It is important to notice that the six psychotherapist interviewees are the ones who agreed upon the interview, out of 30 sent inquiry emails. Therefore, the psychotherapist sample, even though representing psychotherapists from smaller and larger municipalities, can be biased and thus affect the interview results. For example, these interviewees answer their customers' inquiries, whereas the data collected from the customer's side and news articles reveal that often customer inquiries are left unanswered.

The target group of this thesis was narrowed to Finnish speaking adult rehabilitative psychotherapy customers and psychotherapists, who could participate the research mainly online. For further research, it is crucial to involve people with different backgrounds, skills and needs to ensure that the research and solutions to challenges are inclusive. Further research should also invite other stakeholders, such as psychotherapy company owners, occupational healthcare professionals, public healthcare professionals, and non-profit organizations, to support systemic aspects and solutions.

Time and resource limitations on executing the thesis led to utilizing suitable methods in that situation. This affects the opportunities for co-creation to be narrowed down to survey and interview questions regarding wishes, hopes and ideas. Again, further research on the theme should consist of more participatory methods, such as co-creation workshops and prototype testing.

Service design is always accompanied by dilemmas and paradoxes. Therefore, it is necessary for the researcher to remember, that one cannot pay attention to every detail, aspect or insight of the project, and sometimes tough decisions

must be made according to the budget, resources, and the views of the service clients (Stickdorn & Schneider, 2021, pp. 126–127).

2 Rehabilitative psychotherapy

This chapter comprises rehabilitative psychotherapy as a treatment and a process. The definition and the target groups of Kela compensated adult rehabilitative psychotherapy are presented and followed by thoughts on the benefits of the treatment. The psychotherapy process from application to psychotherapist search and starting the psychotherapy is covered step by step. Additionally, the psychotherapist aspect to the process is examined. Finally, the challenges and pain points in the psychotherapy process are briefly discussed before a peek to the future of the psychotherapy services.

2.1 Kela compensated rehabilitative psychotherapy for adults

Kela organizes vocational rehabilitation, intensive medical rehabilitation and rehabilitative psychotherapy, and discretionary other vocational or medical rehabilitation. Rehabilitative psychotherapy is a form of treatment for people aged 16-67 years, which aims to improve the person's ability to work or study and to enter or return to work or study life. It can be offered in the form of individual, group, family or couples' psychotherapy and art therapy. (Kela, n.d.-a.). In addition to Kela compensated psychotherapy, psychotherapy can be organized by public healthcare via service voucher, or it can be paid by the customer (HUS Psykoterapia, n.d.-a).

The rehabilitative individual psychotherapy is a discussion therapy where the customer and the professional psychotherapist qualified by Kela and Valvira have regular, typically 45-minute-long appointments for up to three years, up to 200 sessions total. The access to therapy needs to be re-applied every year. (Kela, n.d.-a.) The density of the sessions can typically vary from one to three per week (Saarinen, 2010).

There are several options for the implementation of the psychotherapy. In Finland, the most popular psychotherapy orientations are cognitive, psychodynamic, solution-oriented, and integrative psychotherapy, which

combines several other orientations (Heinonen et al., 2016). Due to covid-19 pandemic, remote therapy options have become widely available and can benefit the customer's options on choosing a psychotherapist.

2.2 Rehabilitative psychotherapy customers

To qualify for Kela compensated rehabilitative psychotherapy, a person must be 16-67 years old, whose ability to work or study is negatively affected by a mental health disorder, who have received at least three months of appropriate treatment after the diagnosis, and has a psychiatrist's statement, B statement, supporting the rehabilitative psychotherapy as a necessary to improve one's working or studying abilities. (Kela, n.d.-a.)

Mental health includes all the feelings from joy to sadness, from fears to disappointment, and many symptoms, that are considered as a part of some disorder, can be present in ordinary life (Lääkärikirja Duodecim, 12.5.2022). Thus, the definition of mental health disorder is not strict. According to Terveysten ja hyvinvoinnin laitos, [Finnish Institute for health and Welfare] (n.d.) mental health disorder is a general word for psychiatric disorders, which cause psychological symptoms that involve suffering or harm and are clinically significant.

The reasons behind applying to psychotherapy may vary from depression, anxiety and eating disorders to burnout, crisis, panic symptoms, posttraumatic stress disorders and other mental health issues. Psychotherapy is recommended when a person's own capabilities nor the support from social network are not sufficient. However, the need for psychotherapy may be still hard to recognize. (Saarinen, 2010, pp. 13–16).

In addition to Kela's criteria to qualify for rehabilitative psychotherapy, certain capacities of the person are examined to view if the person has essential abilities to attend psychotherapy. These include the person's capacity for change and self-reflection, and ability to recognize, tolerate and express feelings as well as to be flexible in interaction. (Heinonen et al., 2016.)

Psychotherapy is not a suitable treatment for all. If a person's resources of strength, motivation or abilities to process mental health issues in interaction with another person, psychotherapy may not be the right form of treatment – at least at that moment. (Saarinen, 2010).

In 2018, 70 % of the rehabilitative psychotherapy clients were women (Rantanen, 2018). During the 2010s, young men especially, have activated in searching for help, for example by applying to psychotherapy (Ronkainen, 2019). In 2022, rehabilitative psychotherapy expenses were 103,2 million euros. Around half of it regarded the sum of Helsinki and the wellbeing services counties of Pirkanmaa, Varsinais-Suomi and Pohjois-Pohjanmaa. This may be due to the biggest populations and higher amounts of psychotherapists and better resources in healthcare. However, in some counties public healthcare may offer other mental healthcare services, which reduce the need for rehabilitative psychotherapy and thus do not shown in the rehabilitation expenses. (Miettinen, 2023.)

2.3 Benefits of psychotherapy

Psychotherapy is one of the most efficient forms of treatment for mental health conditions. According to a consensus statement results in 2006 by Suomalainen lääkärisseura Duodecim ja Suomen Akatemia, the situation of the people who have received psychotherapy is considerably better compared to 80 % of people with same symptoms, but who have not applied to treatment (as cited in Saarinen, 2010, pp. 16–17). It is important to notice, that the primary target of the psychotherapy is not to remove the symptoms, but rather the customer's ability to understand herself/himself and the symptoms, and to live despite the symptoms (Saarinen, 2010).

In research from 2022, the benefits of rehabilitative psychotherapy were clearly visible, when comparing people who had received rehabilitative, Kela compensated psychotherapy compared to those who hadn't, after a five-year follow-up period. The psychotherapy customers had six percentage-point higher

employment rate, 2100 higher annual income on average and six percentage-point smaller probability of retiring due to a work disability five years after their first application to psychotherapy. (Peutere et al., 2022).

However, the choice of the therapist has a major influence on the benefits of the treatment. A well-functioning relationship between the customer and the psychotherapist has been shown to be one of the most important factor affecting the positive outcomes of the therapy (Heinonen et al., 2016). At the core of the rehabilitation work is customer-oriented approach: the goals of the therapy, which also lead the rehabilitation process, should be set by the customer. The therapist should provide the customer with professional skills and knowledge, and listen, understand and clarify things; the therapist can guide the customer to find his/her own will and voice. (Koskisuu, 2004.)

2.4 Psychotherapy application process

This chapter presents the psychotherapy application process from the first contact with healthcare until the start of the psychotherapy. The information of this chapter helps the reader to better understand the questions as well as the results of the research, starting from chapter 4.

Rehabilitation as a process can be described by its certain phases: initial assessment, setting rehabilitation objective(s), setting milestones, choosing suitable tools and methods, continuous assessment during the process and finally assessing the final situation and possible new objectives or goals. This seemingly linear process from point A to B is not as clear but can include several other points on the way. (Koskisuu, 2004.)

2.4.1 Initial contact with healthcare and applying for psychotherapy

In Finnish society, it has traditionally been more difficult to acknowledge a mental health issue compared to a physical one (Saarinen, 2010). Sosiaali- ja terveystieteiden ministeriö has published recommendations for recognizing and

decreasing stigma and discrimination related to mental health, substance abuse and addiction. According to the publication, the stigma seems to be lighter in mild mental health issues but is still strong in serious mental health disorders. (Strand et al. 2023.)

When a person does not feel well and confronts mental health issues, she/he can seek help from healthcare – depending on the situation, from the public, private, occupational or student healthcare (HUS Psykiatria, n.d.-a). The treatment for the mental health disorder should start then and can include for example meetings with a psychologist or a specialized nurse. If needed, a medication for treating the psychological symptoms can start already based on the general practitioner's or psychotherapist's appointment (Saarinen, 2010).

If the treatment is insufficient for three months, the person can ask for a referral to special healthcare or ask for a referral to a psychiatrist to receive a doctor's statement B. (HUS Psykiatria, n.d.-a). Since psychotherapy requires time, motivation, reserves of strength and qualities stated in chapter 2.2., the psychiatrist assesses whether psychotherapy could be a suitable form of treatment (Laukkala et al., 2020). The statement B should include the aim of the rehabilitation regarding the ability to work or study, the need and duration of the therapy and the recommended psychotherapy orientation (Saarinen, 2010).

Figure 3. presents the application process and the roles of the customer and different healthcare professionals and Kela. According to a research article from University of Helsinki, the doctor treating the person is in charge of the treatment as a whole, despite the psychotherapy being compensated by Kela (University of Helsinki, 2020).

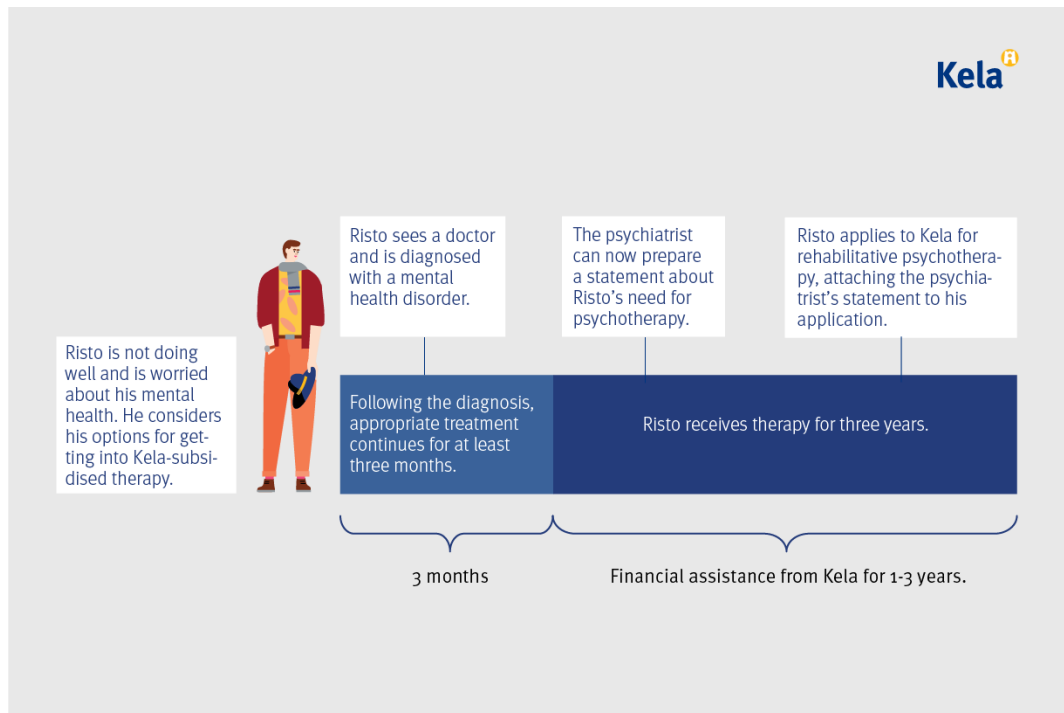


Figure 3. Kela compensated rehabilitative psychotherapy process (Kela, n.d.-a).

According to research from year 2011, less than a third of Finnish psychotherapists estimated that their customer has received sufficient guidance regarding psychotherapy (Valkonen et al., 2011). Since the assessment and guidance before the psychotherapy advance the customer's commitment to care and the success of the therapy, the role of the healthcare professionals guiding the customer to psychotherapy is significant.

However, the customer often must search a psychotherapist by herself/himself from the private sector, which can feel challenging and difficult. The relationship between the customer and the psychotherapist is one of the most important factors in the success of the therapy, and thus the customer needs to make the decision about the psychotherapist. But, to advance the process and accelerate the customer's access to treatment, a doctor or a psychotherapist can guide the customer to the right websites for further information, and coach the customer on what to take into account in searching and choosing the therapist. (Heinonen et al., 2016.)

Mielenterveystalo.fi, a website organized by HUS, offers information about mental health to both citizens and the professionals of social and healthcare. It

offers a compact information on how to apply for psychotherapy and how to find a psychotherapist. Regarding the application to psychotherapy, the website recommends considering some aspects on the person's situation in life. For example, if the person is in the middle of a crisis, short-term crisis help may be more suitable. It is worth to evaluate, if the person has enough time and resources to work on and to challenge herself/himself to find new aspects of life. Furthermore, Kela compensation does not cover all the costs of the psychotherapy, and the person has to pay for the appointments from tens to some hundreds euros per month. (HUS Psykiatria, n.d.-a.)

2.4.2 Searching for an available psychotherapist

Kela compensated rehabilitative psychotherapy can be provided by psychotherapists who are Kela and Valvira qualified and have accomplished education in the form and orientation of psychotherapy they are providing. They also must be entitled to use the title psychotherapist, which is a protected occupational title. (Kela, n.d.-a.)

The search process of the psychotherapist, based on the discussions the person has had with the healthcare professionals, can vary largely depending on the amount of guidance and support the person has received. Often the person is left alone in the search phase, according to the thesis survey and customer interviews. (personal communication, October & November, 2023.)

Mielenterveystalo.fi lists four places to search for psychotherapists: Kela service provider search, JulkiTerhikki – a database to check if the psychotherapist is Valvira qualified, Löydä psykologi -service provided by Psykologiliitto and Minduu, a private company search site (HUS Psykiatria, n.d.-a.). There are also other private search sites, such as Valitse Terapia, and private healthcare companies, such as Mehiläinen and Terveystalo, which offer search options on their websites. The information available depends on the website: Kela site does not offer presentations of the psychotherapists, in private search sites psychotherapists may have profile texts and even videos, some therapists may have their own website, and some have only their name, phone number and

email address on Kela search. The information and features of the sites is benchmarked in chapter 4.3.

As stated in chapter 2.4.1., the importance of the relationship between the customer and the therapist motivates a person to search for the suitable professional. The search phase is often difficult and complicated: the gender, age, psychotherapy orientation, background, experience, areas of speciality and communication skills, among other things, can be personal preferences based on the customer's history. However, the personality of the psychotherapist is in the core of the choice: what kind of person the customer could imagine herself/himself to interact and have even difficult or sensitive discussions with for a year, possible up to three years of psychotherapy. (Saarinen, 2010, pp. 38–40.)

Other aspects to consider in searching a psychotherapist is the location of the reception and time of the day to have an appointment. A location close to home or for example workplace helps to save time and effort in logistics. (Saarinen, 2010.) Covid-19 made the option for remote therapy more common in psychotherapy, which enables one to search for a therapist in a larger area. Depending on the customer's potential work or study schedules, daytime appointments require some beforehand organization.

Therefore, the customer is recommended to do a proper search and compare psychotherapists to each other. If the customer is not given any recommendations from the psychotherapist or other healthcare professional, the search from internet sites and lists can be fortuitous (Saarinen, 2010). In addition, the websites may not include updated information on whether the psychotherapist has available times or even whether the psychotherapist is working anymore. These issues were found in the thesis research, which is presented in chapter 4.

The recommendations on how many psychotherapists should be contacted vary. According to a private psychiatrist company Mindhouse, brief emails should be sent to as many qualified psychotherapists as possible (Mindhouse,

n.d.). This view is supported by an article of the psychotherapy process: numerous amounts of psychotherapists has to be contacted, and many of them do not even reply (Tervo, 2021).

2.4.3 Choosing rehabilitative psychotherapist and starting rehabilitative psychotherapy

It is recommended to visit more than one psychotherapist for the initial appointment, to find out how the interaction with different psychotherapists functions and what kind of therapist could be a good match for the psychotherapy relationship. The customer needs to pay attention to her/his feelings, how the interaction and talking with the psychotherapist as well as the working methods feel. A good psychotherapist is described to be present, empathic, and interested in customer and her/his life. The therapist does not invalidate the customer's experiences nor push solutions to the customer. (MIELI Suomen Mielenterveys ry [MIELI ry], n.d.).

The customer and the therapist can exchange some emails or have a phone discussion before agreeing on a meeting. In the meeting, both the customer and the therapist can evaluate each other. The customer can consider previously mentioned aspects of interaction, while the psychotherapist can in addition consider whether she/he has the suitable knowledge and tools help the customer.

The initial appointments are not compensated by Kela, which means that the customer pays the appointment fee, usually around 70 to 110 euros, herself/himself (HUS Psykiatria, n.d.-a). Some therapists may have reduced prices or free of charge initial appointment.

When the choice is made and the customer and the psychotherapist have agreed on starting the psychotherapy, the customer can send a rehabilitative psychotherapy application to Kela. The application must include the name of the therapist and a doctor's statement B, which is valid for a year. If the therapy has

already started, it can be compensated from the beginning of the month of application (Kela, n.d.-b.)

Attending psychotherapy can feel difficult and hard, and sometimes the therapist may feel not a good choice. These feelings are normal, since often hard and difficult subjects are discussed in the therapy. However, if the customer does not want to continue with a psychotherapist, she/he can search for another therapist. It is noticeable, that Kela compensates psychotherapy only up to three years (see chapter 2.1), which may affect how shortly after the beginning of the therapy the customer may want to reconsider the choice of the therapist: there is not that much time to “waste” in a dysfunctional therapy relationship. (MIELI ry, n.d.; customer survey and interviews.)

After the first year of the therapy, the customer can, if needed, obtain a new doctor’s statement B and apply for a second year from Kela. After the three years of rehabilitative psychotherapy, or after 200 appointments are used under three years, the customer can end the therapy or continue it by paying the costs herself/himself. In case of a need for rehabilitative psychotherapy in the future, Kela may, for specific reasons, compensate a new rehabilitative psychotherapy of three years, if five years have passed since completing the first psychotherapy. (Kela, n.d.-a.; Kela, n.d.-b.)

2.5 Other challenges affecting the rehabilitative psychotherapy processes

This chapter adds to previous chapters by collecting more challenges of the rehabilitative psychotherapy application and psychotherapist search processes based on the literature review. The majority of the challenges were also mentioned by either the rehabilitative psychotherapy customers or rehabilitative psychotherapists during the research phase. They are presented in the results of the thesis in chapter 5.1.

2.5.1 Lack of qualified psychotherapists

As stated in the introduction chapter, there is an increasing need for mental health services, but not all the people who could benefit from psychotherapy, are receiving it. According to HUS (2022), over 60 000 people aged 15-64 were receiving Kela compensated rehabilitative psychotherapy, and the amount has quadrupled in ten years, leading to longer queues and harder access to treatment. Mielenterveyspooli estimates the period from seeking help from healthcare centre to starting the rehabilitative psychotherapy to last approximately seven to twelve months (Mielenterveyspooli, n.d.-a).

There are around 8800 psychotherapists in Finland, but over one third of them is over 65 years old (MIELI ry, 24.5.2024). Though rehabilitative psychotherapy is statutory, the number of psychotherapists per region population is not evenly distributed. For example, in university cities the amount is higher than outside them. on the other hand, psychological symptoms as well as clinical practice vary by region. Finally, preventive and early-stage care should not be patched by rehabilitative psychotherapy. Instead, preventative and basic level of care should be developed separately from rehabilitative psychotherapy system. (Selinheimo, 11.4.2022.)

Title protected psychotherapist education is further education in universities and not funded by the state. Therefore, the students pay the education fees, from 25 000 to 60 000 euros depending on the psychotherapy orientation, usually by themselves. Due to the expensive education, especially nurses and many social and healthcare graduates from universities of applied sciences often lack the possibility to apply for the psychotherapist education. graduated psychotherapists start working in private sector rather than in public sector due to a competitive salary, which decreases the number of psychotherapists in public sector. (Paananen, 26.10.2022; Mielenterveyspooli, n.d.-b.)

Psychotherapist is title protected title, which means that they are licensed professionals accepted by Valvira. In 2024, over 200 students paid for psychotherapy education but could not receive the occupational title from

Valvira to be able to practice as qualified psychotherapists (MTV Uutiset, 11.3.2024). The title “therapist” is not title protected, and the responsibility to distinct a qualified therapist from others. As stated in chapter 2.1, Kela compensated rehabilitative psychotherapy can be provided only by Valvira qualified psychotherapists. However, if the customer is searching for therapy treatment before knowing details about the rehabilitative psychotherapy process, it can cause even health problems for the customer. (Pakkanen, 8.12.2014.)

Mielenterveyspooli suggests that by renewing the psychotherapist education system the costs of the education for the student could be reduced (Mielenterveyspooli, n.d.-b). In HUS, psychotherapy quality register and service voucher system have already improved the customer experience of certain psychotherapies. The quality register enables higher quality and more efficient treatment by providing standardized and extensive way of measuring the impact and availability of psychosocial care. It also helps to observe harmful effects and correct the line of treatment fast. For the first time, systemic information regarding for example the quality of the therapy relationship and impacts of the treatment is collected also straight from the customer. The quality register and service voucher system are in preparation also in other regions around Finland. A comprehensive quality register could provide a tool to systemically measure the quality of the rehabilitative psychotherapy too. The society, those in need of treatment and those who pay for the healthcare system, all would benefit from quality treatment, which would include as little harmful effects as possible, be based on strong research evidence, survey the customer experience regarding the treatment and consider the expenses of the treatment. (HUS, 2024b; Sailas et al., 2019.)

2.5.2 Negative previous experiences and distrust

As in all effective treatment forms, also psychotherapy includes risk of harmful effect and medical malpractice, irrespective of whether the psychotherapist is licensed or not. If the chosen form of psychotherapy does not fit for the

customer, it may delay seeking treatment for years. In worst cases, the rehabilitative psychotherapy has not been efficient enough, but there is no plan for continued care. There is also no national systemic surveillance of the efficiency of the treatment as well as harmful effects. In 2019, Yle Perjantai collected negative psychotherapy experiences, which included challenges in wrong orientation of psychotherapy, unsuitable psychotherapist, expensive prices, worse wellbeing after therapy, and lack of rights in case of problems in psychotherapy. Even though psychotherapy is largely an effective form of treatment, it is crucial to acknowledge the risks of it and develop systems and tools to survey the actual customer experience and develop the care. (Toivanen, 2.8.2023; Assulin, 17.1.2020; Sailas et al., 2019.)

The confidentiality of personal information is fundamental in any and every field of healthcare. In 2018 and 2019 psychotherapy center Vastaamo's database was hacked and tens of thousands of patient information was leaked and published. Also, thousands of patients as well as Vastaamo were blackmailed. In addition, the company's data security was not handled properly in the first place. The case Vastaamo caused severe consequences to the patients wellbeing, and significantly decreased trust towards psychotherapy service provider. (Karppe, 4.5.2024; Egutkina, 22.10.2020)

2.5.3 Economical issues

The prices of a typical 45-minute-long individual psychotherapy appointment for adults vary around 70–110 € (HUS Psykiatria, n.d.-a; Mehiläinen, n.d.-a). In 2023, the amount of Kela compensation per psychotherapy appointment is 57,60 € (Kela, n.d.-c), which means that the customer pays around 12,40–52,40 € per appointment after the Kela compensation. Depending on the number of appointments per week, the customer may pay over 200 euros (1 meeting per week) to 400 euros (two meetings per week) per month for the psychotherapy treatment. The initial appointment is not compensated by Kela (Terapiatalo Noste, n.d.-a). In a situation where the customer visits one to three

different psychotherapists before deciding on the suitable therapist, the cost of these visits can be over hundreds of euros.

Change in mental health services in relation to perceived income level

(clearly improved/decreased compared to 2022, % of respondents)

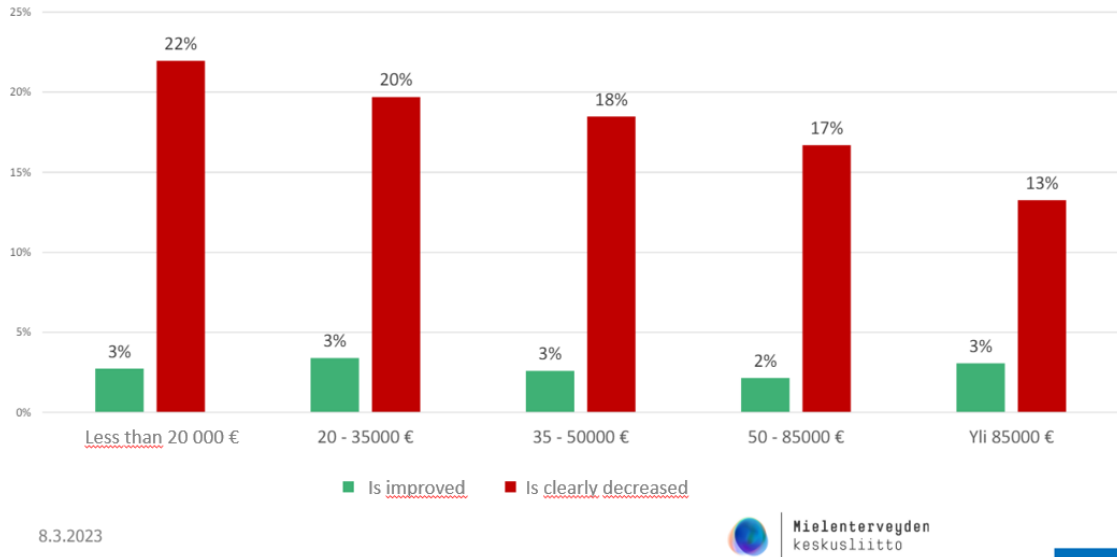


Table 1. Change in mental health services in relation to perceived income level. Translated from *Mielenterveysbarometri 2023* (MTKL, 2023).

According to *Mielenterveysbarometri 2023* (MTKL, 2023), 22 % of survey participants with below 20 000 € annual income considered the availability of mental health services clearly decreased, whereas only 13 % of the participants with over 85 000 € annual income thinking the same (Table 1). The same trend is visible in the question regarding the quality of Finnish mental health services: the better the experience of one's economic situation, the higher the percentage that considers the quality of the services good (Table 2).

Finland has high-quality mental health services

(those who agree and disagree according to their perceived income)

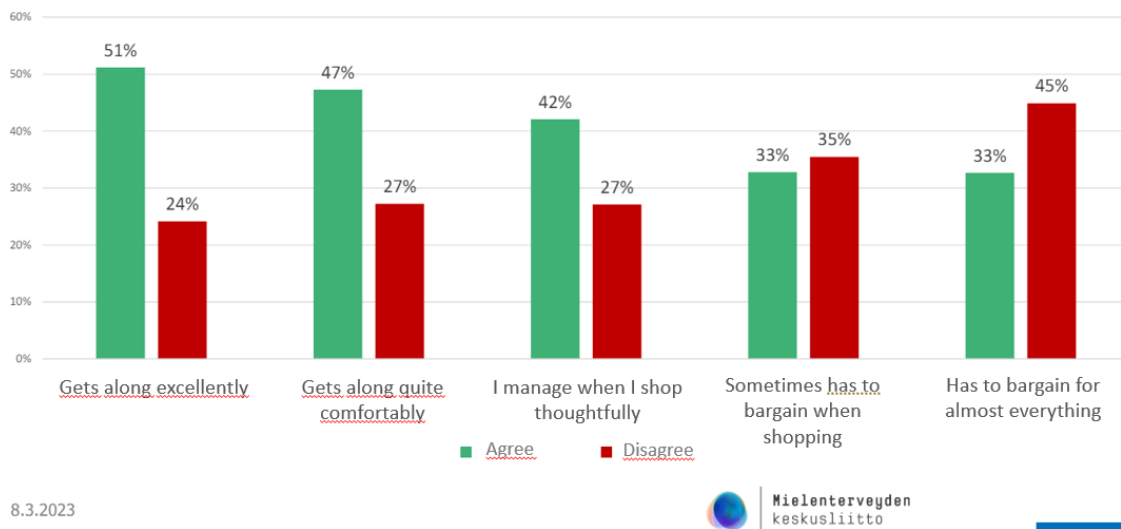


Table 2. Answers to statement “Finland has high-quality mental health services”. Translated from *Mielenterveysbarometri 2023* (MTKL, 2023).

Though these barometer answers refer to mental health services in general, the answers from the interviews and survey of this thesis highlight parallel trends regarding psychotherapy services (chapters 4.4.1 and 4.5).

2.6 Rehabilitative psychotherapist point of view

Psychotherapist education is further education, which lasts around three to six years and includes theoretical and clinical studies, supervised psychotherapeutic patient work and own psychotherapy, among other things. The education requires previous, suitable education on social or healthcare as well as experience in the mental health field of corresponding client work. As mentioned in chapter 2.5.1, psychotherapy education costs are considerable and, in some cases, there might be complications in receiving licence. These issues can raise the threshold to study psychotherapy. (Duunitori, n.d.)

The high costs of psychotherapist education were mentioned as one of the problems in a survey for psychotherapists in 2019. According to the survey

published by AtCare, only 10 % of the psychotherapists considered the availability of psychotherapy good or excellent, and survey participants hoped for educating new psychotherapists. The survey also pointed out the same issues as pointed in chapter 2.4.1.: according to the psychotherapists, the customers do not receive enough referral to treatment. (AtCare, 27.6.2019.)

The Vastaamo case has increased the worry among customers on where and how their patient information is stored and whether it is safe. Private psychotherapist business is not supervised after notice of commencement, unless reports or complaints are received by Valvira (Happonen, 22.10.2020). A requirement of enrolling patient information to Omakanta digital service has raised concerns among psychotherapists due to its possible affects on trust between the customer and the psychotherapist and possible increased fears of customers, which may lead to the customers censor themselves to avoid data leakage. Regardless of the safety of the information system, there is always a data security risk. (Hinkula, 26.1.2021.)

The future of the psychotherapy services and thus psychotherapists' work is dependent on plans of both government and wellbeing services counties individual plans. The digitalisation roadmap for services that promote work ability and functional capacity, includes themes such as assessing and monitoring the effectiveness of the rehabilitative services, utilizing more information produced by the customers and thus identifying service needs, and development proposals on multidisciplinary planning and implementation of services (Heinäsenaho, 23.1.2023). In 2020s, some wellbeing services counties are planning changes on offering psychotherapy for those who are not entitled to Kela compensated rehabilitative psychotherapy and those, who apply for rehabilitative psychotherapy after three years of Kela supported rehabilitative psychotherapy. A great amount of the people applying for psychotherapy can benefit from other forms of treatment, such as online therapy and short therapy, which may help to reduce queues on psychotherapy services and prevent mental health issues from escalating. However, there is a risk of offering wrong form of treatment for the customer. (Korkala, 2.11.2023; Tiessalo, 16.12.2016.)

More psychotherapist aspects are discussed in chapter 4.5.2.

3 Service design

This chapter gathers the service design theory framework of the thesis. The base of the service design actions is made of service design thinking and a service design double diamond process, accompanied with systems thinking mindset. After that, human centred design, involving empathy design and customer experience, is followed by theory background for ideating and implementing new via user experience design.

Service design is a multidisciplinary and evolving approach, a shared mindset, that emphasizes user-centred, co-creative design as well as sequencing and evidencing services. It is also holistic in a way that targets to see the wider context of the service and service process, on each level of the process from individual touchpoints to organization and system level. Recurrent leaps between the detail and holistic level of design are crucial. (Stickdorn & Schneider, 2021, pp. 34–45, 54.)

The approach is based on understanding the human actions, needs, feelings and motives profoundly and comprehensively and working intensively with the customers and stakeholders of the service (Miettinen et al., 2011). It is utilized in improving existing services and creating new services – the core function is, that it helps to make the service meet the customers' needs for that service (Interaction Design Foundation [IxDF], 2023).

Service design can include design activities from several disciplines: product design, graphic design, interaction design, social design, strategic management, operations management, and design ethnography. They all can incorporate service design thinking into their functions (Stickdorn & Schneider, 2021).

3.1 Design thinking and process

Design thinking refers to several thinking processes, which all follow the same path: the problem is stated at the beginning of the process and the solution in the end. In between, an iterative procedure of understanding and observing – thus developing empathy; defining and analysing, ideating and prototyping, and finally testing help to create the full micro cycle of design thinking. (Lewrick et al., 2018).

Double diamond (Figure 4.) is one of the most known models of design process. It was invented in 2003 by Design Council, a British organisation and a national strategic advisor for design, to describe any design or innovation process in general. The model includes four distinct phases: Discover, Define, Develop and Deliver. (Design Council, n.d.)

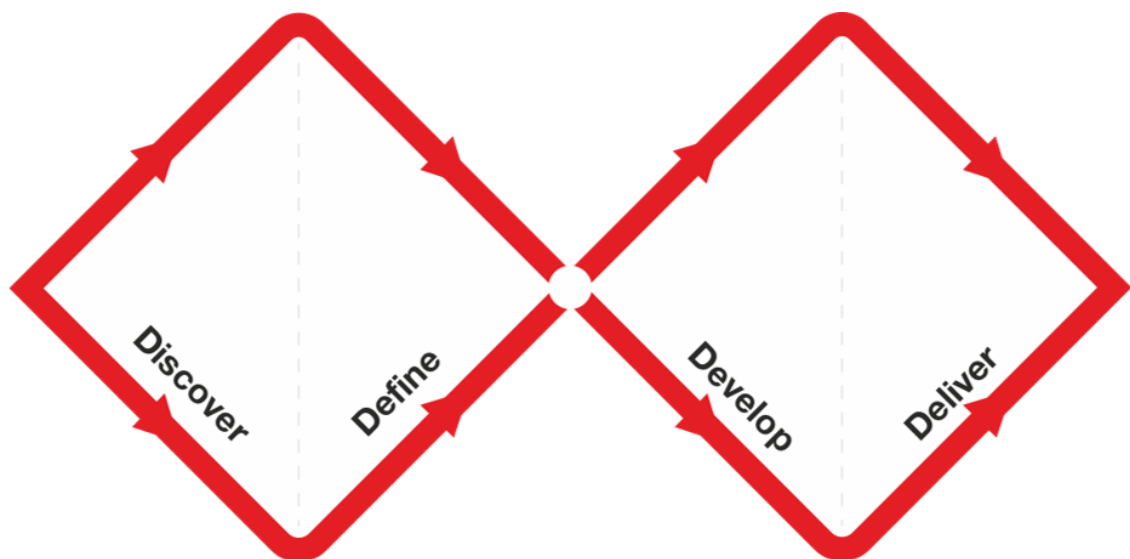


Figure 4. Double diamond design process (Design Council, n.d.)

The first diamond emphasizes on gathering information. Discover phase starts by researching the service, its users and the ecosystem around. Questions like what the context of the service is, what are the challenges of the service or the situation, and how the users of the service can be found and understood, are discussed and research is implemented. In the Define phase the gathered information is collected and analysed to understand the findings of the research,

including what are the customer needs and challenges of the service, and collect the results in a design brief. (Stickdorn & Schneider, 2021; Design Council, n.d.)

The second diamond of the model concentrates on co-creation together with the customers and other stakeholders of the service. In Develop phase insights from the Define phase are utilized to gathering and create ideas for solutions and improvements. The ideas are tested in forms of prototypes and iterated according to the feedback. Finally, in the Deliver phase, a new service concept is designed and delivered to the service owner, and the implementation of it can start. (Stickdorn & Schneider, 2011, pp. 122–141; Design Council, n.d.)

3.2 Systems thinking

According to Arnold and Wade, systems thinking means a system of thinking about systems, groups or combinations of elements that form entities. In detail, it helps to identify and understand systems as well as to predict deducible consequences or to elaborate the systems or parts of them (Arnold & Wade, 2015). Another aspect is to regard systems thinking as a holistic mindset to examine and map factors and interactions, that could affect the result of a process or project. It also benefits the design process by bringing the stakeholders together with their different views and thoughts, without the concept of winning a battle. (Morganelli, 2020.)

In service design, systems thinking is already included in various tools. However, systems thinking tools, such as system map, are useful in identifying and visualizing especially disbalances in the system in bigger picture. In a service design case study for the Police Department in Italy, system map helped to describe the situation of the customer and the missing interaction between public entities. It showed, how the customer-user is confused by all the required actions to take, and the public organization regarding the procedure are not connected nor do they share user data but ask the same information repeatedly from the user. (Besplemnova & Tassi, 2018.)

3.3 Human-centred design

A customer, user, patient, or other role is a term to describe a human in certain situations. Design thinking considers the whole life of the human, not just the part of interaction with the service provider(s).

According to Interaction Design Foundation, human-centred design has four principles: people-centred, understanding and solving the right, root problems, systems thinking, and small and simple interventions. The first principle encourages to focus on the humans, people, and their life as a context, and to create services that are appropriate to them, in their context. Finding the right problems refers to finding the fundamental issues, so that the focus is not limited to symptoms. Systems thinking, the idea of everything as a system of interconnected parts helps to reach a holistic, but detailed view. Finally, trying small interventions and iterating leads to more sustainable results than rushing to solutions. (IxDF, 14.6.2021.)

Human-centred and co-creative approach is reaching popularity field by field. The role and status of the customer in social and healthcare services is changing. According to Niskala et al. (2017), there is a historic breakout in the customer participation: separate customer satisfaction surveys, hearing customers when designing the services or using individual experts by experience is not enough. Recognizing the customer's part can lead to a new role as both services developer and influencer of services and service system, where co-doing, co-design and co-creation with the service professionals are on the core of the operations and leads to co-creating value to the service together. (Niskala et al. 2017). This though does not mean, that the customer is responsible of the services in general.

Whether the person is categorized/named as a customer, a patient, an expert by experience or a developer, those titles create social identities and define relationships. Often those roles live regarding the situation and can be even negotiated. In case of mental health rehabilitee, the position of a developer or influencer is strongly built with relation to professionalism. It is also significant to

ponder, what is the customer's voice in a situation where the customer is dependent on being asked opinion. (Miettinen et al. 2017; Lemberg, 2011, as cited in Miettinen et al. 2017.)

3.4 Empathic and inclusive design

Empathic understanding of the customer or user is at the core of a service designer mindset. Empathic design refers to empirical research methods which help the designer to see users in their everyday lives and how users experience their surroundings (Koskinen et al., 2003). Empathizing with the customers or users enables designers to create customer experiences that are in resonance with people's deepest hopes and wishes. Empathy is included into design by several service design methods, such as careful observation, engagement and ideation, which lead to creating designs that both meets the functional needs and also bring about a strong emotional connection. (Sear, 2024.)

Another crucial part of human-centered service design is inclusivity, which is fostered by empathic design (Sear, 2024). As Lou Downe states, a good service can be used by everyone, equally. No customer or user should be excluded from service because of their abilities or identities, nor limited by accessibility. (Downe, 2020, pp. 158–159.)

Inclusive design includes methods supporting the creation of products and services for people of all backgrounds and abilities. This requires a comprehensive understanding of the customer's background, such as culture, economic situation, gender, and location, and abilities, such as language and cognitive capabilities. Compared to accessibility, which focuses on enabling people with disabilities to use a (digital) service or product, inclusive design aims for wider scope. Also, compared to universal design, inclusive design does not focus on creating one experience for all but to enable various design variations. (Joyce, 2022.)

In this thesis, empathic design can be seen in the survey and interview constructions as well as in the summaries of the research such as empathy

map (chapter 4.6) and personas (chapter 4.7). In addition, inclusiveness is discussed in the stakeholder map in chapter 4.1.

3.5 Digital service design

In any kind of service design, improvement, and assessment, it is crucial to remember the main purpose of the service. According to Lou Downe, a service helps someone to do something or to achieve a goal (2020, pp. 20).

No high-quality user experience, beautiful user interface, high-functioning features or a wide variety of free service providers can save a digital service if it is not found by its potential users. Designing any, but especially a service that the customer may have no prior knowledge about, requires clear and reaching communication and providing answers on how the users know the service exists, how do they find it and how can they use it (Downe, 2020, pp. 99–105).

Customer experience is built during the customer's interaction with a service, covering the whole customer journey. It is unique and personal, an interpretation of the events from the customer's point of view. The customer's expectations and previous knowledge, feelings, or experiences about either the service, its provider or even the field of business. Before the decision to purchase or use the product or service, the customer is familiarized with the communication and marketing of the organization, affecting the customer's decision. When the choice is done and customer has purchased or used the service, the customer and the service provider often continue communication, in the forms of repurchase, remarketing, reclamation, or feedback, for example. (Filenius, 2015).

The current customer experience is multichannel, including both physical and digital channels of interaction between the customer and the service provider. To ensure a seamless customer experience, it is crucial to comprehend how both the digital and physical services are linked in the chain of service. Digital customer experience adds a layer of digital user experience aspects to the entity. According to Lin Jiang's Measuring consumer perceptions of online

shopping convenience (2012), digital customer experience can be examined through six phases along the customer journey: accessibility, searching and finding, choosing and decision, transaction, implementation and post-acquisition measures (as cited in Filenius, 2015, pp. 78–79). (Filenius 2015, pp. 26–30.)

Accessible digital service, such as website, is available, findable and understandable for everyone. Its services and content enable anyone to receive the information they need and run their errands, regardless of their possible functional difficulties or disabilities. The digital service is findable, when searching through both search engine, such as Google, and if needed, an in-website search leads the user to the right place. To choose and decide a service, the website must present content in clear and understandable form, ideally by utilizing both text and for example pictures. Especially, if the customer has no prior knowledge about the service, information on how the service process functions, how the service is accessed and used, aids to build trust towards the service (Downe, 2020, pp. 100–102). The right kind of information should be provided in the right stages of the purchase process, based on what the customer needs and considers useful in each stage (Ahvenainen et al., 2017, pp.39). Additionally, there should be enough additional information, a possibility to compare services as well as recommendations to support the decision making. (Helsingin kaupunki [city of Helsinki], n.d.-a; Filenius, 2015, pp. 78–98.)

When the customer has decided about the service, a transaction, such as booking or buying, is done. However, if there is not enough information, the customer may experience fear towards the process: what happens next, what the customer commits to, is the service provider trustworthy and the service safe to use. The simpler, clearer and based on customer needs the transaction and implementation are, the more fluent the customer experience. Finally, post-acquisition actions, such as order confirmation, feedback possibility and further information about next steps or service usage, enhance the customer experience and thus aid to maintain and improve the customer relationship. (Filenius, 2015, pp. 99–115; Ahvenainen et al., 2017, pp. 22-40.)

According to Jaime Levy, a digital product always needs a user experience (UX) strategy. UX design covers aspects from visual design and content design messaging to streamlining how the user can accomplish a task. Ensuring consistent user experience, UX strategy creates a comprehensive picture and a plan on achieving chosen business goals. Also, Lou Downe points out consistency, not only inside a certain service but also in each channel and how the service is made together with multiple stakeholders (Downe, 2020, pp. 129–135). Finally, both the user experience and the customer experience should be measured regularly to ensure a successful customer experience and develop it further. (Levy, 2015; Ahvenainen et al., 2017, pp. 22-40.)

In this thesis, the digital service design and user experience design supported creating a concept proposition (chapter 5.3) that would fulfill the collected needs and wishes, and also follow the essential guidelines of a functioning, accessible digital service.

4 Research

This chapter presents the research phase of the thesis and the chosen research methods. The research and its methods were carefully considered from the aspects of confidentiality and the psychological safety of the research participants.

During the research phase, the planning and implementation of the research was strongly affected by the service design theory and its sub-divisions discussed in chapter three. Systems thinking approach (chapter 3.2) supported the researcher to examine the rehabilitative psychotherapy application and psychotherapist search processes as part of larger picture and phenomena. The processes are part of mental healthcare treatment but not the only forms of treatment. They are affected, as well as the customers of rehabilitative psychotherapy, by for example legislation, politics and economic situation.

In chapter 3.3 the role of a customer as a developer was shortly discussed. The factors, that the thesis has no commissioner, and the researcher is not involved in the field of healthcare, supported to build the research participants an atmosphere, where they are not treated from a professional or organizational point of view but rather as a person sharing their customer experiences with various services in healthcare and opinions regarding the field and development of both the psychotherapy processes and the digital platform.

Even though the thesis did not include workshops, both the survey and interview participants were encouraged to tell their wishes and needs towards the processes as well as the digital service for psychotherapist search – whether it was a completely new platform or improved version of existing ones.

4.1 Stakeholder map

Stakeholders are people, groups, and organizations, which are involved with a certain service. A stakeholder map represents stakeholders in a way that helps

to perceive and analyse the relations between stakeholders. The information for the stakeholder map is recommended to be collected via several research methods, such as interviews and desk research, to find all the relevant stakeholders. (Stickdorn & Schneider, 2021, pp. 150–151)

In this thesis, a stakeholder map (Figure 5.) was implemented based on the desk research and iterated after the customer survey and the customer and psychotherapist interviews. The purpose of the stakeholder map was to help the researcher see the big picture and visualize how different people and organizations are affected by or affect psychotherapy services. In addition, the stakeholder map was inspired by a reverse stakeholder map, where the centre is reserved for the most vulnerable people, who may even be left outside (Leander et al., 2022). Therefore, an arrow was drawn from the centre of the map to a post-it, which reminds the reader about different feelings, language skills, status, issues, situations, and needs the customers, the individual people, may have. It is also essential to pay attention to what is missing: the stakeholder map and the customer post-it represent only the entity of a Finnish speaking customer, who can access the digital interfaces as well as healthcare locations without assistance. The limitations of the thesis are discussed in chapter 1.7.

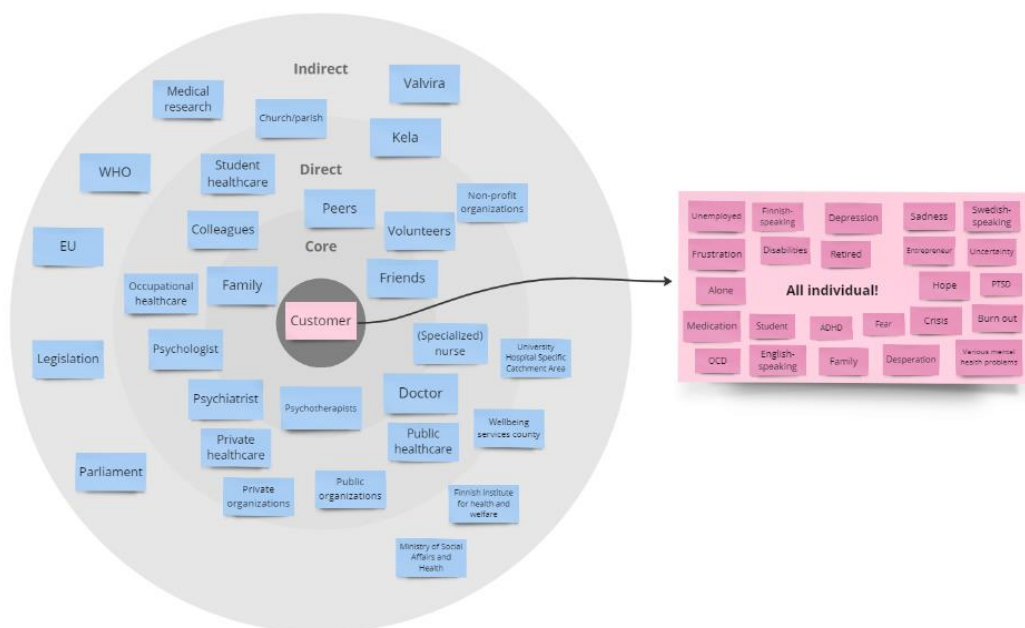


Figure 5. Stakeholder map from the customer's point of view.

The core surrounding the customer represents stakeholders that are most likely interacting with the customer regarding her/his psychotherapy journey. In addition to family and friends, which may affect the person's motivation to apply psychotherapy, there are the psychotherapists the customer is searching for and contacting. There is usually interaction also with different healthcare professionals, such as an occupational healthcare doctor, who may refer the person to a psychiatrist, who in turn writes the B statement required for the Kela rehabilitative psychotherapy. In addition, the person may discuss the psychotherapy process or topic with colleagues, peers, or volunteers, or receive treatment from a psychologist or a specialized nurse while looking for a psychotherapist.

The next circle, Direct, includes organizations of healthcare professionals and volunteers. Student-, occupational-, private- and public healthcare provide services that are used by the customer during the psychotherapy application process and during the psychotherapy. Public healthcare is organized by university hospital-specific catchment areas, such as HUS, and new wellbeing services counties, such as Lapha and Varha. Kela has a major role as the gatekeeper of the Kela rehabilitation psychotherapy permissions. Additionally, non-profit organizations and parishes may organize services that are used by the customer, such as conversational therapy. They also may have a major role as influential organization in the field of mental health, such as Mielenterveyden Keskusliitto [The Finnish Central Association for Mental Health] (MTKL).

The furthest circle from the customer, Indirect, lists organizations that have an indirect effect on the customer's psychotherapy journey. The Parliament of Finland, Sosiaali- ja terveystieteiden ministeriö, and the legislation guide the arrangement of mental healthcare services. The European Union as well as the World Health Organization aim to influence mental healthcare across countries. Finally, worldwide medical research has an impact on how mental health problems are recognized, acknowledged, and treated.

4.2 Desk research

The desk research of this thesis began already in 2022 when the researcher decided on the thesis topic and to follow news and articles as well as the discussion about the state of the mental health services in Finland. An organized, goal-directed phase of the desk research started in September 2023, and it focused on books and peer-reviewed articles as well as news articles and other publications published after 2010. The limitation of the year of publication was done to improve the topicality and the reliability of the collected information. In addition, statistical data was collected from various sources, including *Mielenterveysbarometri* and Kela.

4.3 Service benchmarking

Benchmarking is considered as a method for comparing a subject, such as products, services, performances, or practices of an organization, to another. Benchmarking can be a one-off or continuous process, which can be used in both studying the current performance and learning and adapting from others. The reasons behind benchmarking activities can vary from finding the best current practices and thus a shortcut to improvement to being part of an improvement culture of the organization. According to Stapenhurst, benchmarking aims to measure and improve “our” organization by comparing it with the “best”, for example, a leader of the market. Based on the comparison the organization can study the practices of the better performer(s) and adapt and adopt them in order to improve their own performance. (Stapenhurst, 2009.)

In service design, the method does not necessarily require knowledge about which product, service, or company is the best in order to be a subject of benchmarking. The method can be utilized in the ideation phase of the service design process, benchmarking other industries and experiences helps to think outside the box; and to find and utilize ideas from other areas than the original topic. (Lewrick et al, 2018, pp. 46.)

Service benchmarking was conducted in September and October 2023, and it served two main purposes. Firstly, it was used as a tool to collect insights about current channels and tools of searching information about the processes of applying for psychotherapy treatment as well as searching for a psychotherapist. These insights were utilized to understand the current situation of the research topic as well as to plan the survey and the interview questions. Secondly, benchmarking provided ideas for the ideation phase of the thesis process.

The benchmarking research focused on current psychotherapist search sites in Finland but included also other search sites from other fields of business to widen the perspective of the research. The benchmarked sites were examined based on the researcher's previous experience with website content creation, and theory on user experience (chapter 3.6).

The benchmarked sites (Table 3) included Kela service provider search, as well as private websites, which offer search options and lists of psychotherapists. According to the survey and interviews, Minduu.fi was the second best-known website to search for a therapist, after the Kela service provider search (personal communication, October & November, 2023). Other private websites were Terapiatalonoste.fi, Psyli.fi, Valitseterapia.fi, Mehiläinen.fi and Hedepy.fi. The last one, Hedepy.fi does not offer Kela approved psychotherapists but was relevant benchmark due to its novelty as a website as well as a concept.

| Website | Kela service provider search (asiointiki.kela.fi/palvelutuottajarekisteri) | Minduu.fi | Terapiatonoste.fi | Psylli.fi | Valitteterapia.fi | Mehiläinen.fi | Hedepyy.fi | |
|--|---|---|---|--|--|--|---|------|
| The service includes Kela approved psychotherapists | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | No, only other therapists and psychotherapists? (All online) | |
| Search options (filter options marked with magnifying glass) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Psychotherapist name | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Contact info | ✓ | (✓) Only a contact form | (✓) Only a contact form | ✓ | ✓ | (✓) Only a contact form | ✓ | |
| Link to website/profile (if available) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Photo | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Location(s) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Online therapy service | |
| Local/remote appointment options | ✓ | ✓ | ✓ | ✓ | ✓ | (✓) Info available on booking calendar | Online therapy service | |
| Form of rehabilitation (e.g. rehabilitative psychotherapy) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Form of psychotherapy (e.g. adults', youths') | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Type of psychotherapy (e.g. individual, couple) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Psychotherapy orientation (e.g. cognitive) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Areas of speciality | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Experience or education | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Language & communication skills | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Availability | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Available times of the day | ✓ | ✓ | ✓ | ✓ | Possibly, if booking calendar available | (✓) Info available on booking calendar | ✓ | |
| Kela approval | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Presentation text | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Prices | ✓ | ✓ | (✓) Depends on the profile text | ✓ | Not in all profiles | ✓ | ✓ | |
| Other information | | <ul style="list-style-type: none"> Length of the therapy (brief, long, one-time) Additional education Info if the therapist is in training Company name (e.g. if not sole trader) Additional info about the price, e.g. separate price for initial appointment | | <ul style="list-style-type: none"> Length of the therapy (brief, long, one-time) Additional services | Length of the therapy (brief, long, one-time) | | <ul style="list-style-type: none"> Motto Customer feedback and recommendations | |
| Other features | <ul style="list-style-type: none"> The service provider search is on a separate website entry, and no links back to the Kela main page, which would include a lot of information about psychotherapy application process Search only in Finnish and Swedish | <ul style="list-style-type: none"> Free-text search Online booking option available Protected video connection service for psychotherapy Very clear instructions and information about psychotherapy application process "Psykoterapian ABC" Link to Tolvo.me, service for healthcare professionals Search by genders Search only in Finnish | <ul style="list-style-type: none"> The online booking system is very visible on the homepage Very clear instructions and information about psychotherapy application process Other professionals too, such as psychiatrists and doctors Search only in Finnish, but About us -page in English and Swedish too | <ul style="list-style-type: none"> Target group search Other professionals too, such as neuropsychologist Clear table showing differences between professionals, such as psychotherapists and therapists Search only in Finnish, but many other pages in English and Swedish | <ul style="list-style-type: none"> Free-text search, which also includes keywords regarding type of therapy, areas of speciality, Other professionals too, such as psychiatrists Search only in Finnish | <ul style="list-style-type: none"> Free-text search Search by free Kela slots Search by gender Online booking system | <ul style="list-style-type: none"> Therapist search has an option to start with a compatibility test, which then shows suitable therapist options. Email address is required to see the results. Very clear online booking, shows available times by the hour | |
| | * Required filter choice. Due to some required filters, some search combinations are not possible | * Search option only with "Available times on online booking" | * There are two search sites, and they have different search options | | | | | miro |

Table 3. Benchmarking the information and features on different therapist search websites. The table is more visible on appendix 1.

The focus of the benchmarking was on digital services. The websites were compared by their features, such as search options, types of information regarding the psychotherapists, such as photo, contact info, language skills, availability and Kela approval. Additionally, the benchmark phase also included briefly studying the customer journeys related to the benchmarked services.

The results presented in Table 3. helped to form a comprehensive view on the current state of the psychotherapist search websites: most of the commercial websites included similar level of quality regarding provided information and

search options. The websites offered considerably more information about the psychotherapists compared to Kela service provider search, such as presentation text, local/remote appointment options, photo, areas of specialty, and experience or education (AtCare, n.d.; Hedepy, n.d.; Kela, n.d.-d.; Mediversitas, n.d.; Mehiläinen, n.d.-b; Suomen Psykologiliitto, n.d.; Terapiatalo Noste, n.d.-b.). Some websites, such as Minduu.fi, Terapiatalonoste.fi, and Valitseterapia.fi also presented availability of the psychotherapist, prices of the appointments, and available times of the day (AtCare, n.d.; Mediversitas, n.d., Terapiatalo Noste, n.d.-b.). The collection of features from different website also set a baseline of how well a website could serve the user needs, for example by providing enough information about the psychotherapists to support choosing and decision making, and by enabling searching for a psychotherapist based on various criteria.

As stated in chapter 3.5., a good quality service helps the customers to achieve their goals, jobs to be done. Applying for a psychotherapy is not something a person does often or regularly, and thus the process is most likely unfamiliar to the customers. Many of the benchmarked sites included features, that could help customers in this situation to achieve their goals in easier manner. A free-text search in sites like Minduu.fi and Valitseterapia.fi, as well as filter options in search can help customers, who are not familiar with the psychotherapy terminology ((AtCare, n.d.; Mediversitas, n.d.). In addition, an online booking system can remove several steps from the customer journey, such as emails before agreeing upon an appointment. However, according to a psychotherapist and customer interviewees, booking a meeting straight away without any previous connection, such as a call or an email, could be a step too far. Messaging before meeting can already help to evaluate, whether the psychotherapist is suitable for the customer and whether it is worth to have an initial meeting. (Personal communication, October 2023).

Benchmarked websites outside the field of mental healthcare services included for example Timma.fi, a booking web service for various companies, and Hotels.com, which was chosen as a benchmark based on a psychotherapy

customer interview. According to the interviewee, the website is an example of a well-built web service, that collects relevant information in a clear and informative way. The benchmark examination supported this view and gave insights to the ideation phase of the thesis.

4.4 Customer survey

Survey research is a widely utilized research method to collect both quantitative and qualitative data. It enables gaining information from a large sample of individuals cost and time effectively. The sampling of the survey aims to reach a sufficient sample of the population of interest by identifying the population of interest. (Ponto, 2015.)

Tailored design is a strategy and approach where the survey is customized based on the knowledge about the topic as well as the people asked to answer the survey and available resources, such as the time frame for reporting results. The aim of it is to both reduce survey errors (see chapter 4.12) and to motivate people to participate in the survey. (Dillman et al., 2014, pp. 131.)

In the thesis, a survey was conducted to efficiently enlarge the research and collect more answers from potential psychotherapy customers. The survey also compensated for the possible weaknesses of the interviews: the survey was completely anonymous, which could have provided the participants even more psychologically safe environment to talk about their experiences on the sensitive topic. Additionally, at the end of the survey was a link to a separate survey for interview registration. This interview option gave participants an option to talk more about their experiences and for the researcher to ask more specific questions. A separate survey enabled maintaining the survey answers anonymous, and in the interview, the interviewee could decide how much information she/he wanted to share.

The survey was conducted in October and November 2023 in Finnish and by using mixed methods, both quantitative and qualitative research strategies. In the intro of the survey, the aim, focus, and anonymity of the survey were

emphasized to motivate the participants to answer the survey. Both at the beginning and the end of the survey the participants were thanked to highlight the gratefulness of the researcher and the value of participation. The structure of the survey was organized from simple, quantitative questions to more elaborate qualitative questions, to provide a low threshold on starting and continuing the survey. The survey questions are presented in appendix 2.

In addition to the anonymity of the survey, privacy policy statements and research notice were clearly available in the intro of the survey to inform the participants about their rights and privacy. The survey tool, Webropol, was chosen because of its role as the commonly used tool in Turku University of Applied Sciences and thus regarded as a trustworthy tool.

The survey was distributed on social media via Mielenterveyden keskusliitto and two local organizations. These channels were chosen to better reach people with experience in mental health services. The distribution of the survey also places restrictions on the survey results: the participants of the survey most likely use social media, have access to either mobile or computer and are following mental health channels on social media. Therefore, it is also important to understand the potential for bias in the survey research and its results.

4.4.1 Survey results

This chapter presents the main results of the survey. The rest of the main quantitative results are listed in the Appendix 3 (in Finnish). 107 completed survey answers were collected in the survey research. The amount surprised and inspired the researcher and gave significant information to the thesis research. It is notable though, that not all the questions were answered by all the respondents.

The qualitative answers were carefully analysed by using the affinity diagram method, in which the information is clustered and organized into groups or themes based on their relationships, and thus synthesized (Dam & Siang, 2022). The affinity diagram method is more discussed in chapter 4.8. The

qualitative answers were compared and supported by the quantitative answers and vice versa. The results of the survey were further analysed and utilized in creating empathy map, personas and service blueprints.

The first question of the interview, “Choose the description that best suits your situation”, aimed to examine whether the participant has attended or attending to Kela compensated rehabilitation psychotherapy or some other form of therapy (Figure 6). This question was utilized as a main filter for different target groups. 67 % of the participants had attended or were attending rehabilitative psychotherapy supported by Kela, and 9 % were currently looking for a psychotherapist for the Kela compensated psychotherapy. 4 % of the respondents had applied but never started Kela compensated psychotherapy. 4 % of the respondents had applied but never started Kela compensated psychotherapy. They were later asked reasons for it. If the participant chose the option “I have never sought psychotherapy or attended psychotherapy”, she/he was directed to the Thanks page.

Choose the description that best suits your situation:

Number of participants: 107

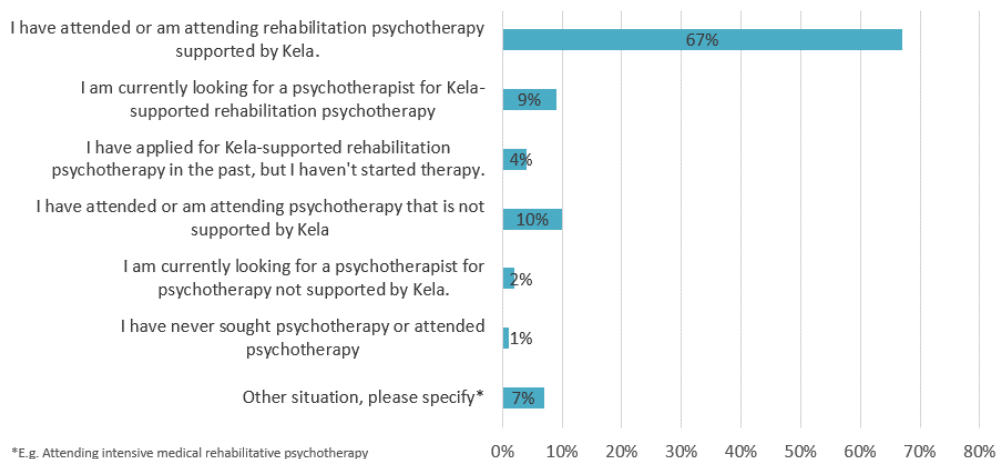


Figure 6. Respondents' answers on their current situation regarding psychotherapy, 107 answers.

The participants were asked some background questions, to examine the diversity of the focus group and the validity of the results. 93 % of the participants had applied to or were applying to psychotherapy for adults of 26-67 years old were women, The questions pertained to gender, type of psychotherapy (e.g. individual, couple), psychotherapy orientation (for example cognitive psychotherapy), local or remote therapy, and the size of the municipality or town where the respondent was seeking a psychotherapist. Finally, they were also asked whether the psychotherapy was for children, youth, adults of 26-67 or over 68 years old – these age groups were based on Kela psychotherapy target groups as stated in chapter 2.1.

As this thesis concentrates on rehabilitative, Kela compensated individual psychotherapy for adults, the focus group of the study is people aged 25-67 years. The answers were filtered to include only participants who had either attended, attending, or applying to Kela compensated rehabilitative individual psychotherapy for adults, or had applied to it before but had never started the actual psychotherapy. This focus group also included those who answered the first question “Other, specify” but were qualified to the focus group based on their specifications. Thus, the focus group of the survey was developed and included 85 answers.

Most of the group, 49 people, had started their psychotherapy between the years 2018–2023; some were still searching, some had started earlier in the 2000s and some had discontinued the process. The respondents had searched or were searching for psychotherapist on various psychotherapy orientations and in different size of municipalities or towns. 53 % of them searched psychotherapist in bigger municipalities/towns (more than 50 000 residents) 25 % of them in Greater Helsinki (Helsinki, Espoo, Vantaa, Kauniainen), 18 % in middle sized municipalities/towns (15 000–49 999 residents), 7 % in small municipalities/towns (0–14 999 residents). Additionally, some searched in many areas or even around Finland. This geographical variety increases the validity of the results. 88 % of the participants were women, which reflects the information on chapter 2.2. about most psychotherapy patients being women.

4.4.2 Survey results: applying to rehabilitative psychotherapy

The respondents were asked about the length of the process from seeking help to starting the psychotherapy. Some of them had experiences of more than one psychotherapy and some of them were still searching. Since the majority of the respondents estimated that the process from searching for help until starting the psychotherapy lasted for approximately six to twelve months, the applying stage has most likely happened between the years 2017 and 2023. The of the process is similar to the estimation of seven to twelve months according to Mielenterveyspooli (chapter 2.5).

The application process experiences varied from easy to very heavy and demanding, and most of the answerers listed one or more factors that either hindered or supported the process. The most common supportive factor was the support from the referring professional, occupational healthcare, psychiatrist, or other mental healthcare professional. Hindering factors included challenges in getting a doctor's appointment and/or the B statement and long waiting time, and the customer's challenges in coping and having enough energy to advance the process.

4.4.3 Survey results: searching for the rehabilitative psychotherapist

The searching for the psychotherapist phase was regarded as the hardest part of the whole psychotherapy application process. Out of the 85 participants, 59 % considered the search of the psychotherapist quite difficult or difficult, while 10 % thought it was easy, and 14 % that it was quite easy (Figure 7).

Psychoterapist search experience

What do you think the search for a suitable psychotherapist was or has been like so far? (n=85)

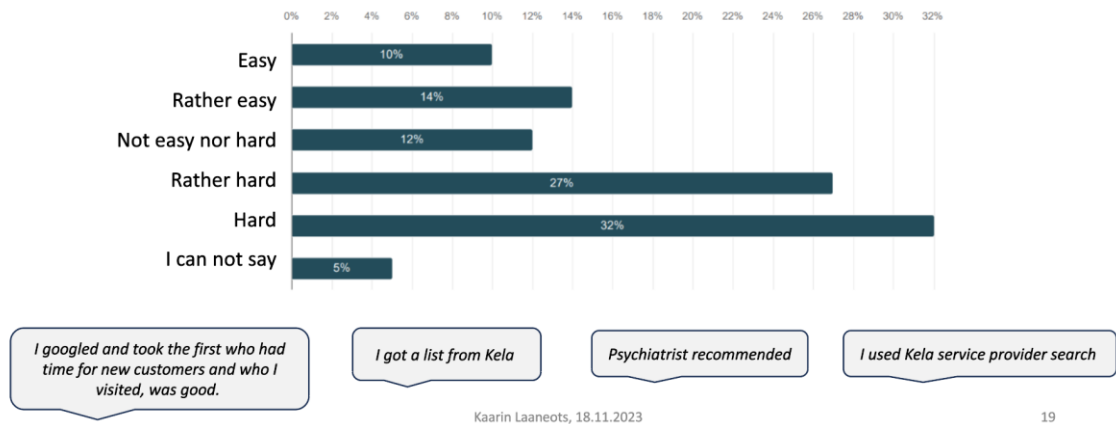


Figure 7. Rehabilitative psychotherapist search experience of survey participants.

70 % of the group used Kela service provider search to find a suitable psychotherapist. 40 % used Google. Minduu.fi, terapiatalonoste.fi, psyli.fi and other websites were used too (appendix 3). When asked how the participants experienced the channels and ways of searching for the psychotherapist, answers varied from “rather ok” to “difficult, very confusing and challenging”. The information regarding psychotherapist was fragmented to different channels such as Kela service provider search, therapist’s own website and other search tools. In Kela search the information was experienced as outdated and even depressing by some participants while some considered it to be adequate.

The most common reason for challenges in the searching phase was the lack of available rehabilitative psychotherapists in general. Several participants shared their experiences on sending tens and tens of emails and receiving only few answers. This was regarded as frustrating, disappointing, and discouraging. Of the few answers, most of them included a negative answer: saying that there were no free time slots for new customers. Contacting the psychotherapist was thus regarded as negative experience by majority of the participants. Though, many of the participants considered it to be easy or rather ok.

37 % of the respondents asked for tips from healthcare professionals. Receiving support and tips from the mental healthcare nurse, psychiatrist or other professional made the search process considerably more fluent, and the customer did not feel left alone in the process. 23 % of the respondents asked tips from their friends, relatives, or acquaintances.

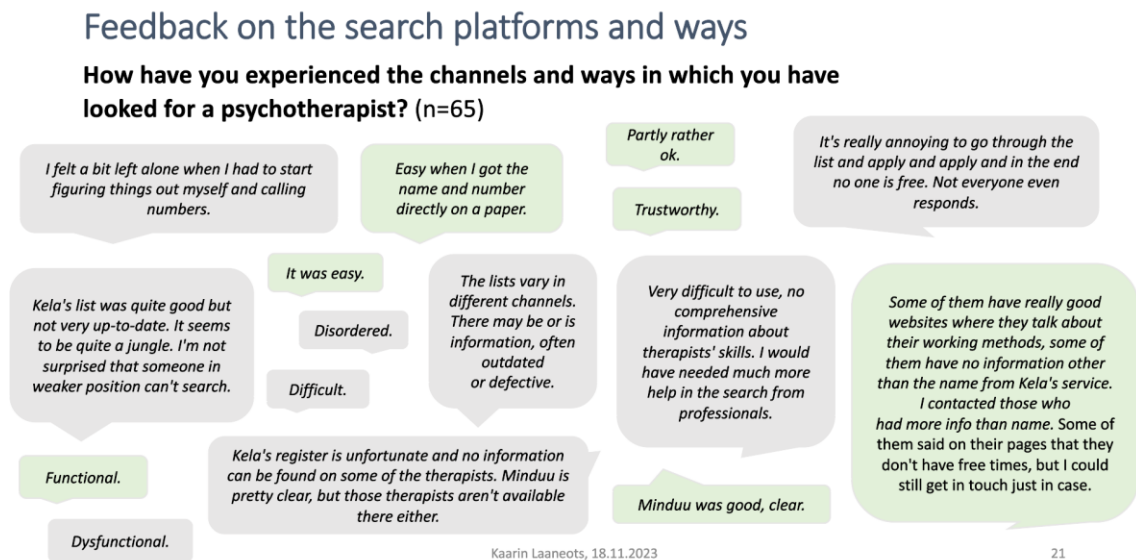


Figure 8. Customer experiences regarding the rehabilitative psychotherapist search phase based on the survey answers.

Customers experienced different platforms and ways of searching a rehabilitative psychotherapist in various ways from easy to very difficult and dysfunctional (Figure 8). There were in general more negative than positive feedback regarding the different digital platforms for psychotherapist search.

4.4.4 Survey results: choosing the rehabilitative psychotherapist

The survey also gathered insights on the psychotherapist choosing phase. Roughly a third of the answerers considered the choosing to feel easy or good, especially when the customer had felt connected with the psychotherapist during the initial appointment. The initial appointments were viewed helpful in

decision making, but they were also financially demanding as initial appointments are not compensated by Kela.

Several survey answerers pointed out difficulties, such as not receiving any help on how to choose a suitable psychotherapist, and uncertainty on whether the customer has made the right choice. Since there were not many available psychotherapists, the participants sometimes felt they had to settle for the available one so that they would not have to wait to start the psychotherapy.

The participants were also asked to rate the most important criteria in choosing the psychotherapist. In a scale from one to five, where five is important, the personality of the psychotherapist was clearly considered the most important criteria. Also, the previous experience of the psychotherapist, location of the reception, orientation of the psychotherapy, and specialization had higher importance. The results are presented in detail in appendix 3.

4.4.5 Survey results: wishes and hopes – if anything was possible

The survey participants were generous with ideas and wishes on improving the current processes and ideating the digital service. They were asked if anything was possible, how would they like the psychotherapy application and psychotherapist search processes to function. The main themes that raise from these questions were: recommendation and support from the healthcare professionals, more fluent and faster process in general, clear lists online with adequate and up to date information regarding the psychotherapist and their availability, and opportunities to several initial appointments with less costs.

A potential digital service for rehabilitative psychotherapist search evoked tens of ideas, which were gathered to an idea backlog (in Finnish) in Appendix 5 along with the ideas from the customer and psychotherapist interviews.

When asked which organization should provide the website for supporting the psychotherapy application and psychotherapist research processes, 17 % of the participants chose their own wellbeing services county, and 15 % chose Kela.

However, for 42 % of the participants it wouldn't matter, which entity would provide the website.

4.5 Interviews

Interview for empathy is a service design method, which focuses on considering the problem and the world from the customers' aspect and to build empathy with them. The method works to gather united understanding of the customers' needs and motivations, emotions, and mindsets in relation to the problem or task flow, for example. It also helps to validate previously obtained information and show new insights. (Lewrick et al., 2020, pp.57–65.)

In this thesis, interviews for empathy provided deep dives into the lives of the customers – as well as the working environments of the psychotherapists. The interviews were conducted during the research phase of the thesis in October and the beginning of November 2023. Fifteen rehabilitative Kela-supported psychotherapy customers and six Kela qualified psychotherapists were interviewed either face to face or via Teams.

In sensitive topics, it can be beneficial for the results of the interviews if the interviewer and the interviewee are familiar with each other. Therefore, the participants of the interviews were searched from both the people the researcher had had previous contact with as well as through the customer survey. Using different methods to gain participants aimed to reduce coverage error mentioned in chapter 4.4.

4.5.1 Customer interviews

In total, six psychotherapy customers were interviewed during the first round of the interviews, and nine during the second round for those, who had who had volunteered for an interview through the survey. Since the answers of the survey were not connected to the participants of the interviews, the potential of double answers was considered during the data analysis phase.

Since health and especially mental health issues are considered a sensitive topic (Saarinen, 2010), at the beginning of every customer interview the researcher/interviewer emphasizes the freedom of the interviewee to answer as little (or as much) as she or he wanted and that the interview would focus only on questions regarding the processes of applying to psychotherapy and searching and choice of the psychotherapist.

Results

The interviews of the survey participants provided crucial further information on the topic. Whereas in the survey additional questions were not possible, in the interviews the researcher was able to deepen her knowledge by asking more about the feelings related to the psychotherapy application process as well as discussing the experiences on a more detailed level.

In general, the interview answers, also from the interviewees recruited outside the survey, were very much in line with the survey answers. The pain points were the same, and the detailed information supported the hypotheses constructed upon the survey answers. This information was summarized in empathy map, personas, and service blueprints as well as in the recommendations.

In the last part of the interview where wishes and ideas were asked, the researcher and the interviewee could discuss further possible solutions. These parts of the interviews could be regarded as moments of co-creation, where the researcher could encourage the interviewee to share any kind of thoughts and ponders on improving the current situation and building a functioning digital platform. The ideas and wishes were used to create both recommendations in chapter 5.2 and the digital service concept in chapter 5.3. Additionally, the idea backlog (in Finnish) in Appendix 5 was formed to present the ideas in more detail.

4.5.2 Rehabilitative psychotherapist interviews

In addition to customer interviews, six psychotherapists around Finland were interviewed to widen their knowledge about the current state psychotherapy process as well since the psychotherapists could be also viewed as customers for the potential digital service.

The contacted therapists were chosen from the Kela service provider search by searching for therapists offering rehabilitative, Kela-supported individual psychotherapy in towns and municipalities of various sizes around Finland and contacted via email for an interview. By widening the search around Finland, the researcher aimed to find interviewees from geographically different situations. Out of the 30 contacts, 6 agreed to the interview.

The interviews were approximately only 30-40 minutes long since the researcher presumed the shorter interview time would lower the threshold for the busy psychotherapists to participate. The interview structure in general was similar to the customer interviews, from simple quantitative questions to qualitative, more elaborative questions about the current state of the work of the psychotherapist. Finally, the psychotherapists were asked for comments about the future of the psychotherapy field as well as thoughts on how to develop the psychotherapy application process – including the psychotherapist search – and what kind of thoughts a hypothetical digital search service raised. The structure of the psychotherapist interviews is presented in Appendix 4 (in Finnish).

Results

The six interviewed psychotherapists all offered Kela compensated individual rehabilitative psychotherapy for adults – some of them also offered other forms of therapies for different target groups. They provided aspects from western, eastern, southern, and middle Finland, from smaller towns to bigger ones. All the therapists offered both local and remote appointments, though one of them only on special occasions such as if the customers or their children were sick.

All the psychotherapists use only Finnish as their working language, which leads to a narrow sample of the whole profession.

All the interviewees agreed about the customer situation in the field: there are more than enough customers, and people searching for a psychotherapist for Kela compensated psychotherapy. Though some of the interviewees pointed out, that when starting the business as a psychotherapist and were not known to the public or healthcare organizations, they had felt some insecurity regarding customer acquisition.

All of the six psychotherapists had their names on Kela service provider lists. In addition, some of them had their own website, or their profiles on a healthcare company website. One of the interviewees used to have a website, but due to the large number of inquiries the interviewee felt bad for answering “there is no space” to the customers and thus closed the website.

Since all the interviewees were found from the Kela service provider search, they were also asked for comments about the search as well as other potential websites with lists or searches. The comments were based on the interviewees' previous experiences; no website was shown to the interviewees during the interview. The Kela search was familiar to all the interviewees, though none of them had to use it as an everyday part of their work.

Figure 9 presents comments on the Kela service provider search as well as other lists and search sites. The Kela service provides search was mainly considered outdated or in need of development, but however, the customers could still find the psychotherapists through it.

Other websites, such as minduu.fi and terapiatalonoste.fi were briefly mentioned as other options for psychotherapist search, with a sidenote that they do not include all the Kela-qualified psychotherapists. The search services provided by private companies divided opinions. In cases where the company's customer service can help to guide customers to the psychotherapist and redirect customers from one fully booked psychotherapist to another, it was appreciated by the psychotherapist working in the company. In addition, when

the company took care of the website, customer service, rent, and employer fees, the psychotherapist felt getting good service for the amount paid for the company. On the other hand, other interviewee considered it as an extra cost for the psychotherapists which would also increase the price of the psychotherapy.

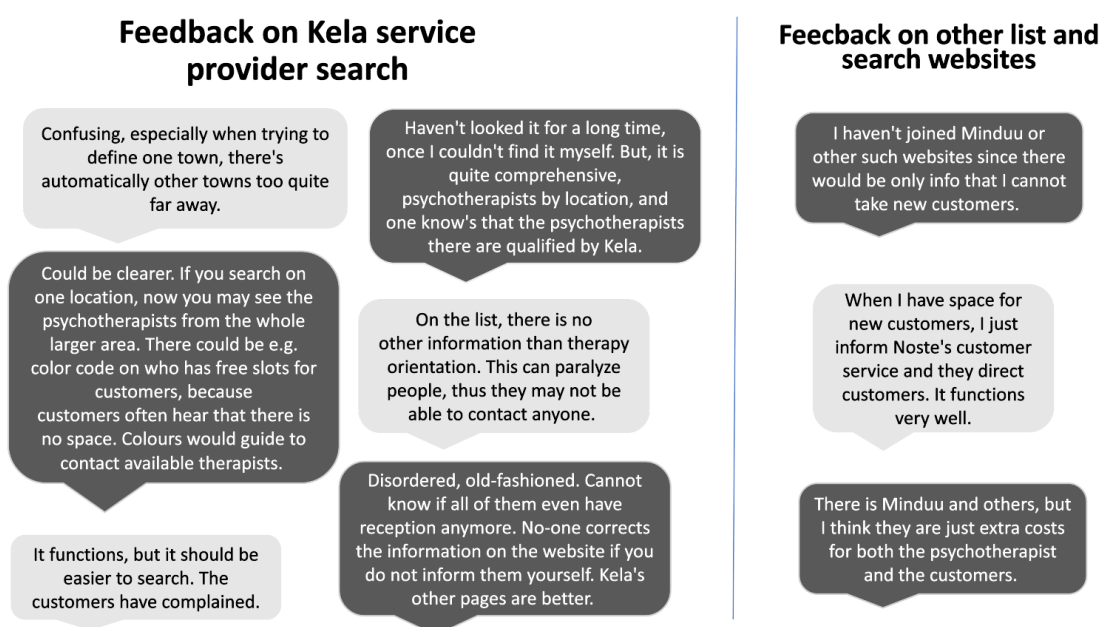


Figure 9. Insights on the interviewee comments on Kela service provide search site and other service provider lists and search websites.

The psychotherapy application process was examined from the psychotherapist's point of view. Many of the interviewees pointed out development suggestions regarding the starting points of the process, when the customer applying for the psychotherapy process.

All the therapists recommended their clients to visit more than one psychotherapist before choosing the one for the psychotherapy. This brought up thoughts on the economic side of the psychotherapy process. Since the customers have to pay for the initial appointment without Kela compensation, it can be a high threshold to some customers. Some of the interviewees always had a short phone call with the customer before agreeing on a meeting, to

already evaluate whether the psychotherapist could help the customer and whether they could interact with each other well enough.

Future of the psychotherapy

Questions about the future of the psychotherapist work were answered very similarly by all the interviewees. All of them shared the opinion that there will be demand for psychotherapy in the future too. However, compared to many other fields of business where the future with continuous customer flow could be seen as a solely positive thing, in this interview the contradiction was present: as some of the interviewees added, there will be demand – unfortunately.

The new wellbeing services counties and the transition of the responsibility for organizing rehabilitative psychotherapy from Kela to the wellbeing services counties. One of the interviewees was afraid not many resources are directed to mental health work. The availability of mental healthcare could become more complicated. The increasing supply of brief therapy services was also mentioned: it was considered useful in certain, clearly defined situations, but not in wider, deeper mental health issues.

According to the interviewees, there are lots of aspiring therapists, but if the psychotherapist education is expensive in the future as well, it forms a bottleneck for new psychotherapists. Also, an idea was proposed: Kela could compensate for the psychotherapy, which is part of the psychotherapist education, and thus reduce the price of the education.

Ideas

Depending on how quickly the interview passed, some of the interviewees were also asked to ponder, how the psychotherapy application process as well as the psychotherapist search process could function, if anything was possible.

The idea of a more informative psychotherapist list and search was brought up during the idea collection. The interviewees were also asked for opinions about a potential new search website, which would gather all the Kela-qualified psychotherapists, but offer more information than the current Kela search

provider search. The answers, opinions, and ideas were utilized in composing recommendations and creating the concept of a digital web service.

4.6 Affinity diagram

Affinity diagram is a tool to handle and organize large amounts of information, such as research results, find relations between the data and grouping them into theme clusters. The groups are then discussed and if necessary, reorganized. It is notable, that even though the clusters should be clear and concise, the data should not be forced to a certain cluster – an idea or piece of information can be part of more than one cluster. During the last phase, the clusters can be prioritized to determine which problems or ideas are focused on. Though the artifact is preferably created together with a team to support discussion, it is possible to create it by oneself. (Dam & Siang, 2022; Krause & Pernice, 2024).

In the thesis, affinity diagram method was used in Miro to map the survey and interview results into theme clusters. The clusters were then utilized to identify the main challenges of the psychotherapy application and psychotherapist search processes as well as the wishes and ideas regarding the improvement of these processes.

4.7 Empathy map

Empathy maps are used for empathic analysis of the target groups. The maps can present the feelings, thoughts, and attitudes of the current or potential customers, and thus help to understand the mindscape of the customers. (Lewrick et al., 2018, pp. 28.)

This empathy map (Figure 10) represents and summarizes the thoughts and feelings of the customers, when they are applying to Kela compensated individual psychotherapy for adults and searching for a psychotherapist. It is based on the customer survey and interview answers and helps to empathise

with the customer and understand their thoughts and feelings regarding the psychotherapy application and psychotherapist search processes.

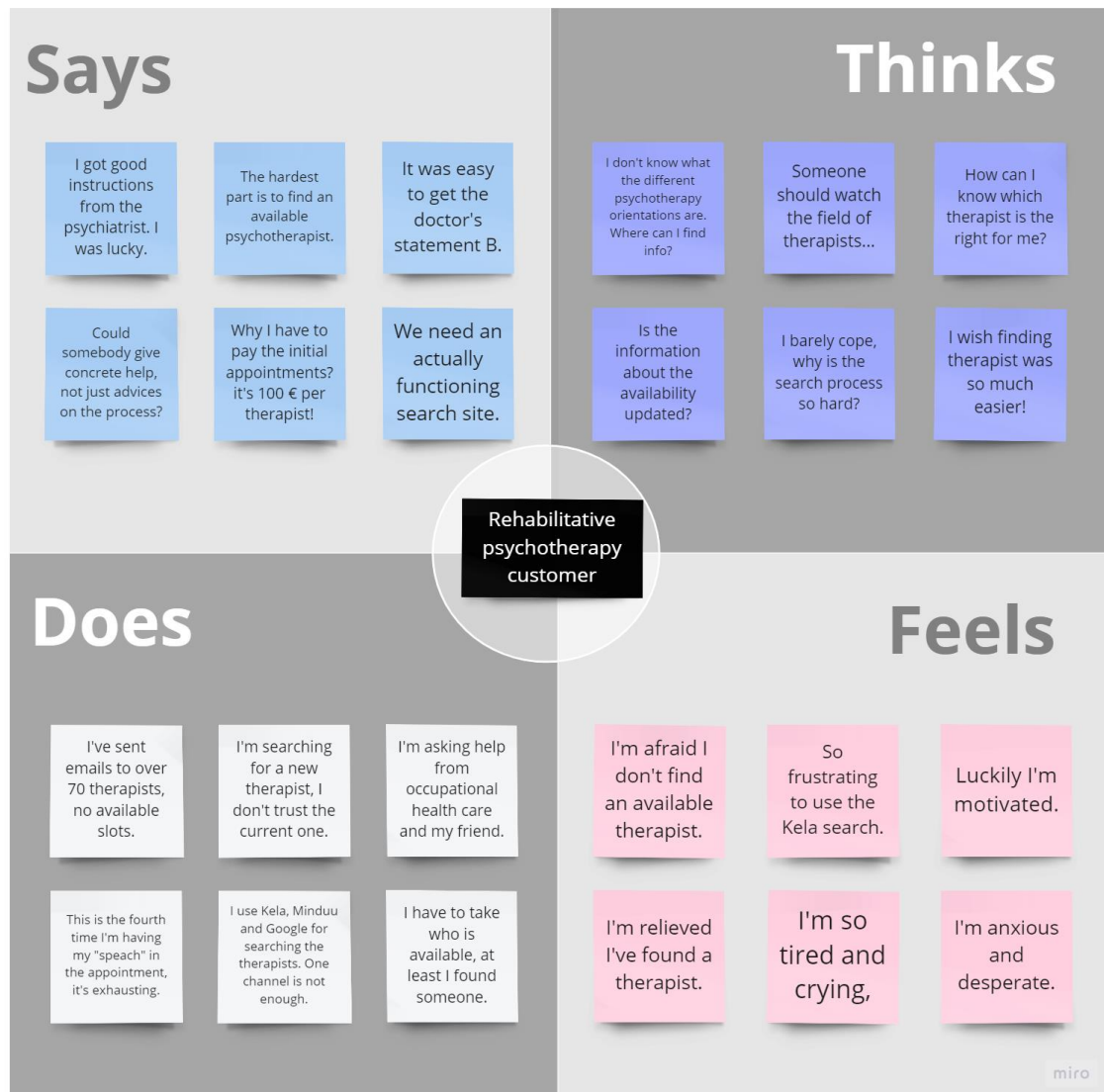


Figure 10. The empathy map of a rehabilitative psychotherapy customer during the application and psychotherapist search processes, based on customer survey and interviews.

As the empathy map states, the statements, thoughts, actions and emotions of the customers varied according to their positive and negative experiences about the rehabilitative psychotherapy application and psychotherapist search processes. The customer actions included sending emails to tens of psychotherapists, telling their story and reasons for psychotherapy, searching

from multiple channels and making decision about the therapist. Good instructions from a psychiatrist, easy process to receive a doctor's statement B and relief after finding a therapist were examples for good experiences during the process. Lack of relevant information, hard and laborious search of psychotherapists, and uncertainty about both process and the psychotherapist caused feelings of frustration, fear, exhaustion and anxiety. (Personal communication, October & November, 2023.)

4.8 Personas

Customer persona is a tool to help the researcher and other service stakeholders to understand the customer better and to support empathy with customers. Using customer personas also offers aspects to potential solutions: how the solution serves the customer's needs and the jobs to be done. (Lewrick et al., 2018. pp. 26–34, Stickdorn et al., 2018, pp. 54–72.)

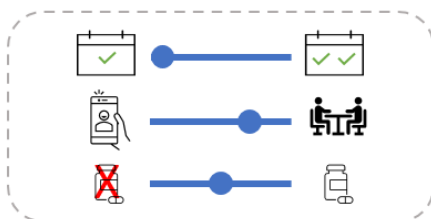
A typical number of personas is around three to seven to represent the main market segments of the service. Each persona should have a detailed description, which includes for example a name, gender, characteristics, goals, needs, fears, and some basic demographic data about the person. The information should always be based on the data collected about the users. (Lewrick et al., 2018. pp. 26–34, Stickdorn et al., 2018, pp. 54–72.)

Three personas were developed based on the knowledge from customer survey and literature research: Ulla, Tuomas and Oili. In addition, one psychotherapist persona was created to present the psychotherapist perspective. To ensure the validity of the personas were then iterated with the knowledge from the

customer and psychotherapist interviews.

A persona: Ulla Uupuja, 35

Topic: Rehabilitative psychotherapy customer



Needs

- A trauma psychotherapist, who is a woman and has experience on certain topics and a reception in Helsinki.
- Instructions on paper, because she cannot assimilate all the new information at once.

Hopes

- To return to work soon
- To learn tools to cope with trauma behaviour
- To start the therapy as soon as possible to receive help
- With successful rehabilitation she feels more confident to start a family some day

Struggles

- Even the doctor appointment took long time
- Unable to find available psychotherapists with the right orientation
- Does not receive answers from the therapists

Feelings

- Relieved that at least psychotherapist appointment was easy to organize through occupational healthcare
- Afraid of not finding a therapist
- Embarrassed, that her start of the process was easier than many others

Figure 11. Ulla Uupuja, the first customer persona.

Figure 11. presents a customer persona of Ulla Uupuja, who is on a sick leave from work and is looking for a female trauma psychotherapist with certain experience in Helsinki. The psychiatrist was easy to book from a private company, but she struggles to find available and suitable psychotherapist, who could meet her once a week, face to face. Ulla wishes to return to work soon, which requires her to get help as quickly as possible. These all affect her emotions: she is both happy, but also embarrassed because of the fluent start of the application process, because she has heard how challenging even booking a psychiatrist appointment may be. As weeks pass and tens of emails are sent, she still has not found even an available psychotherapist to book an initial meeting with.

The other two customer personas are presented in appendix 6. They share partly similar struggles, but have also their own individual needs, hopes and feelings regarding the psychotherapy process. They all would have needed more or clearer information regarding psychotherapy process and more available psychotherapists. Two of them, Ulla Uupuja and Oili Onnekas,

received help from occupational healthcare, whereas one, Tuomas Turhautunut, feels left alone, frustrated and disappointed. The functional capacity of customers varies too, which also affects the customer experience thorough the rehabilitative psychotherapy process.

The rehabilitative psychotherapist persona, Taina (appendix 6), is mainly based on the psychotherapist interviews and the desk research results on chapter 2.6. The current psychotherapy application and psychotherapist search processes strains also psychotherapists. For example, they receive inquiries, are facing customers who may not have enough capacity to start a rehabilitative psychotherapy.

4.9 Ideation phase

As stated in the chapter 3.1, ideation is normally implemented in the Develop phase of the double diamond. There is a large variety of ideation methods to create, sort and select ideas, and it is thus important to choose which methods are most suitable to contributing the ideation challenge. Additionally, ideation phase should have boundary conditions to enable efficient work: the amount of ideation loops, the stopping criteria of when to stop ideating, and limits on the amount of output can help to manage the process. (Stickdorn et al., 2018, pp. 97–107)

The customer survey participants were asked ideas as well as the customer and psychotherapist interviewees, with whom the ideas were also shortly elaborated. After the research phase, ideation was done mainly by using Miro: ideas, benchmarks, themes, and wishes were combined with needs, problems and “how might we” questions. Also, elements of lean thinking were applied by identifying wastes. Both improvement propositions and the concept of a potential digital service were then created and reflected with the personas and especially the survey and interview answers to ensure their validity. The results were then visualized in future service blueprint and vision canvas. Because of

the variety of the ideas, also an idea backlog was created as a documentation (Appendix 5) to serve the potential future studies on the same subject.

4.10 Service blueprint of current state

Service blueprint describes the customer journey with elements, such as touchpoints and the style of service interaction, that could influence the customer's experience of the service. The blueprints are built from the customer's perspective and present actions and factors that are both visible and invisible to the customer to provide a comprehensive visualization of the process. The method aids to identify inconsistencies and bottlenecks and other development targets, thus mapping the pain points of the customer journey. Though it may also be challenging to define the subject of the blueprint and to keep it clear enough. (Haaga-Helia, n.d.; Innokylä, n.d.)

The current state service blueprint (Figure 12) of the rehabilitative psychotherapy application and psychotherapist search processes elaborates the customer actions and emotions as well as touchpoints, the frontstage and backstage actions of healthcare professionals, and possible support actions such as website maintenance. A swim line with customer pain points is added to summarize the challenges during each step of the customer journey. The service blueprint is mainly based on the customer survey and interviews and enriched with data from psychotherapist interview and desk research.

In the first stage of the customer journey, the customer experiences symptoms of (mental) health issues and recognizes a need for help. He/she may talk with family or friends or browse internet. Customer pain points at this stage may include decreasing energy levels and state of wellbeing as well as fear of stigma related to mental health issues. Long queues in public healthcare may prolong access to treatment. When the customer applies to psychotherapy and meets healthcare professionals in public, private or occupational healthcare, lack of information about the possible and suitable forms of treatment, poor level of guidance, and unclear process and bureaucracy may cause feelings of

pondering and frustration. (Personal communication, October and November, 2023.)

| STAGE | Need recognition | Application | Search phase | Contacting | Choosing | Starting psychotherapy |
|---------------------------|---|--|---|---|--|---|
| CUSTOMER ACTION | <ul style="list-style-type: none"> Experiencing symptoms of (mental) health issues | <ul style="list-style-type: none"> Reserving a healthcare professional appointment Reserving a doctor's appointment Reserving a psychotherapist appointment | <ul style="list-style-type: none"> Searching for rehabilitative psychotherapist | <ul style="list-style-type: none"> Sending emails Calling psychotherapists and healthcare offices Filling in contact forms | <ul style="list-style-type: none"> Meeting preferably more than one psychotherapist for an initial meeting Pondering the choice of the psychotherapist before the time slot is reserved by another customer | If B statement is received: <ul style="list-style-type: none"> Signing a psychotherapist contract Informing Kela about the therapy and sending needed documents Payment: <ul style="list-style-type: none"> Either paying only the excess Or paying the whole price to the psychotherapist and applying compensation from Kela afterwards |
| CUSTOMER EMOTIONS | | | | | | We have a good connection. I'm relieved! This is not a suitable therapist for me |
| TOUCHPOINTS | <ul style="list-style-type: none"> Friends Family Internet | <ul style="list-style-type: none"> Public healthcare Private healthcare Occupational healthcare | <ul style="list-style-type: none"> Google Kela service provider search Minduu.fi Healthcare professionals Psychotherapist websites Psychotherapy company websites | <ul style="list-style-type: none"> Email Phone call Text message Form on a website | <ul style="list-style-type: none"> Remote or live meetings | <ul style="list-style-type: none"> Remote or live meetings Psychotherapy contract Kela web service Payment methods |
| FRONTSTAGE ACTIONS | | <ul style="list-style-type: none"> Healthcare professional refers to a doctor Doctor refers to a psychiatrist Psychiatrist evaluates the need for rehabilitative psychotherapy | <ul style="list-style-type: none"> Possible guidance and support from mental health nurses | <ul style="list-style-type: none"> Psychotherapists may answer the emails, phone calls and text messages. | <ul style="list-style-type: none"> Psychotherapists meet the potential customer and discuss about the potential psychotherapy | <ul style="list-style-type: none"> Psychotherapist offers the psychotherapy contract to the customer Psychotherapy goals and needs are discussed in detail Psychotherapist charges the appointments afterwards |
| LINE OF VISIBILITY | | | | | | |
| BACKSTAGE ACTIONS | | <ul style="list-style-type: none"> Organizing healthcare professionals working schedules and customer queues | | <ul style="list-style-type: none"> Receiving and handling the contacts Possibly; distributing to psychotherapists of the organization | <ul style="list-style-type: none"> Organizing the calendar Evaluating whether the therapist is able to help the customer or not | <ul style="list-style-type: none"> Filling required documents Contacting Kela |
| SUPPORT ACTIONS | | <ul style="list-style-type: none"> Healthcare professional resources allocation | <ul style="list-style-type: none"> Website maintenance | <ul style="list-style-type: none"> Maintenance of calendar and contact channels | <ul style="list-style-type: none"> Maintenance of possible meeting tools | <ul style="list-style-type: none"> Maintenance of customer data |
| CUSTOMER | <ul style="list-style-type: none"> Symptoms affecting well-being and decreasing energy levels Fear of stigma related to mental health issues Long queues in public health care | <ul style="list-style-type: none"> Lack of information about possible and suitable forms of treatment The level of guidance regarding psychotherapist search process varies considerably The process and bureaucracy is unclear | <ul style="list-style-type: none"> Kela service provider search Very limited information regarding the psychotherapists' features Outdated information - some service providers no longer work Where else to search for? Information about therapists is scattered | <ul style="list-style-type: none"> Several negative answers due to fully booked timetables Majority of the psychotherapists do not answer to the inquiry Requires effort to contact tens and tens psychotherapists Negative answers and no answers decrease motivation to continue the process If only one form of communication, may raise the threshold to contact | <ul style="list-style-type: none"> The initial meetings are not compensated by Kela. Meeting 2-3 psychotherapists may cost around 160-450 €. Is the available psychotherapist really suitable? Data security concerns | <ul style="list-style-type: none"> If the relationship between the customer and the psychotherapist does not work, the customer needs to start the psychotherapist search process again, aware of the time scarcity: rehabilitative psychotherapy is limited to three calendar years. How to know if the psychotherapy relationship is functioning as it is supposed to? |

Figure 12. Current state customer journey. Better visible on Appendix 7.

During the psychotherapist search phase, the customer can feel confused about where to search for the therapist, since there are several touchpoints: websites with different amount of information, some of it even outdated. The maintenance of the websites requires effort from the psychotherapists or the company they

are working for. Some mental healthcare professionals may offer support, but according to the customer survey and interview, many shared to feeling of not receiving enough guidance. (Personal communication, October and November, 2023.)

Contacting the psychotherapists often requires the customers to send several emails or contact forms or make several phone calls and tell about their mental health issues. Psychotherapists receive several inquiries, which take time to answer. Many customers had an experience of not receiving answers to most of the sent emails, which can decrease motivation to continue the process. In addition, sharing personal and sensitive information may raise data security concerns among customers.

If the customer manages to find available psychotherapists, two to three initiative appointments to compare the therapists may cost hundreds of euros. Also deciding the psychotherapist may cause feelings of uncertainty and indecision. From the psychotherapist point of view, the choosing stage requires organizing the calendar for initial appointments and potential new customer time slots as well as evaluating whether the psychotherapist considers himself/herself to be able to help the customer. (Personal communication, October and November, 2023.)

The final stage of the customer journey is starting the psychotherapy, which includes psychotherapy contract, contacting Kela, remote or live meetings, discussing goals and needs of the therapy and handling the expenses of the psychotherapy. If the relationship between the customer and the psychotherapist seems to work, the customer can feel relieved. However, if the customer starts to wonder whether the relationships functions or not, he/she may feel worried about starting the psychotherapist search process all over again, while some of the allowed psychotherapy time is already used. (Personal communication, October and November, 2023.)

The improvement suggestions to the current customer journey are be presented in chapters 5.2 and 5.3.

4.11 Concept design, vision canvas and design principles

Conceptual design creates the foundation of the service or product design by presenting the core ideas behind the design (Babich, 2022). It reflects the vision and the core values of the service and fits to the organization it is created in or created for. It utilizes a language that conveys messages and emotions, making it both easy to understand and explain but also inspiring, sparking conversations. A strong concept is recognizable and has a long lifespan, as it evolves through development and is not bounded by disciplines. (Crucq-Toffolo & Knitel, 2016, pp. 62–65.)

To communicate the concept in a concise form, a vision canvas and design principles can be used. Vision canvas aims to document the vision of the solution or service through its lifespan in a concise form. At best, it is created in interaction with the service users, so that is not based on assumptions but real needs and wishes. Design principles offer concrete guidelines for the design and development team on the mindset or requirements of the service and help to make decisions that support the concept. They also help the follow-up projects to succeed by communicating the knowledge base behind the design. In addition, they can be used to communicate the most important features of a service to other stakeholders. (Helsingin kaupunki, n.d.-b; Lewrick et al., 2020, pp. 53.)

In this thesis, the digital service design and user experience design (chapter 3.5) supported creating a concept proposition that would fulfill the collected needs and wishes and follow the essential guidelines of a functioning, accessible digital service vision canvas was utilized to present a comprehensive view on how the potential digital service could serve both customers and psychotherapists of rehabilitative psychotherapy. Great amount of the vision ideas was created during the rehabilitative psychotherapy customer survey and interviews and psychotherapist interviews. The vision canvas was supported by design principles to guide the design phase of the digital service. The vision canvas and design principles are presented in chapter 5.3.

4.12 Validity and reliability of research methods

Validity and reliability are used to measure the quality of the research; whether the study measured what was intended to (Baarda, 2014, pp. 87). Validity indicates how well the chosen research method measures exactly the features and characteristics of the desired phenomenon (Tilastokeskus, n.d.-a).

Reliability refers to the degree of reliability and repeatability on how the measurement tool measures the chosen phenomenon (Tilastokeskus, n.d.-b.). It informs how well the measurement is independent of chance (Baarda, 2014, pp. 89).

According to Dillman, Smyth, and Christian, the researcher must consider four types of error to increase the quality of the survey. Coverage error occurs when the sample coverage does not represent the whole population of the interest. The sampling error is caused by surveying only a part of the people in the sample frame. Nonresponse error is present when the participants of the survey are different compared to the people of the sampled unit, who do not participate in the survey, and it influences the estimate. Finally, a measurement error occurs if the participants do not, for one reason or another, give accurate answers. (Dillman et al., 2014.)

The research methods of this thesis were chosen to base the results on both existing literature about rehabilitative psychotherapy and service design, and new research by creating a customer survey and interviewing both customers and psychotherapists of rehabilitative psychotherapy. When comparing the existing literature and research results, as well as survey and interview answers of the customers, the studies provided similar information without big deviation. This indicates that the reliability of the results is high.

The benchmark method increased the researcher's knowledge base on existing tools for searching rehabilitative psychotherapists and service search websites in general. Collecting psychotherapy customer answers via survey in an anonymous and written form and via interviews in oral form enlarged the participant group of the research. Gathering and examining background

information regarding the customers' situations, such as the orientation of psychotherapy, the size of the search area, and gender of the respondent supported both the validity and the reliability of the results, as the variation of the respondents' background was considerable. However, all the survey and interview questions were strictly related to the topic, and more sensitive information, such as diagnosis or current state of health, as well as additional background information was avoided. This way the respondents could feel more comfortable answering and share only information they wanted to share, thus increasing the validity value of the answers.

The participants of the survey and interviews were treated with respect, and data security and confidentiality were emphasized in every phase of the research. The participants did not receive any compensation on participating.

The results of this research are summarized and presented in visual and informative, easy to understand form and open to use for anyone. Since the research methods and the results of them are transparently presented in this thesis, the results of this research are useful not only for this thesis but also for another possible research on the topic.

However, as mentioned in chapter 1.7, the survey was conducted only online, which excludes customers without access to digital devices. Rehabilitative psychotherapists randomly handpicked from Kela service provider lists around Finland were approached via emails, and only those with time and interest towards the research decided to participate as interviewees. These limitations, as well as other limitations, such as language limitations, are considered in the results of the thesis: the results reflect only the experiences of Finnish speaking adult rehabilitative psychotherapy customers and psychotherapists.

Finally, the personas, empathy map, blueprint, and results of this thesis were based mainly on the survey and interviews and supported by the previous knowledge from literature review. Thus, they reflect the experiences, thoughts, hopes and ideas of the rehabilitative psychotherapy customers and psychotherapists, the main stakeholders of this thesis.

More validity aspects of the survey and interview research were discussed in detail in chapters 4.4 and 4.5.

5 Results and recommendations

This chapter concludes the results from the research phase, presents recommendations of improvement and discusses the features of a potential digital service. Thus, it provides answers to the main research question: How service design can be used to create solutions to the challenges in both the psychotherapy application process and the search for a psychotherapist?

The goal of the thesis was to examine the current state of the rehabilitative psychotherapy application and psychotherapist search processes, emphasizing the customer point of view, and to gather and develop solution propositions on improving these processes. Both the desk research and the empirical research supported one another regarding the current challenges in the rehabilitative psychotherapy application and psychotherapist search processes. While tens of thousands of people receive rehabilitative psychotherapy, there is yet to be improved to ease and enhance access to treatment. Streamlining the application process and helping customers and psychotherapists to reach each other can bring benefits in both individual and in society level.

5.1 The current state of the rehabilitative psychotherapy process

Two supportive research questions were set to gather knowledge about the current state: 1) What is the current state of the application process for rehabilitative, Kela-compensated psychotherapy from the customer's point of view as well as psychotherapist's? and 2) What are the main challenges of finding a rehabilitative psychotherapist from the customer's point of view?

As the chapters 2.4 and 2.5 and the current state service blueprint in chapter 4.10 show, the current customer journey from applying help for mental health issues to finding a suitable, available psychotherapist contains several hindering factors. The customer experience varies not only due to the customer's own resources but also because of the varying operating methods of healthcare

units and psychotherapists, and the level of support received during the application and psychotherapist search processes.

Figure 13 is a summary of customer pain points, which were collected in the rehabilitative psychotherapy customer survey and interviews and compared with the challenges listed on chapters 2.4 and 2.5. The citations are actual customer experiences in a concise form, and they reflect the common negative experiences and feelings among the customers. However, several survey and/or interview participants have experienced fluent customer journeys and found help without major misfortunes.



Figure 13. Main customer pain points of the current state of rehabilitative psychotherapy application and psychotherapist search processes.

Reaching out for help and applying treatment for mental health issues is often demanding, since the customer's capacity and energy levels are usually lower. This combined with limited aid during the process, complicated process, and potential feelings of insecurity, shame and fear of stigma can prevent or delay applying for help or proceeding with the rehabilitative psychotherapy application process. The laborious process from the customers point of view was stated by many psychotherapist interviewees too.

According to the gathered customer understanding, the level of support and instructions from the healthcare professionals, such as the doctor, psychiatrist, or a nurse, had a great impact on whether the customer experiences the application process fluent or not. The less support and guidance the customers received, the more alone, insecure and confused they felt. Also challenges with long queues to doctor or receiving the B statement delayed the process and frustrated the customers.

The psychotherapist interviewees shared the customers' experiences regarding the influence of the level of support and instructions from the referring healthcare professionals. One interviewee pointed out the current situation, where the customer has had mental health issues for a long time and gets to start the rehabilitative psychotherapy in a condition, in which they have not enough resources to process the psychotherapy. In these kinds of cases the psychotherapy years may thus be somewhat poorly used; another form of treatment could have suited and aided the customer better.

Positive experiences during the psychotherapy application phase often resulted from a helpful and professional psychiatrist or other healthcare professional. Especially occupational healthcare was mentioned in positive customer experiences due to fast process and support from the professionals. Also, high level of support from mental health services and psychiatric nurses lead to a

successful application phase – and sometimes also more effortless psychotherapist search phase.

The main challenge of the rehabilitative psychotherapist search process from the customer's point of view is the lack of available, Kela approved rehabilitative psychotherapists. From the psychotherapist interviewees perspective, they have not had any challenges to acquire enough customers. Though, according to one interviewee, several psychotherapists work in other field of psychiatry and provide rehabilitative psychotherapy only as a side job. The imbalance between the number of psychotherapists and psychotherapy customers is a matter of healthcare resourcing challenges. These could be alleviated by removing the psychotherapist education fees and preventing mental health issues in general and providing more mental healthcare services in earlier phases, which could reduce the need for rehabilitative psychotherapy.

During the psychotherapist search process, in addition to the lack of available psychotherapists, the customer's actions are complicated by the lack of information and communication. Again, if the customer receives support and tips from the referring professionals, the search process is more painless: the customer knows where to search, what to look for, and sometimes even can contact more curated group of rehabilitative psychotherapists, or directly the one or a few the professional has recommended. Though, according to the customers' and psychotherapists' experiences, the willingness to recommend psychotherapists varies among the professionals, based on if it is considered allowed and/or ethical.

According to the thesis research, lack of information was often caused by the lack of guidance from healthcare professionals, information being scattered to several websites, or that there was no additional information about the psychotherapist online. Kela's service provider search was the most used search service to find rehabilitative psychotherapists. The filtering options to organize results by the type and orientation of the psychotherapy and by location are crucial for the customer to narrow down the list of thousands of psychotherapists around Finland. However, the search results usually provide

only the minimum information about the professional: contact information, language skills, and type and orientation of the rehabilitative psychotherapy, and a link to a website if the psychotherapist has one. Without any further information it is difficult for the customer to decide, whether it is worth to contact the psychotherapist or not. In addition, not all the psychotherapists on Kela list are active. This lack of further information causes plenty of unnecessary inquiries, which burden both the customers and the psychotherapists.

Several other psychotherapist search websites, such as [Minduu.fi](#) and [Terapiatalonoste.fi](#), provide more comprehensive information about the rehabilitative and other psychotherapists and wider search filter options. Such search sites were considered very useful by the psychotherapy customers, but they include only part of the psychotherapist. This leads to using several search sites, which increases the burden for the customer. Also, the psychotherapist interviewees were asked opinions about other, private psychotherapy search websites. They were seen useful channels to inform customers about available customer slots. On the other hand, the service would bring extra costs to the psychotherapist and thus most likely to the customer too.

The customer experiences of contacting the psychotherapists were often very similar among the survey participants and customer interviewees. The most common challenges were the lack of available rehabilitative psychotherapists and receiving no answers to inquiries. Many customers mentioned sending tens of emails, even making excels of the sent inquiries, and receiving only few answers, negative or positive. Also, data security was pondered: was it safe to share private information via email or another channel. The psychotherapist search and contacting phase was thus experienced long, heavy, and frustrating period by many. Though, positive experiences were also shared, and the factor, that the psychotherapists answered to inquiries, was often pointed out in the positive customer stories.

Choosing the psychotherapist, the last phase before starting the rehabilitative psychotherapy, raised questions among the customers on how to know whether the choice is right or not. Many had received an instruction to pay attention to

how the communication and relationship between the customer and the psychotherapist candidate felt. Since there were often very limited number of choices, the decision making was insecure. Additionally, initial appointments are not compensated by Kela, and can be significant expense for some customers. Also, the psychotherapist interviewees recommended visiting more than one psychotherapist before making the decision, to ensure the psychotherapy relationship would be successful. As presented in chapter 2.1, Kela may allow the maximum of three calendar years of rehabilitative psychotherapy. This can increase the fear of choosing wrong, because it could then lead to wasting the psychotherapy time allowance.

By improving these abovementioned customer pain points could result in more bearable and fluent process for especially the psychotherapy customers and support the allocation of the healthcare resources in more effective ways.

5.2 Recommendations to improve the rehabilitative psychotherapy processes

The third supportive research question was: What kind of wishes, ideas, and thoughts the psychotherapy customers and psychotherapists have regarding the rehabilitative psychotherapy application and psychotherapist search process? These recommendations summarize recommendation ideas from the research phase, emphasizing the customer point of view, but also targeting to benefit the psychotherapists and the healthcare professionals as well.

Normalizing mental wellness: As the customer research showed, there is still work on normalizing mental wellness and seeking of help for mental health issues. Educative content on different channels as well as informing and coaching healthcare professionals on how to encounter customers with different mental health challenges can advance increasing open mind and decreasing stigma.

Optimized application process: The duration of the current rehabilitative application process is regarded as too long by both psychotherapy customers

and the psychotherapist interviewees. Optimizing the process is possible by reducing waste in waiting time and lack of distributing information, for example.

Clear, supportive instructions: As clear as possible instructions benefit anyone – but especially a person, whose ability to act is decreased due to mental health issues. As empathic design also printable. Instructions in written form makes contemplating and returning to the instructions easier.

Support from healthcare: As several survey participants and interviewees pointed out, there is yet to be improved in the level of guidance and support from the healthcare professionals. Not everyone needs much support, but when following the guidelines of empathic and inclusive design, offering the possibility to receive help for those in need, is essential.

Lighter mental health services: This is already under construction: For example, Mielenterveystalo.fi offers various digital mental health services, and short therapies already exist. Preventing the mental health issues from escalating is possible by providing right level of support at right time. This also can reduce the demand for rehabilitative psychotherapy.

Service provider recommendations: According to the customer survey and interviews, the customers wish that healthcare professionals could recommend suitable, available psychotherapists, or at least websites and channels were to search for them, and thus ease the search process. In addition, recommendations from peers were regarded useful by the survey and interview participants.

Integrated information about rehabilitative psychotherapy and psychotherapists: Information, such as what kind of rehabilitative psychotherapy is available, for who, where, and how; what are the different psychotherapy orientations suitable for; guidelines of the application and psychotherapist search process; what is important when choosing a therapist. This kind information already exists in websites such as mielenterveystalo.fi but is not integrated in a way that would streamline the customer journey.

Up to date information: The psychotherapy customers suffered from outdated information regarding the availability of the psychotherapists, which caused unnecessary emails and distrust towards both the search website, such as Kela service provider search, and the psychotherapists in general. Consistent content management model could ensure that the primary source of information, such as a search website, and other channels of communication are updated, and relevant stakeholders are informed on a regular basis.

Consistent communication from psychotherapists: Unanswered emails burden and discourage rehabilitative psychotherapy customers. Even an automated answer can indicate to the customer that the inquiry is received, and inform the customer about the psychotherapist's response time, for example. This can help to create and strengthen the trust between the customer and the psychotherapist and decrease the amount of failure demand.

Financial support: The costs of rehabilitative psychotherapy deductible and especially the initial appointments, which are not compensated by Kela, can prevent, or raise the threshold for the customers to apply to psychotherapy. Financial aid could make applying for rehabilitative psychotherapy more economically equal and enable customers to have a more quality choice of a psychotherapist.

Leading the customer experience systemically: The majority of the rehabilitative psychotherapists are sole entrepreneurs, thus leading their customer experiences separately. Terapiat etulinjaan approach offers solutions such as psychotherapist quality register and education for healthcare professionals, which brings an opportunity maintain and develop customer experience and the quality of the psychotherapy service in a more organized way. As its best, the customer experience of the whole mental health ecosystem could be lead.

However, as this thesis research was limited to Finnish speaking adult customers of rehabilitative psychotherapy, the above listed improvement proposals are not adequate on their own. By developing mental healthcare

services that are available for customer with different kind of capabilities and needs, the society can offer truly inclusive services for its citizens.

5.3 Digital webservice to ease rehabilitative psychotherapy application and psychotherapist search processes

A concept proposition on a digital search platform was created by combining the customer and psychotherapist data, including several wishes and ideas from both groups, and ideating possible implementations. The digital service could be executed by developing a chosen existing website or by creating a completely new platform.

Vision canvas

| | | | |
|--|---|--|---|
| <p>Customer needs</p> <ul style="list-style-type: none"> • Support and guidance on how the rehabilitative psychotherapy application process functions, what kind of forms and orientations of psychotherapy exist, how to choose a suitable psychotherapist • Clear and easy to use search function and/or survey tool to find a suitable, available psychotherapist | <p>Solutions</p> <ul style="list-style-type: none"> • Information on rehabilitative psychotherapy application process • Information about different psychotherapy orientations and psychotherapy itself • Search function and comprehensive information about rehabilitative psychotherapists | <p>Unique value proposition</p> <ul style="list-style-type: none"> • What if we could provide the rehabilitative psychotherapist customer all the information and tools she/he needs through one channel? • What if we could ensure that the information was always reliable and up to date? • What if we could support and encourage the customer to seek for help for mental health issues in a low threshold system? • What if we could normalize taking care of mental health care? | <p>Key resources and capabilities</p> <ul style="list-style-type: none"> • Platform/website owner • Organized content management and ownership • Budget for concept design and implementation • Budget for maintenance and further development |
| <p>Customers</p> <ul style="list-style-type: none"> • People seeking for rehabilitative psychotherapy treatment • Option: any kind of person, who wants to improve their mental health and/or search for help for mental health issues | <p>Measurement of success</p> <ul style="list-style-type: none"> • Customer finds the right kind of help in reasonable amount of time • Customer feedback • Psychotherapist feedback | | <p>Limitations</p> <ul style="list-style-type: none"> • Data safety and security, MyData • Legislation (e.g. patient safety) • Technical limitations and risks • Budgeting |
| <p>Implementation</p> <ul style="list-style-type: none"> • Easy to use user interface for both the customer and the content creators (psychotherapist or other) • User profile for managing own data and documents safely • Capable search engine with several sorting options • A technology with capacity for further development • Possible integration to other healthcare systems or data resources | | <p>Measurement of impact</p> <ul style="list-style-type: none"> • More balanced supply and demand between the rehabilitative psychotherapists and customers • Improved state of mental healthcare • Improved customer experience in general | |

Figure 14. Vision canvas of the digital website to ease rehabilitative psychotherapy application and psychotherapist search processes (applied from Helsingin kaupunki, n.d.-b).

Figure 15, the vision canvas, describes the digital service concept in a comprehensive level (see chapter 4.11.). It describes the customers and their needs, main solutions and measurements of success and impact, as well as unique value propositions. To describe the implementation of the concept, key resources of capabilities, limitations, and implementation details are listed.

The digital service can be established by following design principles, which function as guidelines for the designers and developers of the service (see chapter 4.11). The principles are based on the rehabilitative psychotherapy customer and psychotherapist research, supported by the literature review. Figure 15 presents the four design principles: Finding help is easy, The content is clear, accurate and supportive, The user interface is safe and modern, The development is continuous and customer-oriented.



Figure 15. Design principles of the new digital service.

The vision customer journey is presented in Figure 14. It describes the customers individual path from recognizing a need for help to finding a suitable rehabilitative psychotherapist and starting the psychotherapy and combines both the concept of new digital service as well as the improvement suggestions presented in chapter 5.2. In the vision journey, existing solutions, such as Terapianavigaattori, are utilized, and current pain points, for example data security, fractured information, lack of instructions and support, and economical issues are taken care of. The light red triangle in the middle of the journey visualizes how the customer can, if needed, receive support from both healthcare professionals and online content.

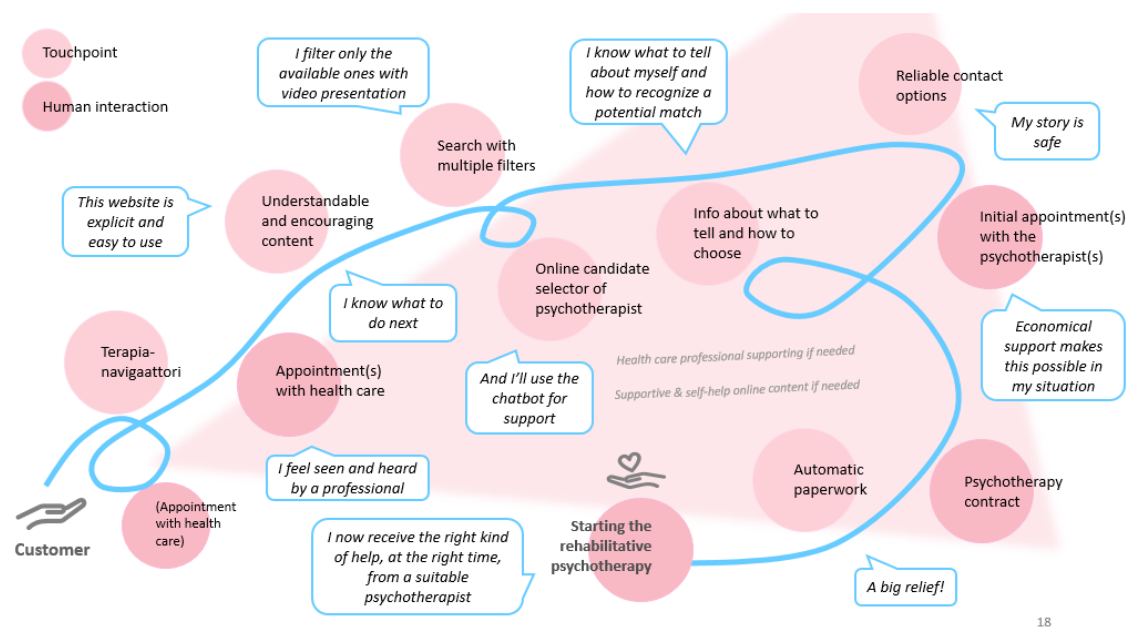


Figure 16. Vision customer journey of the rehabilitative psychotherapy application and psychotherapist search processes.

For the psychotherapy customer, the ultimate goal is to find help for their mental health issues, and in this case, with the help of psychotherapy. Therefore, in the eyes of the customer, the journey from visiting a doctor to finding a suitable and available psychotherapist and starting a therapy is towards one target. As mentioned in chapter 3.5, seamless customer journey requires both physical and digital touchpoints to function together. As the rehabilitative psychotherapy application process and psychotherapist search process includes phases that

are overlapping, the customer should be able to utilize the information in any order. Therefore, it is essential that the referring healthcare professionals have the same updated information as online. Clear, systematic, and consistent communication between all the stakeholders ensures sharing of accurate information, but only if the roles and tasks of each party is agreed and functioning.

6 Conclusions

I am very grateful for all the all the interviewees and survey participants who made this thesis and its research possible. It was very rewarding and inspiring to notice how interested especially the customer survey and interview participants were in developing of the psychotherapy application process and how eagerly they shared their own, often very sensitive experiences about their own psychotherapy process and offered valuable development suggestions. Equally, the interviewed psychotherapists offered their time and professional aspects to map the current state and ideate improvements.

The main point of this thesis was to make the issues of psychotherapy application and psychotherapist search process visible, the customers' voices heard, and to suggest improvements on customer experience and customer journeys.

Service design in its core can help to make people seen and heard. It can support creating channels and forums to gather information straight from the customers and related stakeholders and utilize it to design better services. As stated in chapter 1.1, this thesis aimed to examine and create improvement suggestions regarding the psychotherapy application and psychotherapist search processes without limiting which organization could benefit from the research results.

Hopefully this thesis can function as a messenger and support the knowledge already existing on this topic: there is a critical need to improve the mental healthcare services and psychotherapy application and psychotherapist search processes to enable and allocate healthcare resources more efficiently to those in need.

6.1 Evaluation

This chapter discusses briefly the quality of the research and its methods, research results and the writer's personal learning.

The chosen research methods represented a variety of service design methods and served the thesis process in several phases. They were suitable for empathic research and participatory ideation of potential improvements and solutions regarding the rehabilitative psychotherapy application and psychotherapist search processes. The validity and the reliability of the research are elaborated in detail in chapter 4.12.

The limitations of the thesis are discussed in chapter 1.7. In addition, to present and visualize the created digital service concept further, the thesis could have included a prototype and customer testing stages. However, due to the rather tight schedule of the thesis, the concept is presented in chapter 5.3. through a vision canvas, design principles and vision customer journey. The concept, improvement suggestions for the rehabilitative psychotherapy processes and the description of the current state of the rehabilitative psychotherapy customer journey provide answers to the research questions of the thesis.

The thesis writer's personal learning experiences focused on how to research and elaborate very wide, inspiring and significant topic of rehabilitative psychotherapy customer experience. Discussing a sensitive and important theme of mental health issues gave several moments of gratitude and inspiration especially thanks to the eagerly participating customers and psychotherapists. On the other hand, constant pondering on which actions are adequate yet all-embracing enough challenged the writer. However, this thesis is a drop in a sea, not alone among other service design thesis aiming to improve the current services and conditions in various disciplines.

To summarize, regardless of the limitations, this thesis research answers to the set research questions (see chapter 5) and gives a channel to the voices and

experiences of both rehabilitative psychotherapy customers and psychotherapists.

6.2 Suggestions for further research

The need for rehabilitative psychotherapy and other mental health services, according to research, is not disappearing in near future. Therefore, improving the psychotherapy application and psychotherapist search processes can be considered as essential object of development. Chapter 5 about the results presents suggestion about solutions that could improve the current state of the psychotherapy application process and especially the psychotherapist search process. These suggestions can offer ideas and inspiration on further research as well as development projects in the field of psychotherapy application and psychotherapist search processes. Accelerating and streamlining those processes as well as mental health service processes effectively leads to customers receiving help and treatment for mental health issues, thus both improving the quality of life and supporting ability to live and to work or study.

This thesis scratched the surface of the psychotherapy process theme. Therefore, themes such as UX research on what kind of online platform would support both the customer and healthcare professionals, and communications research on what kind of communications works, how the customers feel regarding current mental health websites, and what could be improved, could be further researched. Additionally, how mental health services could reach the customers on time, before more severe mental health issues, could provide an interesting and impactful subject for a research.

As stated in chapter 1.7., further research should engage psychotherapy customers, psychotherapists, and other healthcare professionals as well as other stakeholders in a wide scale and in every phase of the design process to ensure, that the solutions are customer oriented and focus on solving the right problems. Crucially, the customers should be treated as a very heterogenous group of people with different needs, hopes, capabilities, language skills,

background, mental health state, among other things. This way the mental health services can be developed to benefit people in all kinds of situations. In addition, profound and wide user experience testing should be conducted to validate the concept.

Combining the powers of existing organizations and entities, such as Terapiat etulinjaan and Terapiatakuu projects, wellbeing services counties, mental health organizations such as MIELI ry and Mielenterveyden keskusliitto, Kela, and private companies such as AtCare (minduu.fi) and Mediversitas (valitseterapia.fi) can lead to co-developing more sustainable and equal mental healthcare services ecosystem.

Rehabilitative mental health services present only one category of rehabilitation. Improving other rehabilitation and healthcare services by utilizing service design mindset and methods, benchmarking services and processes from other fields of business and functions and ensuring the customer orientation and inclusion thorough the development process, can bring effective and impactful improvements to the quality of the healthcare and customer experience.

Finally, the future of digital services very likely includes more utilization of the data science, automatization and artificial intelligence. The opportunities these technologies bring to mental health services as well as to other healthcare services is an inspiring theme for further research.

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Appendix 1: Benchmark table

| Website | Kela service provider search (asiointit.kela.fi/palvelutuottajarekisteri) | Minduu.fi | Terapiatiloneste.fi | Psylli.fi | Valtteterapia.fi | Mehiläinen.fi | Hedepyy.fi | |
|--|---|---|---|---|---|--|---|------|
| The service includes Kela approved psychotherapists | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | No, only other therapists and psychotherapists? (All online) | |
| Search options (filter options marked with magnifying glass) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Psychotherapist name | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Contact info | ✓ | (✓) Only a contact form | (✓) Only a contact form | ✓ | ✓ | (✓) Only a contact form | | |
| Link to website/profile (if available) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Photo | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Location(s) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Online therapy service | |
| Local/remote appointment options | ✓* | ✓ | ✓ | ✓ | ✓ | (✓) Info available on booking calendar | Online therapy service | |
| Form of rehabilitation (e.g. rehabilitative psychotherapy) | ✓* | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Form of psychotherapy (e.g. adults, youths) | ✓* | ✓ | ✓* | ✓ | ✓ | ✓ | | |
| Type of psychotherapy (e.g. individual, couple) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Psychotherapy orientation (e.g. cognitive) | ✓ | ✓ | ✓* | ✓ | ✓ | ✓ | ✓ | |
| Areas of speciality | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Experience or education | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Language & communication skills | ✓ | ✓ | ✓* | ✓ | ✓ | ✓ | ✓ | |
| Availability | | ✓* | ✓* | | ✓ | ✓ | ✓ | |
| Available times of the day | | ✓ | ✓ | | Possibly, if booking calendar available | (✓) Info available on booking calendar | ✓ | |
| Kela approval | ✓ | ✓ | ✓* | ✓ | ✓ | ✓ | ✓ | |
| Presentation text | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Prices | | ✓ | (✓) Depends on the profile text | | ✓ Not in all profiles | ✓ | ✓ | |
| Other information | | <ul style="list-style-type: none"> Length of the therapy (brief, long, one-time) Additional education Info if the therapist is in training Company name (e.g. if not sole trader) Additional info about the price, e.g. separate price for initial appointment | | <ul style="list-style-type: none"> Length of the therapy (brief, long, one-time) Additional services | Length of the therapy (brief, long, one-time) | | <ul style="list-style-type: none"> Motto Customer feedback and recommendations | |
| Other features | <ul style="list-style-type: none"> The service provider search is on a separate website entry, and no links back to the Kela main page, which would include a lot of information about psychotherapy application process Search only in Finnish and Swedish | <ul style="list-style-type: none"> Free-text search Online booking option available Protected video connection service for psychotherapy Very clear instructions and information about psychotherapy application process Link to Tolvo.me, service for healthcare professionals Search by genders Search only in Finnish | <ul style="list-style-type: none"> The online booking system is very visible on the homepage Very clear instructions and information about psychotherapy application process Other professionals too, such as psychiatrists and doctors Search only in Finnish, but About us -page in English and Swedish too | <ul style="list-style-type: none"> Target group search Other professionals too, such as neuropsychologists Clear table showing differences between professionals, such as psychotherapists and therapists Search only in Finnish, but many other pages in English and Swedish | <ul style="list-style-type: none"> Free-text search, which also includes keywords regarding type of therapy, areas of speciality Other professionals too, such as psychiatrists Search only in Finnish | <ul style="list-style-type: none"> Free-text search Search by free Kela slots Search by gender Online booking system | <ul style="list-style-type: none"> Therapist search has an option to start with a compatibility test, which then shows suitable therapist options. Email address is required to see the results. Very clear online booking, shows available times by the hour | |
| | * Required filter choice. Due to some required filters, some search combinations are not possible | * Search option only with "Available times on online booking" | * There are two search sites, and they have different search options | | | | | miro |

Appendix 2. Customer survey



Kysely psykoterapiaan hakeutumisesta

Pakolliset kysymykset merkitty tähdellä (*)

Suuri kiitos, kun vastaat tähän anonyymiin kyselyyn!

Kyselyn tarkoituksena on kartoittaa kokemuksia **psykoterapiaan hakeutumisesta ja erityisesti psykoterapeutin etsinnästä**. Kysely on osa opinnäytetyötä, jonka tavoitteena on etsiä ratkaisuja psykoterapiaan hakeutumisen ja psykoterapeutin etsinnän kehittämiseksi asiakaslähtöisemmiksi.

Voit vastata kyselyyn, jos olet käynyt psykoterapiassa tai haet parhaillaan sopivaa psykoterapeuttia. Voit myös vastata, vaikka et olisi löytänyt sopivaa psykoterapeuttia ja aloittanut psykoterapiaa. Jos sinulla on kokemusta useammasta psykoterapiasta, vastaa tuoreimman kokemuksesi perusteella.

Kyselyyn vastaaminen vie vain noin 10-15 minuuttia, riippuen vastauksistasi.

Tietosuoja: tämä kysely on anonyymi, eli siinä ei kysytä henkilötietoja tai muita tietoja, joista sinut voisi tunnistaa. Ethän siis myöskään kirjoita kyselyn vastauksiin nimiä tai muita tunnistettavia tietoja. Lisätietoa: [Tietosuojaseloste](#) ja [Tiedote tutkimuksesta](#).

1. Valitse tilanteeseesi parhaiten sopiva kuvaus: *

- Olen käynyt tai käyn Kelan tukemassa kuntoutuspsykoterapiassa.
 - Olen parhaillaan etsimässä psykoterapeuttia Kelan tukemaa kuntoutuspsykoterapiaa varten.
 - Olen joskus hakeutunut Kelan tukemaan kuntoutuspsykoterapiaan, mutta en ole aloittanut terapiaa.
 - Olen käynyt tai käyn muussa kuin Kelan tukemassa psykoterapiassa.
 - Olen parhaillaan etsimässä psykoterapeuttia muuta kuin Kelan tukemaan psykoterapiaa varten.
 - En ole koskaan hakeutunut psykoterapiaan tai käynyt psykoterapiassa.
 - Muu tilanne, mikä?
-

2. Minkä takia psykoterapiaan hakeutuminen keskeytyi?

3. Minkä ikäisille suunnattuun psykoterapiaan olet hakeutunut?

- Lasten psykoterapiaan (alle 16-vuotiaille)
- Nuorten psykoterapiaan (16-25-vuotiaille)
- Aikuisten psykoterapiaan (26-67-vuotiaille)
- Olen hakeutunut psykoterapiaan sekä lapsena/nuorena että aikuisena
- Yli 68-vuotiaille suunnattuun psykoterapiaan
- Muu, mikä?

4. Sukupuolesi

- Nainen
- Mies
- Muu
- En halua vastata

5. Millaista psykoterapiaa olet käynyt tai olet parhaillaan etsimässä?

- Yksilöpsykoterapiaa
- Ryhmäpsykoterapiaa
- Paripsykoterapiaa
- Kuvataideterapiaa
- Musiikkiterapiaa
- Muu, mikä?

6. Oletko vaihtanut psykoterapeuttia sen jälkeen, kun olet aloittanut psykoterapian? Jos olet, kerro lyhyesti miksi.

7. Mitä suuntausta psykoterapiasi edusti?

Jos et ole vielä aloittanut psykoterapiaa, voit vastata mitä suuntausta haluaisit sen edustavan.

- Psykoanalyttinen
- Gestalt-terapia
- Integroiva (eli usean terapiasuuntauksen teoriaa ja menetelmiä yhdistävä)
- Kognitiivis-analyttinen
- Kognitiivinen
- Kriisi- ja traumaterapia
- Musiikkiterapia
- Neuropsykiatriset häiriöt
- Perheterapia
- Psykodynaaminen
- Ratkaisukeskeinen
- Muu, mikä? _____
- En osaa sanoa

8. Minä vuonna olet aloittanut psykoterapian? Jos et ole vielä aloittanut terapiaa, kerro se vastauksessa.

9. Millä alueella etsit psykoterapeuttia?

- Pääkaupunkiseudulla (Helsinki, Espoo, Vantaa, Kauniainen)
- Muussa isossa kunnassa/kaupungissa (yli 50 000 asukasta)
- Keskikokoisessa kunnassa/kaupungissa (noin 15 000 - 49 999 asukasta)
- Pienessä kunnassa/kaupungissa (noin 0-14 999 asukasta)
- Useamman kunnan/kaupungin alueella (esim. etäterapiaa varten)
- Koko Suomen alueella (esim. etäterapiaa varten)
- Suomen ulkopuolella. Missä maassa?
- Muualla, missä?

10. Olivatko/ovatko psykoterapiakäynnit pääasiassa lähi- vai etätapaamisia?

Jos olet vielä etsimässä psykoterapeuttia, voit valita sen vaihtoehdon, jota pääasiassa toivoisit.

- Lähitapaamisia
- Etätapaamisia (esim. videoyhteydellä)
- Sekä lähi- että etätapaamisia
- En osaa sanoa

11. Kerro omin sanoin, miten psykoterapiaan hakeutuminen eteni omalla kohdallasi. Oliko jokin vaihe tai asia hakeutumisessa haastavaa tai helppoa?

12. Kuinka kauan aikaa kului siitä, kun lähdit etsimään tilanteeseesi apua aina siihen, kun aloitit psykoterapian? Jos olet vielä etsimässä psykoterapeuttia, voit vastata tähän mennessä kuluneen ajan.

Jos prosessisi keskeytyi välillä, mainitsehan sen vastauksessasi.

13. Millaista sopivan psykoterapeutin etsiminen mielestäsi oli tai on ollut tähän mennessä?

- Helppoa
- Melko helppoa
- Ei helppoa eikä vaikeaa
- Melko vaikeaa
- Vaikeaa
- En osaa sanoa

14. Kerro vielä tarkemmin, miten löysit tai yritit löytää itsellesi sopivan psykoterapeutin

Jos prosessisi on vielä kesken, voit kertoa miten etsiminen on sujunut tähän asti.

15. Mistä tai miten etsit kuntouttavaa psykoterapiaa tarjoavia psykoterapeutteja? Valitse kaikki tilanteeseesi sopivat vaihtoehdot.

- Googlesta
- Kelan palveluntuottajahausta (<https://asiointi.kela.fi/palveluntuottajarekisteri/>)
- Minduu.fi:stä (<https://minduu.fi/fi/haku/>)
- Psykologiliiton hausta (<https://www.psyli.fi/loyda-psykologi/>)
- Terapiatalo Nosteen sivuilta (<https://terapiatalonoste.fi/nosteen-terapeutit-ja-kaikki-asiiantuntijat/>)
- Muulta verkkosivustolta, mistä? _____
- Kysyin hoitoalan ammattilaisilta vinkkejä (esim. psykologi, hoitaja, lääkäri)
- Kysyin ystäviltä/tutuilta/sukulaisilta vinkkejä
- Keskustelupalstoilta (esim. Vauva.fi)
- Sosiaalisesta mediasta (esim. Instagram, Facebook, TikTok)
- Muulla tavalla, miten? _____

16. Millaisina olet kokenut kanavat ja tavat, joista olet etsinyt psykoterapeuttia?

17. Entä millaiselta psykoterapeuttien kontaktoiminen tuntui?

**18. Mitkä olivat/ovat sinulle tärkeimmät kriteerit psykoterapeutin valinnassa?
1=ei tärkeä, 5=tärkeä**

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Psykoterapian suuntaus (esim. psykoanalyttinen, kognitiivinen) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psykoterapeutin ikä | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psykoterapeutin kokemus | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psykoterapeutin erikoisosaaminen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psykoterapeutin sukupuoli | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psykoterapeutin persoona | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vastaanoton sijainti | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Etävastaanoton mahdollisuus | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Terapiakäynnin hinta | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Terapiakäyntien ajankohta (esim. päivällä, illalla) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Muu kriteeri, mikä? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19. Miltä psykoterapeutin valinta sinusta tuntui? Jos olet vasta etsimässä psykoterapeuttia, voit kertoa miltä valinnan tekeminen tuntuu etukäteen ajateltuna.

Kuvittele, miten asiat olisivat ihannetilassa!

20. Jos mikä vain olisi mahdollista, miten haluaisit psykoterapiaan hakeutumisen toimivan?

21. Ja jos mikä vain olisi mahdollista, millä tavoin haluaisit löytää itsellesi sopivan psykoterapeutin?

22. Jos haet tai hakisit nyt psykoterapeuttia, millaista tietoa psykoterapeutista sinulle olisi tärkeää löytää verkosta? 1=ei tärkeä, 5=tärkeä

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Yhteystiedot | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Kokemus | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Erikoisosaaminen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sukupuoli | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Kielitaito | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psykoterapiasuuntaus (esim. kognitiivinen, psykodynaaminen) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psykoterapiamuodot (esim. yksilö-, pariterapia) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Onko kyseessä Kelan hyväksymä kuntoutuspsykoterapeutti | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Onko terapeutilla tilaa uusille asiakkaille | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Käyntien ajankohdat (esim. aamulla, iltapäivällä) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lähivastaanoton mahdollisuus | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Etävastaanoton mahdollisuus | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Psykoterapeutin esittelyteksti | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psykoterapeutin esittelyvideo | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asiakaspalautteita | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nettiajanvaraus | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pätevyys (esim. psykoterapeutti, koulutuksessa, kouluttajapsykoterapeutti) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pohjakoulutuksen taso (esim. psykologi, alempi korkeakoulututkinto, sairaanhoitaja) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Muu tieto, mikä? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

23. Lopuksi voit vielä ideoida vapaasti: millainen olisi mielestäsi verkkopalvelu tai verkkosivusto, jossa voisi etsiä itselleen sopivaa psykoterapeuttia?

Voit kertoa esimerkiksi, millaisia ominaisuuksia tai palveluja verkkopalvelussa tai -sivustossa olisi tai millainen tunne asiakkaalle syntyisi verkkopalvelussa tai -sivustolla vieraillessaan.

24. Minkä tahon toivoisit toteuttavan tuon verkkopalvelun psykoterapiaan hakeutumista ja psykoterapeutin etsimistä varten?

- Jonkin yrityksen
- Oman hyvinvointialueeni (esim. Pirkanmaan hyvinvointialue, Helsingin hyvinvointialue)
- Muun julkisen tahon
- Jonkin 3. sektorin toimijan (esim. potilasjärjestö, psykoterapeuttiyhdistys)
- Kelan (Kansaneläkelaitoksen)
- Minulle ei ole merkitystä, mikä taho verkkopalvelun toteuttaisi.
- En haluaisi uutta verkkopalvelua, nykyiset kanavat ja palvelut riittävät.

- En o saa sanoa
- Muu vaihtoehto, mikä?
-

25. Suuri kiitos kaikista vastauksistasi! Jos jotain jäi vielä sanomatta, voit kirjoittaa sen tähän. Voit myös antaa palautetta kyselystä.

26. Haastattelun opinnäytetyöhöni liittyen sekä asiakkaita että psykoterapeutteja. Haluaisitko olla yksi haastateltavista? Haastattelu voidaan pitää mahdollisuuksien mukaan lähi- tai etätapaamisena (Teams/Zoom).

- En
- Kyllä -> Kun olet painanut Lähetä-nappia, siirryt Kiitos-sivulta automaattisesti erilliseen kyselyyn yhteystietojen antamista varten.

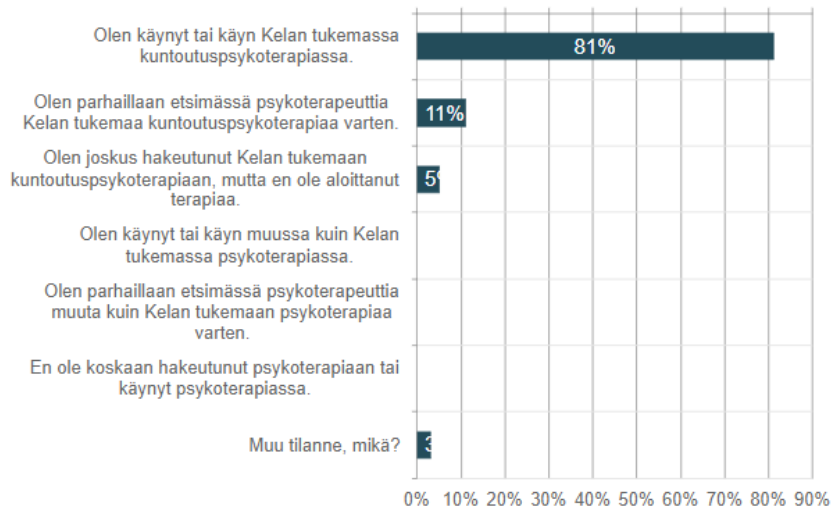
Muistathan painaa Lähetä-nappia!

Appendix 3. Quantitative customer survey answers

The customer survey answers to the main quantitative questions are presented below (in Finnish).

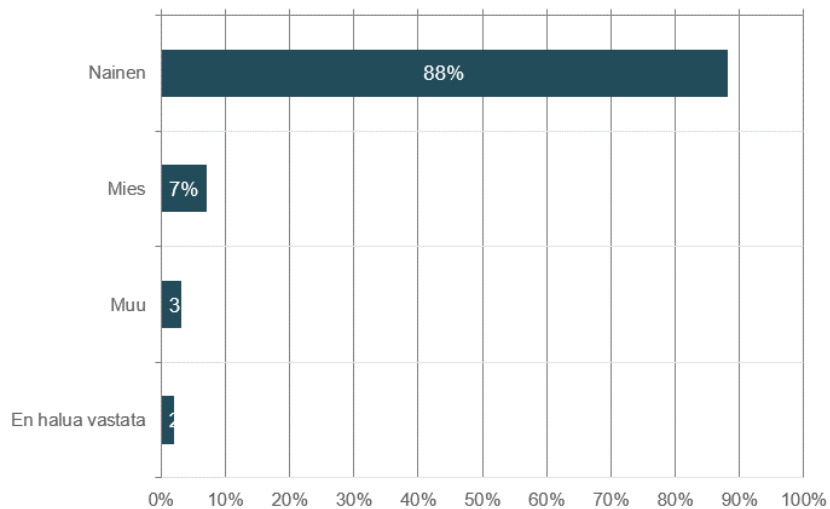
Valitse tilanteeseesi parhaiten sopiva kuvaus:

Vastaajien määrä: 85



Sukupuolesi

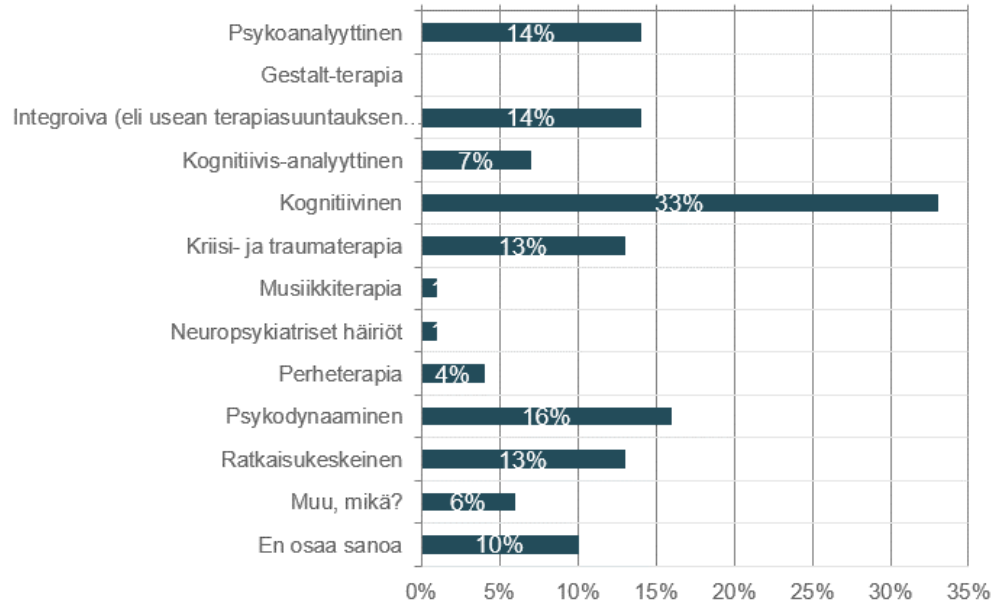
Vastaajien määrä: 85



Mitä suuntausta psykoterapiasi edusti?

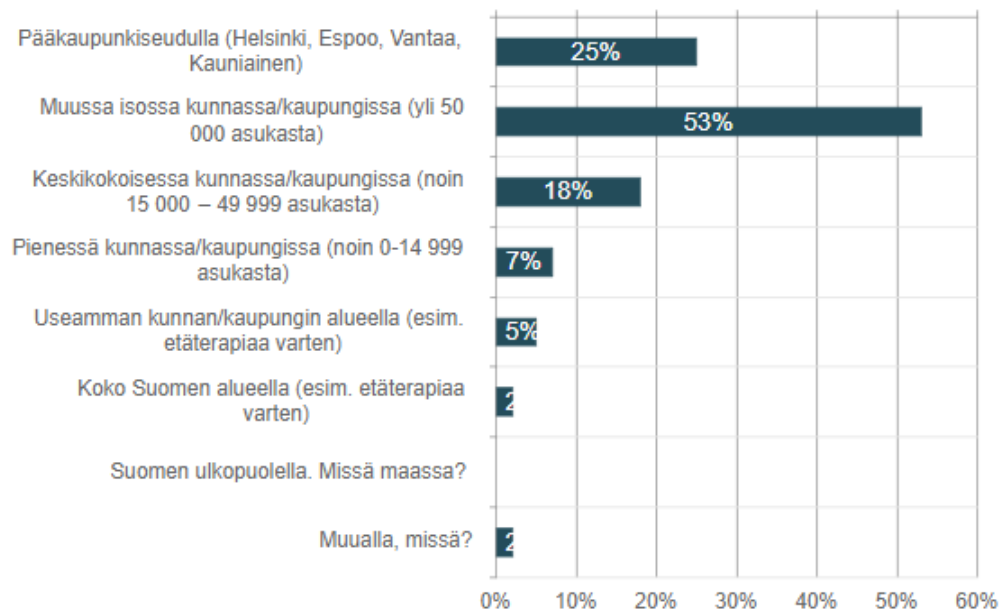
Jos et ole vielä aloittanut psykoterapiaa, voit vastata mitä suuntausta haluaisit sen edustavan.

Vastaajien määrä: 83, valittujen vastausten lukumäärä: 110



Millä alueella etsit psykoterapeuttia?

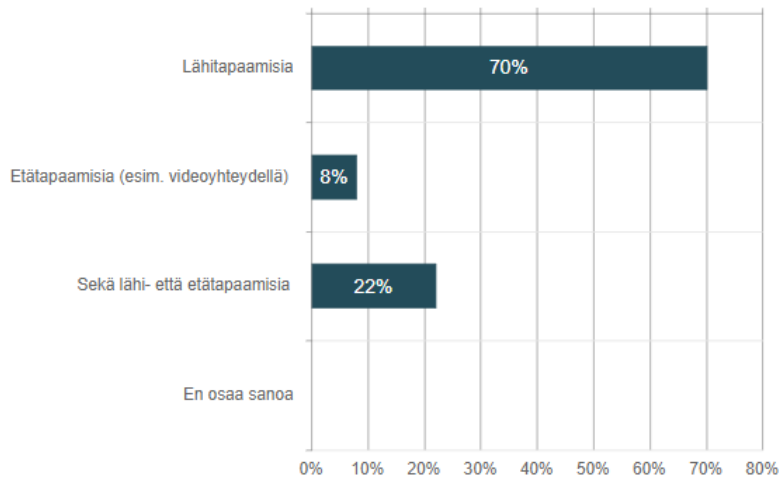
Vastaajien määrä: 83, valittujen vastausten lukumäärä: 94



Olivatko/ovatko psykoterapiakäynnit pääasiassa lähi- vai etätapaamisia?

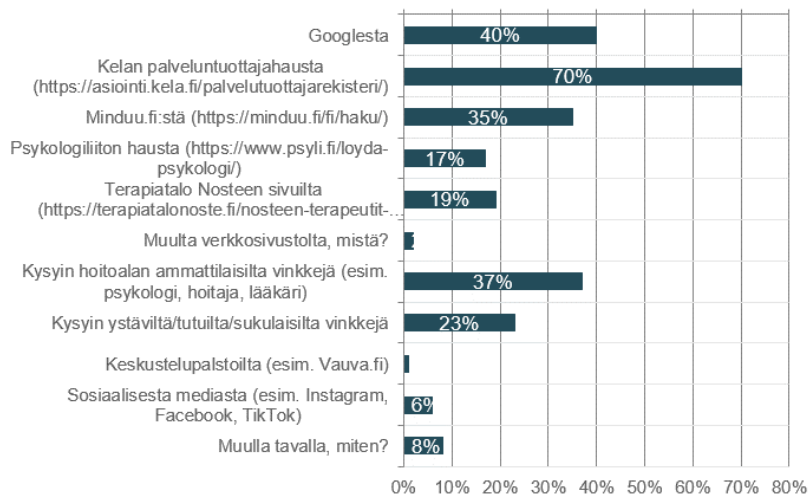
Jos olet vielä etsimässä psykoterapeuttia, voit valita sen vaihtoehdon, jota pääasiassa toivoisit.

Vastaajien määrä: 84



Mistä tai miten etsit kuntouttavaa psykoterapiaa tarjoavia psykoterapeutteja? Valitse kaikki tilanteeseesi sopivat vaihtoehdot.

Vastaajien määrä: 84, valittujen vastausten lukumäärä: 217

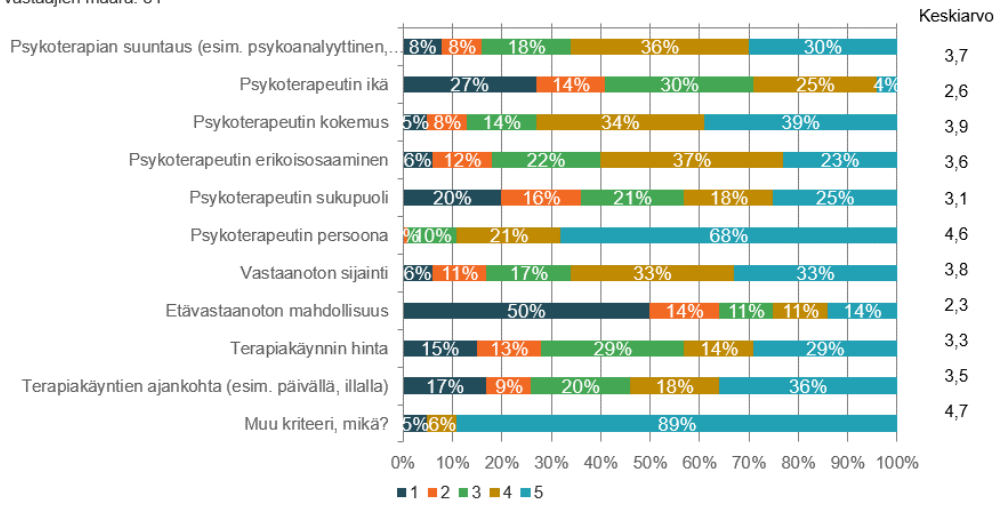


Muulla tavalla/sivustolta:



Mitkä olivat/ovat sinulle tärkeimmät kriteerit psykoterapeutin valinnassa? 1=ei tärkeä, 5=tärkeä

Vastaajien määrä: 84



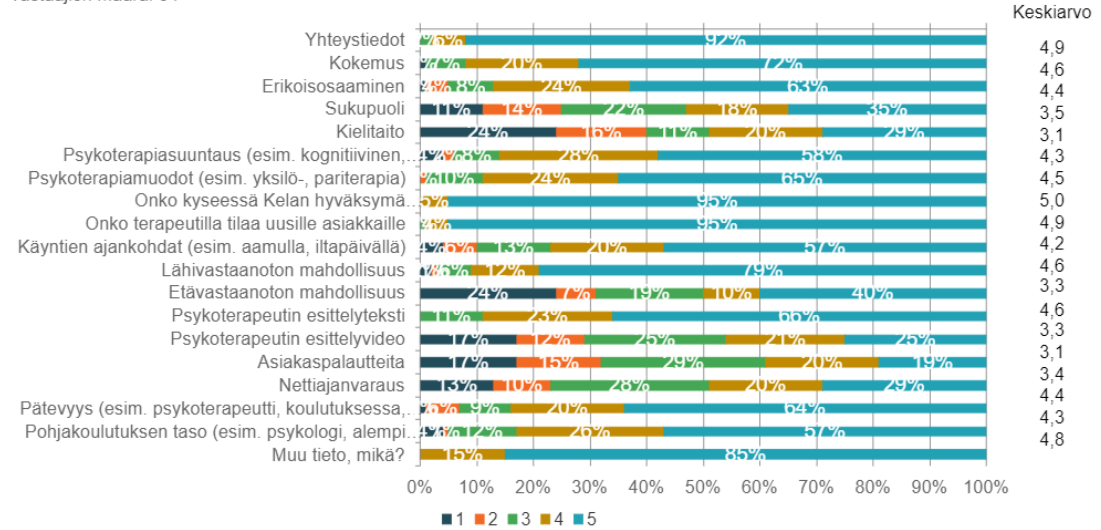
Muut tiedot, mitkä?



miro

Jos haet tai hakisit nyt psykoterapeuttia, millaista tietoa psykoterapeutista sinulle olisi tärkeää löytää verkosta? 1=ei tärkeä, 5=tärkeä

Vastaajien määrä: 84



Muut tiedot, mitkä?

Valokuva

Kuva, ja kuvaus siitä, mikä henkilön perusajatus on terapiaprosessista, ja siitä miten terapia hänen kanssaan toimii käytännössä.

Eriyisosaaminen ja kokemus

Merkittävät toimintaan mahdollisesti vaikuttavat arvot, esim. hengellisyys

Hinta

Mitä ongelmia hoitaa?

Jos haet tai hakisit nyt psykoterapeuttia, millaista tietoa psykoterapeutista sinulle olisi tärkeää löytää verkosta? 1=ei tärkeä, 5=tärkeä. Avoimet vastaukset

Muu tieto, mikä? Avoimet vastaukset

kotikäyntien mahdollisuus

Asenteista mm. seksuaalivähe mmistöjä kohtaan.

Terapeutin nimi

Perhe, harrastukset, arvot, 'parasta/pahinta minussa on...

Saavutettavuus, parkkipaikat ym.

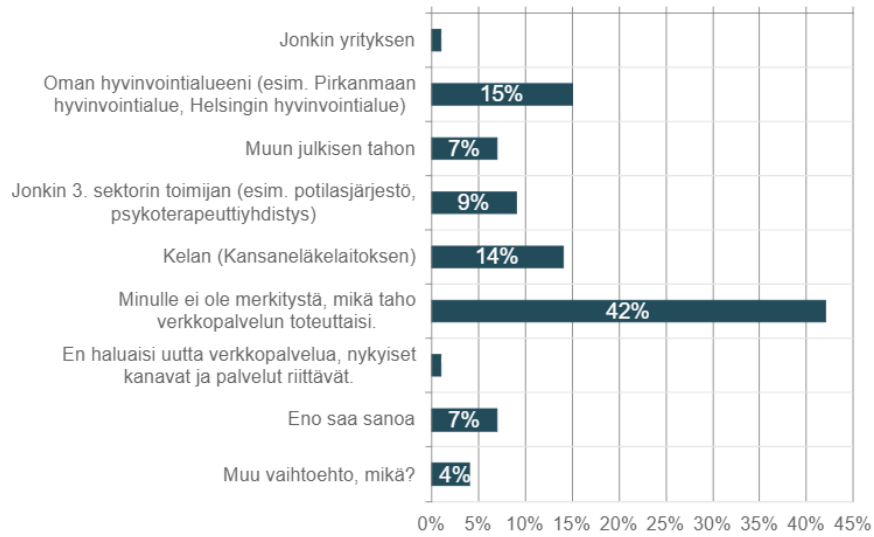
Mikä terapeutille on terapiassa tärkeää

Mitä toivoo asiakkaalta / potilaalta

miro

Minkä tahon toivoisit toteuttavan tuon verkkopalvelun psykoterapiaan hakeutumista ja psykoterapeutin etsimistä varten?

Vastaajien määrä: 78



Appendix 4. Psychotherapist interview frame (in Finnish)

Aluksi

- Kiitos todella paljon, kun suostuit!
- Haastattelu on osa tutkimusta opinnäytetyötäni varten. Tutkimuksessa on tarkoituksena kartoittaa psykoterapiaan hakeutumisen ja erityisesti psykoterapeutin löytämisen nykytilaa ja mieltä ratkaisuehdotuksia prosessien sujuvoittamiseksi. (Opinnäytetyön tavoitteena on tutkia nykytilaa ja digitaalista palvelua)
- Haastattelua ei tallenneta ja muistiinpanot kirjataan anonymisti
- Voit vastata juuri niin paljon tai vähän kuin haluat, tärkeintä että sulla on mukava olla! Kysymykset keskittyvät psykoterapeutin asiakashankintaan ja asiakastilanteeseen, sekä psykoterapiaan hakeutumisen ja psykoterapeutin etsimisen prosesseihin.
- Et voi sanoa mitään väärää tms., ei paineita!
- Osallistumalla haastatteluun suostut siihen, että tietojasi kerätään ja käsitellään luottamuksellisesti osana opinnäytetyön tutkimusta.
 - Suostumus:
 - Päivämäärä ja paikka:

Taustatiedot

- Mies/nainen?
- Millaisia psykoterapiapalveluja tarjoatte?
 - Yksilöpsykoterapiaa
 - Ryhmäpsykoterapiaa
 - Paripsykoterapiaa
 - Kuvataideterapiaa
 - Musiikkiterapiaa
 - Muu, mikä?
- Mille kohderyhmille? (pääasiassa)?
- Mitä suuntausta psykoterapia edustaa?
 - Psykoanalyttinen
 - Gestalt-terapia
 - Integroiva
 - Kognitiivis-analyttinen
 - Kognitiivinen
 - Kriisi- ja traumaterapia
 - Musiikkiterapia
 - Neuropsykiatriset häiriöt
 - Paripsykoterapia
 - Perheterapia
 - Psykodynaaminen
 - Ratkaisukeskeinen
 - Muu, mikä?
- Tarjoatko Kela-korvattavaa yksilöpsykoterapiaa?
- Lähi/etävastaanotto?

- Minkä kuntien/kaupunkien alueilla palvelet asiakkaitanne?
- Tarjoatko terapiaa muilla kuin suomen kielellä?
- Toimitko kokoaikaisesti? Entä yrittäjänä vai palkkatöissä?
 - Minkä tahon listoilla?
- Koetko psykoterapeuttina toimimisen kannattavana?
- Kuulutko jonkinlaiseen ammatilliseen yhteisöön tai verkostoon?
- Kuinka kauan olet toiminut psykoterapeuttina?
- Entä Kela-terapeuttina?
- Millaisena koet psykoterapia-alalla työskentelyn yleisesti ottaen?

Asiakkaiden löytäminen

- Mitä kautta potilaat löytävät sinut?
- Markkinoitko? Miten?
 - Mainontaa? Missä?
 - Some?
 - Yhteistyötä?
 - Esitteitä?
 - Muualla?
- Sinulla on kotisivut, oletko kokenut, että sillä olisi vaikutusta? Tai yhteisöllä, asiakashankinnan suhteen?
- Mitä mieltä olet Kelan palvelutuottajahausta?
- Ilmoitatko jonnekin, kun voit ottaa uusia asiakkaita?
- Millä tavoin mahdolliset asiakkaat ottavat sinuun pääasiassa yhteyttä?
 - Puhelin
 - Sähköposti
 - Omat kotisivut
 - Some
 - Muu verkkosivu?
 - Muu?
- Mitä mieltä asiakastilanteesta psykoterapia-alalla?
- Oletko kohdannut haasteita asiakkaiden löytämisessä?
- Millaisena asiakkaat kokevat psykoterapiaan hakeutumisprosessin, sinun kuulemasi mukaan?
- Entä millaisena asiakkaat kokevat psykoterapeutin etsimisprosessin, sinun kuulemasi mukaan?
- Mitä mieltä olet psykoterapian hakuprosessista?

- Voisiko asiakasta tukea terapiaprosessin aikana jotenkin?
- Entä voisiko psykoterapeutin löytämistä mielestäsi kehittää jotenkin?

Valintaprosessi

- Miten asiakkaan valintaprosessi sujuu psykoterapeutin näkökulmasta?
- Millaisia esimerkiksi tutustumiskäynnit ovat?
- Miltä ne tuntuvat psykoterapeutista?
- Voisiko psykoterapeutin valitsemistilannetta jotenkin mielestäsi kehittää? Miten?
 - Tuleeko mieleesi jotain, mikä voisi auttaa asiakasta psykoterapeutin valinnassa?

Tulevaisuus- ja ihannetila

- Koetko työlläsi olevan myös tulevaisuudessa tarvetta?

- Jos mikä vain olisi mahdollista, millä tavoin haluaisit kuntouttavan psykoterapian asiakkaiden löytävän sinut ja psykoteriapalvelusi?
- Teetkö tai olisitko kiinnostunut tekemään yhteistyötä julkisen terveydenhuollon tai muun tahon kanssa asiakkaiden ohjaamiseksi psykoterapiaan tai psykoterapeutille? Jos kyllä, millaista yhteistyötä?
- Ja jos mikä vain olisi mahdollista, miten ylipäätään kehittäisit psykoteriapalvelujen tarjoamista tai psykoterapian kenttää Suomessa ylipäätään?

Nettipalvelu

- Opinnäytetyössäni tutkin myös, voisiko esimerkiksi uudenlainen palvelu auttaa löytämään sopivan psykoterapeutin.
- Jos kyseessä olisi digipalvelu, millainen se mielestäsi pitäisi olla (psykoterapeutin) näkökulmasta?
- Entä asiakkaan?
- Yksi idea olisi, että se kokoaisi kaikki Suomen psykoterapeutit samaan paikkaan.
 - Mitä mieltä ideasta?
- Olisiko siitä jotain haittaa?
- Mitä tietoja voisit kertoa itsessäsi netissä? (Alla esimerkkejä)
 - Yhteystiedot
 - Kokemus
 - Erikoisosaaminen
 - Sukupuoli
 - Kielitaito
 - Psykoterapiasuuntaus (esim. kognitiivinen psykoterapia)
 - Tarjottavat psykoterapiamuodot (esim. yksilöpsykoterapia, pariterapia)
 - Onko kyseessä Kelan hyväksymä kuntoutuspsykoterapeutti
 - Psykoterapiakäynnin hinta
 - Onko psykoterapeutilla tilaa uusille asiakkaille
 - Terapiakäyntien ajankohdat (esim. aamulla, päivällä, iltapäivällä, illalla)
 - Lähivastaanoton mahdollisuus
 - Etävastaanoton mahdollisuus
 - Psykoterapeutin esittelyteksti
 - Psykoterapeutin esittelyvideo
 - Asiakaspalautteita
 - Nettiajanvaraus
 - Pätevyys (esim. psykoterapeutti, psykologi)
 - Pohjakoulutuksen taso (esim. psykologi)
 - Muita tietoja, mitä?
 -
- Miten haluaisit tietojen päivittämisen toimivan? Itse, joku muu?
- Mitä huomioitavia asioita verkkopalvelun teossa olisi mielestäsi?
- Olisiko sillä väliä, kuka sivustoa ylläpitäisi, yksityinen/julkinen/liitto/tms? Miksi?

Lopuksi

- Suuri kiitos vastauksistasi!
 - Tuleeko vielä mieleen jotain, mitä haluaisit sanoa aiheeseen liittyen?
 - Palautetta haastattelusta?
- Miten tästä eteenpäin:

- Käytän haastattelun vastauksia tutkimusaineistona opinnäytetyössäni. Haastattelun muistiinpanot ovat anonyymejä eikä vastaajaa voida tunnistaa niistä tai opparista. Oppari on tarkoitus julkaista Theseus.fi:ssä viimeistään vuonna 2024. Halutessasi voin laittaa viestiä, kun se julkaistaan.

Appendix 5. Idea backlog

Collection of ideas gathered from rehabilitative psychotherapy customers and psychotherapists during survey and interviews in October and November 2023, clustered into themes (in Finnish).

| | Prosessi | Ominaisuudet (tekniset ym.) | Sisältö |
|--|--|---|---|
| Digitaaliseen palveluun liittyvät ideat | <ul style="list-style-type: none"> • Yksinkertainen ja helppokäyttöinen sekä asiakkaille että psykoterapeuteille <ul style="list-style-type: none"> • Apua on helppo löytää • Ei aiheuta psykoterapeuteille lisätyötä • Terapeuttien tietojen päivittäminen: terapeutti itse, mahdollisimman helposti <ul style="list-style-type: none"> • Sisältöjen päivitys tarpeeksi usein • Ylläpitävä taho? Hyvinvointialue, Kela tai muu julkinen mieluummin kuin yksityinen (enemmistömielipide asiakkaiden että psykoterapeuttien keskuudessa) <ul style="list-style-type: none"> • Ylläpitävä taho, esim. Kela, voisi tarkistaa esim. vuosittain, millainen tilanne palveluntuottajilla on (ovatko vielä aktiivisia, onko muutoksia tiedoissa ym.) • Tiivis tiedonkulku Kelan ja psykoterapeuttien välillä vapaista ajoista ja jonotilanteesta + Kelan työntekijä asiakkaan apuna terapeuttin löytämisessä • Kokonaisvaltainen palvelu osana kokonaisvaltaista hyvinvointipalvelusysteemiä | <ul style="list-style-type: none"> • Itsearviointikysely terapialvaimuudesta • Helppo ja monipuolinen haku ja suodatus • Visuaalisesti miellyttävä • Ihmislähtöinen, palvelumuotoiltu • Selkeä, saavutettava ja helppokäyttöinen • Tietosuoja todella tärkeää! • Linkitykset tärkeille sivustoille • Selkeä polku nettisivuilla, miten psykoterapiaprosessi etenee • Jatkuu/hylkää-valinta sekä omille muistiinpanolle tila, joka säilyttäisi muistiinpanot käynnistä toiseen. • Chat, jossa jutella palveluneuvojan tai chatbotin kanssa • Chat, jossa terapeutti vastaisi kysymyksiin tai edes tieto, milloin voisi saada vastauksen • Sovellus, jossa voisi tykätä vapaana olevan terapeuttin profiilista, ja hän tulisi asiakkaan kotiin tapaamaan tai etätapaamisena tutustumaan • Sovellus, johon asiakkaan lähettämät viestit tallentuvat ja josta löytyvät helposti terapeutit, joille asiakas on jo lähettänyt viestejä. Sovelluksessa voisi tallentaa suosikkeja muistiin myöhempää käyttöä varten. • Vaalikonemainen ohjelma, josta etsit terapeutteja | <ul style="list-style-type: none"> • Kaikki tieto kerättyä yhteen paikkaan • Tietoa psykoterapiaprosessista kokonaisuudessaan ja yksityiskohtaisesti (esim. eri terapiasuunnat, terapian kulku, huomioidtavat asiat) • Psykoterapeuttiportaali, josta voisi helposti nähdä reaaliajassa, kenellä on vapaata aikaa ja mikä jonotilanne • Tietoa psykoterapeuteista: toiminta-alue, terapiasuunnat, kieli, terapialpalvelut (esim. yksilo-, ryhmä-), etänä vai läsnä, kellonajat ja viikonpäivät, jolloin työskentelee, esittelyteksti, onko Kelan ja Valviran hyväksymä, kuva, ehkä videokin • Tietoa tulkkimahdollisuudesta • Nettiajanvaraus? -> Vaihtelevia mielipiteitä. <ul style="list-style-type: none"> • Toisaalta myös juttelu ennen tutustumiskäyntiä koetaan tärkeäksi alkuarvioinnin kannalta • Myös työsuojeluasiala, jos terapeutti työskentelee yksin • Vertaisarinoita, "et ole yksin" -tyyppistä sisältöä • Kannustava äänensävy, esim. "tää tuntuu tosi vaikeelta, mutta uskon että löydetään joku ratkaisu prosessissa." tai "Tiedämme että tuntuu vaivalliselta ja haastavalta, mutta kyllä tää tästä" - joko robotti, ihminen tai vaikka chatbot. • Check-lista asioista, joita käydä terapeuttin kanssa läpi sekä valintavaiheessa |
| Digitaaliseen palveluun liittyviä kommentteja | <p>Asiakkailta:</p> <p>"Ihanteellisessa palvelussa olisi paljon muutakin kuin psykoterapiapalvelut. Usein käsittäkseni moniongelmaisilla ihmisillä on monta ongelmaa ja apu tulee 15 eri luukulta, jolloin kukaan ei saa kokonaiskuvaa asiasta. Olisi hyvä olla osa kokonaisvaltaista hyvinvointipalvelusysteemiä."</p> <p>"Vastaamo-case tietomurto on vähän vesittänyt. Vaatis vahvaa tunnustautumista. Koen, että sen pitäis olla julkisen tahon, ettei siitä tulis stigmaa että on yksityisen sektorin ja vain rikkaat ja varakkaat etuoikeutettuja tähän."</p> <p>Psykoterapeuteilta:</p> <p>"Voisivatko terapeutit ilmoittaa Kelaan vapaista ajoista, ja Kelan työntekijä olisi yhteyshenkilö, jolle potilas voisi soittaa. Toisaalta, jos tänään ilmoitan kelalle vapaasta paikasta, sitä ei välttämättä huomenna enää ole. Voisiko Kelan työntekijä olla kuitenkin apuna potilaalle, jos terapeuttia ei meinaa millään löytyä?"</p> <p>"Tärkeää on se, että terapeuttia ja terapiaa on mietitty, millaista hakee, eikä ota vain ensimmäistä vapaata terapeuttia."</p> <p>"Pitäisikö itse päivittää omat sivut ja erityisesti käydä ilmoittamassa jonnekin muualle, niin ei kuulosta kauhean houkuttelevalta."</p> <p>"Yleisajatuksena: kaikki, mikä selkeyttää toimintaa, palvelee sekä asiakkaita että terapeutteja (koska palvelujärjestelmä muutenkaan ei ole asiakkaiden näkökulmasta selkeä, eikä välttämättä edes psykoterapeuttien)."</p> | <p>Asiakkailta:</p> <p>"Mielenterveysalonsivuilla hyvä itsearviointikysely terapialvaimuudesta, jossa kysytään monelta kantilta onko se heki sopiva terapian aloittamisella."</p> <p>"Pitäisi tulla kuultu olo ja tunne siitä että on mahdollisuus saada terapeutti. Monella on varmasti terapian kynnyksellä voimavarojen kanssa haastetta vaikkakin terapiaan hakeutumisenkin edellyttää tiettyjä voimavaroja. Mutta jos terapiaan pääseminen on jlo liian vaikeaa, niin se ei edistä tämän hoitomuodon toteutusta."</p> <p>"Samankaltainen kuin ns. vaalikoneet: syötät nettisivulle tietyt hakukriteerit mitä terapeutilta toivot ja saisit listan sopivista terapeuteista, näin ei tarvitsisi käydä jokaisen terapeuttin kotisivuja läpi, sillä lopulta menee sekaisin kuka mitään sivuillaan kertoi."</p> <p>"Ottettais huomioon se, että tätä ei tehdä teknisesti, prosessinäkökulmasta, vaan mitkä päällimmäiset tunteet niillä ihmisillä, jotka käy tätä läpi - masentunut, toivoton: millaiset nettisivut sellainen ihminen haluaisi itselleen"</p> <p>"Kiitos että tätä asiaa mietitään ja kehitetään. Terapian hakeutuminen tuntuu välillä siltä, kuin joutuisi takaisin 90-luvulle teknisen kehityksen suhteen."</p> <p>Psykoterapeuteilta:</p> <p>"Mulla ei ole edes sähköistä asiakasjärjestelmää, koska pelottaa tietosuoja-asiat, esim. Case Vastaamo. Koen että tietosuoja on tärkeää! En kuitenkaan itse sitä hallitse."</p> | <p>Asiakkailta:</p> <p>"Terapeuttien esittelyvideot jossain. Näkisi heidän lämpönsä ja lähesyttävyytensä paremmin."</p> <p>"Yksinkertainen listaus asioita, joita miettii koekäynnillä: sopiiko se, tuleeko ylitysepäsemättömiä ristiriitoja tms. Ystävällä ei ollut helppoa päättää ja joutui vaihtamaan, koska henkilökiemä ei toiminut. Hän olisi hyötynyt listasta."</p> <p>Psykoterapeuteilta:</p> <p>"Jos olisi psykoterapiaportaali, josta vois nähdä kenellä vapaata se voisi auttaa olla kätevämpi."</p> <p>"En halua asiakkaita koskaan suoraan ajanvarauksella, haastattelen aina ensin puhelimitse. Tämä on myös työsuojelukysymys, kun tekee yksin töitä."</p> <p>"En laittaisi asiakaspalautte-toimintoa. Jos asiakas voi kirjoittaa terapeuttista mitä vaan (ilman suodatusta), niin se ei aina auta työn tekemistä, ja asiakaskunnalle joka haluaa ja tarvitsee psykoterapiaa."</p> |

miro

Asiakkailta:

"B-lausunnon saamiseen liittyy paljon epävarmuuksia, siihen liittyviä asioita voisi ehkä avata enemmän. Itsellä ainakin oli paljon epävarmuuksia, mahdanko saada B-lausuntoa, mitkä ovat kriteerit, olenko riittävän "sairas" jne."

"Nykyinen systeemi on mielestäni muuten ihan hyvä, mutta en millään jaksaisi enää selittää hakemuksessa samoja asioita, jotka kävin arviointiryhmän kanssa läpi. Eli Kelan hakemus voisi niiltä osin muodostus samalla."

"Kun tarve ilmenee, hoitajan kanssa käytäisiin koko prosessi läpi mitä on käytännössä. Olisi joku keskustelupohja mikä yhdessä käytäs läpi ja hoitaja katsoisi muutaman terapeutti-vaihtoehdon ja lähtisi mukaan ensikäynnille tai auttaisi soittamaan. Kaikille ei ole samoja hoitomuotoja. Ideaalitulanteessa kartoittaisi ihmisen koko elämän kokonaan, eikä hoidettaisi pelkästään mt-haastetta. Vrt. Jos fyysisesti sairas, niin kartoitettaisiin kokonaisuudessaan - sama mt-asioissa olisi ideaali."

"Terapeutilla käymisen pitäisi olla jokaisen kansalaisen oikeus. Matalampi kynnyksen pitäisi olla ja terveydenhoidossa sitä enemmän suositella."

Psykoterapeuteilta:

"Terapiaan hakeutumisessa keskeistä on se, että asiakas on sen verran jaksava, että jaksaa hakuprosessin. Se on tietyllä tavalla yhteydessä siihen, miten hyvin asiakas jaksaa terapiassa käynnit."

"Tärkeintä olisi korjata lähettävä taho! Siellä (julkisella) on liian vähän henkilöstöä tekemässä näitä töitä. Arviot ovat yhä huonompia, yhä kipeämpiä lähetetään terapiaan. Terapia kuitenkin vaatii pitkän sitoutumisen ja asiakkaan tulee sietää sitä, että muutokset vievät pitkänkin aikaa. Lääkäreille ja hoitajille tulisi olla enemmän koulutusta aiheesta."

"Enemmän auttaisi alkuhoito: siellä ei jätettäisi potilasta yksin vaan kuljettaisiin mukana siihen asti, kun terapeutti löytyy. Parhaimmillaan työterveyspsykologi voisi jutella terapeutin valinnassa ja jopa auttaa etsimisessä. On haastavaa ettei asiakkaat tiedä millainen terapia olisi hyvä. Oman kokemukseni mukaan monesti parhaiten on sujunut, kun työterveyspsykologi/depressiohoitaja ollut jo mukana etsimässä terapeuttia. Se olisi hyvää alkuhoitoa. Eikä se, että 3 kk jälkeen loppuu hoito ja joutuu yksinään etsimään terapeuttia vuoden. Joku tietotekninen ratkaisu voisi tukea, mutta myös hoidon jatkuvuus."

"Hyvinvointialueisiin siirryttäessä pohdituttaa aluekohtaisuus siitä, miten paljon rahoja ohjataan mt-työhön ja vaara ettei ohjata kovinkaan paljon. Nythän Kelan kuntoutusterapia on lakimääräistä toimintaa eli Kelalla velvollisuus se mahdollistaa. Eli en usko että työt loppuu, mutta voi mennä mutkikkaammaksi hoidon saatavuuden näkökulmasta ja mistä niitä palveluja sitten tarjotaan."

"Kelan kuntouttavassa terapiassa on se tilanne, että asiakas on aika pitkään kärsinyt haasteista ja voinut huonosti kauan ja pääsee myöhään Kela-terapiaan. Tällöin Kela-terapiaan tulee sen verran huonosti voivia ja haasteiden kanssa painivia, että kannattaa paneutua intensiivisesti ja ajan kanssa siihen prosessiin ja siihen tarvitsee niitä voimavaroja aika paljon. Ihanteellisinta olisi, että olisi tukipalveluja muitakin esim. työterveys- tai terveyshuollossa, jos voimavarat ovat sellaisia, ettei vielä jaksaa muutokseen tähtäävää terapiaprosessia. Asiakkaalta voi mennä Kelan psykoterapiavuodet vähän hukkaan, kun ei jaksaa prosessoida vielä tai elämä epävakaa, jolloin käynnit tulipalojen sammuttelua ja tukikäyntejä. Sen palvelun voisi saada muualta, ja vasta sit kun voimavaroja riittävästi, sitten Kelaterapiaa - tai toki jos on 5 vuotta taukoa Kela-terapioiden välissä."

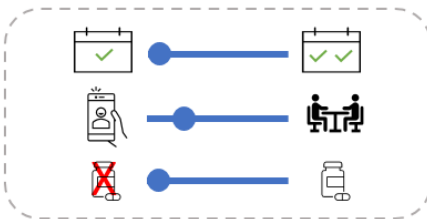
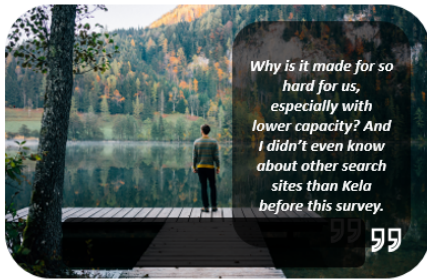
"Maailmassa tapahtuu asioita, jotka aiheuttaa pahaa oloa ja turvattomuutta. Toivon, että ihmiset saisivat tukevamman turvan myös lähiyhteisöstä."

miro

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| <p>Kuntouttavan psykoterapeutin etsimiseen liittyvät ideat</p> | <ul style="list-style-type: none"> • Ammatillainen/vapaaehtoinen etsisi terapeuttia puolesta, auttaisi erityisesti asiakkaita, joilla oma jaksaminen on koetuksella. • Asiakkaille annettaisiin lista vapaista/vapautuvista paikoista ja asiakas saisi listan perusteella valita, kehen ottaa yhteyttä • Tutustumiskäynteihin taloudellista tukea • Joku julkinen Nosteen tyyppinen palvelu, johon voisi soittaa/chatata ja sieltä kysyttäisiin kriteerit ja kerrottaisiin mistä lähin vapaa palveluntarjoaja löytyy. • Ilman lähetettä voisi mennä itse maksaen suoraan arviointikäynnille psykoterapeutille, joka yhdessä asiakkaan kanssa tekisi arvion terapian tarpeesta • Monen terapeutin näkeminen kerralla, asiakas kertoisi itse tilanteensa ja terapeutit kertoisivat, miten ajattelisivat häntä auttavan • Lyhyt, maksuton tutustumiskäynti, esim. 10-15 min. |
| <p>Kuntouttavan psykoterapeutin etsimiseen ja valintaan liittyviä kommentteja</p> | <p>Asiakkailta:</p> <p>"Helpompi valitsemisprosessi ja apua mt-työntekijöiltä. Enemmän mt-työntekijöitä, jotta voisivat paremmin tukea hakuprosessia. Ei tarvitse olla psykologi, käytännön asioissa kuten vaikka just terapeutin etsimisessä voi auttaa muukin."</p> <p>"Vertailemalla eri (halutun) tyylisuunnan psykoterapeutteja keskenään kootulla nettisivustolla --> yhteydenotto kiinnostavimpiin --> tutustumiskäynti --> nopea ja näppärä terapian aloitus sellaisella hintatasolla, että terapian olisi oikeasti varaa ilman, että joutuu karsimaan muun kulutuksensa täysin nolliin."</p> <p>"Mikäli terapeutti ei halua kertoa itsestään mitään, tai esiintyä kuvallaan, mikä on myös ymmärrettävää, voisi joku nopea ilmainen pikatutustuminen olla paikallaan terapeuttia etsiessä (esim. 10-15 minuuttia) ja mikäli haluaa tämän jälkeen ihan virallisten tutustumiskerran, tämä voisi olla sitten omakustanteinen. Terapiasuhte voi olla monivuotinen ja oikean terapeutin löytäminen on tärkeää. Rahaa menee hukkaan, jos ihminen päätyy puolisoikkona vääränlaiseen, toimimattomaan terapiasuhteeseen."</p> <p>"Aihe on tärkeä. Suurimmat ongelmat ei taida olla palveluissa joilla löytyä terapeutti, mutta kyllähän se helpottaisi kun oleelliset tiedot edes olisi saatavilla yhdestä paikasta. Kelan listaus ei ole ajantasainen eikä riittävä, usein kuultava neuvo "lähetä viestiä kaikille listalla" ei ole mielestäni järkevä eikä toimiva. Jo tutustumiskäynti on niin kallista, että haluaisin tutustua terapeuttiin ennen sitä esim. kunnollisella esittelytekstillä."</p> <p>"Esim. Torjumiset voi olla joillekin tosi vaikeita. Pitäisi huomioida millaisissa tilanteissa ihmiset palvelua tarvitsee."</p> <p>Psykoterapeuteilta:</p> <p>"Voisiko olla psykoterapiaan valmentavia kursseja tai tapaamisia, joissa kerrottaisiin terapiasuuntausten eroista ja olis mahis tutustua terapeutteihinkin käytännön tavasta miten toteutuisi. En osaa sanoa olisiko hyvä. Mietin, että niin laaja alue ja monia tekijöitä ja suuntauksia, ehkä vielä epäselvyyksiä siinä että kun annat ratkaisukeskeistä tai kognitiivista lyhytterapiaa mutta et ole ole varsinainen terapeutti. Toki Kelan palveluntuottajalista ohjaa ottamaan kelpoiseen terapeuttiin yhteyttä."</p> <p>"Monet tarvii apua oikeanlaisen terapeutin löytämiseen, ei riitä että kerrotaan mistä niitä löytyy. Ihmiset lamaanu Kelan listasta, jossa ei hirveästi tietoa. Voi lamaanu, tulla tunne ettei osaa kellekään laittaa viestiä."</p> <p>"Rohkaisen kuuntelemaan oloa ja käymään muutamalla terapeutilla, jotta voi verrata. Kaikilla ei kuitenkaan ole rahaa (koska arviointikäynnit ovat omakustanteisia). Eikä arviointikäynti voi olla ilmainenkaan, koska se on minulle työtä, työaika - ja pitää usein olla normaalia skarpimpikin, kun kyseessä arviointikäynti, jossa arvioidaan molemmiin puoliin."</p> <p>"Myös terapeutti valitsee, että pystynkö vastaamaan ihmisen tarpeisiin tieto-taito-kokemuksen pohjalta, onko jaksamisessani tilaa täytyypiselle ihmiselle. On aika huonosti voivia ihmisiä melko iso määrä terapia-asiakkuuksissa."</p> <p>"Samalla tavalla kun potilaat valikoi terapeutteja, niin terapeutitkin valikoi potilaita. Sitäkin tapahtuu, ja jotkut potilaat saa monta terapeuttia, joku ei saa parissa vuodessa yhtään, joten joku vaikuttaa. . Valikoin haasteiden perusteella missä itsellä on osaamista, millaisia kokemuksia. Psykoterapeutti saa ja pitääkin valikoida."</p> <p>"Se, että natsaako tapa toimia asiakkaan omiin toiveisiin, koska asiakkaalla saattaa olla elokuva- tai kirjamaailmasta ihan toisenlaisia käsityksiä. Sitten puhutaan siitä, millaista psykoterapia on ja mitä tämän suuntauksen terapia. Toivon, että se auttaisi asiakasta, avointa puhetta."</p> |
| <p>Muita ideoita ja ajatuksia</p> | <p>"Lisäksi terapiaa hakeville voisi olla jotain edukatiivisia ryhmiä, jossa terapianastoa ja työskentelyä selitettäisiin jotta terapiasuuntauksat sekä työmenetelmät olisi asiakkaille paremmin selvillä. Tämä säästäisi aikaa sitten itse terapiassa. Tällaisista ryhmistä voisi myös saada vertaistukea sekä apua terapeutin etsintään."</p> <p>"Tilanteen selvittelystä pitäis päästä nopeasti liikkeelle ja jutteleen jonkun kans. ja sen pohjalta katsoa sopiva työväline, ja työvälineitä pitäis olla muitakin välimaastossa kuin kelan raskas prosessi."</p> <p>"Jos masentaa, aivan sama mistä syystä, sitä ihmistä pitää auttaa. Pitäisi olla mt-työntekijöitä, jotka oikeasti on avarakatseisia, jotka valmiita oppimaan virheistä jne. ja pidettäis huolta, että ne oppis virheistä."</p> <p>"Jonkun pitäisi vähän valvoa tuota terapeuttikenttää. Uskomatonta että niin epävakaita persoonia tekee terapiaa!"</p> <p>"Kollega kehittänyt terapeutin testamentin, joka on epävirallinen, mutta kuitenkin siihen voi listata asioita, joita toinen terapeutti tarvittaessa tekee. Moni kuitenkin tekee yksin töitä, joten jos terapeutti sairastuu tai joutuu muuta vakavaa sattuu, kuka viestii potilaille? Miten heidän hoitonsa jatkuu?"</p> <p>"Työterveyshuolto ja työnantajilla on lyhytterapiavakutuuksia vakuutusyhtiöiden kautta. Eikö Kela vois näitä tarjota? Joillekin 3 v Kela-terapia on pitkä prosessi. Sanon asiakkaille terapian alussa, että 3 vuotta on vapaaehtoinen, jos vuosi riittää niin riittää."</p> <p>"Ylipäätään se, että terapiaa tarjoavat myös epäpätevät tahot, on eettisesti kyseenalaista. Terapeutti ei ole nimikesuojattu nimeke, eivätkä asiakkaat tiedä --> asiakkaita pitäisi infota enemmän, että tulee tarkistaa Kelasta JA Valvirasta, kuinka pätevä terapeutti on. Minulla on ollut asiakas, joka kävi puoli vuotta ei-koulutetulla terapeutilla, ja se vain vaikeutti hänen tilannettaan."</p> <p>"Yksi vaihtoehto on, että ihminen on jossain hoidossa ennen terapiaa, ja siellä työryhmissä olis terapeutteja ja sieltä potilaan ei tarteis etsiä muualta vaan työterveyshuollossa, onkin jo lyhytpsykoterapeutteja, jos työterveyspsykologi toteaa tarpeen -> psykiatrin lausunto -> meidän terapeutille, valikoi heistä tutustumiskäynnin kautta sopiva. Tai psykiatrin yksikössä olis jo terapeutteja."</p> <p>"Haasteena on, että terapeutit eivät usein päivitä sivuille onko vapaita aikoja vai ei. Jotkut ihmiset pääsee läpi, kun pommittaa. Joku kiltti ei laittais ollenkaan viestiä jos lukisi että ei ole tilaa."</p> |

Appendix 6. Customer and psychotherapist personas

A persona: Tuomas Turhautunut, 28
Topic: Rehabilitative psychotherapy customer



Needs

- Shorter queues on public healthcare
- Clear instructions how the psychotherapy application process goes and what the customer should do
- Help for paying initial appointment costs

Hopes

- That the society would understand the customer does not have enough energy for coping alone in the process
- That the free therapy organized by a organization (järjestö) continues

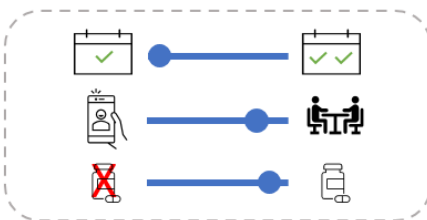
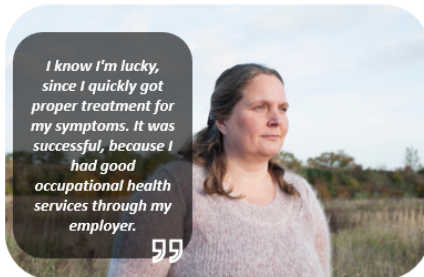
Struggles

- No support for searching the therapists
- Writing tens of emails to therapists requires too much energy
- The service provider search is antique, inconsistent, discouraging

Feelings

- Frustrated about the healthcare system in Finland
- Disappointed and confused why there is no info online which psychotherapist is actually available
- Feels like left alone with the process, already gave up and discontinued the process once before

A persona: Oili Onnekas, 52
Topic: Rehabilitative psychotherapy customer



Needs

- More available psychotherapists to meet more than one available one
- More information on data security regarding psychotherapy online tools and data storage (Vastaamo case ponders)

Hopes

- That access to treatment would be equal to all and the processes equally easy and fluent
- That there was a holistic wellbeing service system to provide help in different kind of needs of help at different stages

Successes

- A helpful psychiatrist, who almost filled the whole Kela form, hinted some psychotherapist names, psychotherapy orientations, search sites
- A psychology from occupational healthcare while searching for the psychotherapist

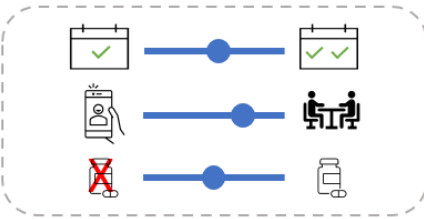
Feelings

- Privileged, because she has heard how hard the process can be, and she got plenty of support from occupational healthcare
- Thankful how seamless the application process and finding the right psychotherapist were because of the supportive healthcare

A persona: Taina Terapeutti, 52
Topic: Rehabilitative psychotherapist



Everything that clarifies the processes is welcomed. For example, could we inform Kela when we can take new customers?



Needs

- The customer should receive psychotherapy at the right time – when the customer has enough capacity to go through the therapy process and work on mental health issues



Hopes

- That customers would receive more help during the psychotherapy application and psychotherapist search process
- That customers would be better informed to check the psychotherapist's qualifications from Kela/Valvira



Struggles

- No back-up system for psychotherapists in case of not being able to work
- Considers the costs of the psychotherapist education as a bottleneck, there is a need for more psychotherapists










Feelings

- Sorry for the situation where psychotherapy customers cannot find an available psychotherapist
- Does not want to join any therapist company, is able to keep the charge lower this way



Appendix 7. Current state service blueprint

| STAGE | Need recognition | Application | Search phase | Contacting | Choosing | Starting psychotherapy |
|---|---|--|---|---|--|--|
| CUSTOMER ACTION | <ul style="list-style-type: none"> Experiencing symptoms of (mental) health issues | <ul style="list-style-type: none"> Reserving a healthcare professional appointment Reserving a doctor's appointment Reserving a psychotherapist appointment | <ul style="list-style-type: none"> Searching for rehabilitative psychotherapist | <ul style="list-style-type: none"> Sending emails Calling psychotherapists and healthcare offices Filling in contact forms | <ul style="list-style-type: none"> Meeting preferably more than one psychotherapist for an initial meeting Pondering the choice of the psychotherapist before the time slot is reserved by another customer | <ul style="list-style-type: none"> If B statement is received: Signing a psychotherapist contract Informing Kela about the therapy and sending needed documents Payment: <ul style="list-style-type: none"> Either paying only the excess Or paying the whole price to the psychotherapist and applying compensation from Kela afterwards |
| ————— 3 months in patient care relationship and B statement ————— | | | | | | |
| CUSTOMER EMOTIONS |  |  |  |  |  | <ul style="list-style-type: none">  We have a good connection. I'm relieved!  This is not a suitable therapist for me |
| TOUCHPOINTS | <ul style="list-style-type: none"> Friends Family Internet | <ul style="list-style-type: none"> Public healthcare Private healthcare Occupational healthcare | <ul style="list-style-type: none"> Google Kela service provider search Minduu.fi Healthcare professionals Psychotherapist websites Psychotherapy company websites | <ul style="list-style-type: none"> Email Phone call Text message Form on a website | <ul style="list-style-type: none"> Remote or live meetings | <ul style="list-style-type: none"> Remote or live meetings Psychotherapy contract Kela web service Payment methods |
| FRONTSTAGE ACTIONS | | <ul style="list-style-type: none"> Healthcare professional refers to a doctor Doctor refers to a psychiatrist Psychiatrist evaluates the need for rehabilitative psychotherapy | <ul style="list-style-type: none"> Possible guidance and support from mental health nurses | <ul style="list-style-type: none"> Psychotherapists may answer the emails, phone calls and text messages. | <ul style="list-style-type: none"> Psychotherapists meet the potential customer and discuss about the potential psychotherapy | <ul style="list-style-type: none"> Psychotherapist offers the psychotherapy contract to the customer Psychotherapy goals and needs are discussed in detail Psychotherapist charges the appointments afterwards |
| LINE OF VISIBILITY | | | | | | |
| BACKSTAGE ACTIONS | | <ul style="list-style-type: none"> Organizing healthcare professionals working schedules and customer queues | | <ul style="list-style-type: none"> Receiving and handling the contacts Possibly: distributing to psychotherapists of the organization | <ul style="list-style-type: none"> Organizing the calendar Evaluating whether the therapist is able to help the customer or not | <ul style="list-style-type: none"> Filling required documents Contacting Kela |
| SUPPORT ACTIONS | | <ul style="list-style-type: none"> Healthcare professional resources allocation | <ul style="list-style-type: none"> Website maintenance | <ul style="list-style-type: none"> Maintenance of calendar and contact channels | <ul style="list-style-type: none"> Maintenance of possible meeting tools | <ul style="list-style-type: none"> Maintenance of customer data |
| CUSTOMER | <ul style="list-style-type: none"> Symptoms affecting well-being and decreasing energy levels Fear of stigma related to mental health issues Long queues in public health care | <ul style="list-style-type: none"> Lack of information about possible and suitable forms of treatment The level of guidance regarding psychotherapist search process varies considerably The process and bureaucracy is unclear | <ul style="list-style-type: none"> Kela service provider search <ul style="list-style-type: none"> Very limited information regarding the psychotherapists' features Outdated information - some service providers no longer work Where else to search for? Information about therapists is scattered | <ul style="list-style-type: none"> Several negative answers due to fully booked timetables Majority of the psychotherapists do not answer to the inquiry Requires effort to contact tens and tens psychotherapists Negative answers and no answers decrease motivation to continue the process If only one form of communication, may raise the threshold to contact | <ul style="list-style-type: none"> The initial meetings are not compensated by Kela. Meeting 2-3 psychotherapists may cost around 160-450 €. Is the available psychotherapist really suitable? Data security concerns | <ul style="list-style-type: none"> If the relationship between the customer and the psychotherapist does not work, the customer needs to start the psychotherapist search process again, aware of the time scarcity; rehabilitative psychotherapy is limited to three calendar years. How to know if the psychotherapy relationship is functioning as it is supposed to? |